FY18 County Plan

Submitted to the

S.C. Department of Alcohol and Other Drug Abuse Services

by

GateWay Counseling Center

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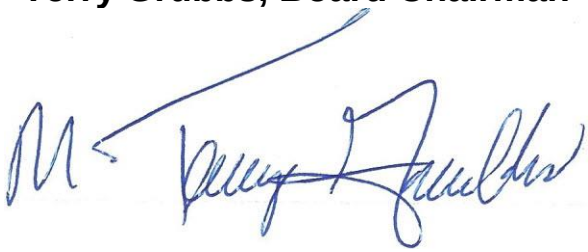

Overview/Introduction

In accordance with State law, Title 61, Chapter 12, each county alcohol and drug abuse authority must submit a county plan yearly in accordance with DAODAS guidelines S.C. Code Ann. Sections 61-12-10, 61-12-20.

To better align local and state-level planning activities, the county plan guidelines mirror the format used by the Substance Abuse and Mental Health Services Administration (SAMHSA). Under this format, DAODAS is required to submit a Behavioral Health Assessment Plan and Report as part of its annual Substance Abuse Prevention and Treatment Block Grant (SABG) application. Aligning federal, state, and local planning will better connect mutual efforts to national and state-identified priorities. However, recognizing that each county authority faces unique challenges, additional provider-specific priorities are welcomed in county plans.

SAMHSA is increasingly interested in providing assistance to states to help them achieve goals highlighted in SABG plans. By aligning the county plan process with the SABG State Plan, DAODAS and the county authorities will be able to better identify needs and access technical assistance opportunities.

In addition to the county plan process, DAODAS includes several relevant terms, conditions, assurances, and certifications applicable to SABG requirements – as well as state requirements – through the DAODAS Block Grant Governing Terms. The DAODAS Block Grant Governing Terms provide all key partners with information necessary to maintain compliance with federal statutes associated with the federal SABG. DAODAS is also able to outline relevant changes to federal requirements in the DAODAS Block Grant Governing Terms, while also highlighting identified state requirements. Current and future efforts to revise the county plan or DAODAS Block Grant process will hopefully provide each county authority with enhanced opportunities to examine process improvements; evaluate progress on each federal, state, and local priority; and detail any corrective action necessary.

DAODAS Strategic Planning and Priorities

Through an ongoing review, DAODAS has consolidated three areas into its current strategic planning activities. Objectives and themes are listed in the following table. The agency will continue to refine associated efforts during the next year. Progress will be shared with both federal and state stakeholders as additional details are developed. Providers are encouraged to review the table on Page 3 in order to use the county plan process to identify innovative or ongoing efforts that can support the objectives listed here.

DAODAS SERVICE SYSTEM PRIORITIES	*Additional Description*
Increase and Improve Collaboration Efforts	***PROMOTE COMMUNITY ENGAGEMENT AND INTERAGENCY COLLABORATION*** *Collaborate with key stakeholders and support providers to lead and engage local communities in developing greater awareness and appreciation of behavioral health.* ***PROMOTE INTEGRATED HEALTHCARE SYSTEMS THAT ADDRESS PHYSICAL AND BEHAVIORAL HEALTH*** *Provide clinical and operational support to facilitate the integration of substance use services within the broader healthcare environment.*
Increase System Performance and Service Quality	***SUPPORT INNOVATION AND ENSURE FUNDER/STAKEHOLDER SATISFACTION*** • *Promote, market, and grow technical assistance and innovation opportunities. Increase provider, partner, and community participation.* • *Monitor and maintain satisfactory contractual, federal, and state compliance.*
Increase Access to Service Continuum Across All Communities	***IMPROVE KEY DAODAS/PROVIDER PROCESSES*** *Increase resources and improve communication efforts to enhance access to an effective behavioral health service continuum (prevention, intervention, treatment, and recovery).*

Service system priority areas highlighted in the DAODAS strategic planning efforts listed above, while framed differently, blend together several SABG populations and previously identified DAODAS priority areas listed in the table on Page 4. Providers are encouraged to use this table as well as the strategic planning list above when developing comprehensive plans using the worksheets.

As applicable, priorities required by the SABG must be included in the plan. A separate worksheet for each priority area must be included for the county plan submission to be considered complete. County authorities may also select additional priorities that best fit their respective community needs. Examples of priorities not included in the federal or state planning areas include improvements to provider-specific service-delivery needs, community partner collaboration efforts, and identified administrative or operational deficiencies.

Priorities Required by SABG	State-Identified Priorities
1. Women who are pregnant and have a substance use disorder 2. Individuals engaging in intravenous drug use 3. HIV Early Intervention Services 4. Primary substance abuse prevention 5. Individuals with tuberculosis and other communicable diseases	1. Opioid Treatment with Medication-Assisted Treatment 2. Workforce Development 3. Peer Support 4. Increased Capacity 5. Recovery-Support Services 6. Behavioral and Physical Health Care Integration 7. Underage Alcohol Use 8. Adolescent Substance Use Disorders 9. Alcohol-Related Car Crashes 10. Youth Tobacco Use 11. Individuals with Substance Use Disorders With Criminal or Juvenile Justice Involvement 12. Parents with Substance Use Disorders Who Have Dependent Children 13. Screening, Brief Intervention, and Referral to Treatment 14. Trauma-Informed Care / Trauma-Specific Services 15. Provision of Modified Interpersonal Group Psychotherapy 16. Provision of Motivational Interviewing

Priority Service Plan Worksheets will allow DAODAS to:

- identify priorities addressed by county authorities and highlight relevant needs data utilized locally to support the selection of each priority;
- inform mutual collaborative activities to better utilize resources to improve service system engagement on a community and individual level;
- identify and support strategies being implemented across the service continuum – prevention, intervention, treatment, and recovery services – to address federal, state, and local priorities;
- communicate efforts across the service continuum addressing identified federal and state priorities reflected in the DAODAS SABG submission to SAMHSA and other partners; and
- identify and support evaluation strategies being implemented by county authorities to track progress in addressing identified priorities.

County Plan Components

The following components make up a county plan:

1. ***(Required)*** **Transmittal letter addressed to the DAODAS Acting Director and signed by the chairperson of the county authority's board.**

2. ***(Optional)*** **Overview of the county authority.**

3. ***(Required)*** **Description of the service continuum – prevention, intervention, treatment, and recovery services – with an overview of strengths and needs associated with the county authority's ability to address specific substance use disorder (SUD) populations.**

    - Provide an overview of the county authority's SUD prevention, intervention, treatment, and recovery-support capabilities. As applicable, this description should also include how the county authority addresses the needs of diverse racial, ethnic, and sexual/gender minorities, as well as American Indian / Alaskan Native populations in the authority's catchment area.

GateWay Counseling Center is well placed to provide core SUD services to the residents of Laurens County. We employ a diverse staff that is highly trained in their respective areas of expertise. The staff at GCC is trained in cultural diversity and person centered care. Programs are designed to reduce and barriers to access that are identified and the employees seek and receive training to best serve the diverse population that resides in Laurens County and the surrounding areas. The treatment utilized uses evidence based practice to best serve the clients.

PREVENTION

The Prevention department, while only one person, is staffed by an experienced and effective Prevention Director. She has 25+ years in the Prevention field. GCC consistently receives accolades from the State DAODAS staff for the quality of the prevention activities that occur at the agency. GCC allocates more than adequate funding in addition to the SAPST Block Grant set-aside to the department, allowing for travel, training, and other expenses to be funded. The Prevention Department engages in extensive planning of any activities to be conducted. The planning always includes a cultural competence component to make sure those services and activities provided meet the diverse nature of the county. The Prevention Department has created a coalition called the Laurens County Prevention Coalition. This coalition has a diverse makeup of members as related to age, gender, employment position, and race. This diverse group helps guide programming for the Prevention Department. A continued area of need that the Prevention Department copes with is inadequate staffing levels. The 20% set aside funding allocated to Prevention from the SATP Block grant is not sufficient to employ multiple employees to better serve the community. The single staff person is often spread very thin due

to the many obligations required of the Block Grant. The Prevention department also lacks a structure for reimbursement of any of the worthwhile services provided from that department thus restricting options for revenue based growth within the department.

INTERVENTION

Due to our small size, GCC does not have an officially delineated Intervention Department. The most commonly utilized Intervention service at GCC is the ADSAP PRI educational curriculum. There have been a few referrals for the intervention program AEP for youth and TEP for underage tobacco use but they only number a handful for the entire year. GCC identified the need for an ADSAP coordinator and implemented that role two years ago. This person is able to dedicate their time and energy to make sure that we effectively utilize the strengths of an Intervention program like PRI but also engage clients in treatment service if indicated. Due to the limitations of the Behavioral Health Screening in the Electronic Health Record, all GCC clients are given full assessments at intake to determine their need for services. This full assessment allows a strong clinical picture to be created to allow for accurate placement. It also allows seamless transitions to higher levels of care other than Intervention if needed. The PRI program is proven effective for multiple ages, genders, and races. We utilize a Spanish version if required and contract with PRI group leaders that speak other languages if needed. As mentioned, the Intervention Department is not a standalone area. The ADSAP coordinator is part of the overall clinical team. GCC has witnessed ADSAP referrals to the agency dropping in the previous three years. Changes to the DUI law and issues around poor conviction rates have affected the overall quantity of clients referred. A change in these factors may allow for some growth in the department. Other ways to achieve significant growth in the department would take an increase in staffing levels and an increase in facilitation of a reimbursable Intervention program that is identified to be needed in the county.

TREATMENT

The Treatment Department is fully prepared to provide the excellent services required by the citizens of Laurens County. The entire clinical team is extensively trained in Motivational Interviewing. All clinical staff are certified or in process as Addiction Counselors by SCAADAC. GCC offers diverse groups based upon a client's readiness to change, their demographic, and their referral source. We offer services in the mornings, afternoons, and evenings. We offer same day assessments and are able to being services regardless of the client's ability to pay for services. The highest needs in the treatment department would be the lack of an Intensive Outpatient Program and the lack of transportation. In regards to IOP GCC is unable to provide that intensity of care at the current clinical staffing levels we operate at. The data from referrals this year indicate that many clients may have benefited from a Level II.1 program if one existed in Laurens County. Transportation is also an identified need across Laurens County. GCC is still researching ways to effectively fund a part time transportation position, but at this time the only reliable recourse client have is to use Medicaid transportation or family and friends.

