

# Service Design Site Visit Report

South Carolina Department of Alcohol  
and Other Drug Abuse Services  
Columbia, South Carolina



Dates of Site Visit: December 10–12, 2013

◆ Adolescent ◆

Prepared by JBS International, Inc., under Contract No. HHSS2832007000031/HHSS28300002T

Prepared for the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment



# Table of Contents

---

South Carolina Department of Alcohol and Other Drug Abuse Services .....	iii
Executive Summary.....	1
Awardee Overview and Environmental Context .....	3
1. Site Visit Overview .....	3
2. Awardee Leadership .....	4
3. Interagency Collaboration .....	5
4. Financing and Financial Mapping.....	6
5. Workforce Development .....	7
6. Implementation of Evidence-Based Practices .....	7
7. Family and Youth Involvement .....	8
8. Evaluation .....	9
Summary .....	9
Strengths and Considerations for Action.....	11
Abbreviations and Acronyms.....	19

# South Carolina Department of Alcohol and Other Drug Abuse Services

<b>Awardee Name</b>	South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)
<b>Address</b>	2414 Bull Street, Columbia, SC 29201
<b>Site Visit Dates</b>	December 10–12, 2013
<b>Program Name</b>	Collaboration for Success
<b>Award TI Number</b>	TI024269
<b>Awardee Contact Person</b>	Susie Williams-Manning, M.A., NCAC II Phone: 803-896-5981 Email: swilliamsmanning@daodas.sc.gov
<b>Government Project Officer</b>	Ruby Neville, M.S.W., LGSW, Public Health Advisor, Substance Abuse and Mental Health Services Administration
<b>Site Visit Team Members</b>	Pam Baston, M.P.A., CAP, CPP, JBS International, Inc. Doreen Cavanaugh, Ph.D., Georgetown University Sherese Brewington-Carr, M.H.S., Coach Consultant

Awardee Project Team Members	
Robert Toomey, M.B.A.	Director, DAODAS
Susie Williams-Manning, M.A., NCAC II	State Adolescent Treatment Enhancement and Dissemination (SAT-ED) Project Director
Hannah Bonsu	SAT-ED Assistant Project Director
Ritchie Tidwell, M.S.	SAT-ED Evaluator
Pam Imm, Ph.D.	SAT-ED Evaluator
Maria McCall	SAT-ED Evaluator



***Left to right: Robert Toomey, Frankie Long, Hannah Bonsu, Carmen Tate, Susie Williams-Manning, Carl Kraeff, Pam Imm, Ritchie Tidwell***

#### Awardee Project Sites Visited

DAODAS	2414 Bull Street, Columbia, SC 29201
Keystone Substance Abuse Services	Met with staff at DAODAS office
William J. McCord Adolescent Treatment Facility	Met with staff at DAODAS office

## Executive Summary

---

**T**he mission of the South Carolina Department of Alcohol and Other Drug Services (DAODAS) is to “ensure the provision of quality services to prevent or reduce the negative consequences of substance use and addictions” (DAODAS Web site). Although the department's earliest predecessor dates back to 1957, the cabinet-level department known today as DAODAS was created by Act 265, The Government Accountability and Reform Act of 1993 (DAODAS Web site).

DAODAS is among 12 States and a territory awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) State Adolescent Treatment Enhancement and Dissemination (SAT-ED) cooperative agreement in October 2012. The award provides funding to improve treatment for adolescents with substance use disorders (SUDs) or substance use and co-occurring mental health disorders through the development of a learning laboratory with collaborating local community-based treatment provider sites.

Through the collaboration of the State or territory and two local treatment provider sites, an evidence-based practice (EBP) is implemented for youth and families, and a feedback loop is established to identify barriers to successful implementation and test solutions in real time. Awardees are expected to—

- ▶ Address needed changes to policies and procedures.
- ▶ Develop financing structures that support the current service delivery environment.
- ▶ Develop and implement a statewide workforce development dissemination plan.
- ▶ Create a blueprint to increase the use of EBPs.

