Planning Steps

Step 2: Identify the unmet service needs and critical gaps within the current system.

Narrative Question:

This step should identify the unmet service needs and critical gaps in the state's current M/SUD system of care as well as the data sources used to identify the needs and gaps of the required populations relevant to each block grant within the state's M/SUD system of care.
States should also continue to use the prevalence formulas for adults with SMI and children with SED, as well as the prevalence estimates, epidemiological analyses, and profiles to establish mental health treatment, SUD prevention, and SUD treatment goals at the state level.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Step 2: Identify the Unmet Service Needs and Critical Gaps Within the Current System.

Overview:

Data contained in the following section will provide a brief overview of the needs and critical gaps impacting the state's public substance use disorder prevention, intervention, treatment, and recovery system.

In this section, the gap between treatment need and service utilization will be described by substance. A discussion of youth risk perception regarding substance use will be offered to illustrate the need for primary prevention services focused on reducing initiation of youth substance use.

The needs assessment takes into account the work of the South Carolina State Epidemiological Outcomes Workgroup (SEOW). The South Carolina SEOW, established in May 2006 through a grant from the Center for Substance Abuse Prevention (CSAP), is responsible for reviewing existing data on alcohol, tobacco, and other drugs to identify related problems or issues. The workgroup is also responsible for monitoring data to identify trends in substance use or misuse. The current composition of the SEOW is shown in Table 1 (next page).

The mission of the SEOW is to create a highly effective substance misuse prevention data system that will support and enhance efforts to reduce alcohol, tobacco, and other drug (ATOD) use across the lifespan of people in South Carolina communities through the development and implementation of a comprehensive statewide prevention strategy. The goal of the SEOW is to develop a data-driven planning and resource-allocation model – a deliberate strategy for interpreting, comparing, and synthesizing multiple health-related indicators in order to translate information into good planning around the identified needs of the state.

The SEOW's tasks include producing a Statewide Epidemiological Profile as a document that organizes, summarizes, and presents archival data for use in prevention planning and decision making for the state. These data include measures – or "indicators" – of ATOD consumption and consequences, primarily from periodic national surveys, which allow the state to report trends over multiple years and to compare South Carolina to national rates. The indicators included in the profile were carefully selected (most are from the State Epidemiological Data System [SEDS] developed by SAMHSA/CSAP) and met criteria for availability. In addition, national sources were supplemented with state data sources, all the while keeping in mind these selective criteria. The report includes graphs and tables that depict the use of alcohol, tobacco, and other drugs in South Carolina during recent years, along with the associated consequences of that use. Updates of the state profile have been completed in subsequent years by the SEOW.

Table 1. South Carolina SEOW Composition, September 2021

Dr. Sazid Khan (Manager)	S.C. Department of Alcohol and Other Drug Abuse Services
Michelle Nienhius	S.C. Department of Alcohol and Other Drug Abuse Services
Dr. Jun Tang	S.C. Department of Health and Environmental Control
Dr. Harley Davis	S.C. Department of Health and Environmental Control
Christina Galardi	CDC Foundation
Dan Walker	S.C. Department of Mental Health
Dr. Chelsea Richard	S.C. First Steps
Reston Hartsell	S.C. Tobacco Free Collaborative
Dr. Aunyika Moonan	S.C. Hospital Association
Sarah Crawford	S.C. Revenue and Fiscal Affairs Office
Sarah Osborne	S.C. Department of Public Safety
Steven Burritt	S.C. Mothers Against Drunk Driving
Michael George	Pacific Institute for Research and Evaluation
Katrina Cole	S.C. Department of Corrections
Anthony Sellers	S.C. Department of Social Services
Craig Wheatley	S.C. Department of Juvenile Justice

South Carolina:

South Carolina is a small, rural state. In 2020, the Census Bureau reported the population of South Carolina to be 5,118,425. According to data available through the S.C. Revenue and Fiscal Affairs Office, approximately one-third of the state's inhabitants reside in a rural area.

Ensuring access to quality substance use disorder (SUD) treatment and prevention services in each of the state's 46 counties represents a great challenge for the Single State Authority (the S.C. Department of Alcohol and Other Drug Abuse Services [DAODAS]), the designated state agency responsible for administering federal block grant SUD treatment and prevention funds.

DAODAS has identified a critical need associated with allocating limited block grant funds in a manner that adequately addresses the requirements of a sustainable provider network. Efforts to address this need will be discussed further in the section identifying state and local provider needs.

The 2018-2019 SAMHSA National Survey on Drug Use and Health (NSDUH) estimated that 263,000 of individuals age 18 and older had an SUD for either alcohol or an illicit drug in the past year. Examining further, an estimated 63,000 of 18- to 25-year-olds had an SUD in the past year in 2018-2019.

DAODAS is also working toward reducing financial barriers associated with access to high-quality SUD treatment services. In State Fiscal Year 2020, 5,500 uninsured individuals received

state-funded assessments, and those numbers are projected to increase, as DAODAS will continue to focus federal and state block grant dollars on service delivery for uninsured populations.

Adolescents With Substance Use Disorders:

According to the National Survey on Drug Use and Health – based on the 2018 and 2019 annual average – about 101,000 South Carolinians age 12 or older each year were dependent on or abused illicit drugs within the year prior to being surveyed. An estimated 11,000 treated for an illicit drug use-related disorder were within the 12- to 17-year-old age group. Overall, an estimated 15,000 individuals between the ages of 12 and 17 were treated for a substance use disorder (SUD) in the past year, and an additional 15,000 were estimated to need but did not receive treatment for their SUD.

The state's public SUD treatment system provides services to a fraction of those likely in need of treatment. Approximately 3,200 youth ages 12 to 17 entered treatment services during the past fiscal year. This represents about 11% of all treatment admissions occurring during fiscal year 2020.

South Carolina will ensure that high-quality SUD treatment services targeting vulnerable adolescent populations, including individuals involved in the criminal or juvenile justice systems, are available within each community. DAODAS will implement strategies that include service location expansion, outreach to community partners, and continued workforce development efforts designed to enhance competencies for professionals working with adolescent populations.

Following this discussion, this section will transition to information that addresses needs and system gaps relevant to identified priority populations at the state and local levels broken out by substance type.

Alcohol:

Figure 1 (next page) provides state estimates on the prevalence of alcohol use disorders (AUDs). Estimates indicate that the state's alcohol dependence prevalence rate mirrors national trends, decreasing slightly from 6.5% in 2010 to 5.1% in 2018-2019. There was an annual decrease in percentages estimated by the National Survey on Drug Use and Health before a slight spike in 2017-2018, followed by a decrease again. However, we believe these percentages will possibly rise due to the COVID-19 pandemic, as may be the case for substance misuse/disorders in general.

These data, collected through the National Survey on Drug Use and Health, indicate that an estimated 221,000 individuals in South Carolina were dependent on or misused alcohol during the year prior to being surveyed (215,000 estimated to be 18 years and older).

Figure 1: Alcohol Use Disorder (AUD) Estimates Among Individuals Age 12 or Older

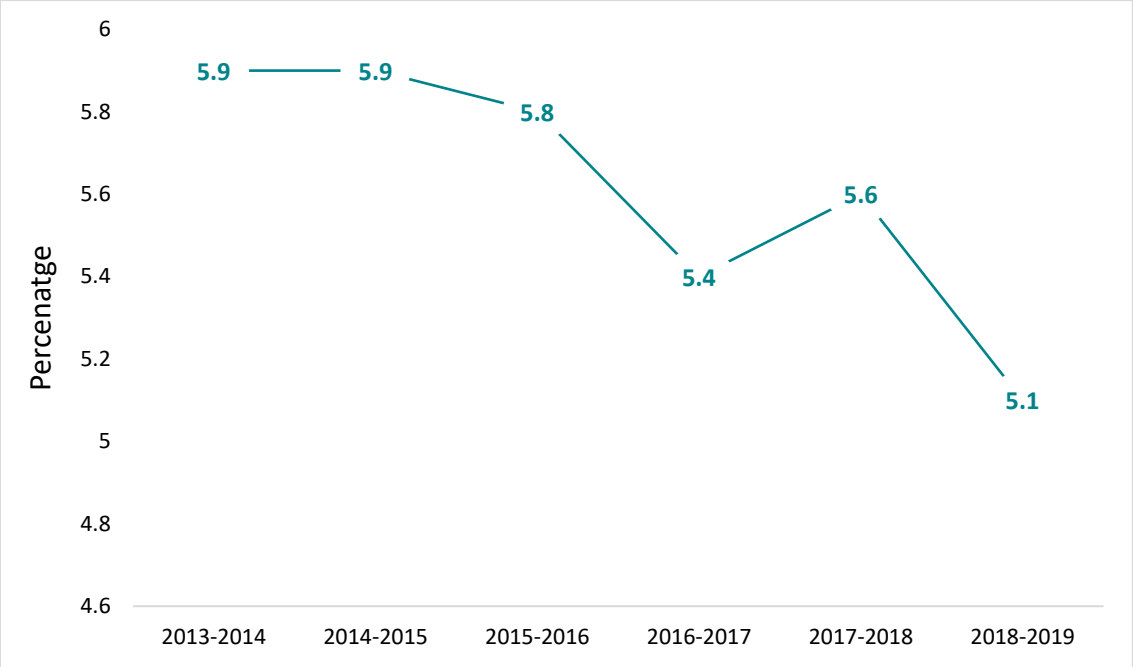
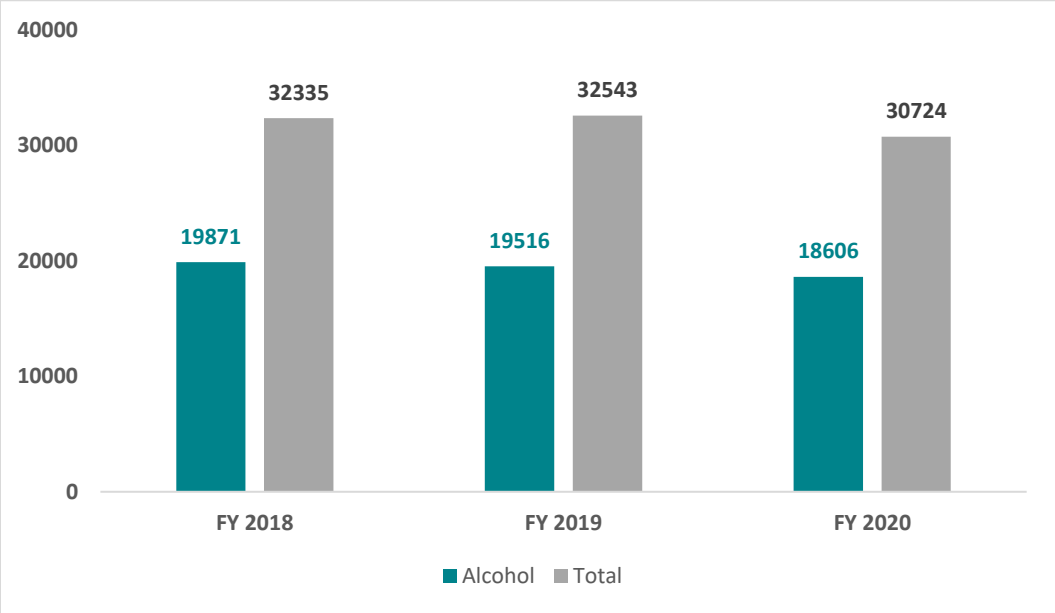