- *As applicable, include a discussion of the county authority's attention to SABG priority populations and services: Pregnant Women, Individuals Engaging in Intravenous Drug Use, Women with*

Dependent Children, Persons at Risk for Tuberculosis, Individuals in Need of Primary Substance Abuse Prevention, and Persons at Risk for HIV.

GCC places significant resources to effectively serve SAPT BG priority populations and services. While at this time there are no obvious identified gaps in service needs for priority populations there are areas where we could expand services offered to better serve these populations.

- We have altered our assessment procedure to allow same day assessments for all clients when requested or indicated including pregnant women and IV drug users.
- We currently operate no waiting lists, but if we did require one we have clear policies and procedures that allow pregnant women and/or IV drug users to be placed as priority.
- At this time we are forced to refer pregnant clients and IV drug users that require higher levels of care to surrounding agencies that provide these services. We hope to begin the process of obtaining some of those higher level services here in Laurens County.
- We maintain a comprehensive referral guide to allow clients many choices according to their needs, funding sources, and preferences.
- All staff are trained on identification of Tuberculosis as well as trained on referral sources and protocols if they encounter a client or resident with active signs or symptoms of TB. The agency has policies and procedures meant to engage any citizen with TB or at risk for TB effectively and efficiently.
- All clients are screened for HIV/AIDS risk factors. Clients are referred to appropriate resources for HIV/AIDS testing and education as indicated and requested.
- We have a strong Prevention department that effectively utilizes universal, selected, and indicated prevention strategies for Laurens County residents.
- The DSS liaison position created in 2015 has increased the effectiveness of services offered to women with dependent children and our normal operational procedures provide prompt access to those clients that are not involved with an open DSS case. We now offer outpatient groups that are only for female DSS referrals.

- *Identify state-level priorities (see Page 4) that the county authority plans to address during the planning period. Examples include:*

In varying levels of effort and expenditure of resources GCC hopes to address the following state-level priorities.

Opioid Treatment with Medication-Assisted Treatment

Increased Capacity

Adolescent Substance Use Disorders

Alcohol-Related Car Crashes

4. ***(Required)*** **Comprehensive service continuum capacity – prevention, intervention, treatment, and recovery services – and identification of unmet service needs and critical gaps within the current system.**

   - Identify the unmet service needs and critical gaps in the authority's catchment area, as well as the data sources used to identify the needs and gaps associated with service delivery to identified populations. Also, address how the county authority plans to meet these unmet service needs.

Unmet service need and critical gaps

- Laurens County is a rural and impoverished county. The residents often lack reliable transportation and there are no public transportation options available.

  The issue of transportation is one that is difficult to address in an economically feasible way. At this time GCC has offered flexible times for assessments and groups to allow clients to arrange rides when possible. We will research the operational issues of adding agency funded transportation this upcoming year. We have also effectively accessed Medicaid transportation when available for client appointments.

- While GCC provides excellent care for the residents of Laurens County there are obvious gaps in American Society of Addiction Medicine (ASAM) levels of care at GCC. Only ASAM .5 and Level I outpatient level of care is offered.

  The limited levels of care offered by small and medium agencies are common across the state. The clinical staffing levels required for higher levels of care are often insurmountable hurdles due to high salary cost. Transportation that is an issue for once per week groups is only amplified for groups that attend three or more times a week. GCC has used higher levels of care offered nearby to augment the services offered here. We refer to other agency Intensive Outpatient programs and refer to multiple inpatient programs in the area. GCC will seek creative partnerships and collaborations to allow an increase in intensity of level of care when possible.

- GCC is not receiving any referrals for services from the local high schools. Adolescent services have been identified through needs assessment data as being a critical gap.

  GCC is increasing the hours that it employs an adolescent specific counselor. GCC has met with local school administration to begin assessing what services are desired by the schools and how GCC can create programs to meet these needs.

- Despite the increase in opioid use disorders, GCC lacks availability of MAT services.

  Through needs assessment and capacity building and collaboration we will look on how to offer Medication Assisted Treatment to residents of Laurens County without their need to travel out of Laurens County. We continue to partner with a brand new Suboxone provider in the county who has long term goals of opening a standalone

Medication Assisted Treatment facility. GCC already partners with entities in surrounding counties to refer clients that seek MAT services if they arrive at GCC.

- Pregnant Women, Individuals Engaging in Intravenous Drug Use, Women with Dependent Children, Persons at Risk for Tuberculosis, Individuals in Need of Primary Substance Abuse Prevention, and Persons at Risk for HIV.

GateWay Counseling actively screens for high risk populations. We have established relationships with providers such as DHEC, DSS and local hospitals to effectively refer these identified clients to proper services. We place pregnant women and IV users as a top priority and engage those clients as soon as possible.

