

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

**ACCOUNTABILITY  
REPORT**

**FISCAL YEAR 2005-2006**

# Section One

## Executive Summary

### Introduction

The use of alcohol, tobacco and other drugs affects South Carolinians of all ages and from all walks of life. Problems resulting from these substances surface in our homes and schools, on our roads and highways, and in our workplaces and criminal justice system. As a result, the social cost to South Carolinians in direct and indirect costs 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 also 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 1.35 million South Carolinians and touched the lives of additional 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 2006 (FY06), DAODAS and its provider network met this need for 48,149 South Carolinians.

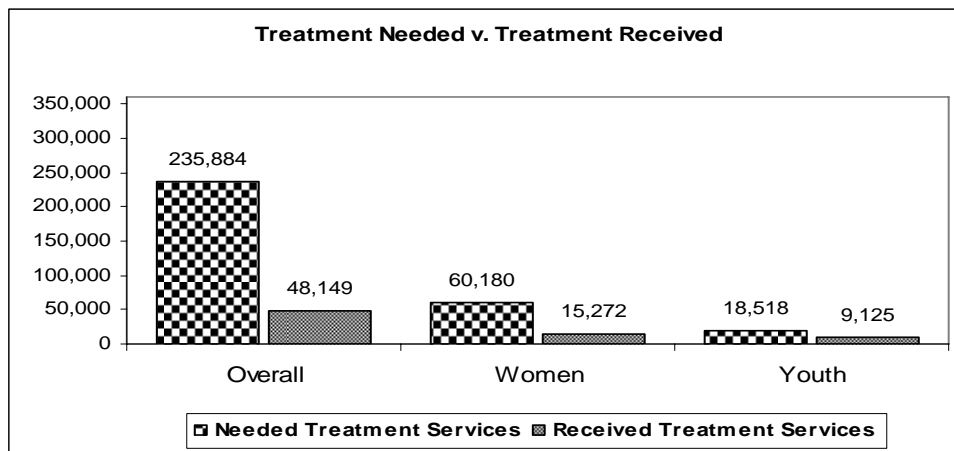


Figure 1. (Source: DAODAS Division of Operations, Management Information and Research Section; FY06 Unique Unduplicated Clients, DCSL Based, Special Demographics; Numbers based on definitions as included in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision [(DSM-IV-TR)].

## 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 FY06, 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 FY06, DAODAS spent \$34.2 million on prevention, intervention and treatment services, thereby saving the citizens of South Carolina approximately \$248.3 million in associated costs.* *Action:* DAODAS continues to provide treatment to the citizens of South Carolina. 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.
- Administrative Savings. *Achievement: During FY06, DAODAS continued its focus on administrative savings and streamlining operations first implemented in January 2003, having saved more than \$2.7 million in personnel, rent and other operating costs (telephone/travel/supplies/supplies).* *Action:* The department continues to focus on reducing administrative expenses while directing a clear majority of state, federal and other funding to the provision of addiction services at the local level.
- Investment/Return. *Achievement: Investments in South Carolina communities of \$8.5 million in state funds reap returns in additional federal, state, local and other funding (\$65 million) that directly impact the quality of life, personal income and economic development of these communities.* *Action:* DAODAS invests state funds to effect positive change at the local level.

- Outcomes/Quality of Life/Economic Development.** *Achievement - Treatment:* **Specifically, 80.1% of surveyed clients report no alcohol use from admission to 90 days following discharge from services, an increase of 47.6%; 95% of surveyed clients report no use of alcohol to the point of intoxication from admission to 90 days following discharge, an increase of 35.9%; 71.6% of clients surveyed report that they are gainfully employed from admission to 90 days following discharge, an increase of 9.4%; and 98% of students surveyed report a reduction in suspensions, expulsions or detention from admission to 90 days following discharge, an increase of 1.9%. 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.** *Achievement - Prevention:* **Outcomes (\*indicates significance) for multi-session prevention education programs for youth ages 10 to 20 included a: 31.1% reduction in the number of alcohol users\*; 31.6% reduction in the number of marijuana users\*; 23.5% reduction in the number of cigarette users\*; 11.2% improvement in perceived risk/harm of alcohol, tobacco and other drug (ATOD) use\*; and 3.2% improvement in decision-making skills\*. DAODAS has increased evidence-based programming, from 54 activities in FY04 to 81 activities in FY05, and up to 145 in FY06. 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. Action:** DAODAS, in conjunction with the county alcohol and drug abuse authorities, continues to focus on outcomes. Through the Government Performance and Results Act (GPRA), federal law requires that certain outcomes be tracked and reported. During FY06, 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.
- Efficiency Measures.** *Achievement:* **During FY06, 90.5% of all clients received an assessment within two days of first contact with a local service provider, while 67% received a qualifying service within two days of intake. 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.
- Collaboration.** *Achievement:* **County alcohol and drug abuse authorities have increased the number of Medicaid clients served and Medicaid billings. Action:** DAODAS operates a Medicaid utilization review (UR) section, which ensures that Medicaid clients receive care that is appropriate to their individual needs and promotes the efficient and effective utilization of service capacity. The goal of UR is to decrease the number of clients accessing hospital services. *Achievement:* DAODAS, the State 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 in crisis. *Action:* DAODAS continues to work with DMH and the South Carolina Hospital Association 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. *Achievement:* DAODAS has worked with the Department of Corrections (SCDC) to implement a faith-based recovery program for inmates slated for release, graduating 67 alcohol- and other drug-free individuals during FY06. *Action:* The department will work with SCDC to expand the program, where feasible, across South Carolina during fiscal year 2007 (FY07).

- 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 10.9% in FY06. This is well below the federal requirement of 20%. Additionally, the department worked with the South Carolina General Assembly to pass amendments to the youth access law making it illegal for minors to purchase and possess tobacco products.** *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) provide the necessary resources to improve the agency's capacity to provide efficient and effective services.

### Opportunities and Barriers

The department addressed several opportunities that arose during FY06.

The department applied for and was awarded a federal planning grant to assist the state in providing more efficient and effective services to **adolescents**. DAODAS is implementing the adolescent planning grant to increase collaboration among providers; to identify and eliminate barriers to adolescent services; to increase standardized screening instruments; to increase and improve the capacity and skills of direct adolescent service providers; and to enhance and expand evidence-based practices for addressing adolescent substance abuse. The specific emphasis on funding adolescent services includes purchasing prevention services across South Carolina using proven, evidence-based activities; maintaining and expanding present access to treatment in communities now served; and expanding access to treatment in underserved areas of the state. Along with this opportunity, the South Carolina General Assembly awarded increased dollars to

the department to fund adolescent services. Specific emphasis of this funding focused on building infrastructure services for adolescents, to include purchasing adolescent prevention and treatment services across South Carolina using proven, science-based activities; maintaining and expanding present access to treatment in communities now served; and expanding access to treatment in underserved areas of the state.