Youth and their families are critical to this effort and must be included in planning, implementation, and dissemination of all activities and knowledge. To meet these expectations, SAT-ED awardees are required to—

- ▶ Improve interagency collaboration.
- ▶ Conduct financial mapping to inform the development of funding and payment strategies that are practical and feasible in the funding environment.
- ▶ Expand the qualified workforce to meet increasing service delivery needs.
- ▶ Disseminate EBPs.
- ▶ Involve youth and their families at all levels to inform policy, program, and effective practice implementation processes.

DAODAS has demonstrated a strong commitment to the SAT-ED initiative in place, which is called Collaboration for Success. South Carolina would benefit from clarifying the

responsibilities of the SAT-ED project director and assistant director, particularly as they relate to each SAT-ED requirement, and in further defining the roles of the SAT-ED directors and evaluators. The State's Joint Council would benefit from recruiting and supporting one or more youth in recovery from an SUD to serve on the council to meet the SAT-ED requirement. The Joint Council should also develop a finance subcommittee and identify a leader for this subcommittee to help drive and implement financial mapping and address other financing and reimbursement issues.<sup>1</sup>

Another potential enhancement includes disseminating the report from Mercer Government Human Services Consulting<sup>2</sup> that evaluates service provision and funding and recommends options for leveraging Federal resources, particularly Medicaid. The information in the Mercer report can help support key process steps and provide financial mapping baseline information and conducting the managed care system's orientation to SUD services and EBPs.

There is a need for DAODAS to assign and direct staff to focus on youth and family involvement. South Carolina's Federation of Families would benefit from adding a codirector with specific SUD knowledge. The awardee should continue to develop outreach activities for youth, develop a structure to facilitate leadership for youth with SUDs, and consider integrating youth with SUDs into the Youth Move<sup>3</sup> model.

---

<sup>1</sup> The following information was provided by DAODAS (minor copy edits made): The South Carolina SAT-ED project director's, assistant project director's, and evaluators' work duties are clearly defined in the workplan as related to each SAT-ED project requirement. However, the SAT-ED site visiting team did not sit with the project director or assistant project director to discuss the job responsibilities.

- ▶ The project director is responsible for the State-level duties of the SAT-ED grant: all the contracts, State- and local-level budgets, State-level committees of the joint council, all grant deliverables, and the biannual and workplan reports.
- ▶ The assistant project director is responsible for the implementation and expansion of the local sites: monitoring data collection of the local sites, site visits to monitor the fidelity of the A-CRA/ACC model, working with family and youth focus groups and training, coordinating with South Carolina Federation of Families, and assisting with the biannual and workplan reports.
- ▶ In accordance with the approved evaluation plan, the evaluators are responsible for the overall evaluation of the SAT-ED grant at the State and local level; that is, data collection, outcome measures, assisting with the preparation of the biannual and workplan reports, and attending quarterly and committee meetings.

<sup>2</sup> *Funding Review of Alcohol and Other Drug Abuse Services*. (2013, May 17). South Carolina Department of Alcohol and Other Drug Abuse Services.

<sup>3</sup> Youth MOVE (Motivating Others through Voices of Experience) is a youth-led national organization devoted to improving services and systems that support positive growth and development by uniting the voices of individuals who have lived experiences in various systems, including mental health, juvenile justice, education, and welfare.

# Awardee Overview and Environmental Context

---

**T**he South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) is located in Columbia, the State's capital and central government center. DAODAS manages an operating budget of approximately \$24,206,642 and an executive staff of approximately 25 persons. DAODAS reports directly to the Governor.

DAODAS is a cabinet-level agency located in Columbia, South Carolina.

DAODAS has been the past recipient of SAMHSA's Co-Occurring State Incentive Grant and the State Adolescent Substance Abuse Treatment Coordination (SAC) grant. This experience contributed to a strong foundation for the State Adolescent Treatment Enhancement and Dissemination (SAT-ED) award and helped leverage State agency resources and strengthen system infrastructures to improve the conditions of youth and families experiencing substance use disorders (SUDs) or substance use and co-occurring mental health disorders. South Carolina's Governor is committed to developing a continuum of care and is in the process of hiring a cabinet-level professional to lead this effort. The person hired will report to a cabinet-level director but will not be on the cabinet. The DAODAS initiative under the SAT-ED award is called Collaboration for Success.

The Department of Mental Health (DMH) operates as a separate agency, and its services are not currently part of a managed care system. This entity, while housed in the same building as DAODAS, operates separately and does not report to the Governor, although the director attends cabinet meetings. DAODAS and DMH have an existing memorandum of agreement regarding SAT-ED roles and expectations, and they work collaboratively to provide treatment services for adolescents with SUDs and co-occurring mental health disorders.

## 1. Site Visit Overview

---

A team composed of staff from JBS International, Inc., its subcontractor Georgetown University, and a coach consultant conducted a site visit to South Carolina December 10–12, 2013. Ruby Neville, South Carolina's SAT-ED Government Project Officer, participated in sessions via telephone. The site visit team reviewed the awardee's accomplishments and identified areas for growth and technical assistance (TA) opportunities to enhance performance and services.

On the first day of the visit, the site visit team met with DAODAS leadership, South Carolina's SAT-ED staff, Federation of Families South Carolina (FFSC) representatives, and key stakeholders to review the goals and expectations of the site visit and receive an overall project update. DAODAS and its SAT-ED team provided an overview of the State's organizational structure, its progress with the SAT-ED initiative, and its coordination with other State efforts. This session was followed by discussion with members of the South Carolina Joint Council on



Children and Adolescents, which serves as the SAT-ED interagency council. The group held a policy-level discussion on financing treatment and recovery services for youth with SUDs and co-occurring substance use and mental health disorders and their families and financial mapping issues. The session was followed by a discussion with the fiscal operations personnel of the child-serving agencies of DAODAS and Juvenile Justice. The day concluded with a meeting with three adolescent males who had received treatment for SUDs and co-occurring mental health disorders.

The second day of the visit began with a discussion of South Carolina's workforce development and dissemination plan and training strategies. The team then met with staff from the two SAT-ED provider sites, William J. McCord Center and Keystone, to review their implementation of evidence-based assessment and treatment. The day ended with a discussion with a parent of an adolescent in recovery from a primary SUD.

The final day of the site visit began with a meeting with South Carolina's SAT-ED evaluators to review the evaluation plan and their direct observations. The team then attended the Joint Council meeting where a parent of a youth with mental health disorders discussed her direct experiences with system issues, treatment access, timeliness of treatment, cost factors, interaction with personnel, and treatment outcomes. Dr. Cavanaugh provided a TA presentation focused on financial mapping. The day concluded with an exit interview with the site visit team and DAODAS leadership.

## 2. Awardee Leadership

---

DAODAS, the cabinet-level single state authority with the responsibility for South Carolina's SUD prevention and treatment system, administers the SAT-ED initiative. South Carolina's public system is composed of 33 county alcohol and drug abuse authorities that have incorporated as the Behavioral Health Services Association of South Carolina, Inc. These authorities have offices in 46 counties to provide core SUD treatment services throughout the State. South Carolina's Medicaid agency and DAODAS partnered in moving South Carolina's public SUD treatment system to a managed care model that was implemented in February 2013.

South Carolina has been the past recipient of SAMHSA's Co-Occurring State Incentive Grant and State Adolescent SAC grant. This experience helped develop the program's foundation, leverage State agency resources, and strengthen system infrastructures to improve the conditions of youth and families experiencing SUDs or substance use and co-occurring mental health disorders. South Carolina's Governor is committed to developing a continuum of care and is in the process of hiring a cabinet-level professional to lead this effort.

DAODAS has an involved and committed agency director. Its SAT-ED initiative, Collaboration for Success, is fully staffed with a project director, an assistant director, and a senior consultant to

lead financial mapping that reports to the DAODAS director. There appears to be an absence of direct project staffing accountability for family and youth involvement, a SAT-ED requirement. South Carolina would benefit from clarifying the responsibilities of the SAT-ED project director and assistant director, particularly with regard to each SAT-ED requirement.

### 3. Interagency Collaboration

---

South Carolina has robust interagency collaboration facilitated through the Joint Council on Children and Adolescents. Established under the SAMHSA SAC grant and supported and recognized by the Governor, the Joint Council is composed of all child-serving agency directors and family representatives from the FFSC, the National Alliance on Mental Illness, and child advocacy groups (e.g., Children Trust, Children's Law Center). A mental health agency representative was not present at the Joint Council meeting.

The Joint Council has executive (operations group), workforce development, and evaluation subcommittees that support the SAT-ED award. The Joint Council has a shared, revolving leadership model with its agency leaders. The council's meeting style supports reaching consensus and fosters a culture for open discussion and agreement. The current leadership chair was elected by unanimous vote to an unprecedented second term with a change in the council's operating bylaws. He is a well-regarded and experienced leader in child-serving and fiscal agency administration. South Carolina's child-serving agency leadership is planning to implement a system of care (SOC) model. While often focused solely on youth with mental health disorders, the target population for this South Carolina effort is still under discussion. It is important that equitable emphasis be placed on the issues of youth with primary and co-occurring SUDS.

The Joint Council members appear engaged, collaborative, and knowledgeable about adolescents with SUDs and co-occurring mental health disorders. Members are aware of and have integrated the SAT-ED workplan into their operational agenda to improve outcomes for adolescents. The site visit team had the opportunity to attend, observe, and deliver TA on the mechanics and system benefits of financial mapping at the Joint Council's regularly scheduled meeting on December 12, 2013.

To ensure a family voice is heard, a family member is invited to each meeting to share his or her experience receiving services through one of the State's child-serving agencies. However, there is currently no youth representation on the Joint Council. When South Carolina's SAT-ED team works with the Joint Council to add a youth member, it can also encourage the council to establish a finance committee to work on financing and financial mapping.

## 4. Financing and Financial Mapping

---

The Department of Health and Human Services (HHS) is the Medicaid authority for the State. Currently SUD treatment and mental health treatment for adolescents are not treated or reimbursed equitably. There is also no reimbursement structure or culture for recovery supports. The State's HHS director expressed an interest in reconciling this disparity and reported that cabinet agencies are moving State dollars to Medicaid to ensure the resource pool is accessible and expanded to meet the needs of all youth.

South Carolina is implementing a “carve-in” of SUD services within the managed care arena; however, mental health services are not required to be carved in. This new process has resulted in many adjustments, particularly in getting approval from the managed care organizations (MCOs) for the length of treatment needed to deliver family-focused, evidence-based models. The site team recommends that DAODAS consider conducting orientation for the MCOs on the benefits and requirements of EBPs; for example, Global Appraisal of Individual Needs (GAIN), Adolescent Community Reinforcement Approach Assertive Continuing Care (ACRA-ACC), and recovery services—particularly in areas where SAT-ED services are being delivered or planned.

South Carolina has a good foundation to begin financial mapping as HHS commissioned Mercer Government Human Services Consulting to review its SUD treatment funding for its SUD clients, including adolescents. The report was completed and released in May 2013 to DAODAS leadership. The report has not been disseminated to date. It may be helpful to transmit the report to other child-serving systems to support key process steps and provide baseline information to begin financial mapping.

DAODAS requested and has received three SAMHSA TA opportunities on financial mapping; the most recent occurred during this site visit at the Joint Council meeting. Site team member Doreen Cavanaugh, Ph.D., provided this TA, which was well received and provided neutral, technical information that could be practically applied. DAODAS director Robert Toomey requested that Dr. Cavanaugh participate in a future joint meeting with Mercer and DMH consultants to provide TA on financial issues. South Carolina must now move forward with comprehensive work in the financing area.

The DAODAS and HHS directors are experienced in financial management, which should facilitate their ability to address system financial disparities. DAODAS director Toomey has hired Grace Stewart to lead the SAT-ED financial mapping and related financing efforts. MCOs should receive an orientation on behavioral health services and EBPs (e.g., GAIN, ACRA-ACC, recovery services).

## 5. Workforce Development

---

South Carolina has a workforce development and dissemination plan with multiple learning strategies that include the required learning collaborative and Web- and electronic-based learning. The plan includes the development of adolescent core competencies based on SAMHSA's Technical Assistance Publication 21, *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice*. The SAT-ED workforce committee added other relevant competencies such as trauma-informed care (TIC) and SOC. An excellent example of collaboration is the TIC training initiative driven by a trainer from the Department of Juvenile Justice and one from DMH. This training was made available to all child-serving agencies, partners, providers, parents, educators, faith community members, medical professionals, and others who have contact with children, accounting for more than 500 unduplicated training recipients statewide.

DAODAS contracted with Solutions of Substance of North Carolina to deploy an online learning management system (LMS). The LMS is a 24-hour Web-based platform that provides interactive, multimedia content and competency-based online testing. The LMS can award continuing education unit certificates, and it incorporates a time management tool. This impressive and progressive effort and promising practice in workforce development will support system sustainability.

The Joint Council's Workforce Development Committee serves as the planning and implementation support for the SAT-ED workforce requirement. The committee is led by the SAT-ED project director. The committee must focus on continued curricula development, add new content, and ensure sequenced curricula so that participants at all levels of experience may continue to increase their skills and knowledge. The SAT-ED team may also consider reestablishing curricula for South Carolina teaching institutions to prepare the workforce to deliver SUD and co-occurring mental health disorder treatment.

## 6. Implementation of Evidence-Based Practices

---

South Carolina's SAT-ED provider sites, Keystone and McCord, are longstanding agencies with extensive knowledge of substance abuse and mental health and demonstrated experience serving adolescents. Both agencies conduct outreach and have strong connections with communities and schools. The sites are fully staffed, are reaching their client goals, and employ varied positive social interaction events appropriate for their communities and target populations. DAODAS chose the evidence-based GAIN-Q3 (the online version) and ACRA-ACC. Both sites have completed most of the associated training and certification requirements. Youth and family members reported a strong connection to the providers and benefits from the

treatment model, particularly the interpersonal interaction and communication components. DAODAS is in the early stages of expanding to four additional sites in its second funding year.

Because of cost and credentialing issues required by Chestnut Health systems, both sites are concerned that without continued financial support they may not be able to maintain the use of GAIN. There is also concern about the costs associated with full implementation of SAT-ED's four additional expansion sites.

## 7. Family and Youth Involvement

---

DAODAS contracted with the FFSC to ensure family and youth involvement and to provide education and advocacy for the needs and issues of families of youth with SUDs. The FFSC has historically focused on helping parents of youth with primary mental health disorders and acknowledged the need to expand this focus to help families of youth with primary SUDs or SUDs with co-occurring mental health disorders. This is FFSC's first grant award to specifically address this population.

FFSC has hired diverse multigenerational staff members who work directly with families to help them navigate treatment access, systems, and recovery and to provide support. The FFSC has provided family-driven care training to parents and DAODAS treatment staff. It has modified (with permission) the Ohio Family Checklist (a family-friendly tool to collect feedback on treatment and support services) to improve the family support system. The FFSC director acknowledged the need to increase its focus to be more inclusive of parents of youth with primary SUDs because their journey and associated needs are often vastly different from those of parents whose youth have primary mental health disorders.

The site visit team had the opportunity to interview and interact with three young men and one parent. The three youth in recovery reported feeling a close connection to their provider site staff. They articulated receiving appropriate and beneficial treatment and had trusted relationships with the staff. The effective use of ACRA-ACC is evident. The interviewed parent credited the use of ACRA-ACC communication tools for her child's behavioral improvements, success at school, continued recovery, and improvements in parent-child communication and the parent-child relationship.

The FFSC appears to be providing direct service and ancillary supports, including transportation as needed to support adolescent and families in treatment. In South Carolina, FFSC appears to approach its advocacy role by monitoring system policy, giving input through the family voice to inform policy, and lending treatment provider support of adolescents in recovery. South Carolina has a Youth Move initiative that has reached out to youth with primary SUDs to increase youth involvement. This effort has included focus groups, training, and work toward the development of site-level youth advisory councils.

South Carolina needs to focus on strengthening and supporting the inclusion of the youth voice at both the State and local levels. Youth must be represented at the Interagency Council and have a structure to provide input at the policy, provider, and practice levels.

## 8. Evaluation

---

The South Carolina SAT-ED awardee has an experienced evaluation team that has worked with DAODAS and other South Carolina child-serving agencies for many years. The overall evaluation goals follow:

- ▶ Increase provider capacity for evidence-based treatment and recovery support services to youth with SUDs or substance use with co-occurring mental illness.
- ▶ Improve outcomes among youth with SUDs or substance use and co-occurring mental health disorders.
- ▶ Enhance use of finances and resources through coordination of funding streams, treatment, and recovery services for adolescents and families to facilitate expansion and sustainability.

Evaluation team members work at the State level and have staff assigned to each of the pilot provider agencies. The SAT-ED evaluation plan clearly outlines measurable performance and outcome goals. Data are received from the DAODAS Substance Abuse Agencies Management Information System. All provider sites report Government Performance and Result Act (GPRA) data. The evaluation team employs a formative evaluation method, communicating findings in real time to assist SAT-ED staff in making ongoing changes in implementation efforts as needed. The evaluation team also goes beyond requirements to collect, analyze, and present data in clear and understandable ways to the SAT-ED staff, DAODAS leadership, and the Joint Council membership.

## Summary

---

DAODAS has demonstrated a strong commitment to the SAT-ED initiative. South Carolina would benefit from clarifying the responsibilities of the SAT-ED project assistant director and further defining the roles of the SAT-ED project director and evaluators. The State's Joint Council would benefit from recruiting and supporting one or more youth in recovery from an SUD to serve on the council to meet the SAT-ED requirement. The Joint Council should also develop a finance subcommittee and identify a leader for this subcommittee to help drive and implement financial mapping and address other financing and reimbursement issues. Other potential enhancements include disseminating the Mercer report to support key process steps and

provide financial mapping baseline information and conducting the managed care system's orientation to SUD services and EBPs.

There is a need for DAODAS to assign and direct staff to focus on youth and family involvement. FFSC would benefit from adding a codirector with specific SUD knowledge. South Carolina should continue to develop outreach activities for youth, develop a structure to facilitate leadership for youth with SUDs, and consider integrating youth with SUDs into the Youth Move<sup>4</sup> model.

---

<sup>4</sup> Youth MOVE (Motivating Others through Voices of Experience) is a youth-led national organization devoted to improving services and systems that support positive growth and development by uniting the voices of individuals who have lived experiences in various systems, including mental health, juvenile justice, education, and welfare.

# Strengths and Considerations for Action

## Awardee Leadership

### STRENGTHS

- The SAT-ED team is fully staffed with experienced personnel, including a project director, assistant director, and a senior consultant who leads financial mapping and reports to the DAODAS director.
- DAODAS has an involved and committed agency director.
- South Carolina and DAODAS continue to leverage Federal grant resources to build system capacity and enhance and strengthen treatment services for adolescents with substance use and co-occurring mental health disorders.

### CHALLENGES

- There appears to be an absence of direct project staffing accountability for the Family and Youth Involvement requirement of the SAT-ED award.
- The responsibilities of the SAT-ED project assistant director need further clarification.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Further clarify the roles and responsibilities of the SAT-ED project director and assistant director, particularly as they relate to each SAT-ED requirement area.	X		
2	Assign or direct staff to have accountability for facilitating continued youth and family involvement.	X		
3	Further define the roles of the evaluators to provide the outcome data and timely project continuous quality improvement.	X		



## Interagency Collaboration

### STRENGTHS

- South Carolina has robust interagency collaboration facilitated through the Joint Council on Children and Adolescents composed of all child-serving agency directors and family representatives from FFSC, the National Alliance on Mental Illness, and child advocacy groups (i.e., Children's Trust, Children's Law Center).
- The Joint Council employs a rotating leadership among the child-serving agency directors.
- The Joint Council has an executive steering committee composed of the operational leadership within the core child-serving agencies to help drive, implement, and monitor project progress and outcomes.
- The Joint Council also has established working committees in the SAT-ED required areas of workforce development and evaluation. These working committees meet regularly.
- The HHS director (Medicaid authority) has been reelected to a second term as chair of the Joint Council.

### CHALLENGES

- There is no existing finance working committee.
- The SAT-ED initiative is not currently being integrated with competing priorities.
- There is no youth representative on the Joint Council.

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Recruit, elect, orient, and support one or more youth in SUD recovery on the Joint Council.	X		
2	Develop a Joint Council finance subcommittee.	X		
3	Develop and identify a leader for the finance subcommittee to help drive and implement financial mapping and reimbursement parity.	X		

## Financing and Financial Mapping

### STRENGTHS

- The DAODAS-commissioned Mercer report on SUD treatment funding provides information, outlines strengths and challenges of current financing, and proposes possible system enhancements.
- The South Carolina HHS Medicaid authority is responsive, experienced in behavioral health, and works collaboratively to facilitate a quality continuum of treatment, continuing care, and recovery services. The authority has indicated its willingness to address Federal and State fiscal policies including reimbursement issues.
- The financial policy session included an excellent representation of child-serving agencies.
- DAODAS has hired a dedicated staff member to lead the financing and financial mapping initiative.
- The DAODAS director has a background in financial administrative services.
- DAODAS requested and received three financial mapping readiness TA visits and has now requested Federal TA to begin the next steps of financial mapping.
- The DAODAS director placed financial mapping on the 2013 Joint Council's final agenda.
- The director of HHS (Medicaid authority) chairs the Joint Council and has expressed commitment to address fiscal disparities among services and reimbursements for SUD and co-occurring mental health disorders.

### CHALLENGES

- There is no parity in SUD and mental health disorder reimbursement rates for comparable services.
- South Carolina has a bifurcated SUD and mental health disorder system structure. Mental health is not a State authority under the same governance model as the other child-serving agencies (i.e., not under Governor's authority). This structure contributes to inconsistent collaboration and fiscal policy development.
- South Carolina's county governance for SUD treatment services contributes to inconsistent reimbursement rates and contract mandates.
- DAODAS is still adjusting to being "carved in" to a new MCO system.
- There is no reimbursement structure or culture for recovery supports.
- There is no established cross-agency financing committee at the Joint Council level.

## Financing and Financial Mapping

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Develop a strong cross-agency committee to implement financial mechanisms and other reforms and financial mapping at the Joint Council level.	X		
2	Disseminate the Mercer report to support key process steps and provide baseline information to begin financial mapping.	X		
3	Conduct orientation to behavioral health services and EBPs (e.g., GAIN, ACRA-ACC, recovery services) for all MCOs.	X		
4	Develop a strong cross-agency financial mapping committee, and begin to implement a financial mapping plan (provide roster by January 31, 2014). Ensure financial mapping gets the same priority as workforce development and other Joint Council subcommittees.	X		
5	DAODAS and HHS could benefit from a study on the differential reimbursement rates, access, treatment services gaps, and parity in the SUD and mental health disorder systems.	X		

## Workforce Development

### STRENGTHS

- DAODAS has a well-developed and cohesive SAT-ED workforce committee.
- The workforce committee has created adolescent treatment core competencies based on SAMHSA's TAP 21 core competencies updated to include TIC and SOC.
- The DAODAS SAT-ED LMS has universal access points permitting a wide range of users (e.g., teachers, faith community, parents).
- The DAODAS SAT-ED LMS is competency based and provides immediate continuing education credits at completion of each training event reflecting a test score of 80 percent or greater.

### CHALLENGES

- The DAODAS SAT-ED workforce committee needs to develop more training content
- South Carolina's teaching institutions do not currently offer many curriculums to prepare the workforce to deliver SUD and co-occurring mental health disorder treatment.

## Workforce Development

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Tie training about GPRA requirements to the LMS platform.	X		
2	The SAT-ED team may want to consider reestablishing curricula for South Carolina teaching institutions to prepare the workforce to deliver SUD and co-occurring mental health disorder treatment.	X		
3	Continue to develop the extensive potential of the LMS.	X		

## Implementation of Evidence-Based Practices

### STRENGTHS

- Both McCord and Keystone—
  - Have completed their GAIN and ACRA-ACC training
  - Have experienced staff effectively using the EBP
  - Have begun seeing clients and have steady referral sources
  - Have certified supervisors
  - Are implementing ACC using the same staff
  - Are implementing their EBPs in schools and community sites
  - Are implementing activities for youth and parents that foster positive social interactions
  - Appear to have formal outreach and credible referral sources.
- Once initially engaged, both McCord and Keystone are able to maintain youth engagement in treatment.
- There appears to be an authentic connection between staff and the youth and families.
- DAODAS has brought on four new sites to be operational in January.

### CHALLENGES

- Sites conveyed challenges with treatment initiation.
- There was limited recovery support including peer support.
- There is a concern about expanding the EBPs because of developer cost and certification constraints.
- There is a concern that the current rate structure does not support the full cost of EBP implementation.