5. ***(Required)*** **Prevention, Intervention, Treatment, and Recovery Priority Areas and Performance Indicators.**
   - Use the template on Page 8 to complete Priority Service Plan Worksheets for each priority area identified through the county authority's needs assessment process and/or reflective of DAODAS-identified priorities *(see lists on Page 4)*.
   - Use the template to provide a progress update for each priority retained from the previous year's county plan. As necessary, include a plan to address priority areas where the expected outcome was not achieved.
6. ***(Optional)*** **Topics/Documents of Interest to County Authority.**
   - A county authority may provide letters of commendation and support, locally produced literature, etc.
7. ***(Required)*** **Agency Projected Budget.**
   - Complete the attached proposed budget form.


2018 Budget draft with MAT and adolesc


2018 Budget draft for County Plan.xlsx

Prevention, Intervention, Treatment, and Recovery Priority Service Plan Worksheet Template

Each consecutively numbered worksheet should highlight either a SABG-required, state-identified, or county-specific priority. The individualized worksheets must include a discussion of the following areas:

- Priority Area: The name of a Priority Area based on an unmet service need or a critical gap *(see Requirement 4 above)*.

- Needs Assessment: Identify and use data sources to describe the selected priority – a clear and concise representation of gathered data used to guide the decision-making process around priority area selection.
- Capacity: Describe specific internal and external resources – a description of available resources that can be accessed to effectively and efficiently address the identified priority area.
- Goal: Describe the goal of the Priority Area – a general characterization of what the county authority plans to accomplish.
- Strategies: Clear strategies that will be implemented during the planning period designed to help achieve the identified goal.
- Performance Indicator(s): Provide the specific information that the state will use to determine (at a future time) whether or not the associated goal has been achieved. Each indicator must reflect progress on a measure that is impacted by the county authority. For each performance indicator, specify the following components:
    - Baseline measurement*: Example – 100 pregnant women with substance use disorders successfully completed treatment in SFY 2017.*
    - Target (Achievement by end of SFY 2018): *Example – 125 pregnant women with substance use disorders will have successfully completed treatment in SFY 2018.*
    - Data source: *Example – Client-specific discharge data reported from the CareLogic database*.
    - Description of data: *Example – Discharge item #5 indicates whether the client was pregnant at discharge or gave birth while in treatment. Discharge item #20 identifies whether each client has completed at least 50% of the goals identified in her treatment plan. Discharge item #25 indicates whether the client completed treatment.*
    - Data issues affecting performance measurement**:** *Example – No issues are currently foreseen that will affect the outcome measures.*
    - Anticipated costs associated with priority area: Estimated budget items associated with priority area efforts.
    - Revenue sources to be utilized: Revenue sources linked to estimated budget items that can be associated with priority-area efforts.
    - Additional funding requests for priority area: Requested amount using DAODAS State and Federal funds.
    - Previous year priority-area performance: For priority areas carried over from the previous year, please provide a brief progress update. Priorities discontinued during the year do not require a progress update.

Prevention, Intervention, Treatment, and Recovery Priority Service Plan Worksheet

#1	**Priority Area: Adolescent Substance Use Disorders** **(also touches on underage alcohol use and increased capacity)**

Needs Assessment*:* (Identify and use data sources to describe the selected priority.)

Laurens County Statistics:

SC Department of Juvenile Justice:

217 DJJ Juvenile Cases for 2014-2015, one of the top 5 reasons for arrest was Simple Possession of Marijuana

CTC 2014 data:

Laurens County District 55 and 56 shows significant ATOD use

	Alcohol	Tobacco	Marijuana	Prescription Drugs
Past 30 day use (9TH and 11th graders)	80.55%	37.13%	30.99%	13.39%

Kids Count, 2014, County Health Rankings and Roadmaps, 2015:

Laurens County ranks above the state average in many risk factor areas

Risk Factor	Laurens	State average
Children failing grades 1-3	7.9%	4.8%
Percentage of people 18-24 that have not completed high school	24.0%	16.5%
Households that lack a high school diploma	19.6%	12.4%
Children in poverty	35.1%	30.5%
Births to mothers without a HS diploma	23.5%	15.7%

Total dropouts	2.8%	2.2%

GCC attempted to have at least 20 youth referred from local school districts in FY 17. We did not achieve that goal.

There are currently 14,824 people under the age of 18 in Laurens Country. There were 2200 students enrolled in high school for District 55 and 56. According to CTC percentages that would indicate that 1,760 (80%) drank alcohol in the last 30 days and 682 (31%) used marijuana on the last 30 days. Even if you halve the prevalence of use you are still facing hundreds of students that are actively using substances yet they are not getting services at GCC. It is unlikely they are getting services elsewhere due to lack of counseling services in Laurens County.

Clinton High School reported only 15 alcohol or drug related offenses in the previous year, which is a prevalence rate of 1.8% of the student body of 802. That low rates as compared to CTC data indicates that the school is in need of more effective ATOD interventions to screen for active use and to refer to services if needed.

