

Agency Name:	Department Of Alcohol & Other Drug Abuse Services		
Agency Code:	J200	Section:	37



Fiscal Year FY 2025-2026

Agency Budget Plan

FORM A - BUDGET PLAN SUMMARY

OPERATING REQUESTS (FORM B1)	For FY 2025-2026, my agency is (mark "X"):	
	<input checked="" type="checkbox"/>	Requesting General Fund Appropriations.
	<input type="checkbox"/>	Requesting Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.
NON-RECURRING REQUESTS (FORM B2)	For FY 2025-2026, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting Non-Recurring Appropriations.
	<input checked="" type="checkbox"/>	Requesting Non-Recurring Federal/Other Authorization.
	<input type="checkbox"/>	Not requesting any changes.
CAPITAL REQUESTS (FORM C)	For FY 2025-2026, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting funding for Capital Projects.
	<input checked="" type="checkbox"/>	Not requesting any changes.
	<input type="checkbox"/>	
PROVISOS (FORM D)	For FY 2025-2026, my agency is (mark "X"):	
	<input type="checkbox"/>	Requesting a new proviso and/or substantive changes to existing provisos.
	<input type="checkbox"/>	Only requesting technical proviso changes (such as date references).
	<input checked="" 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:	Sara Goldsby	(803) 896-8371	sgoldsby@daodas.sc.gov
SECONDARY CONTACT:	Stephen Lee Dutton	(803) 896-8371	slutton@daodas.sc.gov

I have reviewed and approved the enclosed FY 2025-2026 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 9/24/2024</i>	
TYPE/PRINT NAME:	<i>Sara Goldsby</i>	

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

Agency Name:	Department Of Alcohol & Other Drug Abuse Services
Agency Code:	J200
Section:	37

BUDGET REQUESTS			FUNDING					FTES				
Priority	Request Type	Request Title	State	Federal	Earmarked	Restricted	Total	State	Federal	Earmarked	Restricted	Total
1	B1 - Recurring	Formula Grants and Direct Treatment Services	9,070,000	0	0	0	9,070,000	0.00	0.00	0.00	0.00	0.00
2	B1 - Recurring	Residential Treatment and Withdrawal Management Access	3,845,000	0	0	0	3,845,000	0.00	0.00	0.00	0.00	0.00
3	B1 - Recurring	Expand and Sustain Recovery Community Organizations and Outreach Programs	2,000,000	0	0	0	2,000,000	0.00	0.00	0.00	0.00	0.00
4	B1 - Recurring	Prevention Services Expansion	1,275,000	0	0	0	1,275,000	0.00	0.00	0.00	0.00	0.00
5	B2 - Non-Recurring	Unclaimed Lottery Prize Money for Compulsive Gambling Services	0	0	0	100,000	100,000	0.00	0.00	0.00	0.00	0.00
TOTALS			16,190,000	0	0	100,000	16,290,000	0.00	0.00	0.00	0.00	0.00

Agency Name:	Department Of Alcohol & Other Drug Abuse Services		
Agency Code:	J200	Section:	37

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	1
----------------------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Formula Grants and Direct Treatment Services
--------------	--

Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$9,070,000</p> <p>Federal: \$0</p> <p>Other: \$0</p> <p>Total: \$9,070,000</p>
---------------	---

What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
----------------------	------

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	<p>Mark “X” for all that apply:</p> <table style="width: 100%;"> <tr><td style="width: 5%; text-align: center;"><input checked="" type="checkbox"/></td><td>Change in cost of providing current services to existing program audience</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Change in case load/enrollment under existing program guidelines</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Non-mandated change in eligibility/enrollment for existing program</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Non-mandated program change in service levels or areas</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Proposed establishment of a new program or initiative</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Loss of federal or other external financial support for existing program</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Exhaustion of fund balances previously used to support program</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>IT Technology/Security related</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>HR/Personnel Related</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Consulted DTO during development</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Related to a Non-Recurring request – If so, Priority #</td></tr> </table>	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience	<input checked="" 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 checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program	<input type="checkbox"/>	IT Technology/Security related	<input type="checkbox"/>	HR/Personnel Related	<input type="checkbox"/>	Consulted DTO during development	<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #
<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience																						
<input checked="" 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 checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program																						
<input type="checkbox"/>	IT Technology/Security related																						
<input type="checkbox"/>	HR/Personnel Related																						
<input type="checkbox"/>	Consulted DTO during development																						
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #																						

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	<p>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</p> <table style="width: 100%;"> <tr><td style="width: 5%; text-align: center;"><input type="checkbox"/></td><td>Education, Training, and Human Development</td></tr> <tr><td style="text-align: center;"><input checked="" type="checkbox"/></td><td>Healthy and Safe Families</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Maintaining Safety, Integrity, and Security</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Public Infrastructure and Economic Development</td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td>Government and Citizens</td></tr> </table>	<input type="checkbox"/>	Education, Training, and Human Development	<input checked="" type="checkbox"/>	Healthy and Safe Families	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security	<input type="checkbox"/>	Public Infrastructure and Economic Development	<input type="checkbox"/>	Government and Citizens
<input type="checkbox"/>	Education, Training, and Human Development										
<input checked="" type="checkbox"/>	Healthy and Safe Families										
<input type="checkbox"/>	Maintaining Safety, Integrity, and Security										
<input type="checkbox"/>	Public Infrastructure and Economic Development										
<input type="checkbox"/>	Government and Citizens										

ACCOUNTABILITY OF FUNDS	<p>Funding would support the following strategies and performance measures:</p> <p>1.2. Increasing and ensuring access to a continuum of evidence-based substance use disorder services, including maintaining recovery community organization capacity and increasing unduplicated persons connecting with services annually through those and other organizations.</p> <p>1.3. Increasing services to patients with opioid use disorder by ensuring operability and access of programs for treatment and recovery.</p> <p>2.1. Reducing substance use disorders in South Carolina by increasing effectiveness of treatment and recovery programs through stabilization of staff and program operability for patient engagement and success.</p> <p>3.1. Increasing healthcare integration efforts with local service providers to expand access to inpatient addiction treatment.</p> <p>3.2. Increase access to substance use services for uninsured individuals needing care.</p> <p>This request ensures the availability of multiple levels of substance use services, and</p>
------------------------------------	--

provider organizations' operability of programs advancing all strategies. Use of funds will be evaluated by quality measures of direct service provision and number of citizens served.

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS

DAODAS would continue to contract and grant funds to organizations that deliver services and programs preventing and addressing substance use issues. County alcohol and drug abuse authorities, and opioid treatment programs would receive funds. Formula-based grants to county authorities would be made using an existing formula that accounts for rurality, population ratios, service delivery volume, and other variables for fair and equitable distribution. Additionally, clinical services would be reimbursed using a fee-for-service draw-down method currently used by county authorities and opioid treatment programs.

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?

JUSTIFICATION OF REQUEST

This request represents \$5,400,000 in formula grants to county alcohol and drug authorities for clinical service provider retention and operations. A recent salary study shows the need to increase counselor and medical staff salaries in this public system to compete with the market to ensure operational viability and treatment availability. \$3,470,000 would support fee-for-service payment for clinical outpatient care, inpatient treatment, withdrawal management, case management, and methadone services. This request aligns with the Department of Health and Human Services increase in Medicaid reimbursement rates, as DAODAS payment for the uninsured conforms to the Medicaid fee schedule. Annually, DAODAS federal grants and state funds fall short of paying for all the care delivered to uninsured and under-insured patients, leaving provider organizations with unpaid debt. If these funds are not received, the non-profit behavioral health service provider organizations will be left operationally vulnerable, and patients will not receive care.

The request also represents the \$200,000 needed to replace a one-time federal funding enhancement that supported reimbursement of the costs of transporting patients with no means of transportation to clinical care. DAODAS reimbursed \$400,000 in costs during the last state fiscal year using federal and state funds to ensure patient access, particularly in rural areas. If funds are not received, patients needing coverage for transportation costs will not access care.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department Of Alcohol & Other Drug Abuse Services		
Agency Code:	J200	Section:	37

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	2
----------------------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Residential Treatment and Withdrawal Management Access
--------------	--

Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$3,845,000</p> <p>Federal: \$0</p> <p>Other: \$0</p> <p>Total: \$3,845,000</p>
---------------	---

What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
----------------------	------

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	<p>Mark “X” for all that apply:</p> <table style="width: 100%;"> <tr><td><input checked="" type="checkbox"/></td><td>Change in cost of providing current services to existing program audience</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Change in case load/enrollment under existing program guidelines</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated change in eligibility/enrollment for existing program</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated program change in service levels or areas</td></tr> <tr><td><input type="checkbox"/></td><td>Proposed establishment of a new program or initiative</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Loss of federal or other external financial support for existing program</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Exhaustion of fund balances previously used to support program</td></tr> <tr><td><input type="checkbox"/></td><td>IT Technology/Security related</td></tr> <tr><td><input type="checkbox"/></td><td>HR/Personnel Related</td></tr> <tr><td><input type="checkbox"/></td><td>Consulted DTO during development</td></tr> <tr><td><input type="checkbox"/></td><td>Related to a Non-Recurring request – If so, Priority #</td></tr> </table>	<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience	<input checked="" 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 checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program	<input type="checkbox"/>	IT Technology/Security related	<input type="checkbox"/>	HR/Personnel Related	<input type="checkbox"/>	Consulted DTO during development	<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #
<input checked="" type="checkbox"/>	Change in cost of providing current services to existing program audience																						
<input checked="" 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 checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program																						
<input type="checkbox"/>	IT Technology/Security related																						
<input type="checkbox"/>	HR/Personnel Related																						
<input type="checkbox"/>	Consulted DTO during development																						
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #																						

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	<p>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</p> <table style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>Education, Training, and Human Development</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Healthy and Safe Families</td></tr> <tr><td><input type="checkbox"/></td><td>Maintaining Safety, Integrity, and Security</td></tr> <tr><td><input type="checkbox"/></td><td>Public Infrastructure and Economic Development</td></tr> <tr><td><input type="checkbox"/></td><td>Government and Citizens</td></tr> </table>	<input type="checkbox"/>	Education, Training, and Human Development	<input checked="" type="checkbox"/>	Healthy and Safe Families	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security	<input type="checkbox"/>	Public Infrastructure and Economic Development	<input type="checkbox"/>	Government and Citizens
<input type="checkbox"/>	Education, Training, and Human Development										
<input checked="" type="checkbox"/>	Healthy and Safe Families										
<input type="checkbox"/>	Maintaining Safety, Integrity, and Security										
<input type="checkbox"/>	Public Infrastructure and Economic Development										
<input type="checkbox"/>	Government and Citizens										

ACCOUNTABILITY OF FUNDS	<p>Funding would support the following strategies and performance measures:</p> <p>2.1. Reducing substance use disorders in South Carolina by increasing effectiveness of treatment and recovery programs through stabilization of staff and program operability for patient engagement and success.</p> <p>3.1. Increasing healthcare integration efforts with local service providers to expand access to inpatient addiction treatment.</p> <p>3.2. Increase access to substance use services for uninsured individuals needing care.</p> <p>This request ensures the availability of multiple levels of substance use services. It supports service provider organization operability and access to publicly funded addiction services. Use of funds will be evaluated with healthcare quality measures of direct service provision, and increased number of citizens served for inpatient addiction care.</p>
------------------------------------	--

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS

DAODAS would continue to contract funds to the county alcohol and drug authorities that operate inpatient programs. County authorities would receive contracts for operational costs and fee-for-service billing opportunity to ensure availability of services to citizens regardless of their ability to pay for care.

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?

JUSTIFICATION OF REQUEST

This request represents the annual amount necessary to maintain and expand inpatient residential and withdrawal management services to full capacity at the county alcohol and drug authorities that provide those services. Funds will cover the cost of program operations, giving organizations the ability to attract and retain qualified staff to ensure bed accessibility for patients regardless of their ability to pay. Through a blend of grant and fee-for-service reimbursement, funds would ensure operability and accessibility of 40 withdrawal management beds, 63 residential beds, and 16 transitional beds. If funds are not received, programs will operate fewer than the potential number of beds they could open to meet public need.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department Of Alcohol & Other Drug Abuse Services		
Agency Code:	J200	Section:	37

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	3
----------------------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Expand and Sustain Recovery Community Organizations and Outreach Programs
--------------	---

Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$2,000,000</p> <p>Federal: \$0</p> <p>Other: \$0</p> <p>Total: \$2,000,000</p>
---------------	---

What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
----------------------	------

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	<p>Mark “X” for all that apply:</p> <table style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>Change in cost of providing current services to existing program audience</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Change in case load/enrollment under existing program guidelines</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated change in eligibility/enrollment for existing program</td></tr> <tr><td><input type="checkbox"/></td><td>Non-mandated program change in service levels or areas</td></tr> <tr><td><input type="checkbox"/></td><td>Proposed establishment of a new program or initiative</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Loss of federal or other external financial support for existing program</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Exhaustion of fund balances previously used to support program</td></tr> <tr><td><input type="checkbox"/></td><td>IT Technology/Security related</td></tr> <tr><td><input type="checkbox"/></td><td>HR/Personnel Related</td></tr> <tr><td><input type="checkbox"/></td><td>Consulted DTO during development</td></tr> <tr><td><input type="checkbox"/></td><td>Related to a Non-Recurring request – If so, Priority #</td></tr> </table>	<input type="checkbox"/>	Change in cost of providing current services to existing program audience	<input checked="" 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 checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program	<input type="checkbox"/>	IT Technology/Security related	<input type="checkbox"/>	HR/Personnel Related	<input type="checkbox"/>	Consulted DTO during development	<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #
<input type="checkbox"/>	Change in cost of providing current services to existing program audience																						
<input checked="" 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 checked="" type="checkbox"/>	Exhaustion of fund balances previously used to support program																						
<input type="checkbox"/>	IT Technology/Security related																						
<input type="checkbox"/>	HR/Personnel Related																						
<input type="checkbox"/>	Consulted DTO during development																						
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #																						

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	<p>Mark “X” for primary applicable Statewide Enterprise Strategic Objective:</p> <table style="width: 100%;"> <tr><td><input type="checkbox"/></td><td>Education, Training, and Human Development</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Healthy and Safe Families</td></tr> <tr><td><input type="checkbox"/></td><td>Maintaining Safety, Integrity, and Security</td></tr> <tr><td><input type="checkbox"/></td><td>Public Infrastructure and Economic Development</td></tr> <tr><td><input type="checkbox"/></td><td>Government and Citizens</td></tr> </table>	<input type="checkbox"/>	Education, Training, and Human Development	<input checked="" type="checkbox"/>	Healthy and Safe Families	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security	<input type="checkbox"/>	Public Infrastructure and Economic Development	<input type="checkbox"/>	Government and Citizens
<input type="checkbox"/>	Education, Training, and Human Development										
<input checked="" type="checkbox"/>	Healthy and Safe Families										
<input type="checkbox"/>	Maintaining Safety, Integrity, and Security										
<input type="checkbox"/>	Public Infrastructure and Economic Development										
<input type="checkbox"/>	Government and Citizens										

ACCOUNTABILITY OF FUNDS	<p>Funding would support the following strategies and performance measures:</p> <p>1.2. Increasing and ensuring access to a continuum of evidence-based substance use disorder services, including maintaining recovery community organization capacity and increasing unduplicated persons connecting with services annually through those and other organizations.</p> <p>1.3. Increasing services to patients with opioid use disorder by ensuring operability and access of programs for treatment and recovery.</p> <p>3.1. Increasing healthcare integration efforts with local service providers to expand access to inpatient addiction treatment.</p> <p>3.2. Increase access to substance use services for uninsured individuals needing care.</p> <p>This request ensures the availability of multiple levels of substance use services, and recovery community organizations’ operations and outreach to citizens in need. It supports service provider organization operability and access to publicly funded addiction services. Use of funds will be evaluated by quality measures of direct service provision and number of citizens served.</p>
------------------------------------	--

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS

A competitive grant application process would be used for grants to sustain recovery community organizations providing outreach and peer services.

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?

JUSTIFICATION OF REQUEST

This request represents investment in recovery support and outreach through the administration of three-year competitive grant awards for recovery community organizations to build and sustain program capacity that provides outreach and services to individuals and families struggling with alcohol and drug use, and for those who are in recovery from substance use disorders coping and building resilience through peer and community connections, including coaching and mutual-aid support. One-time federal funds invested in recovery-centered organizations proved extraordinarily successful in reaching unique populations and fostering community well-being. Long-term funding is needed to ensure access to services now seen as essential including peer service extension to hospitals around the state. Without funds, services will not occur, and these organizations will struggle to survive.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department Of Alcohol & Other Drug Abuse Services		
Agency Code:	J200	Section:	37

FORM B1 – RECURRING OPERATING REQUEST

AGENCY PRIORITY	4
----------------------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Prevention Services Expansion
--------------	-------------------------------

Provide a brief, descriptive title for this request.

AMOUNT	<p>General: \$1,275,000</p> <p>Federal: \$0</p> <p>Other: \$0</p> <p>Total: \$1,275,000</p>
---------------	---

What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

NEW POSITIONS	0.00
----------------------	------

Please provide the total number of new positions needed for this request.

FACTORS ASSOCIATED WITH THE REQUEST	Mark “X” for all that apply:	
	<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 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
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	HR/Personnel Related
	<input type="checkbox"/>	Consulted DTO during development
<input type="checkbox"/>	Related to a Non-Recurring request – If so, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark “X” for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

ACCOUNTABILITY OF FUNDS	<p>Funding would support the following strategies and performance measures:</p> <p>1.1. Expanding access to primary prevention services that would reduce youth and young adult use of alcohol, tobacco, and other drugs. This request funds a prevention specialist in nine counties currently without one, and funds preventions strategies in all counties. Use of funds are evaluated with process measures and population health outcome measures.</p>
------------------------------------	---

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency’s accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF	<p>DAODAS would continue to contract and grant funds to organizations that deliver services and programs preventing and addressing substance use issues. Formula-based grants to county authorities would be made using an existing formula that</p>
----------------------	--

FUNDS

accounts for rurality, population ratios, service delivery volume, and other variables for fair and equitable distribution.

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?

**JUSTIFICATION OF
REQUEST**

Represents \$465,000 to support community-based prevention specialists in nine counties that are currently without these positions. With these funds, every county in the state would have a prevention specialist to engage in community prevention strategies and drug-free community coalition building. Also includes \$810,000 in formula grants to all counties for primary prevention service materials. Without these funds, prevention services will lag in the nine counties where prevention work lacks a central coordinator, and primary substance use prevention strategies will fall behind.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department Of Alcohol & Other Drug Abuse Services		
Agency Code:	J200	Section:	37

FORM B2 – NON-RECURRING OPERATING REQUEST

AGENCY PRIORITY	5
----------------------------	---

Provide the Agency Priority Ranking from the Executive Summary.

TITLE	Unclaimed Lottery Prize Money for Compulsive Gambling Services
--------------	--

Provide a brief, descriptive title for this request.

AMOUNT	\$100,000
---------------	-----------

What is the net change in requested appropriations for FY 2025-2026? This amount should correspond to the total for all funding sources on the Executive Summary.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply:	
	<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
	<input type="checkbox"/>	IT Technology/Security related
	<input type="checkbox"/>	Consulted DTO during development
	<input type="checkbox"/>	HR/Personnel Related
	<input checked="" type="checkbox"/>	Request for Non-Recurring Appropriations
	<input type="checkbox"/>	Request for Federal/Other Authorization to spend existing funding
<input type="checkbox"/>	Related to a Recurring request – If so, Priority #	

STATEWIDE ENTERPRISE STRATEGIC OBJECTIVES	Mark "X" for primary applicable Statewide Enterprise Strategic Objective:	
	<input type="checkbox"/>	Education, Training, and Human Development
	<input checked="" type="checkbox"/>	Healthy and Safe Families
	<input type="checkbox"/>	Maintaining Safety, Integrity, and Security
	<input type="checkbox"/>	Public Infrastructure and Economic Development
	<input type="checkbox"/>	Government and Citizens

ACCOUNTABILITY OF FUNDS	<p>Funding would support the following strategies and performance measures:</p> <p>2.1. Reducing substance use disorders in South Carolina by increasing effectiveness of treatment and recovery programs through stabilization of staff and program operability for patient engagement and success.</p> <p>3.2. Increase access to substance use services for uninsured individuals needing care.</p>
------------------------------------	--

What specific strategy, as outlined in the most recent Strategic Planning and Performance Measurement template of agency's accountability report, does this funding request support? How would this request advance that strategy? How would the use of these funds be evaluated?

RECIPIENTS OF FUNDS	<p>DAODAS would continue to contract with County alcohol and drug abuse authorities offering fee-for-service billing opportunity to ensure availability of clinical services.</p>
--------------------------------	---

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

**JUSTIFICATION
OF REQUEST**

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 resource to call for problem gambling, prevention programming, and the implementation of public education efforts, as well as availability of behavioral health services for compulsive gambling disorder. DAODAS Proviso 37.2 of Part 1B of Act 91 of the General Appropriations Act, positions DAODAS as the primary resources for services related to compulsive gambling and directs the Department to provide information, education, and referral services to local behavioral health provider network for a comprehensive system of problem and pathological gambling. DAODAS contracts with the County Alcohol and Drug Abuse Authorities to provide gambling treatment services for problem and pathological gamblers. Without funds, direct services for problem gambling will not be available for those individuals who have no means to pay for clinical care. This request is asking that the \$100,000 appropriated to DAODAS in FY25 through Proviso 3.6 is repeated in FY26.

Please thoroughly explain the request to include the justification for funds, potential offsets, matching funds, and method of calculation. Please include any explanation of impact if funds are not received. If new positions have been requested, explain why existing vacancies are not sufficient.

Agency Name:	Department Of Alcohol & Other Drug Abuse Services		
Agency Code:	J200	Section:	37

FORM E – AGENCY COST SAVINGS AND GENERAL FUND REDUCTION CONTINGENCY PLAN

TITLE	Agency Cost Savings and General Fund Reduction Contingency Plan
--------------	---

AMOUNT	\$588,812 <i>What is the General Fund 3% reduction amount? This amount should correspond to the reduction spreadsheet prepared by EBO.</i>
---------------	---

ASSOCIATED FTE REDUCTIONS	The agency would reduce funding equally across all cost centers allocated to operating expenses and contractual costs to minimize the impact on personnel costs. Therefore, we would not anticipate a reduction in FTEs. <i>How many FTEs would be reduced in association with this General Fund reduction?</i>
----------------------------------	--

PROGRAM / ACTIVITY IMPACT	General Funds are associated with every facet of the agency's operations. They support personnel, employer contributions (benefits), and general operating costs. General Funds also support local salary supplements for healthcare providers and matching funds for the state's Medicaid program. Additionally, General Funds support prevention, treatment, and recovery programming at other state agencies, county alcohol and drug authorities, and other local non-profit provider organizations. <i>What programs or activities are supported by the General Funds identified?</i>
--------------------------------------	---

SUMMARY	If the 3% General Fund reduction is mandated, DAODAS' decrease would amount to \$588,812. The agency would make reductions equally among the funded cost centers to minimize the effect on personnel and grants for service delivery. Such actions as renegotiating grants and contracts, evaluating ways to improve efficiency, and reducing outsourcing would be necessary. Reductions in operating costs (such as training and travel costs) would be employed to limit the effect of reductions on service delivery to citizens. The method of calculation is a 3% reduction from the General Fund total allocated to DAODAS, and a 3% reduction across the funded cost centers.
----------------	--

Please provide a detailed summary of service delivery impact caused by a reduction in General Fund Appropriations and provide the method of calculation for anticipated reductions. Agencies should prioritize reduction in expenditures that have the least significant impact on service delivery.

AGENCY COST SAVINGS PLANS

As the agency needs to engage in high-level statistical and epidemiological study and research related to substance use prevalence and mitigation in the state, partnerships with the Department of Public Health, Clemson University, the University of South Carolina, and the Medical University of South Carolina are being leveraged through the established South Carolina Center of Excellence in Addiction. Tapping expertise and effort through these partnerships reduces costs of private contractors for analytics and report-writing. Leveraging these partnerships also reduces costs in contracts to private entities for training and technical assistance to the service provider community. Tapping into these partnerships, DAODAS estimates saving \$100,000 in what would otherwise be subcontracts. Savings will be invested in public service delivery costs.

What measures does the agency plan to implement to reduce its costs and operating expenses by more than \$50,000? Provide a summary of the measures taken and the estimated amount of savings. How does the agency plan to repurpose the savings?

Agency Name:	Department Of Alcohol & Other Drug Abuse Services		
Agency Code:	J200	Section:	37

FORM F – REDUCING COST AND BURDEN TO BUSINESSES AND CITIZENS

TITLE	Streamlining Internal Operations and Consolidating External Processes
--------------	---

Provide a brief, descriptive title for this request.

EXPECTED SAVINGS TO BUSINESSES AND CITIZENS	Increased efficiency in administrative processes for external partners
--	--

What is the expected savings to South Carolina's businesses and citizens that is generated by this proposal? The savings could be related to time or money.

FACTORS ASSOCIATED WITH THE REQUEST	Mark "X" for all that apply: <input type="checkbox"/> Repeal or revision of regulations. <input type="checkbox"/> Reduction of agency fees or fines to businesses or citizens. <input checked="" type="checkbox"/> Greater efficiency in agency services or reduction in compliance burden. <input type="checkbox"/> Other
--	---

METHOD OF CALCULATION	The calculation of expected efficiency and reduction in burden is based on the comparison of previous and current time and effort on grant application processes and data collection. The consolidation of tasks, and use of multiple systems for the administration of grant funds and data collection now equates to one unified system (DAODAS Grants Management System) for doing business with DAODAS.
------------------------------	---

Describe the method of calculation for determining the expected cost or time savings to businesses or citizens.

REDUCTION OF FEES OR FINES	N/A
-----------------------------------	-----

Which fees or fines does the agency intend to reduce? What was the fine or fee revenue for the previous fiscal year? What was the associated program expenditure for the previous fiscal year? What is the enabling authority for the issuance of the fee or fine?

REDUCTION OF REGULATION	N/A
--------------------------------	-----

Which regulations does the agency intend to amend or delete? What is the enabling authority for the regulation?

SUMMARY	The implementation of a Grants Management System, which supports the full grant funding life cycle with external partners unifies disparate data sources, files, and processes. This initiative is improving the agency's ability to manage funds and grant applications through a competitive procurement process and provides programmatic, fiscal, and technical assistance to subrecipients. The Grants Management System increases accuracy of data collection and deliverables for fund recipients thereby improving accountability, analysis, and ability to make more informed decisions which results in greater efficiency.
----------------	---

Provide an explanation of the proposal and its positive results on businesses or citizens. How will the request affect agency operations?