



CIRCLE PARK

Behavioral Health Services

Florence County Strategic Plan Fiscal Year 2021

May 31, 2020

Clyde Nance
CHIEF EXECUTIVE OFFICER

Florence County Commission On Alcohol and Drug Abuse
d/b/a
Circle Park Behavioral Health Services
P.O. Box 6196
Florence, SC 29502-6196

FY2021 County Strategic Plan

for

Submitted to the

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

on

**This FY2021 County Strategic Plan has been reviewed, accepted,
approved for submission, and attested by:**

Authorized Designee, County Alcohol and Drug Abuse Authority

Board Chair or Other Authorizing Executive

Executive Update from FY 2020: Discuss efforts/actions described in the previous year's submitted county plan, directly referencing the priorities addressed, goals stated, linked strategies, associated performance indicators, and specified target outcomes. What was successful? What was unsuccessful? Include qualitative and quantitative data gathered as part of the evaluation efforts.

County Needs Assessment/Analysis: Utilize your 2019 County-Level Profile on Substance Use Related Indicators and/or opioid data found on the Just Plain Killers website (<http://justplainkillers.com/data/>) to show and focus substance use/misuse problems and related behaviors. Your own data sources can also be used. Be sure to shed light on needs/issues in priority populations, specifically women who are pregnant and have a substance use disorder and individuals engaging in intravenous drug use. The focus is to show where “the needle” could and should move. Finally, discuss any unmet service needs and critical gaps from your data analysis.

Capacity: Discuss the capabilities of your organizational service continuum, highlighting service gaps and unmet needs not addressed by current capabilities, as well as discussing capacity-building needs. Infrastructure needs should only be addressed in this section. Discuss where unmet service needs and gaps fit with capacity-building efforts, making sure to discuss how the county authority intends to address what was identified. Where appropriate, describe the capacity to address needs of priority populations.

Prevention

Intervention

Treatment

Recovery Support

Planning/Implementation/Evaluation:

Each priority service plan table should highlight no more than five priorities that were identified in the “County Needs Assessment/Analysis” and/or “Capacity” sections. These priorities are limited to ones that can be described as touching an individual patient. Finally, each completed priority service plan table should clearly and succinctly show service continuum integration (i.e., prevention, intervention, treatment, and recovery support). Please be sure to use the template provided below. Each table cell should be completed as follows:

- **Priority Area:** Provide the name of the priority area based on an unmet service need or a critical gap that was identified through the needs assessment process.
- **Need Statement:** Share specific qualitative and quantitative data (citing sources) that helped identify this priority (i.e., a brief summary that highlights what was more fully discussed and presented in the “County Needs Assessment/Analysis” section). This data should link and flow into the strategies chosen and the performance indicator(s) shared.
- **Goal:** Develop a single comprehensive SMART (Specific, Measurable, Achievable, Result-focused, and Time-bound) goal that reflects the priority unmet service need, critical gap, or local problem/issue clearly connected to the need statement above.
- **Strategies:** List each strategy that can represent effort through prevention, intervention, treatment, and recovery support that the agency plans to deploy to achieve the stated SMART goal.
- **Performance Indicator:** Show how you will measure/track progress toward the above goal by developing one or more SMART process- or outcome-focused objectives. These objectives are to directly reflect the strategies being implemented.
- **Performance – Baseline Measure(s):** Provide a current measurement for each performance indicator above that you will compare to determine degree of change at the end of the state fiscal year.
- **Performance – Target Outcome:** Provide an estimate of the targeted change for each baseline measurement using discrete variables that are clearly reflective of the performance indicators and the baseline measures listed in the preceding cells.
- **Performance – Data Collection:** Describe what data will be collected and what data source(s) will be used to collect the described data. Share any anticipated data issues that could affect the collection strategy (e.g., gathering data, analyzing data).

Examples of Completed Priority Service Plan Tables

Priority Service Plan Table	
1	Priority Area: Opioid Use Disorder Treatment with Medication-Assisted Treatment (MAT)
<p>Need Statement: (Specific qualitative and quantitative data [with sources cited] that helped identify this priority)</p> <ul style="list-style-type: none"> Significant opioid misuse data from Just Plan Killers fact sheets from 2017 such as: <ul style="list-style-type: none"> ✓ 1,249 opioid prescriptions per 1,000 residents (yes, more than one per person) ✓ 7 overdose deaths ✓ Increase in drug and fentanyl related overdoses from 2016 ✓ Increase in opioid use disorder (OUD) patients being treated in the county ✓ 129 admissions to treatment at Sunny County BHS for OUD since July 1, 2018. That represents almost 30% of admissions at the agency. ✓ According to SC EMS data, Sunny County has increased the use of naloxone from 106 doses in 2015 to 140 in 2016. That was an increase of 32%. ✓ According to the Prescription Medication Survey conducted by Sunny County BHS (108 participants), more than 55% of all respondents reported that they knew someone who had taken opiates or other prescriptions to get high. It was reported that 85% of those who had taken the medicines to get high were ages 18-45. ✓ According to the Prescription Medication Survey conducted by Sunny County BHS (108 participants), only 2.8% reported that they felt it would be “very difficult” to get opiates from a doctor to get high. 58% reported that it would be “easy” or “very easy” to get the medicines. ✓ According to the Prescription Medication Survey conducted by Sunny County BHS (108 participants), 78% felt that it would be “easy” or “very easy” to get opiate medicines from a family member or friend to use for the purpose of getting high. ✓ 50% of people responding to the 2018 Sunny County Prescription Drug Community Survey said that oxycodone is one of the most commonly misused prescription medications in the community. Oxycodone ranked as the third deadliest drug in America in 2014 with 3,274 deaths in a recent CBS News report on “America’s Deadliest Drugs.” CBS News cited the Centers for Disease Control and Prevention’s National Center for Health Statistics as a data source. 	
<p>Goal: (Goal that is SMART [specific, measurable, achievable, result-focused, and time-bound] and clearly reflects the priority and data stated above to justify it as a priority)</p> <p>1) In order to reduce the fatality rate for opioid overdoses in Sunny County, increase the number of patients accessing MAT in Sunny County in FY20 by 50% from FY19 by June 30, 2020 (89 to 129).</p>	
<p>Strategies: (List specific strategies that the agency plans to implement to achieve the identified goal.)</p> <ol style="list-style-type: none"> Continue partnership with local MAT provider by providing behavioral health counseling. Conduct 10 presentations to increase public awareness of the availability of MAT in Sunny County. Create and publish three marketing articles about MAT for local newspapers (print or online). Utilize a Peer Support Specialist to provide personalized nontraditional services to MAT patients. The Peer Support Specialist will market the program, help engage patients in the program, retain patients in services, and reengage patients who have stopped receiving services for whatever reason. Implement and utilize the multiple avenues available to access naloxone (Narcan) for high-risk patients and their families/caregivers. Obtain continued funding from SOR or State MAT funding to continue the effort to reach sustainability for the MAT program. 	

Performance Indicator(s): (Answer how you will measure/track progress toward reaching the above goal by developing one or more SMART [specific, measurable, achievable, result-focused, and time-bound] process- or outcome-focused objective(s) linked to each strategy being implemented.)

- 1) Increase the number of patients accessing MAT in Sunny County by 50% by June 30, 2020 (86 to 129).
- 2) CareLogic will track all new admissions and current census as well as all behavioral health services provided in the cost center of MAT toward the goal of 86. Data will be reviewed monthly for progress.
- 3) The IMPACT prevention data tool will track all presentations given regarding MAT. Data will be reviewed monthly for progress.
- 4) Copies of the article will be saved in a folder for verification of their occurrence. One for each of the first three quarters (one by September 30, one by December 31, one by March 31, 2020).
- 5) Opioid deaths will be tracked by DAODAS at the state level and locally through the coroner.
- 6) CareLogic will track the activities of the Peer Support Specialist. Sunny County BHS will seek to achieve 20 hours per week in direct services to patients (billable and unbillable) by June 30, 2020.
- 7) Sunny County BHS will track the patients and caregivers who are trained in Narcan use and the prescriptions that are delivered.
- 8) Block Grant Award for FY20 will identify whether we have obtained continued funding for the program.

Performance – Baseline Measure(s): (Provide current measurement for each above-listed objective that is targeted for change.)

- 1) Current census of patients accessing MAT in Sunny County is 89.
- 2) 4 presentations solely dedicated to the marketing of the MAT have been conducted in the current fiscal year.
- 3) No articles were created on the MAT program this current fiscal year.
- 4) Sunny County had 7 opioid use overdose deaths in 2017.
- 5) The Peer Support Specialist now averages 5-10 hours of direct service per week.
- 6) Sunny County BHS is in the process of beginning training on the enhanced process of administration of Narcan and the distribution of it to identified patients.
- 7) In the current fiscal year, we are funded at \$116,000 for the MAT program.

Performance – Target Outcome(s): (Estimated targeted change using discrete numbers where appropriate that are directly reflective of the process or outcome performance indicators and their linked baseline measurements)

- 1) Sunny County BHS seeks to have CSTC census increased by 50% to 129 by June 30, 2020.
- 2) Sunny County BHS seeks to increase MAT and general OUD presentations by an additional 8 by June 30, 2020.
- 3) A reduction in opioid deaths of 50% (7 down to 4) for FY20.
- 4) An increase in direct services by the Peer Support Specialist of 100% (from 10 hours to 20 hours per week).
- 5) Sunny County BHS hopes to distribute 100 doses of Narcan to identified patients by June 30, 2020.

Performance – Data Collection: (Discussion around data-collection strategy along with any anticipated data issues)

Data will be gathered from easily obtained public databases, such as IMPACT and the CareLogic electronic health record.

Priority Service Plan Table	
2	<p>Priority Area: Adolescent Substance Use Disorder</p> <p>Need Statement: (Specific qualitative and quantitative data [with sources cited] that helped identify this priority)</p> <p>Substance use is prevalent among youth in Sunny County.</p> <p>According to the 2018 CTC Survey:</p> <ul style="list-style-type: none"> • An average of 17.6% of youth in grades 9-12 report using alcohol in the past 30 days; of those, 11.1% report binge drinking, 11.4% report vaping tobacco, and 10.4% report using marijuana; and • An average of 6% of youth in grades 9-12 report past-30-day use of tobacco. <p>Adolescent treatment data for July 1, 2017 – June 30, 2018: 150 adolescents were served.</p> <p>Key informant interviews with law enforcement and school district personnel report a need for targeted prevention services for adolescents in schools (August 2018 and March 2019).</p> <p>Goal: (Goal that is SMART [specific, measurable, achievable, result-focused, and time-bound] and clearly reflects the priority and data stated above to justify it as a priority)</p> <p>In FY20, adolescent substance use disorder will be impacted by decreasing any past 30-day illicit substance use among youth in grades 9-12 by 1% to 5% and increasing by 50% the number of adolescents served in treatment services.</p> <p>Strategies: (List specific strategies that the agency plans to implement to achieve the identified goal.)</p> <ul style="list-style-type: none"> • Increase adolescent referrals from schools, youth-serving organizations, DSS, DJJ, etc. • Increase the number of adolescent groups offered through treatment services. • Provide problem-identification and referral services for middle and high schools in Sunny County. • Provide evidence-based programs for youth in grades 9-12 in school settings. • Conduct high-visibility alcohol compliance checks. • Conduct high-visibility tobacco compliance checks. • Conduct the Synar Study. • Provide merchant education. • Utilize media. <p>Performance Indicator(s): (Answer how you will measure/track progress toward reaching the above goal by developing one or more SMART [specific, measurable, achievable, result-focused, and time-bound] process- or outcome-focused objective(s) linked to each strategy being implemented.)</p> <ul style="list-style-type: none"> • During FY20, increase in the number of adolescents referred for services by 50% • During FY20, increase in the number of adolescent treatment groups offered by 50% • During FY20, increase in the number of adolescents served by 50% through problem-identification and referral services • During FY20, decrease of 1% or more in past-30-day use of illicit drugs among youth grades 9-12 in Sunny County • During FY20, decrease by 25% in number of merchants selling tobacco to minors in Sunny County • During FY20, decrease by 25% in number of merchants selling alcohol to minors in Sunny County • In FY20, the Synar buy rate will remain at 0%. • In FY20, the alcohol compliance buy rate will be at 10% or lower among merchants selling alcohol. • In FY20, the tobacco compliance buy rate will be at 10% or lower among merchants selling tobacco.

Performance – Baseline Measure(s): (Provide current measurement for each above-listed objective that is targeted for change.)

From the FY18 CTC Survey regarding youth in grades 9-12 who reported the following 30-day use:

- 17.6% report using alcohol;
- 11.1% report binge drinking;
- 11.4% report vaping tobacco;
- 10.4% report using marijuana; and
- 6% report using tobacco.

In FY19, 150 adolescents were referred for treatment services.

In FY19, two adolescent-specific treatment groups were provided.

In FY19, the Synar buy rate was 0%.

In FY19, the alcohol compliance buy rate was 10% among merchants selling alcohol.

In FY19, the tobacco compliance buy rate was 10% among merchants selling tobacco.

Performance – Target Outcome(s): (Estimated targeted change using discrete numbers where appropriate that are directly reflective of the process or outcome performance indicators and their linked baseline measurements)

Through the FY20 CTC Survey:

- the average 30-day use of alcohol reported among youth in grades 9-12 will decrease by 5% to 12.6% from 17.6%;
- the average 30-day reported binge drinking among youth in grades 9-12 will decrease by 5% to 6.1% from 11.1%;
- the average 30-day reported vaping tobacco among youth in grades 9-12 will decrease by 5% to 6.4% from 11.4%;
- the average 30-day use of marijuana reported among youth in grades 9-12 will decrease by 5% to 5.4% from 10.4%; and
- the average 30-day use of tobacco reported among youth in grades 9-12 will decrease from by 5% to 1% from 6%.

In FY20, the number of adolescents will increase by 50% to 225 from 150.

In FY20, the number of adolescent-specific treatment groups will increase by 50% from 2 to 4.

In FY20, the Synar buy rate will remain at 0%.

In FY20, the alcohol compliance buy rate will be 10% or less among merchants selling alcohol.

In FY20, the tobacco compliance buy rate will be 10% or less among merchants selling tobacco.

Performance – Data Collection: (Discussion around data-collection strategy along with any anticipated data issues)

Utilization of the FY20 CTC Survey along with various required data-collection systems (i.e., AET database, IMPACT, and/or CareLogic)

Priority Service Plan Table	
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<i>I</i>	Priority Drug Use/Misuse or Behavioral Consequence:
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Need Statement: (Specific qualitative and quantitative data [with sources cited] that helped identify this priority)

Goal: (Goal that is SMART [specific, measurable, achievable, result-focused, and time-bound] and clearly reflects the priority and data stated above to justify it as a priority)

Strategies: (List specific strategies that the agency plans to implement to achieve the identified goal.)

Performance Indicator(s): (Answer how you will measure/track progress toward reaching the above goal by developing one or more SMART [specific, measurable, achievable, result-focused, and time-bound] process- or outcome-focused objective(s) linked to each strategy being implemented.)

Performance – Baseline Measure(s): (Provide current measurement for each above-listed objective that is targeted for change.)

Performance – Target Outcome(s): (Estimated targeted change using discrete numbers where appropriate that are directly reflective of the process or outcome performance indicators and their linked baseline measurements)

Performance – Data Collection: (Discussion around data-collection strategy along with any anticipated data issues)

Priority Service Plan Table	
2	Priority Drug Use/Misuse or Behavioral Consequence:
Need Statement: (Specific qualitative and quantitative data [with sources cited] that helped identify this priority)	
Goal: (Goal that is SMART [specific, measurable, achievable, result-focused, and time-bound] and clearly reflects the priority and data stated above to justify it as a priority)	
Strategies: (List specific strategies that the agency plans to implement to achieve the identified goal.)	

Performance Indicator(s): (Answer how you will measure/track progress toward reaching the above goal by developing one or more SMART [specific, measurable, achievable, result-focused, and time-bound] process- or outcome-focused objective(s) linked to each strategy being implemented.)

Performance – Baseline Measure(s): (Provide current measurement for each above-listed objective that is targeted for change.)

Performance – Target Outcome(s): (Estimated targeted change using discrete numbers where appropriate that are directly reflective of the process or outcome performance indicators and their linked baseline measurements)

Performance – Data Collection: (Discussion around data-collection strategy along with any anticipated data issues)

Priority Service Plan Table	
3	Priority Drug Use/Misuse or Behavioral Consequence:
Need Statement: (Specific qualitative and quantitative data [with sources cited] that helped identify this priority)	
Goal: (Goal that is SMART [specific, measurable, achievable, result-focused, and time-bound] and clearly reflects the priority and data stated above to justify it as a priority)	
Strategies: (List specific strategies that the agency plans to implement to achieve the identified goal.)	

Performance Indicator(s): (Answer how you will measure/track progress toward reaching the above goal by developing one or more SMART [specific, measurable, achievable, result-focused, and time-bound] process- or outcome-focused objective(s) linked to each strategy being implemented.)

Performance – Baseline Measure(s): (Provide current measurement for each above-listed objective that is targeted for change.)

Performance – Target Outcome(s): (Estimated targeted change using discrete numbers where appropriate that are directly reflective of the process or outcome performance indicators and their linked baseline measurements)

Performance – Data Collection: (Discussion around data-collection strategy along with any anticipated data issues)

Priority Service Plan Table	
4	Priority Drug Use/Misuse or Behavioral Consequence:
Need Statement: (Specific qualitative and quantitative data [with sources cited] that helped identify this priority)	
Goal: (Goal that is SMART [specific, measurable, achievable, result-focused, and time-bound] and clearly reflects the priority and data stated above to justify it as a priority)	
Strategies: (List specific strategies that the agency plans to implement to achieve the identified goal.)	

Performance Indicator(s): (Answer how you will measure/track progress toward reaching the above goal by developing one or more SMART [specific, measurable, achievable, result-focused, and time-bound] process- or outcome-focused objective(s) linked to each strategy being implemented.)

Performance – Baseline Measure(s): (Provide current measurement for each above-listed objective that is targeted for change.)

Performance – Target Outcome(s): (Estimated targeted change using discrete numbers where appropriate that are directly reflective of the process or outcome performance indicators and their linked baseline measurements)

Performance – Data Collection: (Discussion around data-collection strategy along with any anticipated data issues)

Priority Service Plan Table	
5	Priority Drug Use/Misuse or Behavioral Consequence:
Need Statement: (Specific qualitative and quantitative data [with sources cited] that helped identify this priority)	
Goal: (Goal that is SMART [specific, measurable, achievable, result-focused, and time-bound] and clearly reflects the priority and data stated above to justify it as a priority)	
Strategies: (List specific strategies that the agency plans to implement to achieve the identified goal.)	

Performance Indicator(s): (Answer how you will measure/track progress toward reaching the above goal by developing one or more SMART [specific, measurable, achievable, result-focused, and time-bound] process- or outcome-focused objective(s) linked to each strategy being implemented.)

Performance – Baseline Measure(s): (Provide current measurement for each above-listed objective that is targeted for change.)

Performance – Target Outcome(s): (Estimated targeted change using discrete numbers where appropriate that are directly reflective of the process or outcome performance indicators and their linked baseline measurements)

Performance – Data Collection: (Discussion around data-collection strategy along with any anticipated data issues)

Budget Need Requests: Review your current and proposed agency budget in terms of priorities and their strategies listed in the above Priority Service Plan Tables. Highlight any unmet financial needs, tying in needs and capacity assessments where service needs and gaps were identified and discussed. Clearly and succinctly state an individual budget narrative if necessary.

Agency Projected Budget



Finance - Agency
Budget Form Updat

Submission Guidelines

One electronic copy of the completed county plan must be uploaded into DAODAS Box Enterprise no later than April 24, 2020. For any questions, please contact Harry Prim at (803) 896-1199 or hprim@daodas.sc.gov.



Circle Park Behavioral Health Services Fiscal Year 2021 Preliminary Budget

Expenditures

EXPENDITURE CATEGORY	Code	#	3001 Fam	2501 IOP	4001 ADSAP	3801 SOR	8001 PREV	3800 SOR	1601 CC	8016 AET
Personnel Services	5100		562,345	94,175	83,607	35,700	65,875	40,500	778,197	19,000
Contractual Services (Personnel)	5200		2,000	0	0	0	0		0	0
Contractual Services (Other)	5250		195,000	10,100	8,450	2,000	12,000	24,500	166,000	6,800
Supplies/Materials	5300		187,500	1,400	1,250	300	9,000	7,650	125,000	150
Fixed Charges	5400		20,800	1,200	1,115	400	3,500	1,250	72,500	250
Travel	5500		3,500	400	400	250	1,250	5,500	3,000	200
Employer Contributions	5900		199,633	33,432	29,680	12,674	23,386	14,378	276,260	6,745
Administrative Costs (reimbursable)	6000		140,101	23,463	20,829	8,894	16,412	10,090	193,878	4,734
Administrative Costs (non-reimbursable)	7000		29,302	4,907	4,356	1,860	3,433	2,110	40,550	990
Other Expenditures (non-reimbursable)	7100		102,500	2,200	2,100	850	2,100	950	27,500	1,000
Debt Services (Building) (non-reimbursable)	7200		30,264	5,068	4,499	1,921	3,545	2,180	0	1,023
Transitional Services PAIRS	8100									
TOTAL EXPENDITURES			1,472,945	176,345	156,287	64,849	140,500	109,107	1,682,884	40,891

REVENUE

REVENUE SOURCES			3001 Fam	2501 IOP	4001 ADSAP	3801 SOR	8001 PREV	3800 SOR	1601 CC	8016 AET
DAODAS	4100		801,500	34,585		50,000	107,000	115,000	445,000	35,000
Self Pay Client Fees	4310		165,500	12,800	42,500				35,500	
Medicaid HHS	4330		33,500	4,500					187,500	
Insurance	4350		23,500	32,500					32,500	
MCO	4360		121,500	36,500					795,000	
County Government	4400		1,850	60,000	124,500		50,000			
Federal/State Government	4500		68,500						165,000	
Miscellaneous	4900		365,000				7,700		19,500	
TOTAL REVENUE			1,580,850	180,885	167,000	50,000	164,700	115,000	1,680,000	35,000



Circle Park Behavioral Health Services Fiscal Year 2021 Preliminary Budget

Expenditures

EXPENDITURE CATEGORY	Code	3408 TANF	9001 Other Non-DAODAS	Total
Personnel Services	5100	55,606	107,354	1,842,359
Contractual Services (Personnel)	5200	0	18,500	20,500
Contractual Services (Other)	5250	2,600	168,500	595,950
Supplies/Materials	5300	430	102,500	435,180
Fixed Charges	5400	0	0	101,015
Travel	5500	150	3,500	18,150
Employer Contributions	5900	19,740	38,111	654,037
Administrative Costs (reimbursable)	6000	13,854	26,746	459,000
Administrative Costs (non-reimbursable)	7000	2,897	5,594	96,000
Other Expenditures (non-reimbursable)	7100	1,200	142,000	282,400
Debt Services (Building) (non-reimbursable)	7200	0	0	48,500
Transitional Services PAIRS	8100	15,000		15,000
TOTAL EXPENDITURES		111,477	612,804	4,568,091

REVENUE

REVENUE SOURCES		3408 TANF	9001 Other Non-DAODAS	Total
DAODAS	4100	80,000		1,668,085
Self Pay Client Fees	4310			256,300
Medicaid HHS	4330			225,500
Insurance	4350			88,500
MCO	4360			953,000
County Government	4400			236,350
Federal/State Government	4500		536,500	770,000
Miscellaneous	4900			392,200
TOTAL REVENUE		80,000	536,500	4,589,935