Planning Steps

Quality and Data Collection Readiness

Narrative Question:

Health surveillance is critical to SAMHSA's ability to develop new models of care to address substance abuse and mental illness. SAMHSA provides decision makers, researchers and the general public with enhanced information about the extent of substance abuse and mental illness, how systems of care are organized and financed, when and how to seek help, and effective models of care, including the outcomes of treatment engagement and recovery. SAMHSA also provides Congress and the nation reports about the use of block grant and other SAMHSA funding to impact outcomes in critical areas, and is moving toward measures for all programs consistent with SAMHSA's **NBHQF**. The effort is part of the congressionally mandated National Quality Strategy to assure health care funds – public and private – are used most effectively and efficiently to create better health, better care, and better value. The overarching goals of this effort are to ensure that services are evidence-based and effective or are appropriately tested as promising or emerging best practices; they are person/family-centered; care is coordinated across systems; services promote healthy living; and, they are safe, accessible, and affordable.

SAMHSA is currently working to harmonize data collection efforts across discretionary programs and match relevant NBHQF and National Quality Strategy (NQS) measures that are already endorsed by the National Quality Forum (NQF) wherever possible. SAMHSA is also working to align these measures with other efforts within HHS and relevant health and social programs and to reflect a mix of outcomes, processes, and costs of services. Finally, consistent with the Affordable Care Act and other HHS priorities, these efforts will seek to understand the impact that disparities have on outcomes.

For the FY 2016-2017 Block Grant Application, SAMHSA has begun a transition to a common substance abuse and mental health client-level data (CLD) system. SAMHSA proposes to build upon existing data systems, namely TEDS and the mental health CLD system developed as part of the Uniform Reporting System. The short-term goal is to coordinate these two systems in a way that focuses on essential data elements and minimizes data collection disruptions. The long-term goal is to develop a more efficient and robust program of data collection about behavioral health services that can be used to evaluate the impact of the block grant program on prevention and treatment services performance and to inform behavioral health services research and policy. This will include some level of direct reporting on client-level data from states on unique prevention and treatment services purchased under the MHBG and SABG and how these services contribute to overall outcomes. It should be noted that SAMHSA itself does not intend to collect or maintain any personal identifying information on individuals served with block grant funding.

This effort will also include some facility-level data collection to understand the overall financing and service delivery process on client-level and systems-level outcomes as individuals receiving services become eligible for services that are covered under fee-for-service or capitation systems, which results in encounter reporting. SAMHSA will continue to work with its partners to look at current facility collection efforts and explore innovative strategies, including survey methods, to gather facility and client level data.

The initial draft set of measures developed for the block grant programs can be found at **http://www.samhsa.gov/data/quality-metrics/block-grant-measures**. These measures are being discussed with states and other stakeholders. To help SAMHSA determine how best to move forward with our partners, each state must identify its current and future capacity to report these measures or measures like them, types of adjustments to current and future state-level data collection efforts necessary to submit the new streamlined performance measures, technical assistance needed to make those adjustments, and perceived or actual barriers to such data collection and reporting.

The key to SAMHSA's success in accomplishing tasks associated with data collection for the block grant will be the collaboration with SAMHSA's centers and offices, the National Association of State Mental Health Program Directors (NASMHPD), the National Association of State Alcohol Drug Abuse Directors (NASADAD), and other state and community partners. SAMHSA recognizes the significant implications of this undertaking for states and for local service providers, and anticipates that the development and implementation process will take several years and will evolve over time.

For the FY 2016-2017 Block Grant Application reporting, achieving these goals will result in a more coordinated behavioral health data collection program that complements other existing systems (e.g., Medicaid administrative and billing data systems; and state mental health and substance abuse data systems), ensures consistency in the use of measures that are aligned across various agencies and reporting systems, and provides a more complete understanding of the delivery of mental health and substance abuse services. Both goals can only be achieved through continuous collaboration with and feedback from SAMHSA's state, provider, and practitioner partners.

SAMHSA anticipates this movement is consistent with the current state authorities' movement toward system integration and will minimize challenges associated with changing operational logistics of data collection and reporting. SAMHSA understands modifications to data collection systems may be necessary to achieve these goals and will work with the states to minimize the impact of these changes.

States must answer the questions below to help assess readiness for CLD collection described above:

1. Briefly describe the state's data collection and reporting system and what level of data is able to be reported currently (e.g., at the client, program, provider, and/or other levels).

2. Is the state's current data collection and reporting system specific to substance abuse and/or mental health services clients, or is it part of a larger data system? If the latter, please identify what other types of data are collected and for what populations (e.g., Medicaid, child welfare,

etc.).

3. Is the state currently able to collect and report measures at the individual client level (that is, by client served, but not with client-identifying information)?

4. If not, what changes will the state need to make to be able to collect and report on these measures?
   Please indicate areas of technical assistance needed related to this section.

Footnotes:

Quality and Data Collection Readiness

1. *Describe the State's approach to quality and data collection and how it can be improved and result in better client level data and outcomes.*

   The Department of Alcohol and Other Drug Abuse Services (DAODAS) has financially supported its provider network's implementation of a uniform electronic clinical record for the provision of public substance use disorder treatment services. Implementation for all 32 county alcohol and drug abuse authorities began in February 2013. Full transition of all client-level data collection activities began in December 2013. Data collected within the clinical record includes client demographics, service utilization, and client functioning throughout an episode of care. Data access features allow for reporting at the agency, program, provider, and client levels. The department's data-collection activities are limited to the provision of public substance use disorder treatment services. Data included in the system includes claims submitted to Medicaid and other third-party payers. The state is currently submitting approximately 3,000 patient records to SAMHSA's Treatment Episode Data Set vendor each month.

   DAODAS provides oversight of treatment data quality to county authorities through the distribution of quarterly patient-outcome and service-utilization reports. These reports help facilitate in-depth program analysis, operational decision-making, and performance measurement. Data are extracted from the providers' electronic health record system bi-weekly and are utilized to build special client-level database tables that enable quick turnaround on reports such as unique client counts, program admissions, treatment outcomes, and specific data requests from other state agencies, internal staff, or the county authorities. DAODAS works proactively with county authorities on system improvement initiatives to ensure that the state collects all needed data elements.

   The FY 2020 DAODAS Funding and Compliance Contract states under Special Conditions that as a matter of policy, subgrantees shall monitor the following goals for effectiveness:

   i. Subgrantee shall complete an assessment within two working days of intake on at least seventy-five percent (75%) of all patient episodes.
   ii. Subgrantee shall complete a qualifying service within six working days of assessment on at least fifty percent (50%) of all patient episodes.
   iii. Subgrantee shall complete discharge forms on no less than ninety-nine percent (99%) of all admitted patients whose services have ended.
   iv. Subgrantee shall complete outcome follow-up surveys on a representative sample of at least fifteen percent (15%) or more of admitted patients whose services have ended within seventy (70) to one hundred and ten (110) days of discharge.

DAODAS collects all of the required data for the primary prevention forms to report on the usage of the SABG primary prevention set-aside through the IMPACT system developed by Mosaix Software. Data collected on each prevention service provided throughout the state includes: number served, demographics, time spent preparing for and conducting the service activity, etc. The state collects additional information on evidence-based curriculum programs and environmental strategies for the statewide prevention evaluation outcomes report. South Carolina has been contracting with the Pacific Institute for Research and Evaluation (PIRE) to evaluate prevention services in South Carolina since 2005.

DAODAS uses multiple methods of outcome evaluation, with each method suited to the particular type of prevention services being evaluated and commensurate with anticipated level of impact of those strategies. In other words, the agency puts the most effort into the evaluation of strategies that promise to have the greatest impact on risk factors, levels of use, or consequences. Each year since 2005, PIRE has produced a prevention outcomes report for South Carolina. These reports summarize prevention outcomes generated by the state's substance abuse prevention system. A large portion of the content of these reports focuses on the outcomes generated through pre- and post-testing of multi-session youth prevention curricula, because those evaluation methods are the most standardized across the state. In addition, other sections of the report focus on the outcomes that can be assessed across the state in the implementation of environmental strategies and the Youth Access to Tobacco Study (Synar). Copies of the reports from 2005 to 2018 can be assessed by visiting the following website: http://ncweb.pire.org/scdocuments/

For education services, since 2005 DAODAS has been requiring the use of a standardized pre- and post-test for curricula. This questionnaire addresses five common risk factors for youth initiation, measures past-30-day use of eight substances, and includes several other questions related to issues like age of first use and parental communication about alcohol, tobacco, and other drug use. County authorities administer the surveys locally under guidance developed by PIRE and send them to DAODAS for PIRE to scan, analyze, and prepare local and state outcome reports.

For environmental strategies, DAODAS has developed data-collection forms and automated them in a web-based system (Environmental Prevention Strategies Reporting System) for the following law enforcement operations: compliance checks, public safety checkpoints, fake ID checks/bar checks, saturation patrols, controlled party dispersals, and "shoulder taps." The system also has a prevention activity report form for law enforcement agencies to report efforts such as media campaigns, community engagement/presentations, and alternative activities. Law enforcement officers and the Alcohol Enforcement Team Coordinators have been trained to enter data into the reporting system as the operations are occurring in the field. Prevention Coordinators, AET Coordinators, and law enforcement agencies can also download reports from the system to monitor progress to date on meeting benchmarks/objectives. https://prs.pire.org/UI/report-list

PIRE analyzes these data at the end of the fiscal year. Data are handled differently based on the operation. For some, total ticket counts primarily are tracked. For compliance

checks, multiple analyses are done with the provided data, primarily calculating changes in retailer violation rates for underage sales over time. The information is included in the prevention outcomes report described above.

The state also has standardized evaluation tools for the Palmetto Retailer Education Program (PREP) and the Tobacco Education Program (TEP) for youth who violate the laws against underage tobacco possession.

For the rest of the funded programs, some are evaluated locally, with consultation available from PIRE, because they are unique local efforts that fall outside the established standardized evaluation protocols. Others are determined to be unlikely to generate true risk factor/behavioral outcomes – information dissemination, community-based processes, and alternatives – and are primarily evaluated only by tracking process measures like the number of materials disseminated or number of people reached.

The annual outcomes report serves as a companion document to the *South Carolina Profile on Alcohol, Tobacco, and Other Substance-Related Indicators* (the "SEOW Profile"). The report provides an overview of data indicators related to youth and adult drug use, consequences and risk factors, and is an important measuring stick for the overall direction of the state in addressing its ATOD issues. In particular, the report provides updates on progress for the four state ATOD priorities:

- Underage drinking
- Alcohol-related car crashes (including youth crashes)
- Youth tobacco use (including smokeless tobacco use)
- Substance use during pregnancy

The report focuses more on efforts with clearly attributable outcomes or in-depth analyses of process data to inform South Carolina's prevention efforts. Understanding and building upon the state's measurable efforts while working toward the goal of "moving the needle" on state indicators is a positive complementary approach.

Planning Tables

Table 1 Priority Areas and Annual Performance Indicators

Priority #: 1

Priority Area: Underage Alcohol Use

Priority Type: SAP

Population(s): PP

Goal of the priority area:

To reduce underage alcohol use in South Carolina.

Objective:

1. Decrease past month alcohol use (30 day use) among South Carolina high school students to 25% or less (measured by the YRBS-odd years)

2. Decrease past month alcohol use (30 day use) among South Carolina high school students to 16% or less (measured by the SC Communities that Care (CTC) Survey-even years).

3.Decrease etail access to alcohol (underage alcohol buy rate) for the state of South Carolina to 10% or less (measured by AET statewide data).

Strategies to attain the objective:

County prevention providers in South Carolina will provide information to youth and adults in South Carolina about the dangers, laws, consequences and harmfulness of underage alcohol use through the dissemination of information.

County prevention providers in South Carolina will work in collaboration with local law enforcement through the South Carolina Alcohol Enforcement Teams (AET) program. The AETs will focus on environmental prevention activities to reduce youth access to alcohol through both social and retail sources. Specific environmental prevention activities could include alcohol compliance checks, merchant education, controlled part dispersals and party prevention and shoulder taps.

County prevention providers will work in collaboration with community coalitions will work to create and/or revise local policies that may positively impact underage drinking.

Training will be provided to all key stakeholders on evidence-based practices to reduce underage drinking.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Decrease past-month (30-day use) alcohol use among South Carolina high school students as measured by the YRBS.

Baseline Measurement: 23% (2017)

First-year target/outcome measurement: 22%

Second-year target/outcome measurement: 21%

Data Source:

Youth Risk Behavior Survey (YRBS)

Description of Data:

The YRBS is conducted every two years (odd years) in South Carolina. A representative sample of high school students is attempted.

Data issues/caveats that affect outcome measures::

None

Indicator #: 2

Indicator: Decrease past month alcohol use (30 day use) among South Carolina high school students as measured by the SC Communities that Care (CTC) Survey

Baseline Measurement: 16%

First-year target/outcome measurement: 15%

Second-year target/outcome measurement: 14%

Data Source:

South Carolina Communities that Care (CTC) survey

Description of Data:

The CTC is offered every two years (even years) for local counties to coordinate administration of the survey through the local school districts.

Data issues/caveats that affect outcome measures::

Participation is not required. In 2018, 32 of the 46 counties in SC participated in the survey administration. The statewide report prepared by the Pacific Institute for Research and Evaluation is based on weighted data. The purpose of weighting the data is to better represent the larger student population in each county from which the student survey samples were drawn. The data was weighted according to characteristics that are known to be associated with substance use. For example, substance use is known to vary by grade and race/ethnicity. For this reason, we weighted the survey data by grade level and race/ethnicity (white, non-white) so that the students who were surveyed would better reflect the county's student population and the survey results would be more accurate.

The combined results for the 32 counties should not be interpreted as estimates for the entire state population but rather as estimates for only the counties that participated in the survey that year.

Indicator #: 3

Indicator: Decrease the retail access of alcohol to underage youth in South Carolina.

Baseline Measurement: 6.9% 2018

First-year target/outcome measurement: 10% or less

Second-year target/outcome measurement: 10% or less

Data Source:

Local law enforcement data reported via the Environmental Prevention Reporting System (web-based)

Description of Data:

All alcohol compliance checks done by local law enforcement are reported to DAODAS via the Alcohol Enforcement Team/Environmental Prevention Reporting System network.

Data issues/caveats that affect outcome measures::

Local law enforcement chooses the frequency and targets of their compliance check efforts based on capacity. Therefore, there may be some inconsistency from year to year in what areas receive compliance checks and to what intensity. This may have some influence on the buy rate, particularly if an area not traditionally enforced begins to receive compliance checks. These areas often begin with higher buy rates.

Priority #: 2

Priority Area: To reduce alcohol-related car crashes across South Carolina.

Priority Type: SAP

Population(s): PP

Goal of the priority area:

To reduce alcohol-related car crashes across South Carolina.

Objective:

Decrease the percentage of motor vehicle fatalities in which one or more drivers had a BAC of 0.08 or higher to 40% or less,

Strategies to attain the objective:

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The percentage of motor vehicle fatalities attributable to alcoholin South Carolina

Baseline Measurement: 32% (2017)

First-year target/outcome measurement: 31% or less

Second-year target/outcome measurement: 31% or less

Data Source:

South Carolina Department of Public Safety Office of Highway Safety and Justice Programs 2018 Impaired Driving Countermeasures Plan

Description of Data:

Using FARS data (Fatal Accident Reporting System. Financial Accounting and Reporting System), the indicator measures the percentage of deaths in motor vehicle crashes that involve a driver with a BAC of .08% or greater.

Data issues/caveats that affect outcome measures::

Time lag associated with determining cause of motor vehicle fatalities associated with excessive alcohol consumption.

Priority #: 3

Priority Area: Youth Tobacco Use

Priority Type: SAP

Population(s): PP

Goal of the priority area:

To reduce tobacco/nicotine use among youth in South Carolina.

Objective:

i. To reduce the state Retailer Violation Rate (RVR) to 8% or less.
ii. Decrease past-month (30-day use) tobacco use among South Carolina high school students as measeured by the YRBS..
iii. Decrease the retail access of tobacco products to youth in South Carolina.
iv. Decrease past month tobacco use-cigarette (30 day use) among South Carolina high school students as measured by the SC Communities That Care (CTC) Survey.
v. Decrease past month tobacco use-smokeless (30 day use) among South Carolina high school students as measured by the SC Communities That Care (CTC) Survey.
vi. Decrease past month tobacco use-vaping (30 day use) among South Carolina high school students as measured by the SC Communities That Care (CTC) Survey.

Strategies to attain the objective:

i. County prevention providers will provide information to youth and adults in South Carolina about the dangers, laws, consequences and harmfulness of underage tobacco/nicotine use through the dissemination of information.

ii. County prevention providers in South Carolina will work in collaboration with local law enforcement to implement environmental prevention activities to reduce youth access to tobacco/nicotine through retails sources. Specific environmental prevention activities could include tobacco compliance checks and merchant education.

iii. County prevention providers will work in collaboration with community coalitions to create and/or revise local policies that may positively impact youth tobacco/nicotine use.

iv. Training will be provided to all key stakeholders on evidence-based practices to reduce youth tobacco/nicotine use.

v. Local prevention providers will continue to assist the State in implementing the annual Youth Access to Tobacco Study to measure the retailer violation rate (RVR) in South Carolina.

vi. Local prevention providers will deliver the South Carolina Tobacco Education Program (TEP) for youth identified as having violated South Carolina law prohibiting youth under 18 from attempting to possess or purchase tobacco/nicotine products. The referral of youth to this program can come from the courts, schools, parents/guardians, and/or from the youth themselves.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: To reduce the state Retailer Violation Rate (RVR) to 8% or less.

Baseline Measurement: 4.3%

First-year target/outcome measurement: 5% or less

Second-year target/outcome measurement: 5% or less

Data Source:

Synar Study

Description of Data:

The Federal Synar regulation requires that South Carolina conduct annual, unannounced inspections of a valid probability sample of tobacco outlets that are accessible to minors. The study is designed to determine the extent to which people younger than 18 can successfully buy cigarettes from retail outlets.

Data issues/caveats that affect outcome measures::

None

Indicator #: 2

Indicator: Decrease past-month (30-day use) of cigarettes, cigars, smokeless tobacco or electronic vapor product among South Carolina high school students as measured by the YRBS.

Baseline Measurement: 21.6% (2017)

First-year target/outcome measurement: 20% or less

Second-year target/outcome measurement: 20% or less

Data Source:

Youth Risk Behavior Survey (YRBS)

Description of Data:

Question on the YRBS includes all tobacco/nicotine products. The YRBS is conducted every two years (odd years) in South Carolina. A representative sample of high school students is attempted.

Data issues/caveats that affect outcome measures::

None

Indicator #: 3

Indicator: Decrease the retail access of tobacco/nicotine to underage youth in South Carolina.

Baseline Measurement: 4% (2018)

First-year target/outcome measurement: 5% or less

Second-year target/outcome measurement: 5% or less

Data Source:

Local law enforcement data reported via the Environmental Prevention Reporting System (web-based)

Description of Data:

All tobacco compliance checks done by local law enforcement are reported to DAODAS via the Alcohol Enforcement Team/Environmental Prevention Reporting System network.

Data issues/caveats that affect outcome measures::

Local law enforcement chooses the frequency and targets of their compliance check efforts based on capacity. Therefore, there may be some inconsistency from year to year in what areas receive compliance checks and to what intensity. This may have some influence on the buy rate, particularly if an area not traditionally enforced begins to receive compliance checks. These areas often begin with higher buy rates.

Indicator #: 4

Indicator: Decrease past month tobacco-cigarette use (30 day use) among South Carolina high school students as measured by the SC Communities that Care (CTC) Survey

Baseline Measurement: 4.6% (2018)

First-year target/outcome measurement: 5% or less

Second-year target/outcome measurement: 5% or less

Data Source:

South Carolina Communities that Care (CTC) survey

Description of Data:

The CTC is offered every two years (even years) for local counties to coordinate administration of the survey through the local school districts.

Data issues/caveats that affect outcome measures::

Participation is not required. In 2018, 32 of the 46 counties in SC participated in the survey administration. The statewide report prepared by the Pacific Institute for Research and Evaluation is based on weighted data. The purpose of weighting the data is to better represent the larger student population in each county from which the student survey samples were drawn. The data was weighted according to characteristics that are known to be associated with substance use. For example, substance use is known to vary by grade and race/ethnicity. For this reason, we weighted the survey data by grade level and race/ethnicity (white, non-white) so that the students who were surveyed would better reflect the county's student population and the survey results would be more accurate.

Indicator #: 5

Indicator: Decrease past month tobacco use-smokeless (30 day use) among South Carolina high school students as measured by the SC Communities that Care (CTC) Survey

Baseline Measurement: 6.5% (2018)

First-year target/outcome measurement: 5% or less

Second-year target/outcome measurement: 5% or less

Data Source:

South Carolina Communities that Care (CTC) survey

Description of Data:

The CTC is offered every two years (even years) for local counties to coordinate administration of the survey through the local school districts.

Data issues/caveats that affect outcome measures::

Participation is not required. In 2018, 32 of the 46 counties in SC participated in the survey administration. The statewide report

prepared by the Pacific Institute for Research and Evaluation is based on weighted data. The purpose of weighting the data is to better represent the larger student population in each county from which the student survey samples were drawn. The data was weighted according to characteristics that are known to be associated with substance use. For example, substance use is known to vary by grade and race/ethnicity. For this reason, we weighted the survey data by grade level and race/ethnicity (white, non-white) so that the students who were surveyed would better reflect the county's student population and the survey results would be more accurate.

Indicator #: 6

Indicator: Decrease past month tobacco use-vaping (30 day use) among South Carolina high school students as measured by the SC Communities that Care (CTC) Survey

Baseline Measurement: 11.5% (2018)

First-year target/outcome measurement: 10% or less

Second-year target/outcome measurement: 10% or less

Data Source:

South Carolina Communities that Care (CTC) survey

Description of Data:

The CTC is offered every two years (even years) for local counties to coordinate administration of the survey through the local school districts.

Data issues/caveats that affect outcome measures::

Participation is not required. In 2018, 32 of the 46 counties in SC participated in the survey administration. The statewide report prepared by the Pacific Institute for Research and Evaluation is based on weighted data. The purpose of weighting the data is to better represent the larger student population in each county from which the student survey samples were drawn. The data was weighted according to characteristics that are known to be associated with substance use. For example, substance use is known to vary by grade and race/ethnicity. For this reason, we weighted the survey data by grade level and race/ethnicity (white, non-white) so that the students who were surveyed would better reflect the county's student population and the survey results would be more accurate.

Priority #: 4

Priority Area: Women who are pregnant and Women with dependent children

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Ensure high quality substance use disorder treatment services for pregnant women and women with dependent children are available within each community.

Objective:

1. Increase the number of pregnant females who complete treatment services by 5% by the end of the planning period (from baseline SFY 2018)
2. Increase the number of pregnant opioid users who are able to access MAT service by 5% by the end of the planning period (from baseline SFY 2018)

Strategies to attain the objective:

i. Increase the use of Trauma specific and other evidence based treatment services that increase good outcomes for this population.
ii. Increase collaboration with waiver 2000 physicians and Methadone Clinics through co-location of staff and/or improved screening/referral service delivery coordination.
iii. Continue collaboration with the State's Medicaid Agency to engage OBGYN service providers in screening, intervention, and referral to treatment service models.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Successful completion of treatment episode of patients who are pregnant.