CareLogic admission data notes that GCC received 113 adolescent admissions in FY 16. In the first 9 months of FY 17 there have been 85. Of these 85 referrals 25 were DJJ and 50 were AMI Wilderness institute. Only 10 were from the two local schools districts or other referral source. These admission numbers indicate that a large percentage of adolescents in the community are not being referred for services.

GCC only employs one part time clinician to conduct the clinical services for adolescents. That person is only at the agency one day per week and is supervised by the Treatment Director. The Treatment Director also manages the adolescent caseload and provides the case management for the clients. We lack any Level of Care above ASAM Level 1 and many adolescents are presenting with more severe and more complicated issues.

Capacity: (Describe specific internal and external resources [i.e. collaborations/partnerships, staff, etc., for addressing the priority].)

We do not have clinical staff that can provide then required number of hours of services required and types of services required. We have the clinical expertise for the services. With additional staff to our adolescent program we can effectively provide Level 1 and Level II.1 IOP for adolescents.

We look to partner with DJJ, the local school districts, and AMI Wilderness institute to enhance our services.

GCC has active relationships with employees at the local schools districts. GCC coordinates a Prevention Committee (Laurens County Prevention Committee) that has representation from many human service organizations that deal with youth. GCC partners with DJJ regularly for referrals and collaborative staffings.

Goal: (Describe the goal for the identified priority.)

To reduce the prevalence and severity of adolescent substance use disorders in Laurens County.

Strategies: (List each strategy that the agency plans to deploy to achieve the identified goal.)

Utilize Universal Prevention Strategies such as information dissemination strategies in the community targeting high risk populations.

Partner with law enforcement to reduce access to alcohol and drugs by underage youth by: compliance checks, media campaigns ("Out of their hands"), and enforcement of current laws.

Meet with school districts to help create systems that encourage early intervention in a student's life when risk factors or behaviors are noticed. Create systems that are effective at stopping or reducing the frequency and severity of drug use.

Position GCC to be the "expert" in the community for ATOD issues. Provide free trainings, attend meetings, stay up on current trends and research, and offer assistance to any and all that request guidance on ATOD issues.

Utilize Selected Prevention Strategies to lower risk factors in identified adolescents.

Market Adolescent Services to the community. Create and disseminate flyers, meet with key stakeholders

Look to provide evidenced based Identified Prevention intervention programs for youth that have identified risk factors for ATOD issues buy may not meet diagnostic criteria for treatment services.

Enhance current treatment services by adding a Family Therapy component and a 9 hour per week Adolescent Intensive Outpatient Program.

Hire full time adolescent counselor to be in charge of the expansion.

Performance Indicator: (List and describe one or more measures used to assess goal achievement.)

Number of referrals from school districts for services at GCC

Presentations to the community

Universal Prevention Programming to youth

Selected Prevention Programming to youth with identified risk factors for ATOD use disorders.

Indicated Prevention Programming to youth with identified ATOD use.

Number of adolescent served overall in treatment

Implementation of IOP program

Flyers and information disseminated to the community

Performance Indicator - Baseline Measurement: (Provide current measurement of the indicator prior to beginning of agency planning period.)

10 referrals in FY 17 from school districts

Limited Universal Prevention Programming to youth

5 presentations s given to the community related to adolescent substance use disorders

No flyers specifically created for this population

No Selected Prevention Programming to youth with identified risk factors for ATOD use disorders.

No Indicated Prevention Programming to youth with identified ATOD use.

106 adolescents served overall in treatment for FY17. (estimated)

No IOP program offered

Performance Indicator – Target Outcome: (Provide an estimate of the targeted change from the baseline measurement.)

20 referrals in FY 17 from school districts (100% increase)

Universal Prevention Programming to youth:

15 presentations given to the community related to adolescent substance use disorders

5 flyers specifically created for this population

Selected Prevention Programming to 20 youth with identified risk factors for ATOD use disorders.

Indicated Prevention Programming to 20 youth with identified ATOD use.

128 adolescents served overall in treatment for FY18. 20% increase

ASAM Level II.1 IOP program will be offered at GCC

Performance Indicator - Data Collection Strategy: (What data source[s] will you use to monitor and track progress? How will data be collected and analyzed?)

CareLogic will give data for admissions

Mosaix will document information dissemination, media campaigns, and social norm campaigns.

Data will be compiled and analyzed by Prevention Director and Executive Director.

Description of data: Number of admissions in CareLogic by age and referral source, number of activities in Mosaix with demographics of the audience.		
Data issues affecting performance measurement: GCC may have to create an Alternative Program in CareLogic to track referrals form school districts of they are not admitted into full treatment services. CareLogic is not well suited at this time to give effective reports but that is improving.		
What are the anticipated expenses associated with the priority-area efforts? GCC will need to hire a full time counselor position to fully commit only to Adolescent Services. We currently utilize part time counselor to provide the groups to adolescents. This will increase personnel costs by $55,000 as compared to the part time expense. GCC sustainability plan expects that in later years the program would be closer to self-sufficient based on direct billing as a consistent census of Adolescents would be maintained.		
What revenue source(s) will be utilized to cover the anticipated expenses? GCC will request additional funding from DAODAS in this county plan for the first year of startup expenses. In future years GCC expects have additional revenue created by the additional clinical services to help offset the cost.		
Any additional funding requested for the priority area? If yes, what is the anticipated need with potential cost breakdown? Adolescent Staff person: Salary and Fringe: $55,000 Overhead: $15,000 (admin costs, travel and training, supplies) would be covered by GCC. Look to reduce the amount needed by half each year and be self-sufficient in three years.	YES _X_	NO ____
If priority area was carried over from previous year, was the expected outcome achieved? This year's priority is a further progression of the FY 17 goal. GCC added a part time staff person for Adolescent Services and some progress was made in meeting the needs of the community. It has been determined that in order to effectively engage and case manage a full caseload of Adolescents GCC will need a FTE on staff.	YES __ __	NO _X_
Where goals were <u>not</u> achieved for carried over priority areas, describe the reasons why expected outcome(s) was/were not achieved and the changes proposed to meet goal targets during the current year:		

GCC identified that the part time clinician was not able to effectively interact with the adolescent and their support systems with only one day a week in the office. The case management of the clients was left to the Treatment Director who was unable to allocate the needed time and effort along with their other duties. No marketing efforts were implemented and professional networking was limited due to time constraints of the part time employee.

Prevention, Intervention, Treatment, and Recovery Priority Service Plan Worksheet

#2	**Priority Area:** Opioid Treatment with Medication-Assisted Treatment

Needs Assessment*:* (Identify and use data sources to describe the selected priority.)

SC DAODAS Medication Assisted Treatment FY 2017-2108 Report **:**

Laurens County is identified as a high need area based upon the following criteria:

- **Age-adjusted opiate mortality rate**
- **Emergency Department discharge rates with primary or secondary opiate abuse/dependence diagnosis**
- **Naloxone administration rate**

Certificate of Need application by Clear Skye:

Estimate 125 patients per year based upon population, opiate addiction prevalence, and treatment engagement.

Capacity: (Describe specific internal and external resources [i.e. collaborations/partnerships, staff, etc., for addressing the priority].)

GateWay Counseling Center lacks many of the resources that would allow Medication Assisted Therapy. GCC does not have a doctor on staff nor do we have any prior history of dispensing any medicines. GCC looks to partner with a private provider that is opening both a Suboxone program and a full Narcotic Treatment Program (NTP). GCC has met with the private provider and have entered initial planning activities to be the provider of the behavioral health services for the clients of the OTP.

GCC possesses highly trained clinicians that are uniquely positioned to provide the counseling portion of MAT programs. GCC has addiction certified and professionally licenses counselors that are adept at utilizing Motivational Interviewing and Cognitive Behavioral interventions to facilitate behavior changes that support addition recovery.

Goal: (Describe the goal for the identified priority.)

To reduce the negative consequences of the misuse of prescribed and illicit opiates: specifically overdoses and Emergency Room visits.

Strategies: (List each strategy that the agency plans to deploy to achieve the identified goal.)

- Partner with DAODAS and their opiate initiatives to use evidenced based Universal Prevention Strategies to decrease opiate use and misuse.
- Partner with local health care providers that prescribe opiates to implement proven strategies to reduce opiate diversion, opiate over use, and "doctor shopping".
- Continue to screen closely on all assessments to the agency to identify any client that may benefit from opiate specific services
- Request funding from DAODAS to partner with local Opiate Treatment Program to provide that agency's behavioral health services.

Performance Indicator: (List and describe one or more measures used to assess goal achievement.)

- Enrollments in the OTP program that are receiving counseling from GCC.
- Emergency room visits due to opiate overdoses
- Speaking engagement to the community to educate on the unique risks associated with opiate use.

Performance Indicator - Baseline Measurement: (Provide current measurement of the indicator prior to beginning of agency planning period.)

- 0 clients in the OTP program.
- 104.9-163.6 per 1000,000 population emergency room visits due to opiate overdoses
- No speaking engagement was provided to the community to educate on the unique risks associated with opiate use.

Performance Indicator – Target Outcome: (Provide an estimate of the targeted change from the baseline measurement.)

- Enroll at least 25 clients in the OTP program and have them receive services from GCC.
- Reduce emergency room visits due to opiate overdoses by 10%.
- Conduct 12 speaking engagement to the community to educate on the unique risks associated with opiate use.

Performance Indicator - Data Collection Strategy: (What data source[s] will you use to monitor and track progress? How will data be collected and analyzed?)

GCC will look to partner closer with the GHS Laurens County Memorial Hospital to get accurate and specific data about emergency room visits due to opiate use problems.

GCC will utilize CareLogic, MethaSoft, and the OTP admission data

Description of data:

- **Age-adjusted opiate mortality rate**
- **Emergency Department discharge rates with primary or secondary opiate abuse/dependence diagnosis**

- **Naloxone administration rate**

Data issues affecting performance measurement:

None noted

What are the anticipated expenses associated with the priority-area efforts?

Prevention efforts will be conducted by existing GCC Prevention staff. Any costs associated with those strategies that are significant may be requested from DAODAS. At this time there are not actual costs to present. It is suspected that many services may be provided without addition cost.