Figure 2 below indicates that the majority of South Carolinians discharged from substance use disorder (SUD) treatment at one of the state-funded county alcohol and drug abuse authorities were diagnosed with either a primary or secondary AUD during that fiscal year. In fiscal year 2020, 61% of discharged episodes had a primary or secondary diagnosis of an AUD.

Figure 2: Primary/Secondary AUD and Total SUD Diagnoses at Discharge by State Fiscal Year



Adolescents and Alcohol-Related Prevention:

Substance use typically begins to emerge during adolescence. South Carolina's prevention efforts acknowledge the age distribution of substance use initiation by prioritizing prevention efforts aimed at reducing substance use during adolescence.

Rates of binge alcohol use for individuals 12 to 20 years old have consistently hovered around the 15% mark during the past five years, according to the National Survey on Drug Use and Health (NSDUH). This rate has remained below the national average. South Carolina's percentage of binge alcohol use among individuals age 12-20 was similar to the national percentage. In 2016-2017, 18,000 individuals engaged in binge alcohol use within the month prior to being surveyed, as per the NSDUH state-specific estimates.

Aligning with our priorities, prevention of underage alcohol use is a high priority. Research has shown that early age of onset for using alcohol leads to an increased risk of developing a substance use disorder later in life (Hingson, 2006). The Centers for Disease Control and Prevention's 2019 Youth Risk Behavior Survey (YRBS) indicates that 17.8% of South Carolina high school students reported using alcohol before age 13, and 23.1% reported they had at least one drink of alcohol within the 30 days prior to taking the survey.

According to the 2020 Communities That Care (CTC) Survey, 26.3% of South Carolina high school students have used alcohol in their lifetimes. This begs the question of how so many young people manage to acquire alcohol. As per the CTC Survey, about one-fourth of South Carolina high school students reported that someone gave it to them at a party. Therefore, South Carolina plans to continue utilizing environmental strategies, such as high-visibility law enforcement, to decrease accessibility of alcohol for youth, and eventually to decrease the prevalence of underage drinking in South Carolina.

However, it is the State's hope that continued utilization of evidence-based education curricula designed to inform youth about the dangers of early alcohol use will decrease youth use, particularly early in adolescence.

The National Highway Traffic Safety Administration reports the percentage of traffic fatalities that involved a driver with a blood alcohol concentration of 0.08% or higher. In 2017, South Carolina reported that 313 out of 988 fatalities (32%) met these criteria for an alcohol-involved fatality. This is 3% higher than the nation's average of 29% (10,874 out of 37,133 fatalities).

DAODAS will continue its partnership with Mothers Against Drunk Driving (MADD), the S.C. Highway Patrol, S.C. Law Enforcement Division, the S.C. Department of Public Safety, and other agencies and organizations to reduce alcohol-related car crashes.

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

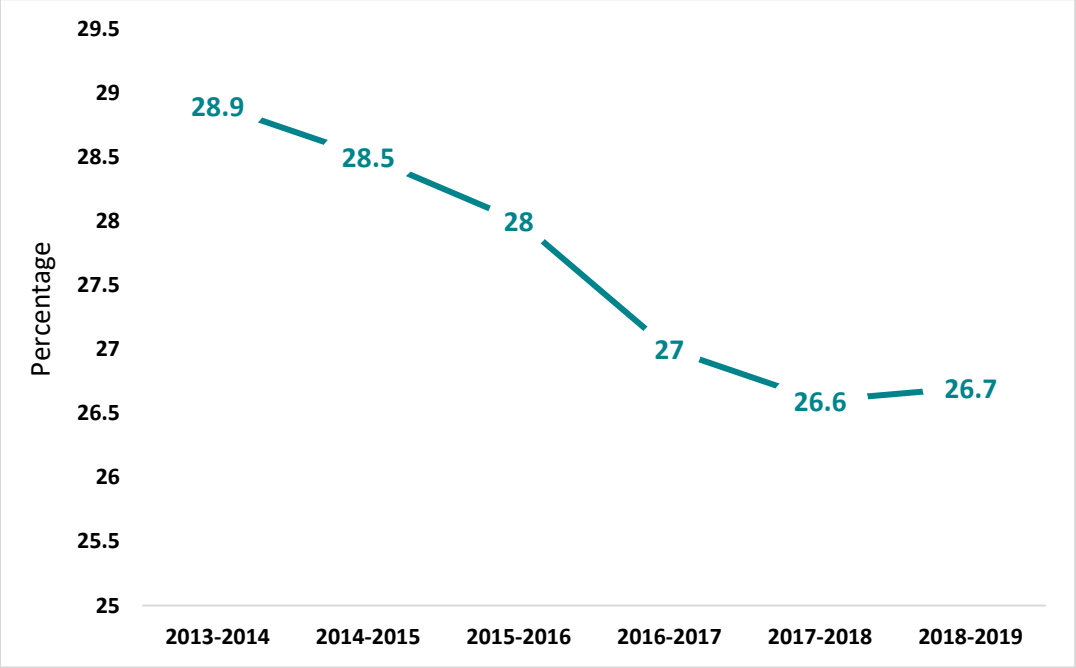
operations. County prevention providers will also work in collaboration with community coalitions to create and/or revise local policies that may positively impact underage drinking, while training key stakeholders on evidence-based practices to reduce underage drinking.

Tobacco Use:

Figure 3 below provides state estimates on the prevalence of tobacco use among individuals age 12 and older. The data from the National Survey on Drug Use and Health state-specific estimates indicate a consistent decrease (with a slight increase in 2018-2019) among individuals using tobacco products at least once in the past month, with an estimated 1.1 million individuals in South Carolina having used tobacco products during the past month prior to being surveyed in 2018-2019.

However, approximately 59% of patients seen by a county alcohol and drug abuse authority mentioned they were current smokers when entering treatment during fiscal year 2020, and over 80% of all substance use-related hospitalizations statewide came with a secondary diagnosis of nicotine misuse in 2020.

Figure 3: Past-Month Tobacco Use Among Individuals 12 Years and Older



Adolescents and Tobacco-Related Prevention:

Youth survey respondents were asked about the risks associated with substance use. South Carolina state-specific estimates from the National Survey on Drug Use and Health mirror national trends, indicating that in 2018-2019 37% of adolescents ages 12-17 perceived no great risk from smoking one or more packs of cigarettes a day.

While South Carolina is still working on reducing the prevalence of youth use of traditionally known forms of tobacco, there are other forms of tobacco emerging as threats to public health across the state. These forms of tobacco include roll-your-own cigarettes, flavored cigarettes, clove cigars, flavored "little cigarettes," smoking from a hookah or water pipe, snus, dissolvable products, and e-cigarettes.

According to the 2020 South Carolina Communities That Care (CTC) survey, only 8.5% of respondents reported having ever tried a cigarette. However, over 20% of respondents reported having ever vaped, indicating the continuing shift in mode of nicotine-delivery methods. Additionally, 36% of respondents reported that it was "very easy" or "sort of easy" to obtain cigarettes, and a larger percentage (43%) reported ease of access to an e-cigarette or vaping pen, although both of these statistics are down from previous CTC surveys conducted.

Despite this continued accessibility issue, the Synar study results in recent years have demonstrated a decrease in the retailer violation rate. Rates have consistently been below 10% since 2014.

South Carolina will also continue to utilize its prevention staff to coordinate with local law enforcement and implement assorted evidence-based strategies to reduce youth-access to tobacco. Specific environmental prevention activities could include tobacco compliance checks and merchant education.

