

SOUTH CAROLINA

State SSA Director

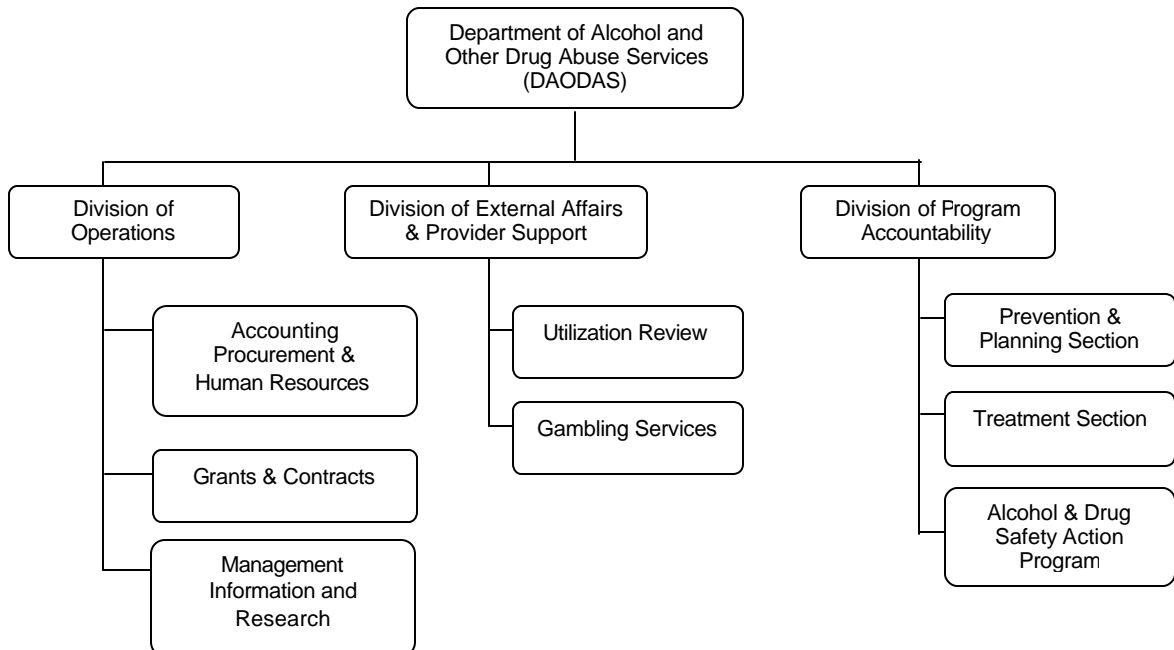
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Structure and Function



The Department of Alcohol and Other Drug Abuse Services (DAODAS) is the Single State Agency (SSA) for alcohol and other drug abuse programming. DAODAS is a cabinet-level agency, reporting directly to the Governor. Its mission is to ensure the provision of quality services to prevent or reduce the negative consequences of substance use and addictions. DAODAS contracts with 33 county alcohol and drug abuse authorities to provide direct services to citizens in all 46 counties of the State. It also partners with public, private, and social sector organizations to provide quality prevention, intervention, and treatment services. In addition, DAODAS facilitates a gambling addiction program, as well as the DRUGSTORE Information Clearinghouse and the toll-free Drug Information Access Line (DIAL).

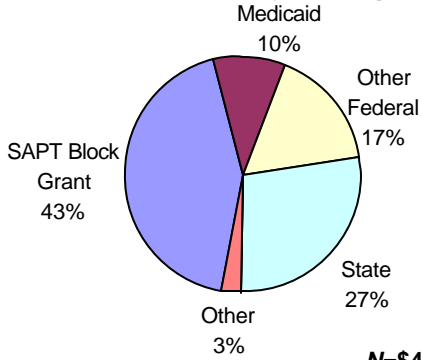
Single State Agency Structure



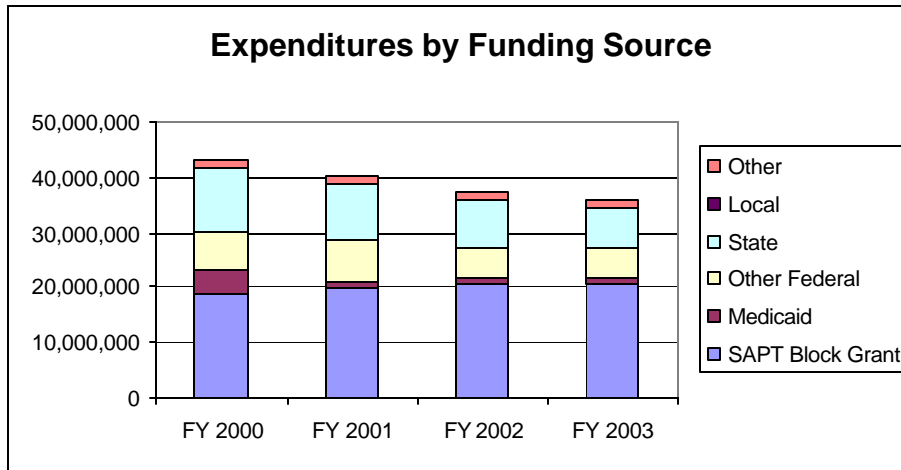
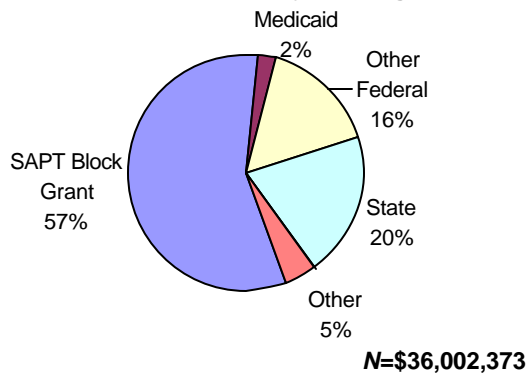
Single State Agency Funding Overview

Total SSA expenditures in South Carolina declined steadily from FYs 2000 through 2003, from \$43 to \$36 million. In FY 2003, the single largest source of funds came from the Block Grant (at 57 percent of the total), 20 percent from the State, 16 percent from other Federal sources, and 5 percent from other sources. This represents a change from FY 2000, when 43 percent of SSA funds came from the Block Grant, 27 percent from the State, 17 percent from other Federal sources, and 10 percent from Medicaid.

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

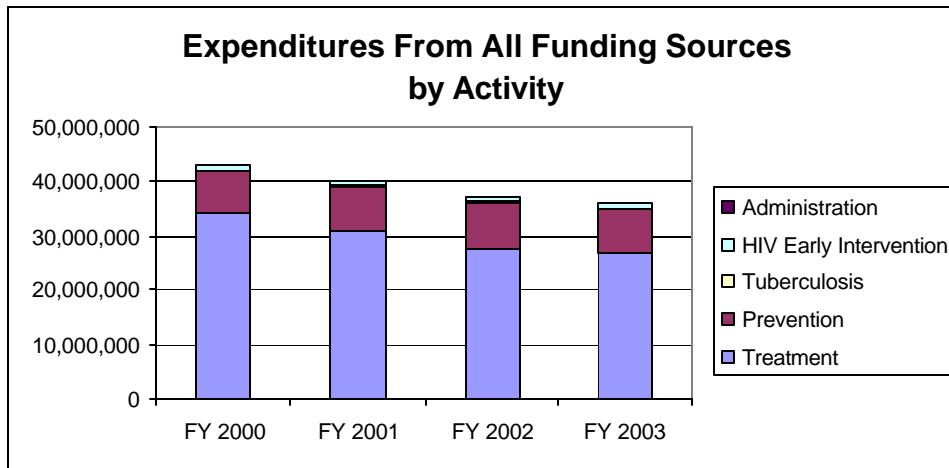
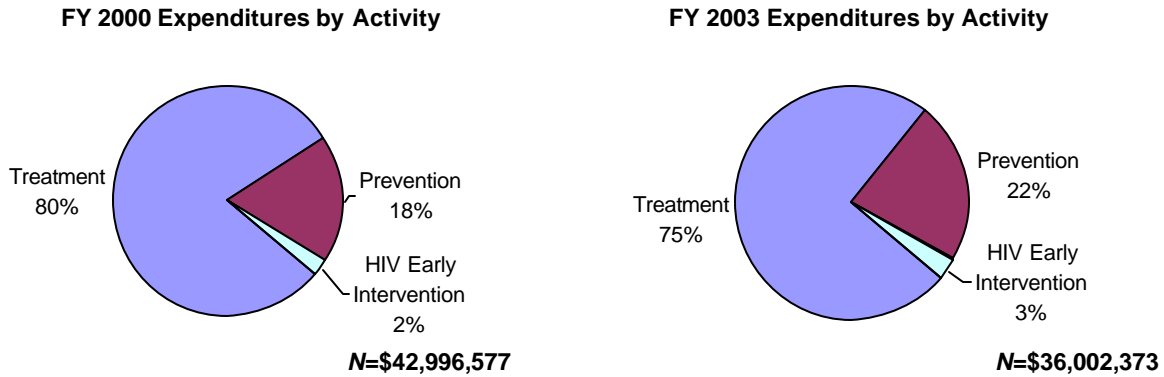
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	18,663,528	43	19,670,678	49	20,555,962	55	20,661,633	57
Medicaid	4,303,637	10	1,185,422	3	1,022,760	3	875,635	2
Other Federal	7,134,303	17	7,982,801	20	5,841,233	16	5,714,912	16
State	11,770,060	27	10,014,654	25	8,654,022	23	7,128,044	20
Local	0	0	0	0	0	0	0	0
Other	1,125,049	3	1,413,903	4	1,325,608	4	1,622,149	5
Total*	42,996,577	100	40,267,458	100	37,399,585	100	36,002,373	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Of the \$36 million in total SSA expenditures in FY 2003, three-fourths were allocated for treatment services, and 22 percent for prevention services. Although total dollars expended on treatment decreased during this time period, the distribution of funds during these years remained fairly similar.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	20,900,239	49	16,515,006	41	27,715,365	74	26,948,891	75
Alcohol Treatment	7,966,253	19	7,835,333	19				
Drug Treatment	5,502,442	13	6,815,540	17				
Prevention	7,632,280	18	8,055,866	20	8,594,242	23	7,953,854	22
Tuberculosis	62,180	0	62,180	0	62,180	0	62,180	0
HIV Early Intervention	933,183	2	983,533	2	1,027,798	3	1,037,448	3
Administration	0	0	0	0	0	0	0	0
Total*	42,996,577	100	40,267,458	100	37,399,585	100	36,002,373	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