DAODAS also continues to be the lead agency for the implementation of **gambling addiction services** funded by unclaimed prize money from the South Carolina Education Lottery. Since March 2004, when gambling services were made available across the state, and through the end of calendar year 2005, the department has seen a 52% increase in the number of direct intervention/crisis-counseling calls to its toll-free gambling helpline.

Funding for gambling services is utilized for the prevention, intervention and treatment of problem and pathological gambling, including: a) operation of a 24/7 telephone crisis-intervention and referral helpline; b) sub-contracts for the screening and treatment of problem and pathological gambling; c) no-cost training for gambling counselors employed by county alcohol and drug abuse authorities; d) a Qualified Gambling Services Registry; e) authorizing problem and pathological gambling services through a UR process; f) providing field technical assistance; and g) developing and implementing ongoing marketing efforts to raise awareness of problem and pathological gambling and the services available to combat these issues.

The department is also focusing on the implementation of **evidence-based programs** in prevention services. During FY06, the department was able to obtain outcomes/measures for multi-session prevention education programs for youth ages 10 to 20. 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 are listed above under the "Achievement" section of the Executive Summary. 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.

The department, 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, DAODAS 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. In the last year alone, the department was awarded \$750,000 to address the adolescent treatment infrastructure and received funding for prevention data planning and assistance in reporting mandated outcome measures to the federal government. Furthermore, the department expects awards in FY07 of \$1.4 million to address access and retention issues of its client base, as well as co-occurring disorders.

The department has also worked to better manage stable funding streams and, in FY06, increased Medicaid billing to \$14.37 million, thereby increasing access to services for the citizen-client. The following two charts reflect the increases in Medicaid revenues and the number of Medicaid clients:

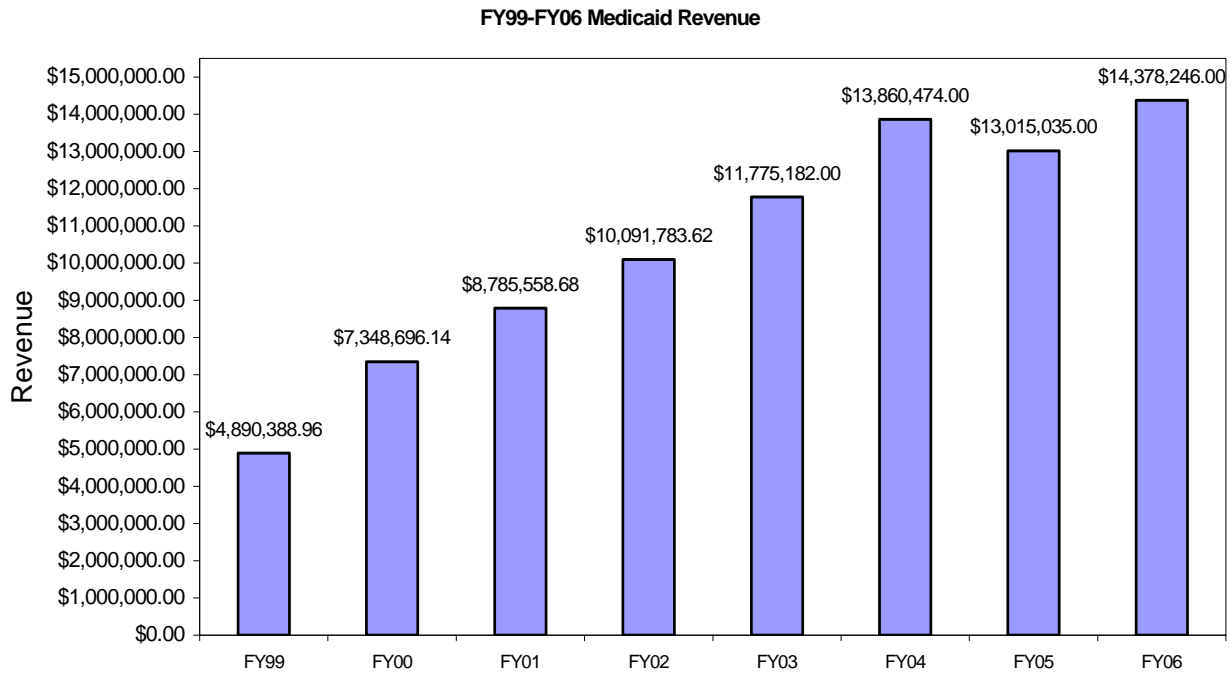


Figure 2 (Source: DAODAS Division of Operations / South Carolina Department of Health and Human Services Report; FY99-06; Total Medicaid Billing.)

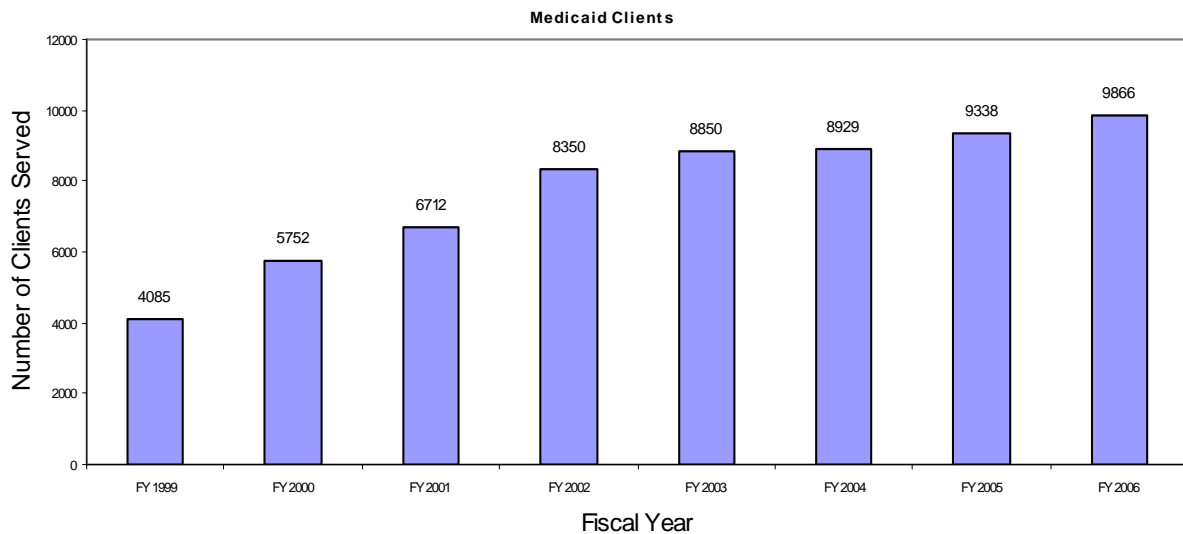


Figure 3 (Source: DAODAS Division of External Affairs and Provider Support, Utilization Review / South Carolina Department of Health and Human Services Report; FY99-06; Unique Unduplicated Clients.)

Barriers faced by the department during FY06 were linked to resources.

DAODAS ended FY05 having suffered a combined 72.5% cut in base state funding (May 2001 – June 2005), for a total of \$7.5 million. Part of this total included a mid-year FY05 budget cut of \$1 million. Total state appropriations directed to DAODAS were \$6.2 million. DAODAS and its county authorities have received the largest proportional state funding cuts of any state agency/system.

However, over the past two fiscal years, the department has been awarded increases in its state funding due to the overwhelming success of its outcome-based programs, as well as recognition that investments in alcohol and other drug abuse prevention and treatment reap annual cost benefits. The Institute for Research, Education and Training in Addictions has reported that for every dollar invested in addictions treatment, the taxpayer saves at least \$7.46 in costs to society; therefore, the state saved an additional \$34 million in associated costs during FY06.

Another challenge faced by DAODAS was 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 treatment.

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 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 FY02 and FY03 SAPT Block Grant applications. For FY04 and FY05, South Carolina did not meet its MOE obligation. The department has 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. The latest requests are pending, as the Substance Abuse and Mental Health Services Administration (SAMHSA) considers changing the criteria for waiver applications.

As a result of being awarded a federal grant by SAMHSA in August 2005 to increase collaboration within the adolescent treatment system at the state and local levels, DAODAS will need to close gaps and eliminate barriers that currently exist within the adolescent treatment system; to increase the use of standardized screening, assessment, referral and follow-up protocols among both public and private providers; to standardize and improve the capacity and skills of direct-service providers; and to enhance and expand the use of evidence-based practices for adolescent substance abuse treatment.

Perhaps one of the largest barriers to the success of the gambling services program is continued funding for this state-mandated initiative. Per Section 59-150-230 (I) of the *South Carolina Code of Laws, 1976*, as amended, the department must receive an annual appropriation for the prevention and treatment of compulsive gambling from the unclaimed prize account. However, the department has only received funding once and through a request for proposal (RFP) from the State Budget and Control Board. There is a misunderstanding that this appropriation was one-time funding, when in fact it is an automatic appropriation similar to that of the Life, Hope and other scholarships funded through the South Carolina Education Lottery.



In spite of these various barriers and 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 and performance as envisioned by Governor Mark Sanford. DAODAS utilizes the report, along with the agency’s strategic plan, to provide structure and direction for its activities during the coming fiscal year.

## **Section Two Organizational Profile**

### Main Products and Services

Three major products are offered by the department.

- *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. (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. (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. 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.*) (Delivered by a local network of state-licensed and nationally accredited providers)

### Key Customers / Customer Segments / Stakeholders

- Citizen-clients and their family members
- The local provider network

- State agencies with common citizen-clients;
- State and federal officials
- South Carolina citizenry-at-large
- 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 [DUI]);
  - clients with limited English proficiency – mainly Hispanics; and
  - the faith community.

*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 definition 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.

This also includes any newly identified customers and DAODAS employees.

#### 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, 2006, DAODAS had 24 full-time equivalent (FTE) employees and 5 temporary grant equivalent employees. An additional 15.81 FTE positions are vacant.

The current DAODAS staff is quite diverse: 60% are female; 40% are minorities; and 83% 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 (DHEC)

### Key Strategic Challenges

In FY05, the department set the following goals as combined key strategic challenges. These remained in place for FY06 and will remain for FY07. They include:

#### #1 Reducing 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

#### #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

### Performance Improvement Systems

- Federal Government Performance and Results Act (GPRA) / Outcomes
- 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 (CCR)
- County Assistance Program / Mandated Improvement Program
- Medicaid Utilization Review (UR)
- Employee Performance Management System
- Employee Training and Professional Development System
- Internal Cross-Trainings

Expenditures/Appropriations

Major Budget Categories	FY04/05 Actual Expenditures		FY05/06 Actual Expenditures		FY06/07 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	\$2,084,296	\$469,019	\$1,504,354	\$449,585	\$1,604,414	\$467,992
Other Operating	\$1,151,876	\$105,715	\$936,925	\$116,501	\$395,958	\$118,436
Special Items	\$3,087,160	\$3,087,160	\$3,352,881	\$3,352,881	\$3,352,881	\$3,352,881
Permanent Improvement	\$0	\$0	\$0	\$0	\$0	\$0
Case Services	\$0	\$0	\$0	\$0	\$0	\$0
Distributions to Subdivisions	\$28,884,554	\$3,342,171	\$28,042,904	\$4,439,615	\$31,208,006	\$6,530,263
Fringe Benefits	\$576,095	\$123,979	\$414,630	\$121,296	\$450,818	\$133,360
Non-Recurring	\$585,874	\$0	\$0	\$0	\$0	\$0
<b>Total</b>	<b>\$36,369,855</b>	<b>\$7,128,044</b>	<b>\$34,251,694</b>	<b>\$8,479,878</b>	<b>\$37,012,077</b>	<b>\$10,602,932</b>

Other Expenditures

Sources of Funds	FY04/05 Actual Expenditures	FY05/06 Actual Expenditures
Supplemental Bills	\$0	\$0
Capital Reserve Funds	\$0	\$0
Bonds	\$0	\$0

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

## Major Program Areas Chart

Program Number and Title	Major Program Area Purpose (Brief)	FY 04-05 Budget Expenditures	FY 05-06 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: 257,783 Federal: 724,544 Other: 491,380 Total: 1,473,707 % of Total Budget: 4%	State: 152,234 Federal: 390,088 Other: 284,060 Total: 826,382 % of Total Budget: 2.5%	Question 7.3 7.5.a
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: 102,144 Federal: 8,266,660 Other: 1,107,482 Total: 9,476,286 % of Total Budget: 24%	State: 122,659 Federal: 7,903,827 Other: 0 Total: 8,026,486 % of Total Budget: 22%	Question 7.3 7.5.a
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 lead them to refrain from use, refrain from abuse and reduce harm. Sustainable recovery is the overarching expected result.	State: 55,951 Federal: 1,168,356 Other: 48,296 Total: 1,272,603 % of Total Budget: 3%	State: 753,367 Federal: 1,046,153 Other: 0 Total: 1,799,520 % of Total Budget: 5%	Question 7.3 7.5.a
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: 5,244,764 Federal: 17,642,266 Other: 1,463,506 Total: 24,350,536 % of Total Budget: 63%	State: 6,863,387 Federal: 15,568,942 Other: 1,323,881 Total: 23,756,210 % of Total Budget: 66%	Question 7.3 7.5.a
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: 25,758 Federal: 620,934 Other: 588,904 Total: 1,235,596 % of Total Budget: 3%	State: 0 Federal: 63,077 Other: 490,872 Total: 553,949 % of Total Budget: 2%	Question 7.3 7.5.a

**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 the often disastrous consequences; an increase in the identification and referral of problem gamblers through the 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.

<b>Remainder of Expenditures:</b>	State:	300,536	State:	296,408
	Federal:	634,642	Federal:	225,406
	Other:	84,685	Other:	378,402
	Total:	1,019,863	Total:	900,226
	% of Total Budget:	3%	% of Total Budget:	2.5%

Source: CSA 424 FY06 and FY06 FM13

Figure 5 (Source: DAODAS Division of Operations; FY04/05 AND 05/06 Agency Activity Report.)

## Organizational Chart

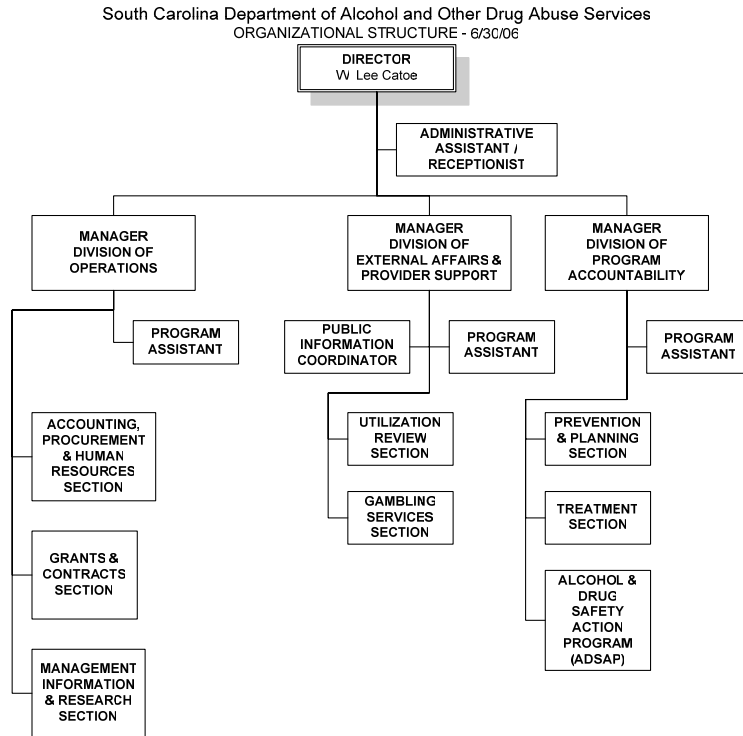


Figure 6 (Source: DAODAS Division of Operations.)

## Section Three Malcolm Baldrige National Award Criteria

### Category 1 - Leadership

*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, d) empowerment and innovation, e) organizational and employee learning, and f) ethical behavior?*

*1.1.a.* The department's Executive Management Team (EMT) has set long-term goals through the agency strategic planning process and the county planning process (as required by state law [§61-12-10]). The strategic planning and county planning processes are basic two-way communication strategies. The mission, core values, guiding principles and overarching goals were 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 website, 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. Additionally, these are reviewed on a quarterly basis by the department's Division of Program Accountability and during the annual CCR process.

*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.

*1.1.d., e. & f.* Empowerment, innovation, organizational/employee learning and ethical behavior are 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 the most important 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, a finance and accountability committee, and a public policy committee. Senior leaders, along with designated agency staff, are members of the above committees, which offer the opportunity for exchange of information and for identifying and addressing customer requirements that 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 meetings. 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. 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 in terms of 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.

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 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 training onsite, 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, and increasingly, those in the faith-based recovery community.

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 DHEC. These two entities, through their peer reviews, are the chief mechanisms for assessing the risk of the department's provision of substance abuse services to the public. Both entities seek to ensure that quality services are provided, as well as that facilities and operations are of high quality. The health and safety of the client is preeminent. DAODAS further publishes Quality Assurance



Standards to complement both CARF standards and DHEC surveys and to provide a “sharper edge” on client quality-of-care issues and to define the level of quality expected of each provider. Senior leaders review provider performance on all of the above. 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.

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 the 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?*

The department has established and adopted policies, procedures and practices upon which its oversight systems and processes are based, in concert with federal and state mandates. 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?*

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 the GPRA) for prevention, intervention and treatment programs. Prevention measures include 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. 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.

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. A feedback survey completed by the local provider affords further insight into the requirements of the customer, as well as the efficacy of continuing the process. This is reviewed on an annual 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 (South Carolina 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 July 1, 2006, the agency had achieved 97% of these objectives and was making positive steps toward achieving the majority of goals.

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? 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 evaluate 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 were implemented in FY05 and continue today (FY06), including additional professional requirements for internal staff and cross-training of staff within professional disciplines and across disciplines, protocols for refined communication with the providers, locating a better prevention-outcome data system, and providing additional access to its utilization review (UR) staff.

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 truly reflect this fact, and working in addictions services is their passion and commitment to the local community and the state as a whole.

The department will continue to address survey concerns in FY07 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 began 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.

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

The department maintains a small staff of 24 full-time equivalent (FTE) positions. As such, senior leaders maintain close contact with all management and line staff. An open-door policy exists. Here again, the agency director has led by example. Each staff member is challenged to be innovative and bring ideas for change to the EMT, as well as problematic issues. Each is tasked with offering three resolutions for any given problem. Any given resolution may result in a strategic objective change during the course of the year.