Baseline Measurement: 41% of patients who are pregnant successfully complete their treatment episode.

First-year target/outcome measurement: 42% of patients who are pregnant successfully complete their treatment episode (increase of 2.5%)

Second-year target/outcome measurement: 43% of patients who are pregnant successfully complete their treatment episode (increase of 5%)

Data Source:

Provider clinical record data extract.

Description of Data:

All DAODAS funded providers across the state currently use the same vendor for their electronic clinical record. Data stored in the record includes client demographics, referral source, clinically relevant information used for treatment planning, as well as service utilization information.

Data issues/caveats that affect outcome measures::

None.

Indicator #: 2

Indicator: Number of pregnant women who are diagnosed with Opioid Use Disorder and begin using MAT services.

Baseline Measurement: 145 pregnant women were diagnosed with (OUD) and began to use MAT services

First-year target/outcome measurement: At least 150 pregnant women who are diagnosed with Opioid Use Disorder and will begin using MAT services (increase of 2.5%)

Second-year target/outcome measurement: At least 155 pregnant women who are diagnosed with Opioid Use Disorder and will begin using MAT services (increase of 2.5%)

Data Source:

DAODAS funded provider electronic clinical record data extract.

Description of Data:

All DAODAS funded providers across the state currently use the same vendor for their electronic clinical record. Data stored in the record includes client demographics, referral source, clinically relevant information used for treatment planning, as well as service utilization information.

Data issues/caveats that affect outcome measures::

None.

Indicator #: 3

Indicator: Broken appointments (no-show rate) from assessment to first clinical service.

Baseline Measurement: The rate will be based on state-wide data collected 10/01/2018 to 12/31/2018.

First-year target/outcome measurement: The no show rate from assessment to first clinical service will be reduced by at least 25%

Second-year target/outcome measurement: The no show rate from assessment to first clinical service will be reduced by at least 33%.

Data Source:

Provider clinical record data extract.

Description of Data:

All DAODAS funded providers across the state currently use the same vendor for their electronic clinical record. Data stored in the

record includes client demographics, referral source, clinically relevant information used for treatment planning, as well as service utilization information.

Data issues/caveats that affect outcome measures::

None.

Priority #: 5

Priority Area: Primary Substance Abuse Prevention—Community Populations for Environmental Prevention Activities and Community Settings for Universal, Selective, and Indicated Prevention Interventions

Priority Type: SAP

Population(s): PP

Goal of the priority area:

To provide primary prevention programs and practices to prevent substance abuse and improve the well-being of youth and families in South Carolina

Objective:

i. 95% or more of individuals participating in primary prevention educational programs will be served using evidence-based universal, selected and indicated programs.

ii. To reduce the percentage of South Carolina high school students reporting the use of marijuana in the past 30 days.

iii. To reduce the percentage of South Carolina high school students reporting they ever took a prescription pain medicine without a doctor's prescription or differently than how the doctor told them to use it.

Strategies to attain the objective:

i. County prevention providers will provide information to youth and adults in South Carolina about the dangers, laws, consequences and harmfulness of substance use and substance abuse through the dissemination of information.

ii. County prevention providers in South Carolina will deliver evidence-based universal, selected, and/or indicated educational primary prevention programs to youth, adults, and/or families throughout the state based on the needs of individual communities.

iii. DAODAS prevention consultants and regional capacity coaches will provide technical assistance and training to local prevention professionals throughout the state to develop and implement strategic plans to address substance abuse in South Carolina.

iv. DAODAS will train local prevention providers in South Carolina on evidence-based primary prevention programs and practices to reduce substance use and abuse and to promote healthier communities throughout the state.

v. In collaboration with community coalitions, local prevention providers will work to create and/or revise local policies that may positively impact communities and reduce substance use in South Carolina's counties.

vi. In collaboration with community coalitions and partner agencies, local prevention providers will work to provide substance-free alternative events and services for youth in their communities.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Percentage of the participants served by primary prevention evidence-based universal, selected, and indicated educational programs

Baseline Measurement: 100% (2018)

First-year target/outcome measurement: 95% or greater

Second-year target/outcome measurement: 95% or greater

Data Source:

DAODAS funded provider electronic data collection and management software: MOSAIX IMPACT.

Description of Data:

An annual prevention evaluation report has been provided for South Carolina by the Pacific Institute for Research and Evaluation (PIRE) since 2005. The report summarizes prevention outcomes generated by implementation of prevention activities throughout the year by South Carolina's system of county alcohol and drug abuse authorities. The report focuses on outcomes generated through pre- and post-testing of middle and high school youth as well as outcomes that can be assessed across sites for environmental strategies for alcohol and tobacco and the Youth Access to Tobacco Study (i.e., "Synar"). For additional information, please visit: http://ncweb.pire.org/scdocuments/

Data issues/caveats that affect outcome measures::

Due to the high percentage of participants already being served in evidence-based programming, there is an evident ceiling effect and little room for improvement.

Indicator #: 2

Indicator: To reduce the percentage of South Carolina high school youth who used marijuana in the past 30 days.

Baseline Measurement: 18.6% (2017)

First-year target/outcome measurement: 17% or less

Second-year target/outcome measurement: 17% or less

Data Source:

Youth Risk Behavior Survey (YRBS)

Description of Data:

The YRBS is conducted every two years (odd years) in South Carolina. A representative sample of high school students is attempted.

Data issues/caveats that affect outcome measures::

None

Indicator #: 3

Indicator: To reduce the percentage of South Carolina high school students who reported they ever took prescription pain medicine without a doctor's prescription or differently than how a doctor told them to use it.

Baseline Measurement: 15.2% (2017)

First-year target/outcome measurement: 15% or less

Second-year target/outcome measurement: 15% or less

Data Source:

Youth Risk Behavior Survey (YRBS)

Description of Data:

The YRBS is conducted every two years (odd years) in South Carolina. A representative sample of high school students is attempted.

Data issues/caveats that affect outcome measures::

None

Priority #: 6

Priority Area: Service Delivery to Uninsured Populations

Priority Type: SAT

Population(s): Other (DAODAS is not targeting any specific population. We are targeting anyone who needs SUD/OUD services.)

Goal of the priority area:

Reduce financial barriers associated with access to high quality substance use disorder treatment services by focusing federal and state block grant dollars on service delivery for uninsured populations

Objective:

Transition federal block grant dollars to cover the direct cost of care for uninsured patients

Strategies to attain the objective:

i. Continue to expand fee for service block grant reimbursement strategy
ii. Work with provider network to expand service menu eligible for reimbursement

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Percent of unrestricted block grant allocated for fee for service reimbursement covering uninsured populations.
Baseline Measurement:	20% of unrestricted block grant funds allocated to fee for service reimbursement covering uninsured populations.
First-year target/outcome measurement:	25% of unrestricted block grant funds allocated to fee for service reimbursement covering uninsured populations.
Second-year target/outcome measurement:	30% of unrestricted block grant funds allocated to fee for service reimbursement covering uninsured populations.

Data Source:

DAODAS block grant financial monitoring system.

Description of Data:

DAODAS tracks federal block grant expenditure funds for each funded provider.

Data issues/caveats that affect outcome measures::

None.

Priority #: 7

Priority Area: Adolescents with Substance Use Disorders

Priority Type: SAT

Population(s): Other (Adolescents w/SA and/or MH)

Goal of the priority area:

Ensure that high quality substance use disorder treatment services targeting adolescent populations are available within each community.

Objective:

Increase adolescent admissions to treatment services by 10% or more.

Strategies to attain the objective:

i. Service location expansion addressing adolescent treatment needs through school based counseling service delivery.
ii. Outreach to community partners for improved collaboration efforts targeting screening and referral to treatment services.
iii. Continued workforce development efforts designed to enhance competencies for professionals working with adolescent populations.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of adolescents admitted to treatment services.

Baseline Measurement: FY18 = 3,894

First-year target/outcome measurement: Increase adolescent admissions to treatment services by 5% over FY18 Baseline.

Second-year target/outcome measurement: Increase adolescent admissions to treatment services by 10% over FY18 Baseline.

Data Source:

DAODAS funded provider electronic clinical record data extract.

Description of Data:

All DAODAS funded providers across the state currently use the same vendor for their electronic clinical record. Data stored in the record includes client demographics, referral source, clinically relevant information used for treatment planning, as well as service utilization information.

Data issues/caveats that affect outcome measures::

None.

Priority #: 8

Priority Area: Individuals with substance use disorders involved in the criminal or juvenile justice systems

Priority Type: SAT

Population(s): Other (Criminal/Juvenile Justice)

Goal of the priority area:

Ensure that high quality substance use disorder treatment services for individuals involved in the criminal or juvenile justice systems are available within each community.

Objective:

Increase criminal justice system referred admissions to treatment services 5% by the end of the planning period.

Strategies to attain the objective:

i. Increase collaboration with the State's Department of Corrections Agency to incorporate community based substance use disorder treatment services for offender re-entry programming.
ii. Continue to coordinate treatment planning and service provision efforts for youth clients involved with the state's juvenile justice agency.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Criminal justice system referred treatment admission totals.

