

SOUTH CAROLINA

Introduction

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a not-for-profit organization that works to promote effective and efficient State substance abuse service systems. NASADAD members include the State Substance Abuse Directors from the 50 States and five Territories. These State Directors, also known as Single State Authorities (SSAs), have the front-line responsibility for managing the nation's publicly funded substance abuse prevention, treatment and recovery systems.

Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and territory. It is the backbone of our publicly funded substance abuse prevention, treatment and recovery system. This flexible funding stream is designed to help States address their own unique needs related to addiction. In addition, 20% of the SAPT Block Grant is, by statute, dedicated to prevention services. Over the past four years, the overall SAPT Block Grant has been cut approximately \$20 million. South Carolina's FY 2007 SAPT Block allotment is \$20,503,481 – representing over 59% of the State substance abuse agency's budget.

SAPT Block Grant Yields Results: Through outcomes data, State substance abuse directors report that SAPT Block Grant-funded services help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and enter into recovery. For example, the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) reported the following **treatment outcomes** for a sample of approximately 3,800 clients in SFY 2006. These outcomes are all 90 days following discharge from services.

- 71.7% of surveyed clients report no alcohol use following discharge from services
- 75.4% of surveyed clients report being employed following discharge from services
- 96.2% of students surveyed report a reduction in suspensions, expulsions or detention when comparing admission to 90 days post discharge
- 88.6 % of all clients received an assessment within two days of first contact
- 70.3% of all clients received a qualifying service within two days of intake

Family Treatment: South Carolina provides specific services to women in many of its provider sites. Specifically, the agency funds five inpatient treatment centers for women, who are eligible to bring their children into the facility. Additionally, a full range of comprehensive family treatment services is available through the agency's Bridge program, which focuses on adolescents leaving an inpatient facility or who are being released from the Department of Juvenile Justice and who are in need of substance abuse treatment. The Bridge is being expanded Statewide.

Prevention: Over 8,400 individuals received direct prevention services in SFY 2006, with over 230,000 individuals receiving educational contacts based on CSAP designed prevention strategies.

Prevention Outcomes: The following outcomes moved forward for multi-session prevention education programs for youth ages 10 to 20 in FY 2007:

- 32.1% reduction in the number of alcohol users
- 34.2% reduction in the number of marijuana users
- 23.7% reduction in the number of cigarette users
- 11.3% improvement in perceived risk/harm of alcohol and other drug use

DAODAS reports that outcomes data demonstrate that the State's implementation of evidence based prevention programs are not only reducing the number of individuals who begin using drugs, but also increasing the number of individuals who stop using alcohol and drugs.

South Carolina Quick Facts

Treatment Admissions

- **Approximately 48,299 clients served in SFY 2006**
- **Admissions by Drug:**

Alcohol	51.4%
Marijuana	20.5%
Cocaine	17.9%
Methamphetamine	2.7%
- **Gender:**

Male	67.9%
Female	31.5%
- **Age**

Under 12	2.3%
12-17	15.4%
18-24	15.9%
25-34	23.6%
35-44	23.1%
45-64	18.6%
65 and over	0.6%
- **Primary Race**

White	62.2%
African-American	35.2%
Other	2.2%

Treatment Gap

In FY 2006, approximately 236,000 individuals in South Carolina suffered from substance use disorders – including 60,180 women and 18,518 youth.

Due to limited capacity and resources, approximately 75% of women and an estimated 49% of youth needed but did not receive treatment in FY 2006.

National Outcome Measures (NOMs)

- **Abstinence from Drug/Alcohol Use**
- **Employment/Education**
- **Crime and Criminal Justice Involvement**
- **Stability in Housing**
- **Social Connectedness**
- **Access / Capacity**
- **Retention**
- **Perception of Care**
- **Cost Effectiveness**
- **Use of Evidence-Based Practices**

National Outcome Measures (NOMs)

NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, States across the country already capture and utilize data to help manage their systems. This experience shows that in order to effectively shape policy and practice decisions, such data must be clear, relevant and prompt. The development and implementation of NOMs should help improve this decision-making process and paint a better picture of our substance abuse prevention and treatment system. As NOMs moves forward, NASADAD remains committed to working with SAMHSA to ensure that this data initiative evolves over time to take advantage of advances in technology and clinical practice.

Accountability

DAODAS requires local providers to report outcomes required by the Government Performance and Results Act (GPRA) and National Outcome Measures (NOMs) prevention and treatment measures. In addition, local providers are required to report certain efficiency measures designed to improve access to treatment, client retention and sustained recovery.

Other tools used by DAODAS to ensure quality and accountability include:

- Performance-based funding
- Coordinated review of county providers
- County Assistance Program / Mandated Improvement Program
- State-mandated Accountability Report
- State facility licensure
- National accreditation (CARF)
- State counselor licensure and credentialing requirements

DAODAS utilizes the Coordinated County Review (CCR) process to measure uniform and continuous quality improvement as an important component of assisting providers in the areas of strategic management, clinical quality assurance / clinical supervision / case review, Medicaid, financial compliance, and prevention services. This process allows the department an opportunity for intensive review of each provider and assists that agency when areas of deficiencies are identified, as well as to identify best practices for replication throughout the State. The State has also instituted the County Assistance Program (CAP) that focuses on aiding providers with areas of deficiencies identified through the CCR process. Technical assistance is provided and corrective action plans are set with timelines for resolution. If problems are not resolved, the provider faces a loss of funding.

The department also instituted an accountability measure that provides incentives for those providers who adhere to the contractual requirements and submit deliverables in a timely fashion. Those providers who do not submit deliverables in a timely fashion lose one point for each incidence of noncompliance. Loss of points is a factor in determining future grant awards. In 2008-2009, the department will begin instituting a new policy for performance funding related to the collection of outcome data, with increases in funding tied to incentives to increase outcome-data survey rates. Penalties will include the potential loss of treatment funding for falling below minimum survey targets.

Economics of Alcohol and Other Drug Use

According to the National Institute on Drug Abuse (NIDA) and the White House Office of National Drug Control Policy (ONDCP), the economic cost to U.S. society of alcohol and drug abuse was \$328 billion in 1998. Only 3.9% of the total economic costs were for alcohol and other drug treatment. Investing in addiction services reduces costs and improves lives.

Savings in South Carolina by Investing in Prevention and Treatment: DAODAS spent approximately \$38 million on prevention, intervention and treatment services during FY 2007. Research has shown that for every dollar spent on prevention, intervention and treatment, \$7.46 in associated costs are saved. Therefore, the savings to citizens in FY 2007 were approximately \$283.5 million in costs to society, including the costs of incarceration, drug-related crime, hospitalizations, and other societal ills.



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