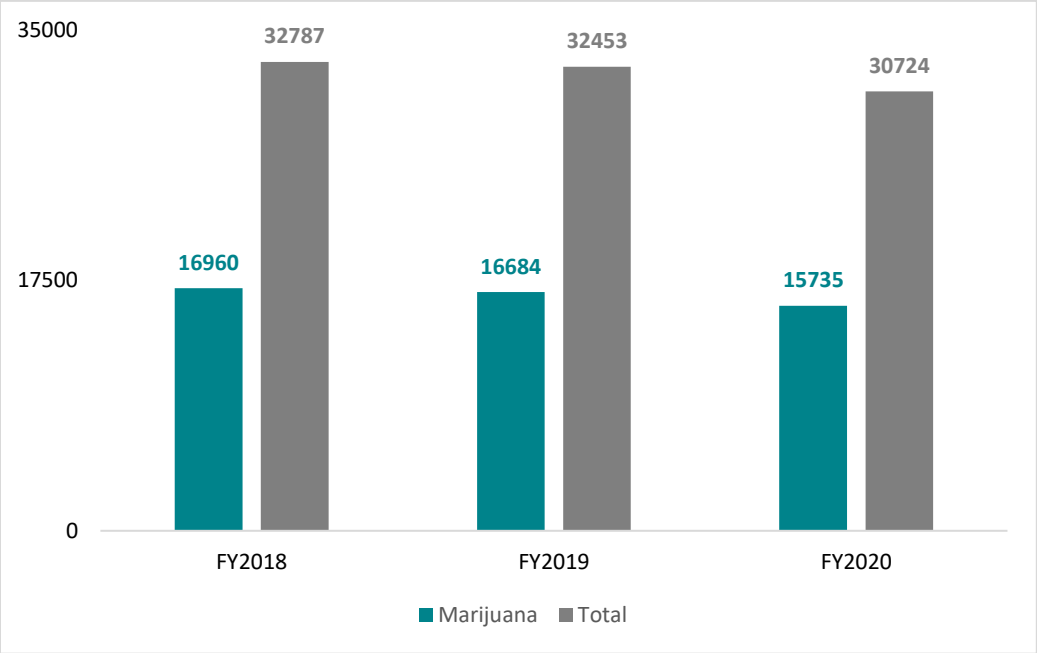
South Carolina county prevention providers will disseminate information to youth and adults about the dangers, laws, consequences, and harmfulness of underage tobacco use and will deliver the Tobacco Education Program (TEP) for youth identified as having violated South Carolina law prohibiting youth under 18 from attempting to possess or purchase tobacco products. Due to the increase in use and popularity of e-cigarettes and vaping among youth over the past few years, TEP has incorporated resources (from the Stanford toolkit and state laws) to address these new forms of tobacco use. There are fewer federal, state, and local policies focused on regulating these emerging tobacco products, and South Carolina will look to dedicate additional resources toward better understanding youth use, access, and perceptions of these products.

Cannabis Use:

Figure 4 (next page) indicates that South Carolinians in need of treatment for a diagnosed problem related to cannabis use who received care through a DAODAS-funded provider have been on similar levels over the past three years.

In fiscal year 2020, 51% of discharged episodes (15,735 of 30,724) were associated with a cannabis use disorder (CUD) diagnosis, which is in line for both count and percentage of overall discharges related to CUD in fiscal year 2019 among all discharges from a county alcohol and drug abuse authority (16,684 of 32,453).

Figure 4: DAODAS CUD and SUD-Related Discharged Episodes by State Fiscal Year, 2018-2020



Adolescents and Cannabis-Related Prevention:

In South Carolina, as per the state-specific National Survey on Drug Use and Health estimates, almost a quarter of adolescents (24%) ages 12-17 in 2018-2019 perceived no great risk from smoking marijuana once a month. This percentage is slightly higher than the national average (23%).

According to the 2020 Communities That Care (CTC) Survey, 15% of South Carolina high school students have used marijuana or hashish in their lifetimes. Thirty-six percent of respondents reported that it was "very easy" or "sort of easy" to obtain marijuana, and 37% saw no risk or slight risk in marijuana use once or twice per week. These numbers are lower than reported numbers in the 2018 CTC Survey, but are a substantial percentage nonetheless.

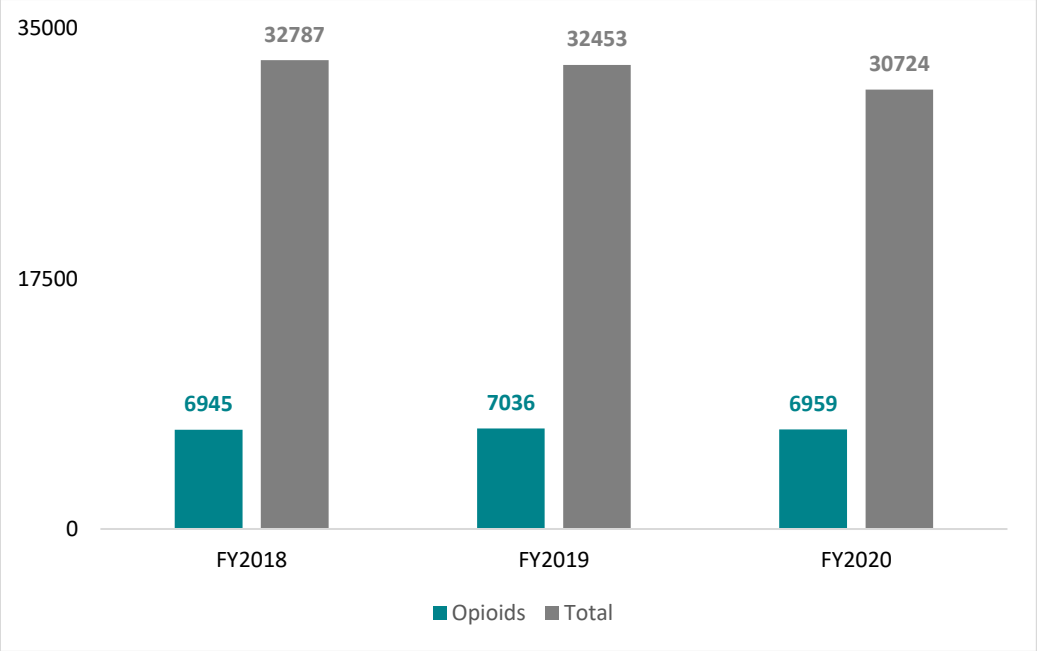
It is South Carolina's hope that, with continued efforts to utilize the Strategic Prevention Framework, community input, Center for Substance Abuse Prevention strategies, and evidence-based strategies/programs, the state can demonstrate success in reducing cannabis use among its residents.

Opioid Use:

Figure 5 (next page) indicates that the state's rate of treatment for problems related to opioid misuse has risen in recent history. Looking at state fiscal year 2020 (FY20), 23% of episode discharges had a primary or secondary diagnosis of an opioid use disorder (OUD), with the

majority of patients with an OUD being male and white. The proportion of substance use disorder discharges associated with OUD has increased every fiscal year, with 23% being diagnosed as such in FY20.

Figure 5: DAODAS OUD and SUD-Related Discharged Episodes by State Fiscal Year, 2018-2020



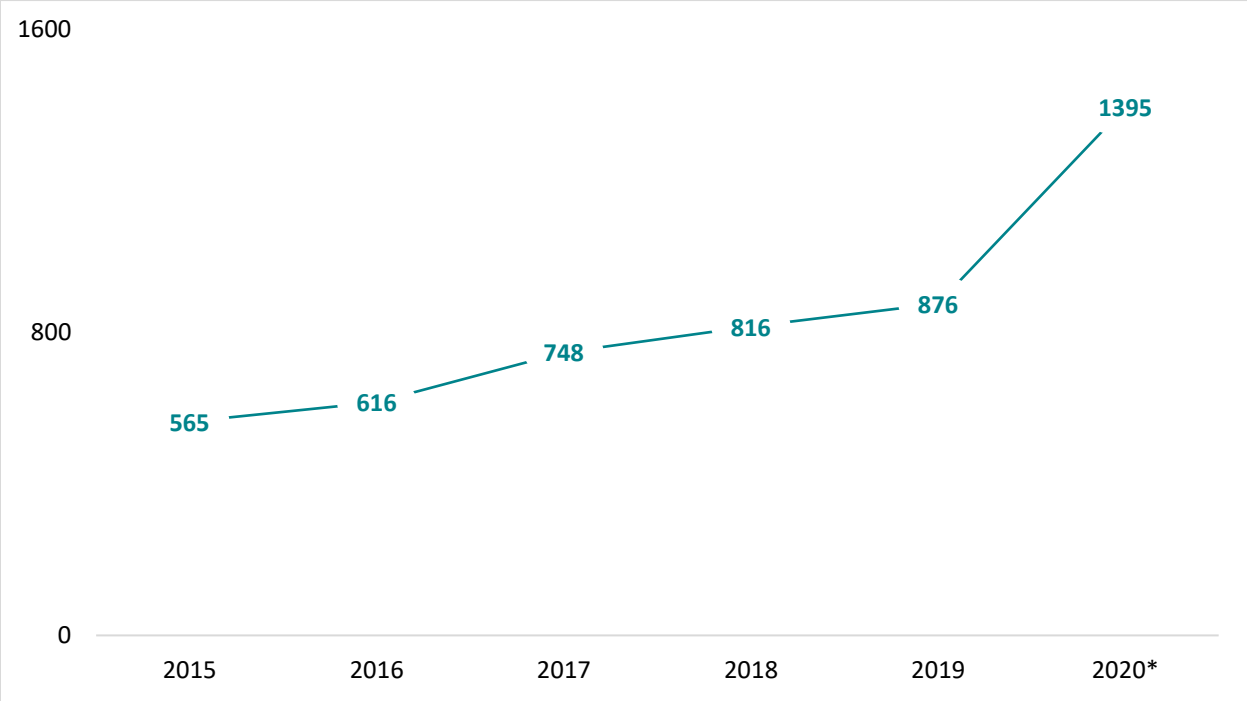
Figures 6 and 7, along with Tables 2 and 3, look further at the opioid epidemic in South Carolina over the past six years. Figure 6 displays the increase in opioid-involved overdose deaths since 2015 (565 in 2015 to 1,395 [provisionally] in 2020), for a 147% increase.

Table 2 identifies the "top 10" counties (rate per 100,000 population) in terms of opioid-involved overdose deaths in calendar year (CY) 2019, with Horry and Lancaster counties having the highest rate of death per 100,000. (County-level CY 2020 opioid-involved overdose mortality data is being validated at the time of this report.)

Figure 7 displays the increase in emergency medical service (EMS) naloxone administrations across South Carolina over the past six years (4,933 in 2015 to 8,642 in 2020, for a 75% increase).

Table 2 identifies the "top 10" counties (rate per 100,000 population) in terms of naloxone administrations recorded in CY 2019, with Fairfield and Georgetown counties having the highest rates of administration per 100,000. (County-level CY 2020 EMS data is being validated as of this report.)

Figure 6: Opioid-Involved Overdose Deaths Across South Carolina, 2015-2020*

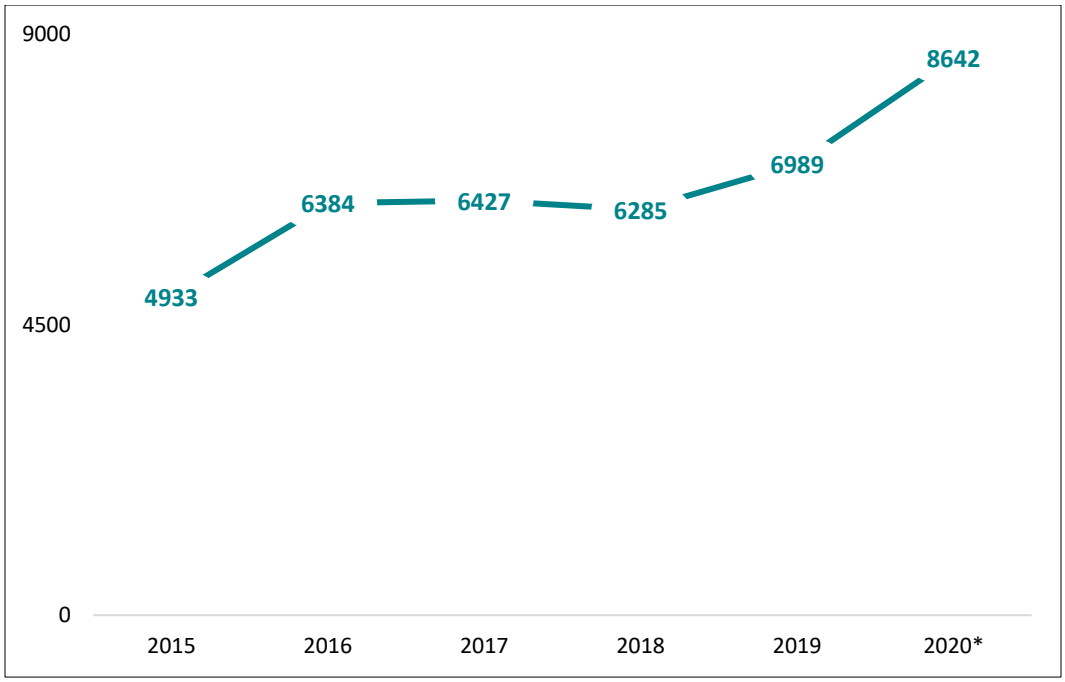


**2020 data is provisional*

Table 2: Top Ten Counties, Opioid-Involved Overdose Death Rate Across South Carolina, 2019

County	*Opioid-Involved Overdose Death Rate / 100,000 Population*	*Rank*
Horry	43.0	1
Lancaster	35.1	2
Jasper	32.2	3
Georgetown	25.3	4
Charleston	24.8	5
Lee	24.7	6
Oconee	24.1	7
Greenville	20.3	8
Orangeburg	19.5	9
Dillon	19.3	10

Figure 7: EMS Naloxone Administrations Across South Carolina, 2015-2020*



**2020 data is provisional*

Table 3: Top Ten Counties, Naloxone Administration Rate Across South Carolina, 2019

County	*Naloxone Administration Rate / 100,000 Population*	*Rank*
Fairfield	335.62	1
Georgetown	320.68	2
Horry	260.96	3
Chester	251.21	4
Lancaster	242.83	5
Jasper	212.82	6
Pickens	208.06	7
Laurens	202.98	8
Abbeville	199.78	9
Greenville	158.73	10

Additional data from the state health agency – the S.C. Department of Health and Environmental Control (DHEC) – provide some indication of the consequences related to opiates associated with injection drug use. Between 2015 and 2019, unintentional drug poisoning (overdose) deaths increased from 713 to 1,051. DHEC representatives suspect these data underrepresent the true volume of overdose deaths. Deaths due to opioid overdose in South Carolina by occurrence

has been on a steady rise from 2015 to 2019. (For Figure 8 [below], 2020 mortality data broken down by occurrence was not available at time of this reporting.)

There was a 53% increase in drug overdose deaths in South Carolina, up from 1,131 deaths in 2019 to 1,729 deaths in 2020. (Data is provisionally provided by the Centers for Disease Control and Prevention.). In 2016, 73.9% of all drug overdose deaths involved opioids.

Figure 8: Overdose Deaths by Occurrence Type Across South Carolina, 2015-2019

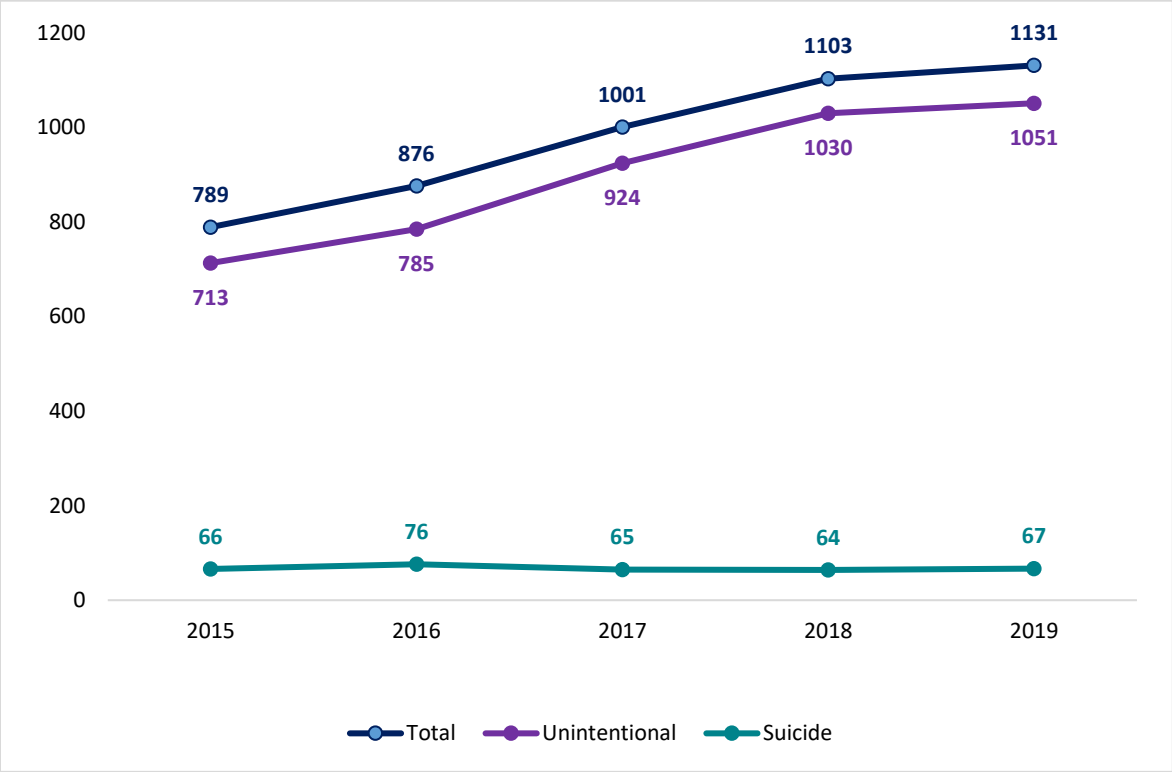
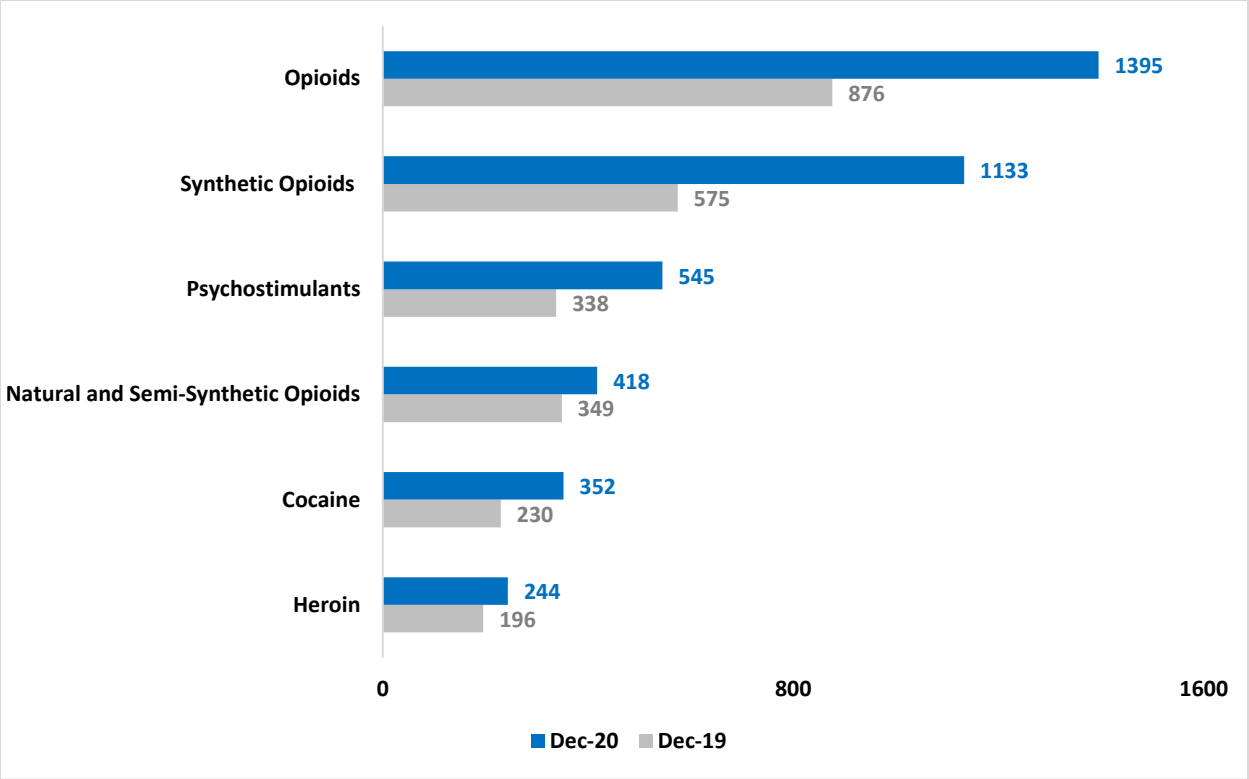


Figure 9 (next page) displays the number of drug overdose deaths by drug category over a two-year span from 2019 to 2020. (2020 data is provisionally provided by the CDC.) The largest percent change in the past two years were deaths related to synthetic opioids (such as fentanyl), with a 97% increase (575 in 2019 to 1,133 in 2020).

There has been a consistent increase in overdose deaths by all drug categories listed since 2014, with major spikes occurring as a bi-product of the COVID-19 pandemic, when drug overdose deaths have spiked nationwide.

Figure 9: Overdose Deaths by Drug Category Across South Carolina, 2019-2020*



**2020 data is provisional*

Adolescents and Opioid-Related Prevention:

The National Survey on Drug Use and Health estimated in 2018-2019 that approximately 13,000 adolescents (ages 12-17) misused pain relievers in the past year. The percentage of South Carolina adolescents misusing pain relievers is slightly higher than the national averages (3.4% vs 2.5%).

Nine percent of respondents from the 2020 Communities That Care Survey reported ever having misused prescription drugs (i.e., use without a doctor's prescription). Twenty-five percent of students stated that it was "easy" to obtain prescription drugs, and 27% reported getting the prescription drug from a family member.

DAODAS is focused on the potential risk associated with this population initiating injection-use practices and has created state and local priority areas that focus prevention and treatment services around both patients currently reporting intravenous drug use, as well as those at risk of transitioning to intravenous drug use. Associated strategies include treatment efforts to expand medication-assisted therapies able to reduce the symptoms of opiate dependence, as well as prevention efforts designed to reduce access to unused prescription pain medications and collaborative efforts with state entities across the spectrum of authority to mitigate use of illicit drugs.

Federally Identified Priority Populations and Services:

The Substance Abuse Prevention and Treatment Block Grant requires that states address several priority populations and services:

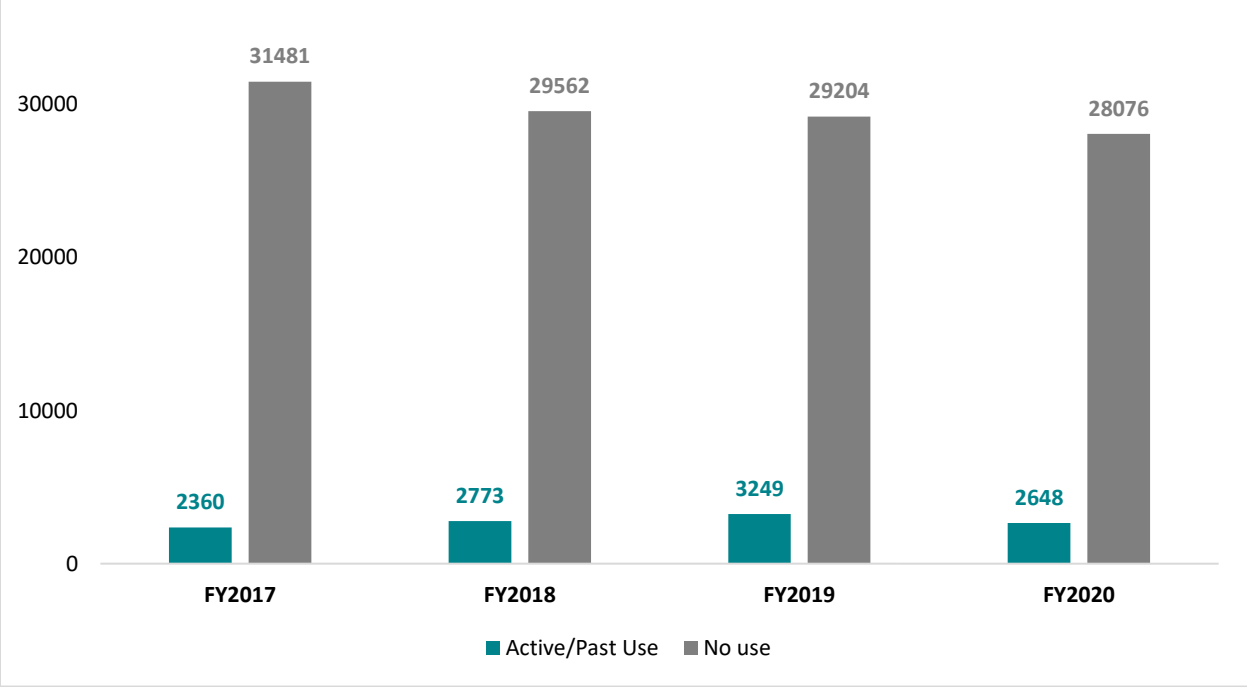
1) Persons who are intravenous drug users
2) Women who are pregnant and have a substance use disorder
3) Parents with substance use disorders who have dependent children
4) Individuals with tuberculosis
5) Persons living with or at risk for HIV/AIDS who are in need of substance misuse intervention, treatment, or prevention services
6) Individuals in need of primary substance misuse prevention

A discussion of these remaining priorities can be found below.

Persons who are intravenous drug users:

From DAODAS treatment data for state fiscal years (SFY) 2017-2020 (Figure 10), the number and percentage of patients treated for a substance use disorder at a DAODAS state-funded provider who self-reported as either an active or past intravenous drug user (IDU) has remained between 5% and 10% since SFY 2017.

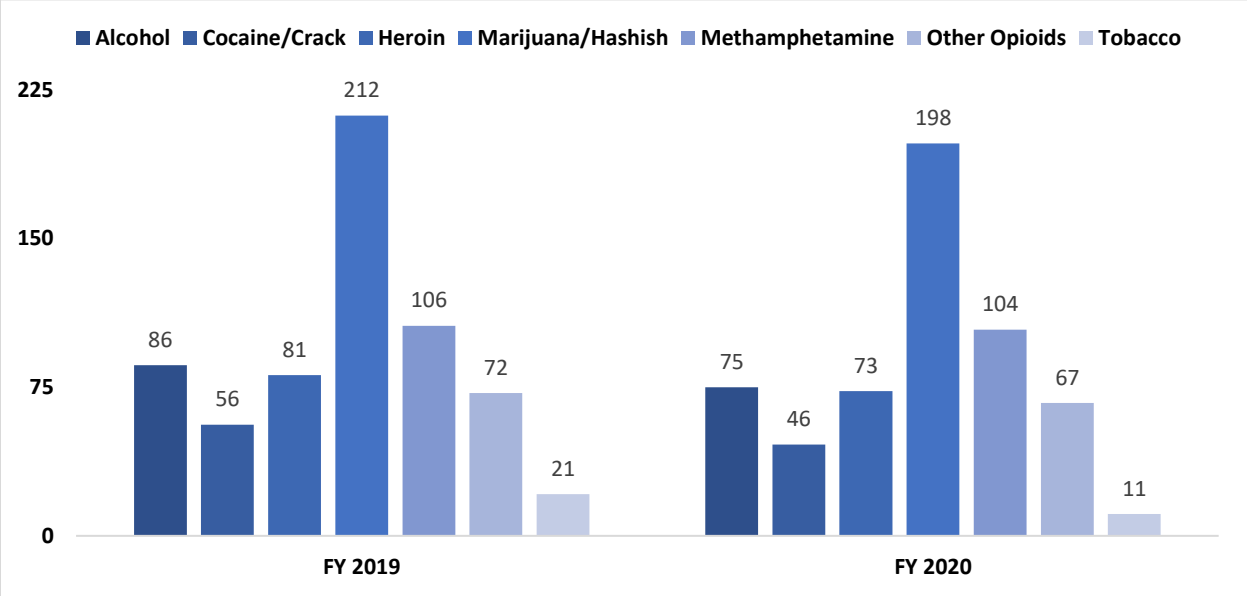
Figure 10: DAODAS Patients Reporting Intravenous Drug Use Status at Admission, SFY 2017-2020



Women who are pregnant and have a substance use disorder:

Pregnant women are given priority access to treatment services available through the DAODAS-funded provider network. Residential, day treatment, and intensive outpatient services are available in every region of the state. Figure 11 provides trends for frequently reported primary substance use types for pregnant patients in the previous two fiscal years.

Figure 11: DAODAS Pregnant Women Patient Primary Substance Reported at Admission, SFY 2019-2020



There were 1,020 pregnant patients reported to have accessed care during SFY 2020. (Preliminary reporting indicates that this number will drop slightly for SFY 2021.) Thirty-one percent were treated for marijuana misuse, while 12% were treated for an alcohol use disorder in SFY 2020 and 22% for an opioid use disorder.

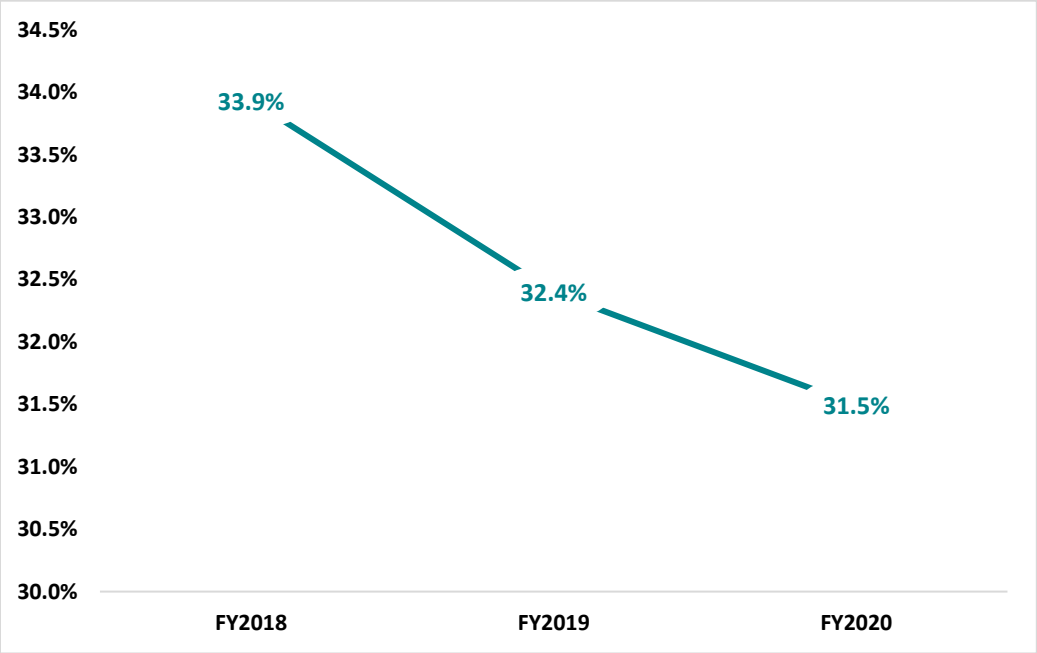
DAODAS will ensure that high-quality substance use disorder treatment services for pregnant females are available within each community. The agency will implement strategies, to include expansion of primary and specialty healthcare substance use screenings for pregnant females, increased collaboration with the state's social services agency responsible for child welfare through co-location of staff and improved screening/referral service delivery coordination, and continued collaboration with the state's Medicaid agency to engage OB/GYN service providers in screening, intervention, and referral to treatment service models.

Parents with substance use disorders (SUDs) who have dependent children:

DAODAS and its local provider network ensure that a continuum of quality treatment services for parents with dependent children is accessible throughout the state. Residential and intensive outpatient care focusing on the family unit are available in every region of the state. Thirty-two percent of DAODAS patients in fiscal year 2020 reported living with one or more dependent children. Figure 12 (next page) provides an illustration contrasting patients with and without

dependent children who were in care. The annual numbers and percentages have remained relatively consistent from state fiscal years (SFY) 2018 to 2020, showing the continued need and focus on the familial unit in regard to patient services. Service provision and child care targeting young family members are offered in addition to traditional substance use disorder (SUD) treatment in order to meet the needs of the entire family.

Figure 12: Reported Percentage of DAODAS Patients Living With Dependent Children, SFY 2018-2020



After the criminal justice system, social services represents the largest referral source for DAODAS and its local provider network. Over 5,000 discharges in SFY 2020 were referred by the S.C. Department of Social Services (DSS). In general, 50,000 or more calls are made regarding a suspected situation involving child abuse or neglect during a completed fiscal year. Of those, over one-sixth tend to be screened as having no risk. The remaining 40,000 or so calls indicate some level of risk requiring additional assessment and service delivery. Unknown by DSS is the proportion of calls prompting further service delivery associated with parent or guardian substance use.

DAODAS is continuing to strengthen its collaboration with DSS by funding full-time SUD counselors who are co-located in local DSS offices. These positions strengthen the assessment and service-delivery process for DSS, which is the state's Child Protective Services agency, by conducting screenings, assessments, and coordinated treatment referrals for parents or guardians with active abuse or neglect investigations. Additionally, DAODAS and DSS have jointly hired a liaison tasked with ensuring the efforts of the agencies along common topic areas are aligned and collaborative.

Individuals with tuberculosis and persons living with or at risk for HIV/AIDS who are in need of substance misuse intervention, treatment, or prevention services:

Assessment processes for all clients entering substance use disorder (SUD) treatment and intervention services include a screening for behavioral risks and symptoms associated with communicable diseases such as HIV/AIDS, hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB). Education, prevention, and testing services for HIV/AIDS and TB are emphasized throughout the continuum of services offered by DAODAS-funded providers. Expanded efforts to include similar services designed to address risks for hepatitis and other STDs represent critical gaps that will continue to be explored with the S.C. Department of Health and Environmental Control (DHEC), the state's public health department, during the planning period.

Healthcare providers in South Carolina are required to report detected cases of HIV/AIDS to DHEC. This data-collection standard has provided the state with a useful trend measure that can be used to track the incidence of HIV/AIDS. There were 774 newly reported cases of HIV infection in the state in 2020. As of December 2019, there were 20,334 individuals living in South Carolina who were HIV/AIDS positive, with 3% reporting as having injected drugs.

Approximately 33% of newly reported cases originated from the three metropolitan counties – Charleston, Richland, and Greenville (although the number of reported cases overall was slightly down, with 839 in 2019). Table 4 identifies the "top 10" counties for new HIV cases in calendar year 2020, and the highest number of new cases of HIV were in Richland County (115 cases), Greenville County (76 cases), and Charleston County (68 cases).

Table 4: Top 10 Counties, New HIV Cases Across South Carolina, CY 2020

County	*Reported Number of New Cases*
Richland	115
Greenville	76
Charleston	68
Horry	59
York	43
Lexington	38
Spartanburg	35
Florence	27
Orangeburg	24
Aiken	22

In the past, DAODAS funded multiple providers across the state to provide HIV early intervention services (EIS). Ten of the funded sites were classified as rural. Within these sites, HIV tests are administered to patients receiving SUD treatment and intervention services during the most recent reporting time frame.

Healthcare providers in South Carolina are also required to report detected cases of TB to DHEC. This data-collection standard has provided the state with a useful measure that can be used to track the incidence of TB. During 2020, there were 67 newly reported cases of TB

infection in the state, down from 80 reported in 2019 and in line with the slow decline in new annual cases since 2016.

All patients receiving SUD treatment and intervention services are screened for symptoms associated with TB and other communicable diseases. Detoxification and residential treatment settings have additional screening and testing protocols due to program structure and shared living arrangements. Data-collection protocols for communicable diseases have improved through the DAODAS provider network's continuing efforts toward implementation of a uniform electronic health record (EHR).

For HIV, DAODAS will fund/support testing services for providers in high-need counties with the highest numbers of incident cases of HIV (see Table 4 on previous page). DAODAS will provide direct funding to the county alcohol and drug abuse authorities that already have the infrastructure/capacity to test internally (as long as HIV EIS designation is maintained and – if designation is lost – the county authority will undergo transition to close out the services). DAODAS will require those directly funded authorities to provide HIV testing reports to DHEC, which will then be shared with DAODAS. For those county authorities that lack the current infrastructure/capacity, DAODAS will fund DHEC's STD/HIV division to contract sub-grantees to conduct the testing at the county authority's site. DAODAS will require that either a full-time or part-time employee is hired to go into the select authorities to conduct the testing. The county alcohol and drug abuse authority will then provide HIV testing reports to DHEC, which will also be shared with DAODAS. In terms of testing at the county authorities, as part of their intake/initial assessment for their substance-related diagnosis, all patients will be administered a HIV risk assessment, and patients who score above the risk threshold, will be tested for HIV.

For individuals with TB, DAODAS will enhance the availability of routine TB services for individuals receiving SUD treatment services. The agency will monitor the protocol and support local training efforts and utilize the county authority's EHR capability to track data associated with the provision of patient-focused routine TB screening.

Individuals in need of primary substance misuse prevention:

Local providers utilize the Strategic Prevention Framework (SPF) to ensure the greatest impact on their communities. This framework implies that communities should assess their needs, build capacity, plan programs/strategies, implement programs/strategies, and evaluate their programs/strategies to reduce the prevalence of substance use across our state. Through technical assistance and training, South Carolina's Regional Capacity Coaches and DAODAS staff have been able to help local providers navigate the SPF with their communities rather successfully over the past few years.

Service providers are also encouraged to: 1) deliver programs/strategies that touch on one of the six Center for Substance Abuse Prevention (CSAP) strategies; and 2) select approved evidence-based programs and strategies to reduce alcohol, tobacco, and other drug use among all South Carolinians. In fiscal year 2020, the majority of all participants served in primary prevention education programs were served using evidence-based universal, selected, and indicated programs.

It is South Carolina's hope that, with continued efforts to utilize the SPF, community input, CSAP strategies, and evidence-based strategies/programs, the state can demonstrate success in reducing substance use among its residents.

Conclusion:

The preceding section provides information that supports each of the State's identified priority areas. Where appropriate, plans to explore or implement strategies for eliminating identified information or service gaps were highlighted. The following list provides a brief review of plans to address identified data gaps highlighted in each priority area. More information linking identified service and system gaps to strategies designed to address deficits for each priority area will be offered in Section III.

Overview of Plans to Address Data and System Gaps

1) Increase the State Epidemiological Outcomes Workgroup's contribution to both the prevention and treatment needs-assessment process.
2) Explore opportunities to partner and increase collaboration with key community and state partners through data-analysis efforts associated with the S.C. Revenue and Fiscal Affairs Office's Data Warehouse.
3) Explore the availability and quality of data associated with substance use disorder (SUD) treatment services occurring outside of the state's network of public providers. Assess the potential to use available data for improved collaboration between public and private providers of behavioral health care.
4) Monitor access, utilization, and outcomes associated with SUD treatment and intervention services for highlighted referral sources and demographic groups in order to evaluate outreach efforts designed to foster collaboration with partner agencies.
5) Continue to work with the state's Electronic Health Record Implementation Team to explore potential strategies for addressing data gaps in needs-assessment and service-planning activities.
6) Expand the use of Health Information Exchange systems for improved collaboration and integration between behavioral and physical healthcare providers.

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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 decrease underage alcohol use in South Carolina.

Strategies to attain the goal:

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: 23.1% (2019)

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: 11% (2020)

First-year target/outcome measurement: 10%

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

Data Source:

South Carolina Communities That Care 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 2020, 32 of the 46 counties in South Carolina 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: 6.1% (FY2020)

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.

Strategies to attain the goal:

Local prevention providers in South Carolina will disseminate information to driving-age youth and adults about the dangers, law, and consequences of impaired driving through presentation, health fairs, media campaigns, distribution of printed materials, newspaper articles, and other media outreach.

Prevention providers in South Carolina will work in collaboration with local law enforcement through the South Carolina Alcohol Enforcement Team (AET) program. The AETs will focus on environmental prevention activities to reduce alcohol-related car crashes through public safety checkpoints, saturation patrols, and merchant education to prevent over-service and intoxicated driving.

Key stakeholders will be trained on evidence-based practices reducing alcohol-related car crashes.

In collaboration with community coalitions, prevention providers will work to create and/or revise local policies that may help reduce the number of alcohol-related crashes in communities

Annual Performance Indicators to measure goal success

Indicator #: 1

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

Baseline Measurement: 28% (2019)

First-year target/outcome measurement: 28% or less

Second-year target/outcome measurement: 28% or less

Data Source:

Fatal Accident Reporting System (FARS)

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.

Strategies to attain the goal:

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.

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.

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.

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

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.

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: 4.0% (2020)

First-year target/outcome measurement: 8% or less

Second-year target/outcome measurement: 8% 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 21 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: 27.5% (2019)

First-year target/outcome measurement: 27%

Second-year target/outcome measurement: 25%

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: 3.4% (2020)

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: 2.6%

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 2020, 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: 3.4%

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 2020, 32 of the 46 counties in SC participated in the survey administration. The statewide report was 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: 11.2% (2020)

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 2020, 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: Pregnant Women 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.

Strategies to attain the goal:

1. Increase the use of Trauma specific and other evidence based treatment services that increase good outcomes for this population.

2. Increase collaboration with waiver 2000 physicians and Methadone Clinics through co-location of staff and/or improved screening/referral service delivery coordination.

3. 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: 51% of patients who are pregnant successfully complete their treatment episode.

First-year target/outcome measurement: 52% of patients who are pregnant successfully complete their treatment episode (increase of 2.5%)

Second-year target/outcome measurement: 53% 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: 201 pregnant women were diagnosed with (OUD) and began to use MAT services

First-year target/outcome measurement: At least 206 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 211 pregnant women who are diagnosed with Opioid Use Disorder and will begin using MAT services (increase of 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: Number of women with dependent children who are admitted into services.

Baseline Measurement: In FY2021, 6,487 women with dependent children were admitted into services.

First-year target/outcome measurement: In FY2022, 6,649 women with dependent children will be admitted into services. (2.5% increase)

Second-year target/outcome measurement: In FY2023, 6,811 women with dependent children will be admitted into services. (5.0% increase)

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 #: 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

Strategies to attain the goal:

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.

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.

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.

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.

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.

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% (2020)

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

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

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: 17.9% (2019)

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: 15.6%

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.

Strategies to attain the goal:

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: Uninsured individuals receiving SABG funding for their treatment services.

Baseline Measurement: In FY2021, 5,546 uninsured individuals received SABG funding for their treatment services.

First-year target/outcome measurement: In FY2022, 5,823 uninsured individuals will receive SABG funding for their treatment services. (5% Increase)

Second-year target/outcome measurement: In FY2023, 5,934 uninsured individuals will receive SABG funding for their treatment services.

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 #: 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.

Strategies to attain the goal:

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: In FY2021, 2,710 adolescents were admitted into treatment services.

First-year target/outcome measurement: In FY2022, 2,845 adolescents will be admitted into treatment services. (5% increase)

Second-year target/outcome measurement: In FY2023, 2,981 adolescents will be admitted into treatment services. (10% increase)

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.

Strategies to attain the goal:

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: In FY2021, 13,846 individuals with SUD involved in the criminal or juvenile justice systems were admitted for treatment services.

First-year target/outcome measurement: In FY2022, 14,538 individuals with SUD involved in the criminal or juvenile justice systems will be admitted for treatment services. (5% Increase)

Second-year target/outcome measurement: In FY2023, 15,2306 individuals with SUD involved in the criminal or juvenile justice systems will be admitted for treatment services.(10% Increase)

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: 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.

Strategies to attain the goal:

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 treatment services.

Baseline Measurement: In FY2021, 2,645 persons who reported injecting drugs were admitted to treatment services.

First-year target/outcome measurement: In FY2022, 2,711 persons who reported injecting drugs will be admitted to treatment services.(2.5% Increase)

Second-year target/outcome measurement: In FY2023, 2,777 persons who reported injecting drugs will be admitted to treatment services.(5.0% Increase)

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: 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.

Strategies to attain the goal:

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.

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Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures

States must project how the SSA will use available funds to provide authorized services for the planning period for state fiscal years FFY 2022/2023.
ONLY include funds expended by the executive branch agency administering the SABG.

Planning Period Start Date: 7/1/2021 Planning Period End Date: 6/30/2023

Activity (See instructions for using Row 1.)	Source of Funds									
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG)[a]	I. COVID-19 Relief Funds (SABG)[a]	J. ARP Funds (SABG)[b]
1. Substance Abuse Prevention[c] and Treatment	$34,640,732.00		$840,000.00	$22,597,813.00	$27,494,438.00	$0.00	$215,000.00		$14,868,528.00	$4,809,691.00
a. Pregnant Women and Women with Dependent Children[c]	$5,282,498.00		$420,000.00	$3,132,000.00					$1,111,543.00	
b. All Other	$29,358,234.00		$420,000.00	$19,465,813.00	$27,494,438.00		$215,000.00		$13,756,985.00	$4,809,691.00
2. Primary Prevention[d]	$10,436,812.00		$0.00	$7,506,000.00	$168,658.00	$0.00	$507,000.00		$5,139,247.00	$930,000.00
a. Substance Abuse Primary Prevention	$10,436,812.00			$7,506,000.00	$168,658.00		$507,000.00		$5,139,247.00	$930,000.00
b. Mental Health Primary Prevention										
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)										
4. Tuberculosis Services										
5. Early Intervention Services for HIV				$855,571.00			$403,318.00			
6. State Hospital										
7. Other 24-Hour Care										
8. Ambulatory/Community Non-24 Hour Care										
9. Administration (excluding program/provider level) MHBG and SABG must be reported separately	$2,362,514.00		$560,000.00	$2,306,185.00	$2,652,572.00				$2,223,086.00	$140,000.00
10. Crisis Services (5 percent set-aside)										
11. Total	**$47,440,058.00**	**$0.00**	**$1,400,000.00**	**$33,265,569.00**	**$30,315,668.00**	**$0.00**	**$1,125,318.00**	**$0.00**	**$22,230,861.00**	**$5,879,691.00**

[a] The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the "standard" SABG. Per the instructions, the planning period for standard SABG expenditures is July 1, 2021 – June 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between July 1, 2021 – March 14, 2023 should be entered in Column I.

[b] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the planning period for standard SABG expenditures is July 1, 2021 – June 30, 2023. For purposes of this table, all planned ARP supplemental expenditures between September 1, 2021 and June 30, 2023 should be entered in Column J.

[c] Prevention other than primary prevention

[d] The 20 percent set aside funds in the SABG must be used for activities designed to prevent substance misuse.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:
The required set-asides are met which include the 5% Administrative and 20% Prevention; however, South Carolina is not a designative HIV state. and elected not to obligated funding to HIV services.

The COVID-19 Relief funds have also observed the BG set-asides - the grant period is within the planning period which should consume the grant award.

The ARP funds also observed the BG set-asides; however, only a portion of the ARP $5,879,691 will be spent with the grant period.

Planning Tables

Table 3 SABG Persons in need/receipt of SUD treatment

	Aggregate Number Estimated In Need	Aggregate Number In Treatment
1. Pregnant Women	5,000	955
2. Women with Dependent Children	26,000	6,487
3. Individuals with a co-occurring M/SUD	111,200	2,269
4. Persons who inject drugs	7,000	2,645
5. Persons experiencing homelessness	4,000	859

Please provide an explanation for any data cells for which the state does not have a data source.

The following are data sources for the aggregate numbers estimated in need: 1) Based on total number of women that gave birth in SC in 2019 that had an accompanying diagnosis of maternal substance use at any time during pregnancy/child birth (data request from SC Revenue and Fiscal Affairs Office) 2) Based on statistics provided by the Annie E. Casey Foundation (https://www.aecf.org/resources/2021-kids-count-data-book) regarding number of children living in single-parent homes in SC coupled with a SAMHSA report (https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html) indicating that 80% of those are single-mother households; additionally the report noted that 8% of those mothers had a past-year SUD 3) Based on NSDUH estimates (https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2019) that 278,000 South Carolinians have an SUD and NIDA estimates that 40% of those with an SUD have a co-occurring mental health condition (https://www.drugabuse.gov/drug-topics/trends-statistics/infographics/comorbidity-substance-use-other-mental-disorders) 4) Based on percentage of statewide County Alcohol and Drug Authority clients who report IDU at intake coupled with NSDUH estimates regarding number not in but needing treatment for illicit drug use ages 18 and older (https://www.samhsa.gov/data/nsduh/state-reports-NSDUH-2019) 5) Statewide Estimate by the U.S. Interagency Council on Homelessness (https://www.usich.gov/homelessness-statistics/sc/)

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Planning Tables

Table 4 SABG Planned Expenditures

Planning Period Start Date: 10/1/2021 Planning Period End Date: 9/30/2023

Expenditure Category	FFY 2022 SA Block Grant Award	COVID-19 Award[1]	ARP Award[2]
1 . Substance Use Disorder Prevention and Treatment[3]	$17,320,365.00	$14,868,528.00	$5,184,691.00
2 . Primary Substance Use Disorder Prevention	$5,218,406.00	$5,139,247.00	$1,335,000.00
3 . Early Intervention Services for HIV[4]			
4 . Tuberculosis Services			
5 . Administration (SSA Level Only)	$1,181,258.00	$2,223,087.00	$200,000.00
6. Total	**$23,720,029.00**	**$22,230,862.00**	**$6,719,691.00**

[1]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the "standard" SABG. Per the instructions, the planning period for standard SABG expenditures is October 1, 2021 –September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 – March 14, 2023 should be entered in this column.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the planning period for standard SABG expenditures is October 1, 2021 – September 30, 2023. For purposes of this table, all planned ARP supplemental expenditures between October 1, 2021 and September 30, 2023 should be entered in this column.

[3]Prevention other than Primary Prevention

[4]For the purpose of determining which states and jurisdictions are considered "designated states" as described in section 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 45 CFR § 96.128(b) of the Substance Abuse Prevention and Treatment Block Grant (SABG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the HIV Surveillance Report produced by the Centers for Disease Control and Prevention (CDC,), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. The most recent HIV Surveillance Report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective SABG allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SABG funds with the flexibility to obligate and expend SABG funds for EIS/HIV even though the state's AIDS case rate does not meet the AIDS case rate threshold for the fiscal year involved for which a state is applying for SABG funds. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance would will be allowed to obligate and expend SABG funds for EIS/HIV if they chose to do so.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

The required set-asides have been observed - 5% Administration and 20-22% Prevention; however, South Carolina is no longer a HIV designate state and has elected not to obligate any funding to HIV services.

The COVID-19 Relief and ARP funds are also observed all the set-asides but HIV. ARP funds only allotted a portion of the funds $6,719,691 due to the 2 years remaining after the planning period of SABG 2022-2023.

Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2021 Planning Period End Date: 9/30/2023

A		B		
Strategy	**IOM Target**	**FFY 2022**		
		SA Block Grant Award	**COVID-19[1]**	**ARP[2]**
1. Information Dissemination	Universal	$1,537,705	$2,164,275	$385,500
	Selective			
	Indicated			
	Unspecified			
	Total	**$1,537,705**	**$2,164,275**	**$385,500**
2. Education	Universal	$370,039		
	Selective	$74,008		
	Indicated	$49,338		
	Unspecified		$566,112	$342,000
	Total	**$493,385**	**$566,112**	**$342,000**
3. Alternatives	Universal	$192,243	$181,557	$133,500
	Selective			
	Indicated			
	Unspecified			
	Total	**$192,243**	**$181,557**	**$133,500**
4. Problem Identification and Referral	Universal			
	Selective	$28,837		
	Indicated	$86,510		
	Unspecified		$83,279	$59,250
	Total	**$115,347**	**$83,279**	**$59,250**
	Universal	$896,974	$339,279	$59,250

5. Community-Based Process	Selective			
	Indicated			
	Unspecified			
	Total	**$896,974**	**$339,279**	**$59,250**
6. Environmental	Universal	$1,249,218	$1,011,670	$355,500
	Selective			
	Indicated			
	Unspecified			
	Total	**$1,249,218**	**$1,011,670**	**$355,500**
7. Section 1926 Tobacco	Universal	$50,000		
	Selective			
	Indicated			
	Unspecified			
	Total	**$50,000**	**$0**	**$0**
8. Other	Universal			
	Selective			
	Indicated		$693,075	
	Unspecified			
	Total	**$0**	**$693,075**	**$0**
Total Prevention Expenditures		**$4,534,872**	**$5,039,247**	**$1,335,000**
Total SABG Award[3]		**$23,720,029**	**$22,230,862**	**$6,719,691**
Planned Primary Prevention Percentage		**45.99 %**	**49.07 %**	**162.35 %**

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the standard SABG expenditures are for the planned expenditure period of October 1, 2021 - September 30, 2023, for most states.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the standard SABG expenditures are for the planned expenditure period of October 1, 2021 - September 30, 2023.

[3]Total SABG Award is populated from Table 4 - SABG Planned Expenditures

Footnotes:

SAPTBG: A total of $666,034 of prevention funds and a total of $17,500 of prevention from the combined column are accounted for in resource table 6. This brings the total for prevention from table 6 to $683,534.00

COVID-19:A total of $100,000 of the COVID-19 prevention funds are accounted for in the resource table 6.

Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2021 Planning Period End Date: 9/30/2023

Activity	FFY 2022 SA Block Grant Award	COVID-19 Award[1]	ARP Award[2]
Universal Direct	$370,039		
Universal Indirect	$3,926,140	$3,696,781	$933,750
Selective	$102,845		
Indicated	$135,848	$693,075	
Column Total	**$4,534,872**	**$4,389,856**	**$933,750**
Total SABG Award[3]	**$23,720,029**	**$22,230,862**	**$6,719,691**
Planned Primary Prevention Percentage	**19.12 %**	**19.75 %**	**13.90 %**

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the standard SABG expenditures are for the planned expenditure period of October 1, 2021 - September 30, 2023, for most states.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the standard SABG expenditures are for the planned expenditure period of October 1, 2021 - September 30, 2023.

[3]Total SABG Award is populated from Table 4 - SABG Planned Expenditures

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

SABG BG: A total of $666,034 of prevention funds and a total of $17,500 of prevention from the combined column are accounted for in resource table 6. This brings the total for prevention from table 6 to $683,534.00.

COVID-19:A total of $649,391.00 is unspecified in table 5A under COVID-19. A total of $100,000 of the COVID-19 prevention funds are accounted for in the resource table 6.

ARPA:A total of $401,250 is unspecified in table 5A under ARPA.

Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2022 and FFY 2023 SABG awards.

Planning Period Start Date: 10/1/2021 Planning Period End Date: 9/30/2023

	SABG Award	COVID-19 Award[1]	ARP Award[2]
Targeted Substances			
Alcohol	☑	☑	☑
Tobacco	☑	☑	☑
Marijuana	☑	☑	☑
Prescription Drugs	☑	☑	☑
Cocaine	☐	☐	☐
Heroin	☐	☐	☐
Inhalants	☐	☐	☐
Methamphetamine	☐	☐	☐
Bath salts, Spice, K2)	☐	☐	☐
Targeted Populations			
Students in College	☐	☑	☑
Military Families	☐	☑	☑
LGBTQ	☐	☑	☑
American Indians/Alaska Natives	☐	☐	☐
African American	☑	☑	☑
Hispanic	☑	☑	☑
Homeless	☐	☐	☐
Native Hawaiian/Other Pacific Islanders	☐	☐	☐
Asian	☐	☐	☐
Rural	☑	☑	☑

Underserved Racial and Ethnic Minorities	☑	☑	☑

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the standard SABG expenditures are for the planned expenditure period of October 1, 2021 – September 30, 2023, for most states.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the standard SABG expenditures are for the planned expenditure period of October 1, 2021 – September 30, 2023.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Planning Tables

Table 6 Non-Direct Services/System Development

Planning Period Start Date: 10/1/2021 Planning Period End Date: 9/30/2023

Activity	FFY 2022				
	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated[1]	D. COVID-19[2]	E. ARP[3]
1. Information Systems	$25,000.00	$54,476.00	$25,000.00	$1,111,543.00	$100,000.00
2. Infrastructure Support	$45,000.00				
3. Partnerships, community outreach, and needs assessment	$94,346.00	$316,185.00		$100,000.00	
4. Planning Council Activities (MHBG required, SABG optional)					
5. Quality Assurance and Improvement	$41,000.00	$13,900.00			
6. Research and Evaluation		$129,473.00			
7. Training and Education	$32,000.00	$152,000.00	$10,000.00		
8. Total	**$237,346.00**	**$666,034.00**	**$35,000.00**	**$1,211,543.00**	**$100,000.00**

[1]Integrated refers to non-direct service/system development expenditures that support both treatment and prevention systems of care.

[2]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the "standard" SABG. Per the instructions, the planning period for standard SABG expenditures is October 1, 2021 –September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 – March 14, 2023 should be entered in Column D.

[3]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the planning period for standard SABG expenditures is October 1, 2021 – September 30, 2023. For purposes of this table, all planned ARP supplemental expenditures between October 1, 2021 and September 30, 2023 should be entered in Column E.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

All activities will be observed except Planning Council which is not applicable to SABG and Education (Pre-Employment). The BG COVID Supplement and BG ARPA funding also observe the activities.