Baseline Measurement: 13,315 admissions

First-year target/outcome measurement: 2.0% or more over baseline admission volume.

Second-year target/outcome measurement: 3.0% or more over baseline admission volume.

Data Source:

DAODAS funded provider electronic clinical record data extract

Description of Data:

All DAODAS funded providers across the state currently use the same vendor for their electronic clinical record. Data stored in the record includes client demographics, referral source, clinically relevant information used for treatment planning, as well as service utilization information.

Data issues/caveats that affect outcome measures::

None.

Priority #: 9

Priority Area: Individuals with Tuberculosis and Other Communicable Diseases

Priority Type: SAT

Population(s): TB

Goal of the priority area:

Ensure the availability of routine TB services for individuals receiving substance use disorder treatment services.

Objective:

100% of patient assessments will include evidence of TB screening.

Strategies to attain the objective:

i. DAODAS will monitor the protocol and support local training efforts for providing routine TB services.
ii. DAODAS and its provider network will increase the number of treatment patients participating in TB screening services.
iii. DAODAS will utilize the AOD provider electronic health record capability to track data associated with the provision of client focused routine TB screening.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Patient clinical assessments that contain evidence of TB risk screenings.

Baseline Measurement: 100%

First-year target/outcome measurement: 100%

Second-year target/outcome measurement: 100%

Data Source:

DAODAS funded provider electronic clinical record data extract.

Description of Data:

All DAODAS funded providers across the state currently use the same vendor for their electronic clinical record. Data stored in the record includes client demographics, referral source, clinically relevant information used for treatment planning, as well as service utilization information.

Data issues/caveats that affect outcome measures::

None

Priority #: 10

Priority Area: Persons Who Inject Drugs

Priority Type: SAT

Population(s): PWID

Goal of the priority area:

Ensure that high quality substance use disorder (SUD) and Opioid Use Disorder (OUD) services for persons who inject drugs are available within each community.

Objective:

Increase the number of persons who report injecting drugs who are admitted to services.

Strategies to attain the objective:

Follow federal block grant priority population requirements for persons who inject drugs by giving this population priority access to treatment.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Number of persons who report injecting drugs who are admitted to services.

Baseline Measurement: 2,773 persons.

First-year target/outcome measurement: 3,050 persons (increase of 10%).

Second-year target/outcome measurement: 3,189 persons (increase of 15%).

Data Source:

DAODAS funded provider electronic clinical record data extract.

Description of Data:

All DAODAS funded providers across the state currently use the same vendor for their electronic clinical record. Data stored in the record includes client demographics, referral source, clinically relevant information used for treatment planning, as well as service utilization information.

Data issues/caveats that affect outcome measures::

None.

Priority #: 11

Priority Area: HIV Early Intervention Services

Priority Type: SAT

Population(s): EIS/HIV

Goal of the priority area:

Provide HIV early intervention services to individuals participating in substance use disorder treatment programs.

Objective:

1. An HIV infection risk behavior/exposure screening will be provided across the provider network to 100% of adult and teens/adolescents.

2. 100% of HIV risk assessments will be documented in the provider electronic health records.

3. 100% of HIV tests conducted will be reported to the state health department to include both negative and positive test results.

Strategies to attain the objective:

1. Ensure all clients are screened for high-risk behaviors/exposures associated with HIV infection acquisition at intake.

2. Utilize the provider electronic health record to gather and store data associated with risk screening following provider documentation protocol.

3. Retrieve shared HIV testing data reports from the state health department.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Patient clinical assessments that contain evidence of HIV risk screenings.

Baseline Measurement: 100%

First-year target/outcome measurement: 100%

Second-year target/outcome measurement: 100%

Data Source:

DAODAS funded provider electronic clinical record data extract

SC DHEC's STD/HIV Division's HIV Testing Data extract

Description of Data:

Description of Data source 1:
All DAODAS funded providers across the state currently use the same vendor for their electronic clinical record. Data stored in the record includes client demographics, referral source, clinically relevant information used for treatment planning, as well as service utilization information.

Description of Data source 2:
DHEC's Counseling and Testing Program collects data on number of tests conducted, test results and pertinent demographic information.
DAODAS will be developing a data sharing agreement with DHEC to retrieve a subset of their HIV data reports (submitted to them by either HIV specialists within our county AOD sites or DHEC's prevention partner sub-grantees), to include the following indicators:
• Total number of individuals tested;
• Total number of HIV tests conducted using HIV EIS funds;
• Total number of HIV tests that were positive conducted;
• Total number of individuals who prior to the 6-month reporting period were unaware of their HIV infection;
• Total number of HIV-infected individuals who were diagnosed and referred into treatment and care during the 6 month reporting period.

Data issues/caveats that affect outcome measures::

None perceived

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Footnotes: