

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

**ACCOUNTABILITY
REPORT**

FISCAL YEAR 2009-2010

Section One

Executive Summary

Introduction

The use of alcohol, tobacco and other drugs (ATODs) 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 both direct and indirect costs is approximately \$2.5 billion per year.

Recognizing the need for direct services for the general public, as well as for specific high-risk groups, the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) purchases a wide array of prevention, intervention and treatment services through a community-based system of care. Although DAODAS subcontracts with 33 county alcohol and drug abuse authorities to provide the majority of direct services to citizens in all 46 counties of the state, the department itself coordinates services for adolescents who are preparing to leave alcohol and other drug inpatient treatment facilities, juvenile justice facilities or other residential settings, and to return home to their families and communities. Since the county alcohol and drug abuse authorities were created in 1973, they have provided intervention and treatment services to more than 1.96 million South Carolinians and touched the lives of countless individuals and families through the many prevention activities coordinated and provided by this system.

DAODAS estimates that approximately 236,000 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 purchased by DAODAS and through the statewide system of county alcohol and drug abuse authorities (i.e., the local provider network). During fiscal year 2010 (FY10), DAODAS and its provider network met this need for 51,664 South Carolinians (*Note: Total not final*).

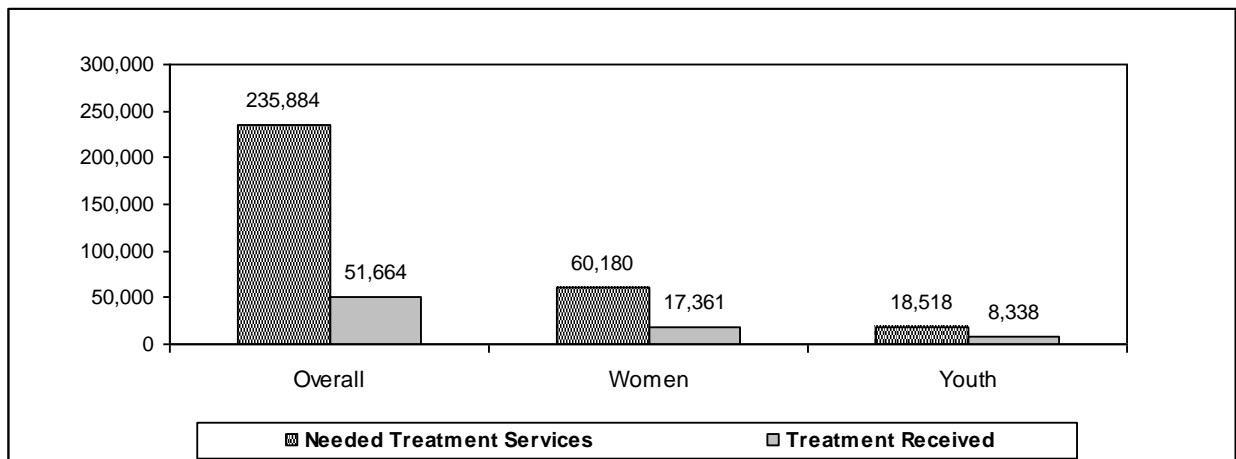


Chart 1. (Source: DAODAS Division of Operations, Management Information and Research Section; FY10 Unique Unduplicated Clients, DCSL Based, Special Demographics; Numbers based on definitions as included in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision [DSM-IV-TR]).

Mission and Values

The DAODAS mission statement focuses on the citizen-client:

“To ensure the provision of quality services to prevent or reduce the negative consequences of substance use and addictions, and to support the Governor’s efforts to raise personal income of South Carolinians by: 1) creating a better environment for economic growth through the more efficient delivery of state government services; 2) improving quality of life; and 3) helping to improve our state’s educational efforts for our children.”

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 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;
- the citizen-client is the priority;
- DAODAS will work collaboratively with both public and private providers of substance abuse services; and
- DAODAS will collaborate more effectively with other state agencies to achieve positive outcomes for common citizen-clients.

Major Achievements

To meet the continuing demand for substance abuse services, DAODAS took a proactive approach to serving the citizen-client during fiscal year 2010 (FY10), continuing to achieve the agency’s strategic goals and its overarching goal of achieving sustainable recovery for the citizen-client, while reducing use, abuse and harm.

- Cost Efficiencies/Effectiveness. *Achievement: During FY10, DAODAS spent \$36.03 million on prevention, intervention and treatment services, thereby saving the citizens of South Carolina approximately \$268.78 million in associated costs.* (According to the Institute for Research, Education and Training in Addictions, for every dollar invested in addictions treatment, taxpayers save at least \$7.46 in costs to society, including the costs of incarceration, drug-related crime, hospitalizations and other societal ills.) *Action: DAODAS continues to provide treatment to the citizens of South Carolina.*
- Outcomes/Quality of Life/Economic Development.
Achievement - Treatment: 70.3% of surveyed clients report no alcohol use from admission to 90-110 days following discharge from services, an increase of 36.3%; 92.6% of surveyed clients report no use of alcohol to the point of intoxication from admission to 90-110 days following discharge, an increase of 29.1%; 53.6% of clients surveyed report that they were smoke-free from admission to 90-110 days post-discharge, a decrease of 6%; 70.2% of clients surveyed report that they were gainfully employed from admission to 90-110 days following discharge, an increase of 1.5%; and 94.4% of students surveyed report a reduction in suspensions, expulsions or detention from admission to 90-110 days following discharge, an increase of 10.7%. (Note: FY09 data. FY10 data has not been finalized.) These statistics show

that treatment works and that a positive impact is being made on the quality of life of South Carolina communities by increasing personal income and impacting the economic capacity of residents.

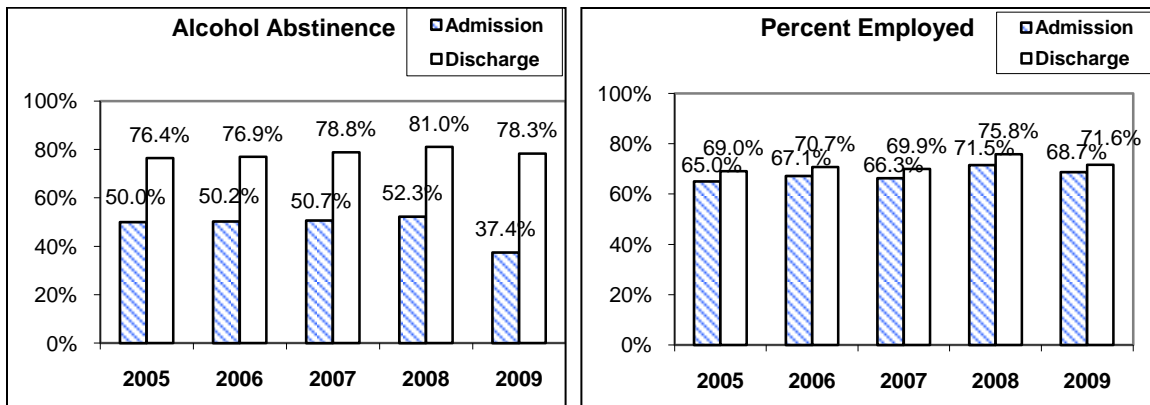


Chart 2 / Chart 3. (Source: DAODAS Division of Operations, Management Information and Research Section; Unduplicated Clients/Unmatched Clients). Note: FY10 data has not been finalized.

Action: The department maintains a focus on client outcomes and continues to emphasize the statewide client-outcome system as required by the Substance Abuse and Mental Health Services Administration. DAODAS includes the following federal “gold standard” survey indicators to acquire outcome data, as included in the Governmental Performance and Results Act (GPRA) and the National Outcome Measures (NOMs). Clients receiving services at the local level “got better” – reducing their alcohol and other drug use, going back to work, and staying in school. These are the key measures of mission accomplishment and partner performance.

Achievement - Prevention: Outcomes (* indicates significance) for multi-session prevention education programs for youth ages 10 to 20 included: 27.5% reduction in the number of alcohol users*; 19.2% reduction in the number of marijuana users*; 15.4% reduction in the number of cigarette users*; 29.5% reduction in the number of inhalant users*; 28.3% reduction in the number of non-medical prescription drug users*; 10.2% improvement in perceived risk/harm of ATOD use*; and 4.6% improvement in decision-making skills*. DAODAS has increased evidence-based programming, from 54 activities in FY04 to 81 activities in FY05, up to 145 in FY06, rising to 152 in FY07, 287 in FY08, 297 in FY09 and 296 in FY10.

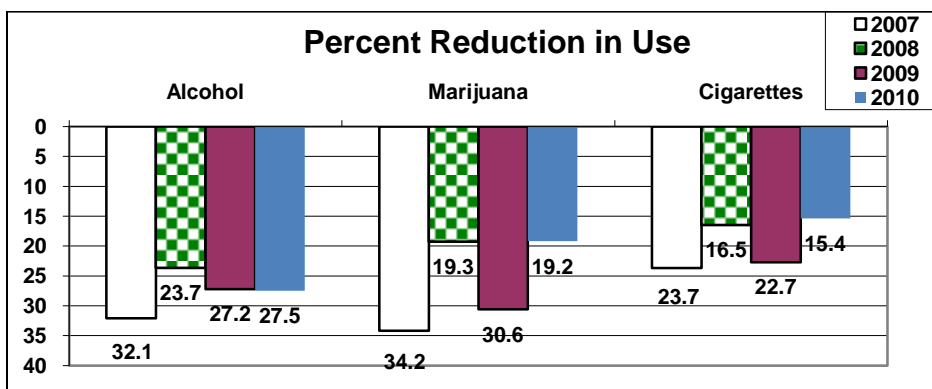


Chart 4. (Source: DAODAS Division of Program Accountability, Prevention Section / PIRE Evaluation, FY10)

Action: These outcomes show that prevention works and makes a significant impact on quality-of-life indicators, as well as forestalling chronic disease in South Carolina. Prevention data also show that children and youth are using harmful substances less as a result of attending prevention services; this indicator is normally associated with intervention activities.

- **Efficiency Measures.** *Achievement:* **During FY09, the last year for which complete data is available, 92.3% of all clients received an assessment within two days of first contact with a local service provider, and 75% received a qualifying service within six days of the assessment.** (*Note: FY10 data has not been finalized.*) *Action:* DAODAS insists on accountability, requiring local providers to meet certain efficiency measures that enhance access to treatment, client retention and, as a result, sustainable recovery.

Efficiency and Effectiveness Measures

Efficiency and Effectiveness Measures	2003	2004	2005	2006	2007	2008	2009	Goal	n
Assessment Within Two Days of Intake	79.9%	82.1%	90.5%	88.6%	91.1%	92.8%	92.3%	75.0%	36,641
Clinical Service Within Six Days of Assessment	52.3%	62.7%	67.0%	70.3%	73.3%	71.0%	75.0%	50.0%	24,402

Chart 5. (Source: DAODAS Division of Operations, Management Information and Research Section; Unduplicated Clients/Matched Clients). *Note: FY10 data has not been finalized.*

- **Public Policy.** *Achievement:* **During the 2009 Legislative Session, DAODAS implemented recently legislated public policy on state statutes related to driving under the influence (DUI), the Ignition Interlock Program (IIP), and the Commercial Driver’s License (CDL) Act. Of particular relevance to DAODAS, treatment was mandated for all individuals convicted of DUI, regardless of their intent to be licensed to drive in South Carolina. In addition, a person who violates certain parameters of the Ignition Interlock Program will be mandated into treatment. Individuals with a CDL who test positive for alcohol or other drugs during a urine screen or who refuse a urine screen will have to attend a program of education or treatment by a department-approved Substance Abuse Provider. DAODAS has seen an increase in DUI, IIP and CDL clients during FY10.** *Action:* Treatment is mandated for all DUI and DUAC (driving with an unlawful alcohol concentration) offenders; administrative license revocations (ALRs) that result from DUI; and failure to comply with the IIP. Drivers with CDLs are required to attend quality treatment services. DAODAS focuses on combating driving under the influence of alcohol or other drugs in South Carolina.
- **Collaboration.**
Achievement: **County alcohol and drug abuse authorities have worked with inpatient mental health centers to strengthen continuity of care.** *Action:* DAODAS operates a Medicaid utilization review pilot to ensure that clients leaving the inpatient Earle E. Morris Jr. Alcohol and Drug Addiction Treatment Center and the Keystone Substance Abuse Services (York County) detoxification program access outpatient services in a timelier manner. The goal is to ensure that appointments are made and that

clients access outpatient care to strengthen recovery. FY10 results showed a decrease from 55 mean days to access treatment in 2006 to 2.91 days to access treatment. This is a significant reduction and a positive change in enhancing continuity of care. The end result will be increased retention, lower recidivism and increased outcomes.

Achievement: DAODAS, the South Carolina Department of Mental Health (DMH), county alcohol and drug abuse authorities, local mental health providers and local hospitals continue to develop plans on how best to provide treatment to people with co-occurring disorders and those who visit emergency rooms (ERs) in crisis. Over the past four fiscal years, the alcohol and other drug abuse provider system has continued to expend approximately \$1.5 million in state and federal resources to address the issues of co-occurring clients in South Carolina. This involvement has lowered the number of clients visiting local ERs to access substance abuse care. These efforts have reduced ER visits of individuals with a primary substance abuse diagnosis by 10% since 2005.

Action: DAODAS continues to work with DMH and the South Carolina Vocational Rehabilitation Department to implement evidence-based practices for clients who suffer from substance abuse and mental health problems, with the end goal of increasing communication, sharing resources, and achieving positive outcomes for this population. Specific activities include workforce development, implementing screening and referral mechanisms, surveying systemic capabilities of the substance abuse system to provide treatment to co-occurring populations, and planning and technical assistance to implement lessons learned. Eleven pilot projects have been established statewide and continued to operate during FY10. While this is an achievement, it is also a challenge as DAODAS and its provider network deal with the local impact of this issue.

- **Federal Mandates.** **Achievement:** DAODAS continues to be successful in satisfying federal mandates. Continuing a steady decline in the rate of youth access to tobacco, the agency documented a purchase rate of 12.4% in federal fiscal year (FFY) 2008, falling to 11.6% in FFY2009, 10.8% during FFY2010 and 7.9% during FFY2011. This is well below the federal requirement of 20%, and the FY10 result achieves a goal of Governor Sanford's – to reduce youth access to tobacco rates to no more than 10%. DAODAS has surpassed the expected outcome. **Action:** DAODAS and its local partners participated in the federally required *Youth Access to Tobacco Study* to measure reductions in South Carolina's rate of youth access. This annual study involves 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.

Key Strategic Goals

The overall strategic goal for DAODAS states that:

“Clients in treatment will achieve sustainable recovery; and client attitudes and behaviors will change, leading them to refrain from use (abstinence), refrain from abuse and reduce harm.”

DAODAS will achieve the following strategic goals:

- 1) improve the effectiveness of treatment and intervention programs;
- 2) improve the effectiveness of prevention programs;
- 3) improve the efficiency of the service-delivery system;

- 4) ensure that all clients and the citizenry are stimulated and engaged;
- 5) collaborate more effectively with service providers and stakeholders; and
- 6) make available the necessary resources to improve the agency's capacity to provide efficient and effective services.

Key Strategic Challenges

In FY05, the department set the following goals as combined key strategic challenges. These remained in place for FY10. They include:

#1 Reducing Administration and Duplication of Services

Related Goals of DAODAS Strategic Plan

- To make available the necessary resources to improve the department's capacity to provide efficient and effective services
- To improve the efficiency of the service-delivery system
- To collaborate more effectively with service providers and stakeholders
- To ensure that all clients and the citizenry-at-large are stimulated and engaged

#2 Increasing Evidence-Based Prevention Programming

Related Goal of DAODAS Strategic Plan

- To improve the effectiveness of prevention programs

#3 Increasing Evidence-Based Treatment Programming

Related Goal of DAODAS Strategic Plan

- To improve the effectiveness of treatment and intervention programs

#4 Focusing on Infrastructure Programmatic Needs for All Adolescents

Related Goal of DAODAS Strategic Plan

- To improve the efficiency of the service-delivery system

#5 Performance Data Decision-Making

Related Goal of DAODAS Strategic Plan

- To provide the necessary resources to improve the agency's capacity to provide efficient and effective services

Strategic Successes and Challenges

- **Adolescents** - DAODAS continued implementing lessons learned from a federal adolescent planning grant ("No Wrong Door"), with service providers making great strides in infrastructure change. In FY10, 33 of 46 counties had implemented a common screening tool across state human service agency systems, resulting in 5,130 adolescents being screened statewide. For its part, DAODAS has implemented the screening tool across all county alcohol and drug abuse authorities statewide. In addition, core competencies for adolescent service providers were adopted, with seven of 10 curricula introduced via training webinars.

- Underage Drinking** - Following the passage of the Prevention of Underage Drinking and Access to Alcohol Act of 2007, the department continued to implement provisions of the new law during FY09. The South Carolina General Assembly continued to support the Alcohol Enforcement Team (AET) effort that focuses on community coalition maintenance and development, merchant education, and law enforcement partnerships to reduce underage drinking activities. AETs seek to promote an evidence-based environmental prevention message to reduce alcohol use and its harmful consequences, coupled with active public education. Specific activities include alcohol compliance checks at retail outlets, bars and restaurants; public safety checkpoints; and party dispersals. Merchant training is also a priority. In FY10, 6,188 compliance checks were conducted under the auspices of the AET effort. Law enforcement prevented or dispersed 233 underage parties, and 529 checkpoints were set up on South Carolina's highways, with more than 1,114 tickets being written, including 236 underage violations. DAODAS believes that the dissemination of its underage-drinking prevention messages is the most important effort undertaken by the department, with great strides being made toward the goal of halting underage drinking and the disastrous impact such behavior can have on individuals, their families and innocent victims.
- Access and Retention** - DAODAS, in partnership with the local provider network and other state agencies, continues 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 department works to identify and access alternative funding sources to meet its mission of providing quality services to prevent or reduce the negative consequences of substance abuse and addiction. During FY07, the department was awarded \$974,000 over three years to address access and retention issues of its client base. The *Strengthening Access and Retention – State Implementation Grant (STAR-SI)* has been successful in reducing state-level barriers to efficient service delivery, improving access to client services, increasing admissions, and making client services more efficient and cost effective. This is key to understanding customers and customer needs. In FY09, accomplishments of the local STAR-SI participants included the extension of the process to all 33 county alcohol and drug abuse authorities. Of all the states that received this grant, South Carolina was the only one to achieve this goal. In FY10, the overarching goal was to shorten the average wait time for clients from first contact to first clinical service – which was reduced by a statewide average of 22%. Admission rates of participants were also maintained in the face of capacity decreases resulting from state budget reductions.
- Medicaid** - The department has also worked to better manage stable funding streams and, in FY10, estimated Medicaid revenue was \$14.07 million. A future challenge for the department and its providers will be to address the state plan amendments currently implemented by the South Carolina Department of Health and Human Services (DHHS). DAODAS has worked to provide feedback and consultation to DHHS on the effect of the proposed changes that might adversely impact the provision of substance abuse services to the Medicaid-eligible population. The following two charts reflect Medicaid revenues and the number of Medicaid clients.

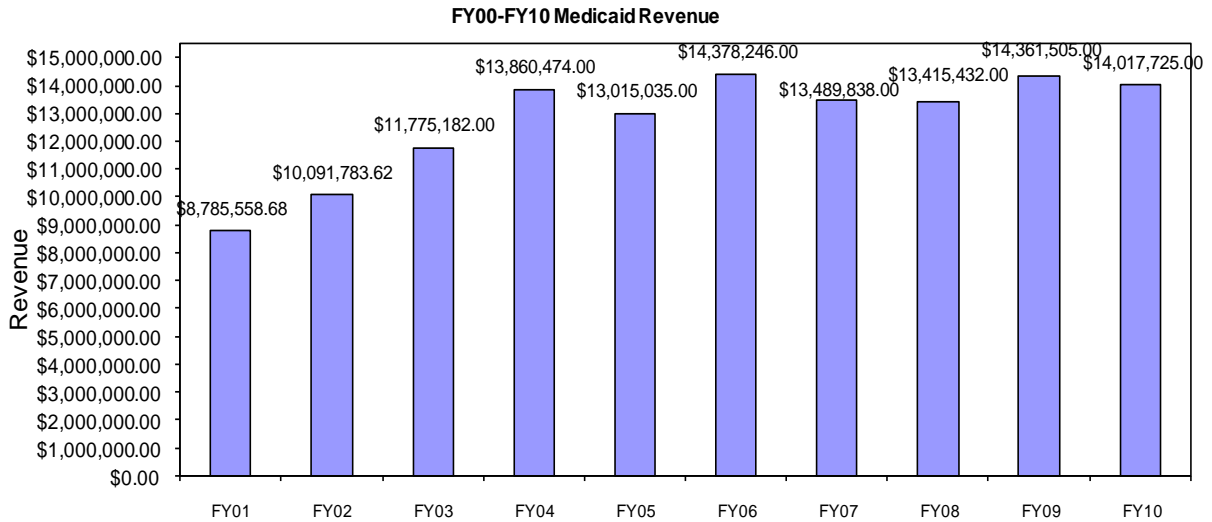


Chart 6. (Source: DAODAS Division of Operations / South Carolina Department of Health and Human Services Report; FY02-10; Total Medicaid Billing)

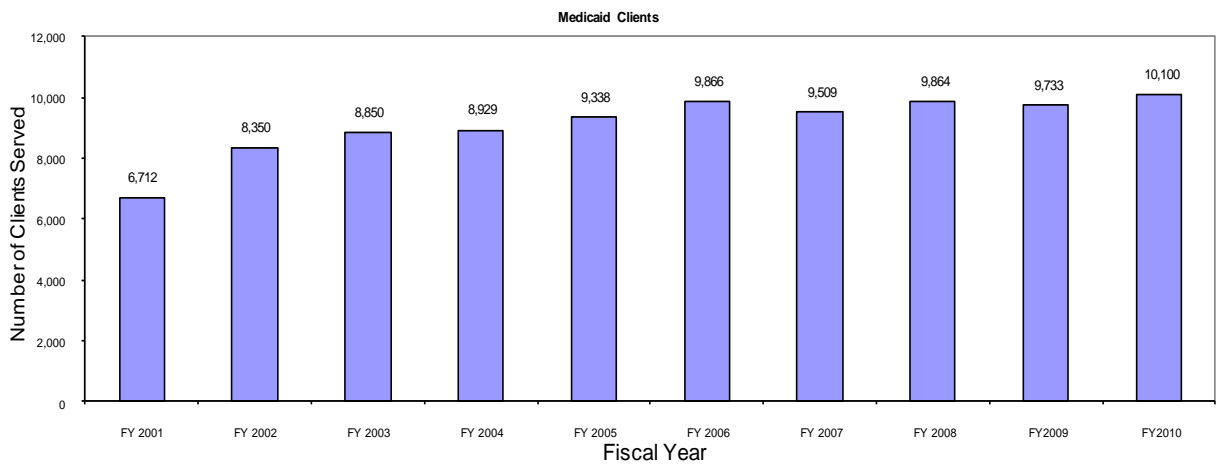


Chart 7. (Source: DAODAS Division of External Affairs and Provider Support, Utilization Review / South Carolina Department of Health and Human Services Report; FY02-10; Unique Unduplicated Clients)

Challenges

DAODAS ended FY10 having suffered a 55% cut in base state funding between July 2008 and July 2010, for an approximate total reduction of \$4.75 million. Total state appropriations directed to DAODAS for substance abuse services for FY11 are \$6.5 million. DAODAS and its county authorities have received one of the largest proportional state funding cuts of any state agency. A majority of these cuts have been taken in the **Medicaid Match** line, as this is where a majority of state funding is located in the DAODAS budget. The Medicaid Match line has been reduced by 46%, down to \$1.9 million for FY11. For many years, DAODAS – and therefore its county authorities – were the only state agency and state-supported provider system that were forced to remit their portion of the state match for Medicaid services, either by certifying that state funds existed in a local provider or by the local provider forwarding this state match to the S.C. Department of Health and Human Services through DAODAS. This effectively decreased available state funds to provide substance abuse services for all South Carolinians and resulted in

limited access to those services. However, between 2006 and 2008, the local provider network was instrumental in requesting and obtaining recurring funds to cover the Medicaid Match.

Another challenge faced by DAODAS is related to the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant received by the state of South Carolina to fund the bulk of prevention, intervention and treatment services. This grant requires that South Carolina meet an obligation known as the federal Maintenance of Effort (MOE) requirement. The MOE dictates that South Carolina must expend state funds in an aggregate amount that is not less than the average expenditures of the previous two fiscal years. In short, federal law requires states to fund substance abuse services with state dollars.

Past state budget cuts have adversely impacted the state's ability to meet the MOE requirement. Federal law allows the state to apply to the U.S. Secretary of Health and Human Services for a waiver of the MOE requirement if the state can prove "extraordinary economic conditions" (e.g., increase in unemployment rates, reduced collection of tax revenue). DAODAS submitted documentation of such "extraordinary circumstances" and was granted a waiver for its fiscal years 2002 (FY02) and 2003 (FY03) SAPT Block Grant applications. For FY04 and FY05, South Carolina did not meet its MOE obligation. The department had requested that the state be found in material compliance for both fiscal years. Penalties can include a dollar-for-dollar payback of the amount for which the state is out of compliance, or \$4,984,841 (24.4%) in federal block grant funding. In April 2009, the Substance Abuse and Mental Health Services Administration (SAMHSA) notified DAODAS that the state was found noncompliant with the MOE requirement for both FY04 and FY05. However, SAMHSA did not take action against the state due to its own failure to act on our "material compliance" requests.

The base cuts received over the past three fiscal years have adversely impacted the MOE requirement for the FY10 SAPT Block Grant application; the total amount that the state will be out of compliance is \$2.6 million and \$3.06 million in FY11. The state again will be in jeopardy of being found noncompliant with the MOE requirement and thus losing federal funding, and will therefore have to apply for a waiver through SAMHSA.

While funding increases for programmatic services are much needed to meet the MOE requirement, the SAPT Block Grant also requires that state agencies use a defined portion (no more than 5%) of the federal block grant to fund *operational* expenditures within the state agency and that state agencies be primarily supported using state funds (45 CFR, Section 96.135). This remains a challenge for DAODAS, due to the administrative and programmatic cuts taken over the past year.

During FY10, DAODAS celebrated its 53rd anniversary as the latest incarnation of the state agency responsible for providing substance abuse services to the citizens of South Carolina. In addition, the local provider network has served the state's various communities for more than 37 years. As with any service system, attention must be paid to infrastructure needs – those elements that undergird its operational objectives. As time has passed, the pursuit of expansion, the changing economy, and changes in public administration of the system have led to an erosion of state block grant funding and, more recently, the minibottle funding (alcohol excise tax) upon which the system was founded. Coupled with changing demands and requirements for accountability of the expenditure of public funds, the system must meet ever-increasing demands

to show positive outcomes, as well as to keep abreast of the changing technology and program advances in the field of addictions. Taken together, the **infrastructure** needs must be addressed to continue achieving the agency mission and expected results.

Finally, the budget cuts of 2010-2011 have resulted in reduced funding for the underage drinking activities provided through the **Alcohol Enforcement Team** effort. While the effort continues, funding for the most critical piece, that of law enforcement, has been reduced and thus should be restored in order to maintain and increase the gains made in preventing substance abuse among young people.

In spite of these various challenges, DAODAS remains mission-focused as it works to maintain existing services while partnering to develop new strategies for providing services, including an emphasis on management, accountability and performance. Whatever the challenge, DAODAS focuses on efficiency and effectiveness.

Improving Organizational Performance

The department sees the Accountability Report as a means to an end – that of improving management, accountability, self-assessment and performance as envisioned by the Governor. DAODAS utilizes the report, along with the agency's strategic plan, to provide structure and direction for its activities during the fiscal year. The report has allowed the agency to identify its core competencies and key processes that impact customer and stakeholder values. The National Association of State Alcohol and Drug Abuse Directors (NASADAD) has cited the DAODAS Accountability Report as a model for other states to emulate, as it achieves the twin goals of reporting accountability in regard to performance information and also sets a course of direction for substance abuse services in South Carolina.

Section Two Organizational Profile

Main Products and Services

Three major products are offered by the department and are delivered by contracting with 33 certified substance abuse providers and a range of state agencies and community partners.

- *Prevention services* are the use of evidence-based approaches to create or enhance environmental conditions within communities, families, schools, and workplaces to protect individuals from substance abuse and to help them develop personal decision-making skills to reduce the risk of alcohol-, tobacco- and other drug-related problems. Services are implemented in communities and schools throughout South Carolina, and are delivered by a local network of state-licensed and nationally accredited providers.
- *Intervention services* work to identify, at an early stage, individuals who are at risk of experiencing specific problems caused by their use of alcohol, tobacco and other drugs. The Alcohol and Drug Safety Action Program (ADSAP), the state's DUI offender initiative, is the most recognizable intervention program, and is delivered by a local network of state-licensed and nationally accredited providers.

- *Treatment services* are designed to improve the lives of individuals and families affected by substance abuse through the provision of individualized care to reduce the health and human service costs, as well as the economic cost, to our communities and state. Specific substance 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, and are delivered by a local network of state-licensed and nationally accredited providers. These include specialized services for women and children that are provided through four 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.*)

Key Customers / Customer Segments / Stakeholders

- Citizen-clients and their family members – Expect Open Access to Services
- Local provider network – Expects Statewide Leadership on Substance Abuse Issues / Expects Partnership to Accomplish Key Goals
- State agencies with common citizen-clients – Expect Collaboration on Shared Clients
- State and federal officials – Require Accountability for Public Expenditures
- South Carolina citizenry-at-large – Expects a Higher Quality of Life
- DAODAS employees (The department recognizes that its own employees are also important customers and are integral to the success of the department.)

Customer Segments

- Citizen-clients are stratified into the following populations:
 - women;
 - children and adolescents;
 - clients with co-occurring disorders;
 - incarcerated/paroled individuals;
 - juvenile justice detainees/parolees;
 - ADSAP clients (individuals charged with or convicted under the state’s laws related to boating or driving under the influence);
 - clients with limited English proficiency (mainly Hispanics);
 - the faith community;
 - returning veterans;
 - primary care providers; and
 - primary care physicians / emergency room physicians.

Note: The agency considers both the citizen-client and the local provider network to be its most important customers/stakeholders. Both are the direct beneficiaries of the scope of service provision and are key suppliers, as well as provide input to the success of the agency’s mission. For the purposes of this report, the department does not identify stakeholders differently than customers, but realizes that stakeholders, as defined, may not be the “recipient or beneficiary of the outputs of work efforts or purchaser of products and services,” but may be players in the outputs provided (state agencies, state and federal officials, department employees).

Key Suppliers and Partners

In keeping with the definitions of “supplier” and “partner,” as included in the *Performance Excellence Glossary of Terms*, DAODAS has identified its suppliers to include:

- citizen-clients;
- local provider network;
- state agencies with common citizen-clients;
- state officials (legislative, constitutional, agency);
- the citizen-clients’ family members;
- federal officials; and
- South Carolina citizenry-at-large.

Location / Operations

- DAODAS is located at 101 Executive Center Drive, Suite 215, Columbia, South Carolina 29210. 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.

Number of Employees

- As of July 1, 2010, DAODAS had 24 full-time equivalent (FTE) employees in classified positions and 7.50 temporary grant equivalent employees. The current DAODAS staff is quite diverse: 63% are female; 40% are minorities; and 72% are age 40 or older.

Regulatory Environment

- Cabinet Agency of State Government
- Substance Abuse and Mental Health Services Administration (SAMHSA) Federal Block Grant Regulations
- Office of the State Auditor
- Office of the Comptroller General
- Department of Health and Environmental Control
- Department of Social Services
- Department of Health and Human Services

Performance Improvement Systems

- Federal Government Performance and Results Act (GPRA) / National Outcome Measures (NOMS) – Prevention and Treatment Requirements
- Federal Block Grant Set-Asides / Regulations
- Governor’s Executive Budget Process (Priorities of Government)
- State-Mandated Provider Contract Objectives / “Goals of Effectiveness”
- Statewide Strategic-Planning Process / County Planning
 - Performance-Based Funding
- Coordinated County Review
- County Assistance Program / Mandated Improvement Program
- Medicaid Utilization Review / Medicaid Rehabilitation Requirements
- Employee Performance Management System
- Employee Training and Professional Development System
- Internal Cross-Trainings
- STAR-SI Process Improvement Reports (*CSAT / NIATx / All participants*)

Organizational Chart

South Carolina Department of Alcohol and Other Drug Abuse Services
ORGANIZATIONAL STRUCTURE - 6/30/10

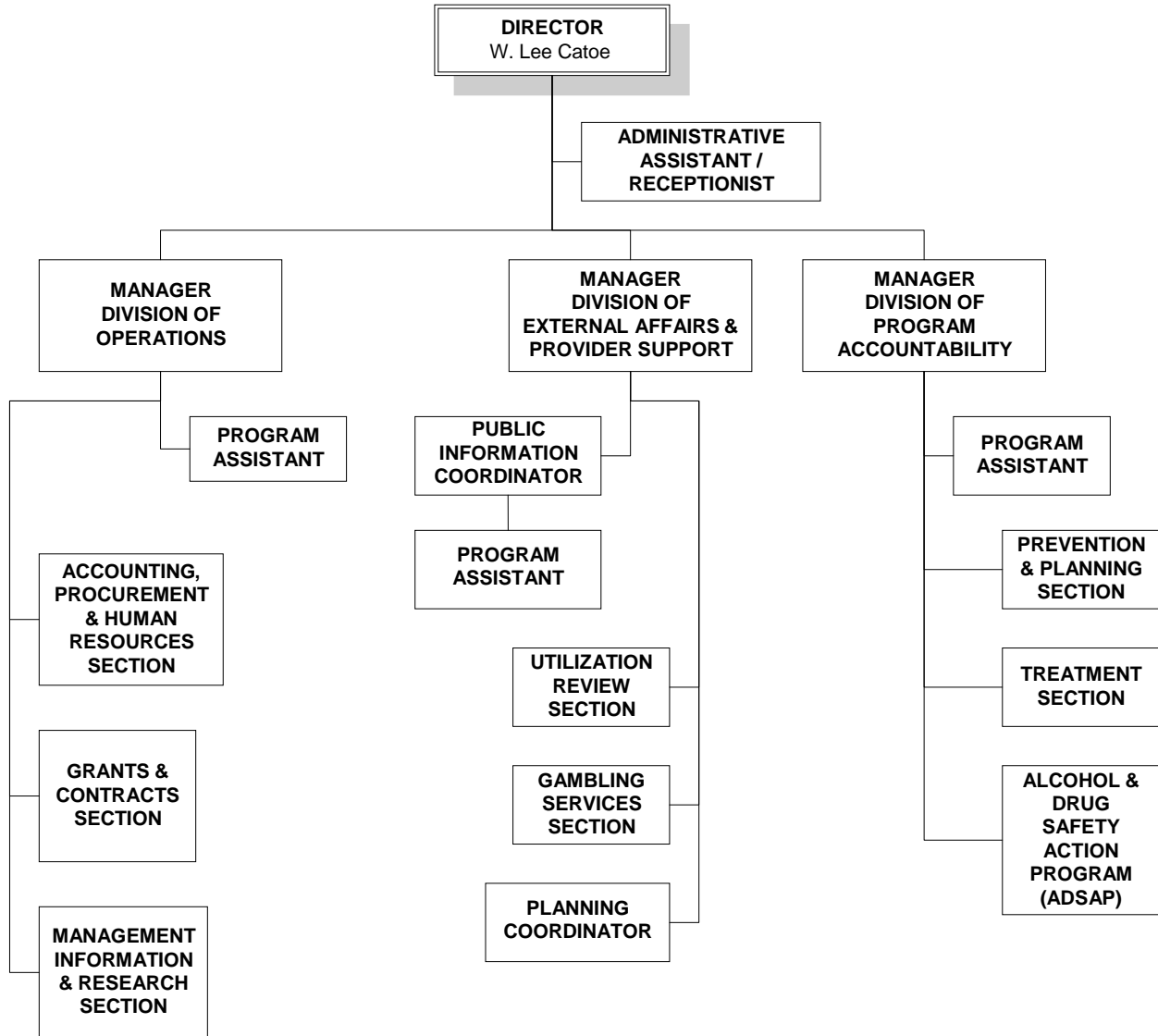


Figure 1. (Source: DAODAS Division of External Affairs)

Expenditures/Appropriations

Major Budget Categories	FY08/09 Actual Expenditures		FY09/10 Actual Expenditures		FY10/11 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	\$2,075,692	\$580,760	\$1,947,105	\$425,074	\$1,953,448	\$377,248
Other Operating	\$1,478,385	\$141,996	\$1,802,834	\$97,460	\$2,274,575	\$159,799
Special Items	\$3,916,786	\$3,916,786	\$3,577,713	\$3,577,712	\$3,277,001	\$3,277,001
Permanent Improvement						
Case Services						
Distributions to Subdivisions	\$29,571,780	\$6,741,968	\$27,165,167	\$3,470,796	\$26,222,499	\$2,613,305
Fringe Benefits	\$598,109	\$161,010	\$543,912	\$117,918	\$590,452	\$113,476
Non-Recurring			\$1,000,000			
Total	\$37,640,752	\$11,542,520	\$36,036,731	\$7,688,960	\$34,317,975	\$6,540,829

Other Expenditures

Sources of Funds	FY08/09 Actual Expenditures	FY09/10 Actual Expenditures
Supplemental Bills	\$0	\$0
Capital Reserve Funds	\$0	\$0
Bonds	\$0	\$0

Chart 8. (Source: DAODAS Division of Operations, Comptroller General's Year-End Report; CF424. Customer Segments - Figure 4, the "Distribution to Subdivisions" includes all funding provided to the department's customer segments, the majority of which is given to the local providers.)

Major Program Areas Chart

Program Number and Title	Major Program Area Purpose (Brief)	FY08/09 Budget Expenditures	FY09/10 Budget Expenditures	Key Cross-References for Financial Results
I. Chemical Dependency Service Accountability	Improvement in the effectiveness of prevention, intervention and treatment programs to ensure positive outcomes for AOD abuse clients. Sustainable recovery is the overarching expected result.	State: 217,160 Federal: 636,994 Other: 328,901 Total: 1,183,055 % of Total Budget: 3.1%	State: 206,066 Federal: 812,271 Other: 662,542 Total: 1,680,879 % of Total Budget: 4.5%	Question 7.3 7.5

Program Number and Title	Major Program Area Purpose (Brief)	FY08/09 Budget Expenditures	FY09/10 Budget Expenditures	Key Cross-References for Financial Results
II. Chemical Dependency Community-Based Prevention Services	Use of evidence-based approaches to prevent or reduce the misuse, use and abuse of alcohol, tobacco and other drugs.	State: 398,251 Federal: 5,138,436 Other: 501,504 Total: 6,038,191 % of Total Budget: 16%	State: 808,055 Federal: 5,794,630 Other: 310,586 Total: 6,913,271 % of Total Budget: 18.6%	Question 7.3 7.5 7.6
III. Chemical Dependency Community-Based Intervention Services	Reduction in risk of using alcohol and other drugs. Reduction in DUI risk. Change in client attitudes and behaviors that leads them to refrain from use, refrain from abuse, and reduce harm. Sustainable recovery is the overarching expected result.	State: 1,001,137 Federal: 1,643,221 Other: 12,767 Total: 2,657,125 % of Total Budget: 7.1%	State: 824,443 Federal: 1,580,302 Other: 119,982 Total: 2,524,727 % of Total Budget: 6.8%	Question 7.3 7.5 7.6
IV. Chemical Dependency Community-Based Treatment Services	Sustainable recovery. Reduce use, reduce abuse, and reduce harm. Specific client outcome measures address reduction in use and abuse of alcohol and other drugs, unemployment, homelessness, use of emergency room care, arrest rates, and school disciplinary problems.	State: 9,349,866 Federal: 14,979,450 Other: 1,208,587 Total: 25,537,903 % of Total Budget: 67.8%	State: 6,199,947 Federal: 15,408,913 Other: 1,544,439 Total: 23,153,299 % of Total Budget: 62.4%	Question 7.3 7.5
V. Direct Chemical Dependency Services	Sustainable recovery is the overarching expected result of all programming. <u>The Bridge</u> is recognized nationally as an effective program in the areas of abstinence, recidivism, reincarceration, educational achievement and life skills.	State: 75,232 Federal: 777,001 Other: Total: 852,233 % of Total Budget: 2.3%	State: 0 Federal: 909,398 Other: 519,000 Total: 1,428,398 % of Total Budget: 3.9%	Question 7.3 7.5

Below: List any programs not included above and show the remainder of expenditures by source of funds.

VI. Gambling Services. The expected result includes a reduction in the number and intensity of pathological gambling behaviors and their often disastrous consequences; an increase in the identification and referral of problem gamblers through a 24/7 helpline; and increased awareness throughout the state of problems related to gambling.

VII. Alcohol and Drug Abuse Administration. This function provides executive leadership; develops and implements short- and long-term directions, performance expectations and organizational values; supports policy development, review and implementation; and oversees financial services, procurement, personnel services and communication.

	Gambling	Administration
Remainder of Expenditures:	State: 7,053	State: 388,591
	Federal: 8,685	Federal: 391,717
	Other: 502,604	Other: 92,097
	Total: 518,342	Total: 872,405
	% of Total Budget: 1.4%	% of Total Budget: 2.4%

Source: CSA 424 FY09 and FY10 FM13

Chart 9. (Source: DAODAS Division of Operations; FY08/09 and FY09/10 Agency Activity Report)

Section Three

Malcolm Baldrige National Award Criteria

Category 1 – Senior Leadership, Governance, and Social Responsibility

1.1. How do senior leaders set, deploy and ensure two-way communication for: a) short- and long-term direction and organizational priorities, b) performance expectations, c) organizational values, and d) ethical behavior?

1.1.a. The department's Executive Management Team (EMT) has set long-term goals through the agency statewide strategic planning process and the county planning process (as required by state law [§61-12-10]), in consultation with the Governor (as a cabinet agency). The strategic planning and county planning processes are basic two-way communication strategies. The mission, core values, guiding principles and overarching goals are determined with participation from the agency's external customers and internal staff. Long-term goals are deployed and communicated through any number of channels, including 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, and various publications. These outlets also offer the opportunity for feedback and refinement. Internally, long-term goals have been deployed and communicated through full-staff, sectional, and divisional meetings. Strategic planning is also used to set direction, performance expectations, and organizational values.

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 channels. Organizational values have been set, deployed, and communicated in a comparable manner.

Similarly, 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 citizen-client as the key organizational priority. 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 agency's overarching goals. These have been communicated through the local provider network committee structure, through the county planning process, and through other agency communication tools. Senior leaders have set a clear direction, clear values, and realistic goals and objectives to address the agency mission. All organizational priorities are identified and implemented to support the overarching goal. Feedback from internal and external customers makes the process dynamic and assists the agency in making mid-year changes, if needed.

1.1.b. In addition, performance expectations are identified, deployed, and communicated through the county planning process, technical assistance requests, independent peer reviews, coordinated county reviews (CCRs), internal Medicaid audits, and the contractual/grant program process. Again, all of the aforementioned channels have been utilized to communicate performance expectations as well as to ensure accountability. DAODAS tracks individual provider performance through the use of contract objectives and the GPRA, now known as National Outcomes Measures (NOMs) for both prevention and treatment programs.

Additionally, these are reviewed on a quarterly basis by the department's Division of Program Accountability and during the annual CCR process. In FY10, the department instituted new incentives for compliance with outcome-survey requirements as a result of working within the joint committee structure with local providers. While the process will continue in FY11, incentive payments were suspended due to state budget reductions.

1.1.c. Senior leaders have set three core values for agency employees: respect, integrity, and dedication. The department has 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 holds its employees to the highest standards of ethical behavior, and this is communicated regularly through full-staff meetings and in external outlets, to include the department's web site.

1.1.d. Ethical behavior is encouraged through regular staff meetings supported by the agency's EMT, intra-agency events, employee recognition, and motivational and educational information. Respect, integrity and dedication are the hallmarks of DAODAS employees. This is first and foremost expected of each employee, reinforced as stated above, and discussed with new employees during orientation.

1.2. How do senior leaders establish and promote a focus on customers and other stakeholders?

Senior leaders encourage a number of processes to focus on the agency's customers. The citizen-client and the local provider network are key customers, and as such, the agency works to better understand their requirements through intensive contact. The local provider network maintains a structure of standing and ad-hoc committees, including an executive board, a services committee, a training committee, an accountability committee, and a public policy committee. Senior leaders, along with designated agency staff, are members or co-chair the above committees, which offer the opportunity for exchange of information and for identifying and addressing customer requirements and also assist in setting the overall agency organizational direction. Furthermore, statewide monthly meetings are held for all providers, in addition to meetings held within the four designated regions. Senior leaders and designated staff also participate in these sessions. Ad-hoc committees include those that focus on specific administrative and program areas, and include a Financial Quarterly Meeting, Prevention Quarterly Meeting, Treatment Quarterly Meeting and a quarterly meeting for ADSAP service providers, among others. The agendas of these meetings often address customer needs, both short- and long-term direction, as well as offer an opportunity for DAODAS to reinforce its commitment to accountability and to implement measures of performance.

In addition, the county strategic planning process continues to facilitate input from throughout South Carolina on the design of the state and local strategic planning processes, which further enables DAODAS to identify customer requirements in terms of priorities, including funding needs, facility needs, and program and service needs. Over the past several years, the department has participated in the Joint Council on Children and Adolescents, which mandated family and client participation within the council structure. The inclusion of these customers has helped define the direction of the council and the resulting policies.

The agency uses the CCR process to further emphasize quality improvement. Each year, a team of interdepartmental staff provides oversight and technical assistance to the local provider network through onsite visits. DAODAS asks for feedback from its providers on the process and content of the CCR process and its continued usefulness. This feedback has assisted the department in making the process and content review more salient by focusing on the provision of additional technical assistance and onsite training, and addressing other needs as identified.

Collaboration is also key in promoting a focus on customers and stakeholders, often meeting with sister state agencies and addressing issues on how best to serve clients common to the various agencies, to include those suffering from mental health and substance abuse disorders, those incarcerated, those in the faith-based recovery community, and primary care physicians and primary care facility personnel.

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.

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

DAODAS requires its local provider network to be nationally accredited through the Commission on the Accreditation of Rehabilitation Facilities (CARF) and licensed by the S.C. Department of Health and Environmental Control (DHEC). In addition, one of the department's county providers has earned accreditation from the Joint Commission on the Accreditation of Health Organizations (JCAHO), which primarily accredits hospitals. These three entities, through their peer reviews, are the chief mechanisms for assessing any risks related to the department's provision of substance abuse services to the public. Each entity seeks 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 of the utmost importance. DAODAS further publishes Quality Assurance Standards to complement both CARF and JCAHO standards and DHEC surveys and to provide a "sharper edge" for client quality-of-care issues and to define the level of quality expected of each provider. Senior leaders review these provider performance elements monthly. In addition, the department has improved its communication with DHEC in terms of state-survey results and issues that arise as a result of surveys. This information is used by the department to advise its providers on compliance issues, thereby improving their performance.

DAODAS, through its local providers, also assesses risk through policies that clearly state requirements for corporate compliance in the delivery of behavioral health care. These corporate compliance policies ensure conformance with legal and regulatory requirements to monitor and report fraud, fiscal mismanagement, and misappropriation of funds. Independent financial audits are also required.

Furthermore, DAODAS 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 an organization. The audit processes,

including the CCR, financial audit and program audits (Medicaid), further allow senior leaders to assess the impact of the department's programs and services on 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 evidence-based 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.

1.4. How do senior leaders maintain fiscal, legal and regulatory accountability?

In concert with federal and state mandates, DAODAS has established and adopted policies, procedures, and practices upon which its oversight systems and processes are based. This ensures compliance with fiscal, legal, and regulatory accountability issues as directed by federal and state laws, counselor and prevention professional certification regulations, accreditation standards, clinical and diagnostic standards, quality assurance standards, state licensure regulations, audit standards, and memoranda of agreement with partner agencies.

1.5. What key performance measures do senior leaders regularly review to inform them on needed actions?

Senior leaders review performance data that detail how the citizen-client is recovering in his/her addiction. DAODAS tracks statewide client-outcome measures (as required by SAMHSA and now known as the National Outcome Measures {NOMS}) for prevention, intervention, and treatment programs. Prevention measures include 30-day alcohol use; 30-day tobacco use; 30-day marijuana use; 30-day inhalant use; 30-day medical prescription drug use; favorable attitudes toward ATOD use; perceived risk/harm of ATOD use; perceived peer attitudes toward ATOD use; perceived parental attitudes toward ATOD use; and decision-making. Intervention and treatment 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. During FY10, the department instituted a statewide incentive program to establish performance-based funding in order to increase data collection. Senior leaders reviewed the results of this successful program on a monthly basis.

Senior leaders also track and review how the local provider network is performing in terms of providing services to the citizen-client. This is accomplished primarily through the aforementioned CCR process. A review is completed on providers using 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 evidence-based practices (benchmarks) for possible replication throughout the state. In addition, information is gathered and analyzed from this process that assists DAODAS in planning for future needs and identifying programmatic or financial issues that may need to be addressed on a local, regional, or statewide basis.

Senior leaders also review a range of additional information, which may result from peer audits, including national accreditation standards (CARF), state licensure reviews (DHEC), and Medicaid audits (S.C. Department of Health and Human Services [DHHS]). 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, as well as 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.

Finally, DAODAS was tasked by Governor Sanford during FY04 with implementing specific objectives for the department and for alcohol and other drug abuse clients; these have continued and include, among others: a) a reduction in use; b) an increase in employment or a youth's enrollment in school; c) a reduction in hospital emergency room admissions; d) ensuring a stable environment; and e) a decrease in tobacco sales to underage youth. The objectives also addressed several internal goals. As of June 30, 2010, the agency had achieved 92.14% of these objectives.

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

1.6. 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, including the head of the organization, and the governance board/policy-making body? How do their personal actions reflect a commitment to organizational values?

Key among the department's activities in FY04 was the distribution of a performance-evaluation survey to local providers to assess DAODAS in several areas, including knowledge and expertise of staff and consistency of communications. The department gained insight from the survey and has set management directives to address identified concerns. These directives, which were implemented in FY05, continued through FY10. They include additional professional requirements for internal staff and cross-training of staff within professional disciplines and across disciplines (workforce development); protocols for refined communication with the providers; continued implementation of a prevention-outcome data system; and review of data collection systems. In addition, the director convenes a meeting with the local provider leadership (Behavioral Health Services Association of South Carolina Inc. [BHSA]) that continues to provide feedback on the effectiveness of the organization as well as specific to the areas identified above.

In addition, this instrument works within the framework provided through Governor Sanford's Executive Budget directive known as "Budgeting for Results." Since FY06, the positive outcomes demonstrated by the department and its local provider network have resulted in the inclusion of adolescent prevention and treatment program activities as worthy of inclusion in the Governor's annual budget as priorities to assist in creating a healthy environment for South Carolina. This reflects that organizational performance-review findings are shared and adopted by its governance body (i.e., Governor Mark Sanford).

Senior leaders are instrumental in leading by example and living the core values of respect, integrity, and dedication to the cause of addiction services. No single person on staff or among the wider population of South Carolina citizens can say that they have not been personally touched by a friend, colleague, or family member who has had issues with addiction. Senior leaders take this fact to heart, as working in addiction services is their passion and reflects their commitment to the local community and the state as a whole.

The department will continue to address organizational directives in FY11 and will define its key internal measures of performance, track that performance and make adjustments when necessary, and act as indicated by the data.

1.7. How do senior leaders promote and personally participate in succession planning and the development of future organizational leaders?

Succession planning begins at the top of the organization with the director. Having come into a cabinet-level agency, the director sought out mid-level managers who were substantially exceeding performance objectives. This core group eventually became the senior managers of the department. Each senior manager is currently working with mid-level staff, as well as new hires, to cross-train these individuals in various disciplines of service provision, including administration. These mid-level managers could be the leaders of DAODAS in future administrations. Externally, the agency is working with its provider network to address local succession planning and participates with the Southeast Addiction Technology Transfer Center (ATTC) to coordinate leadership planning and mentorship training to mid-level managers in the field. In addition and through shared leadership on the South Carolina Substance Abuse Training Consortium, the group has established a Management Institute to address succession planning.

1.8. How do senior leaders create an environment for performance improvement and the accomplishment of strategic objectives?

The department maintains a small staff of 24 full-time equivalent (FTE) positions and 7.5 temporary grant (TGE) positions. In this manner, senior leaders keep in close contact with all mid-level management and line staff, maintaining an open-door policy. Here again, the agency director has led by example. Each staff member is challenged to be innovative and bring ideas for mission accomplishment to the EMT, as well as those areas of opportunity to accomplish strategic objectives. Each is tasked with offering resolutions for any given problem. Resolution may result in a strategic objective change during the course of the year.

1.9. How do senior leaders create an environment for organizational and workforce learning?

See Category 5, Questions 5.1 through 5.14.

1.10. How do senior leaders engage, empower and motivate the entire workforce throughout the organization? How do senior leaders take an active role in reward and recognition processes to reinforce high performance throughout the organization?

See Category 5, Question 5.1 through 5.14.

1.11. How do senior leaders actively support and strengthen the communities in which your organization operates? Include how senior leaders determine areas of emphasis for organizational involvement and support, and how senior leaders, the workforce, and the organization contribute to improving these communities.

The department participates in various community endeavors and charities. Over the years, these have included the Salvation Army, Good Health Appeal, memberships in professional organizations, various United Way programs, Epworth Children's Home Christmas Program, and the Auntie Karen Foundation, which focuses on breast cancer. Employees are encouraged to participate in community endeavors with agency support.

The department works within the South Carolina community-at-large by designating an internal liaison to engage the community in activities to prevent problems related to the use of alcohol, tobacco and other drugs, as well as other community-support projects. Specifically, senior leaders have received requests to fund innovative programming, to include a faith-based recovery program at Bible Way Baptist Church. Senior leaders and staff have attended graduation ceremonies and personally assisted many of the above community agencies in their respective missions. The spirit of assisting community-based organizations is alive at DAODAS, and again, the director and senior managers have led by example. In terms of emphasis, by virtue of being a "helping" health agency, the senior leaders have emphasized volunteer work in the areas of prevention, intervention, and treatment of substance abuse as related to community partnerships.

On a statewide basis, many of the agency's prevention programs are directed at improving life at the community level. These include efforts to reduce underage drinking and tobacco use; to reduce violence; to prevent infectious diseases; to work with the faith community on the establishment of support mechanisms for recovering persons; and to work within schools to instill protective factors that keep children and adolescents from engaging in negative behaviors that place them at higher risk for the use of illegal substances. These activities strengthen communities and meet the agency's mission of achieving sustainable recovery while increasing economic opportunities for citizens, increasing the quality of life for citizens, and providing opportunities for a better educational environment.

In terms of intervention and treatment, the department is again financially supporting the drug court concept, now operated in many areas across the state. In short, individuals who have an alcohol or other drug addiction and run afoul of the law are diverted into drug court programs led by a judge and supported by local community treatment efforts. Drug courts serve both adolescents and adults.

Category 2 – Strategic Planning

2.1. (a-f). What is the strategic process, including key participants, and how does it address the organization’s strengths, weaknesses, opportunities and threats; financial, regulatory, societal and other potential risks, shifts in technology and customer preferences, workforce capabilities and needs, organizational continuity in emergencies, and the agency’s ability to execute the strategic plan?

2.2. How do your strategic objectives address the strategic challenges you identified in your Executive Summary (Section I, Question 4)?

DAODAS 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, other state agencies serving clients who need a range of services, and the internal customer at DAODAS. This team concept has been instrumental in addressing customer and partner needs, as well as identifying strengths, weaknesses, opportunities, and threats. Using the “plan, do, check, and act” (PDCA) methodology, the agency has been able to make decisions that meet requirements in the dynamic environment of the agency’s funders – its legislative constituencies – to meet customer preferences, requirements of the substance abuse provider network, and the citizenry-at-large. The strategic-planning process includes a focus on the strategic challenges and allows the department to make swift data-driven decisions to meet the identified challenges.

For example, DAODAS has been on the cutting edge of presenting outcomes that prove that substance abuse prevention and treatment work and are the lowest-cost alternative to other expensive healthcare modalities. Part of this effort has involved keeping abreast of the technological changes in reporting this information to the federal government, thus supporting accountability for both federal and state funds expended. DAODAS was the first state to receive funding from the federal government to ensure the accuracy and efficacy of its data, and the department leads the nation in this effort. The strategic planning process has been instrumental in ensuring that the provider network and the state agency are synched in this effort.

Two additional processes, the CCR process and the county planning process (mandated under state law), 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. This has resulted in the identification of opportunities and barriers, to include adolescent prevention and treatment funding, as well as working to address infrastructure funding for the department and its local substance abuse providers. Further use of relevant data, resource allocations, forecasts, projection instruments, etc., to address the future is detailed in *Category 1, Questions 1.1 and 1.5*.

The strategic planning effort remains dynamic, achieving 97% of its objectives during FY10. The agency will continue to refine the strategic plan by updating the action plans and scanning its environment for direction or goal change, which has been done most recently to include an emphasis on military veterans returning from the conflicts in Iraq and Afghanistan, as well as primary healthcare providers. This proves the department’s ability to execute its strategic plan.

2.3. How does the agency develop and track action plans that address key strategic objectives? How does the agency allocate resources to ensure the accomplishment of these plans?

DAODAS continues to use a simplified, client-oriented strategic and operational planning/implementation approach. Based on the department's mission and core values, and with the involvement of the entire staff, interlocking strategic goals are adopted – starting with effectiveness outcome goals, proceeding to efficiency outcome goals that are designed to support the outcomes, and ending with goals that address the collaborative, personnel, and fiscal resources that support the preceding effectiveness and efficiency goals. Each goal has one or more specific objectives, which in turn have detailed action plans.

Key resources (financial, programmatic, or workforce specific) are allocated based on the priority need to accomplish the key strategic objectives and activities (budget) as identified in the annual Budget Activity Report. The activity report closely tracks with the annual budget request and the five key strategic objectives that drive agency operations. Here again, constant feedback from stakeholders and key customers that is input to the decision-making process assists in prioritizing the strategic and action plans.

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

Strategic objectives, action plans, and performance measures are deployed and communicated externally through any number of channels, 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 other informational outlets. During FY05, the department distributed a one-page document to the Governor's Office, the legislature, and all county authorities titled "Five for 2005." This document detailed the direction of the agency as supported by its strategic-plan goals, to include limiting administrative expenses; focusing on evidence-based prevention and treatment services, as well as adolescent services; and basing decisions on performance data. The direction defined in this document remained relevant during FY10 and is the standard on which the department bases its decisions.

For FY11, the department will continue to link goals and objectives to customer requirements, and to benchmark strategies and assessments of organizational strengths and weaknesses.

2.5. How does the agency measure progress on the action plans?

The department uses a range of measurement instruments, but most notably, outcomes measuring recovery are utilized as measured by the federal NOMs requirements (*see above*), the Goals of Effectiveness requirements that measure access and retention of clients through the provider network, and the prevention standard survey that measures behavioral changes as a result of participating in multi-session evidence-based prevention programs. These are key elements of the action plans.

2.6. How does the agency evaluate and improve the strategic planning process?

The strategic planning process is evaluated monthly as to action plan accomplishment, along with strategic objectives. Again, the direction of the agency noted in the “Five for 2005” document sets the directional goals of the department, to include limiting administrative expenses; focusing on evidence-based prevention and treatment services, as well as adolescent services; and basing decisions on performance data.

2.7. Website Address for the Strategic Plan?

The strategic plan can be found at www.daodas.state.sc.us/goals_objectives.asp.

Strategic Planning Chart

Program Number and Title	Supported Agency Strategic Planning Goal	Related FY09/10 Key Agency Action Plan/Initiative(s) & Outcome Objective	Key Cross-References for Performance Measures*
	1. Improve the effectiveness of treatment and intervention programs – Clients who are employed or engaged in productive activities	1.2. Each year, of those clients who at admission had reported being unemployed (or not employed but labor-force-eligible) during the prior 30 days, at least 20% will report full-time or part-time employment during the prior 30 days at the post-discharge outcome survey (usually at three months post-discharge).	Table 7.1-1.
	1. Improve the effectiveness of treatment and intervention programs – Clients who experience no/reduced alcohol- or other drug-related health, behavior, or social consequences	1.3. Each year, of those clients who at admission had reported having used a hospital emergency room during the prior 30 days, at least 40% will report not having used a hospital emergency room during the prior 30 days at the post-discharge outcome survey (usually at three months post-discharge).	Table 7.1-1.
	1. Improve the effectiveness of treatment and intervention programs – Adults and/or youth under 18 receiving treatment services who report using alcohol or illegal drugs	1.4. Each year, of those clients who at admission had reported having used alcohol or another drug during the prior 30 days, at least 40% will report not having used alcohol or another drug during the prior 30 days at the post-discharge outcome survey (usually at three months post-discharge).	Table 7.1-1.
	1. Improve the effectiveness of treatment and intervention programs – Clients who have a permanent place to live in the community	1.5. Each year, of those clients who at admission had reported homelessness or dependent living arrangements during the prior 30 days, at least 40% will report independent living arrangements during the prior 30 days at the post-discharge outcome survey (usually at three months post-discharge).	Table 7.1-1.
Chemical Dependency: Service Accountability (1034) & Prevention Services (1035)	2. Improve the effectiveness of prevention programs	2.1. Increase the number of evidence-based prevention programs provided through local alcohol and drug abuse providers; see a reduction in the number of alcohol users, a reduction in the number of marijuana users, and a reduction in the number of cigarette users; see improvement in perceived risk/harm of ATOD use; and improvement in decision-making skills.	Chart 7.1-1.
	2. Improve the effectiveness of prevention programs – Fully integrate tobacco strategies into prevention programming and philosophy	2.2. The annual Youth Access to Tobacco Study will show that no more than 10% of the attempted tobacco buys by youth were successful.	Table 7.1-3.

Program Number and Title	Supported Agency Strategic Planning Goal	Related FY09/10 Key Agency Action Plan/Initiative(s) & Outcome Objective	Key Cross-References for Performance Measures*
Chemical Dependency: Service Accountability (1034), Intervention Services (1036) & Treatment Services (1037)	3. Improve the efficiency of the service-delivery system – Improve client engagement and retention and ensure data integrity	<p>3.1. At least 75% of clients will receive at least one unit of assessment within two working days of intake.</p> <p>3.2. At least 50% of clients with an assessment will receive at least one unit of service within six working days of assessment.</p> <p>3.3. Discharge forms will be completed on 99% or more of all admitted clients whose services have ended (missing discharges not to exceed 1% of all applicable episodes).</p> <p>3.4. Outcome data will be collected on a representative sample of 15% or more of admitted clients whose services have ended.</p>	Table 7.1-2. / Question 7.1.
Chemical Dependency: Service Accountability (1034), Intervention Services (1036) & Treatment Services (1037)	3. Improve the efficiency of the service-delivery system –Sustain infrastructure improvements and agency goals and objectives by obtaining buy-in and support from policymakers, sister agencies, providers, community-based organizations, families and consumers.	<p>3.5. Establish and nurture the Joint Council on Children and Adolescents by providing leadership; actively participating in its committees and projects; supporting the Joint Strategic Plan on Adolescents; and participating in appropriate braided funding initiatives.</p> <p>3.6. Under the umbrella of the Joint Council on Children and Adolescents, support the development and statewide use of universal screening and assessment tools and standardized outcome questionnaires.</p> <p>3.7. Under the umbrella of the Joint Council on Children and Adolescents, establish core competencies required for provision of services to adolescents; create a workforce development plan; implement evidence-based practices; and provide necessary training.</p>	<p>Table 7.1-1 / Table 7.1-2.</p> <p>Joint Council Objectives Accomplished.</p> <p>Statewide Screening Tool Implemented.</p> <p>Workforce Development and Core Competency Training Currently Being Provided Across Disciplines</p>
Chemical Dependency: Service Accountability (1034), Intervention Services (1036) & Treatment Services (1037)	3. Improve the efficiency of the service-delivery system –Implement the Network for the Improvement of Addictions Treatment (NIATx) process-improvement model throughout the state in accordance with the federally funded Strengthening Treatment Access and Retention – State Implementation (STAR-SI) program	<p>3.8. Increase the monthly average number of unduplicated outpatient client admissions.</p> <p>3.9. Decrease the average time from first contact to the first outpatient treatment.</p> <p>3.10. Increase the average number of outpatient treatment services provided within 30 days of admission.</p> <p>3.11. Spread the NIATX model to all 33 county alcohol and drug abuse authorities.</p>	<p>Table 7.1-1. / Table 7.1-2.</p> <p>Results as of March 31, 2010:</p> <p>3.8. Admissions rate is essentially flat (-1.96%), although significant capacity has been lost due to funding cuts.</p> <p>3.9. Statewide improvement of 21%, in spite of capacity issues (<i>see 3.8 above</i>)</p> <p>3.10. Post-admission services rate is essentially flat (+0.03%) in spite of capacity issues (<i>see 3.8 above</i>).</p> <p>3.11. The NIATx model was spread to all 33 providers slightly ahead of target.</p>

Program Number and Title	Supported Agency Strategic Planning Goal	Related FY09/10 Key Agency Action Plan/Initiative(s) & Outcome Objective	Key Cross-References for Performance Measures*
Chemical Dependency: Service Accountability (1034), Intervention Services (1036) & Treatment Services (1037)	3. Improve the efficiency of the service-delivery system – Implement the South Carolina Medicaid Behavioral Health Rehabilitation State Plan Amendment (SPA) in order to provide the most effective, efficient, and state-of-the-art client services.	<p>3.10. DAODAS, in conjunction with Behavioral Health Services Association of South Carolina Inc. (BHSA) and the S.C. Department of Health and Human Services (DHHS), will implement a Transition Plan to ensure compliance with the SPA by July 1, 2009, and implement changes by July 1, 2010. The plan will address the impact of the transition in the areas of information technology, billing, training, policies, service delivery, grant and contract administration, and finances.</p> <p>3.11. By July 1, 2010, DAODAS, in conjunction with BHSA, DHHS and other key stakeholders, will establish a medication-assisted treatment system in the state. In establishing this new service-delivery modality, DAODAS and its partners will use the NIATx principles and process-improvement model.</p>	<p>Table 7.1-1. / Table 7.1-2. SPA Pan Implemented.</p> <p>Action Plan Achieved. Implementation to take place during FY11.</p>

* Key Cross-References are a link to Category 7 - Business Results. These references provide a chart number that is included in the seventh section of this document.

Chart 10. (Source: DAODAS Division of Program Accountability)

Category 3 – Customer Focus

3.1. How does the agency determine who the customers are, and what are their key requirements?

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

It is important to note that in the delivery of healthcare services, certain populations are customers as a function of receiving federal block grant dollars or state funding. In addition, when accessing federal grants or private foundation funding, these funding sources often require new customers who are first-time “players” in the policy arena. And, in times of budget reductions, certain customers may be reprioritized.

During FY10, the strategic planning process continued to focus on better understanding of customer requirements. Key requirements have emerged from the inclusion of the provider network in the statewide strategic planning process and the county planning process, as well as including sister state agencies as collaborators in the process. Requirements also emerged as a product of participation in the provider network’s standing and ad-hoc committee structure. These key requirements are dynamic and include a range of issues, from increased training and workforce development for prevention and treatment professionals, to an administrative reduction in paperwork, increased access and retention of clients in services, 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.

DAODAS continued to segment the customers within the citizen-client community. Through the agency's Management Information and Research (MIR) Section, underserved populations have been identified, to include children and adolescents, women, the dually diagnosed population, clients with limited English proficiency, and citizens in the faith community. These customer cohorts have more complex needs and, during FY11, the agency will continue to make an effort to further identify certain characteristics, while designing prevention, intervention, and treatment programs to address these needs. In FY10, the department continued to focus on veterans and their families as stakeholders who – while not new – should be segmented and provided special attention as a result of the conflicts in Iraq and Afghanistan and as a result of the department's work within the multi-agency Veterans Policy Academy. This focus will continue during FY11.

In addition, the recovering community and faith communities continue to be important participants in the delivery of alcohol and other drug abuse services, as key customers and suppliers. These customers emerged as a result of identifying evidence-based practices to better serve the citizen-client. During FY09, the agency continued to learn more about the recovering community and its needs for participating in service delivery. These needs include technical assistance in accessing grant dollars from federal and state agencies and technical assistance in planning, developing, and implementing a strong continuum of care. Faces and Voices of Recovery – South Carolina (FAVOR SC) is a growing advocacy group and has become a newly identified key customer for the department.

DAODAS continued its focus on primary care physicians and hospital-based emergency room doctors during FY10. These customers and suppliers were identified as a result of the ongoing problems of clients using emergency rooms as their “medical home,” rather than their primary care physicians, if in fact these clients had access to health insurance or a primary care physician. The department will continue to reach out to physicians in FY11 to better understand their needs and to identify how to implement appropriate screening and brief interventions and referral with this cohort. The new healthcare reform effort will further provide opportunities for behavioral health providers to work with primary healthcare organizations to screen and treat this population.

3.2. How does the agency keep listening-and-learning methods (communications) current with changing customer/business needs and expectations?

3.3. What are the key customer mechanisms, and how do these access mechanisms enable customers to seek information, conduct business, and make complaints.

3.5. How does the agency use information from customers/stakeholders to keep services or programs relevant and provide for continuous improvement?

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 1.1.)* 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 critical by 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's committee structure continues to be the main "listening-and-learning" method for keeping the department current with changing customer needs. This effort is based on working together, either through teams or through standing and issue-specific committees, to address any needs/requirements that may arise. This effort can also include stakeholders other than the provider network, as partner requirements involve bringing many actors to the table for discussion, review, decision-making, and evaluation purposes.

DAODAS worked toward increasing communication during FY10, continuing to hold many forums to share evidence-based practices, disseminate national and state alcohol and other 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 through personal contact with the agency director or any member of the EMT.

The department also resolves and then tracks complaints that may occur while implementing its programs and services, particularly the Alcohol and Drug Safety Action Program (ADSAP). These complaints are analyzed and used as learning tools in the dissemination of information during quarterly meetings of providers, and they form the basis of problem resolution statewide.

In addition, a more formalized customer-complaint process has been instituted to better meet the needs of both the citizen-client and the provider about whom the client may have complained. Real-time communication is utilized so that complaints can be resolved by all the parties involved.

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 addressed, along with significant opportunities to address customer needs around national accreditation, treatment outcomes, quality assurance standards, and other contractual/financial concerns.

3.4. How does the agency measure customer/stakeholder satisfaction and dissatisfaction, and use the information to improve?

The NOMs (statewide client-outcomes system) measures client satisfaction. For FY09, and the first two quarters of FY10, 96% and 97%, respectively, of all clients were satisfied with the services they received. (*Note: FY10 data have not been finalized.*) Client satisfaction rates have remained statistically unchanged for several years.

Dissatisfaction is being gauged by the formal complaint process. The department hears from the everyday citizen in need of services, often resulting in the department contacting its provider base to assist the client in accessing services. This information is being collected and analyzed, so that decisions can be made in concert with the local provider network to resolve access and retention issues.

3.6. How does the agency build positive relationships with customers and stakeholders to meet and exceed their expectations? Indicate key distinctions between different 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 channels also offer the opportunity for feedback and refinement and help set the agency's direction. The agency also offers a range of training and professional-development opportunities to assist in creating a positive relationship, not only with the provider community, but also with other providers of substance abuse services and sister state agencies with common citizen-clients. These formal and informal channels often have exceeded expectations.

To reach the citizen-client, the agency uses a variety of tools and techniques to build positive relationships and address the needs and interests of various constituencies, including the general public and other special populations in need of alcohol and other drug abuse information and assistance. Specific activities include several communication strategies. The department places major emphasis on developing numerous types of informational materials to reach various target audiences. Finally, information is disseminated to the local provider network and to the general public as requested.

DAODAS places major emphasis on efforts to use the mass media to reach diverse constituency groups. In FY10, the department continued to implement the Partnership for a Drug-Free South Carolina, a statewide media campaign designed to promote awareness of the problem of illicit drug abuse. As in past years, television stations in the Columbia, Greenville, and Charleston markets alone donated airtime at a value that far outstripped the approximately \$13,000 that DAODAS spent on the initiative in FY 2010.

The department also manages a comprehensive web site that contains a wealth of information about the statewide local provider network, as well as information about specific issues and concerns related to substance abuse. In addition, DAODAS operates a toll-free automated-response number (1-888-SC PREVENTS) that the public could use to locate the county alcohol and drug abuse authorities, to access services for gambling addiction, and to obtain other information available through DAODAS. The department also maintains a separate gambling helpline number manned 24 hours a day, seven days a week, for individuals who are in crisis or need intervention services to help assist the caller, or the caller's family, with their problems related to gambling.

Prevention programming targets 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, and then by evaluation. Evaluation is targeted toward six principles of effectiveness, as set by the federal Center for Substance Abuse Prevention (CSAP). CSAP has set national standards for prevention outcomes, now adopted by DAODAS.

The department also works with the Governor's Office and the South Carolina General Assembly to promote its mission of providing prevention, intervention, and treatment services to reduce 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 to underscore the need for maintenance funding for its services and providers, and also to underscore the need to maintain access for all clients and thus capacity to meet citizen needs.

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 S.C. Department of Mental Health (DMH); the Vocational Rehabilitation Department (VR); state and local law enforcement agencies (S.C. Departments of Public Safety; Probation, Parole and Pardon Services; and Juvenile Justice); S.C. Department of Social Services (DSS); and the S.C. Department of Health and Human Services (DHHS).

During FY11, the department will continuously evaluate and improve methods to determine customer requirements, identify future customers and their needs, and seek to build loyalty from its most valued customers.

Category 4 – Management, Analysis, and Knowledge Management

4.1. How does the agency decide which operations, processes and systems to measure for tracking financial and operational performance, including progress relative to strategic objectives and action plans?

As a federal block grant recipient, DAODAS is required to meet certain federal mandates and to measure certain processes and systems, including financial benchmarks. 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% of the required earmarked funds meet the set-aside requirement in each federal block grant year.

The department is also cognizant of requirements from the Office of the State Auditor and the Office of the Comptroller General that have defined processes for governmental business management and procurement. DAODAS follows these set guidelines.

The federal block grant also requires the state to measure outcomes per federal criteria, and DAODAS has therefore instituted a statewide client-outcome system to gauge alcohol and other drug use, recovery, health status, employment, educational status and client satisfaction, among others. These measures, required by the NOMs, are further detailed under *Question 7.1*. These federal requirements now link to prevention programming.

The department has additionally implemented a performance-based mechanism to encourage local service providers to increase the amount of NOMs data collected, but to also to increase the accuracy of the data reported. The incentive program financially rewarded the local providers who surpassed the data-reporting benchmarks while penalizing those providers who fell well below the benchmarks. Results have shown marked improvements in survey response rates.

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 evidence-based practices across the country.

The department has identified key operations, processes, and systems through its strategic-planning process. The action plans include a range of evaluation tools and measures that are tied to strategic goals and progress reports. All the identified measures are tied to the agency’s strategic goals, action plans, and its overarching goal.

4.2. How does the agency select, collect, align, and integrate data/information for analysis to provide effective support for decision making throughout the organization?

4.5. How does the agency ensure data integrity, timeliness, accuracy, security and availability for decision making?

4.6. How does the agency translate organizational performance review findings into priorities for continuous improvement?

Data is amassed from many sources, but primarily through the department’s MIR Section. MIR has instituted detailed quality, reliability, and completeness standards to ensure its data’s accuracy and availability for decision-making. This includes elements on the reporting of data to the department from the local provider network, the review of such data for their integrity, and submission of the data to the federal Center for Substance Abuse Treatment (CSAT). DAODAS has always averaged a recorded accuracy rate of well over 99% each month, as independently verified by the Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies. Additionally, the department has been awarded a federal grant, the first in the nation, for data submission of outcome measures that are then tested for accuracy and integrity. This continues for FY11.

The department continues to implement an upgrade of its data compilation through a purchase agreement with a web-based system that will yield real-time data while also offering local providers the opportunity to develop and analyze their own data and to develop related expertise. This is a precursor to the electronic management of all data and electronic records. Other data advancements in FY10 included the piloting of an electronic assessment and clinical service notes, and outcome surveys. This allows the department and its providers to integrate data for analysis to support the decision-making process.

The department collects data through various 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 is reviewed by the various program and contract managers for completeness and reliability. Mid-course changes in direction are made when necessary.

DAODAS 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 that include a needs assessment, provider performance, resource overview, and the ability to comply with applicable federal and state 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 evidence-based 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.

4.3. What are the agency's key measures; how does the department review them; and how does the department keep the key measures current with business needs and direction?

The agency's key measures are required under the NOMs (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). In addition, the department has instituted several benchmarks, in cooperation with the Governor's Office, which detail parts of the GPRA data, but also include increasing evidence-based prevention and treatment programming and increasing alternate funding for substance abuse services. In addition, the agency is required to reduce youth access to tobacco in compliance with federal law ("Synar Amendment"), and achieving a low "buy rate" is a key measure.

The department reviews this information on a monthly basis. In keeping measures current with business needs, the strategic-planning process collects feedback from customers and stakeholders that helps set direction. Perhaps of most importance, DAODAS has a successful (nationally recognized) joint Accountability Committee composed of providers and department staff that is setting the pace for implementing technological changes that are tied to outcomes. This is directly related to business needs and accountability (direction).

4.4. How does the agency select and use comparative data and information to support operational and strategic decision making and innovation?

The department has looked to the federal government and even internationally to identify benchmarks and evidence-based practices to improve overall provider performance and to set outcomes for the citizen-client. Evidence-based practices are also identified through the National Association of State Alcohol and Drug Abuse Directors and other federal partner agencies, and on a statewide basis through the CCR process. Using this process, DAODAS selects evidence-based practices and employs identified comparative data to assist the local provider network in achieving the aforementioned "Goals of Effectiveness" and better client outcomes. The department further works with the Clinical Trials Network of the National Institute on Drug Abuse at the Medical University of South Carolina to test and implement evidence-based practices in treatment. This information also works to assist in increasing client access to services.

The department uses the "Goals of Effectiveness" as benchmarks meant to improve timely access to care and to engage clients in the continuum of care. See data listed under *Question 7.2* for specific measures. These measures were based on clinical evidence-based practices as outlined by the U.S. Department of Health and Human Services (now the U.S. Department of

Medicare and Medicaid Services), the U.S. Department of Public Health, SAMHSA, CSAT, 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 NOMs, and it meets all current requirements of the Substance Abuse Prevention and Treatment Block Grant, as well as of CARF.

4.7. How does the agency collect, transfer, and maintain organizational and workforce knowledge? How does the agency identify, share and implement best practices?

The department manages organizational and workforce knowledge and accomplishes the collection, maintenance, and transfer of this knowledge through cross-training, as well as through structured, formal full-staff meetings, and departmental staff meetings. The agency is working to increase knowledge transfers by including additional professional requirements for internal staff and cross-training of staff within professional disciplines and across disciplines.

In addition, once documents are completed for either internal or external consumption, they are located on a shared computer drive and employees are encouraged to avail themselves of this information. The Internet also plays a role in shared employee and organizational knowledge, as employees are encouraged to share information located on the Internet regarding prevention, intervention, and treatment services and research. E-mail is also the most effective and efficient tool for sharing knowledge and transferring knowledge.

The department has also established, in conjunction with its provider network, the South Carolina Substance Abuse Training Consortium. This is allowing for the collection and transfer of a wealth of knowledge regarding the training needs of the substance abuse field, as well as those agencies serving a range of clients, including the Departments of Corrections, Education, Health and Environmental Control, and Mental Health, among others. DAODAS is also involved with the Southeast Addiction Technology Transfer Center in Atlanta, which has as its main goal the transfer of addiction knowledge throughout South Carolina, North Carolina and Georgia, but also across the United States.

The department continues to identify evidence-based practices in both prevention and treatment programming and requires the providers to utilize such programs to garner far-reaching outcomes for its client base. In regard to treatment, DAODAS continues to work with the federal Center for Substance Abuse Treatment (CSAT) to identify evidence-based treatment models. Subsequently, these models were provided by CSAT through a number of training-of-trainer events. The department has also contracted with a national consultant from the Medical University of South Carolina to ensure fidelity to these models. This will greatly assist in achieving recovery for South Carolinians needing addiction treatment services.

The department identifies and implements science-to-service treatment protocols through its association with the Medical University of South Carolina’s Clinical Trials Network, which is funded by the National Institute on Drug Abuse (NIDA) and under the direction of chief investigator Kathleen Brady, M.D., Ph.D. These protocols, pilot-tested by local substance abuse providers that are under contract to DAODAS, have led to the implementation of research-based

interventions that work with the client population of substance abusers. As such, the department works to implement the lessons learned and successful protocols throughout South Carolina.

Category 5 – Workforce Focus

5.1. How does the agency organize and manage work to enable the workforce to develop to their full potential, aligned with the organization’s objectives, strategies, and action plans; and to promote cooperation, initiative, empowerment, innovation and the desired organizational culture?

5.9. How does employee training contribute to the achievement of the department’s action plans?

The department reorganized in November 2004. As part of the reorganization, staff needs were based on function after an exhaustive review of the agency’s core mission and its federal and state requirements. Currently, staff-development plans are tied to employees’ planning documents and to the strategic plan, specifically the sixth strategic goal, but to also include the agency’s core values of respect, integrity, and dedication. In addition, DAODAS staff are widely cross-trained so that employees may step in to perform job duties as needed, or when emergency situations arise. This is an essential empowerment tool, and it is also the hallmark of organizing and managing work – and professional development – and exemplifies the team approach that was fostered as the agency reduced administrative costs, while maintaining services to the public. Innovation is embedded in the implementation of evidence-based prevention and treatment programming, as staff maintain an “edge” in identifying such practices and implementing these science-to-practice activities. Here again, organizing and managing work, plus training needs, are directly tied to the agency strategic direction, the strategic plan, budget requests, and the budget activity report.

5.2. How does the agency achieve effective communication and knowledge/skill/best practice sharing across departments, jobs, and locations? Give examples.

DAODAS has focused over the past several years on building credibility among collaborative state partners and with its local provider network through a range of effective communication strategies. These are all reviewed in *Category 1, Question 1.1*. The department has implemented a range of evidence-based prevention and treatment programs across South Carolina in the substance abuse field, utilizing assistance from its federal partners and through the acquisition of federal grants to accomplish systems change. For example, the use of a common screening instrument within the adolescent population was piloted in eight counties in our state. The systems involved include the Department of Social Services, Department of Mental Health, and Department of Juvenile Justice – all of which are using the tool to implement a “no wrong door” policy and removing barriers to services in a range of state systems. The screening tool has now been implemented statewide in the substance abuse field. This is being accomplished through the Joint Council on Children and Adolescents, which is composed of state agency heads and community representatives, including families who use these services.

5.3. How does management recruit, hire place and retain new employees? Describe any barriers that the department may encounter.

5.4. How does the agency assess workforce capability and capacity needs, including skills, competencies and staffing levels?

The department advertises vacant positions using its web site at www.daodas.state.sc.us and the State Office of Human Resource's State Jobs web page. The department may advertise nationally using the web sites of its federal partners and stakeholders to seek a wider pool of applicants. The department also maintains a listing of local vacancies on its web site, as requested by the local providers.

In association with its local provider network, DAODAS has embarked on the creation and implementation of a workforce-development plan for prevention and treatment professionals. These plans include detailing core competencies needed to perform job activities, but also address activities to recruit, hire, and retain competent staff. These workforce-development plans also assess workforce capabilities and capacity needs, required skill levels, and staffing patterns. The barrier here is attracting graduating professionals into a market-driven system in which private employers may offer higher salaries. In addition, many local providers initially employ competent individuals who receive commensurate training, only to find that the individuals leave for higher-paying positions in various state and/or private systems.

From the state perspective, the department has done well in recruiting and retaining its employees. The hiring process includes a comprehensive round of interviews held to ensure that the knowledge, skills, and abilities are evident, plus that the individual fits into the agency culture. Once hired, orientation is provided, a comprehensive Employee Performance Management System is developed, and cross-training begins. The average time of service for a DAODAS employee is 14 years; this indicates that retention activities for state departmental employees do work.

5.5. How does the workforce performance management system, including feedback to and from employees, support high performance and contribute to the achievement of the action plans?

While supervisors are responsible for completing the Employee Performance Management System (EPMS), the employee plays an essential role by providing feedback to ensure that his/her EPMS evaluation captures all major accomplishments and effectively describes the employee's performance. As a result of year-to-year evaluations, employees also go through a planning stage to look at their actual job duties and what is expected of them, thereby allowing employees to maximize their potential to receive high performance ratings. The EPMS, and thus identified training, is tied to the success of the agency' action plans, strategic goals, budget request, and budget activities.

5.6. How does the development and learning system for leaders address the following: a) development of personal leadership attributes; b) development of organizational knowledge; c) ethical practices; and d) core competencies, strategic challenges, new employee orientation and accomplishment of action plans?

5.10. How does the agency evaluate the effectiveness of the workforce and leader training and developmental systems?

During FY09, the Executive Management Team implemented a “Job Accountability Process” that assisted the team in setting mutual expectations on individual activities, results, action plans, and performance standards. This has greatly assisted the leadership in setting direction and course for achieving the agency’s overall mission. This training addressed personal attributes. The activities, results, action plans, and performance standards continued during FY10 and assisted in leadership training and developmental systems.

See *Category 1, Questions 1.1a and 1.1d*, for further explanation on leaders addressing the development of organizational knowledge and ethical practices.

Also, see *Category 1, Questions 1.7, 1.8, 5.4 and 5.5*, to address core competencies, strategic challenges and action plans, plus new employee orientation.

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

5.8. How does the agency encourage on-the-job use of the new knowledge and skills?

In regard to professional development, the department understands committed employees are the essential ingredients of its success in “doing more with less.” The agency continues to set aside funds to offer trainings and workshops for employees. In addition, online learning via the Internet provides the most accessible means of training and updating employees in their respective fields. A unique strength of the DAODAS approach to education and training is to include DAODAS staff members in all training initiatives offered for the local providers. This model ensures that DAODAS staff members receive the same information on evidence-based practices and encourages the sharing and transfer of knowledge on a regular basis. In addition, employees and supervisors are expected to address future training needs in connection with the EPMS process. This can involve either a supervisor identifying an area of improvement for his/her employee or an employee identifying a specific area of professional development related to his/her job function.

In addition to the numerous regularly scheduled trainings, DAODAS also sponsors various quarterly meetings for specific populations, including prevention coordinators, financial managers, treatment directors, ADSAP coordinators, and youth coordinators. Each of these specific quarterly meetings includes a training component. The topics addressed are identified through the collaborative input of DAODAS staff members in cooperation with the county authorities. This approach strengthens the level of knowledge statewide, as well as provides a structured setting to ensure an ongoing exchange of knowledge and evidence-based practices. This is accomplished not only through the formal training component but also as a result of the

informal networking and sharing that occurs during each meeting. Knowledge and skills learned from the various trainings are expected to be transferred among the internal customer population. The Division of Program Accountability holds bi-weekly meetings where those who have attended learning events are able to train their colleagues on the events' content.

During this reporting period, DAODAS was able to provide 58 different formal education and professional-development initiatives, including the 35th South Carolina School of Alcohol and Other Drug Studies (170 participants). Through these diverse offerings, approximately 1,200 registrants received critical information to improve and expand the skills, resources and knowledge required to effectively perform many of their job functions.

Many of these trainings offered opportunities for the sharing of evidence-based practices among DAODAS staff members, employees of the 33 county authorities, and representatives from a variety of state agencies including the Departments of Health and Environmental Control; Health and Human Services; Mental Health; Probation, Parole and Pardon Services; Social Services; Disabilities and Special Needs; and the Vocational Rehabilitation Department, as well as many of the institutions of higher education throughout South Carolina.

It is important to note that, in order to reach key populations/customers, DAODAS emphasized specific training initiatives on services for youth, adolescents, women, and individuals with co-occurring disorders.

A myriad of opportunities exist on an ongoing basis to assess training needs. For internal needs, employees and supervisors are expected to address future training needs in connection with the EPMS process. This can involve either a supervisor identifying an area of improvement for his/her employee or an employee identifying a specific area of professional development related to his/her job function.

Trainings are developed through a combination of factors including: feedback through the evaluation processes of previous training-related initiatives; the identification of evidence-based practices; and technical assistance available through federal and staff/program development and training resources. These include the site visits by and technical-assistance requests of SAMHSA, CSAT, and CSAP. Other major resources include the SATTC and the Pacific Institute for Research and Evaluation (PIRE).

Resources on evidence-based practices – as documented by approved researchers related to the prevention of alcohol, tobacco and other drug abuse – are available on the DAODAS web site. A similar “toolbox” is being developed for treatment-related issues supported by comparable research. The effectiveness of these trainings results in improved outcomes as measured through the NOMs.

5.11. How does the agency motivate employees to develop and utilize their full potential?

Although DAODAS has endured budget reductions, the department understands committed employees are the essential ingredients of its success in “doing more with less.” The agency continues to set aside funds to offer trainings and workshops for employees. In addition, online learning via the Internet provides the most accessible means of training and updating employees

in their respective fields. Today's employees want more information from management; therefore, division managers continue to conduct regular meetings with their employees to provide information, elicit feedback, recognize accomplishments, and encourage and motivate employees as members of a team. The agency continues to offer flexible work schedules to allow for maximum individual productivity, job satisfaction, and to accommodate the needs of those employees who are pursuing degrees.

5.12. What formal and/or informal assessment methods and measures does the agency use to determine well-being, satisfaction and motivation? How does the agency use other measures such as employee retention and grievances?

Once an employee goes through orientation, he/she is involved in numerous agency activities that deal with employee morale and motivation. Teamwork plays a very important part as it relates to working together to achieve goals in the workplace. The agency encourages employees to submit concerns to their supervisors. In addition, the director encourages an "open-door" policy. The director and managers use Fridays, as the agency's "casual-dress day," to "visit" employees and gauge the agency's overall morale and employees' disposition. In addition, at least monthly, the staff meets as a "committee of the whole" to participate in organized staff luncheons, which help motivate employees through recognition of their hard work. The informality and closeness of the small agency has allowed for open feedback across supervisory lines of authority, as well as assisted the department in determining priorities.

5.13. How does the agency manage effective career progression and effective successive planning for the entire workforce throughout the organization?

See *Category 1, Question 1.7.*

5.14. How does the agency maintain a safe, secure and healthy work environment? Please include workplace preparedness for emergencies and disasters.

The agency has in place an emergency and safety plan (Employee Safety Program) to ensure that employees are safe during hurricanes, tornadoes, fires, bomb threats, and instances of violence in the workplace.

Category 6 – Process Management

6.1. How did the agency determine, and what are the organization's core competencies, and how do they relate to the mission, competitive environment and action plans?

6.2. How did the agency determine and what are the key work processes that produce, create or add value for your customers and the organization and how do they relate to core competencies; how does the department ensure that these processes are used?

6.3. How does the agency incorporate organizational knowledge, new technology, changing customer and mission-related requirements, cost controls, and other efficiency and effectiveness factors, such as cycle time, into process design and delivery?

6.4. How does the day-to-day operation of key processes ensure meeting key performance requirements?

6.5. *What does the agency do to systemically evaluate and improve key product- and service-related processes?*

6.6. *What are the agency's key support processes, and how does the department improve and update these processes to achieve better performance?*

6.7. *How does the organization determine the resources needed to meet current and projected budget and financial obligations?*

The agency determined its core competencies as based on federal and state law that DAODAS act as the single state authority for the delivery of alcohol and other drug abuse prevention, intervention, and treatment services. These laws and regulations directly defined the mission as delineated in the *Executive Summary* of this report and set the running theme of determining the strategic direction plus setting action plans. The core competencies are those needed to address the six strategic goals developed by the department and any challenges. The core competencies broadly include a well-trained and committed state and local workforce; a continuum of accredited and quality prevention, intervention, and treatment providers; collaborations with stakeholders to reduce barriers to services; and most important, a dialogue with the citizenry of South Carolina.

There are three design-and-delivery processes that DAODAS 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 requests for proposals); 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 other drug abuse services. Funding of services is mandatory. The provider committee structure is fundamental 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 customer needs. This creates value for the customer.

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 NOMs client outcomes. The provider committee structure is again key to the success of these processes. Standing and issue-specific committees meet on a monthly basis that allows an opportunity for problem resolution and to gain feedback. Financial Quarterly Meetings are an example of a key support process that provides opportunities to meet crucial financial performance requirements through focused presentations, discussions, and customer feedback. This creates value for the customer.

Key support processes are evaluated, updated, and/or improved by focusing on the customer. For example, during the contractual process, the department works with the local provider network to craft elements of the DAODAS Block Grant Governing Terms that contains much "boilerplate" contractual language, but also sets expectations for the delivery of services. The

Governing Terms define 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 is completed through the standing Accountability Committee and is finalized using a wealth of customer feedback. The Accountability Committee is currently working on technology upgrades and the need to report outcome data to the federal government. This process is one of the first in the nation representative of both the state agency and local provider network. This creates value for the customer.

In addition, the Division of Program Accountability acts as a key point of contact for providing business management, consultation, and technical assistance. These are important points of contact that directly impact the achievement of key performance measures and act as a link in managing essential partner interactions on a daily basis. This creates value for the customer.

The department also works with its sister state agencies to improve their performance. DAODAS has worked at length with the Department of Social Services (DSS) to provide services to chronic welfare recipients who may be suffering from addiction. The department, through its contracts with its local provider network, has been able to maintain wrap-around services for chronic welfare recipients and also expand alcohol and other drug abuse services to this population. The end result has been a successful effort to reach this population, thus addressing the need of DSS to further impact welfare rolls in South Carolina. Additionally, DAODAS is working with the Department of Mental Health to provide services to those clients who are diagnosed as having both a mental health and substance abuse issue, as well as with the Department of Probation, Parole and Pardon Services to provide assistance to individuals who are released from the corrections system and who have a substance abuse problem. This creates value for the customer.

For FY11, the department's continuing challenge is to better define and map its key daily and support processes, to set expectations (measures), and to track performance and make adjustments. This may include the processes of future funding methodologies, future budget requests, and funding statewide detoxification services. Each of the identified processes are so integral to the department's success that to not follow them in practice would result in decreased outcomes for clients and decreased partner performance.

Category 7 – Results

7.1. What are the performance levels and trends for key measures of mission accomplishment and product and service performance that are important to your customers? How do results compare with those of comparable organizations?

The tables that begin herein represent client outcomes that are key measures of mission accomplishment. The department's overall strategic goal is to achieve sustainable recovery for the citizen-client, reducing use, abuse and harm, while ensuring access to treatment. These measures are taken from the NOMs (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 data available for FY09. Specific client-outcome data includes: 1) the percentage of former clients using alcohol in the past 30 days; 2) the percentage of former clients using alcohol to intoxication in the past 30 days; 3) the percentage of clients using illegal drugs in the past 30 days; 4) the percentage of former clients using tobacco in the past 30 days; 5) the percentage of former clients unemployed or not employed in the past 30 days; 6) the percentage of former clients with dependent living arrangements or who are homeless; 7) the percentage of former clients using emergency room care in the past 30 days; 8) the percentage of former clients using outpatient health care for medical or emotional problems in the past 30 days; 9) the percentage of former clients using emergency room care for medical, emotional, or substance abuse problems in the past 30 days; 10) the percentage of former clients arrested on any charge in the past 30 days; and 11) the percentage of student clients who were suspended, expelled, or in detention during the past 30 days.

Client Outcomes

Results for Matched Clients Measured at Admission, at Discharge and at Follow-Up Follow-Up Surveys Conducted Two to Three Months After Client Discharge From Treatment Services Analysis for Clients Completing Services During FY2009 (Q1 – Q4)				
Client Characteristic or Measurement	Percentage of Matched Clients With Characteristic as Measured at:			Denominator
	Admission	Discharge	Follow-Up	
Abstinent from Alcohol Use in Prior 30 Days (Alcohol Clients)	34.0%	74.8%	70.3%	6,234
Abstinent from Alcohol Intoxication in Prior 30 Days (Alcohol Clients)	63.5%	85.4%	92.6%	6,236
Abstinent from Drug Use in Prior 30 Days (Drug-Problem Clients)	44.6%	74.6%	95.4%	5,037
Tobacco Use in Prior 30 Days Among All Clients	59.6%	52.0%	53.6%	9,785
Percent of Clients Employed (Labor Force Eligible Clients Only)	68.7%	71.6%	70.2%	6,499
Percent of Clients Homeless	2.0%	1.5%	1.1%	8,396
Outpatient Healthcare Use for Medical or Emotional Problems, Prior 30 Days	9.7%	6.6%	14.2%	9,844
Emergency Room Use for Medical, Emotional, AOD Problems, 30 Days	2.2%	1.2%	0.2%	9,861
Arrested on Any Charge in Prior 30 Days	5.3%	1.5%	2.2%	9,865
Student Clients Suspended, Expelled or in Detention, Prior 30 School Days	16.3%	5.7%	5.6%	2,205

Table 7.1-1. (Source: DAODAS Division of Operations, Management Information and Research Section; Unduplicated Clients/Unmatched Clients). Note: FY10 data has not been finalized.

Analysis – From the above NOMs outcomes, it is clear that clients receiving services at the local level are “getting better,” reducing their alcohol and other drug use, going back to work, and staying in school. Specifically, clients are using less, abusing less, and achieving certain levels of sustainable recovery. These are the key measures of mission accomplishment and partner performance. In terms of comparison to other organizations, no other outcome measures are provided by private substance providers in South Carolina. However, nationally, the state ranks ahead of other states in achieving these measures.

Specific client-retention data include: 1) assessment provided within two working days of intake; and 2) clinical service provided within six working days of assessment. The department also requires that local providers meet two objectives on the client’s completion-of-treatment-services and completion-of-outcome surveys, which provide the raw numbers for the NOMs outcomes.

Efficiency and Effectiveness Measures

Efficiency and Effectiveness Measures	2003	2004	2005	2006	2007	2008	2009	Goal	n
	Assessment Within Two Days of Intake	79.9%	82.1%	90.5%	88.6%	91.1%	92.8%	92.3%	75.0%
Clinical Service Within Six Days of Assessment	52.3%	62.7%	67.0%	70.3%	73.3%	71.0%	75.0%	50.0%	24,402

Chart 5. (Source: DAODAS Division of Operations, Management Information and Research Section; Unduplicated Clients/Matched Clients). *Note: FY10 data has not been finalized.*

Analysis – Trends in these efficiency measures have shown measured accomplishments throughout the late 1990s and into the 21st century on client treatment and retention, and thus positive results in achieving sustainable recovery, reducing harm, and reducing abuse. In terms of comparison to other organizations, no outcome measures are provided by private substance abuse service providers in South Carolina. However, nationally, the state ranks ahead of other states in achieving these measures.

DAODAS and its local partners have also participated in the federally required *Youth Access to Tobacco Study* to reduce South Carolina youth’s ability to purchase tobacco products. This federal law requires states to conduct annual, random, unannounced inspections of a statewide sample of tobacco vendors to assess their compliance with the state law (§17-17-500) that prohibits retailers from selling tobacco products to minors. Continuing a steady decline in the rate of youth access to tobacco, the agency documented a purchase rate of 11.2% in FFY04, 10.9% in FFY05, 12.3% in FFY06, 12.4% in FFY07, and 11.6% in FFY08, falling to 10.8% in FFY09 and 7.9% in FFY10. This is well below the federal requirement of 20% and the FFY10 result achieves a goal of Governor Sanford’s; to reduce youth access to tobacco rates to no more than 10%. DAODAS has surpassed the expected outcome. By continuing to successfully achieve this requirement, the department has forestalled a possible 40% cut in SAPT Block Grant funding.

Youth Access to Tobacco Study

	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Percentage Selling Cigarettes to Youth Ages 14-17	19.8%	18.7%	17.1%	15.5%	11.9%	11.5%	11.2%	10.9%	12.3%	12.4%	11.6%	10.8%	7.9%
Total Number of Purchase Attempts Conducted	4,291	4,536	4,451	4,818	5,209	5,202	5,028	4,823	4,799	*501	*445	*499	*471

Table 7.1-3. (Source: DAODAS Division of Operations, Management Information and Research Section; Division of Program Accountability, Prevention and Planning Section). **Note: In 2008, SAMHSA allowed states to change random-sampling techniques, resulting in a decrease in the number of purchase attempts across the state. The change in sampling techniques still meet statistical-significance standards.*

Analysis – See *Question 7.5, Key Measures of Regulatory and Legal Compliance*, for further explanation.

For FY10, in terms of prevention, the department used evidence-based approaches to prevent or reduce the misuse, use, and abuse of alcohol, tobacco, and other drugs (ATODs). The DAODAS Standard Survey focuses on core measures and includes measuring 30-day alcohol use; 30-day tobacco use; 30-day marijuana use; favorable attitudes toward ATOD use; perceived risk/harm of ATOD use; perceived peer attitudes toward ATOD use; perceived parental attitudes toward ATOD use; and decision-making. Outcomes (* indicates significance) for multi-session prevention education programs for youth ages 10 to 20 included: 27.5% reduction in the number of alcohol users*; 19.2% reduction in the number of marijuana users*; 15.4% reduction in the number of cigarette users*; 29.5% reduction in the number of inhalant users*; 28.3% reduction in the number of non-medical prescription drug users*; 10.2% improvement in perceived risk/harm of ATOD use*; and 4.6% improvement in decision-making skills*. DAODAS has increased evidence-based programming, from 54 activities in FY04 to 81 activities in FY05, up to 145 in FY06, rising to 152 in FY07, 287 in FY08, 297 in FY09 and 296 in FY10. This increase in evidence-based prevention programming is directly related to one of the five directive goals (to increase evidence-based programming) and Goal 2 of the agency’s Strategic Plan, to increase the effectiveness of prevention programs.

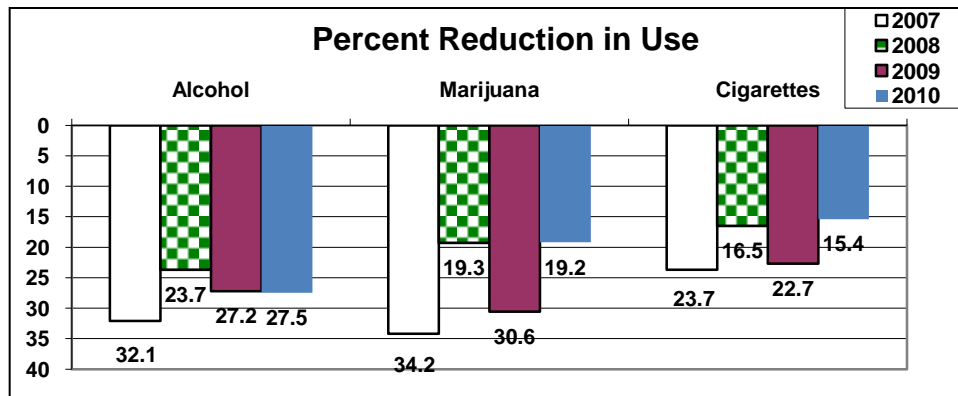


Chart 7.1-1. (Source: DAODAS Division of Prevention – PIRE Evaluation – FY10)

7.2. What are the performance levels and trends for key measures of customer satisfaction and dissatisfaction? How do the results compare to those of comparable organizations?

The department currently uses the GPRA (statewide client-outcomes system) to measure client satisfaction, and the department has used fiscal year 2001 data to set a benchmark for client satisfaction as reported during follow-up. For FY09, 96% of all clients were satisfied with the services they received. For the first two quarters of FY10, 97% of all clients were satisfied with the services received.

Client Satisfaction/GPRA			
FY06	FY07	FY08	FY09
96%	96%	96%	96%

Table 7.2-1. (Source: DAODAS Division of Operations, Management Information and Research Section, Client Satisfaction – FY06-09 Analysis.)

Analysis: There are no comparable organizations reporting similar client satisfaction rates.

Customer dissatisfaction is tracked through the department's client-complaint or crisis-call log. Complaints are staffed by the individual who receives the complaint with the subject matter expert or contact individual for the relevant program. Trends are identified as corrected not only with the provider in question, but with the entire system.

7.3. What are the performance levels and trends for key measures of financial performance, including measures of cost containment as appropriate?

The SAPT Block Grant received by the state of South Carolina to fund the bulk of prevention, intervention, and treatment services to the citizens of the state requires that South Carolina meet an obligation known as the federal Maintenance of Effort (MOE) requirement. This means that the state must expend state funds in an aggregate amount that is not less than the average expenditures of the previous two fiscal years. Previous state budget cuts adversely impacted the department's ability to meet the MOE for several years. Penalties include a dollar-for-dollar payback of the amount for which the state is out of compliance.

Federal law allows the state to apply to the U.S. Secretary of Health and Human Services for a waiver of the MOE requirement if the state can prove "extraordinary economic conditions" (e.g., increase in unemployment rates, reduced collection of tax revenue). DAODAS submitted documentation of such "extraordinary circumstances" and was granted a waiver for its fiscal years 2002 (FY02) and 2003 (FY03) SAPT Block Grant applications. For FY04 and FY05, South Carolina did not meet its MOE obligation. The department requested that the state be found in material compliance for both fiscal years. Penalties could include a dollar-for-dollar payback of the amount for which the state is out of compliance, or \$4,984,841 (24.4%) in federal block grant funding. In April 2009, the Substance Abuse and Mental Health Services Administration (SAMHSA) notified the department that the state was found noncompliant with the MOE requirement for both FY04 and FY05. However, SAMHSA did not take action against the state due to its own failure to act on the material-compliance requests.

The base cuts in state funding received for FY09 and FY10 could adversely impact the MOE for the FY11 SAPT Block Grant application; the total amount that the state is out of compliance is \$2.65 million for FY09 and \$3.06 million for FY10. The state could be in jeopardy of losing federal funding.

The department's financial management was in compliance with the Generally Accepted Accounting Principles, federal grant requirements, state laws, and the State Appropriations Act. Payroll, procurement, accounts payable, financial reporting, audits, and budgets were handled in accordance with regulations by which they were governed. An internal audit and technical assistance team exists to ensure the proper management of all funds awarded to and passed through the department. Increased accountability measures have resulted in direct and indirect cost savings throughout the state. Efforts to secure additional funding streams have led to new grant awards that allow for improved and increased services to the citizens of South Carolina. The agency has demonstrated the ability to properly manage its grant awards, allowing it to pursue other funding opportunities.

DAODAS also reviews, on a regular basis, the financial activities and performance of the county authorities. Of the 33 county providers, seven had on-site financial-compliance reviews in

FY10, as site reviews were limited due to travel restrictions. Income statements of the remaining providers were reviewed to ensure that financial data reported to DAODAS was accurate. Each review ensures that allocations of costs are appropriate, salary-supplement increases are appropriately allocated to eligible employees, the financial position of the agency is reported accurately, adequate internal controls are maintained, and reimbursed expenditures are allowable.

DAODAS continued to collaborate with other agencies and the county alcohol and drug abuse authorities to reduce duplication of services. The department also maintained its focus on streamlining administrative operations, and as related to the agency's Strategic Plan, the following goals were impacted:

- To provide the necessary resources to improve the department's capacity to provide efficient and effective services
- To improve the efficiency of the service-delivery system
- To collaborate more effectively with service providers and stakeholders
- To ensure that all clients and the citizenry are stimulated and engaged

From FY03 through FY05, DAODAS streamlined its administrative operations and saved more than \$2.7 million in personnel, rent, and other operating costs (e.g., telephone, travel). The agency continued this trend in FY10, sending these savings to the local providers for prevention, intervention, and treatment services, while keeping its internal administrative costs relative to its budget below 5%.

The department took further steps during FY10 in the face of a recurring fund cut that totaled 55% by July 1, 2010. In short, the department monitored all state expenses, curtailed non-essential travel, made no new funding commitments, filled no vacancies, placed all performance-based salary increases on indefinite hold, reduced its transportation fleet, limited hours of part-time staff, and furloughed full-time staff for five days (FY09).

Finally, each local provider must also contract with an independent accounting firm for the completion of an annual audit. The resulting audit report is submitted to DAODAS for further review and follow-up by the agency's internal auditor.

7.4. What are the performance levels and key measures for workforce engagement, workforce satisfaction, development of the workforce, including leaders, workforce retention, and workforce climate, including workforce health, safety and security?

The two key measures are the average length of service to the department (14 years) and the turnover rate for FY10 (0%). Both measures indicate high performance in workforce engagement, satisfaction and retention, as well as workforce climate.

7.5. What are the performance levels and trends for key measures of organizational effectiveness and operational efficiency, and work system performance?

The performance levels and key measures of organizational effectiveness and efficiency have been noted throughout the report. For effectiveness and efficiency, which includes partner

performance, see *Category 1, Question 7.1*. For financial efficiencies, see *Category 5, Questions 5.1 and 5.9*, plus *Category 7, Question 7.3*.

The *Strengthening Access and Retention – State Implementation Grant (STAR-SI)*, has been successful in reducing state-level barriers to efficient service delivery, improving access to client services, increasing admissions, and making client services more efficient and cost effective. This is key to understanding customers and customer needs. In FY09, accomplishments of the local STAR-SI participants included the extension of the process to all 33 county alcohol and drug abuse authorities. Of all STAR-SI awardees, South Carolina was the only state to achieve this goal. During FY10, the overarching goal was to shorten the average wait time for clients from first contact to first clinical service – reduced by a statewide average of 22%. Admission rates of participants were also maintained in the face of capacity decreases due to state budget reductions.

For DAODAS, requiring evidence-based prevention and treatment strategies throughout the local provider system has led to the positive outcomes described in *Category 7, Question 7.1*.

7.6. What are the performance levels and trends for key measures of regulatory/legal compliance and community support?

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% 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 chart reflects this effort.

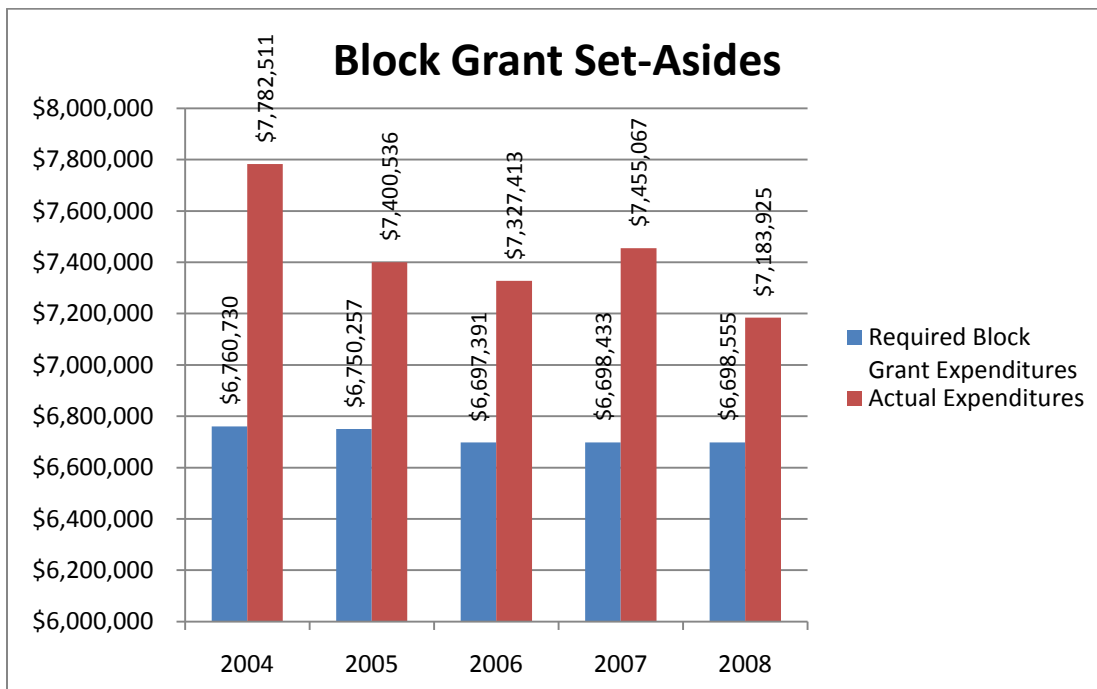


Chart 7.6-1. (Source: DAODAS Division of Operations, Block Grant Set-Aside Analysis, FY04-08)

In addition, DAODAS requires that each county authority be nationally accredited through CARF and state licensed by the S.C. Department of Health and Environmental Control (DHEC). Each member of the provider network has maintained CARF accreditation. In fact, South Carolina was the first state to have each of its public providers receive national accreditation on its first attempt. This effort is ongoing and is a key requirement for contracting with the department to provide substance abuse services. In addition, each provider is surveyed by DHEC to ensure the health and safety of the facilities and that the programs offered are of adequate quality.

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

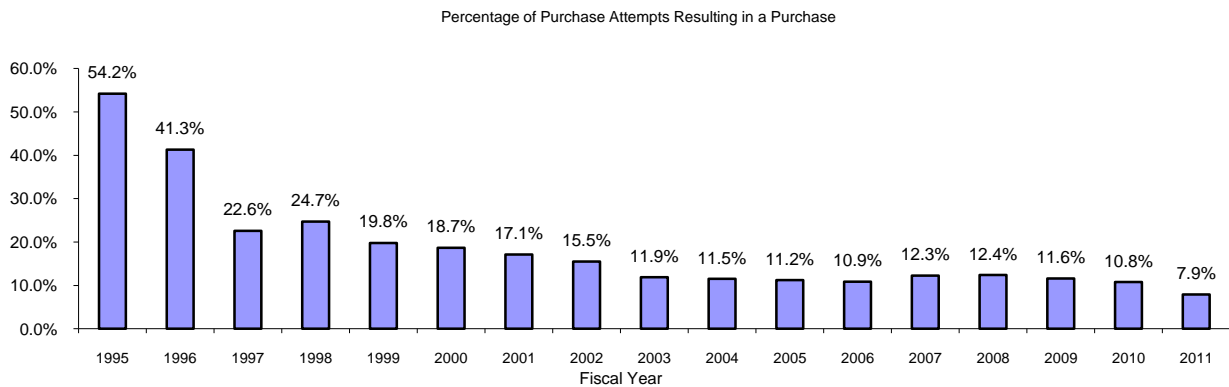


Chart 7.6-2. (Source: DAODAS Division of Operations, Management Information and Research Section; Federal Fiscal Year 2011 Youth Access to Tobacco Study, Ages 14-17)

Conclusion

There is still much work to be done in meeting the needs of the citizen-client. DAODAS estimates that approximately 236,000 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.

The work includes successfully managing resources as provided, identifying and further tapping stable funding streams, and continuing to collaborate with the local provider network and partner state agencies – all of which have suffered budget reductions that impact not only those agencies,

but also the shared citizen-clients. DAODAS will focus on maintaining services at current levels, while meeting the Governor's vision of management, accountability, and performance.

The department will continue its efforts in FY11 to:

Reduce Administration and Duplication of Services

Related Goals of DAODAS Strategic Plan

- To provide the necessary resources to improve the department's capacity to provide efficient and effective services
- To improve the efficiency of the service-delivery system
- To collaborate more effectively with service providers and stakeholders
- To ensure that all clients and the citizenry are stimulated and engaged

Increase Evidence-Based Prevention Programming

Related Goal of DAODAS Strategic Plan

- To improve the effectiveness of prevention programs

Increase Evidence-Based Treatment Programming

Related Goal of DAODAS Strategic Plan

- To improve the effectiveness of treatment and intervention programs

Focus on Infrastructure Programmatic Needs for All Adolescents

Related Goal of DAODAS Strategic Plan

- To improve the efficiency of the service-delivery system

Focus on Performance Data Decision Making

Related Goal of DAODAS Strategic Plan

- To provide the necessary resources to improve the agency's capacity to provide efficient and effective services