*1.9. How do senior leadership and the agency actively support and strengthen the communities in which your organization operates? Include how senior leaders and employees contribute to improving these communities.*

United Way	Good Health Appeal	Salvation Army	Red Cross Blood Drive
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Figure 7 (Source: DAODAS Division of Operations)

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, and Red Cross campaigns. 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, particularly among youth. Specifically, senior leaders have received requests to fund innovative programming in the greater Columbia area, to include a mentoring

program for at-risk African American youth at Columbia Ridge Apartments with the Urban League; faith-based recovery programs at Bible Way Baptist Church; collaboration with the Central Assembly of God, which is providing a faith-based component for inmates at the Department of Corrections; and funding a program at Columbia's Bethlehem Community Center that is serving at-risk children. 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.

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

## Category 2 - Strategic Planning

*2.1. (a-g). 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 or the regulatory environment; human resource capabilities and needs, opportunities and barriers described in the Executive Summary; business continuity in emergencies, and the agency's ability to execute the strategic plan?*

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 the requirements in the dynamic environment of the agency's funders, its legislative constituencies, its provider network, and the citizens at large.

For example, the department 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 synced in this effort.

Two additional processes, the CCR process and the county planning process, have fed the strategic planning process, in that the needs of the citizen-client and providers are continually identified and addressed, as well as gaps in services. This has resulted in the identification of

opportunities and barriers, to include adolescent prevention and treatment funding, as well as working to provide services to problem and pathological gamblers.

The strategic planning effort remains dynamic, achieving 98% of its objectives during FY06. The agency will continue to refine the strategic plan by updating the action plans and scanning its environment for direction or goal change. This proves the department’s ability to execute its strategic plan.

2.2. *What are your key strategic objectives?*

2.3. *What are your key action plans/initiatives?*

**Strategic Planning**

<b>Program Number and Title</b>	<b>Supported Agency Strategic Planning Goal/Objective</b>	<b>Related FY 05-06 Key Agency Action Plan/Initiative(s)</b>	<b>Key Cross References for Performance Measures*</b>
Chemical Dependency: Service Accountability (1034), Intervention Services (1036), and IV. Treatment Services (1037)	1. Improve the effectiveness of treatment and intervention programs -- Clients who have no/reduced involvement with the criminal justice system.	1.1. Each year, clients will report a reduction in arrests on any charge during the prior 30 days during the post-discharge outcome survey.	Table 7.1.a
	1. Improve the effectiveness of treatment and intervention programs -- Clients who are employed or engaged in productive activities.	1.2. Each year, clients will report continued employment or an increase in employment during the prior 30 days during the post-discharge outcome survey.	Table 7.1.a
	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, clients who at admission had reported having used a hospital emergency room in the prior 30 days will report not having used a hospital emergency room in the prior 30 days during the post-discharge outcome survey.	Table 7.1.a
	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, clients will maintain or reduce alcohol and other drug usage in the prior 30 days during the post-discharge outcome survey.	Table 7.1.a
	1. Improve the effectiveness of treatment and intervention programs -- Clients who have a permanent place to live in the community.	1.5. Each year, those clients who at admission had reported homelessness or dependent living arrangements in the prior 30 days will report independent living arrangements in the prior 30 days during the post-discharge outcome survey.	Table 7.1.a
Chemical Dependency: Service Accountability (1034) & Prevention Services (1035)	2. 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, a reduction in the number of cigarette users; see improvement in perceived risk/harm of ATOD use; and improvement in decision-making skills.	Question 7.1, Page 36, First Full Paragraph
	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.c

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.	3.1. At least 75% of clients will receive at least one unit of assessment within two working days of intake. 3.2. At least 50% of clients with an assessment will have at least one unit of service within six working days of assessment.	Table 7.1.b Table 7.1.b
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\* 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.

Figure 8 (Source: DAODAS Division of Program Accountability.)

*2.4. How does the agency develop and track action plans that address key strategic objectives?*

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, cascading and interlocking strategic goals were 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.

*2.5. 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 website 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, adolescent services, and basing decisions on performance data. The direction defined in this document remained relevant during FY06 and is the standard from which the department bases its decisions.

For FY07, the department will continue to link goals and objectives to customer requirements, and to benchmark strategies and assessments of organizational strengths and weaknesses.

*2.6 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 GPRA 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.

## *2.7 How do the agency's strategic objectives address the strategic challenges identified in the Organizational Profile?*

The strategic objectives and strategic challenges are in sync. In other words, the challenges are goals and objectives that have been identified through the strategic planning process.

## *2.8. Website Address for the Strategic Plan?*

The strategic plan can be found at **[www.daodas.state.sc.us](http://www.daodas.state.sc.us)**.

## 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-client, 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 FY06, the strategic planning process continued to focus on better understanding customer requirements and identifying new customers. Key requirements have emerged from the inclusion of the provider network in the statewide strategic planning process and the county planning 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 human resource (workforce) development, to an administrative reduction in paperwork, increased technological needs, better communication and coordination between the department and the provider network, less duplication of effort, and the appointment of regional/provider points of contact.

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 youth, women, the dually diagnosed population, clients with limited English proficiency, and citizens in the faith community. The customer cohorts have more complex needs and, during FY07, 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 addition, the recovering community and the faith community have emerged as customers and important participants in the delivery of alcohol and other drug abuse services. These customers

have emerged as a result of identifying evidence-based practices in order to better serve the citizen-client. In essence, it was a process of determining who was “not at the table.” During FY06, the agency continued to learn more about the faith 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 prevention programming. A plan has been developed to provide training in five areas to assist the faith community in meeting its objectives while working with the substance abuse service-delivery system across South Carolina.

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

*3.3. 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 ad-hoc committees, to address any needs/requirements that may arise. This effort can also include stakeholders other than the provider network, as partner requirements sometimes involve bringing many actors to the table for discussion, review, decision-making and evaluation purposes.

DAODAS worked toward increasing communication during FY06, 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, but particularly the Alcohol and Drug Safety Action Program. 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 GPRA (statewide client-outcomes system) measures client satisfaction. For FY06, 96% of all clients were satisfied with the services they received. 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 certain access and retention issues.

*3.5. How does the agency build positive relationships with customers and stakeholders? 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 developing 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.

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 FY06, 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. During FY06, this initiative received pledges totaling more than \$1 million in airtime and print space. As an example of the campaign's media partners fulfilling their pledges, television stations in the Columbia and Greenville markets alone donated more than \$106,992 worth of airtime, far outstripping the approximately \$12,000 that DAODAS spent on the initiative in FY06.

The department also manages a comprehensive website 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 operated 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 request various printed materials available through DAODAS.

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 is also in the process of setting national standards for prevention outcomes, which will be adopted by DAODAS when finalized.

The department also works with the 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 for additional access for all clients.

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 South Carolina Department of Education (SDE); state and local law enforcement agencies (South Carolina Departments of Corrections; Public Safety; Probation, Parole and Pardon Services; and Juvenile Justice); South Carolina Department of Social Services (DSS); and the South Carolina Department of Health and Human Services (DHHS). DAODAS is also leading the development and implementation of a faith-based model to work with the faith community in building awareness of the problem of substance abuse, as well as to seed community efforts to assist the recovering individual.

For FY07, 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 GPRA, are further detailed under Question 7.1.

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 the overarching goal. A key challenge during FY07 will be for the department to continue to identify which operations, processes and systems to measure, and then to set those measures using the available data.

*4.2. How does the agency use data/information 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 which are then tested for accuracy and integrity.

Also during FY06, the department has been implementing 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.

The department collects data through other divisions and includes data on program quality and compliance, provider-performance data and financial indicators. This data is available on a monthly and quarterly basis, and 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 GPRA (statewide client-outcomes system) and the contractual "Goals of Effectiveness" (efficiency objectives or benchmarks designed to enhance client engagement and retention and to improve timely access to care and to engage clients in the continuum of care). 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 reducing the five-year detoxification recidivism rate, increasing evidence-based prevention programming and increasing alternate funding for substance abuse services. Also, 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 (10.9% in FY06).

The department reviews this information on a quarterly 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, the department has a successful joint Finance and Accountability Committee composed of providers and DAODAS staff that is setting the pace for implementing technological changes as 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, the department 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. 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 GPRA, 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 employee knowledge? How does the agency identify and share best practices?*

The department manages organizational and employee knowledge and accomplishes the collection, maintenance and transfer of same 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 (SATTC) in Atlanta, which

has as its main goal the transfer of addiction knowledge throughout South Carolina and Georgia, but also across the United States.

In FY06, the department identified evidence-based practices in both prevention and treatment programming and required the providers to utilize such programs in order to garner far-reaching outcomes for its client base. In regard to treatment, DAODAS worked with the federal Center for Substance Abuse Treatment to identify three 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.

### Category 5 - Human Resources

*5.1. How does the agency organize and manage work: to enable employees to develop and utilize 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?*

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 their 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, department staff are widely cross-trained so that employees may step in to fulfill 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.

*5.2. How does the agency evaluate and improve the organization's human resource-related processes?*

When the department was reorganized in 2004, the human resource function became the responsibility of a part-time employee. Now handled by the Manager of the Division of Operations, the human resource processes are under review, with the department focusing on improving its orientation process during FY06. The department was awarded several grants during the fiscal year, which required the hiring of temporary grant employees. These awards have allowed the agency to review and implement an orientation process that assists new hires in accessing the agency's knowledge assets.

*5.3. How does the agency identify and address key developmental and training needs, including job skills training, performance excellence training, diversity training, management/leadership development, new employee orientation and safety training? How does the agency evaluate the effectiveness of the training? 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 around 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 Employee Performance Management System (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 more than 75 different formal education and professional-development initiatives, including the 31st South Carolina School of Alcohol and Other Drug Studies (147 participants). Through these diverse offerings, approximately 2,000 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 interagency representatives from a variety of state agencies including DHEC, DHHS, DMH, DPPPS, DSS, SDE, South Carolina Vocational Rehabilitation Department, Department of Disabilities and Special Needs, 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, women, individuals with co-occurring disorders and compulsive gamblers.

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 the U.S. Department of Medicare and Medicaid Services, SAMHSA and CSAP. Other major resources include the SATTC and the Southeast Center for the Application of Prevention Technologies.

Resource 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 website. A similar “toolbox” is being developed for treatment-related issues supported by similar research. Effectiveness of these trainings results in improved outcomes as measured through the GPRA.

Many key trainings to meet the needs of the basic, intermediate and advanced levels of prevention, intervention and treatment professionals who provide substance abuse services were offered to address a myriad of identified critical areas, including “Evidence-Based Prevention Trainings”; “Case Management for Medicaid Providers”; “Getting To Outcomes” (prevention); and “Treating Adolescents.”

In support of the Southeastern School of Alcohol and Other Drug Studies, DAODAS provided a state coordinator to ensure that South Carolina professionals were well represented throughout the planning, implementation and evaluation of this important regional (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee) initiative. This annual event is one of the oldest (46 years) professional settings for alcohol and other drug abuse professionals to gather to share evidence-based practices and explore strategies for the ongoing improvement of processes and procedures. State coordinators who participate in the planning process are present during the weeklong event and review and respond to the comprehensive evaluation process to ensure continuous improvement.

DAODAS continues to focus on high-priority diversity issues including Limited English Proficiency, with a special emphasis on the increasing Hispanic/Latino population.

*5.4. How does the EPMS, 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 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 is tied to the success of the agency’ action plans.



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

Although DAODAS has endured past budget cuts, 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.

*5.6. 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? How does the agency determine priorities for improvement?*

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.

*5.7. 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. Drills are held throughout the year to ensure that staff members are familiar with the outlined procedures. During FY06, the plan was further modified to address points of contact, emergency preparedness and local disaster response. During FY07, the department will develop and implement its emergency plan for avian flu, as recommended by the South Carolina Department of Health and Environmental Control.

Category 6 - Process Management

*6.1. What are the key support processes that produce, create or add value for your customers and the organization; how does the department ensure that these processes are used?*

*6.2. 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?*

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

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

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

There are three design-and-delivery processes that the department utilizes to meet its broader mission of achieving sustainable recovery for the citizen-client and reducing use, abuse and harm. These include the budget-request process (state funding/local 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 GPRA client outcomes. The provider committee structure is again key to the success of these processes. Standing and ad-hoc committees meet on a monthly basis around specific issues that allow an opportunity for resolving problems and gaining feedback. Financial Quarterly Meetings are an example of a key support process that provides opportunities to meet key financial performance requirements through focused presentations, discussions and customer feedback. 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 worked with the local provider network to craft a new memorandum of agreement (MOA) that contains much "boilerplate" contractual language, but also sets expectations for the delivery of services. The MOA defines the relationship for the delivery of basic and extended services and allows for the tracking of resources and accountability of their use and results. This process was completed through the standing Finance and Accountability Committee and was finalized using a wealth of customer feedback. The Finance and 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 key points of contact that directly impact the achievement of key performance measures and act as a link in managing key 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 at reaching 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 FY07, 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 and crisis-stabilization beds. Each of the identified processes are so integral to the agency'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 organizational effectiveness?*

The tables that begin on Page 35 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 GPRA (statewide client-outcomes system) and the contractual "Goals of Effectiveness" (efficiency objectives or benchmarks designed to enhance client engagement and retention and to improve timely access to care and to engage clients in the continuum of care).

The client-outcome information includes data available for FY05. 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.

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 GPRA outcomes.

### Client Treatment Outcomes

Results for Unmatched 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 FY05				
Client Characteristic or Measurement	Percentage of Matched Clients With Characteristic as Measured at:			Number of Un- Matched Clients
	Admission	Discharge	Follow-Up	
Alcohol Use in Prior 30 Days Among Alcohol-Problem Clients	67.5%	40.8%	19.9%	6,894
Alcohol Intoxication in Prior 30 Days Among Alcohol-Problem Clients	40.9%	27.5%	5.0%	6,896
Illicit Drug Use in Prior 30 Days Among Drug-Problem Clients	60.5%	41.3%	4.0%	6,894
Tobacco Use in Prior 30 Days Among All Clients	61.3%	55.3%	52.7%	6,900
Unemployed or Not Employed but Labor Force Eligible, Prior 30 Days, Age 16+	37.8%	34.4%	28.4%	4,929
Dependent Living Arrangement or Homeless, Prior 30 Days, Age 18+	4.7%	4.6%	1.9%	6,985
Outpatient Healthcare Use for Medical or Emotional Problems, Prior 30 Days	8.8%	17.7%	3.2%	6,933
Emergency Room Use for Medical, Emotional, AOD Problems, 30 Days	3.9%	2.9%	0.3%	6,932
Arrested on Any Charge in Prior 30 Days	5.1%	2.9%	2.0%	6,942
Student Clients Suspended, Expelled or in Detention, Prior 30 School Days	3.9%	2.9%	2.0%	6,585

*Table 7.1.a (Source: DAODAS Division of Operations, Management Information and Research Section; Unduplicated Clients/Unmatched Clients); Note: FY06 Data was incomplete as of this writing.*

*Analysis* – From the above GPRA 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.

## Efficiency and Effectiveness Measures

Timely Entrance into Services								
Efficiency and Effectiveness Measures	Performance by Fiscal Year						Goal	N Clients
	2000	2001	2002	2003	2004	2005	2005	2005
Assessment Within Two Days of Intake	57.4%	72.3%	75.5%	79.9%	82.1%	90.5%	75%	25,838
Clinical Service Within Six Days of Assessment	44.5%	44.9%	46.4%	52.3%	62.7%	67%	50%	20,226

*Table 7.1.b (Source: DAODAS Division of Operations, Management Information and Research Section; Unduplicated Clients/Matched Clients) ; Note: FY06 Data was incomplete as of this writing.*

*Analysis – Trends in these efficiency measures have shown measured accomplishments throughout the late 1990s and into the 21<sup>st</sup> century on client treatment and retention, and thus positive results in achieving sustainable recovery, reducing harm and reducing abuse.*

## Youth Access to Tobacco Study

Prevention Program Outcomes													
Percentage Selling Cigarettes to Underage Youth, Ages 14-17													
Performance by Calendar Year													
Prevention Program Outcomes	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Percentage Selling Cigarettes to Youth Ages 14-17	63.2%	54.2%	41.3%	22.6%	24.7%	19.8%	18.7%	17.1%	15.5%	11.9%	11.5%	11.2%	10.9%
Total Number of Purchase Attempts Conducted	1,915	1,703	2,081	3,562	4,045	4,291	4,536	4,451	4,818	5,209	5,202	5,028	4,823

*Table 7.1.c (Source: DAODAS Division of Operations, Management Information and Research Section; Division of Program Accountability, Prevention and Planning Section.)*

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

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: 31.1% reduction in the number of alcohol users\*; 31.6% reduction in the number of marijuana users\*; 23.5% reduction in the number of cigarette users\*; 11.2% improvement in perceived risk/harm of ATOD use\*; and 3.2% improvement in decision-making skills\*. DAODAS has increased evidence-based programming, from 54 activities in FY04 to 81 activities in FY05, and up to 145 in FY06. 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.

As another important measure of partner performance and mission accomplishment, DAODAS utilizes the Coordinated County Review (CCR) process to measure uniform and continuous quality improvement as an important component of assisting providers in the areas of strategic management, clinical quality assurance/clinical supervision/case review, Medicaid, financial compliance, and prevention services. The department has instituted a two-year cycle of CCR visits, as staff implemented a desk audit process for many of its indicators, as well as recognizing the consistent performance of its provider population. This effort has further reduced travel costs for the department. During this cycle, the department visited 16 providers. FY06 was another year of sustained quality for providers in the management, treatment and prevention arenas. Management compliance was the overall highest (4.72 on a scale of 1-5), reflecting not only the maturity of the state provider system, but also the improved communication and collaboration between the agency director, DAODAS staff and local providers. The department emphasized more internal use of data, evidence-based practices, outcomes, and continuous quality improvement, particularly in the area of Medicaid billing.

In the area of partner performance, the department has worked closely with DSS and contracts for Temporary Assistance for Needy Families (TANF) funding for the Partners in Achieving Independence through Recovery and Self-Sufficiency Strategies (PAIRS) project. This effort involves TANF-eligible individuals and seeks to improve their overall quality of life through alcohol and other drug education, assessment, treatment, relapse prevention, and transitional and wrap-around services.

This program enables four case managers to provide client services in four county authorities (inpatient) and transitional services at all 33 provider sites. These funds can be utilized to assist TANF-eligible clients with transportation costs to treatment, employment readiness, and with basic needs such as securing safe housing and paying for utilities. The end goal for many participants is for clients to regain custody of their children. Other benefits include reduced relapse rates, learning additional life skills, improving parenting skills and an overall better quality of life. During FY06, this program enabled 7.5 case managers to provide client services in eight county authorities (inpatient) and transitional services at 16 provider sites.

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

The department currently uses the GPRA (statewide client-outcomes system) to measure client satisfaction, and the department has used fiscal year 2001 (FY01) data to set a benchmark for client satisfaction as reported during follow-up. For FY06, 96% of all clients were satisfied with the services they received.

Client Satisfaction/GPRA			
FY03	FY04	FY05	FY06
95%	97%	96%	96%

*Table 7.2.a (Source: DAODAS Division of Operations, Management Information and Research Section, Client Satisfaction – FY03-06 Analysis.)*

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

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. State budget cuts have severely and adversely impacted the department's ability to meet the MOE. Penalties include a dollar-for-dollar payback of the amount for which the state is out of compliance.

From FY02 to FY05, the state was not in compliance with the federal MOE requirements due to budget cuts during that time. However, for FY06 the department will be in compliance – and thus not in danger of penalties – due to increases in state spending during the fiscal year. DAODAS received a waiver for FY02 and has requested that it be found in material compliance for FY03 through FY05. In January 2006, SAMHSA granted the state a second waiver for experiencing extraordinary economic conditions, specific to FY03. The state has now avoided a dollar-for-dollar penalty for both FY02 and FY03, saving a potential payback of \$4.25 million for the two fiscal years. State FY04 and FY05 waiver requests are pending.

In all material respects, 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 all regulations by which they were governed. The department has a renewed focus on improving financial management across the entire statewide service-delivery system. 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 funding opportunities that require submission of an audit report. The results of the same audit referenced in the item above also indicated compliance with all requirements.

DAODAS also reviews, on a regular basis, the financial activities and performance of the county authorities. Of the 33 county providers, 25 had on-site financial-compliance reviews in FY06. 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.

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 human resource results?

In developing the current workforce, DAODAS management evaluated the skills and adaptability of all agency employees, taking into consideration which staff members would be most willing and able to assume multiple and varied tasks and to ensure diversity. This is the key performance level for human resources.

7.5. 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.

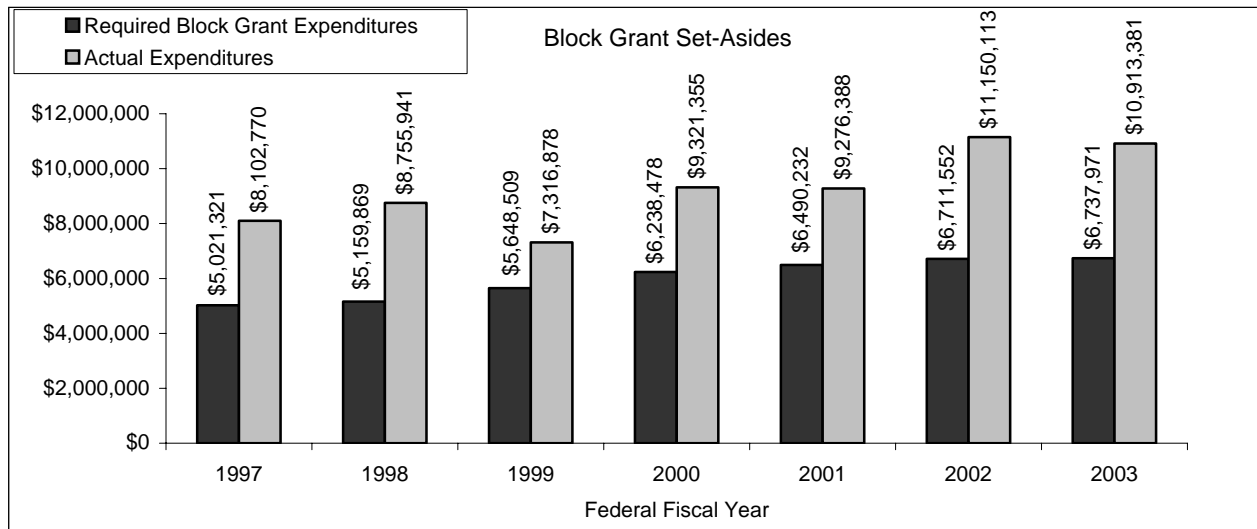


Chart 7.5.a (Source: DAODAS Division of Operations, Block Grant Set-Aside Analysis, FY97-03.)

In addition, DAODAS requires that each county authority be nationally accredited through CARF and state licensed through 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 access to tobacco. This federal law requires states to conduct annual, random, unannounced inspections of a statewide sample of tobacco vendors to assess their compliance with the state law (§17-17-500) that prohibits retailers from selling tobacco products to minors. Continuing a steady decline in this rate, the department



documented a purchase rate of 10.9% in 2006. 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.

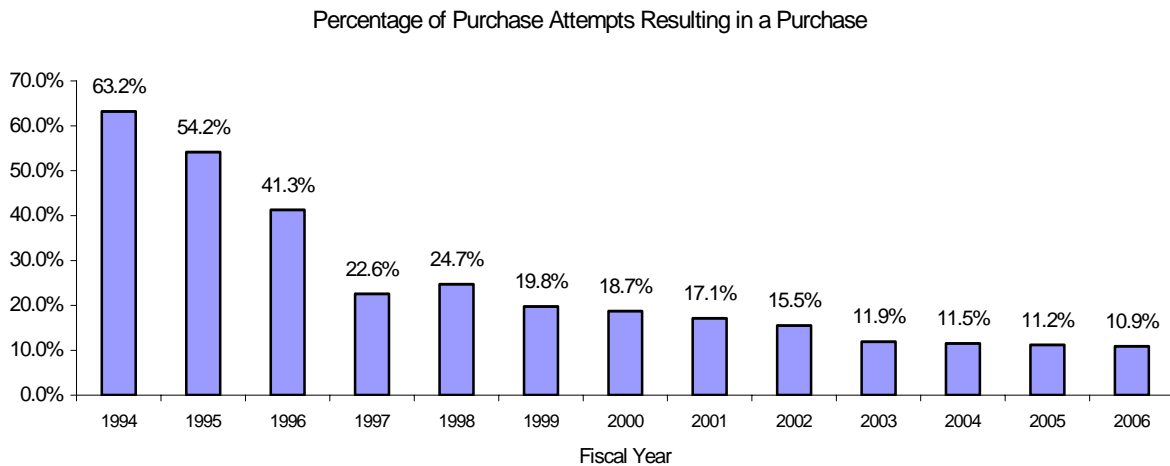


Chart 7.5.b (Source: DAODAS Division of Operations, Management Information and Research Section; 2006 Youth Access to Tobacco Study, Ages 14-17.)

### 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 FY07 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