

Priority Service Areas

of the Fiscal Year 2021 Strategic Plan



PhoenixCenter

Prevent • Treat • Recover

Greenville County Commission
on Alcohol and Drug Abuse

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PRIORITY 1 – OPERATIONAL STABILITY

FINANCIAL STRENGTH AND DIVERSITY

Goals

1. Achieve an annual net operating margin that is better than -1% by the end of Fiscal Year 2021.¹
2. Achieve an end of year operating cash and accounts receivable balance of at least \$1.5m by the end of Fiscal Year 2021.²
3. Achieve a debt to asset ratio of no more than 10% by the end of Fiscal Year 2021.³
4. Collect at least \$560,000 in unrestricted funds by the end of Fiscal Year 2021 to be used for gap funding⁴ purposes.
5. Collect at least 70% of billable client services by the end of Fiscal Year 2021.⁵

Activities

1. Reduce Expenses
 - a. Consolidate facility activities by completing the sale of 130 Industrial Drive and reintegrating Medical Detoxification, Prevention, and Training programs back to 1400 Cleveland Street. Pay off existing debt.
 - b. Implement annual budget as approved and communicate variances of 5% or more on a monthly basis.
 - c. Offer multiple choices of retirement options to staff if available.
 - d. Review operational expenses to identify if additional reductions are possible.
 - e. Audit purchasing process to ensure efficiency and cost savings.
2. Increase Revenues
 - a. Manage an effective process to obtain prior authorization for services.
 - b. Successfully obtain additional funding to ensure that basic operational needs are met.
 - c. Successfully implement efforts to increase financial responsibility from clients based on ability to pay.
 - d. Engage a 3rd party collection agency to assist with self-pay collection efforts.
 - e. Share financial information with The Family Effect board to communicate operational and capital needs.
 - f. Review quarterly report on lost revenue due to failure to obtain prior authorization.
3. Make consistent progress on repaying funds used through the line of credit.
4. Develop and implement a 5-year business plan.

¹ Operating deficit is defined as total operating surplus/total operating revenue.

² Accounts receivables are generally collected at 100% of expected and include training fees, rental fees, DAODAS funds which are received quarterly but accrued monthly, Alcohol Excise Tax funds which are received quarterly but accrued monthly, and support from The Family Effect for direct costs and program support. It does not include client fees owed, but does include the payments when received. It does not include unused funds from the line of credit.

³ Debt Ratio is a financial ratio that indicates the percentage of a company's assets that are provided via debt. It is the ratio of total debt/total assets. A higher ratio indicates a higher risk since money is owed on the assets.

⁴ Gap funding includes the following costs that need to be covered: \$60,000 retirement increase, \$175,000 salary increase to competitive range, \$125,000 mortgage and operational expense for 0.5% of the COE, and \$200,000 to meet minimal cash and AR goal.

⁵ Total amount received for services provided to clients/total amount billed for services provided to clients. Includes amount received from client payments, Medicaid, MCO, other third party insurance, Debt Setoff and GEAR but does not include payments from HOP or Block Grant Assessment.

Fiscal Year 2017 Actual	Fiscal Year 2018 Actual	Fiscal Year 2019 Actual	Fiscal Year 2020 Goal	Fiscal Year 2021 Goal
Net Operating Margin	Net Operating Margin	Net Operating Margin	Budget to Operating Net Surplus	Net Operating Margin
-0.26%	-0.90%	-4.69%	+/- 4%	-1% or better
End of Year Operating Cash and AR	End of Year Operating Cash and AR	End of Year Operating Cash and AR	End of Year Operating Cash and AR	End of Year Operating Cash and AR
\$910,000	\$954,000	\$870,000	\$1,500,000	\$1,500,000
Debt to Asset Ratio	Debt to Asset Ratio	Debt to Asset Ratio	Debt to Asset Ratio	Debt to Asset Ratio
15%	14%	15% ⁶	≤10%	≤10%
				Gap Funding
				\$560,000
% of Billable Services Received	% of Billable Services Received	% of Billable Services Received	% of Billable Services Received	% of Billable Services Received
67%	73%	69%	NA	70%

STAFF ENGAGEMENT, RETENTION AND TRAINING

Goals

1. Achieve less than 19% staff turnover by the end of Fiscal Year 2021.⁷
2. Maintain OSHA incidents at less than 3% by the end of Fiscal Year 2021.⁸

Activities

1. Implement a competitive salary structure for each salary band.
2. Implement other benefits as available to improve satisfaction and morale.
3. Evaluate current methods for identifying and measuring mission compatibility, including resilience, to determine validity and reliability.
4. Engage managers and directors in workforce development and succession planning.
5. Develop relationship with local colleges and universities to attract graduates, increase qualified applicants, and support business development.
6. Implement guidelines related to the use of contract/temp staff to ensure that use is appropriate and not financially unsustainable.