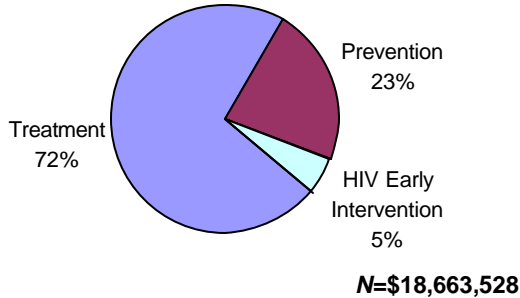
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Expenditures of Block Grant and State Funds

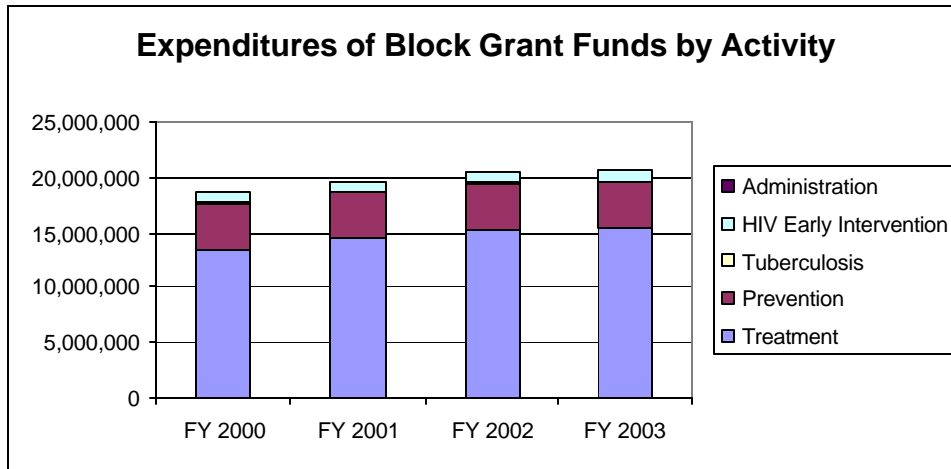
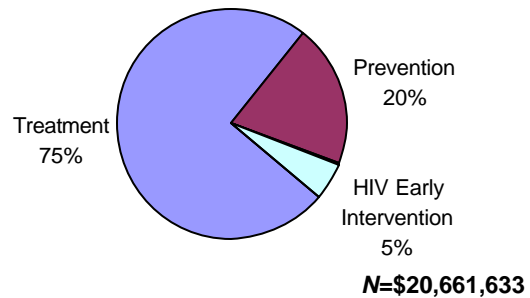
Expenditures of Block Grant Funds

Block Grant expenditures in South Carolina remained relatively stable between FYs 2000 and 2003, increasing from \$18.7 to \$20.7 million. In FY 2003, three-fourths of the total was spent on treatment services, followed by 20 percent for prevention services and 5 percent for HIV early intervention. This distribution of funds was similar to that in FY 2000.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	15,329,584	75	15,429,544	75
Alcohol Treatment	7,966,253	43	7,835,333	40				
Drug Treatment	5,502,442	29	6,815,540	35				
Prevention	4,199,470	23	3,974,092	20	4,136,400	20	4,136,827	20
Tuberculosis	62,180	0	62,180	0	62,180	0	62,180	0
HIV Early Intervention	933,183	5	983,533	5	1,027,798	5	1,033,082	5
Administration	0	0	0	0	0	0	0	0
Total*	18,663,528	100	19,670,678	100	20,555,962	100	20,661,633	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

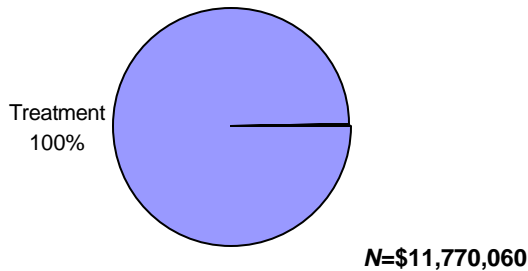
NOTE: States with a specified HIV/AIDS case rate (10 or more per 100,000) must spend a portion of their SAPT Block Grant funds (usually 5%) on HIV early intervention activities.

* Totals may not equal 100 percent due to rounding.

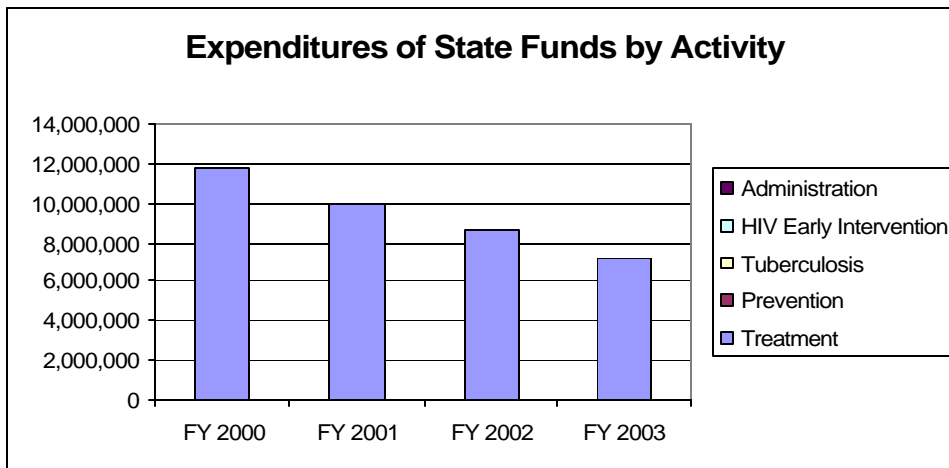
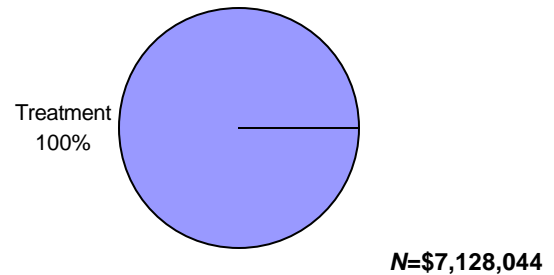
Expenditures of State Funds

South Carolina State expenditures declined steadily between FYs 2000 and 2003, from \$11.8 to \$7.1 million. Since FY 2000 all funds have been allocated for treatment services.

FY 2000 State Expenditures by Activity



FY 2003 State Expenditures by Activity



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	11,770,060	100	10,014,654	100	8,654,022	100	7,123,678	100
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	4,366	0
Administration	0	0	0	0	0	0	0	0
Total*	11,770,060	100	10,014,654	100	8,654,022	100	7,128,044	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

South Carolina’s prevention services are based upon principles of sound research. Services are designed to identify and reduce factors that place an individual or a community at risk of experiencing problems. At the same time, DAODAS also works to strengthen protective factors to help prevent the development of problems among high-risk groups and the public at large. DAODAS administers prevention programs through 11 areas, including community-based prevention services; Drug Abuse Resistance Education (D.A.R.E.); FaithWorks; the Governor’s Cooperative Agreement for Prevention (G-CAP); the Safe and Drug-free Schools and Communities program; retailer and server education programs; and prevention services in the areas of infectious disease, underage drinking, and underage use of tobacco. DAODAS also provides training and assistance for parents regarding alcohol, tobacco, and other drug (ATOD) use by minors.

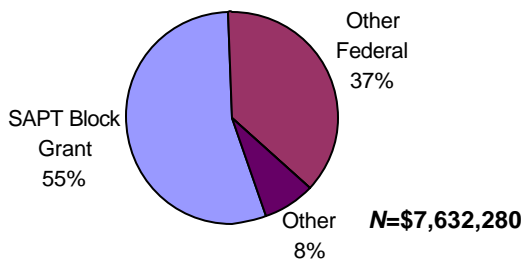
DAODAS recently implemented new evidence-based multi-session prevention education programs for youths age 10-20, which resulted in significant decreases in the use of alcohol, marijuana, and cigarettes among participants.

Prevention Funding and Expenditures

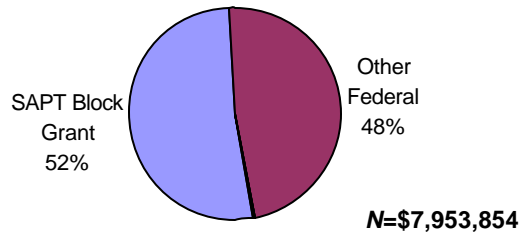
Between FYs 2000 and 2003, prevention funding in South Carolina remained stable, ranging from \$7.6 million to \$8 million. In FY 2003, about half of prevention funding was supported by the Block Grant and about half from other Federal sources. This differs somewhat from the funding sources in FY 2000, when 55 percent came from the Block Grant, 37 percent from other Federal sources, and 8 percent from other sources.