In the treatment area GCC will expect to need a FTE (Clinical Counselor, Masters Level) to provide the behavioral health treatment aspect of the OTP clients. The current required ratio for counselor to client ratio at a DHEC OTP is 1 clinician to 50 clients. We expect that initially one counselor will be satisfactory but within 12-18 months an additional Clinician will be needed as the census rises at the OTP. An estimated cost of $65,000 per FTE clinician including fringe and benefits and administrative costs. The expenses will be gradually offset by revenue gains as the program goes through its initial three year start up period. We would expect year to request lower amounts of funds as the census stabilizes.

The MAT population is complex and the treatment is relatively new. The counselor will need significant time from a supervisor as operating procedures are created, boundary issues managed, and general clinical and administrative supervision is provided. It is expected the need for intense oversight will reduce as the program becomes established. We are asking for 25% of the Treatment Director for the first year, 12.5% second year, and 4% the final year.

GCC will also request limited funds for the first three years to offset the cost of the physician and the pharmacist. These amounts are purposely limited as these staff members are not employees of GCC and their salaries will be directly paid for by the client's payment of medicine. The inherent cost structure of the OTP funds these salaries more easily than the counseling portion.

Initial costs for supplies will be related to computers and printers needed for the GCC clinician assigned to the MAT provider.

What revenue source(s) will be utilized to cover the anticipated expenses?

It is expected that the medication payments and reimbursable clinical services will cover the costs of clinical treatment once a sufficient census is reached. GCC will initially submit for reimbursement to DAODAS for indigent clients utilizing MAT funds for as long as that funding stream is available.

Any additional funding requested for the priority area? If yes, what is the anticipated need with potential cost breakdown?	YES	NO
	_X_	____

Positon	Cost	Year 1	Year 2	Year 3
Physician (10%)	**$33,600x.10=$3360**	**$3,360**	**$2,200**	**$1,100**
Pharmacist (10%)	**108,500x.10=$10,850**	**$10,850**	**$7,500**	**$2,500**
Addictions Counselor **Salary, fringe, training, travel, overhead costs**	**$65K/year**	**$65,000**	**$40,000**	**$20,000**
Treatment Director (20%) **Salary/Fringe**	**$75,000x.25=$15000/year**	**$15,000**	**$7,500**	**$2,500**
Supplies **(computer)**	**$3000**	**$3000**	**$0**	**$0**
		Year 1	**Year 2**	**Year 3**
Totals		**$97,210**	**$57,200**	**$26,100**
Total all three years	**$180,510**			

If priority area was carried over from previous year, was the expected outcome achieved?	YES ____	NO _X_

Where goals were <u>not</u> achieved for carried over priority areas, describe the reasons why expected outcome(s) was/were not achieved and the changes proposed to meet goal targets during the current year:

NA

Prevention, Intervention, Treatment, and Recovery Priority Service Plan Worksheet

#3	**Priority Area:** Alcohol-Related Car Crashes

Needs Assessment*:* (Identify and use data sources to describe the selected priority.)

Data source: SC Highway Patrol, Department of Public Safety

- From 2010 to 2014 Laurens County had 313 injuries, 200 incidents of property damage and 53 fatalities related to DUI.
- In 2015 there were 117 related DUI collisions and 4 fatalities.
- In 2016 there were 113 DUI related collisions and 8 fatalities.
- From January 1 to March 19, 2017 Laurens County lead the state in traffic fatalities with 12 fatalities. Unofficial results of the 12 fatalities indicate the alcohol was involved in 6 of the 12. Preliminary results from the coroner's office of the most recent fatalities indicate the number will climb from 6 to 9 once state toxicology reports are complete.
- From July 2015 to December 2015 there were 50 checkpoints conducted in Laurens County resulting in only 9 DUI arrest.
- In 2016 there were 96 checkpoints conducted in Laurens County resulting in only 11 DUI arrest.
- From January 1 2017 to February 28, 2017 23 checkpoints have been conducted resulting in 3 DUI arrest.

Data source: Gateway Counseling Center ADSAP Client Survey

- In 2013 73% of ADSAP clients surveyed took their last drink before being stopped at a friend's house or their home, 93% did not make a plan or think ahead prior to drinking alcohol
- In 2014 63% of ADSAP clients surveyed took their last drink before being stopped at a friend's house or their home and 93% did not make a plan or think ahead prior to drinking alcohol

- In 2015 73% of ADSAP clients surveyed took their last drink before being stopped at a friend's house or their home and 56% did not make a plan or think ahead prior to drinking alcohol

- In 2015 of ADSAP clients surveyed only 8% were caught DUI at public safety checkpoints.

Data source: Laurens County DUI Community Survey 2012

- 55.46% don't think people will get caught if they drink and drive
- 56.88 don't think people drinking and driving has risk for health or safety

Data source: Laurens County DUI Community Survey 2013

- 50% think that people in the community don't think drinking and driving has risk for safety or harm
- 55.49% don't think someone would get caught driving under the influence

Data Source: Laurens County Community Survey 2015

- 82.88% rank alcohol as the most abused drug by people over the age of 18.

Data Source: CareLogic Electronic Health Record

- Alcohol ranks as the #1 referral source for treatment services at GateWay.

Gateway Counseling Center
DSM-5 primary diagnosis breakdown
FY 16

July 1, 2015-June 30, 2016

1.	Alcohol	181
2.	Cannabis	155
3.	Amphetamine	43
4.	Opioids	23
5.	Cocaine	18
6.	Sedatives	8
7.	Other	7
	Total:	435

- There were 140 admissions for ADSAP (both PRI and Treatment) in FY 16.
- As of May 1, 2017 there have been 80 ADSAP PRI admissions and 66 ADSAP Treatment admissions, totaling 146. That annualizes to 175 total admissions for ADSAP in FY 17, or a 25% increase.

Capacity: (Describe specific internal and external resources [i.e. collaborations/partnerships, staff, etc., for addressing the priority].)

GateWay has trained prevention, intervention, and treatment staff.

We collaborate with local law enforcement and coordinate the Laurens County Prevention Coalition (LCPC) that has adopted alcohol related crashed as one of their areas of concern.

We have a relationship with Mothers Against Drunk Driving in SC and collaborate on initiatives.

GCC is the identified county authority to provide ADSAP services in Laurens County.

Goal: (Describe the goal for the identified priority.)

Reduce the total number of alcohol related car crashes in the county

Strategies: (List each strategy that the agency plans to deploy to achieve the identified goal.)

1) Provide the mayors, city and county councils, area judges and magistrates, the media, along with the community at large the opportunity to experience how drinking impairs one's ability to operate a motor vehicle.

2) Provide training for law enforcement focusing on ways to conceal alcohol on the person that may not be detected as an alcohol container during a traffic stop or checkpoint.

3) Conduct a public awareness campaign on the importance of thinking ahead and making a plan.

4) Allow for continued training on highway safety relating to DUI for staff and LCPC members.

5) Provide the DAODAS approved ADSAP PRI educational program for DUI offenders.

6) Provide the PRI Solutions program for ADSAP offenders that are assessed as needing treatment.

7) Meet with local law enforcement and magistrates to encourage DUI offenses to not be plead to a lower charge and to encourage collaboration among all areas of the legal system to place a priority on enforcing DUI laws and reducing DUI crashes and fatalities.

Performance Indicator: (List and describe one or more measures used to assess goal achievement.)

Presentations given in the community

Trainings to Law Enforcement and legal system overall

Public Awareness campaign creation

ADSAP PRI clients admitted and served

ADSAP treatment clients admitted and served

Alcohol Related Crashes /Alcohol related crash injuries and fatalities

DUI arrests made

Performance Indicator - Baseline Measurement: (Provide current measurement of the indicator prior to beginning of agency planning period.)

Presentations given in the community: 0

Trainings to Law Enforcement and legal system overall: 2

Public Awareness campaign creation : 0

ADSAP PRI clients admitted and served : 100 (Estimated for FY 17)

ADSAP treatment clients admitted and served: 82 (Estimated for FY 17)

Alcohol Related Crashes /Alcohol related crash injuries and fatalities: In 2016 there were 113 DUI related collisions and 8 fatalities. From January 1 to March 19, 2017 Laurens County lead the state in traffic fatalities with 12 fatalities. Unofficial results of the 12 fatalities indicate the alcohol was involved in 6 of the 12.

DUI arrests made: GCC is unable to get a good count of this data point. Look to create relationships and connections to allow access to this data set.

Performance Indicator – Target Outcome: (Provide an estimate of the targeted change from the baseline measurement.)

5 Presentations given in the community

5 Trainings to Law Enforcement and legal system overall

1 Public Awareness campaign creation 100 ADSAP PRI clients admitted and served 50 ADSAP treatment clients admitted and served Alcohol Related Crashes /Alcohol related crash injuries and fatalities decrease by 10%: Increase of 10% DUI arrests made		
Performance Indicator - Data Collection Strategy: (What data source[s] will you use to monitor and track progress? How will data be collected and analyzed?) GCC will utilize CareLogic and Mosaix. We will also use law enforcement data that is released by the Highway Patrol.		
Description of data: Number of ADSAP admissions. Number or car crashes and deaths related to alcohol.		
Data issues affecting performance measurement: The current tracking of DUI arrests is not an easily recovered data point at this time.		
What are the anticipated expenses associated with the priority-area efforts? Cost of Prevention, Intervention, and Treatment salaries, fringe, and overhead. Trainer fees and training expenses. Travel to events. Data gathering time and efforts will be done my GCC staff.		
What revenue source(s) will be utilized to cover the anticipated expenses? Coalition efforts and ADSAP services are paid though fees collected for ADSAP and Primary Prevention funding from the Block Grant. Any advertising or public awareness campaigns will have to be funded by external grants.		
Any additional funding requested for the priority area? If yes, what is the anticipated need with potential cost breakdown?	YES ____	NO _X__
If priority area was carried over from previous year, was the expected outcome achieved?	YES ____	NO _X__
Where goals were <u>not</u> achieved for carried over priority areas, describe the reasons why expected outcome(s) was/were not achieved and the changes proposed to meet goal targets during the current year: NA		