⁶ In Fiscal Year 2019, ratio was 15% which included about \$2.72 million of total debt from mortgage, renovation loan, generator loan, and Line of Credit; and about \$17.66 million total assets which includes bank accounts, receivables, life insurance, buildings & equipment net of depreciation.

⁷ National average for staff turnover is 19%.

⁸ National average for OSHA incidents is 9%

Fiscal Year 2017 Actual	Fiscal Year 2018 Actual	Fiscal Year 2019 Actual	Fiscal Year 2020 Goal	Fiscal Year 2021 Goal
Staff Turnover	Staff Turnover	Staff Turnover	Staff Turnover	Staff Turnover
43%	22% (40/174)	32% (55/171)	<19%	<19%
OSHA Incidents	OSHA Incidents	OSHA Incidents	OSHA Incidents	OSHA Incidents
3%	2% (3)	1% (2)	<5%	<3%

PRIORITY 2 – ACCESS TO SERVICES

ACCESS AND RETENTION

Goals

1. Complete an assessment within 2 working days of entry for at least 75% of clients for Fiscal Year 2021.
2. Provide access to the first treatment session within 6 working days of assessment for at least 50% of clients for Fiscal Year 2021.
3. Maintain engagement with at least 99% of clients on a monthly basis during Fiscal Year 2021.

Activities

1. Monitor the point of entry process to ensure accessibility and efficiency.
2. Publicize priority admission status for pregnant and intravenous substance users.
3. Provide access to interim services for individuals placed on a waiting list.
4. Publicize 5 day per week access to Medication Assisted Treatment for individuals with an Opiate Use Disorder.

Fiscal Year 2017 Actual	Fiscal Year 2018 Actual	Fiscal Year 2019 Actual	Fiscal Year 2020 Goal	Fiscal Year 2021 Goal
Assessment Within 2 Days of Entry	Assessment Within 2 Days of Entry	Assessment Within 2 Days of Entry	Assessment Within 2 Days of Entry	Assessment Within 2 Days of Entry
89%	78%	77%	75%	75%
Treatment Within 6 Days of Assessment	Treatment Within 6 Days of Assessment	Treatment Within 6 Days of Assessment	Treatment Within 6 Days of Assessment	Treatment Within 6 Days of Assessment
30%	29%	42%	50%	50%
Service Gaps >30 Days	Service Gaps >30 Days	Service Gaps >30 Days	Service Gaps >30 Days	Service Gaps >30 Days
6%	2%	4%	<1%	<1%

PRIORITY 3 – PREVENTION AND EARLY INTERVENTION

PREVENTION STRATEGIES

Goals

1. Implement Why Try curriculum to at least 50 Greenville County youth ages 12-17 in Fiscal Year 2021.
2. At least 60% of Parenting curriculum participants are able to articulate identified goals for parenting success in Fiscal Year 2021.

3. Provide leadership to and actively participate in coalitions whose activities reach at least 2,000 residents in Fiscal Year 2021.
4. At least 85% of PREP participants are able to pass certification test following completion of program in Fiscal Year 2021.

 Activities

1. Why Try Curriculum (Evidence-based prevention curriculum for elementary, middle, high school aged youth)
2. Nurturing Parenting Curriculum (Evidence-based parenting curriculum for parents)
3. Outdoor Challenge Course (low and high ropes course trainings for youth and adults)
4. Alcohol Enforcement Team/EUDL Coalition (EUDL)
5. Palmetto Retailers Education Program (PREP)
6. Tobacco Education Program (TEP)
7. ECHO Prescription Drug Prevention Strategies (reduce retail access, reduce social access, media/awareness)
8. Drug Free Communities Grant (DFC) – Community Prevention Strategies to reduce youth substance use
9. SAMHSA Partnership for Success Grant (PFS) – Community Prevention Strategies to reduce youth substance use
10. Capacity Building Strategies – Community Based Process (Community Coalitions), Strategic Development (Community Needs Assessment), and Information Dissemination (presentations, health fairs, and media campaigns)
11. Participate with Mental Health America, NAMI, and other programs who are focused on adolescent suicide risk

Fiscal Year 2017 Actual	Fiscal Year 2018 Actual	Fiscal Year 2019 Actual	Fiscal Year 2020 Goal	Fiscal Year 2021 Goal
Why Try-Reach a minimum of 50 youth ages 12 - 17 in Greenville County	Why Try-Reach a minimum of 50 youth ages 12 - 17 in Greenville County	Why Try-Reach a minimum of 50 youth ages 12 - 17 in Greenville County	Why Try-Reach a minimum of 50 youth ages 12 - 17 in Greenville County	Why Try-Reach a minimum of 50 youth ages 12 - 17 in Greenville County
55	50	41	50	50
Nurturing Parenting participants able to articulate identified goals for parenting success	Nurturing Parenting participants able to articulate identified goals for parenting success	Nurturing Parenting participants able to articulate identified goals for parenting success	60% of Nurturing Parenting participants will be able to articulate identified goals for parenting success	60% of Nurturing Parenting participants will be able to articulate identified goals for parenting success
N/A	46%	75%	60%	60%
To participate, and provide leadership on state and local community coalitions	To participate, and provide leadership on state and local community coalitions	To participate, and provide leadership on state and local community coalitions	To participate, and provide leadership on state and local community coalitions reaching 2,000 residents	To participate, and provide leadership on state and local community coalitions reaching 2,000 residents
1,980	1,980	2,200	2,000	2,000
PREP-Knowledge of alcohol and tobacco sales laws & how to sell responsibly	PREP-Knowledge of alcohol and tobacco sales laws & how to sell responsibly	PREP-Knowledge of alcohol and tobacco sales laws & how to sell responsibly	PREP-Knowledge of alcohol and tobacco sales laws & how to sell responsibly - 85% will pass certification	PREP-Knowledge of alcohol and tobacco sales laws & how to sell responsibly - 85% will pass certification

			test (75% or more correct)	test (75% or more correct)
92.42% Pass Rate	96.18% Pass Rate	95.69% Pass Rate	85% Pass Rate	85% Pass Rate

ENVIRONMENTAL PREVENTION STRATEGIES

Goals

1. Provide assistance to other organizations to maintain at least 9 prescription drug drop boxes in Greenville County in Fiscal Year 2021.
2. Maintain a youth alcohol buy rate at or below 10% in Greenville County in Fiscal Year 2021.
3. Maintain a youth tobacco buy rate at or below 10% in Greenville County in Fiscal Year 2021.

Activities

1. Alcohol Enforcement Team (Alcohol compliance checks and media around checks/results, Shoulder Taps, Controlled Party Dispersals, Bar Checks)
2. Implementation of Tobacco Compliance Checks to reduce youth access to Tobacco
3. Implementation of SYNAR Study to monitor tobacco access in Greenville County
4. ECHO Prescription Drug Prevention Strategies (reduce retail access, reduce social access, media/Awareness)
5. Implement community awareness campaign focused on the dangers of vaping.

Fiscal Year 2017 Actual	Fiscal Year 2018 Actual	Fiscal Year 2019 Actual	Fiscal Year 2020 Goal	Fiscal Year 2021 Goal
Prescription Drug Drop Boxes in Greenville	Prescription Drug Drop Boxes in Greenville	Prescription Drug Drop Boxes in Greenville	Safe disposal through prescription drug drop boxes in Greenville	Safe disposal through prescription drug drop boxes in Greenville
6	7	9	9	9
Youth Alcohol Buy Rate in Greenville	Youth Alcohol Buy Rate in Greenville	Youth Alcohol Buy Rate in Greenville	Maintain a youth alcohol buy rate at or below 10%	Maintain a youth alcohol buy rate at or below 10%
7% (105 buys out of 1,484 attempts)	4.1% (77 buys out of 1,878 attempts)	4.2% (75 buys out of 1,784 attempts)	≤10%	≤10%
Youth Tobacco Buy Rate in Greenville	Youth Tobacco Buy Rate in Greenville	Youth Tobacco Buy Rate in Greenville	Maintain a youth tobacco buy rate at or below 10%	Maintain a youth tobacco buy rate at or below 10%
2.6% (3 buys out of 117 attempts)	3.8% (5 buys out of 132 attempts)	4.9% (9 buys out of 181 attempts)	≤10%	≤10%

PRIORITY 4 – EFFECTIVE CONTINUUM OF CHILD AND ADOLESCENT SERVICES

PROGRAM FOR INFANTS AND CHILDREN AT SERENITY VILLAGE (PIC)

Goals

1. Serve at least 100 children into the Program for Infants and Children in Fiscal Year 2021.
2. Maintain a staff productivity average of at least 80 hours of direct service per month for Fiscal Year 2021.

Activities

1. Implement community education campaign to increase referrals and access of services.
2. Complete a child developmental screening or child assessment on all children under the age of seven who are living in the home of an adult with an open DSS case.

3. Complete a child developmental screening or child assessment on all children under the age of seven who are living in the home of an adult who is participating in a Phoenix Center program.
4. Provide timely access to treatment if screening indicates that child is appropriate for services.
5. Implement ongoing Motivational Interviewing training for all direct care staff.
6. Designate a staff member to attend regularly scheduled meetings with partner agencies including DSS, pediatric service providers, and OB/GYN clinics to collaborate on referrals.
7. Increase partnerships with community programs to assist caregiver in housing, employment, education, community support groups, etc.

Fiscal Year 2017 Actual	Fiscal Year 2018 Actual	Fiscal Year 2019 Actual	Fiscal Year 2020 Goal	Fiscal Year 2021 Goal
Preschool Age Children Served	Preschool Age Children Served	Preschool Age Children Served	Preschool Age Children Served	Preschool Age Children Served
49	72	65	10% Increase to 72	100
Direct Service Productivity	Direct Service Productivity	Direct Service Productivity	Direct Service Productivity	Direct Service Productivity
Unknown	102 hours per month	122 hours per month	80 hours per month	80 hours per month

ADOLESCENT OUTPATIENT AND INTENSIVE OUTPATIENT

Goals

1. Increase of at least 10% in total number of children/adolescents who are served in a Phoenix Center Outpatient program from Fiscal Year 2020 to Fiscal Year 2021.
2. Achieve a staff productivity average of at least 80 hours of direct service per month for Fiscal Year 2021.
3. Reduce Administrative and Against Professional Advice discharges to no more than 30% in Fiscal Year 2021.⁹

Activities

1. Implement community education campaign to increase referrals and access of services.
2. Investigate the parental consent requirement for participation in services. Advocate for client's right to privacy.
3. Advertise priority status for intravenous substance users.
4. Implement Motivational Interviewing training for all direct care staff.
5. Continue ASAM training for staff to ensure that individuals are admitted to the appropriate level of care.
6. Maintain trauma informed care and gender specific services in planned regimen along with other evidence based practices.
7. Maintain consistent contact with individuals who are on the waiting list and offer interim services as needed.
8. Designate a staff member to attend regularly scheduled meetings with partner agencies including DSS and DJJ to collaborate on referrals.
9. Complete an assessment on any student who is suspended from school due to an incident related to alcohol or other drugs.

⁹ National average for adolescent outpatient APA discharge is 49% or 28,846 out of 59,194.

10. Complete an assessment on any individual under the age of eighteen who appears in front of a magistrate due to an alcohol or other drug related incident.
11. Provide timely access to treatment if assessment indicates that child/adolescent is appropriate for services.
12. Provide direct service in schools, group homes, detention center and any other area in which access is available.
13. Provide training to teachers and other community members who work with children and adolescents.
14. Maintain relationships with community recovery partners and provide on-site access to recovery resources.
Increase partnerships with community programs to assist in housing, employment, community support groups, etc.

Fiscal Year 2017 Actual	Fiscal Year 2018 Actual	Fiscal Year 2019 Actual	Fiscal Year 2020 Goal	Fiscal Year 2021 Goal
School Age Children and Adolescents Served	School Age Children and Adolescents Served	School Age Children and Adolescents Served	School Age Children and Adolescents Served	School Age Children and Adolescents Served
637	577	606	10% Increase to 667	10% Increase
Direct Service Productivity	Direct Service Productivity	Direct Service Productivity	Direct Service Productivity	Direct Service Productivity
Unknown	50 hours per month	62 hours per month	80 hours per month	80 hours per month
Administrative and APA discharges	Administrative and APA discharges	Administrative and APA discharges	Administrative and APA discharges	Administrative and APA discharges
48% (288/596)	32% (152/478)	33% (150/461)	30%	30%

ADOLESCENT RESIDENTIAL AT WHITE HORSE ACADEMY

Goals

1. Achieve residential utilization average of 90% for Fiscal Year 2021.
2. Reduce Administrative and Against Professional Advice discharges to no more than 30% in Fiscal Year 2021.¹⁰

Activities

1. Implement community education campaign to increase referrals and access to services.
2. Advertise priority status for intravenous substance users.
3. Implement Motivational Interviewing training for all direct care staff.
4. Continue ASAM training for staff to ensure that individuals are admitted to the appropriate level of care.
5. Maintain trauma informed care and gender specific services in planned regimen along with other evidence based practices.
6. Maintain consistent contact with individuals who are on the waiting list and offer interim services as needed.
7. Designate a staff member to attend regularly scheduled meetings with partner agencies including DSS and DJJ to collaborate on referrals.

¹⁰ National average for adolescent residential APA discharge is 49% or 2,270 out of 6,219.

8. Complete an assessment on any student who is suspended from school due to an incident related to alcohol or other drugs.
9. Complete an assessment on any individual under the age of eighteen who appears in front of a magistrate due to an alcohol or other drug related incident.
10. Provide timely access to treatment if assessment indicates that child/adolescent is appropriate for services.
11. Provide direct service in schools, group homes, detention center and any other area in which access is available.
12. Provide training to teachers and other community members who work with children and adolescents.
13. Maintain relationships with community recovery partners and provide on-site access to recovery resources.
14. Increase partnerships with community programs to assist in housing, employment, community support groups, etc.

Fiscal Year 2017 Actual	Fiscal Year 2018 Actual	Fiscal Year 2019 Actual	Fiscal Year 2020 Goal	Fiscal Year 2021 Goal
Residential Utilization at WHA (16 beds maximum)	Residential Utilization at WHA (16 beds maximum)	Residential Utilization at WHA (16 beds maximum)	Residential Utilization at WHA (16 beds maximum)	Residential Utilization at WHA (16 beds maximum)
95%	87%	59%	90%	90%
Administrative and APA discharges	Administrative and APA discharges	Administrative and APA discharges	Administrative and APA discharges	Administrative and APA discharges
14% (10/71)	39% (29/74)	35% (18/52)	30%	30%

PRIORITY 5 – EFFECTIVE CONTINUUM OF ADULT SERVICES

ADULT DETOXIFICATION AND MEDICATION ASSISTED TREATMENT (MAT)

Goals

1. Reduce Administrative and Against Professional Advice discharges to no more than 22% in Fiscal Year 2021.¹¹
2. Achieve detoxification utilization average of 90% for Fiscal Year 2021.
3. At least 50% of Greenville County residents who are served in Adult Detoxification will enroll in follow-up services at Phoenix Center within 30 days of discharge from detoxification in Fiscal Year 2021. This excludes individuals who are referred to a residential program not available at Phoenix Center.
4. Provide access to detoxification within 24 hours of initial contact requesting admission.

Activities

1. Implement community education campaign to increase referrals and access of services.
2. Advertise priority status for intravenous and/or pregnant substance users.
3. Implement Motivational Interviewing training for all direct care staff.
4. Continue ASAM training for staff to ensure that individuals are admitted to the appropriate level of care.

¹¹ National average for Adult Detoxification APA discharge is 22% or 61,965 out of 283,026.

5. Maintain trauma informed care and gender specific services in planned regimen along with other evidence based practices.
6. Clients with opiate only use are referred to MAT through Outpatient services to ensure that alcohol and benzodiazepine users have increased access to Medical Detoxification.
7. Maintain consistent contact with individuals who are on the waiting list and offer interim services as needed.
8. Provide Narcan® in the event of a drug overdose.
9. Maintain relationships with community recovery partners and provide on-site access to recovery resources.
10. Increase partnerships with community programs to assist in housing, employment, community support groups, etc.

Fiscal Year 2017 Actual	Fiscal Year 2018 Actual	Fiscal Year 2019 Actual	Fiscal Year 2020 Goal	Fiscal Year 2021 Goal
Administrative and APA discharges	Administrative and APA discharges	Administrative and APA discharges	Decrease Detoxification Administrative and Against Professional Advice Discharges	Decrease Detoxification Administrative and Against Professional Advice Discharges
36%	28% (301/1,091)	36% (390/1,090)	32% Reduction	22%
Detoxification Utilization (16 beds maximum)	Detoxification Utilization (16 beds maximum)	Detoxification Utilization (16 beds maximum)	Detoxification Utilization (16 beds maximum)	Detoxification Utilization (10 beds maximum)
81%	80%	78%	90%	90%
Engagement Following Discharge	Engagement Following Discharge	Engagement Following Discharge	Greenville County Engagement Following Detoxification Discharge	Greenville County Engagement Following Detoxification Discharge
Unknown	43% (261/596)	35% (131/373)	50%	50%
Contact to Intake	Contact to Intake	Contact to Intake	Contact to Intake	Contact to Intake
Unknown	Unknown	9 Hours	≤24 hours from first contact to intake	≤24 hours from first contact to intake

ADULT OUTPATIENT AND INTENSIVE OUTPATIENT

Goals

1. Achieve a staff productivity average of at least 80 hours of direct service per month for Fiscal Year 2021.
2. Reduce Administrative and Against Professional Advice discharges to no more than 30% in Fiscal Year 2021.¹²

Activities

1. Implement community education campaign to increase referrals and access of services.
2. Advertise priority status for intravenous and/or pregnant substance users.
3. Implement Motivational Interviewing training for all direct care staff.

¹² National average for Adult Outpatient APA discharge is 45% or 324,391 out of 725,369.

4. Continue ASAM training for staff to ensure that individuals are admitted to the appropriate level of care.
5. Maintain trauma informed care and gender specific services in planned regimen along with other evidence based practices.
6. Clients with opiate only use are referred to MAT through Outpatient services to ensure that alcohol and benzodiazepine users have increased access to Medical Detoxification.
7. Maintain consistent contact with individuals who are on the waiting list and offer interim services as needed.
8. Designate a staff member to attend regularly scheduled meetings with partner agencies including DSS and Adult Probation to collaborate on referrals.
9. Provide Narcan® in the event of a drug overdose.
10. Maintain relationships with community recovery partners and provide on-site access to recovery resources.
11. Increase partnerships with community programs to assist in housing, employment, community support groups, etc.

Fiscal Year 2017 Actual	Fiscal Year 2018 Actual	Fiscal Year 2019 Actual	Fiscal Year 2020 Goal	Fiscal Year 2021 Goal
Direct Service Productivity	Direct Service Productivity	Direct Service Productivity	Direct Service Productivity	Direct Service Productivity
Unknown	61 hours per month	65 hours per month	80 hours per month	80 hours per month
Administrative and APA discharges	Administrative and APA discharges	Administrative and APA discharges	Administrative and APA discharges	Administrative and APA discharges
40% (1,280/3,231)	40% (1,136/2,875)	41% (1,238/3,016)	30%	30%

WOMEN'S RESIDENTIAL

Goals

1. Increase of at least 10% in total number of pregnant women who are served from Fiscal Year 2020 to Fiscal Year 2021.
2. Maintain residential utilization average of 95% at Serenity Place for Fiscal Year 2021.
3. 100% of babies born to women who are admitted to services at Serenity Place born with no illicit drugs in their system, excluding a physician approved MAT protocol in Fiscal Year 2021.
4. Reduce Administrative and Against Professional Advice discharges to no more than 30% in Fiscal Year 2021.¹³

Activities

1. Implement community education campaign to increase referrals and access of services.
2. Advertise priority status for intravenous and/or pregnant substance users.
3. Implement Motivational Interviewing training for all direct care staff.
4. Continue ASAM training for staff to ensure that individuals are admitted to the appropriate level of care.
5. Maintain trauma informed care and gender specific services in planned regimen along with other evidence based practices.

¹³ National average for Adult Residential APA discharge is 36% or 37,815 out of 104,760.

6. Maintain consistent contact with individuals who are on the waiting list and offer interim services as needed.
7. Designate a staff member to attend regularly scheduled meetings with partner agencies including DSS and Adult Probation to collaborate on referrals.
8. Complete an assessment on any pregnant woman with an open DSS case where there is suspicion of alcohol or other drug use.
9. Complete an assessment on any pregnant woman who appears in front of a magistrate due to an alcohol or other drug related incident.
10. Complete an assessment on any pregnant woman who is on probation due to an alcohol or other drug related incident and/or where there is suspicion of alcohol or other drug use.
11. Provide timely access to treatment if assessment indicates that individual is appropriate for services.
12. Provide Narcan® in the event of a drug overdose.
13. Maintain relationships with community recovery partners and provide on-site access to recovery resources.
14. Increase partnerships with community programs to assist in housing, employment, community support groups, etc.

Fiscal Year 2017 Actual	Fiscal Year 2018 Actual	Fiscal Year 2019 Actual	Fiscal Year 2020 Goal	Fiscal Year 2021 Goal
Pregnant Women Served	Pregnant Women Served	Pregnant Women Served	Pregnant Women Served	Pregnant Women Served
103	116	129	10% Increase to 142	10% Increase
Residential Utilization at SP (16 beds maximum)	Residential Utilization at SP (16 beds maximum)	Residential Utilization at SP (16 beds maximum)	Residential Utilization at SP (16 beds maximum)	Residential Utilization at SP (16 beds maximum)
96%	93%	96%	90%	95%
Drug Free Births (excluding MAT during pregnancy)	Drug Free Births (excluding MAT during pregnancy)	Drug Free Births (excluding MAT during pregnancy)	Drug Free Births (excluding MAT during pregnancy)	Drug Free Births (excluding MAT during pregnancy)
100%¹⁴	75%¹⁵ (15/20)	94%¹⁶ (16/17)	100%	100%
Administrative and APA discharges	Administrative and APA discharges	Administrative and APA discharges	Administrative and APA discharges	Administrative and APA discharges
29% (15/51)	42% (30/72)	31% (23/75)	30%	30%

¹⁴ In Fiscal Year 2017, 2 of 15 babies tested positive for drugs at birth. However, the babies who tested positive were born to a mother who was on a medication assisted therapy protocol during pregnancy and was closely monitored by her physician throughout pregnancy. Upon birth, the babies began a withdrawal protocol.

¹⁵ In Fiscal Year 2018, 7 of 20 babies tested positive for drugs at birth. However, 2 of the 7 babies who tested positive were born to a mother who was on a medication assisted therapy protocol during pregnancy and was closely monitored by her physician throughout pregnancy. Upon birth, the babies began a withdrawal protocol.

¹⁶ In Fiscal Year 2019, 4 out of 17 babies tested positive for drugs at birth. However, 3 of the 4 babies who tested positive were born to a mother who was on a medication assisted therapy protocol during pregnancy and was closely monitored by her physician throughout pregnancy. Upon birth, the babies began a withdrawal protocol.

PRIORITY 6 – POSITIVE CLIENT OUTCOMES

COMPLETION AND OUTCOMES

Goals

1. At least 65% of clients complete recommended services in Fiscal Year 2021.¹⁷
2. At least 70% of individuals who are contacted post discharge report a reduction in alcohol use as compared to use reported at admission.¹⁸
3. At least 88% of individuals who are contacted post discharge report a reduction in other drug use as compared to use reported at admission.¹⁹
4. At least 25% of individuals who are contacted post discharge report a reduction in tobacco use as compared to use reported at admission.
5. At least 75% of individuals who are contacted post discharge report a reduction in arrests as compared to use reported at admission.²⁰
6. At least 84% of individuals who are contacted post discharge report an increase in employment, as compared to use reported at admission.²¹
7. At least 75% of individuals who are contacted post discharge report a reduction in homelessness, as compared to use reported at admission.²²
8. At least 75% of individuals who are contacted post discharge report a reduction in emergency department visits, as compared to use reported at admission.
9. At least 70% of individuals who are contacted post discharge report that they have attended at least one self-help activity in the 30 days prior to contact (IOP, Detox, and WR only).

Activities

1. Implement evidence based practices as appropriate for the specific program.
2. Incorporate a variety of therapeutic interventions into all programs.
3. Utilize gender-specific programming in a consistent manner across all programs as appropriate.
4. Maintain relationships with community recovery partners and provide on-site access to recovery resources.
5. Obtain consistent feedback from clients, patients, staff, and other community partners to identify issues related to access, retention, effectiveness, and satisfaction.
6. Increase partnerships with community recovery programs to assist in housing, employment, community support groups, etc.
7. Utilize social media and volunteers to increase the successful contact rate post discharge.

Fiscal Year 2017 Actual	Fiscal Year 2018 Actual	Fiscal Year 2019 Actual	Fiscal Year 2020 Goal	Fiscal Year 2021 Goal
Completion of Services	Completion of Services	Completion of Services	Completion of Services	Completion of Services
64%	61% (2,899/4,663)	60% (2,843/4,764)	65%	65%

¹⁷ National average for successful completion is 43%, state average is 46%.

¹⁸ State average for reduction in alcohol use is 69%.

¹⁹ State average for reduction in other drug use is 88%.

²⁰ State average for reduction in arrests is 20%.

²¹ State average for increase in employment is 84%.

²² State average for reduction in homelessness is 57%.

Fiscal Year 2017 Actual	Fiscal Year 2018 Actual	Fiscal Year 2019 Actual	Fiscal Year 2020 Goal	Fiscal Year 2021 Goal
Reduction in Alcohol Use from Admission to 90 Days Post Discharge	Reduction in Alcohol Use from Admission to 90 Days Post Discharge	Reduction in Alcohol Use from Admission to 90 Days Post Discharge	Reduction in Alcohol Use from Admission to 90 Days Post Discharge	Reduction in Alcohol Use from Admission to 90 Days Post Discharge
46% Reduction	83% Reduction	54% Reduction	40% Reduction	40% Reduction
Reduction in Other Drug Use from Admission to 90 Days Post Discharge	Reduction in Other Drug Use from Admission to 90 Days Post Discharge	Reduction in Other Drug Use from Admission to 90 Days Post Discharge	Reduction in Other Drug Use from Admission to 90 Days Post Discharge	Reduction in Other Drug Use from Admission to 90 Days Post Discharge
87% Reduction	91% Reduction	63% Reduction	40% Reduction	88% Reduction
Reduction in Tobacco Use from Admission to 90 Days Post Discharge	Reduction in Tobacco Use from Admission to 90 Days Post Discharge	Reduction in Tobacco Use from Admission to 90 Days Post Discharge	Reduction in Tobacco Use from Admission to 90 Days Post Discharge	Reduction in Tobacco Use from Admission to 90 Days Post Discharge
10% Increase	29% Reduction	40% Reduction	25% Reduction	25% Reduction
Reduction in Arrests from Admission to 90 Days Post Discharge	Reduction in Arrests from Admission to 90 Days Post Discharge	Reduction in Arrests from Admission to 90 Days Post Discharge	Reduction in Arrests from Admission to 90 Days Post Discharge	Reduction in Arrests from Admission to 90 Days Post Discharge
6% Increase	96% Reduction	84% Reduction	75% Reduction	75% Reduction
Increase in Employment from Admission to 90 Days Post Discharge	Increase in Employment from Admission to 90 Days Post Discharge	Increase in Employment from Admission to 90 Days Post Discharge	Increase in Employment from Admission to 90 Days Post Discharge	Increase in Employment from Admission to 90 Days Post Discharge
98% Reduction	87% Increase	65% Increase	50% Increase	84% Increase
Reduction in Homelessness from Admission to 90 Days Post Discharge	Reduction in Homelessness from Admission to 90 Days Post Discharge	Reduction in Homelessness from Admission to 90 Days Post Discharge	Reduction in Homelessness from Admission to 90 Days Post Discharge	Reduction in Homelessness from Admission to 90 Days Post Discharge
10% Reduction	80% Reduction	79% Reduction	40% Reduction	40% Reduction
Reduction in Emergency Department Visits	Reduction in Emergency Department Visits	Reduction in Emergency Department Visits	Reduction in Emergency Department Visits	Reduction in Emergency Department Visits
Unavailable in EHR	82% Reduction	68% Reduction	40% Reduction	40% Reduction
Percentage Attending Self-Help Activity at 90 days Post Discharge	Percentage Attending Self-Help Activity at 90 days Post Discharge	Percentage Attending Self-Help Activity at 90 days Post Discharge	Percentage Attending Self-Help Activity at 90 days Post Discharge (IOP, Detox, WR only)	Percentage Attending Self-Help Activity at 90 days Post Discharge (IOP, Detox, WR only)
Unavailable in EHR	25% (284/1,162)	27% (237/896)	70%	70%

PRIORITY 7 – POLICY AND OTHER LEGISLATIVE EFFORTS

OPPOSE LEGALIZATION OF MARIJUANA

Goals

1. Prevent legalization of marijuana

Activities

1. Distribute the Commission's Marijuana Position Statement to other 301 agencies, legislators, lobbyist, etc.
2. Seek opportunities to educate residents and law makers on the public health issues surrounding legalization of marijuana (Op Ed Articles, Community meetings, County Council meetings, Legislative Delegation meetings, etc.).
3. Monitor status of marijuana related bills in the SC Legislature.
4. Keep information updated on website regarding proposed legislation, GCCADA Position Statement, and concerns about proposed legislation.

GENERAL ADVOCACY

Goals

1. Advocate on behalf of policy that increases access and retention; advocate against policy that decreases access and retention.

Activities

1. Monitor policy/legislation that is introduced.
2. Utilize lobbyist team to communicate concerns or support for policy/legislation.
3. Commission and staff actively support Agency's position.

PRIORITY 8 – COMMUNITY COLLABORATION

Goals

1. Increase community collaboration with at least 500 completed surveys from partners.
2. Distribute community newsletter to at least 1,500 individuals.
3. Reach at least 1,500 individuals through training events, not including staff.
4. Recruit and manage a direct service volunteer base of at least 300.

Activities

1. Complete annual partner survey through newsletter, website, training events, etc.
2. Publicize availability of facility tours.
3. Utilize LinkedIn and other social media to increase connections.
4. Lead community training events to increase education and awareness of substance use related issues.
5. Participate in local and statewide coalitions related to substance use disorders.
6. Plan and implement town hall meetings, lunch and learn sessions, and focus groups to obtain input from community.
7. Recruit commission members or advisors to assist with special projects and/or to fill a specific need within the commission or agency.
8. Recruit and manage a volunteer based speaker's bureau.
9. Enhance website to make it easier to navigate and find helpful information.



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Prevent • Treat • Recover

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Greenville County Commission
on Alcohol and Drug Abuse