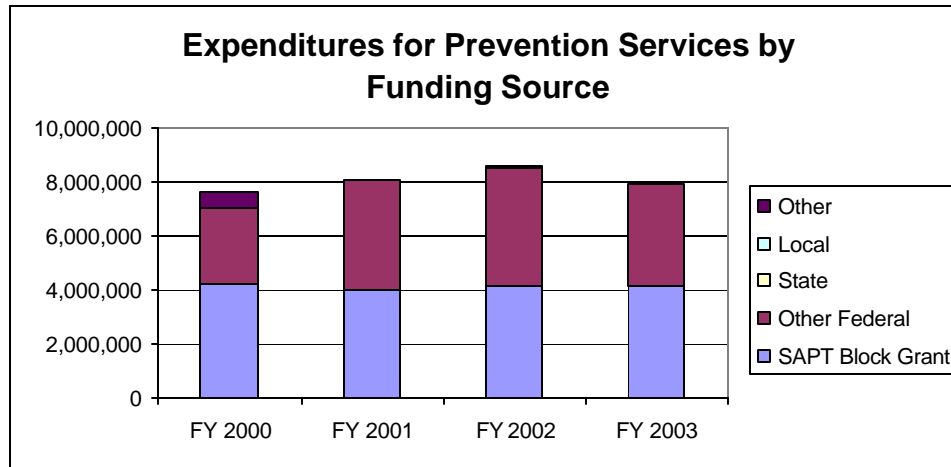
Per capita Block Grant funding for prevention services in South Carolina were fairly stable during FYs 2000 through 2003, ranging from \$.98 to \$1.04.

FY 2000 Prevention Expenditures by Funding Source



FY 2003 Prevention Expenditures by Funding Source





Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	4,199,470	55	3,974,092	49	4,136,400	48	4,136,827	52
Other Federal	2,835,794	37	4,081,774	51	4,418,086	51	3,801,608	48
State	0	0	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	597,016	8	0	0	39,756	0	15,419	0
Total*	7,632,280	100	8,055,866	100	8,594,242	100	7,953,854	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

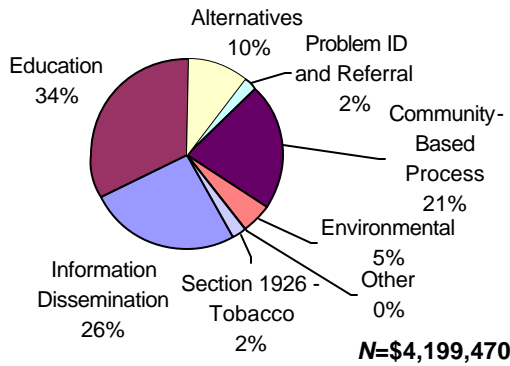
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	Four regional Prevention Resource Centers disseminate information to the general public. Funding also supports the DRUGSTORE Information Clearinghouse and the toll-free Drug Information Access Line.
Education	Education includes SC Teen Institute sessions focusing on youth leadership and prevention strategies and approximately 50,000 public service announcements in the media.
Alternatives	Events include mentoring activities, afterschool activities, and youth training and youth leadership programs.
Community-Based Processes	Coalitions strengthen prevention through efforts such as workforce development, increased technological capacity, agency linkages, a community needs and resources assessment, and the development of a comprehensive community prevention strategy.
Environmental	Strategies include merchant education on underage drinking and a working agreement with law enforcement to enhance tobacco enforcement.
Problem Identification and Referral	Funds support problem identification and referral services through the schools, as well as through driving under the influence (DUI) programs.
Other: Management Information System	Strategies include a statewide, Internet-based prevention reporting system that has helped to identify underserved populations, including those with limited English proficiency and the dually diagnosed.

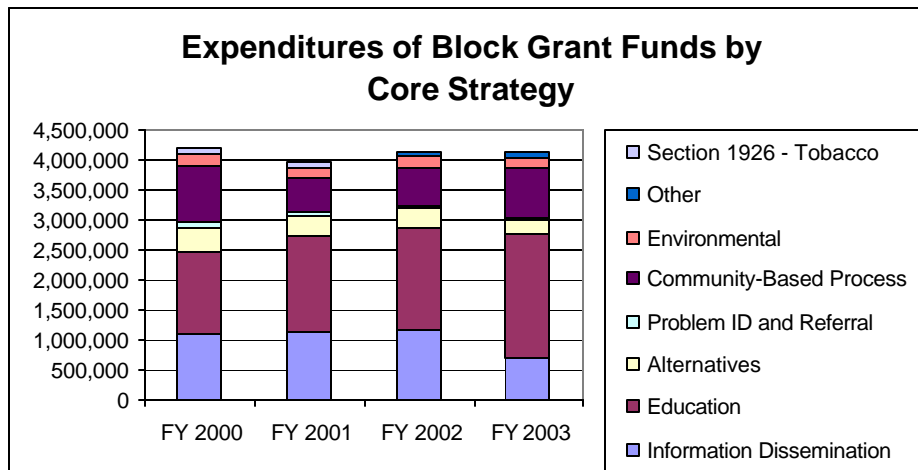
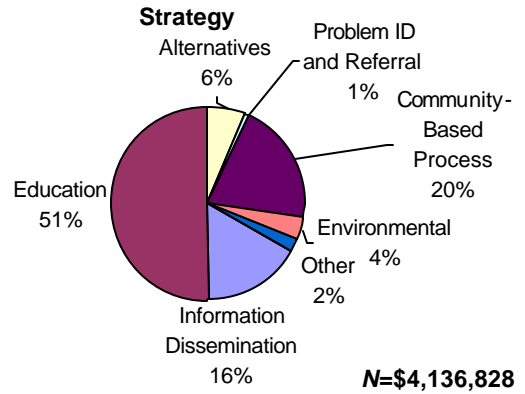
Expenditures of Block Grant Funds for Core Strategies

