

Role of the State Alcohol and Drug Agency

(prepared for the Senate Select Committee of the Senate Medical Affairs Committee)

State alcohol and drug agencies play a critical role in overseeing and implementing each state's publicly funded prevention, treatment, and recovery service system. The staff of the Department of Alcohol and Other Drug Abuse Services (DAODAS) are a constant support to the state's public and private service organizations:

- ❖ The DAODAS executive team **meets monthly with all 32 of the directors of the state's county alcohol and drug abuse authorities.**
- ❖ The managers of the department's Divisions of Treatment & Recovery Services and Prevention & Intervention Services **work closely with the county authorities' Treatment Directors and Prevention Coordinators**, respectively, on training and global communication, but they also connect one-on-one for assistance and support as needed.
- ❖ The department's Recovery Services Coordinator **collaborates regularly with the leaders of the recovery community organizations (RCOs) around the state**, offering support and technical assistance as the RCOs establish programs and grow their efforts.
- ❖ The DAODAS employee designated as the State Opioid Treatment Authority (SOTA) **works intensively with South Carolina's opioid treatment programs (OTPs) on programmatic and policy issues related to methadone services.** The OTP directors and their program coordinators are regularly in touch with the SOTA for treatment approval and one-on-one assistance.
- ❖ The DAODAS Finance & Operations team **routinely provides support for the county authorities' finance managers**, and they make time twice a year for one-on-one calls to answer questions regarding bookkeeping, reimbursement, and other financial operations issues.

In South Carolina, DAODAS and the state's service providers are considered to be one system, with mission-driven connectivity that cannot be broken.

Planning

Every state's alcohol and drug agency **develops a comprehensive plan for service delivery and captures data describing the services provided.** DAODAS does this in a number of ways. Each year, the department requires a strategic plan to address alcohol and other drug issues from each county alcohol and drug abuse authority. As DAODAS comes to understand each county's unique needs, capacity, and strategies to address substance use issues, departmental staff are then able to create a state plan for service delivery supported by the federal and state funds available through DAODAS. Additionally, **the department leads the State Epidemiological Outcomes Workgroup (SEOW)**, composed of statisticians, epidemiologists, and data holders across various state agencies. The SEOW's annual reports on prevalence and burden of substance use in South Carolina inform priorities for planning and are shared with stakeholders statewide. Finally, **DAODAS co-leads the State's Opioid Emergency Response Team** that develops and manages the emergency plan to address the opioid epidemic across sectors in the state.

Managing the Substance Abuse Prevention and Treatment Block Grant

State alcohol and drug agencies manage the Substance Abuse Prevention and Treatment Block Grant (SABG) funds that are awarded to their states by the federal Substance Abuse and Mental Health Services Administration. **The SABG is the cornerstone of South Carolina’s publicly funded service-delivery system** and helps support the delivery of prevention, treatment, and recovery services. In this way, the SABG serves as an efficient mechanism through which federal resources can be invested in substance use disorder (SUD) services. DAODAS uses SABG funds in a flexible manner to address all SUDs, utilizing state-level data and trends to inform its allocation decisions.

Managing Substance-Specific Grants

DAODAS manages the federal State Targeted Response and State Opioid Response grants to South Carolina, which address the opioid crisis **by increasing access to treatment and reducing opioid overdose deaths through prevention, treatment, and recovery activities**. These grants supplement existing opioid-related services led by DAODAS.

Ensuring Quality

An important focus of DAODAS is the promotion of effective, high-quality services. In South Carolina, the department expects its providers to implement evidence-based screening tools and to use American Society of Addiction Medicine placement criteria to ensure patients are placed in the appropriate level of care. **All of DAODAS’ contracted treatment providers must be licensed by the S.C. Department of Health and Environmental Control (DHEC) and they must maintain accreditation by CARF International or the Joint Commission.** DAODAS also conducts real-time compliance checks year-round with ongoing reviews of the clinical charts of all of its contracted treatment providers. This is to ensure compliance with best practices and Medicaid standards. DAODAS requires its providers to use evidence-based services across the continuum – including prevention services – and supports community programs that use the strategic prevention framework process. The department ensures its contractors’ use of evidence-based data from trusted sources and informed practices approved by DAODAS. The agency supports its providers year-round with training and technical assistance as requested and as deemed appropriate.

Reporting Data

The management of the federal Substance Abuse Prevention and Treatment Block Grant (SABG) requires DAODAS to collect and report data describing the services and programs supported by this important funding stream. This data includes information on the number and characteristics of people served by the SABG. In addition, **DAODAS collects report performance and outcome data to help demonstrate the positive impact services have on: 1) reducing the use of alcohol and other drugs; 2) employment; 3) criminal justice involvement; and more.**

Coordination With Other State Agencies

DAODAS works collaboratively across State government to ensure that addiction issues are addressed with a coordinated, cross-agency approach. Departmental staff engage in regular communication with the **S.C. Law Enforcement Division** and **DHEC** for situational updates and data sharing. DAODAS also employs liaison staff that bridge the department with other agencies:

- ❖ Certified Peer Support Specialists are employed by DAODAS but stationed at the **S.C. Department of Corrections** as they conduct peer trainings for inmates and coordinate inmates’ access to treatment and services upon their re-entry to the community.
- ❖ A liaison works between DAODAS and the **S.C. Department of Social Services** to help develop policy and programming for children and families in the social services system who are affected by alcohol and other drugs.
- ❖ DAODAS’ liaison with the **S.C. Department of Mental Health** is responsible for coordinating training for co-occurring mental and substance use disorders across the state’s community mental health centers and the county alcohol and drug abuse authorities. This work is helping South Carolina achieve a “no wrong door” approach to serving citizens experiencing both mental health and substance use issues.
- ❖ DAODAS has a formal partnership for projects to address veterans with the state **Department of Veterans’ Affairs** and has a contract with the **S.C. Department of Probation, Parole, and Pardon Services** to train their officers on substance use disorders and evidence-based screening.

Agency’s Legislative History

1954	The General Assembly passes Act 691, which directs the S.C. Mental Health Commission to set up an Alcoholic Rehabilitation Center and appoint a director of adult education for the prevention of alcoholism. However, no funds are allocated for this new center, and therefore no action is taken by the Mental Health Commission.
1956	A joint resolution to appoint a committee to investigate the feasibility of establishing an alcoholic rehabilitation center is passed by the General Assembly, and \$1,500 is placed in the state budget for this task.
1957	The General Assembly passes Act 309, creating the S.C. Alcoholic Rehabilitation Center, and requiring the appointment of a Director of Adult Education. \$20,000 is placed in the first year’s budget for staff and operations, and \$75,000 is added later for construction of an alcoholic rehabilitation center.
1966	On March 31, Governor Robert McNair signs a bill changing the S.C. Alcoholic Rehabilitation Center to the S.C. Commission on Alcoholism.
1967	The General Assembly transfers the direct treatment responsibilities of the S.C. Commission on Alcoholism (SCCA) to the state agency for vocational rehabilitation. This allows the federal funding received by the vocational rehabilitation agency to be used to fund Palmetto Center in Florence, S.C., the first state-supported facility for alcoholism in South Carolina. The SCCA is charged with facilitating and evaluating the statewide alcoholism program.
1971	Act 445 creates the S.C. Office of the Commissioner of Narcotics and Controlled Substances in the Governor’s Office. Governor John C. West signs into law a bill preventing discrimination against alcoholics seeking admission to general hospitals. South Carolina is the first state in the nation to implement such a law.

1972	Act 1063, commonly referred to as the “mini-bottle bill,” provides for the distribution of one-fourth of the state’s mini-bottle tax revenue to counties on a per-capita basis to be used for alcohol and other drug abuse programming.
1973	The General Assembly passes Act 301, requiring each county to designate a single county authority on alcohol and drug abuse to be governed by an individual policy-making board. The act also requires each county authority to develop a county plan for programming in order to receive the mini-bottle tax revenue authorized the previous year.
1974	With the passage of Act 1068, the S.C. Commission on Alcoholism assumes the duties of the Office of the Commissioner of Narcotics and Controlled Substances and becomes the S.C. Commission on Alcohol and Drug Abuse (SCCADA).
1982	A law goes into effect requiring all convicted DUI offenders to successfully complete the Alcohol and Drug Safety Action Program, in place since 1969.
1984	A law banning open containers of alcohol in moving vehicles goes into effect in South Carolina. The legal age for purchase of alcoholic beverages in South Carolina is raised from 18 to 19.
1985	The legal age for purchase of alcoholic beverages in South Carolina is raised from 19 to 21.
1993	As a result of government restructuring, SCCADA becomes the cabinet-level Department of Alcohol and Other Drug Abuse Services (DAODAS).
1998	The General Assembly creates two new offenses related to DUI – “zero tolerance” for drivers under age 21 and a law making it illegal to operate a vehicle with a blood alcohol concentration (BAC) of .15% or greater.
2000	Governor Jim Hodges signs South Carolina’s “illegal per se” legislation into law, making it illegal to operate a vehicle in South Carolina with a BAC of .10% or higher.
2004	Following the introduction of the State Education Lottery, DAODAS is responsible for addressing problems resulting from problem and pathological gambling.