## Implementation of Evidence-Based Practices

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Explore opportunities to increase youth engagement in treatment.	X		
2	Explore opportunities for reimbursement for recovery support including peer support.	X		
3	Explore opportunities to align the reimbursement rates with the true costs of EBPs.	X		

## Family and Youth Involvement

### STRENGTHS

- The South Carolina SAT-ED initiative has a formal contract with the FFSC to work with families of youth with SUDs.
- Youth appeared to benefit from and articulated understanding of EBPs such as ACRA, dialectical behavioral therapy, and cognitive behavioral therapy.
- The provider was aligned with youth in recovery. Youth appeared connected to provider staff who demonstrated authentic concern for the youth.
- There is evidence of varied positive social interaction opportunities for youth.
- Interviewed youth reported an array of services and “things that give us hope for the future.”
- FFSC has adapted the Ohio Checklist.
- South Carolina has a Youth Move initiative that has reached out to youth with primary SUDs to increase youth involvement. This effort has included focus groups and training and work toward the development of site-level youth advisory councils.

### CHALLENGES

- There is no structure in place to facilitate leadership for youth with SUDs.
- Parents of youth with SUDs do not currently have a structure to access support specifically for assistance with adolescent SUD issues.
- Youth reported experiencing transportation issues with unannounced delays during travel, arriving late, or at times perceiving unsafe driving. The youth reported these transportation issues as barriers as they affect participation level and conflict with other positive aspects of their lives (e.g., school activities, employment).

## Family and Youth Involvement

Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The FFSC should consider adding a codirector with specific SUD expertise.	X		
2	Continue to develop outreach activities for youth and address transportation barriers.	X		
3	Consider developing peer-to-peer recovery services and supports.	X		
4	Integrate SUDs into the Youth Move model.	X		
5	Develop a structure to facilitate leadership for youth with SUDs.	X		

## Evaluation

### STRENGTHS

- The SAT-ED awardee has an experienced and committed evaluation team.
- The SAT-ED awardee has a well-developed plan that supports accountability, outcomes measures, and continuous quality improvement (i.e., formative evaluation).
- The evaluation team develops, implements, and maintains well-defined databases to support the SAT-ED award.
- The evaluation team can produce comprehensive management reports on current data and trend analysis for system accountability and forecasting treatment services issues and needs.
- Since the evaluation team is experienced working with many child-serving agencies in South Carolina, the team can easily interface with established system databases.

### CHALLENGES

- There is a need for further clarification of the roles of the evaluator, the SAT-ED project director, and the assistant director.
- It is not clear how data are being used to help manage the SAT-ED initiative.

Evaluation				
Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Further define the roles of the evaluators, the SAT-ED project director, and the assistant director.	X		
2	Integrate SAT-ED evaluation deliverables and SAT-ED goals, and maintain a firewall between implementation and evaluation.	X		
3	Hold a management meeting to further determine and support the respective roles of the SAT-ED project director, assistant director, and the evaluation team.	X		

State-Requested Technical Assistance				
<b>STRENGTHS</b> <ul style="list-style-type: none"> <li>DAODAS has received three offsite and one onsite TA sessions on financial mapping since receiving the SAT-ED award. DAODAS is postured to begin working on financial mapping in South Carolina.</li> </ul>				
<b>CHALLENGES</b> <ul style="list-style-type: none"> <li>None noted.</li> </ul>				
Potential Enhancements		Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Develop a strong cross-agency financial mapping committee, and begin to implement a financial mapping plan (provide roster by January 31, 2014). Ensure financial mapping gets the same priority as workforce development and other Joint Council subcommittees.	X		

## Abbreviations and Acronyms

---

ACRA-ACC	Adolescent Community Reinforcement Approach Assertive Community Care
DAODAS	Department of Alcohol and Other Substance Abuse Services
DMH	Department of Mental Health
EBP	Evidence-based practice
FFSC	Federation of Families South Carolina
GAIN	Global Appraisal of Individual Needs
GPRA	Government Performance and Results Act (data)
HHS	Department of Health and Human Services
LMS	Learning management system
MCO	managed care organization
SAC	Substance Abuse Treatment Coordination (grant)
SAMSHA	Substance Abuse and Mental Health Services Administration
SAT-ED	State Adolescent Treatment Enhancement and Dissemination
SOC	System of care
SUD	Substance use disorder
TA	Technical assistance
TIC	Trauma-informed care