Block Grant funding for prevention services totaled \$4.1 million in FY 2003. The single largest funding target was education (receiving about half of funds), followed by community-based processes (20 percent) and information dissemination (16 percent).

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	1,080,151	26	1,111,012	28	1,149,558	28	680,475	16
Education	1,397,549	33	1,642,785	41	1,716,692	42	2,086,640	50
Alternatives	416,872	10	338,079	9	339,111	8	250,225	6
Problem ID and Referral	93,523	2	49,138	1	52,352	1	39,907	1
Community-Based Process	902,114	21	559,955	14	606,601	15	828,414	20
Environmental	218,221	5	180,173	5	192,957	5	159,974	4
Other	0	0	0	0	79,129	2	91,193	2
Section 1926 - Tobacco	91,040	2	92,950	2	0	0	0	0
Total*	4,199,470	100	3,974,092	100	4,136,400	100	4,136,828	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a
 * Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

Through its network of nationally accredited county authorities, DAODAS provides a comprehensive continuum of treatment services for individuals and families. Specific services include a range of outpatient treatment services, intensive outpatient treatment, halfway houses, social model detoxification, freestanding medical detoxification, residential treatment, inpatient treatment, and day treatment. These services include specialized services for women and children, services to adolescents, and services to incarcerated and paroled individuals. DAODAS also coordinates services for adolescents preparing to leave residential treatment settings to help them reintegrate successfully into their families and communities. Additionally, DAODAS provides early intervention services by identifying those in the early stages of alcohol and substance abuse through the school system, the criminal justice system, the workplace, and other social systems.

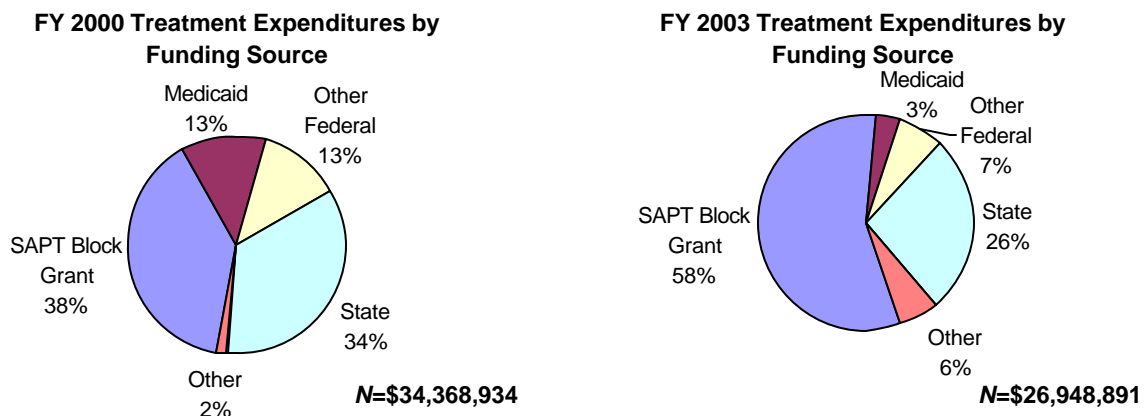
AODAS coordinates regular meetings between treatment directors and women's services coordinators, enabling agencies to refer clients to other providers within the network rather than being placed on waiting lists. Those on waiting lists receive interim services and intensive case management services via telephone contact.

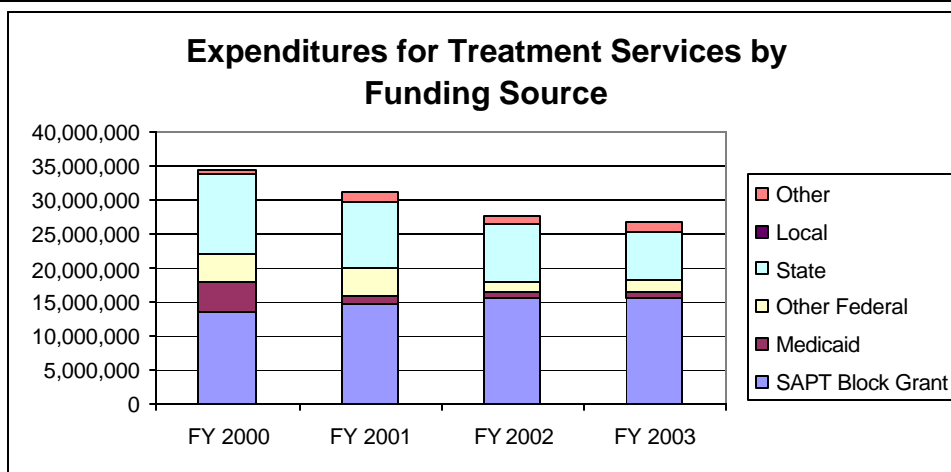
Despite statewide budget cuts during FY 2004, DAODAS not only maintained its continuum of treatment services, but added residential treatment beds for women and expanded an adolescent treatment facility.

Treatment Funding and Expenditures

Between FYs 2000 and 2003, treatment funding in South Carolina declined substantially from \$34.4 to \$26.9 million. Funding from the Block Grant increased over time (in both proportion and in dollar value), while funding from the State decreased. The two largest resources for FY 2003 funding were the Block Grant (at 58 percent of the total) and the State (supporting 26 percent).

Block Grant expenditures on treatment and rehabilitation increased from \$3.35 per capita in FY 2000 to \$3.72 per capita in FY 2003.





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	13,468,695	38	14,650,873	47	15,329,584	55	15,429,544	58
Medicaid	4,303,637	13	1,185,422	4	1,022,760	4	875,635	3
Other Federal	4,298,509	13	3,901,027	13	1,423,147	5	1,913,304	7
State	11,770,060	34	10,014,654	32	8,654,022	31	7,123,678	26
Local	0	0	0	0	0	0	0	0
Other	528,033	2	1,413,903	5	1,285,852	5	1,606,730	6
Total*	34,368,934	100	31,165,879	100	27,715,365	100	26,948,891	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

South Carolina’s SAPT Block Grant application indicates that nearly 4,500 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) or free-standing residential treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=4,413)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	0	0	0
Free-standing residential	2,397	2,016	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	0	0	0
Short-term residential	38	142	0
Long-term residential	42	185	0
Ambulatory (Outpatient)			
Outpatient (methadone)	157	0	0
Outpatient (non-methadone)	9,501	5,894	0
Intensive outpatient	1,540	2,082	0
Detoxification (outpatient)	1	0	0
Total	2,397	2,016	0

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data—which include programs funded through the Block Grant and programs that are not—indicate nearly 26,000 admissions (where at least one substance is known), of which more than 11,000 are for alcohol only. Calculations (with imputation) from TEDS data show that approximately 8 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. Approximately 4 percent of persons admitted for abusing alcohol only were diagnosed with a psychiatric problem and 10 percent of persons admitted for abusing alcohol in combination with other drugs were diagnosed as having a psychiatric problem. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	11,381	4.5
Alcohol in combination with other drugs	14,280	10.2
Total	25,661	7.7

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 250,000 persons aged 12 and older (7.4 percent of South Carolina's population) needed, but did not receive, treatment for alcohol use and 82,000 persons (2.4 percent) needed, but did not receive, treatment for illicit drug use in South Carolina.

Treatment Gap by Age Group

Measure	% 12 and older	% 12–17	% 18–25	% 26 and older
Needing but not receiving treatment for alcohol use	7.38	4.50	18.58	5.78
Needing but not receiving treatment for illicit drug use	2.43	4.32	7.31	1.31

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

South Carolina assesses the treatment and prevention needs of its citizens locally, regionally, and statewide. The 46 counties are grouped into 4 regions to facilitate this assessment.

DAODAS utilizes two primary data sources in determining needs for prevention and treatment in South Carolina. The State Treatment Needs Assessment Program (STNAP) involves telephone surveys of adolescents and adults, a survey of the Medicaid-eligible population, and a hospital-mental health-alcohol-drug client treatment utilization study. These data are used in varying combinations to identify trends, determine areas of greatest need, and suggest necessary shifts in program and service emphasis. Additionally, the Substance Abuse Agencies management Information System (SAAMIS) is a vital planning and information source for monitoring emerging trends, as well as service-provider performance.

Evaluation

DAODAS tracks statewide client outcome measures for intervention and treatment programs through the Coordinated County Review process, county alcohol and drug abuse authorities outcome evaluation results, and the outcome indicator data from SAAMIS. The State utilizes individualized outcome measures for specific populations, based on involvement with the criminal justice system, employment status, relapse history, housing status, and social consequences of abuse. Further, throughout the State, service providers notify DAODAS when they have reached 90 percent of their capacity. In this way, DAODAS is able to monitor utilization of services and manage capacity and waiting lists. Additionally, DAODAS provides technical assistance to help agencies optimize capacity and reduce no-show percentages.

South Carolina currently monitors outcome measures for prevention services as well, and DAODAS is now developing a statewide prevention outcome evaluation system, based on core measures from the *Governor's Comprehensive Strategy for Youth Substance Abuse Prevention*.

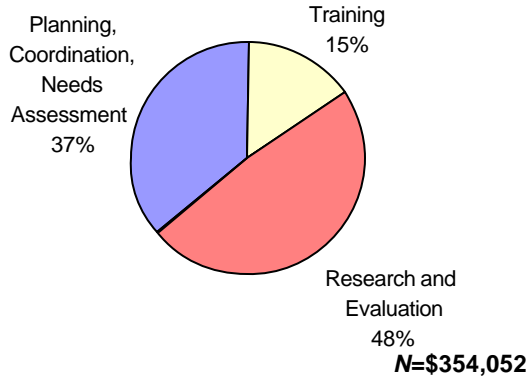
Training and Assistance

DAODAS provides training to meet the diverse credentialing, certification and/or licensing, and continuing education needs of prevention and treatment staff throughout the State. Many of these education and professional development initiatives are provided in collaboration with other health and human service organizations. DAODAS also sponsors quarterly trainings for specific populations, such as prevention coordinators, treatment directors, and youth coordinators. Best practices information is available on the DAODAS Web site. DAODAS continues to expand its regional training services, including increased utilization of teleconferencing. DAODAS recently facilitated the 30th South Carolina School of Alcohol and Other Drug Studies. Additionally, recognizing a growing need, DAODAS sponsored a technical assistance conference for faith- and community-based organizations in 2004.

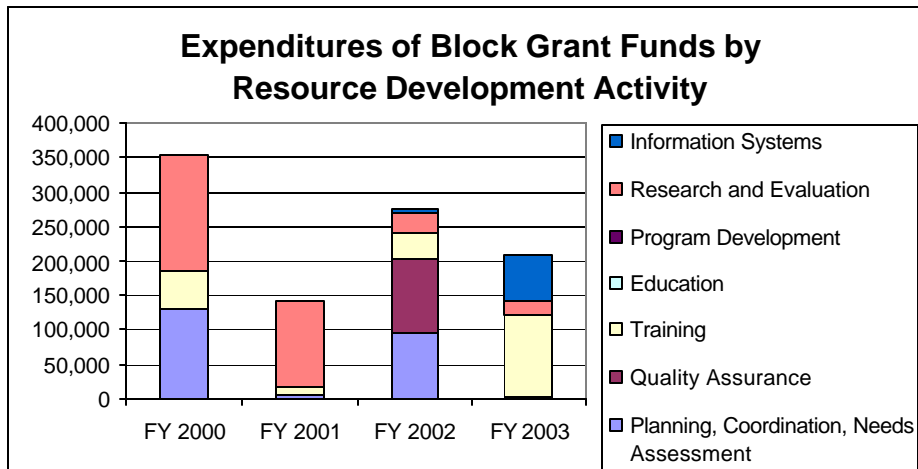
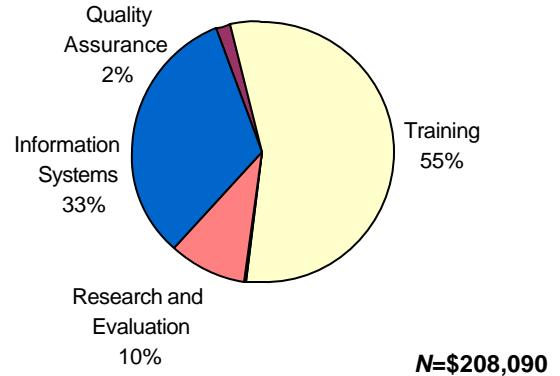
Expenditures of Block Grant Funds for Resource Development Activities

Between FYs 2000 and 2003 Block Grant funding for resource development activities declined from \$354,000 to \$208,000. Distribution of funds per type of activity also varied widely over that time period. In FY 2003 most (55 percent) of the total in funds for resource development activities were spent on training, followed by 33 percent on information systems.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	129,358	37	6,988	5	94,669	34	0	0
Quality Assurance	0	0	0	0	105,511	38	3,800	2
Training	54,746	15	11,361	8	40,148	15	115,650	55
Education	0	0	0	0	0	0	0	0
Program Development	0	0	0	0	0	0	0	0
Research and Evaluation	169,948	48	122,634	87	29,725	11	20,600	10
Information Systems	0	0	0	0	6,500	2	68,040	33
Total*	354,052	100	140,983	100	276,553	100	208,090	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

South Carolina was awarded nearly \$700,000 in discretionary funding from the Center for Substance Abuse Prevention (CSAP) in FY 2004. Seven of the eight grants were awarded to drug-free communities and one was a drug-free communities mentoring award.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	7	646,485
Drug Free Communities Mentoring	1	49,904
Total	8	696,389

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

In FY 2004, the Center for Substance Abuse Treatment (CSAT) awarded South Carolina more than \$2 million in discretionary funding for treatment services. Grants were awarded for adult, juvenile, and family drug court; targeted capacity expansion; and TCE innovative treatment and rural populations.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Adult Juvenile and Family Drug Courts	2	688,000
Targeted Capacity Expansion	1	416,052
TCE Innovative Treatment	1	451,704
TCE Rural Populations	1	494,739
Total	5	2,050,495

SOURCE: www.samhsa.gov