

AGENCY NAME:	SC DEPARTMENT OF ALCOHOL AND OTHER DRUG ABUSE SERVICES		
AGENCY CODE:	J200	SECTION:	37



Fiscal Year 2017-18 Agency Budget Plan

FORM A – SUMMARY

RECURRING FUNDS (FORM B DECISION PACKAGES)	<p>My agency is submitting the following recurring decision packages listed in <u>priority order</u> (Form B): 10870, 11454, 11460, 11527, 11533</p> <p>For FY 2017-18, my agency is (mark "X"):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Requesting a net increase in recurring General Fund appropriations.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Not requesting a net increase in recurring General Fund Appropriations.</td> </tr> </table>	<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.	<input checked="" type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.		
<input type="checkbox"/>	Requesting a net increase in recurring General Fund appropriations.						
<input checked="" type="checkbox"/>	Not requesting a net increase in recurring General Fund Appropriations.						
CAPITAL & NON-RECURRING FUNDS (FORM C DECISION PACKAGES)	<p>My agency is submitting the following one-time decision packages listed in <u>priority order</u> (Form C): 11536</p> <p>For FY 2017-18, my agency is (mark "X"):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td>Requesting capital and/or non-recurring funds.</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting capital and/or non-recurring funds.</td> </tr> </table>	<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.	<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.		
<input checked="" type="checkbox"/>	Requesting capital and/or non-recurring funds.						
<input type="checkbox"/>	Not requesting capital and/or non-recurring funds.						
PROVISOS (FORM D)	<p>For FY 2017-18, my agency is (mark "X"):</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;"><input type="checkbox"/></td> <td>Requesting a new proviso and/or substantive changes to existing provisos.</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Only requesting technical proviso changes (such as date references).</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Not requesting any proviso changes.</td> </tr> </table>	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.	<input checked="" type="checkbox"/>	Only requesting technical proviso changes (such as date references).	<input type="checkbox"/>	Not requesting any proviso changes.
<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.						
<input checked="" type="checkbox"/>	Only requesting technical proviso changes (such as date references).						
<input type="checkbox"/>	Not requesting any proviso changes.						

Please identify your agency's preferred contacts for this year's budget process.

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
PRIMARY CONTACT:	Stephen L. Dutton	803-896-1142	sldutton@daodas.sc.gov
SECONDARY CONTACT:	Sharon Peterson	803-896-1145	speterson@daodas.sc.gov

I have reviewed and approved the enclosed FY 2017-18 Agency Budget Plan, which is complete and accurate to the extent of my knowledge.

	<u>Agency Director</u>	<u>Board or Commission Chair</u>
SIGN/DATE:	<i>Sara Goldsby</i> 10/24/16	
TYPE/PRINT NAME:	Sara Goldsby, Acting Director	

This form must be signed by the department head – not a delegate.

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	10870
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Allocation of Base Pay Increase (3.25%) and Statewide Employee Benefits
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Provide a brief, descriptive title for this request.

AMOUNT	\$252,959
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Proviso 117.118 of Act 284 (Section IB) of the South Carolina General Assembly 2017, (Note: Renumbered Base 117.116)
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input checked="" type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
<input type="checkbox"/> Loss of federal or other external financial support for existing program.	
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

RECIPIENTS OF FUNDS	State employees of the S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS) and the 32 county alcohol and drug abuse authorities are the recipients of these funds. Funds are allocated annually based on the General Assembly's decision to increase employee compensation.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS	Objectives 3.2.1 through 3.2.4
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What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	Not Applicable
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	Not Applicable
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	The request is specifically tied to General (State) Funds.
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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SUMMARY	<p>The Allocation of State Funds included the following items:</p> <ul style="list-style-type: none"> • The Pay Plan Allocations for Fiscal Year (FY) 2017 incorporated a 3.25% base pay increase, which included the employer’s share of the related fringe benefits amounting to \$221,286. • The Retirement Rate increased by 0.5% for the employer’s rate for employees covered under the South Carolina Retirement System and Police Officers Retirement System, which computed to \$28,338. • The Health Insurance Allocation consisted of an increase in the employer’s insurance costs associated with State’s Health and Dental Plan, totaling \$3,335.
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.

METHOD OF CALCULATION	<p>Based on the state-funded salaries, \$232,790 of the Pay Plan Allocations and Retirement Rate increase were distributed to the county alcohol and drug abuse authorities. The remaining base pay and retirement increase of \$16,834 was allocated to the state employees of DAODAS. The Health and Dental Allocations were allotted based on employees’ enrollment, appropriating \$3,182 to the county authorities and \$153 to DAODAS.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>The increased funding was built into the DAODAS base budget for FY2018.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

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PRIORITIZATION	The funding is granted by the General Assembly with a recurring intent and incorporated into future budgets.
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	Not Applicable
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	None
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	11527
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Other Fund Changes
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Provide a brief, descriptive title for this request.

AMOUNT	(\$1,871,770)
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	South Carolina Department of Health and Human Services (DHHS) – contract authority for Recovery Program Transformation and Innovation Fund (RPTIF) projects; South Carolina Department of Social Services (DSS) – contract authority for the Medicaid Administrative Activities (MAA) Title IV-E Project; and the South Carolina Department of Corrections (SCDC) – contract authority for the Step Up Project.
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input checked="" type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
	<input checked="" type="checkbox"/> Loss of federal or other external financial support for existing program.
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

RECIPIENTS OF FUNDS	The 32 county alcohol and drug abuse authorities are the recipients of these funds, based on need and through a request-for-proposal process.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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ACCOUNTABILITY OF FUNDS	Objectives 1.2.2, 1.2.3, 1.2.4, 3.2.1, 3.3.1, 3.3.2, 3.4.1, 3.4.2, 3.4.4, 3.4.5, 3.4.6, and 3.5.1
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	None
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	There are no matching funds.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	No other funding sources were considered, as these contracts are with the South Carolina Department of Health and Human Services (DHHS), South Carolina Department of Social Services (DSS), and South Carolina Department of Corrections (SCDC).
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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SUMMARY	<p>DAODAS' total other funding decreased by \$1,871,770 due to following adjustment:</p> <ul style="list-style-type: none"> • The Recovery Program Transformation and Innovation Fund (RPTIF) contract was increased (\$1,500,000) in Fiscal Year 2016 to accommodate a carryover balance and outstanding contractual agreements. However, this obligation has been satisfied. The contractual amount will return to original base of \$3,000,000. • Medicaid Administrative Activities (MAA) Title IV-E Project was discontinued due to structural change of the entire program, which resulted in a decrease of \$542,008 of other funds. • Through a partnership with the Department of Corrections for the Step Up Project, DAODAS was awarded \$100,000 to provide services that assist young adults with substance use disorders as they leave SCDC and transition into the community.
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>The amount allotted was based on the adjustment of the contract negotiated with DAODAS. The allocation of funds was based on the needs assessment of the county alcohol and drug abuse authorities. In addition, contractual services were considered as part of the calculations requested.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>No other funding has been identified for these contracts and projects. There is no maintenance-of-effort requirement associated with these funds.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

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PRIORITIZATION	<p>The RPTIF and DSS-MAA projects were reduced and/or discontinued.</p> <p>The Step Up Project has sufficient funding available.</p>
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	<p>The Step Up Project will provide educational and treatment services and will strive to:</p> <ul style="list-style-type: none"> • Decrease the offender’s chances of returning to SCDC. • Increase the number of offenders with substance use disorders who access treatment services. • Increase the number of offenders retained in treatment. • Promote access to resources to increase employment opportunities. • Improve outcomes for those who are experiencing diagnosable substance use disorders. • Provide structure to assist the offenders in becoming productive and law-abiding citizens. • Strengthen family systems. • Increase each offender’s ability to cope with daily life challenges. • Increase continued abstinence from alcohol and other drug use. • Increase offenders’ overall functioning. <p>Specifically, the project will help clients develop an environment that reinforces positive behavior patterns by offering services designed to strengthen life skills.</p>
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	<p>DAODAS will research the baseline data for this project, reviewing the number of clients served over the past three years; average length of time in services; severity of problems; and outcomes following services (e.g., alcohol and other drug use, employment, re-arrests). The agency will then work with SCDC to develop other specific outcomes in addition to the ones described above in the “Intended Impact” section. The baseline data will be completed before the project begins, and an evaluation report will be developed and sent to SCDC every six months.</p>
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	11454
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Federal Fund Changes
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Provide a brief, descriptive title for this request.

AMOUNT	\$650,339
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package’s total in PBF across all funding sources.

ENABLING AUTHORITY	The enabling authorities are the Substance Abuse and Mental Health Services Administration (SAMHSA), which awards the Substance Abuse Prevention and Treatment Block Grant and the Screening, Brief Intervention, and Referral to Treatment Grant; and the U.S. Food and Drug Administration (FDA), which contracts with DAODAS to conduct Tobacco Retail Compliance Inspections in South Carolina.
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input checked="" type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<input checked="" type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
<input type="checkbox"/> Loss of federal or other external financial support for existing program.	
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

RECIPIENTS OF FUNDS	DAODAS’ 32 county alcohol and drug abuse authorities are key recipients of the funds to provide prevention, intervention, treatment, and recovery services.
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What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

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ACCOUNTABILITY OF FUNDS	The funding touches all objectives listed in the DAODAS Accountability Report.
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What specific agency objective, as outlined in the agency's accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	None
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	There are no matching funds.
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	<p>No other funding sources are considered, as these involve federal grants awarded to fund the bulk of substance abuse services throughout South Carolina.</p> <p>The FDA contracts with each state to conduct Tobacco Retail Compliance Inspections (to comply with federal law).</p>
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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SUMMARY	<p>DAODAS' total federal funding increased by \$1,316,004 due to the following increases and adjustment:</p> <ul style="list-style-type: none"> • Substance Abuse Prevention and Treatment Block Grant (SAPTBG) increased \$553,592, along with a slight alignment of \$577 resulting in an aggregate of \$23,717,773. • Screening, Brief Intervention, and Referral to Treatment Grant increased by \$25,802, amounting to \$1,918,913. • Food and Drug Administration (FDA) - State Tobacco Retail Compliance Inspections contract increased \$70,368, bringing the total award to \$2,302,783.
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	<p>The amount requested is based on the increase of the federal awards granted to DAODAS. The allocation of funds is based on the needs assessment of the counties involved and the required set-aside for the federal grants. In addition, contractual services were considered as part of the calculations. Factors that could cause deviations from the amount requested and needed to perform the work would be a reduction in the award.</p>
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	<p>There is a maintenance-of-effort requirement related to the SAPTBG from SAMHSA, which requires state expenditures to maintain the level of funding from SAMHSA.</p> <p>Compliance checks would not be implemented and the state would be out of compliance with the FDA contract.</p>
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

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PRIORITIZATION	Sufficient funds are available.
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	<p>The programs associated with federal funding seek to achieve the following highlighted goals:</p> <ul style="list-style-type: none"> • Create an accessible continuum of effective services within each community • Deliver quality services • Expand collaboration and integration with physical health services • Increase the count of tobacco compliance checks
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

PROGRAM EVALUATION	The programs are evaluated by the data analyses of the DAODAS Management Information System, client data, and prevention data. DAODAS contracts with the Pacific Institute for Research and Evaluation (PIRE) and Mosaix to conduct evaluations.
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	11533
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	South Carolina Overdose Prevention Project
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Provide a brief, descriptive title for this request.

AMOUNT	\$665,665
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	The administrative authority established through a cooperative agreement between the Department of Alcohol and Other Drug Abuse Services and the Substance Abuse and Mental Health Services Administration. This award is pursuant to the authority of Section 516 of the Public Health Service Act.
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input checked="" type="checkbox"/> Proposed establishment of a new program or initiative.
<input type="checkbox"/> Loss of federal or other external financial support for existing program.	
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

RECIPIENTS OF FUNDS	The South Carolina Overdose Prevention Project will train first responders – along with opioid use disorder patients and their family members – to recognize an opioid overdose and to administer naloxone when overdose occurs. The development of a statewide distribution system will make naloxone available and easily accessible to trained first responders and to at-risk citizens, regardless of their ability to pay for the medication.
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Funds will go toward the training of first responders and family members, and ultimately toward the training of individuals suffering from opioid abuse.

What individuals or entities would receive these funds (contractors, vendors, grantees, individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS
Objective 3.1.1 – *To provide leadership in the successful implementation of all prescription drug abuse prevention plans.* The request allows DAODAS to contractually partner with DHEC to make naloxone, a drug that reverses opioid overdose, more available and accessible to law enforcement officers and caregivers who can reverse opioid overdoses and save lives.

What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS
None

For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS
Not Applicable

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES
Another initiative to reduce overdose mortality involves DAODAS’ receipt of a state budget increase to expand access to medication-assisted treatment at funded treatment agencies statewide. However, this is an expansion effort, not an alternative funding source.

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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

SUMMARY	<p>The South Carolina Overdose Prevention Project will train first responders, along with opioid use disorder patients and their family members, to recognize opioid overdose and administer naloxone when overdose occurs. The development of a statewide distribution system will make naloxone available and accessible to trained first responders and to at-risk citizens, regardless of their ability to pay for the medication.</p> <p>Supporting data for this initiative has been well documented over the past decade. In 2013, State Inspector General Patrick Maley published a report noting that South Carolina ranked 10th highest in opioid painkiller prescriptions per capita. In fiscal year (FY) 2015, state-funded treatment agencies saw 5,370 individuals seeking treatment for an opiate problem, a more than 177% increase in opiate users seeking help from FY2003 to FY2015. Then, from FY2011 through FY2015, South Carolinians made 17,400 visits to emergency departments with an opioid dependency diagnosis. From FY2011 to FY2015, there has been a 103.57% increase in the number of individuals seen for these issues in emergency departments.</p> <p>The goal of this initiative is to reduce overall mortality related to opioid misuse. The objectives of this initiative are to establish statewide infrastructure for naloxone administration; to increase the number of first responders and community members trained in the administration of naloxone; and to ensure access to naloxone for those individuals seeking treatment who are at risk of opioid overdose for each and every client who wishes to have the drug.</p> <p>The initiative aims to train all 32 state-funded substance use disorder treatment agencies to expand education and training for first responders to implement an opioid overdose reversal with naloxone before emergency medical technicians arrive at the scene of an incident.</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency's security or technology plan.

METHOD OF CALCULATION	Not Applicable
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	The state will not incur any maintenance-of-effort or other obligations.
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	The initiative has sufficient funding to sustain the contractual agreements. No other source of funds has been identified and/or obtained.
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	The goal of this initiative is to reduce the overall mortality related to opioid misuse. The objectives of the initiative are to establish statewide infrastructure for naloxone administration; to increase the number of first responders and community members trained in the administration of naloxone by 25% during each year of the initiative; and to ensure access to naloxone for all individuals seeking treatment who are at risk of opioid overdose.
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

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PROGRAM EVALUATION

DAODAS will collaborate with DHEC on the grant activity evaluation tasks, measuring and monitoring all reportable outcomes under the CDC Framework for Program Evaluation in Public Health. The Lead Evaluator’s location within DHEC not only offers the staff of this initiative access to data surveillance expertise, but allows for the sensitive, real-time information derived from this project to be closely monitored and sufficiently disseminated. In addition, DHEC staff can provide insight to DAODAS regarding project directions, and for making policy and program decisions.

Performance measures for long-term and short-term outcomes are:

1. Rate of intentional, unintentional, and undetermined intentional opioid overdose (using hospitalization, emergency department, police, or other accessible data);
2. Number of opioid overdose-related deaths;
3. Number of opioid overdose reversals;
4. Number of referrals to substance use disorder treatment services;
5. Number of naloxone kits that reached communities of high need;
6. Number of trainings conducted on opioid overdose death prevention strategies;
7. Number of medical professionals trained on the risks of overprescribing;
8. Number of first responders trained;
9. Number of participants per session by type of participant (substance use disorder treatment provider, family member, law enforcement, emergency medical technician [EMT], etc.);
10. Number of people reporting learning new information or skills as a result of education/training;
11. Number of people reporting using the information/skills learned;
12. Number of people feeling confident in using the skills learned;
13. Number of individuals accurately recognizing overdose symptoms;
14. Number/rate of successful administrations (i.e., person’s unresponsiveness and respiratory depression improved), tracked in real time;
15. Number of kits used in each administration and by type of kit (nasal, auto injector, etc.);
16. Total amount of funds spent and percentage of total funds utilized to purchase naloxone products;
17. Number of referrals to kit prescriber or other medical professional post-administration (e.g., to get a replacement prescription or for additional resources);
18. Number of persons administering naloxone by: type (substance use disorder treatment provider, family member, friend, acquaintance, law enforcement, EMT, etc.); demographics (age, race, ethnicity, etc.); number of prior administrations; and census tract;
19. Number of naloxone patients by: location of administration (substance abuse treatment facility, home, street, party, etc.); demographics (age, race, ethnicity, etc.); number of prior administrations; and census tract; and
20. Number of kits distributed by: ZIP Code; request vs. response; household (to identify multiple kits per household); dosage amount; type of recipient (substance abuse treatment provider, family member, law enforcement, EMT, etc.); and type of kit (nasal, auto injector, etc.).

How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM B – PROGRAM REVISION REQUEST

DECISION PACKAGE	11460
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Program Structure Change
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Provide a brief, descriptive title for this request.

AMOUNT	\$0
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What is the net change in requested appropriations for FY 2017-18? This amount should correspond to the decision package's total in PBF across all funding sources.

ENABLING AUTHORITY	Not Applicable
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What specific state or federal statutory, regulatory, and/or administrative authority established this program? Is this decision package prompted by the establishment of or a revision to that authority? Please avoid citing general provisions of law where possible, and instead cite to the most specific legal authority supporting the request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> (Base Adjustment) Allocation of statewide employee benefits.
	<input type="checkbox"/> (Base Adjustment) Realignment within existing programs and lines.
	<input checked="" type="checkbox"/> (Base Adjustment) Restructuring of agency programs – <i>requires pre-approval.</i>
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Non-Recurring request – If so, Decision Package # _____
	<input type="checkbox"/> Change in cost of providing current services to existing program audience.
	<input type="checkbox"/> Change in case load / enrollment under existing program guidelines.
	<input type="checkbox"/> Non-mandated change in eligibility / enrollment for existing program.
	<input type="checkbox"/> Non-mandated program change in service levels or areas.
	<input type="checkbox"/> Proposed establishment of a new program or initiative.
<input type="checkbox"/> Loss of federal or other external financial support for existing program.	
<input type="checkbox"/> Exhaustion of fund balances previously used to support program.	

RECIPIENTS OF FUNDS	Not Applicable
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What individuals or entities would receive these funds (contractors, vendors, grantees,

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individual beneficiaries, etc.)? How would these funds be allocated – using an existing formula, through a competitive process, based upon predetermined eligibility criteria?

ACCOUNTABILITY OF FUNDS	Objectives include: 2.1.3, 2.2.1, 2.2.2, 3.4.1, 3.4.2, 3.4.4, 3.4.5, and 3.4.6.
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What specific agency objective, as outlined in the agency’s accountability report, does this funding request support? How would this request advance that objective?

POTENTIAL OFFSETS	Not Applicable
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For decision packages that request non-mandatory funding increases to programs or initiatives, please identify a potential offset within an existing lower priority or ineffective program(s).

MATCHING FUNDS	Not Applicable
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Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source, amount, and terms of the match requirement.

FUNDING ALTERNATIVES	Not Applicable
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What other possible funding sources were considered? Could this request be met in whole or in part with the use of other resources, including fund balances? If so, please comment on the sustainability of such an approach.

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SUMMARY	<p>The Program Structure change afforded the opportunity to correctly align the agency with its current organizational chart and to promote specialization of functions to better serve the citizens of South Carolina. The restructuring of the agency’s programs included the development of a Health Integration and Innovation division and the transition of our Information Technology section into an independent division. Both divisions have evolved into vital, distinctive components of the agency.</p> <p>The Division of Health Integration and Innovation is focused on building partnerships between local substance use disorder treatment providers and physical healthcare providers in their communities; supporting clinical treatment initiatives through the use of implementation science; and carrying out broad agency data collection, analysis, and evaluation with the goal of improving programs. Staff members in this division include the Director and Assistant Director of the five-year SAMHSA/CSAT-funded SC SBIRT (Screening, Brief Intervention, and Referral to Treatment) cooperative agreement and three employees comprising the agency’s Research and Evaluation Section. In addition, the division manager is the lead coordinator of a statewide clinical initiative aimed at bringing a unified understanding of the disease of addiction to addiction counselors and ensuring ongoing refinement of these counselors’ clinical skills through the use of implementation science.</p> <p>The DAODAS Division of Information Technology (IT) selects, tests, configures, deploys, and tracks usage of every piece of agency IT equipment – servers, desktop computers (both Windows and Mac operating systems), laptops, tablets, smartphones, printers, and more. This division originates governance and compliance policies in harmony with federal and state IT policies. Additional responsibilities include staying current on best practices and implementing appropriate practices; providing and maintaining a rack of Windows servers, including critical database servers and security devices; and working with outside vendors to create and modify software as needed. Through mobile-device management, the IT division accounts for the agency’s fleet of Apple devices and keeps them in compliance with relevant policies and procedures. IT staff also manage the agency’s software-licensing and hardware-maintenance contracts, as well as provide a responsive helpdesk.</p>
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Using as much detail as necessary to make an informed decision regarding this request, provide a summary of the rationale for the decision package. Why has it been requested? How specifically would the requested funds be used? If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.

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METHOD OF CALCULATION	Not Applicable
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How was the amount of the request calculated? List the per unit or per FTE costs of implementation. What factors could cause deviations between the request and the amount that could ultimately be required in order to perform the underlying work?

FUTURE IMPACT	Not Applicable
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Will the state incur any maintenance-of-effort or other obligations by adopting this decision package? What impact will there be on future capital and/or operating budgets if this request is or is not honored? Has a source of any such funds been identified and/or obtained by your agency?

PRIORITIZATION	Not Applicable
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If no or insufficient new funds are available in order to meet this need, how would the agency prefer to proceed? By using fund balances, generating new revenue, cutting other programs, or deferring action on this request in FY 2017-18? Please be specific.

INTENDED IMPACT	Not Applicable
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What impact is this decision package intended to have on service delivery and program outcomes, and over what period of time?

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PROGRAM EVALUATION	Not Applicable
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How would the use of these funds be evaluated? What specific outcome or performance measures would be used to assess the effectiveness of this program?

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FORM C – CAPITAL OR NON-RECURRING APPROPRIATION REQUEST

DECISION PACKAGE	11536
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Provide the decision package number issued by the PBF system ("Governor's Request").

TITLE	Infrastructure Improvements / Substance Abuse Provider System
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Provide a brief, descriptive title for this request.

AMOUNT	\$3,000,000 (Non-Recurring for 3 Years)
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How much is requested for this project in FY 2017-18?

BUDGET PROGRAM	Part IA - DAODAS, Section 37, II – Finance and Operations, Special Projects
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Identify the associated budget program(s) by name and budget section.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:
	<input type="checkbox"/> IT Technology/Security related
	<input type="checkbox"/> Consulted DTO during development
	<input type="checkbox"/> Related to a Recurring request – If so, Decision Package # _____
	<input checked="" type="checkbox"/> Capital Request
	<input type="checkbox"/> Included in CPIP – If so, CPIP Priority # _____
	<input checked="" type="checkbox"/> Non-recurring request for funding
<input type="checkbox"/> Non-recurring request for authorization to spend existing cash/revenue	

SUMMARY	<p>Funds for infrastructure improvement have been, on occasion, provided through DAODAS to the county alcohol and drug abuse authorities for infrastructure improvements. DAODAS received \$3 million in Fiscal Year (FY) 2017 to begin infrastructure improvement across its local provider system, funding 13 projects in full or in part.</p> <p>As with any service system, attention must be paid to infrastructure needs – elements that undergird its operational objectives. As time has passed, the pursuit of expansion, the changing economy, the changing healthcare system, and changes in public administration of the system have caused an erosion of state block grant funding and other base funding sources that has ultimately led to a service system stretched to meet basic infrastructure needs, including facility management.</p> <p>Coupled with changing demands and requirements for accountability of the expenditure of public funds, the local provider system must meet ever-increasing demands to show positive outcomes and human capital investment, as well as to keep abreast of the changing technology and program advances in the field of addictions.</p> <p>The quality of county authority infrastructure is a factor in the level of access, engagement, and duration of treatment. DAODAS has launched an initiative to improve system infrastructure. This plan reflects an overall priority focus on the more rural</p>
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providers, and within that focus, those with higher levels of need as indicated by both health status factors and substance use disorder prevalence indicators. Distribution of the funds is also determined through predetermined eligibility criteria, including demographic and physical plant indicators.

Funding priorities also consider urgency as reflected by critical timing or quality issues such as DHEC, CARF, or ADA issues. Additional weight will be given to “shovel readiness” and, in certain cases, to the availability of local matching funds.

Provide a summary of the project and explain why it is necessary. If the request is related to information security or information technology, explain its relationship to the agency’s security or technology plan.

CLASSIFICATION OF FUNDS

This is a non-recurring request (to be made annually for three years). This is the second year of the request. The department was funded at \$3,000,000 for FY2017.

Is this request in support of a capital project or is it in support of other non-recurring expenditures? If this request is for a capital project, is it included in the agency’s CPIP (please include CPIP year and priority)? How does this project rank in priority to all other nonrecurring agency requests?

MATCHING FUNDS

There are no slated matching federal, institutional, philanthropic, or other resources identified. However, county alcohol and drug abuse authorities may have matching funds available, which are priority criteria for award.

Would these funds be matched by federal, institutional, philanthropic, or other resources? If so, identify the source and amount.

FUNDING ALTERNATIVES

County alcohol and drug abuse authorities may have fund balances available on a case-by-case basis to assist in infrastructure improvement.

What other possible funding sources were considered?

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LONG-TERM PLANNING AND SUSTAINABILITY	<p>On occasion, funds have been provided in the annual appropriation bill in the non-recurring proviso (Part IB, Section 118) for infrastructure improvements for certain county alcohol and drug abuse authorities. In the 2015/2016 Appropriations Bill, \$2,250,000 was provided. In FY2017, \$3,000,000 was provided through the Capital Reserve Act. It is the intent of DAODAS to request similar amounts of non-recurring funds over a three-year period to address needs statewide. This is the second year of the request.</p>
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What other funds have already been invested in this project (source/type, amount, timeframe)? Will other capital and/or operating funds for this project be requested in the future? If so, how much, and in which fiscal years? Has a source for those funds been identified/secured?

OTHER APPROVALS	None
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What approvals have already been obtained? Are there additional approvals that must be secured in order for the project to succeed? (Institutional board, JBRC, BCB, etc.)

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FORM D – PROVISO REVISION REQUEST

NUMBER	Proviso 3.3
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Cite the proviso according to the renumbered list for FY 2017-18 (or mark "NEW").

TITLE	(LEA – Lottery Funding)
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Provide the title from the FY 2016-17 Appropriations Act or suggest a short title for any new request.

BUDGET PROGRAM	Services – 35010000 – Personnel (501070) & Operating (512001) Finance & Operating – 05010000 –Allocation Entities (517076) & Contractual Services (512001)
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Identify the associated budget program(s) by name and budget section.

DECISION PACKAGE	No
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Is this request associated with a decision package you have submitted for FY 2017-18? If so, cite it here.

REQUESTED ACTION	Amend
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Choose from: Add, Delete, Amend, or Codify.

OTHER AGENCIES AFFECTED	None
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Which other agencies would be affected by the recommended action? How?

SUMMARY	<p>Section 59-150-230(I) of the South Carolina Education Lottery Act directs that a portion of unclaimed prize money – to be determined through the annual appropriations process – be appropriated to DAODAS for the prevention and treatment of compulsive gambling and educational programs related to gambling disorders. These activities are to include a gambling “hotline,” prevention programming, and the implementation of mass communication efforts.</p> <p>DAODAS Proviso 3.6 of Part 1B of Act 284, the FY2017 General Appropriations Act, positions DAODAS as the primary resource for services related to compulsive gambling and directs the department to provide information, education, and referral services to its local provider network for a comprehensive system of problem and pathological gambling. (Note: The renumbered proviso for FY2017 is 3.3.)</p>
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Summarize the existing proviso. If requesting a new proviso, describe the current state of affairs without it.

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EXPLANATION	<p>DAODAS contracts with the county alcohol and drug abuse authorities created under Act 301 to providing gambling treatment services for problem and pathological gamblers. In addition, the agency, per state law, is directed to run a 24/7 gambling hotline, provide crisis support, and use media outlets to create mass communication efforts. DAODAS requests this appropriation per state law.</p>
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Explain the need for your requested action. For deletion requests due to recent codification, please identify SC Code section where language now appears.

FISCAL IMPACT	<p>Other Funds: \$50,000</p>
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Provide estimates of any fiscal impacts associated with this proviso, whether for state, federal, or other funds. Explain the method of calculation.

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PROPOSED PROVISO TEXT	<p>3.6. (LEA: FY 2016-17 Lottery Funding) There is appropriated from the Education Lottery Account for the following education purposes and programs and funds for these programs and purposes shall be transferred by the Executive Budget Office as directed below. These appropriations must be used to supplement and not supplant existing funds for education.</p> <p>The Executive Budget Office is directed to prepare the subsequent Lottery Expenditure Account detail budget to reflect the appropriations of the Education Lottery Account as provided in this section.</p> <p>All Education Lottery Account revenue shall be carried forward from the prior fiscal year into the current fiscal year including any interest earnings, which shall be used to support the appropriations contained below.</p> <p>For Fiscal Year 2016-17, funds certified from unclaimed prizes are appropriated as follows:</p> <ul style="list-style-type: none"> (1) Department of Education--School Bus Lease/Purchase \$ 3,500,000; (2) (6) <u>Department of Alcohol and Other Drug Abuse Services-- Gambling Addiction Services</u> \$ 50,000; (2) <u>3</u> State Board for Technical and Comprehensive Education-- Workforce Scholarships/Grants \$ 1; (3) <u>4</u> South Carolina State University \$ 2,500,000; (4) <u>5</u> Commission on Higher Education--Higher Education Excellence Enhancement Program \$ 5,504,999; (5) <u>6</u> Commission on Higher Education--National Guard Tuition Repayment Program as provided in Section 59-111-75 \$ 4,545,000; (6) <u>Department of Alcohol and Other Drug Abuse Services-- Gambling Addiction Services</u> \$ 50,000; (7) School for the Deaf and the Blind--Technology \$ 200,000; and (8) State Library--Aid to County Libraries \$ 1,700,000.
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Paste FY 2016-17 text above, then bold and underline insertions and strikethrough deletions. For new proviso requests, enter requested text above.

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FORM E – 3% GENERAL FUND REDUCTION

DECISION PACKAGE	11539
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Provide the decision package number issued by the PBF system (“Governor’s Request”).

TITLE	Agency General Fund Reduction Analysis
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Provide a brief, descriptive title for this request.

AMOUNT	-\$259,534
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What is the General Fund reduction amount (minimum based on the FY 2016-17 recurring appropriations)? This amount should correspond to the decision package’s total in PBF.

METHOD OF CALCULATION	In an effort to equally distribute the reduction, if required, the agency would utilize the methodology of a three percent (3%) decrease of the General Fund allocated to DAODAS, as well as the allocation to the county alcohol and drug abuse authorities. The Medicaid Match – amounting to \$1,915,902 – would be excluded from the calculation to comply with the Medicaid Match Transfer Proviso 37.3.
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Describe the method of calculation for determining the reduction in General Funds.

ASSOCIATED FTE REDUCTIONS	The agency has elected to reduce funding allocated to operating expenses and contractual to minimize the effect on personnel costs. Therefore, we do not anticipate a reduction in the number of FTEs.
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How many FTEs would be reduced in association with this General Fund reduction?

PROGRAM/ACTIVITY IMPACT	The General Fund is associated with every facet of the agency. To minimize the effect on personnel, reductions would be taken from expenditure categories such as operating, supplies, and training, with limited reductions (if any) in our treatment, prevention, and intervention services provided by the county alcohol and drug abuse authorities.
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What programs or activities are supported by the General Funds identified?

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SUMMARY

If the 3% General Fund reduction is mandated, DAODAS' decrease would total \$259,534. The following categories of expenditures would be impacted:

- DAODAS Operating, listed under commitment item (512001), which includes monthly expenses incurred for doing business such as postage, copiers, and supplies. In addition, contractual services and training are identified as possible areas of reduction.
- The county alcohol and drug abuse authorities' portion of the reduction totals \$228,972 and will be divided equally among the local agencies (for a minimum reduction of \$7,155.37).

Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations.