

**SOUTH CAROLINA DEPARTMENT OF  
ALCOHOL AND OTHER DRUG ABUSE SERVICES  
(DAODAS)**

**ANNUAL  
ACCOUNTABILITY  
REPORT**

**FISCAL YEAR 2000-2001**

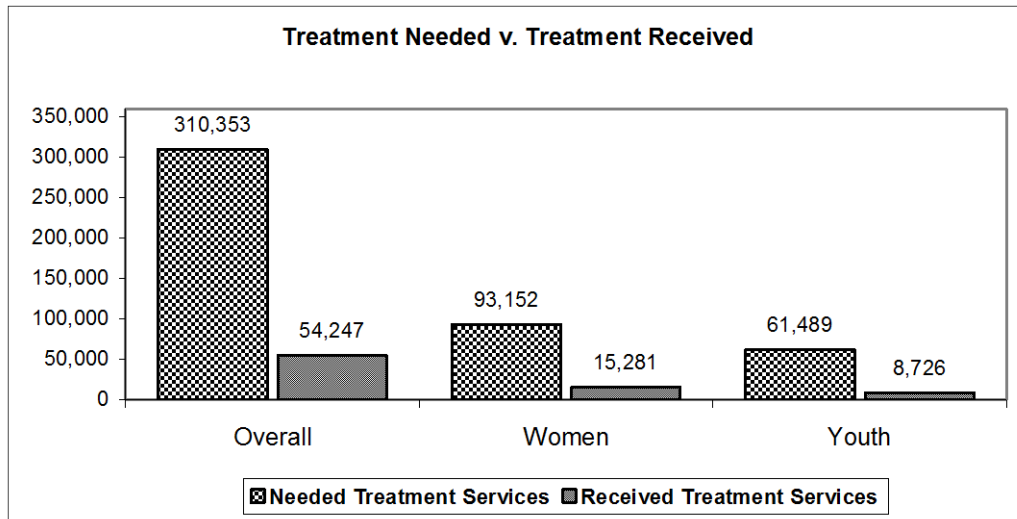
# Section One

## Executive Summary

### Introduction

The use of alcohol, tobacco and other drugs affects South Carolinians of all ages and from all walks of life. Problems resulting from these substances surface in our homes and schools, on our roads and highways, and in our workplaces and criminal justice system. As a result, the social cost to South Carolinians in direct and indirect costs approximates \$2.5 billion per year.

DAODAS estimates that approximately 310,300 individuals in South Carolina are suffering from substance abuse problems that require immediate intervention and treatment. With a problem of this magnitude, the department must continue to ensure that individuals and families find the help they need through the vital services offered by DAODAS and the statewide system of county alcohol and drug abuse authorities (local provider network). During fiscal year 2001 (FY01), DAODAS and its provider network met this need for only 54,000 South Carolinians.



(Source: DAODAS Division of Management Information and Research; FY01 Unique Unduplicated Clients, DCSL Based, Special Demographics.)

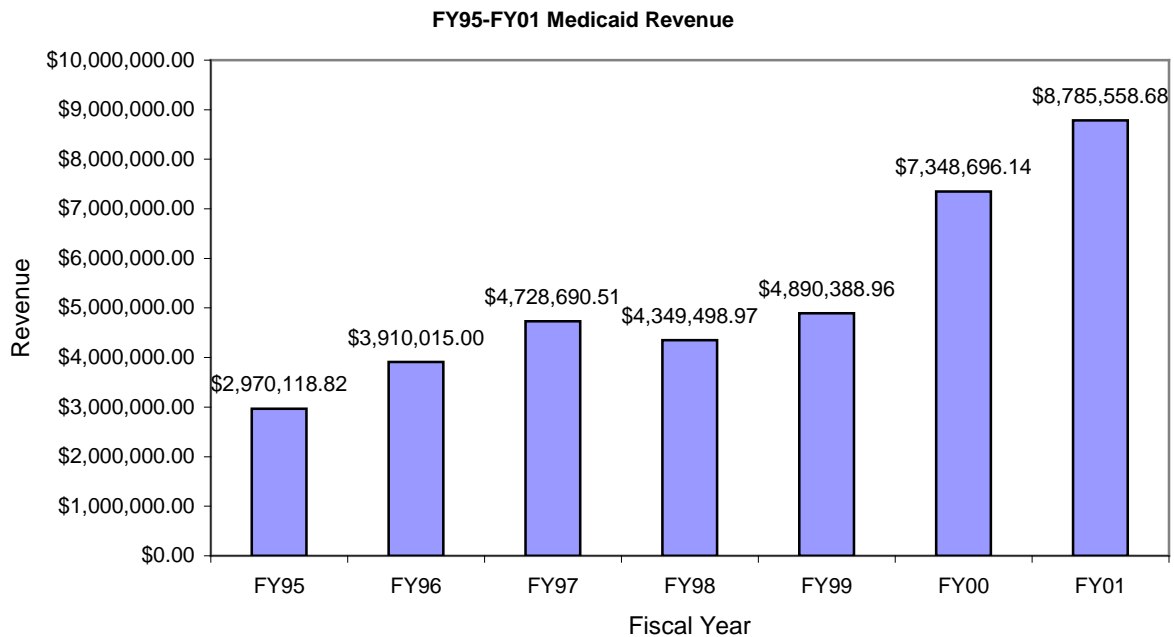
### Section 1.1 Major Accomplishments

To meet the continuing demand for alcohol and other drug abuse services, DAODAS took a proactive approach in serving the citizen-client during state fiscal year (FY) 2001 and, in the face of budget cuts, achieved many of the agency's strategic goals and its overarching goal of achieving sustainable recovery for the citizen-client, while reducing use, abuse and harm. Perhaps most importantly, DAODAS strives to meet the vision, mission and key results set forth in Governor Jim Hodges' State Business Plan. Specifically, DAODAS, through its programming efforts and partnership with the local provider network, and sister state agencies, impacts the following areas:

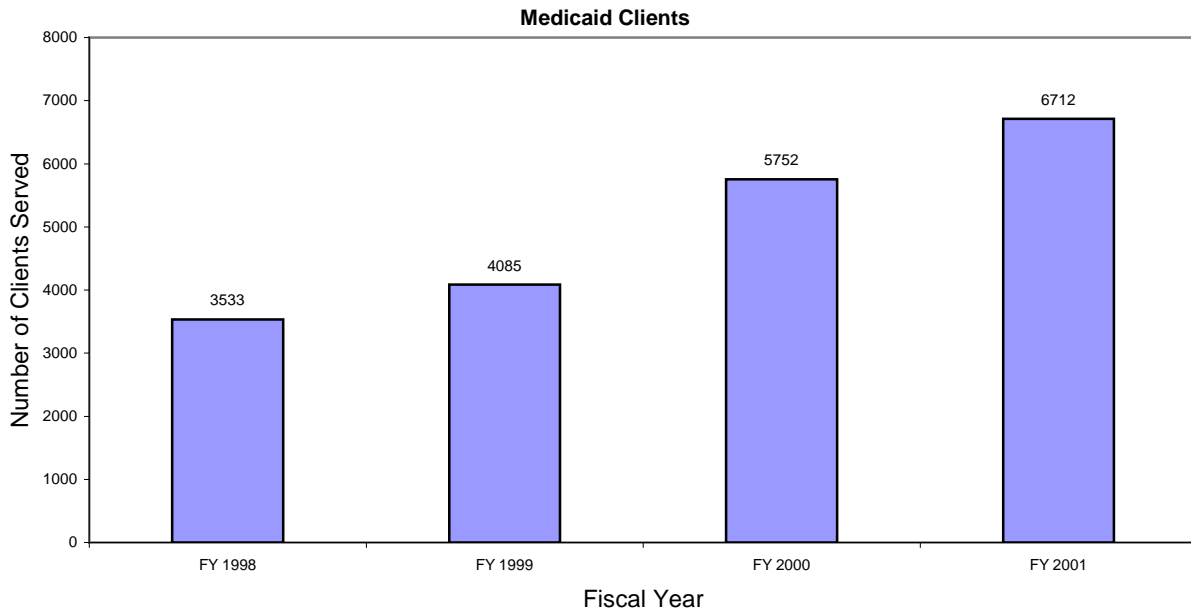
- *The provision of accessible and affordable health care and the maintenance of an infrastructure of healthcare services;*
- *The response to individual student needs within the educational setting;*

- *The improvement of the health, economic and educational status of children through direct services;*
- *The pursuit of preventive, cost-effective means for improving health;*
- *The enablement of incarcerated adults and youth to become productive citizens upon completing their sentences; and*
- *The alignment and focus of the department’s resources on strategic goals aimed at the customer.*

Specifically, DAODAS worked through a difficult budget year, suffering a 13.18 percent state funding cut for state FY02, in addition to a FY01 midyear cut of 1 percent, or \$128,176. However, even in the face of these cuts, the department, in partnership with the local provider network and other state agencies, was able to achieve its overarching goal of delivering prevention, intervention and treatment services to the citizen-client. To accomplish sustainable recovery for the citizen-client, the agency has worked to identify and tap alternative funding sources to meet its mission of providing quality services to prevent or reduce the negative consequences of substance abuse and addiction. This includes accessing the federal grant network to fund identified gaps in a range of alcohol and other drug abuse (AOD) services (a potential \$9 million in grant awards), as well as increasing Medicaid billing for the fourth consecutive year, thereby increasing access to services for the citizen-client. The following two charts reflect the increases in Medicaid revenues and number of Medicaid clients.



*(Source: DAODAS Division of Grants and Contracts / Department of Health and Human Services Report; FY95-01 - Total Medicaid Billing.)*



(Source: DAODAS Division of Utilization Review / Department of Health and Human Services Report; FY98-01-Unique Unduplicated Clients.)

DAODAS continues to work with its provider network as one of its chief customer groups. The agency has sought to better understand the providers’ requirements by working within its committee structure and within the county planning process. As a result, the quality of care delivered by the provider network is being addressed, along with significant opportunities to address customer needs around national accreditation, treatment outcomes, quality assurance standards and contractual/financial concerns.

The agency has continued to refine its strategic plan by focusing on the development of draft action plans to support the agency’s strategic goals and the overarching goal of achieving sustainable recovery and reducing use, abuse and harm. To that end, the agency maintains a focus on client outcomes and continues to emphasize the statewide client outcome system as required by the Governmental Performance and Results Act (GPRA) and the state contractual “Goals of Effectiveness,” benchmarks designed to enhance client engagement and retention.

On the collaborative front, working with the agency’s partners and customers, DAODAS has been able to maintain and expand, in some cases, prevention, intervention and treatment services. Through continued collaboration with the South Carolina Departments of Health and Human Services (HHS), Social Services (DSS) and Juvenile Justice (DJJ), the agency has been able to realize additional Medicaid funding, expand follow-up services for TANF recipients and their families, and also expand treatment services to youth at DJJ and upon their release. During the FY02 budget-request process, the agency won recurring funding for *The Bridge*, the agency’s most successful adolescent program. This is a testament to the ability of *The Bridge* to save the state money and to achieve successful outcomes for an overwhelming majority of its clients.

DAODAS has also been successful in satisfying federal mandates. The agency and its local partners participated in the federally required 'Synar Youth Access to Tobacco Prevention Survey' to reduce South Carolina youth's access to tobacco. Federal law requires states to conduct annual, random, unannounced inspections of a statewide sampling of tobacco vendors to assess their compliance with the state law (§17-17-500) that prohibits retailers from selling tobacco products to minors. After a steady decline in this rate, the department documented a purchase rate of 17.1 percent in 2001. This is lower than the 18.7 percent documented in 2000, and well below the federal requirement of 20 percent for 2001. By continuing to successfully achieve this requirement, the department has forestalled a possible 40 percent cut in federal Substance Abuse Prevention and Treatment (SAPT) Block Grant funding, or \$7.28 million.

DAODAS has also been able to address a federal requirement that limits the expenditure of funding from the federal block grant to no more than 5 percent for administrative purposes. As the federal block grant has increased and state funding has remained constant, additional administrative costs have accrued above the 5 percent limit. DAODAS began to look at innovative ways to address this problem by analyzing the amount of state funding contracted to its local provider network. By partnering with the providers, the agency has been able to exchange state funding with federal block grant funding, thereby retaining more funding in the state office and resolving the administrative cost issue. By meeting this federal requirement, the agency has forestalled a possible dollar-for-dollar payback. During the block grant application process for FY02, DAODAS will be addressing the federal maintenance-of-effort requirement, which requires states to increase state funding as federal block grant funding increases.

### Section 1.2 Mission and Values

The DAODAS mission statement focuses on the citizen-client. Effective June 2000, the mission statement is: *To ensure the provision of quality services to prevent or reduce the negative consequences of substance use and addictions.* At the heart of this statement are the agency's core values of respect, integrity and dedication. The department adheres to guiding principles that outline how the agency and its employees will conduct business. Among others, these principles include the belief that addiction is a preventable and treatable disease and that DAODAS must provide statewide leadership on all substance use and addiction issues; DAODAS will work collaboratively with both the public and private system of substance abuse providers; and DAODAS will collaborate more effectively with other state agencies to achieve positive outcomes for their common citizen-clients. Agency employees are to be mission focused, proactive and effective communicators to address the stated mission.

### Section 1.3 Key Strategic Goals

The strategic planning process for 2001 has been one of deliberative planning that has focused on improving existing services through outcome evaluation, in particular by measuring the impact that DAODAS and its provider network have on the citizen-client served. In other words, the entire strategic planning process has been customer focused and results oriented. The broad strategic goal states that clients in treatment will achieve sustainable recovery; and that client attitudes and behaviors will change leading them to refrain from use (abstinence), refrain from abuse and reduce harm. For FY01, staff were tasked in all divisions of the department to develop and implement draft action plans with appropriate goals and objectives to support the overarching goal.

Within the draft five year plan, these strategic goals are: 1) to ensure services are of quality by improving the effectiveness of treatment and intervention programs; 2) to ensure services are of quality by improving the effectiveness of prevention programs; 3) to ensure client's ability to receive services is ever increasing, by improving the efficiency of the service-delivery system; 4) to ensure that all clients/citizenry are stimulated/engaged; 5) to collaborate more effectively with service providers and stakeholders; and 6) to collaborate more effectively with other state agencies and service providers. Action plans to address these goals are under final consideration by DAODAS senior management and include timelines for completion, primary divisional responsibility, and possible evaluation tools.

#### Section 1.4 Opportunities and Barriers

DAODAS sees the implementation of the Malcom Baldrige National Award Criteria as an opportunity to address a range of issues important to the delivery of alcohol and other drug abuse services to the citizen-client, to include collaborating more effectively with the local provider network and increasing access to services for the Medicaid population. This opportunity will also allow the department to link the strategic planning process more effectively with the needs of the citizen-client and the provider network. The department will utilize this opportunity to further train all staff and its provider network in the Baldrige criteria.

Other opportunities to assist the agency in meeting its mission and strategic goals include the possible award of federal grant funding to fill service gaps. To date, DAODAS has been awarded two major prevention grants to enhance the state's science based prevention programming efforts.

There is still much work to be done in meeting the needs of the citizen-client. This includes successfully managing potential future budget reductions by identifying and further tapping stable funding streams (e.g., Medicaid / Minibottle tax revenue) and continued collaboration with the local provider network and partner state agencies – all which have suffered budget reductions, which impact not only those agencies, but also the common citizen-clients served. DAODAS will continue to focus on services for adolescents, as our indicator data continues to show a need for increased services. These realities will be the basis for the agency's FY03 budget request.

## **Section Two Business Overview**

#### Section 2.1 Number of Employees

As of July 26, 2001, the department employed 84 individuals, with 59 full-time equivalent positions (FTEs) and 25 temporary grant equivalent positions (TGEs).

#### Section 2.2 Location/Operations

DAODAS is located at 101 Business Park Boulevard, Columbia, South Carolina 29203. The department operates on a 37.5-hour workweek with routine hours from 8:30 a.m. to 5:00 p.m., Monday through Friday. However, the workweek of certain staff may vary to meet the needs and service-delivery requirements of the department. Flexible work schedules are allowed.

Section 2.3 Expenditures/Appropriations

Major Budget Categories	99-00 Actual Expenditures		00-01 Actual Expenditures		01-02 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	\$3,468,185	\$1,828,447	\$3,982,596	\$1,693,991	\$4,428,373	\$2,040,886
Other Operating	\$1,963,857	\$557,003	\$1,977,454	\$575,247	\$3,129,745	\$1,022,022
Special Items	\$4,751,368	\$4,751,368	\$5,317,378	\$5,028,252	\$2,765,166	\$2,765,166
Permanent Improvements	\$89,544	\$89,544	\$3,575	\$1,235	\$0	\$0
Case Services	\$2,104	\$0	\$798	\$0	\$0	\$0
Distributions to Subdivisions	\$25,842,127	\$3,420,893	\$28,853,950	\$4,900,591	\$37,358,062	\$5,073,244
Fringe Benefits	\$825,535	\$437,810	\$1,022,298	\$433,049	\$1,006,816	\$486,334
Non-recurring	\$1,798,513	\$1,798,513	\$1,390	\$1,390	\$0	\$0
<b>Total</b>	<b>\$38,741,233</b>	<b>\$12,883,578</b>	<b>\$41,159,439</b>	<b>\$12,633,755</b>	<b>\$48,688,162</b>	<b>\$11,387,652</b>

**Other Expenditures**

Sources of Funds	99-00 Actual Expenditures	00-01 Actual Expenditures
Supplemental Bills	\$0	\$0
Capital Reserve Funds	\$0	\$0
Bonds	\$0	\$200,000

(Source: DAODAS Department of Finance and Operations / Comptroller General's Year End Report; FY01.)

Section 2.4 Key Customers

DAODAS has identified its customers to include citizen-clients, their family members, the local provider network, state agencies with common citizen-clients, state and federal officials, and the South Carolina citizenry at-large.

In terms of customer segments, citizen-clients are stratified into the following populations: women; children and adolescents; incarcerated / paroled individuals; juvenile justice detainees/parolees; and Alcohol and Drug Safety Action Program (ADSAP) clients (individuals charged with or convicted under the state's laws related to driving or boating under the influence). These customer segments are either federally mandated, included as part of the Governor's State Business Plan, in need of services, or part of a key business process.

The agency considers both the citizen-client and the local provider network important customers. Both are the direct beneficiaries of the scope of services that the agency provides and are key suppliers.

### Section 2.5 Key Suppliers

In keeping with the definition of supplier, as included in the *Performance Excellence Glossary of Terms*, DAODAS has identified its suppliers to include citizen-clients, the local provider network, state agencies with common citizen-clients, state officials (legislative, constitutional, agency), the citizen-clients' family members, federal officials, and the South Carolina citizenry-at-large.

### Section 2.6 Description of Major Products and Services

Research has proven that the disease of addiction is both preventable and treatable. DAODAS works to ensure the availability of a comprehensive array of alcohol and other drug abuse services through grants and contracts to 34 county alcohol and drug abuse authorities, the core of the department's provider network. One of the most important goals of this provider network is the development of a seamless continuum of care that encompasses prevention, intervention and treatment services.

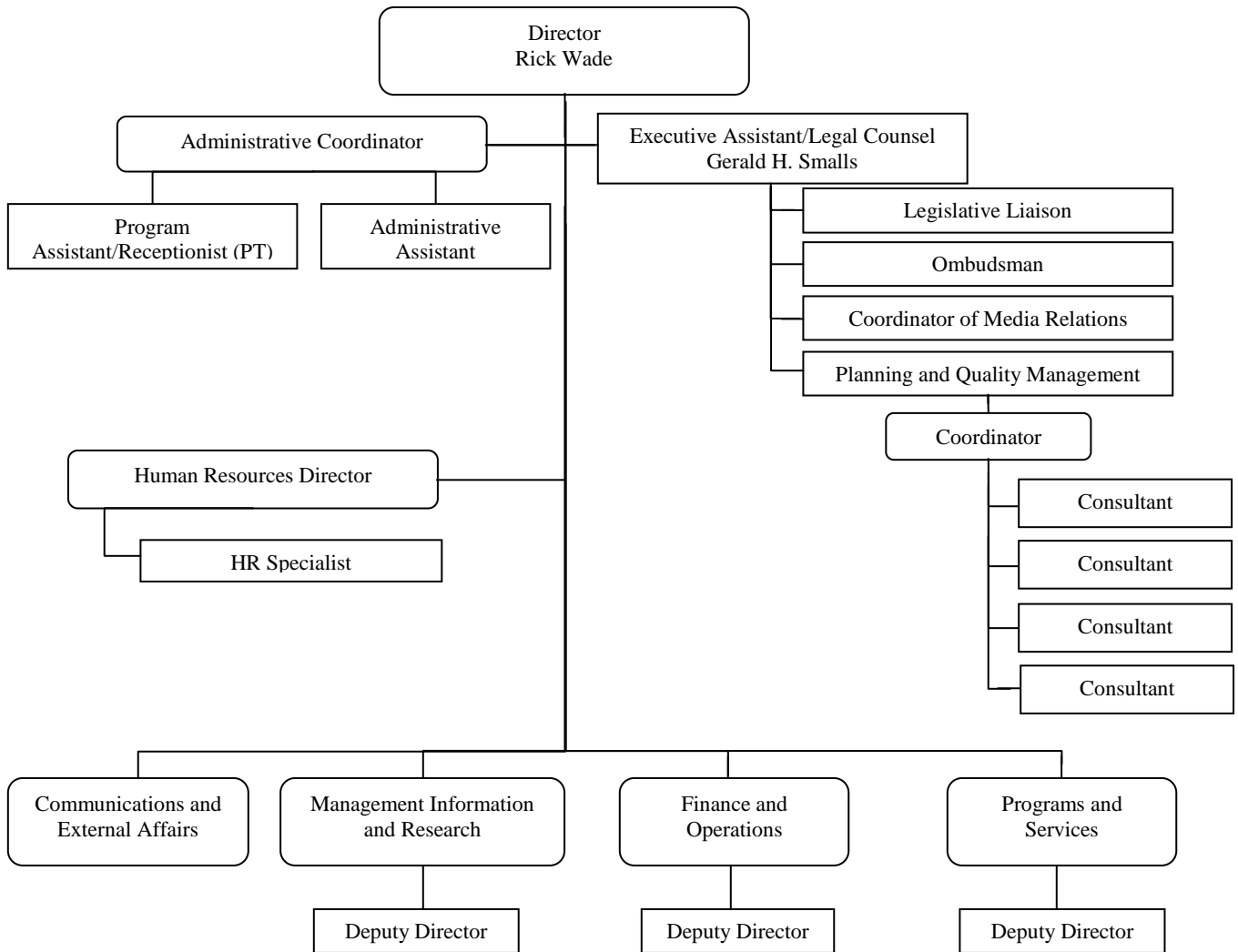
The major goal of *prevention services* is to avoid the development of problems related to the use of alcohol, tobacco and other drugs among the general public and specific high-risk groups. Services are implemented in communities and schools throughout South Carolina. Prevention services are based upon principles of sound research that identify and reduce factors that place an individual at risk, while strengthening other identified factors that protect individuals from developing a substance abuse problem. Additional prevention services include programming to address underage drinking and the underage use of tobacco; infectious disease prevention; and an emerging network of faith communities to assist in the awareness of the problem of alcohol and other drug abuse within their communities and to assist the recovering individual.

*Intervention services* work through existing systems to identify individuals who are at risk of experiencing specific problems related to the use and abuse and to provide educational and treatment services as needed. Examples include the School Intervention Program (ScIP) and the ADSAP program.

*Treatment services* are designed to stop the disabling effects of alcohol and other drug abuse and/or dependence and to prevent their recurrence. These services are tailored to meet the needs of each individual. Specific alcohol and other drug abuse services range from outpatient treatment, which is available in every county, to specialized treatment services, such as detoxification, adolescent inpatient treatment and/or other residential services. Specialized services are available on a county, regional, and/or 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 to adolescents; and services to incarcerated and paroled individuals. (*Note: This list is not inclusive of all the innovative programs offered.*)



Section 2.7. Organizational Chart (Source: DAODAS Office of Human Resources.)



## **Section Three**

### **Malcolm Baldrige National Award Criteria**

#### Leadership

*3.1.1. (a-c). How do senior leaders set, deploy and communicate the short and long-term direction, performance expectations, and organizational values?*

The Executive Management Team (EMT) has set long-term goals through the agency strategic planning process and the county planning process (as required by state law [§61-12-10]). The mission, core values, guiding principles and overarching goals were determined in the FY00 strategic planning year and included participation from the agency's external customers and internal staff. Long-term goals are deployed and communicated through any number of mediums, to include the county planning process, the formal committee structure of the local provider network, regional and statewide provider meetings, partnership meetings with various state agencies, legislative presentations, the agency's Web site, agency newsletters and other publications. These outlets also offer the opportunity for feedback and refinement. Internally, the long-term goals have been deployed and communicated through full-staff meetings and sectional and divisional meetings. Strategic planning is also used to set direction, performance expectations and organizational values. During FY01, the agency was able to learn of customer requirements stated during regional / statewide meetings, such as implementing a new process of comment and feedback on contract language and contract requirements.

Short-term goals are identified, deployed and communicated through an EMT process that includes weekly meetings to address routine agency challenges and many of the aforementioned mediums. Organizational values have been set, deployed and communicated similarly. For the 2001 employee performance year, the department has included the agency's core values and action plans for individual performance in each employee's Employment Professional Management System (EPMS) document to emphasize organizational values.

In addition, performance expectations are identified, deployed and communicated through the county planning process, technical assistance requests, independent peer reviews, Coordinated County Reviews (CCR), internal Medicaid audits and the contractual / grant program process. Again, all of the aforementioned mediums have been utilized to communicate performance expectations as well as to ensure accountability. DAODAS tracks individual provider performance through the use of contract objectives. Additionally, these are reviewed on a quarterly basis by the department's quality management team and during the annual CCR process.

*3.1.1. (d-f). How do senior leaders set, deploy and communicate empowerment and innovation, organizational and employee learning, and ethical behavior?*

During the FY00 strategic planning year, senior leaders set core values for agency employees; these include respect, integrity and dedication. In FY01, these core values have been added to each employee's EPMS document as "performance characteristics." The department also defined guiding principles that outline how the agency and its employees conduct business, to

include being mission focused, professional, proactive, culturally competent, team workers and effective communicators.

The agency values its employees by providing recognition and professional development in a supportive work environment. These statements are the framework for ethical behavior, motivation and organizational / employee learning. The agency has utilized all of the aforementioned internal mediums to set, deploy and communicate empowerment and innovation, organizational and employee learning, but most notably through full-staff meetings and divisional meetings / retreats.

To support these frameworks, the Office of Human Resources has developed tools to assist employees in meeting the agency goals and mission, as well as attaining their personal goals. This includes the implementation of a professional development plan for each individual to ensure that he or she develops at all levels the knowledge, skills and attitudes needed for the success of the department. Additionally, the agency conducted and implemented a salary study that compared salaries of DAODAS employees with those employees of comparable positions in other state agencies. As a result, the agency developed a hiring schedule to prevent future disparities in compensation among DAODAS employees.

Empowerment and innovation are encouraged through newsletters that include motivational articles on how to manage conflict, develop leadership skills and ensure time management. The agency also maintains a contract with a local employee assistance program (EAP) that offers quarterly seminars on a range of employment issues and topics, such as stress and time management. Extracurricular activities are encouraged as part of the agency's outreach to the community. Most recently, the agency has participated in Richland County School District One's "Lunch Buddy" program.

Feedback is provided through the EPMS process. For FY02, the agency is considering an employee-satisfaction survey to further determine career-development growth opportunities, satisfaction with management, compensation and benefits, training and job satisfaction.

### *3.1.2. How do senior leaders establish and promote a focus on customers?*

Senior leaders encourage a number of processes to focus on the agency's customers. The citizen-client and the local provider network are important customers, and as such, the agency works to better understand their requirements through constant contact. The local provider network maintains a structure of standing and ad-hoc committees, including an executive board, a services committee, an accountability committee, and a legislative committee. Senior leaders, along with designated agency staff, are members of the above committees, which offer the opportunity for exchange of information, for identifying and addressing customer requirements that assists in setting overall agency organizational direction. Furthermore, providers meet statewide once a month, as well as across five regions. Senior leaders and designated staff also participate in these meetings. Ad-hoc committees include those that focus on specific administrative and program areas, including a Financial Quarterly meeting, Prevention Quarterly meeting, Treatment Quarterly meeting, and quarterly meeting for ADSAP service providers. The agendas of these meetings often address customer needs, both short and long-term, as well

as offer an opportunity for DAODAS to reinforce its commitment to accountability and to implement measures of performance.

The department has also instituted an Office of the Ombudsman, which acts a conduit between the local provider network and the agency's director and senior leaders. The ombudsman also manages the agency's complaint process.

Additionally, the statewide county strategic planning process has facilitated input from across the state in terms of the design of the state and local strategic planning processes and enabled DAODAS to further identify customer requirements in terms of priorities, including funding needs, facility needs, and program and service needs.

Over the past few years, the agency has implemented a process (CCR) to further emphasize quality improvement. Each year, a team of interdepartmental staff provides oversight and technical assistance to the local provider network through an onsite visit. The department asks for feedback from its providers on the process and the content of the coordinated review and its continued usefulness. This feedback has assisted the agency in making the process and content review more salient by focusing on the provision of additional technical assistance and training onsite, and addressing other needs as identified. In terms of training, it has assisted DAODAS in setting a professional-development plan that will rotate departmental staff into the field and vice versa, so that state and local staff can be cross-trained, plus to better understand each other's requirements.

Finally, DAODAS has access to a wealth of data that focuses on client outcomes and efficiency measures that assist a client in gaining access to treatment. DAODAS interprets and analyzes the data and then offers assistance to providers in determining problematic areas and suggestions for resolving these issues. This is a clear focus on the citizen-client and underscores contractual performance expectations.

DAODAS plans to begin addressing internal customer satisfaction during FY02, as well as implementing an internal customer survey.

### *3.1.3. What key performance measures do senior leaders regularly review?*

Senior leaders review performance data that detail how the citizen-client is recovering in his/her addiction. DAODAS tracks statewide client outcome measures (GPRA) for intervention and treatment programs and is developing similar outcome measures for prevention programs. These measures include abstinence / frequency of use, health status, educational / employment advances, criminal justice status, aftercare participation and client satisfaction. In addition, senior leaders track and review efficiency objectives or "benchmarks" designed to enhance client engagement and retention, to improve timely access to care and to engage clients in the continuum of care.

Senior leaders also track and review how the local provider network is performing in providing services to the citizen-client. This is primarily done through the aforementioned CCR. A report is issued to each provider on the various indicators (strategic management / treatment /

prevention / financial compliance) that detail areas in need of improvement, as well as denoting satisfactory performance. The department also utilizes this process to identify best practices (benchmarks) for replication throughout the state. In addition, information is gathered and analyzed from this process that assists the department in planning for future needs and identifying programmatic or financial issues that may need to be addressed on a local, regional or statewide basis. A feedback survey completed by the local provider further provides insight into the requirements of the customer, as well as the efficacy of continuing the process. This is reviewed on an annual basis; however, plans are to begin reviewing this data on a quarterly basis to more efficiently identify needs and to take corrective action, as needed.

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

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

Each of the aforementioned key measures assist in the organizational planning process and are integral to statewide strategic planning.

*3.1.4. How do senior leaders use organizational performance review findings and employee feedback to improve their own effectiveness and the effectiveness of management throughout the organization?*

Internally, the EMT has used its weekly team meetings to perform self-assessments of its effectiveness. Additionally, the EPMS system allows feedback and exchange of communication with the employee. Upon employment with the agency, employees are encouraged (via employee orientation of both executive and non-executive staff) to provide feedback on a continual basis.

The agency has completed an *Employee Questionnaire/Survey* that rates the following: career-development and growth opportunities; satisfaction with management; employee compensation / benefits; training; and job satisfaction. Dissemination is scheduled for FY02.

Externally, the agency uses its local provider network to provide an informal cross-departmental analysis of its effectiveness and elicits their feedback during these meetings, as well as during the CCR process.

The department's challenge for FY02 is to better define its key internal measures of performance, to track that performance and make adjustments when necessary, and to act as data direct.

*3.1.5. How does the organization address the current and potential impact on the public of its products, programs, services, facilities and operations, including associated risks?*

The department requires its local provider network to be nationally accredited through CARF and licensed by DHEC. These two entities, through their peer reviews, are the chief mechanisms for assessing the risk of the department's provision of alcohol and other drug abuse services to the public. Both entities seek to ensure that quality services are provided, as well as that facilities and operations are of high quality. The health and safety of the client is preeminent. DAODAS further publishes Quality Assurance Standards to complement both CARF standards and DHEC surveys and to provide a sharper edge on client quality of care issues and to define the level of quality expected of each provider. Senior leaders review provider performance on all of the above.

Furthermore, the department assesses risks through a statewide critical incident policy, requests for technical assistance, and the county assistance plan process, which identifies indicator areas in need of improvement before they become entrenched in the organization. The audit processes, to include the CCR, financial audit and program audits (Medicaid) further allow senior leaders to assess the impact of the department's programs and services to the public.

Senior leaders also use a range of provider meetings, already noted, and the aforementioned outcome measures and efficiency benchmarks to continually assess the impact of services on the citizen-client. These indicators allow the agency to support positive impact and to replicate best practices throughout the state. Where there is negative impact, the agency is able to intervene and take corrective action on a case-by-case basis. This often results in the development of trainings on specific issues and cross trainings with partner agencies.

*3.1.6. How do senior leads set and communicate key organizational priorities for improvement?*

The process for the selection of organizational priorities stems from the strategic planning process. This process includes input from all stakeholders, including the agency's customer base. Senior leaders have set the key organizational priority as the citizen-client. Appropriate strategic goals have been set by agency staff to meet this priority. Furthermore, senior leaders have identified outcomes for all clients in achieving the overarching goal. These have been communicated through the local provider network committee structure, through the county planning process, and through newsletters and other agency communication tools. Senior leaders have set a clear direction, clear values, and set realistic goals and objectives to address the agency mission. All organizational priorities are identified and implemented to support the overarching goal.

*3.1.7. How does senior leadership and the agency actively support and strengthen the community?*

Senior leaders encourage participation in various community endeavors and charities. These include the Salvation Army (Christmas bell-ringers), Good Health Appeal (memberships through professional organizations), Habitat for Humanity, United Way Programs (Success by Six, Communities in Schools, Job Shadowing), Red Cross Campaigns, Richland County School

District One's "Lunch Buddy" program, Easter Seals (Buck A Cup), and many more. Employees are recognized for their efforts on Employee Recognition Day.

On a statewide basis, many of the agency's prevention programs are directed at improving life on the community level. These include efforts to reduce underage drinking and tobacco use, reduce violence, prevent infectious diseases, work with the faith community to establish support mechanisms for recovering persons, and work within the schools to instill protective factors that keep children and youth from engaging in negative behaviors that make them at a higher risk for use of illegal substances.

### Strategic Planning

*3.2.1. (a-e). What is the strategic process, including participants, and how does it account for customer needs, financial and societal risks, human resource capabilities, operational needs, and partner needs?*

The department sees strategic planning as a continuous quality-improvement process that relies on input from stakeholders at various levels, including the local provider network, the citizen-client, community coalitions, the South Carolina General Assembly, and other state agencies. Beginning in 1994 and continuing to the present, a "team concept" has been at the heart of the process. This team concept has been instrumental in addressing customer and partner needs. Two additional processes; the CCR process and the county planning process, have fed the strategic planning process, in that the needs of the citizen-client and providers are continually identified and addressed, as well as gaps in services.

The strategic planning effort remains dynamic. DAODAS used a deliberative approach during FY01 to determine specific objectives. The department began the task of assessing the various divisional roles and responsibilities to support the achievement of agency goals and objectives needed to accomplish the overarching goal. This has resulted in drafts of divisional action plans identifying success indicators to address human resource capabilities, operational capabilities and financial needs. The plans also address the monitoring process for evaluating outcomes. For FY02, the agency will refine the plan by taking additional stakeholder input, then finalize and publish the plan.

*3.2.2. How does the agency track action plans that address key strategic objectives?*

The department's divisions developed action plans during FY01. The draft action plans support the identified strategic goals and include a number of objectives. The department is currently working toward linking each agency employee's EPMS to applicable action plans. Operationalizing of the action plans will occur in FY02. Each strategic goal and objective includes an identified action, a defined timeline, itemized resources, where applicable, primary divisional responsibility, and an identified evaluation tool. Key staff will be assigned, resources provided, outcomes measured identified and corrections made, as needed. The Office of Planning and Quality Management will track progress and report to the EMT on a quarterly basis once the action plans are implemented.

*3.2.3. How does the agency communicate and deploy its strategic objectives, action plans and performance measures?*

Strategic objectives, action plans and performance measures are deployed and communicated externally through any number of mediums, to include the county planning process, the formal committee structure of the local provider network, regional and statewide provider meetings, partnership meetings with various state agencies, and the agency's Web site and newsletters. Internally, the objectives have been developed by the divisions themselves, but will be cross-trained in full-staff meetings and sectional and divisional meetings.

Customer Focus

*3.3.1. Who are the key customers and stakeholders?*

*3.3.2. How do you determine who your customers are and what are the key requirements?*

DAODAS has identified its customers as the citizen-client, their family members, the local provider network, state agencies with common citizen-clients, state and federal officials, and the South Carolina citizenry-at-large. These customers were identified during the 1999-2000 strategic planning year. This process was the first for the new administration and was led by an expert consultant in the field of strategic planning. In addition, the strategic planning process assists in identifying new customers. It is important to note that in the delivery of healthcare services, certain populations are customers as a function of receiving federal block grant or state funding. In addition, when accessing federal grants or private foundation funding, these funders require new customers who are first-time "players" in the policy arena. Finally, in times of budget reductions, certain customers may be reprioritized.

During FY01, the strategic planning process focused on better understanding customer requirements. These key requirements have emerged from the inclusion of the provider network in the statewide strategic planning process and the local county planning process. Requirements also emerge as a product of participation in the provider network's standing and ad-hoc committee structure. These key requirements include a range of issues, from increased training and human resource development, to an administrative reduction in paperwork, increased technological needs, better communication and coordination between the department and the provider network, less duplication of effort, and the appointment of regional / provider points of contact. Key requirements are also dynamic - where certain requirements are met or maintained, others are ever changing.

During FY01, DAODAS began to segment the customers within the citizen-client community. Through the agency's Division of Management Information and Research (MIR), underserved populations have been identified, to include children and youth, women and dually diagnosed clients. Their needs are more complex, and during FY02, the agency will make an effort to further identify those needs, while designing prevention, intervention and treatment programs to address these needs.



In addition, the recovering community and the faith community have emerged as customers and major participants in the delivery of alcohol and other drug abuse services. These customers have emerged as a result of identifying best practices in order to better serve the citizen-client. In essence, it was a process of determining who was “not at the table.” In FY02, the agency will further focus efforts on learning of these customer requirements and better planning for interface.

*3.3.3. How does the agency keep listening and learning methods (communications) current with changing needs?*

*3.3.4. How does the agency use information from customers/stakeholders to improve services or programs?*

The statewide strategic planning process has incorporated a large number of avenues through which the provider network and other customers can provide input regarding the department’s direction. [These are listed under question 3.1.1 (a-c).] This improves the department’s ability to serve as an effective leader in the substance abuse field, and it improves communication by gaining knowledge of those issues that are deemed to be critical to the provider network as a customer group. In addition, the annual CCR process has provided DAODAS with an invaluable opportunity to identify and address the concerns of the local provider network firsthand.

The provider network committee structure continues to be the main listening and learning method for keeping the department current with changing needs. This effort is based on working together either through teams or through standing and ad-hoc committees to address the needs / requirements that may arise. This effort also can include additional stakeholders other than the provider network, as partner requirements sometimes involve bringing many actors to the table for discussion, review, decision and evaluation purposes.

While developing the FY02 county planning guidelines for the local provider network, the department asked each region for feedback on how best to implement certain changes, to include refined contract language (memoranda of agreement [MOA]), and the continuation of required performance measures and outcomes. The process resulted in increased accountability for the expenditure of federal and state dollars, clarified the relationship for the provision of services, and increased communication between the department and customers.

The department has worked toward increasing communication during FY01, holding many forums to share best practices, disseminate national and state alcohol and drug abuse information, update the provider network on the direction of the department, and adjust the strategic goals and objectives that resulted from a difficult budget year. The department asks for feedback, not only during these meetings, but also through personal contacts with the agency director or any member of the EMT. This system is informal, yet effective in gaining the knowledge of customer requirements.

During FY01, the agency worked in conjunction with the provider network to effectively address its budget needs. The agency and provider network worked together to develop one voice and won an effort to lessen the budget cut for the local provider network during conference committee debate. This is social capital at work.

In addition, the department maintains an Office of the Ombudsman, which acts as a liaison between the department and the provider system. The ombudsman manages the complaint process, which is based on the idea of “team-based” investigation. It is important to note that complaints sometimes act as a catalyst to examine processes for update or deletion in total, and therefore can be a key process for listening and learning more about customer requirements.

The department also handles and tracks complaints that may occur while implementing the ADSAP program. These complaints are analyzed and used as learning tools in the dissemination of information during provider quarterly meetings and are decision points if a problem occurs statewide.

### *3.3.5. How does the agency measure customer/stakeholder satisfaction?*

One measure utilized to determine customer satisfaction is a feedback survey forwarded to the provider network as part of the CCR report that each provider receives after the process is completed. The provider network is encouraged to rate DAODAS on its effectiveness during the review. The FY01 survey indicates that 95.8 percent of respondents feel the review process was beneficial to their agency and met the needs of their staff. In FY01, county feedback continued to reflect that reviews focusing on providing technical assistance were helpful in maintaining continuous quality improvement. During FY02, the department hopes to survey front-line local provider staff on the CCR process.

The local provider network utilizes various survey instruments to measure customer satisfaction. These instruments measure the satisfaction of clients with their facilities, accessibility, courtesy, professionalism and treatment results. CARF requires that the provider measure customer satisfaction as a part of the overall agency outcomes management system. To determine an overall rating of satisfaction with services provided by the county authorities, DAODAS reviews the county plans submitted to the department each year. Since 1998, reported provider client satisfaction rates ranged from 89 percent to 95.8 percent. In addition, the statewide client outcomes system (GPRA) also measures client satisfaction. The department is using FY01 GPRA data to set a benchmark for client satisfaction. For the first three quarters of FY01, 94.5 percent of all clients were satisfied with the services they received and 95.4 percent would recommend the program. This measure supports the self-reported provider client satisfaction data.

### *3.3.6. How does the agency build positive relationships with customers and stakeholders? Indicate distinctions between customer groups.*

Primarily, the agency uses the standing and ad-hoc committee structure of the provider network to build a positive relationship with the provider community. These mediums also offer the opportunity for feedback and refinement and help to set the agency’s direction. The agency also offers a range of training and professional-development opportunities to assist in developing a positive relationship, not only with the provider community, but also with other providers of alcohol and other drug abuse services and sister state agencies with common citizen-clients.

To reach the citizen-client, the agency uses a variety of tools and techniques to build positive relationships to address the needs and interests of various constituencies, including the general public and other special populations in need of alcohol and other drug information and assistance. Specific activities include several communication strategies. The department places major emphasis on developing numerous types of printed materials to reach various target audiences, including *The Big Issue*, an external newsletter with a circulation of approximately 4,500 subscribers. The department also maintains THE DRUGSTORE Information Clearinghouse, a statewide resource that houses a variety of alcohol, tobacco and other drug related information. Information is disseminated to the local provider network and to the general public as requested.

The department places major emphasis on using the mass media to reach diverse constituency groups. In FY01, the department continued two existing media campaigns, one designed to reduce underage drinking and one to address illicit drug abuse. For FY02, the department is producing an additional media campaign designed to illustrate the parallels between coaching and parenting. This campaign will feature the head football coaches from the University of South Carolina, Clemson University and South Carolina State University. The coaches will encourage parents to get their children involved with athletics and other organized activities at a young age – a prevention tool with proven success.

The department also manages a comprehensive Web site that contains a wealth of information about the statewide system of the local provider network, as well as information about specific issues and concerns related to substance abuse. Additionally, the department operates two toll-free numbers through which the public can utilize to assist them in locating their respective county provider and accessing the various printed materials available in the Clearinghouse.

The department further builds a positive relationship with the South Carolina community-at-large by designating an internal Community Liaison to engage the community in activities to prevent problems related to the use of alcohol, tobacco, and other drugs, particularly among youth. This effort focuses not only on public entities, but also on private businesses, such as radio stations and the McDonald's Corporation; or any entity with the passion and commitment to "give something back" to the community.

Prevention programming is targeted toward the South Carolina citizenry-at-large, with emphasis on community based and youth programming. Prevention strategies are designed to determine community needs first, through such methods as focus groups, surveys and other needs assessment instruments. This is followed by program design and implementation, followed by evaluation. Evaluation is targeted toward six principles of effectiveness, as set by the federal Center for Substance Abuse Prevention (CSAP). CSAP is also in the process of setting national standards for prevention outcomes, which will be adopted by DAODAS when finalized.

The department also works with the South Carolina General Assembly to promote its mission of providing prevention, intervention and treatment services to lessen the negative effects of the use and abuse of alcohol and other drugs. Specifically, the agency works closely with the House Ways and Means Committee and the Senate Finance Committee underscoring the need for maintenance funding for its services and providers and also to underscore the need for additional

access for Medicaid clients and Medicaid coverage. The agency works closely with the local provider network to access individual legislators to support the agency's mission and resulting program offerings.

The department has built strong collaborative relationships with other state agencies and community coalitions to reach underserved populations and to provide a range of prevention, intervention and treatment services. Notably, these agencies include the State Department of Education; state and local law enforcement agencies (South Carolina Departments of Probation, Parole and Pardon Services; Corrections; Public Safety; and DJJ); and South Carolina DSS and HHS. The department is also leading the development and implementation of a faith-based model to work with the faith community in building awareness of the problem of substance abuse, as well as to seed community efforts to assist the recovering individual. For FY02, the department will be implementing a federal grant to focus on and emphasize the development and implementation of community coalitions to provide science-based prevention efforts.

At the federal level, DAODAS participates in national and regional efforts to fight substance abuse. Rick C. Wade, director of DAODAS, participates as vice-chair of the Community Anti-Drug Coalitions of America (CADCA) Coalition Advisory Committee, a principal national substance abuse prevention organization working with community-based coalitions.

### Information and Analysis

#### *3.4.1. How does the agency decide which operations, processes and systems to measure?*

As a federal block grant recipient, the department is required to meet certain federal mandates and to measure certain processes and systems. Block grant regulations require the state to earmark funding for defined populations and services (women – intravenous drug abusers – HIV clients – prevention services). As a result, the department has agreed to ensure that these earmarked funds are provided to the identified populations or for the identified service by contracting with the local provider network, or with other entities that can reach the population or provide the required service. The department ensures that 100 percent of the required earmarked funds meet the set-aside requirement in each federal block grant year. The federal block grant also requires that the state measure outcomes per federally set criteria, and thus the department has instituted a statewide client outcome system to gauge alcohol / drug use, recovery, health status, employment, educational status, and client satisfaction. These measures, required by the GPRA are further detailed under question 3.7.4.

The department also tracks contract objectives meant to increase the effectiveness of treatment and to ensure timely access to care. These “Goals of Effectiveness” were added as a direct result of identifying best practices across the country. During FY01, preliminary data were encouraging and show an increase in getting clients into treatment.

State mandates can also dictate which processes or systems to measure. The ADSAP program, a key business process, is mandated for individuals convicted of driving or boating under the influence (DUI), or charged with an administrative license revocation or a zero tolerance offense. State law mandates that the department report to the South Carolina legislature certain

information on program operations, to include the number of community service hours provided in lieu of the payment of fees. Additionally, the department tracks customer complaints and makes adjustments when data indicate a change is needed.

The department has also identified and developed processes and systems based on its historical experience in providing alcohol and other drug abuse services. Trends have been identified through various systems (desk audits / Medicaid audits / quality assurance audits / feedback / provider network meetings), and the agency has responded by developing various measures specific to the identified trend. For example, over time, the agency identified a trend in which ADSAP was a hodgepodge of curricula provided to customers across South Carolina. To standardize performance, the department instituted one curriculum, now in its fourth year. Along with the curriculum, the agency implemented a system of certification for each provider. This certification includes indicators that address program quality, adherence to state administrative requirements / state law and client outcomes. These measures are tracked for certification purposes, as well as act as indicators for provider performance.

The department has identified key operations, processes and systems through its strategic planning process. The action plans now being developed include a range of evaluation tools and measures as tied to a strategic goal. For example, the strategic planning process has indicated a need for better communication and collaboration with the local provider network. To meet this need, the agency has instituted an internal process for tracking response time to written correspondence. Efforts will be made in FY02 to set a goal for responding to inquiries and the evaluation of these efforts.

All the identified measures are tied to the agency's strategic goals, action plans, and the overarching goal. A key challenge for FY02 will be for the department to continue to identify which operations, processes and systems to measure and then to set those measures using the available data.

*3.4.2. How does the agency ensure data quality, reliability, completeness and availability for decision-making?*

*3.4.3. How does the agency use data/information analysis to provide effective support for decision-making?*

Data is amassed from many sources, but primarily through the department's Division of Management Information Research (MIR). MIR has instituted detailed quality, reliability and completeness standards to ensure its 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 its integrity, and submission of the data to the federal government (Center for Substance Abuse Treatment – [CSAT]). DAODAS has always averaged a recorded accuracy well above 99.5 percent every month, as independently verified by CSAT.

The department collects data through other divisions and includes data on program quality and compliance, provider performance data and financial indicators. This data is available on a

monthly and quarterly basis and are reviewed by the various program and contract managers for completeness and reliability. Mid-course direction changes are made, when necessary. The department also utilizes data from external sources for decision making, more specifically from agencies and entities that share citizen-clients. Any service expansion or budget expenditure is thoroughly reviewed before commitments are made, using a range of measures, to include a needs assessment, provider performance, resource overview and the ability to comply with federal and state applicable standards.

Another good example of analyzing data is the use of the information gathered from the annual CCR process. The department utilizes this process to identify best practices (benchmarks) for replication throughout the state. In addition, information is gathered and analyzed from this process that assists the department in planning for future needs and identifying programmatic or financial areas that may need to be addressed on a local, regional or statewide basis.

#### *3.4.4. How does the agency select and use comparative data and information?*

The department has looked to the federal government and even internationally to identify benchmarks and best practices to improve overall provider performance and to set outcomes for the citizen-client. Best practices are also identified through the National Association of State Alcohol and Drug Abuse Directors (NASADAD) and other federal partner agencies, and on a statewide basis through the CCR process.

During FY01 and continuing through FY02, the department instituted the “Goals of Effectiveness,” which are benchmarks meant to improve timely access to care and to engage clients in the continuum of care. See data listed under questions 3.7.2 and 3.7.4 for specific measures. These measures were based on clinical best practices as outlined by the US Department of Health and Human Services, the US Department of Public Health, the Substance Abuse and Mental Health Services Administration, the Center for Substance Abuse Treatment, the American Society of Addiction Medicine, Canadian Best Practices and Kaiser Permanente.

The client outcome system conforms to the federal “gold standard” as outlined in the GPRA and it meets all current requirements of the SAPT block grant, as well as of CARF.

The department has also looked internally for comparative data and information. Since 1994, the program has operated *The Bridge*, a program designed to prevent the re-incarceration and/or the return to an inpatient alcohol and other drug inpatient facility of an adolescent who has been diagnosed with an alcohol or other drug problem. For the past eight years, the program has been successful each year in meeting the goals of reducing recidivism, reducing alcohol and other drug use, reducing costs to the state, and increasing life skills of this population. In fact, *The Bridge* has been named a national benchmark for success by three separate federal organizations.

Through the CCR process, the department also selects best practices and uses identified comparative data to assist the local provider network in achieving the aforementioned goals of effectiveness and better client outcomes. This information also works to assist in increasing client access to services.

## Human Resource Focus

*3.5.1. How do managers / supervisors encourage and motivate employees?*

*3.5.2. How does the agency identify and address key developmental and training needs, including job skills training, performance excellence training, diversity training, management / leadership development, new employee orientation and safety training?*

To promote collaboration, initiative and flexibility, DAODAS has implemented a variety of work processes. These include forming teams to look at issues relating to programs and services and internal policy and procedure. These teams determine viable solutions, which are presented to senior management as recommendations for implementation. In addition, to allow employees to participate in focus groups as well as perform the functions of his/her job, while maintaining a balance between work, family and outside activities, the agency allows a flexible work schedule.

The department has also implemented a professional development program that identifies four major areas that are fundamental to organizational growth, including: 1) quality improvement training; 2) leadership training; 3) general training; and 4) technical training. This plan, among other goals, helps employees align their personal career development goals within the department's goals and increase marketable strengths and skills to help create personal "career ladders." Employees, along with their supervisors, determine the plan, which is included in their EPMS documents.

This plan also supports the department's mission and contributes to accomplishing the goals and objectives of the strategic plan; supports the department's values and philosophy; ensures that all DAODAS employees fully understand the role of direct services provided through the county authorities (a key vision of the *Governor's State Business Plan*); and develops among employees at all levels the knowledge, skills and attitudes needed for the success of the department. The plan also includes training that is required by all employees addressing diversity, management / leadership, new employee orientation, stress management and job safety. The department is currently reviewing a policy on employee coaching and mentoring for approval / adoption by the EMT and agency director.

The agency uses a series of tools in its reward, recognition and compensation approaches to promote excellence and motivation. During FY01, the agency completed a salary compensation study that compared the salary of each employee with peers at other state agencies. The agency was able to determine a percentage of employees who were not being compensated at the state average (approximately 37 percent), and was able to bring these employees in-line with the state average. As a result, the agency developed a hiring schedule to prevent future disparities in compensation among DAODAS employees. Also incorporated into policy and procedures are several resources allowing increases based on performance and achievement.

DAODAS has completed a draft of a new *Employee Award and Recognition Policy* that is currently under review for approval / adoption by the EMT and agency director. The department is considering implementation during FY02.

To enhance communication efforts within the department and with the local provider network in the area of human resources, the department has developed a monthly newsletter that includes a series of topics, including diversity issues, employee relations, benefits, management tips, and policies and procedures. Additionally, the department has developed an exchange program with the local provider network to allow new employees at DAODAS to be placed in local provider offices to observe their operations and receive hands-on experience at the county level (clinical and/or administrative). This should be a focus for FY02.

The department continues to achieve its goals in the area of employment opportunity, promotion and diversity, as reported by the *South Carolina Human Affairs Commission's 2001 Report* to the General Assembly. Specifically, the department ranked seventh among all state agencies in the percent of affirmative action program goals attained during the period between October 1, 1999 and September 30, 2000. This represents a 5.8 percent increase from the prior reporting period. DAODAS was ranked first by the Commission among all state agencies comparable in size. This confirms the continued efforts and progress toward setting the standard for diversity through the DAODAS Affirmative Action Plans and Program. The department will continue to strive toward achieving an even higher mark and implementing sustainable employee programs that enhance recruitment and retention efforts.

The department also awarded bonuses in FY01 to DAODAS employees based on exceptional job performance and exemplary customer service as defined and outlined in the EPMS evaluation document.

In addition, the department supports the educational goals of employees by allowing an individual to pursue higher education opportunities, while also assisting in defraying the cost, when budget resources allow.

In regard to training, DAODAS is meeting the external training requirements of the local provider network and other AOD providers. During FY01, the department held the South Carolina School for Alcohol and Other Drug Studies and offered training to 346 participants from a cross section of state and local agencies. These participants attended courses in several alcohol and other drug abuse disciplines. Overall, the department held 78 training events, serving more than 2,100 participants.

Additionally, in conjunction with the National Leadership Institute (NLI), a CSAT funded group, the department has surveyed its provider network to gain knowledge of training needs that could be offered through the Institute. Of the surveys returned, DAODAS identified needed training in strategic planning, developing performance measures (client outcomes), and marketing / collaboration. The department will offer such trainings in FY02.

### *3.5.3. How does the EPMS, including feedback to and from employees, support high performance?*

The state EPMS is the tool for evaluating job performance for all employees and allows feedback and exchange of communication with the employee. DAODAS conducts yearly trainings for employees to encourage ongoing communication and strengthen the processes. Employees have



an equal level of responsibility for determining the requirements of his/her job and for the success criteria used in determining what tools and/or resources are needed. In addition, employees offer input into the actual performance by providing written accomplishments.

*3.5.4. What formal and/or informal assessment methods and measures does the agency use to determine well-being, satisfaction, and motivation?*

Through several processes, employee satisfaction and well-being can be obtained. Upon employment with the agency, employees are encouraged (via employee orientation of both executive and non-executive staff) to provide feedback on a continual basis. Through questionnaires and surveys, data is used to address areas of concern so as to increase and/or improve employee satisfaction.

The agency has completed an *Employee Questionnaire/Survey* that rates the following areas: 1) career development and growth opportunities, 2) satisfaction with management, 3) employee compensation/benefits, 4) training 5) and overall job satisfaction. The agency is looking to disseminate the survey in FY02. Data gathered will be used to better design career development opportunities, to build on recruitment and retention efforts, and to address job dissatisfaction. This tool will be the chief internal customer questionnaire.

*3.5.5. How does the agency maintain a safe and healthy work environment?*

The department believes it has a responsibility to ensure a supportive, safe and healthy working environment for all employees. DAODAS has enhanced its Wellness Program by establishing a policy that allows employee time to be devoted to employee fitness, health and wellness. The department has recently developed an Employee Safety Program that addresses major components of emergency concerns. Upcoming training on these programs is being developed for FY02. The agency also has comprehensive EAP policies / processes in place to address compliance with requirements of the Occupational Safety and Health Administration. In addition, the agency supports a smoke-free workplace and has had an air-quality test completed on its facility.

*3.5.6. What is the extent of the agency's involvement in the community?*

The department participates in various community endeavors and charities. Some of these include the Salvation Army (Christmas bell-ringers), Good Health Appeal, memberships through professional organizations, Habitat for Humanity, United Way Programs (Success by Six, Communities in Schools, Job Shadowing), Red Cross Campaigns, Richland School District One's Lunch Buddy Program, Easter Seals (Buck A Cup), and many more. Employees are encouraged to participate in community endeavors with agency support. Employees are recognized for their efforts on Employee Recognition Day.

The department works within the South Carolina community-at-large by designating an internal Community Liaison to engage the community in activities to prevent problems related to the use of alcohol, tobacco, and other drugs, particularly among youth. This effort focuses not only on public entities, but also on private businesses, such as radio stations and the McDonald's

Corporation; or any entity with the passion and commitment to “give something back” to the community.

### Process Management

*3.6.1. What are the key design and delivery processes for products and services, and how does the agency incorporate new technologies, changing customer and mission requirements, into design of delivery processes and systems?*

*3.6.2. How does the day-to-day operation of key production / delivery processes ensure meeting key performance requirements?*

*3.6.3. What are the agency’s key support processes? How are these improved and updated?*

*3.6.4. How does the organization manage and support key supplier/partner interactions and processes to improve performance?*

There are three design and delivery processes that the department utilizes to meet its broader mission of achieving sustainable recovery for the citizen-client and reducing use, abuse and harm. These include the budget request process (state funding / local RFP); the federal block grant application and disbursement process; and the contractual process with the local provider network, which is the key delivery process for funding of alcohol and drug abuse services. As it has been stated, the provider committee structure is the workhorse here, but specifically in meeting changing customer needs and developing and communicating mission requirements, as well as supporting key partner interactions and processes to improve performance. Key processes are developed and changed according to customer input and needs. Staff from various DAODAS divisions also participate, which addresses the need for functional representation. Overall technical assistance and training are identified and provided to meet the customer needs.

On a daily basis, key delivery and support processes help meet key performance requirements. These include the county planning process, as based on the state strategic plan and guided by customer input. The department sees these processes as intertwined and ongoing. The CCR process also ensures that providers are adhering to a range of performance indicators and measures, including the contractual “Goals of Effectiveness” and the GPRA client outcomes. The provider committee structure again is key to the success of these processes. Standing and ad-hoc committees meet on a monthly basis around specific issues that allow an opportunity for resolving problems and gaining feedback. Financial Quarterly meetings are an example of a key support process that provides opportunities to meet key financial performance requirements through focused presentations, discussions and customer feedback.

Another key process in support of the agency’s mission is building a positive relationship with the South Carolina General Assembly. Through its local provider network, the department works to build a relationship with individual legislators with messages of the importance of funding alcohol and other drug abuse services. Understanding that “all politics is local” has assisted the department in developing a process whereby local providers are able to detail for their representatives the impact of various legislative initiatives, as well as budget concerns.

Key support processes are updated and/or improved by focusing on the customer. For example, during the contractual process for FY02, the department worked with the local provider network to craft a new MOA that contains much of the “boilerplate” contractual language, but also sets expectations for the delivery of services. The MOA defines the relationship for the delivery of basic and extended services and allows for the tracking of resources and accountability of their use and results. This process was completed through the standing Accountability Committee and was finalized using a wealth of customer feedback.

To manage and support key partner interactions, the department has named an ombudsman to address issues as they arise within the provider community. Additionally, the Office of Planning and Quality Management acts as a key point of contact for providing business management, consultation, and technical assistance. Both of these are key points of contact that directly impact the achievement of key performance measures and act as a link in managing key partner interactions. In addition, the Office of Planning and Quality Management provides feedback on customer requirements to the EMT through a weekly “Flash Facts” document, which further strengthens senior management response to customers and bolsters continuous quality improvement.

The department also works with its sister state agencies to improve their performance. DAODAS has worked at length with South Carolina DSS to provide services to chronic welfare recipients who may be suffering from alcohol and drug addiction. The department, through its contracts with its local provider network, has been able to expand wrap-around services to chronic welfare recipients and also expand alcohol and other drug abuse services to this population. The end result has been a successful effort at reaching this population, thus addressing the need of DSS to further impact welfare rolls in South Carolina.

The department’s challenge is to better define and map its key daily and support processes, to set expectations (measures), and to track performance and to make adjustments. This may include the processes of future funding methodologies, future budget requests, and funding statewide detoxification.

Business Results

*3.7.1. What are the performance levels and trends for key measures of customer satisfaction?*

The department currently uses two measures to gauge customer satisfaction and has implemented a GPRA benchmark measure for FY01. As stated, the provider network is encouraged to rate DAODAS on its effectiveness during the CCR review but specifically on the usefulness of the CCR process as an important component for assisting the provider in the areas of strategic management, clinical quality assurance, financial compliance, and prevention services. For the last three years, provider surveys have indicated that over 95 percent of all respondents felt the review process was beneficial to their agency as meeting the needs of their staff.

Provider Satisfaction / CCR		
FY99	FY00	FY01
100%	100%	95.8%

*(Source: DAODAS Office of Planning and Quality Management; CCR FY00-01 Analysis.)*

Additionally, the local provider network utilizes various survey instruments to measure customer satisfaction. These instruments measure the satisfaction of clients with their facilities, accessibility, courtesy, professionalism, and treatment results. CARF requires that the provider measure customer satisfaction as a part of the overall agency outcomes management system. Since 1998, self-reported provider client satisfaction rates have ranged from 89 percent to 95.8 percent.

The GPRA (statewide client outcomes system) also measures client satisfaction and the department is using FY01 data to set a benchmark for client satisfaction as reported during this 30-day follow-up. For the first three quarters of FY01, 94.5 percent of all clients were satisfied with the services they received and 95.4 percent would recommend the provider. This supports the self-reported provider client satisfaction data. In FY02, the GPRA client satisfaction data will be the one measure for client satisfaction.

*3.7.2. What are the performance levels and trends for key measures of mission accomplishment?*

*3.7.4. What are the performance levels and trends for key measures of partner performance?*

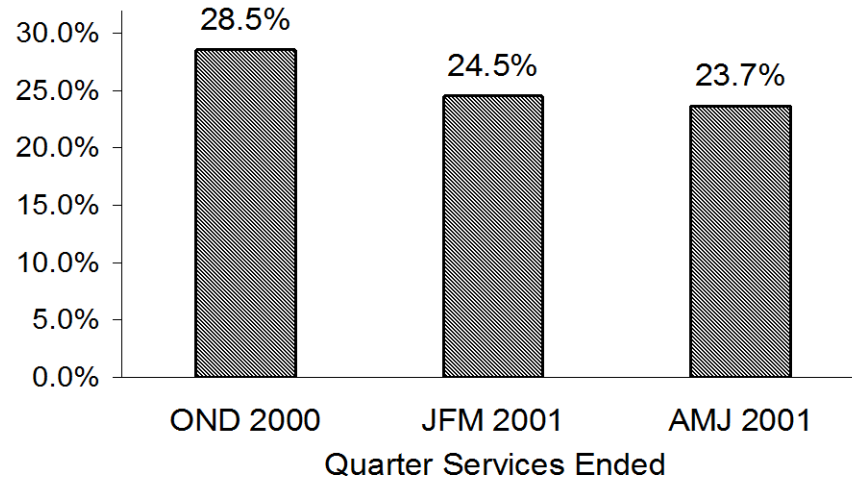
The following charts represent client outcomes that are key measures of partner performance and mission accomplishment. The mission is to achieve sustainable recovery for the citizen-client, reduce use, abuse and harm, while ensuring access to treatment. These measures are taken from the GPRA (statewide client outcomes system) and the contractual “Goals of Effectiveness” (efficiency objectives or benchmarks designed to enhance client engagement and retention and to improve timely access to care and to engage clients in the continuum of care).

The client outcome information includes three quarters of data available. The fourth quarter data is yet to be completed, since the outcome surveys are administered 60 days after discharge from services. Full client outcome data is expected past the August 31, 2001 due date of this report. The completed FY01 data will also be utilized as a benchmark for FY02.

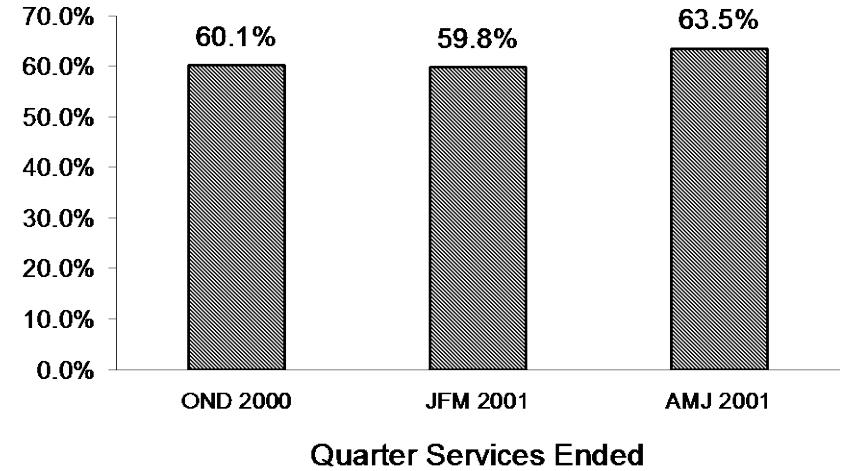
Specific client outcome data includes: 1) the percent of former clients using alcohol in the past 30 days; 2) percent of former clients using tobacco in the past 30 days; 3) percent of clients using illegal drugs in the past 30 days; 4) percent of former clients using outpatient health care in the past 30 days; 5) percent of former clients using emergency room care in the past 30 days; 6) percent of former clients arrested on any charge in the past 30 days; 7) percent of former clients unemployed in the past 30 days; 8) percent of former student clients suspended in the past 30 days; 9) percent of former participating in aftercare in the past 30 days; and 10) percent of former clients satisfied with services received.

The client retention data has been obtained for FY01. It is the benchmark for FY02. Specific client retention data includes: 1) assessment provided within 2 days of intake; 2) clinical service provided within 6 days of assessment; 3) ADSAP provided within 30 days of assessment; 4) clinical follow-up service provided one day after detox care; 5) clinical follow-up services on day 1-6 after residential care; and 6) clinical completion of treatment services.

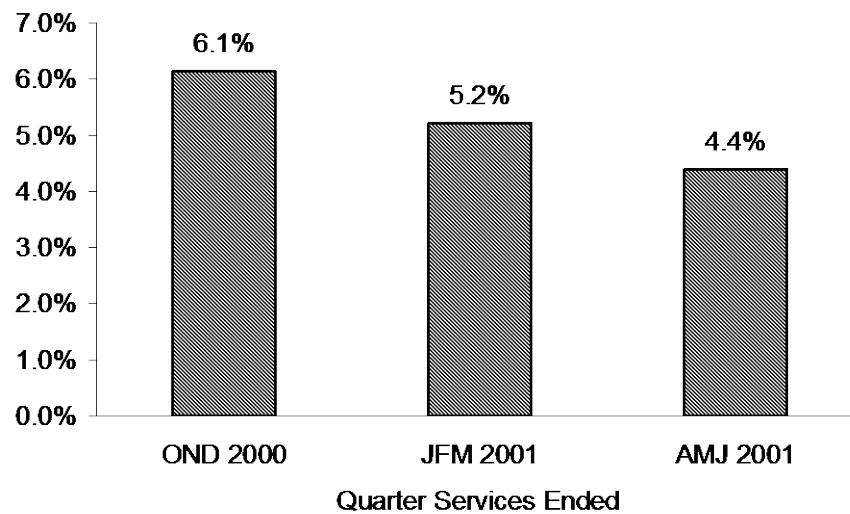
Percent of Former Clients Using Alcohol in Past 30 Days at Follow-Up - State Level Outcomes



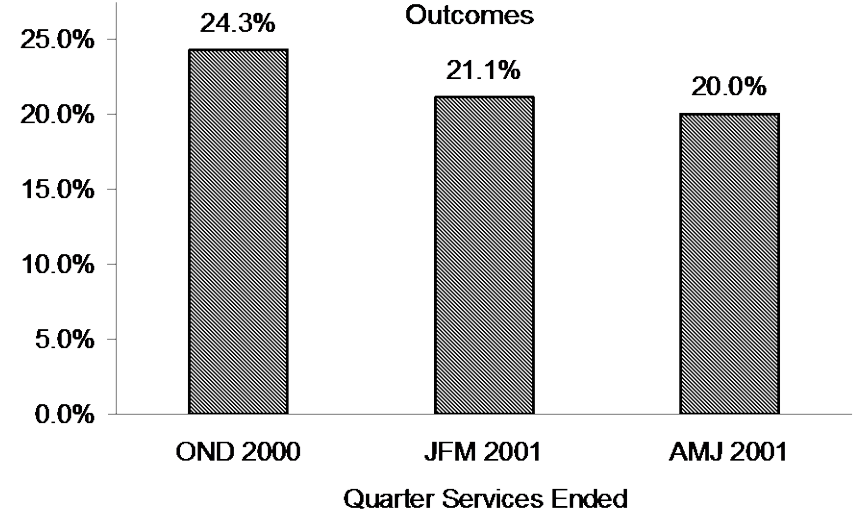
Percent of Former Clients Using Tobacco in Past 30 Days at Follow-Up - State Level Outcomes



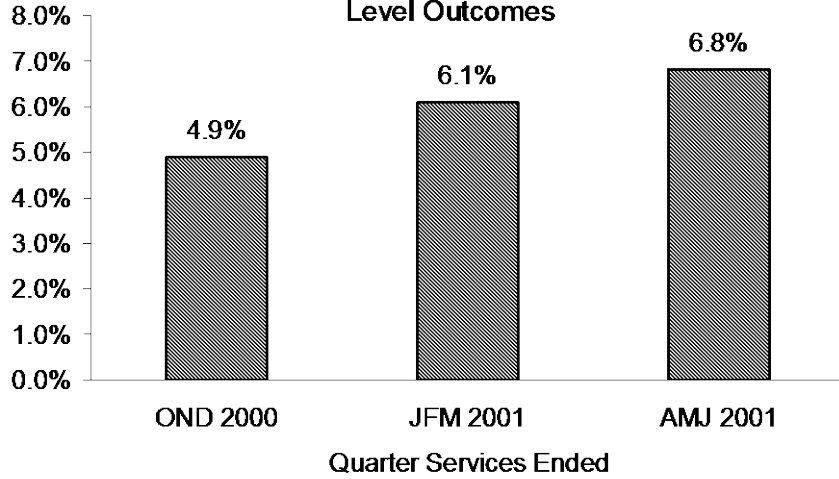
Percent of Former Clients Using Illegal Drugs in Past 30 Days at Follow-Up - State Level Outcomes



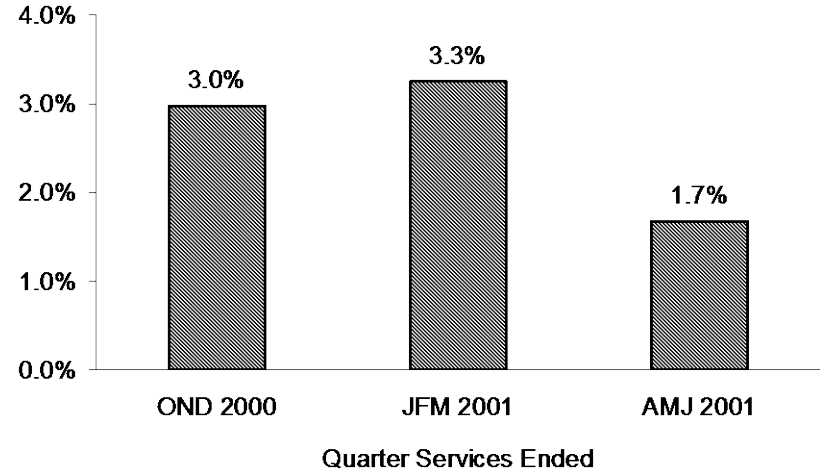
Percent of Former Clients Using Outpatient Health Care in Past 30 Days at Follow-Up - State Level Outcomes



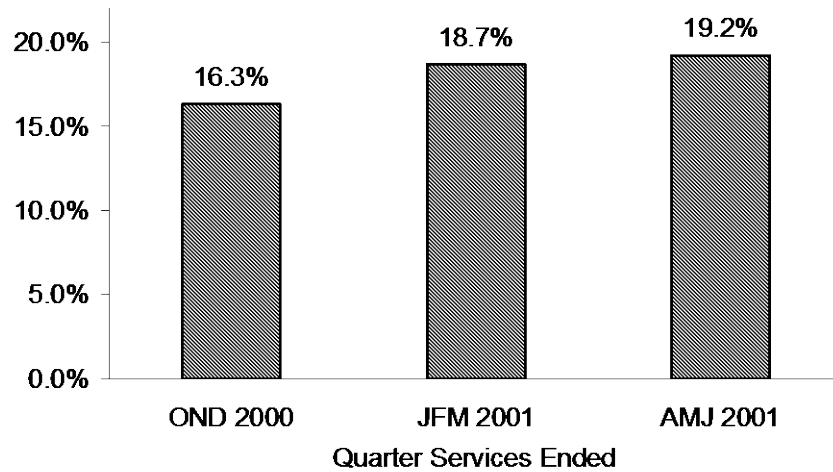
**Percent of Former Clients Using Emergency Room Health Care in Past 30 Days at Follow-Up - State Level Outcomes**



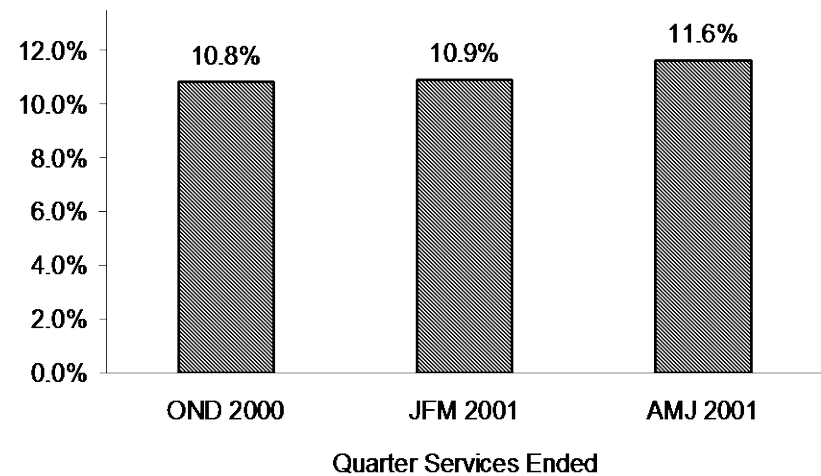
**Percent of Former Clients Arrested on Any Charge in Past 30 Days at Follow-Up - State Level Outcomes**



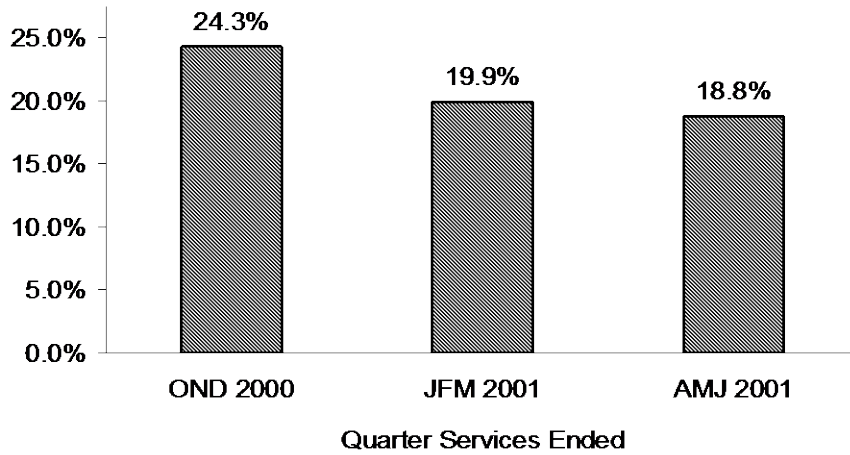
**Percent of Former Clients Unemployed in Past 30 Days at Follow-Up - State Level Outcomes**



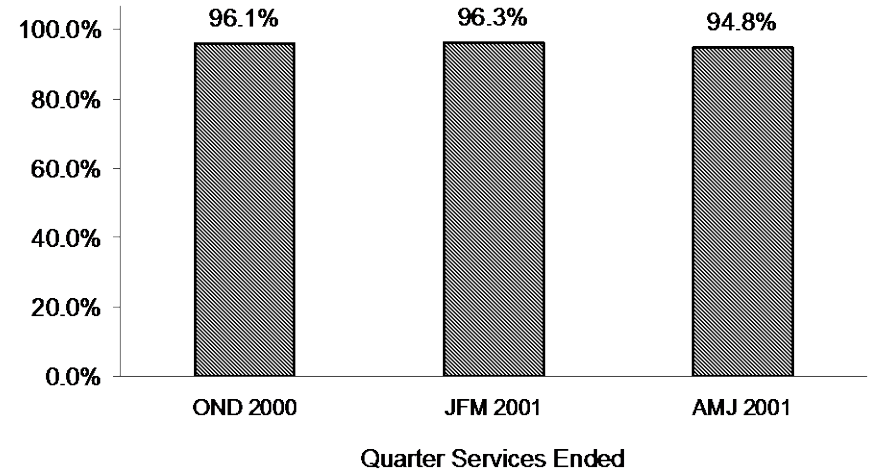
**Percent of Former Student Clients Suspended in Past 30 Days at Follow-Up - State Level Outcomes**



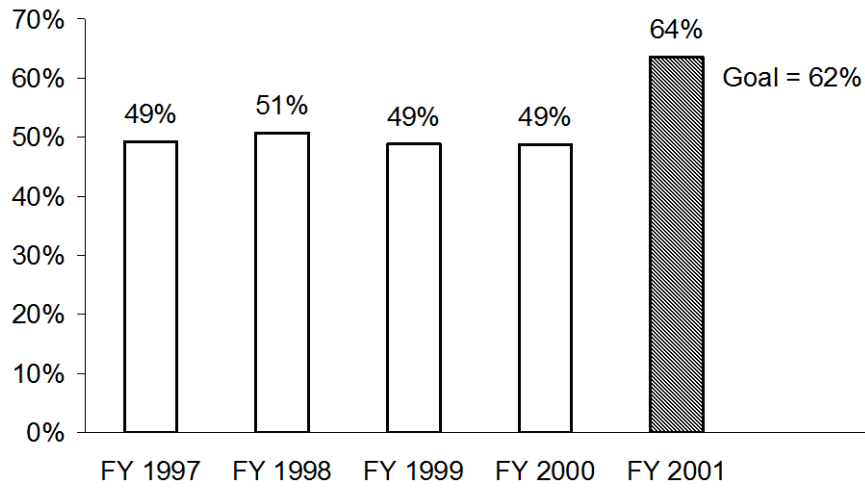
**Percent of Former Clients Participating in Aftercare in Past 30 Days at Follow-Up - State Level Outcomes**



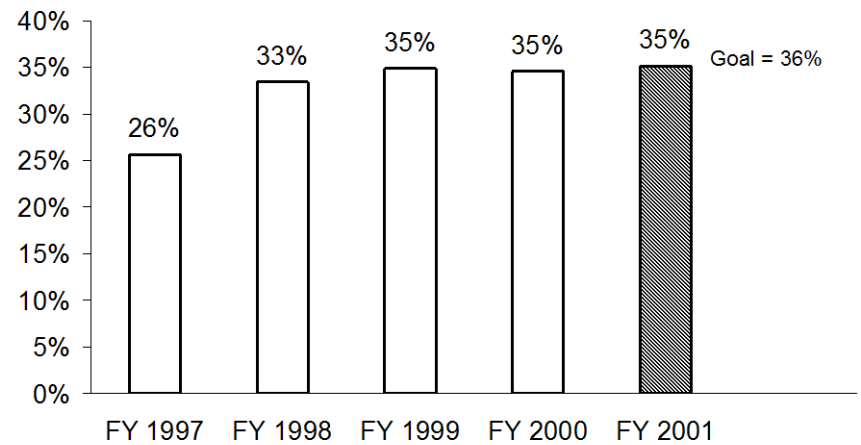
**Percent of Former Clients Satisfied With Services Received as Measured at Follow-Up - State Level Outcomes**



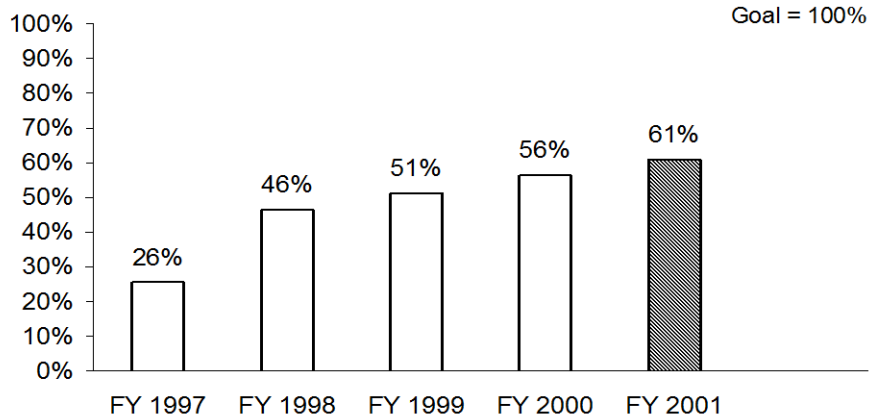
**Assessment Within Two Days of Intake. State.**



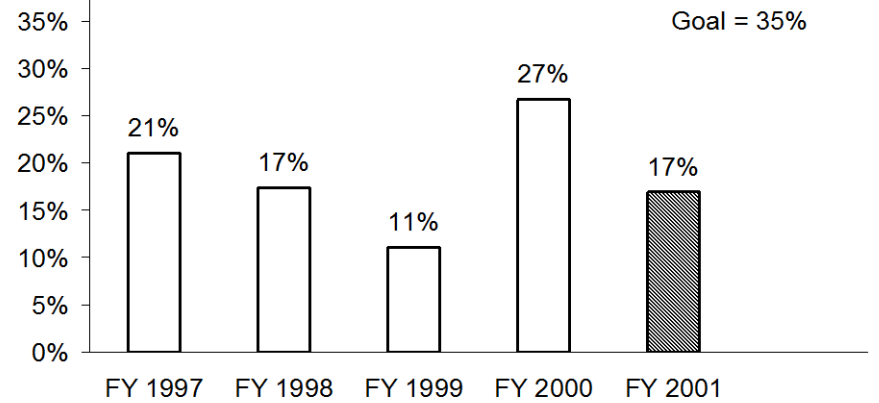
**Clinical Service Within Six Days of Assessment. State.**



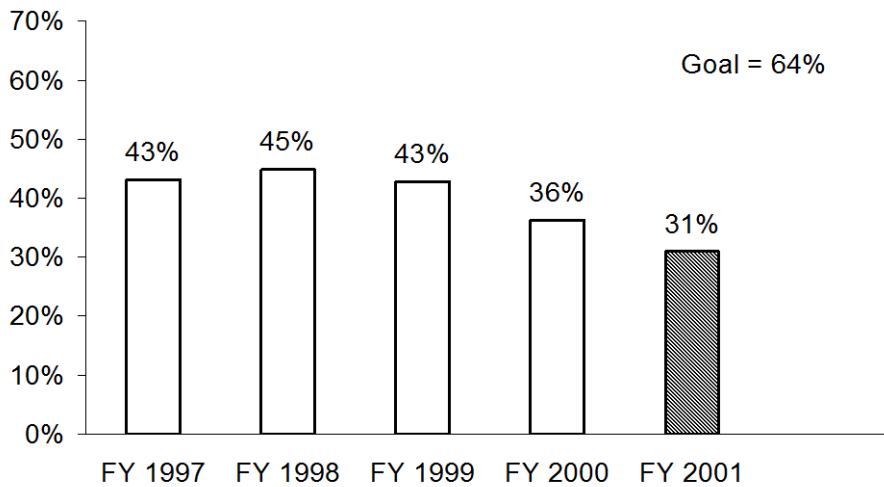
ADSAP Curriculum Within Thirty Days of Assessment. State.



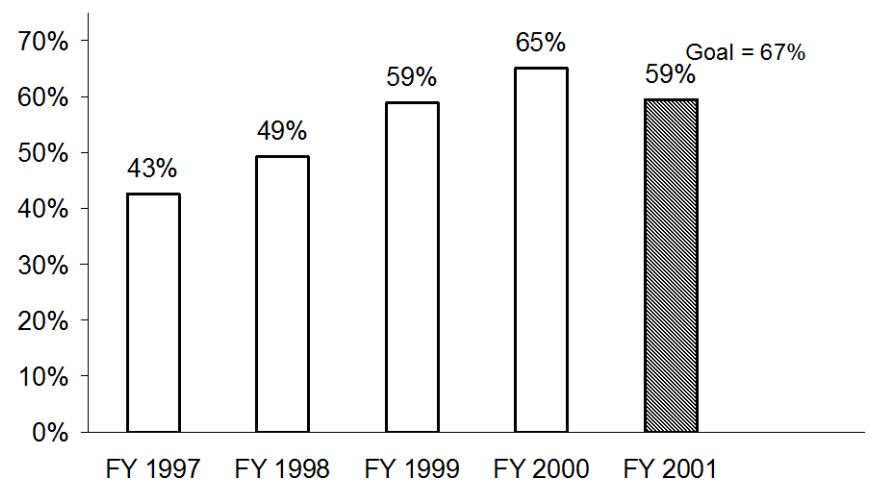
Clinical Follow-Up Service On Day After Detox Care. State.



Clinical Follow-Up Service On Day 1-6 After Residential Care. State.



Client Completion of Treatment Services. State.





As another an important measure of partner performance and mission accomplishment, the department utilizes the CCR process to measure for uniform and continuous quality improvement as an important component for assisting the provider in the areas of strategic management, clinical quality assurance / clinical supervision / case review, Medicaid, financial compliance, and prevention services. FY01 was another year of improvement for the providers in all areas. The following chart shows the trend in this improvement since 1997.

**PERCENT OF AGENCIES IN COMPLIANCE**

Functional Areas	FY97	FY98	FY99	FY00	FY01
1. Financial Compliance	65%	65%	91%	89%	88%
2. Case Review	68%	71%	86%	91%	97%
3. Medicaid Rehabilitation	71%	94%	86%	91%	97%
4. Clinical Supervision	97%	56%	86%	91%	97%
5. Clinical Quality Assurance	*	*	86%	91%	97%
6. Prevention, Resource Center, HIV	97%	76%	95%	91%	98%
7. Strategic Management	N/A	N/A	N/A	N/A	89%

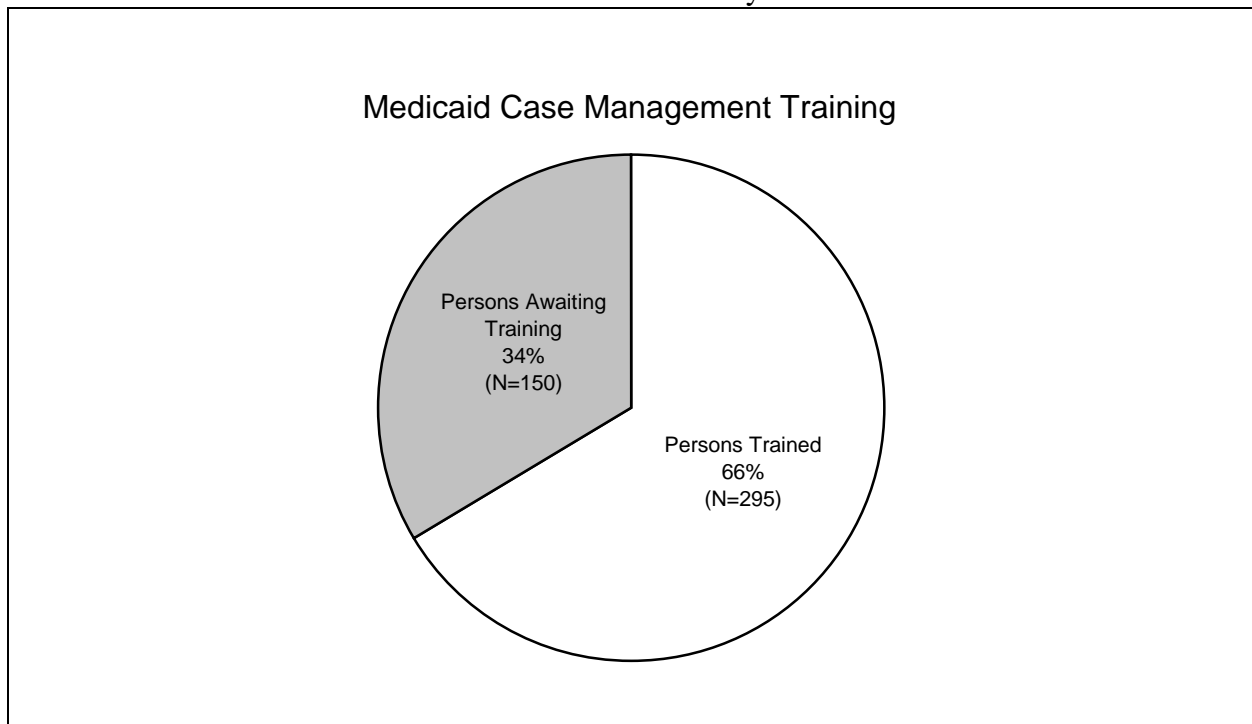
*(Source: DAODAS Office of Planning and Quality Management: FY07-01 CCR Analysis.)*

In the area of partner performance, the department has worked closely with DSS and contracts for Temporary Assistance for Needy Families (TANF) funding for the Partners in Achieving Independence through Recovery and Self-Sufficiency Strategies (PAIRS) project. This effort involves TANF eligible individuals and seeks to improve their overall quality of life through AOD education, assessment, treatment, relapse prevention, and transitional and wrap-around services. Preliminary data suggests a measurable increase in then umber of TANF eligible clients with AOD issues who are currently ready for employment preparation, job-search activities and actual employment. This data also suggests an increase in the overall ability of DSS clients to access, participate in and sustain treatment gains.

PAIRS began in 21 counties in January 2000, expanded to 24 counties on October 1, 2000, with nine 9 additional counties added in June 2001. The remaining 13 counties have signed memorandum of agreements allowing the availability of transitional service funding to eligible clients in counties without a service case manager.

An additional measure of partner performance and mission accomplishment specifically with a sister state agency is reflected in working with HHS. HHS requires case management training for all counselors in order to bill Medicaid. Previously, HHS has maintained a contract, which has recently lapsed, with the University of South Carolina (USC) to offer this training. DAODAS, in partnership with HHS, began to offer the training in FY01, which will extend

through FY02. Both HHS and DAODAS identified case management as a stagnant service within the provider network, and one with a potential for growth. The department will be monitoring case management billing to gauge the impact of the new training. The following pie chart reflects the numbers of individual trained and those yet to be trained.



(Source: DAODAS Division of Utilization Review; Case Management Training Statistics.)

Also a measure of partner performance with HHS, the department operates Medicaid Utilization Review (UR) to ensure that Medicaid clients receive care that is appropriate to their individual needs and to promote the efficient and effective utilization of service capacity. Since its inception in FY98, UR has been able to decrease the number of clients utilizing hospital services and direct these clients to a more appropriate level of care. Cost savings have also accrued. The following charts this trend.

Outputs	FY 1998	FY 1999	FY 2000	FY2001
Medicaid Clients at Level IV (Hospital)	1312	940	704	759
Medicaid Clients at Level III.7D	78	150	254	345

(Source: DAODAS Division of Utilization Review; Medicaid Client Hospital/Detoxification Utilization.)

During FY01, a slight increase in the number of clients using hospital services and increase in the number of clients using the lower level of care (detoxification) is a result of the increasing number of Medicaid clients and the maximization of the limited resources of detoxification services.

The average cost of detoxification in hospitals for FY2001 was \$3,963 per visit, while the average cost of detoxification at the lower level of care (provider network) was \$1,598 per visit.

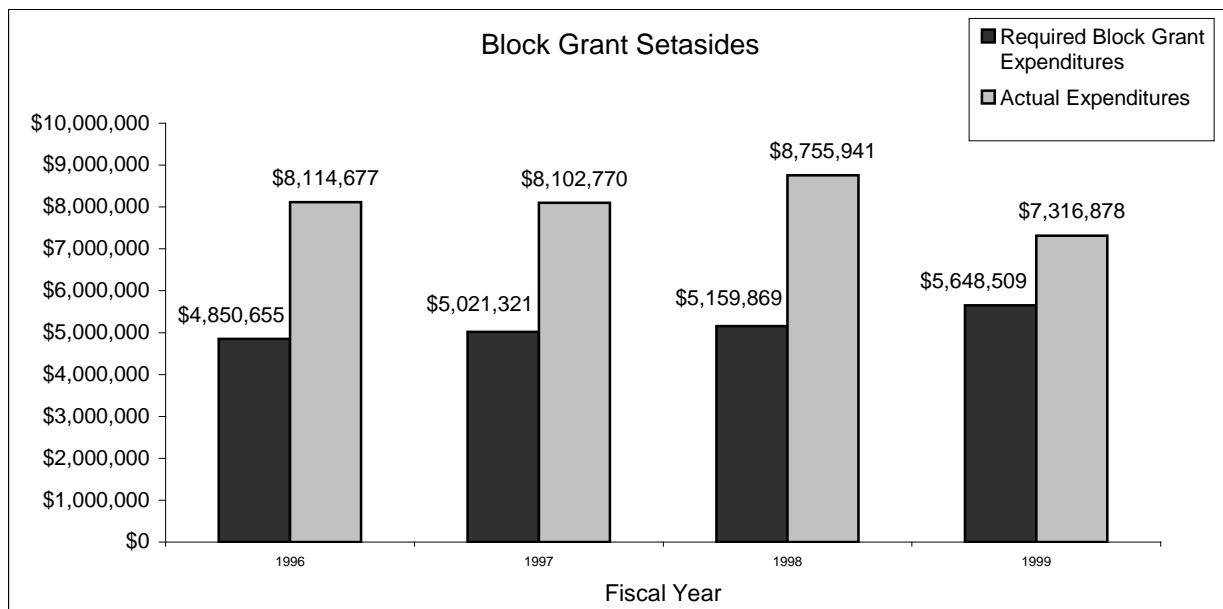
This is a cost savings of \$2,365 per detoxification service, with the costs per visit showing little fluctuation over the past three years. Since FY98, the annual cost of hospital detoxification has dropped from \$5,248,000 (FY98) to \$3,007,685 (FY01) with a cumulative savings of \$5,227,845 over a three-year period of utilization review with hospitals.

*3.7.3. What are the performance levels and trends of employees for key measures of satisfaction, involvement and development?*

The agency has completed an *Employee Questionnaire/Survey* that rates the following areas: 1) career development and growth opportunities; 2) satisfaction with management; 3) employee compensation/benefits; 4) training; and 5) and overall job satisfaction. The agency is looking to disseminate the survey in FY02. Data gathered will be used to better design career development opportunities, build on recruitment and retention efforts, and address job dissatisfaction. Data can also be utilized to assist in setting the direction of the agency. This tool will be the main internal customer questionnaire.

*3.7.5. What are the performance levels and trends for key measures of regulatory/legal compliance and citizenship?*

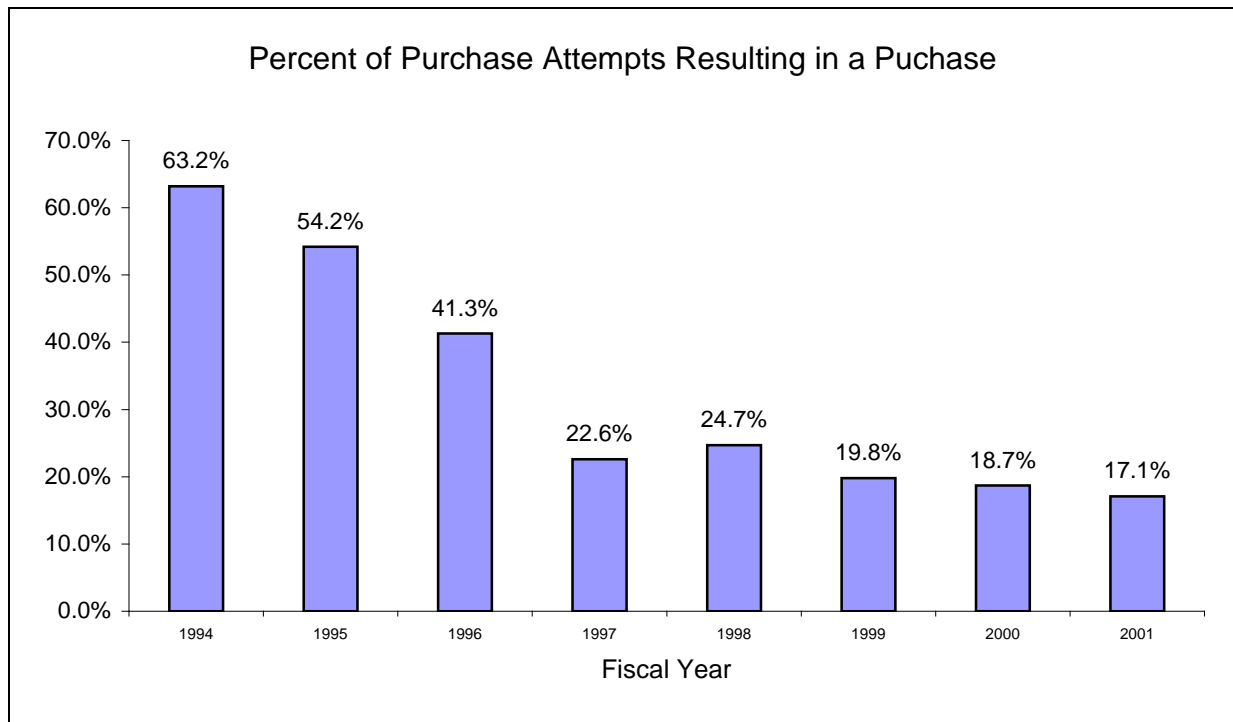
As a federal block grant recipient, the department is required to meet certain federal mandates and to measure certain processes and systems. Block grant regulations require the state to earmark funding for defined populations and services (women – intravenous drug abusers – HIV clients – prevention services). The department has ensured that 100 percent of the earmarked funds meet the set-aside requirement in each federal block grant year. DAODAS has in fact surpassed expectations and thus the requirement. The following charts this effort.



*(Source: DAODAS Division of Finance and Operations; Block Grant Setaside Analysis, FY97-99.)*

DAODAS and its local partners have also participated in the federally required ‘*Synar Youth Access to Tobacco Prevention Survey*’ to reduce South Carolina youth’s access to tobacco. 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. After a steady decline in this rate, the department documented a purchase rate of 17.1 percent in 2001. This is lower than the 18.7 percent documented in 2000, and well below the 20 percent federal requirement for 2001. By continuing to successfully achieve this requirement, the department has forestalled a possible 40% cut in federal Substance Abuse Prevention and Treatment (SAPT) block grant funding, or \$7.28 million. The following chart details this trend.



(Source: DAODAS Division of Management Information and Research; 2001 Youth Access to Tobacco Study, Age 14-17.)

In addition, DAODAS requires that the provider network be nationally accredited through CARF and state licensed through DHEC. Each member of the provider network has maintained CARF accreditation; South Carolina was the first state to have each of its public providers nationally accredited on their first attempt. This effort is ongoing and is a key requirement for contracting with the department to provide AOD services. Additionally, each provider is surveyed by DHEC to ensure the health and safety of the facilities and that the programs offered are of quality. Each provider annually maintains this licensure.

### 3.7.6. What are the performance levels and trends for key measures of financial performance?

Since 1995, the department has undergone state audits, known as the Independent Accountant's Report on Applying Agreed-Upon Procedures / State Auditor's Report. The outcome of each has been no material findings, no material weaknesses, no findings related to the lack of internal controls and no findings related to noncompliance with federal and state laws, rules or regulations. The department's most recent audit, completed in FY00, again, demonstrates the

agency’s ability to meet the goal of “no material findings.” In its exemplary performance on this financial measure, DAODAS not only demonstrates an appropriate level of historical financial management, but also is able to present to potential grantors the ability to properly manage funds awarded to the agency, a key strategic goal.

In addition, a key measure utilized in gauging DAODAS’ partner’s financial performance is ascertained in completing the CCR process. At the end of each year, the Office of Planning and Quality Management analyzes the results of those indicators surveyed during the year and focuses on those areas in need of improvement. In the area of contracts and financial management, the department tests, while onsite, the provider’s use of the Cost of Living Allocations (COLAs), cost allocation methods, and monthly reconciliations. Of the 12 percent of agencies not in compliance for FY01, only minor recommendations were made for improvement. Due to this and the past overwhelming compliance rates, the department will only make financial oversight visits in FY02 to those agencies that were not in compliance in FY01, to those agencies with the largest state / federal award, and to those agencies with new financial staff.

**Percentage of Agencies In Compliance**

FY97	FY98	FY99	FY00	FY01
65%	65%	91%	89%	88%

*(Source: Division of Quality Management, FY2001 Coordinated County Review Indicator Analysis.)*

The challenge for FY02 will be to further identify and measure performance trends in the area of financial performance, to include the possible development and evaluation of a performance based funding plan and monitoring all subrecipients to ensure compliance with financial regulations.

**Conclusion**

There is still much work to be done in meeting the needs of the citizen-client, the over DAODAS estimates that approximately 310,000 individuals in South Carolina who are suffering from substance abuse problems that require immediate intervention and treatment. With a problem of this magnitude, the department must continue to ensure that individuals and families find the help they need through the vital services offered by DAODAS and the statewide system of county alcohol and drug abuse authorities (local provider network).

The work includes successfully managing potential future budget reductions by identifying and further tapping stable funding streams (e.g., Medicaid / Minibottle tax revenue) and continued collaboration with the local provider network and partner state agencies – all which have suffered budget reductions, which impact not only those agencies, but also the common citizen-clients served. DAODAS will continue to focus on services for adolescents, as our indicator data to show a need for increased services. These realities will be the basis for the agency’s FY03 budget request.