

Fiscal Year 2022 Strategic Plan and Priority Service Areas



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EXECUTIVE SUMMARY

GREENVILLE COUNTY
COMMISSION ON
ALCOHOL AND
DRUG ABUSE

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In Fiscal Year 21, Phoenix Center staff and Board of Commissioners worked diligently to ensure that core medically necessary services continued without disruption despite additional barriers created by COVID19. Thanks to a committed staff, all core treatment services continued with modifications to ensure adherence to CDC and SCDHEC guidelines for infection control. Although fewer clients were served this year, there were significant increases in the number seeking Outpatient and Medical Detoxification Services. The number of Prevention participants in direct services was also significantly lower than in previous years but this was offset by a focus on more community based services. Adolescent Outpatient was the most negatively impacted due to school closures and onsite restrictions related to visitor access.

During this time of decreased services, the staff and board began an intentional process of structured, facilitated discussion with stakeholders. This led to renewed energy around a shared commitment to make our community stronger. We updated our vision, mission, and guiding principles. We also worked proactively to identify community partners who share our values. This intentional collaboration resulted in 5 primary projects which will guide our efforts in Fiscal Year 22:

- COPE – Staff follow-up visits along with EMS to individuals who have experienced an opioid overdose.
- Well-Being Partnership – Capacity building in the areas of children, pregnant women, infectious disease, co-occurring conditions, and harm reduction.
- Upstate Warrior Solution – Behavioral Health Screening for all veterans and first responders.
- United Housing Connections – Quarantine shelter and residential services for homeless individuals at the Shipman Center.
- Mental Health America of Greenville County (MHAGC) and NAMI Greenville – Co-location of services and expansion of adult residential beds at the Gibson Center.

COVID19 is likely to continue to impact services into Fiscal Year 22 but with greater use of technology and collaboration among partners, we can overcome the obstacles.

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AGENCY OVERVIEW

VISION

Inspiring Hope, Promoting Health, Strengthening Communities

MISSION

Serving and loving our community by nurturing safety, developing trust, offering choices, engaging partners, and empowering families.

GUIDING PRINCIPLES

1. Preventing and treating substance use and behavioral health disorders as chronic health conditions.
2. Creating a safe environment to ensure that physical, emotional, mental, and spiritual needs are met.
3. Advocating for the needs of clients, staff, and our community.
4. Implementing the values of Trauma Informed Care: Safety, Trustworthiness, Choice, Collaboration, and Empowerment.
5. Providing quality services regardless of personal characteristic or ability to pay.
6. Embracing cultural competence, diversity, equity, and inclusion.
7. Treating every individual with dignity, respect and professionalism.
8. Working collaboratively to achieve the vision and mission.
9. Upholding and abiding by a Code of Conduct.
10. Implementing a variety of evidence based practices that support multiple pathways to recovery.
11. Utilizing Motivational Interviewing as the core treatment practice to ensure that interactions are positive, encouraging and non-judgmental.
12. Implementing the practices of Leadership Challenge: Model the Way, Inspire a Shared Vision, Challenge the Process, Enable Others to Act, and Encourage the Heart.

NEEDS ASSESSMENT/GAP ANALYSIS/STRATEGIC PLANNING

Greenville County has a strong network of partners that are focused on **preventing, treating**, and supporting **recovery** from substance use and its effects. These networks are reflected in several local coalitions including EUDL(Enforcing Underage Drinking Laws), ECHO (Empowering Communities for Healthy Outcomes), DFC (Drug Free Communities), and the WBP (Well Being Partnership). Services are available across the continuum within the Phoenix Center and across coalition partners. We are proactive and intentional in our efforts to provide leadership within the local substance use field and also a strong collaborative partner across behavioral health.

Phoenix Center staff and the Board of Commissioners remain diligent in reviewing relevant local data and engaging stakeholders in discussion about **community needs**. Stakeholders include staff, clients, former clients, partner agencies, and community leaders. Data collection occurs through electronic

surveys, partner meetings, online data searches, and monthly focus groups. Relevant findings from the most recent review are noted below.

General **strengths** that are consistently identified by partners and focus group participants include access to high quality training events, use of evidence based practices, coalition interest and involvement, access to specialty services such as Medical Detoxification and Women's Residential Services, access to a wide variety of peer support programs, and increased availability of services at community locations.

General **gaps** that are identified include access to residential services for men, insufficient Medical Detoxification beds, waiting list for pregnant women, transportation barriers, housing needs especially when the individual is utilizing an MAT (Medication Assisted Treatment) protocol, lack of understanding and/or discomfort with the practice of harm reduction, and an increase in behavioral health needs during the COVID19 pandemic.

There is also a general agreement that although there are plenty of quality behavioral health providers in our local area, the community has **limited awareness** of these providers and the services they offer. It is suggested that a stronger collaboration among partners would increase our awareness of one another's services and that this would extend each partner's reach to community members who need to access one or more of these services.

From a **data review** standpoint, the following will guide our work in the coming year:

1. According to a 2017 report from SAMHSA, **1 in 8 children live in a home with problematic substance use**. This represents 13% or 8.7 million children under the age of 18. (*Children Living with Parents with a Substance Use Disorder, 2017*)
2. Opioid related information from the Just Plain Killers website indicates that in 2019 there were 33 reported cases of **Neonatal Withdrawal Syndrome** with the actual number likely higher, 23 reported **deaths related to heroin**, 70 reported **deaths related to fentanyl**, and 102 **deaths involving opioids**. Although the number of deaths related to fentanyl, heroin, and opioids was lower than 2018, Greenville County had the 8th highest number in the state for 2019.
3. According to the 2020 County Level Profiles on Substance Use Related Indicators, Greenville County experienced an increase from 2018 to 2019 in the following areas: **alcohol related hospitalizations, smokeless tobacco use among adults, county authority client smoking status, EMS Naloxone administrations, opioid related hospitalizations, HIV incidence, syphilis incidence, and chlamydia incidence**.
4. According to the 2020 Greenville County Community Needs Assessment from United Way, racial minorities experience higher rates of **poverty** (22% compared to 7%), **inadequate prenatal care** (187 per 1,000 live births compared to 121), **low birth weight** (16% compared to 7%), and **children living in poverty** (30% compared to 5%).
5. According to local Well Being Partnership data, individuals have experienced a significant increase in **behavioral health needs** during the current pandemic as evidenced by the following: MHAGC data indicate a 62% increase in **distress calls** from the time period of March to November 2019 compared to the time period of March to November 2020. The data also indicate more than a 100% increase in **active suicide calls** from 28 to 60; NAMI Greenville data indicate a 40% increase in individuals **reaching out for information about available services**; and Phoenix Center data indicate a 15% increase in **detoxification phone screenings** from 103 to 118 per month, a 58%

increase in **adult outpatient assessments** scheduled from 287 to 453, and an 83% increase in **individual sessions** from 374 to 686.

SWOT IDENTIFICATION

During a series of externally facilitated discussions between staff and commissioners, the following strengths, weaknesses, opportunities, and threats were summarized.

Strengths (Internal)

1. Trauma Informed Culture
2. Broad Service Continuum
3. Staff Experience and Expertise

Weaknesses (Internal)

1. Funding Inconsistency
2. Staff Turnover
3. Community Awareness of Services

Opportunities (External)

1. Funding Availability
2. Marketing and Awareness
3. Collaboration and Innovation

Threats (External)

1. Funding Limitations and Restrictions
2. Regulatory Limitations and Restrictions
3. Competition for Services and Funding

STRENGTH BASED ACTION ITEMS

1. Utilize **trauma informed culture** to improve operational stability, staff engagement and retention, improve services and outcomes, increase community awareness and collaboration, build community capacity, and advocate to legislators.
2. Utilize **broad service continuum** to improve operational stability, staff engagement and retention, improve services and outcomes, increase community awareness and collaboration, build community capacity, and advocate to legislators.
3. Utilize **staff expertise and experience** to improve operational stability, staff engagement and retention, improve services and outcomes, increase community awareness and collaboration, build community capacity, and advocate to legislators.

TYPES OF MEASURES

1. Accessibility – This measure relates to the **ease and timeliness of desired service**.
2. Effectiveness – This measure relates to the **results achieved and outcomes observed**.
3. Efficiency – This measure relates to the relationship between **resources used and outcomes achieved**.

4. Satisfaction – This measure relates to the individual’s **experience related to services or employment**.

PRIORITY 1 – OPERATIONAL STABILITY

FINANCIAL STRENGTH AND DIVERSITY



Lead Staff

1. Executive Director
2. Director of Finance
3. Director of Business Development
4. Director of Advancement



Type of Measure

1. Efficiency – **Balance of Resources and Outcomes**



Goals

1. Improve **efficiency** by
 - a. Achieving net operating margin that is better than -1% by the end of Fiscal Year 2022.¹
 - b. Achieving an end of year operating cash and accounts receivable balance of at least \$1.5m by the end of Fiscal Year 2022.²
 - c. Achieving a debt to asset ratio of no more than 10% by the end of Fiscal Year 2022.³
 - d. Collecting an average of at least 70% of billable client services by the end of Fiscal Year 2022.⁴



Activities

1. Reduce Expenses
 - a. Utilize **trauma informed culture** to
 - Offer multiple choices of retirement options to staff if available.
 - b. Utilize **staff expertise and experience** to
 - Implement annual budget as approved and communicate variances of 5% or more on a monthly basis.

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 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.

- Review of operational expenses to identify if additional reductions are possible.
- Annual review of purchasing process to ensure efficiency and cost savings.

2. Increase Revenues

a. Utilize **trauma informed culture** to

- Successfully implement efforts to increase financial responsibility from clients based on ability to pay.
- Engage a 3rd party collection agency to assist with self-pay collection efforts.

b. Utilize **broad service continuum** to

- Manage an effective process to obtain prior authorization for services.
- Successfully obtain additional funding to ensure that basic operational needs are met.
- Increase the number of insurance companies for which we are in-network.

Fiscal Year 2019 Actual	Fiscal Year 2020 Actual	Fiscal Year 2021 Goal	Fiscal Year 2021 Actual	Fiscal Year 2022 Goal
Net Operating Margin	Net Operating Margin	Net Operating Margin	Net Operating Margin	Net Operating Margin
-4.69%	+3% (\$412k/\$11.5m)	-1% or better	+10.7% (\$1m/\$11m)	-1% or better
Operating Cash/AR	Operating Cash/AR	Operating Cash/AR	Operating Cash/AR	Operating Cash/AR
\$870,000	\$1,168,000	≥\$1,500,000	\$1,915,000	≥\$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% \$2m/\$18m)	≤10%	0% (zero debt)	≤10%
% of Billable Services Received	% of Billable Services Received	% of Billable Services Received	% of Billable Services Received	% of Billable Services Received
69%	70%	≥70%	70%	≥70%

💡 Results – Fiscal Year 21 finances were positively impacted by COVID19 in that there were significant county, state, and national funding streams that we were able to access to cover revenue loss as well as additional expenses. One major impact was our ability to pay off the mortgage at one of our facilities leading to zero debt.

STAFF ENGAGEMENT, RETENTION AND TRAINING

💡 Lead Staff

1. Executive Director
2. Director of Human Resources
3. Director of Training
4. Director of Community Engagement

💡 Types of Measures

1. Efficiency – **Balance of Resources and Outcomes**
2. Effectiveness – **Results and Outcomes**

3. Satisfaction – **Positive Experiences**



Goals

1. Improve **efficiency** by
 - a. Achieving less than 25% staff turnover by the end of Fiscal Year 2022.⁵
2. Improve **effectiveness** by
 - a. Maintaining OSHA incidents at less than 5% by the end of Fiscal Year 2022.⁶
3. Improve **satisfaction** by
 - a. Achieving a combined average of at least 75% on Trauma Informed Care (TIC) annual staff survey in Fiscal Year 2022.



Activities

1. Improve staff engagement, retention, and training
 - a. Utilize **trauma informed culture** to
 - Implement other benefits as available to improve satisfaction and morale.
 - Evaluate mission compatibility and resilience for prospective and current staff to assist in recruitment and retention.
 - Develop and implement a Diversity, Equity, and Inclusion Plan with staff input.
 - b. Utilize **broad service continuum** to
 - Implement guidelines related to the use of contract/temp staff to ensure that use is appropriate and not financially unsustainable.
 - Pursue all options related to student loan repayment as an engagement and retention tool.
 - b. Utilize **staff expertise and experience** to
 - Implement a competitive salary structure for each salary band.
 - Engage managers and directors in workforce development and succession planning through use of Individual Development Plans.
 - Develop relationship with colleges and universities to attract graduates, increase qualified applicants, and support business development. This includes Historically Black Colleges and Universities and those with active DACA support and Offices of Minority Affairs.
 - Position the agency as the premier teaching institution for individuals with a Bachelor's Degree who want experience in substance use disorders.
 - Implement Leadership Challenge training with all new supervisory and lead staff. Implement follow-up activities to reinforce skills development.

⁵ National average for staff turnover is 33%.

⁶ National average for OSHA incidents is 5%

- Utilize technology to reduce duplication and make tasks more efficient and effective.
- Provide mentorship to all new supervisors and other staff as requested/required.

Fiscal Year 2019 Actual	Fiscal Year 2020 Actual	Fiscal Year 2021 Goal	Fiscal Year 2021 Actual	Fiscal Year 2022 Goal
Staff Turnover	Staff Turnover	Staff Turnover	Staff Turnover	Staff Turnover
32% (55)	23% (42)	<25%	32% (42)	<25%
OSHA Incidents	OSHA Incidents	OSHA Incidents	OSHA Incidents	OSHA Incidents
1% (2)	4% (4)	<5%	2% (2)	<5%
Trauma Informed Care	Trauma Informed Care	Trauma Informed Care	Trauma Informed Care	Trauma Informed Care
78%	78%	75%	79%	75%

💡 Results – Fiscal Year 21 staff engagement and retention were negatively impacted by COVID19. Staff turnover increased almost 40% from 23% to 32%. Engagement of new staff was also more challenging. Factors related to staff engagement and retention include fear of COVID infection, access to additional unemployment benefits, childcare concerns, and behavioral health issues.

PRIORITY 2 – CLIENT ACCESS AND RETENTION

💡 Lead Staff

1. Executive Director
2. Director of Community Based Programs
3. Director of Clinical Services
4. Director of Women and Children's Services
5. Manager of Outpatient Services
6. Manager of Prevention and Early Intervention Services

💡 Types of Measures

1. Accessibility – **Ease and Timeliness**
2. Efficiency – **Balance of Resources and Outcomes**
3. Satisfaction – **Positive Experiences**

💡 Goals

1. Improve **accessibility** by
 - a. Completing an assessment within 2 working days of entry for at least 75% of clients for Fiscal Year 2022.
 - b. Providing access to the first treatment session within 6 working days of assessment for at least 50% of clients for Fiscal Year 2022.

- c. Providing at least 1 recovery coaching service per week to 100% of individuals who are on the waiting list for services.
2. Improve **efficiency** by
 - a. Maintaining engagement with at least 99% of clients on a monthly basis during Fiscal Year 2022.
3. Improve **satisfaction** by
 - a. Achieving a combined average of at least 3.5 on the Client Satisfaction Surveys in Fiscal Year 2022.
 - b. Achieving a combined average of at least 75% on Trauma Informed Care (TIC) client surveys in Fiscal Year 2022.



Activities

1. Increase client access and retention
 - a. Utilize **trauma informed culture** to
 - Advertise priority status for people who use intravenous drugs and/or pregnant women.
 - Maintain trauma informed care and gender specific services in planned regimen along with other evidence based practices.
 - Implement client survey at least yearly to measure ease of access and satisfaction.
 - Publicize the amount of indigent care provided annually in order to emphasize that services are accessible regardless of financial resources.
 - b. Utilize **broad service continuum** to
 - Engage staff and partners to ensure regular recovery coaching services are provided to those on a waiting list for Phoenix Center services.
 - Provide Narcan®, fentanyl test strips, and other harm reduction items.
 - Publicize 5 day per week access to Medication Assisted Treatment for individuals with an Opioid Use Disorder.
 - c. Utilize **staff expertise and experience** to
 - Implement community education campaign to increase referrals and access of services.
 - Implement Motivational Interviewing training for all direct care staff.
 - Continue ASAM training for staff to ensure that individuals are admitted to the appropriate level of care.
 - Utilize technology to reduce wait time and increase access to immediate care.

Fiscal Year 2019 Actual	Fiscal Year 2020 Actual	Fiscal Year 2021 Goal	Fiscal Year 2021 Actual	Fiscal Year 2022 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
77%	85%	≥75%	78%	≥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

Fiscal Year 2019 Actual	Fiscal Year 2020 Actual	Fiscal Year 2021 Goal	Fiscal Year 2021 Actual	Fiscal Year 2022 Goal
42%	43%	≥50%	43%	≥50%
Service Gaps >30 Days	Service Gaps >30 Days	Service Gaps >30 Days	Service Gaps >30 Days	Service Gaps >30 Days
4%	5%	<1%	5%	<1%
		Client Satisfaction	Client Satisfaction	Client Satisfaction
		3.5	3.73	3.5
		Trauma Informed Care	Trauma Informed Care	Trauma Informed Care
		75%	79%	75%
				Recovery Coaching
				100%

- 💡 Results – Fiscal Year 21 results were consistent with the previous few years. There was a slight reduction in timely access to assessment upon entry. This was impacted by COVID in that we had fewer staff available at times due to quarantine requirements.

PRIORITY 3 – PREVENTION AND EARLY INTERVENTION

💡 Lead Staff

1. Executive Director
2. Director of Community Based Services
3. Manager of Prevention and Early Intervention

💡 Program Description

The Phoenix Center provides Prevention and Early Intervention services to approximately 10,000 individuals each year in multiple settings. Education is provided to a wide range of audiences including students, teachers, parents, law enforcement, merchants, and elected officials. With a basic message that all substances have the potential for misuse, this program has three primary areas of focus:

1. Prevent individuals from using alcohol or other drugs
2. Delay the first use for as long as possible in order to limit long term effects
3. Reduce current use and assist the individual in building resiliency

💡 Types of Measures

1. Accessibility – **Ease and Timeliness**
2. Efficiency – **Balance of Resources and Outcomes**
3. Effectiveness – **Results and Outcomes**

💡 Goals

1. Improve **accessibility** by
 - a. Implementing Why Try curriculum to at least 100 Greenville County youth ages 12-17 in Fiscal Year 2022.
 - b. Implementing Merchant Education curriculum (PREP) to at least 100 servers in Fiscal Year 2022.
2. Improve **efficiency** by
 - a. Providing leadership to and actively participate in coalitions whose activities reach at least 2,000 residents in Fiscal Year 2022.
3. Improve **effectiveness** by
 - a. At least 85% of PREP participants are able to pass certification test following completion of program in Fiscal Year 2022.
 - b. Maintaining youth alcohol buy rate at or below 10% of compliance check attempts.
 - c. Maintaining youth tobacco buy rate at or below 10% of compliance check attempts.



Activities

1. Implement CSAP Strategy – Education
 - a. Utilize **trauma informed culture** to
 - Implement Why Try Curriculum – Evidence based prevention curriculum for elementary, middle, and high school aged youth
2. Implement CSAP Strategy – Information Dissemination
 - a. Utilize **trauma informed culture** to
 - Develop Media Campaigns
 - b. Utilize **broad service continuum** to
 - Provide training through the Palmetto Retailers Education Program (PREP)
 - Maintain Mobile Substance Use Education Unit
 - c. Utilize **staff expertise and experience** to
 - Lead Speaking Engagements
 - Conduct Community Health and Wellness Events
3. Implement CSAP Strategy – Alternative Events
 - a. Utilize **broad service continuum** to
 - Facilitate Outdoor Challenge Course
4. Implement CSAP Strategy – Environmental
 - a. Utilize **broad service continuum** to
 - Support Alcohol Enforcement Team/Enforcing Underage Drinking Laws (AET/EUDL)
 - Support SYNAR Activities
5. Implement CSAP Strategy – Community Based Process

a. Utilize **broad service continuum** to

- Facilitate Empowering Communities for Healthy Outcomes (ECHO) Prescription Drug Prevention Coalition – Reduce retail access, reduce social access, media/awareness
- Implement Drug Free Communities Grant (DFC) – Community Prevention Strategies to reduce youth substance use

b. Utilize **staff expertise and experience** to

- a. Implement SAMHSA Partnership for Success Grant (PFS) – Community Prevention Strategies to reduce youth substance use

6. Implement CSAP Strategy – Problem Identification and Referral

a. Utilize **broad service continuum** to

b. Implement Tobacco Education Program (TEP)

Fiscal Year 2019 Actual	Fiscal Year 2020 Actual	Fiscal Year 2021 Goal	Fiscal Year 2021 Actual	Fiscal Year 2022 Goal
Why Try Curriculum Participants	Why Try Curriculum Participants	Why Try Curriculum Participants	Why Try Curriculum Participants	Why Try Curriculum Participants
41	41	≥50	21	≥100
State and Local Community Coalitions	State and Local Community Coalitions	State and Local Community Coalitions	State and Local Community Coalitions	State and Local Community Coalitions
2,200	2,160	≥2,000	1,140	≥2,000
Merchant Education Training (PREP) Participants	Merchant Education Training (PREP) Participants	Merchant Education Training (PREP) Participants	Merchant Education Training (PREP) Participants	Merchant Education Training (PREP) Participants
86	32	NA	15	≥100
PREP Participant Pass Rate	PREP Participant Pass Rate	PREP Participant Pass Rate	PREP Participant Pass Rate	PREP Participant Pass Rate
95.69% Pass Rate	100% Pass Rate	≥85% Pass Rate	96% Pass Rate	≥85% Pass Rate
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%	Maintain a youth alcohol buy rate at or below 10%
4.2% (75 buys out of 1,784 attempts)	3.5% (24 buys out of 682 checks)	≤10%	3.23% (10 buys out of 310 checks)	≤10%
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%	Maintain a youth tobacco buy rate at or below 10%
4.9% (9 buys out of 181 attempts)	0% (0 buys out of 44 checks)	≤10%	9.52% (2 buys out of 21 checks)	≤10%



Results – Fiscal Year 21 was significantly impacted by COVID19 as we struggled to implement telehealth and other remote platforms. This led to a significant reduction in curriculum based programs and coalition meetings. This was more manageable in the latter part of the year. Related to tobacco buy rate, the actual number of buys was comparable to previous years but the attempts were significantly lower, leading to a higher percentage of successful buys. The reduction in attempts was due to COVID as well as logistical issues related to the legal age to purchase increasing from 18 to 21.

PRIORITY 4 – EFFECTIVE CONTINUUM OF CHILD/ADOLESCENT SERVICES

CIRCLE OF FRIENDS, PROGRAM FOR INFANTS AND CHILDREN

Lead Staff

1. Executive Director
2. Director of Women and Children's Services

Program Description

Circle of Friends is a DSS licensed childcare program that also provides outpatient services to children with a developmental and/or behavioral concern that is identified through a structured screening and assessment process. Services are primarily provided in a classroom type environment. The program specialized in delays and behavioral concerns that are related to a caregiver's substance use. The program has three primary areas of focus:

1. Address the issue in order to prepare the child for mainstream education
2. Strengthen the parent/child bond
3. Strengthen family resilience so child can remain out of institutional care

Statement of Need

1. **According to a 2017 report from SAMHSA**, 1 in 8 children live in a home with problematic substance use. **This represents 13% or 8.7 million children under the age of 18. (*Children Living with Parents with a Substance Use Disorder, 2017*)**
2. Opioid related information from the Just Plain Killers website indicates that in 2019 there were 33 reported cases of **Neonatal Withdrawal Syndrome** with the actual number likely higher.
3. According to the 2020 Greenville County Community Needs Assessment from United Way, racial minorities experience higher rates of **poverty** (22% compared to 7%), **inadequate prenatal care** (187 per 1,000 live births compared to 121), **low birth weight** (16% compared to 7%), and **children living in poverty** (30% compared to 5%).

Types of Measures

1. Accessibility – **Ease and Timeliness**
2. Efficiency – **Balance of Resources and Outcomes**
3. Effectiveness – **Results and Outcomes**

Goals

1. Improve **accessibility** by
 - a. Serving at least 100 children in the Circle of Friends Program in Fiscal Year 2022.
2. Improve **efficiency** by

a. Maintaining productivity average of 80 hours of direct service/month for Fiscal Year 2022.⁷

3. Improve **effectiveness** by

a. Ensuring that 100% of babies born at Serenity Place who test positive for opioids at birth complete the withdrawal process successfully.



Activities

1. Maintain an effective continuum of care for children

a. Utilize **trauma informed culture** to

- Implement community education campaign to increase referrals and access of services.
- Implement ongoing Motivational Interviewing training for all direct care staff.
- Provide timely access to appropriate treatment.

b. Utilize **broad service continuum** to

- Provide Nurturing Parenting training to parents of outpatient and residential clients.

c. Utilize **staff expertise and experience** to

- 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 and/or living in the home of an adult who is participating in a Phoenix Center program.
- Designate a staff member to attend regularly scheduled meetings with partner agencies including DSS, pediatric service providers, and OB/GYN clinics.
- Increase partnerships with community programs to assist caregiver in housing, employment, education, community support groups, etc.

Fiscal Year 2019 Actual	Fiscal Year 2020 Actual	Fiscal Year 2021 Goal	Fiscal Year 2021 Actual	Fiscal Year 2022 Goal
Preschool Age Children Served	Preschool Age Children Served	Preschool Age Children Served	Preschool Age Children Served	Preschool Age Children Served
65	67	≥100	79	≥100
	Parental Compliance with Infant Withdrawal Mgmt	Parental Compliance with Infant Withdrawal Mgmt	Parental Compliance with Infant Withdrawal Mgmt	Parental Compliance with Infant Withdrawal Mgmt
	100% (6)	100%	100% (3)	100%
		Direct Service Productivity	Direct Service Productivity	Direct Service Productivity
		≥80 hours per month	47 hours	≥80 hours per month



Results – Fiscal Year 21 was negatively impacted by COVID19. For several months, the children’s program operated with limited staff which led to a reduction in direct service documentation. Services continued but were provided by peer support staff as a component of the women’s program.

⁷ Direct service includes any service provided to a specific client by a member of the clinical team. Clinical team does not include coordinator level staff or those staff who provide off-site services that can’t be documented in ECR.

ADOLESCENT OUTPATIENT AND INTENSIVE OUTPATIENT



Lead Staff

1. Executive Director
2. Director of Community Based Programs



Program Description

Outpatient Services occur in our main facility at 1400 Cleveland Street as well as in community locations such as schools, the Juvenile Detention Facility, in client homes, and other locations as requested. Services are primarily available for children between the ages of seven and eighteen. Outpatient is most effective when the individual has a mild or moderate substance use disorder and/or other mild behavioral health condition. Staff also assess for Adverse Childhood Experiences and medication management needs. Services are primarily offered in a group setting but also include individual and family counseling. Traditional Outpatient Services include a variety of programming up to six hours per week. Intensive Outpatient Services include a variety of programming for six or more hours per week. This program has two primary areas of focus:

1. Provide access to high quality substance use services that allow the individual to remain in his/her community of choice and maintain self-sufficiency such as employment, family support, social connections, etc.
2. Prepare individuals for residential admission when a higher level of care is necessary to support the individual's goals related to abstinence, reductions in use, etc.



Statement of Need

1. According to a 2017 report from SAMHSA, 1 in 8 children live in a home with **problematic substance use**. This represents 13% or 8.7 million children under the age of 18. (*Children Living with Parents with a Substance Use Disorder, 2017*)
2. According to the 2020 Greenville County Community Needs Assessment from United Way, racial minorities experience higher rates of **poverty** (22% compared to 7%), **inadequate prenatal care** (187 per 1,000 live births compared to 121), **low birth weight** (16% compared to 7%), and **children living in poverty** (30% compared to 5%).
3. According to the 2018 County-Level Profile on Substance Use Related Disorders from DAODAS, Greenville ranks in the higher risk range for 8 of the 26 social indicator subcategories including **adolescent suicide** rate and **annual dropout** rate for grades 9-12. Although this citation is from 2018, the issues continue to be relevant as evidenced by an increase in referrals from Prisma Health related to child/adolescent behavioral health needs.
4. According to the 2020 County Level Profiles on Substance Use Related Indicators, Greenville County experienced an increase from 2018 to 2019 in the following areas: **HIV incidence, syphilis incidence, and chlamydia incidence**.



Types of Measures

1. Accessibility – **Ease and Timeliness**
2. Efficiency – **Balance of Resources and Outcomes**
3. Effectiveness – **Results and Outcomes**

Goals

1. Improve **accessibility** by
 - a. Increasing of at least 10% in total number of children/adolescents who are served in a Phoenix Center Outpatient program from Fiscal Year 2021 to Fiscal Year 2022.
2. Improve **efficiency** by
 - a. Achieving a staff productivity average of at least 60 hours of direct service per month for Fiscal Year 2022.⁸
 - b. Reducing Administrative and Against Professional Advice discharges with no progress made to no more than 30% in Fiscal Year 2022.⁹
3. Improve **effectiveness** by
 - a. Demonstrating reduced alcohol use throughout the continuum of services from admission to discharge among at least 70% of clients.¹⁰
 - b. Demonstrating reduced other drug use throughout the continuum of services from admission to discharge among at least 70% of clients.¹¹

Activities

1. Maintain an effective continuum of care for children and adolescents
 - a. Utilize **trauma informed culture** to
 - Implement community education campaign to increase referrals and access of services.
 - Advertise priority status for people who use intravenous drugs and/or pregnant females.
 - Implement Motivational Interviewing training for all direct care staff.
 - Maintain trauma informed care and gender specific services in planned regimen along with other evidence based practices.
 - Provide timely access to treatment if assessment indicates that child/adolescent is appropriate for services.
 - b. Utilize **broad service continuum** to
 - Engage staff and partners to ensure regular interim services are provided to those on a waiting list for Phoenix Center services.
 - Provide direct service in schools, group homes, detention center and any other area in which access is available.
 - Maintain relationships with community recovery partners and provide on-site access to recovery resources.

⁸ Direct service includes any service provided to a specific client by a member of the clinical team. Clinical team does not include coordinator level staff or those staff who provide off-site services that can't be documented in ECR.

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

¹⁰ In Fiscal Year 2021, 22/28 discharges included an unknown response for alcohol use in previous 30 days.

¹¹ In Fiscal Year 2021, 209/270 discharges included an unknown response for other drug use in previous 30 days.

- Increase partnerships with community programs to assist in housing, employment, education, medical care, mental health services, harm reduction services, community support groups, etc. Medical care includes vaccination, testing, and treatment of infectious diseases as appropriate based on age and parental consent.
 - Provide Narcan[®], fentanyl test strips, and other harm reduction items.
 - Implement HIV testing and provide education on infection control practices.
 - Provide Nurturing Parenting training to parents of adolescent clients.
- c. Utilize **staff expertise and experience** to
- Continue ASAM training for staff to ensure that individuals are admitted to the appropriate level of care.
 - Designate a staff member to attend regularly scheduled meetings with partner agencies including DSS and DJJ to collaborate on referrals.
 - Complete an assessment on any student who is suspended from school due to an incident related to alcohol or other drugs and/or any adolescent who appears in front of a magistrate due to a substance related arrest.
 - Provide training to teachers and other community members who work with children and adolescents.

Fiscal Year 2019 Actual	Fiscal Year 2020 Actual	Fiscal Year 2021 Goal	Fiscal Year 2021 Actual	Fiscal Year 2022 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
606	516	≥10% Increase	25% Reduction (386)	≥10% Increase
		Direct Service Productivity	Direct Service Productivity	Direct Service Productivity
		≥80 hours per month	43 hours	≥60 hours per month
Administrative and APA discharges	Administrative and APA discharges without progress	Administrative and APA discharges without progress	Administrative and APA discharges without progress	Administrative and APA discharges without progress
33% (150/461)	33% (185/567)	≤30%	48% (164/337)	≤30%
			Alcohol Use	Alcohol Use
			100% Reduction (6/6)	70% Reduction
			Other Drug Use	Other Drug Use
			97% (59/61)	70% Reduction



Results

Fiscal Year 21 was negatively impacted by COVID19. This primarily related to school policy not allowing visitors or providers onsite for a significant period of time. The Juvenile Detention Facility also limited our access to clients when they had a shortage in officers and could not provide adequate supervision. There was a 25% reduction in clients served as a result.

PRIORITY 5 – EFFECTIVE CONTINUUM OF ADULT SERVICES

ADULT OUTPATIENT, INTENSIVE OUTPATIENT. AND MEDICATION ASSISTED TREATMENT



Lead Staff

1. Executive Director
2. Manager of Outpatient Services



Program Description

Outpatient Services occur in our main facility at 1400 Cleveland Street as well as in community locations as requested and appropriate. Services are primarily available for adults over the age of eighteen. Outpatient is most effective when the individual has a mild or moderate substance use disorder and/or other mild behavioral health condition. Staff also assess for Adverse Childhood Experiences and medication management needs. Services are primarily offered in a group setting but also include individual and family counseling. Traditional Outpatient Services include a variety of programming up to nine hours per week. Intensive Outpatient Services include a variety of programming for nine or more hours per week. Medication Assisted Treatment (MAT) is an adjunct option to individuals who are actively participating in Outpatient Services. MAT protocols are implemented under an approved medical provider's instructions to help manage cravings and withdrawal symptoms related to alcohol and/or opiates. This program has two primary areas of focus:

1. Provide access to high quality substance use services that allow the individual to remain in his/her community of choice and maintain self-sufficiency such as employment, family support, social connections, etc.
2. Prepare individuals for residential admission when a higher level of care is necessary to support the individual's goals related to abstinence, reductions in use, etc.



Statement of Need

1. According to a 2017 report from SAMHSA, 1 in 8 children live in a home with **problematic substance use**. This represents 13% or 8.7 million children under the age of 18. (*Children Living with Parents with a Substance Use Disorder, 2017*)
2. According to the 2020 Greenville County Community Needs Assessment from United Way, racial minorities experience higher rates of **poverty** (22% compared to 7%), **inadequate prenatal care** (187 per 1,000 live births compared to 121), **low birth weight** (16% compared to 7%), and **children living in poverty** (30% compared to 5%).
3. Opioid related information from the Just Plain Killers website indicates that in 2019 there were 33 reported cases of **Neonatal Withdrawal Syndrome** with the actual number likely higher, 23 reported **deaths related to heroin**, 70 reported **deaths related to fentanyl**, and 102 **deaths involving opioids**. Although the number of deaths was lower than 2018, Greenville County had the 8th highest number in the state for 2019.

4. According to the 2020 County Level Profiles on Substance Use Related Indicators, Greenville County experienced an increase from 2018 to 2019 in the following areas: **alcohol related hospitalizations, EMS Naloxone administrations, and opioid related hospitalizations.**
5. According to the 2020 County Level Profiles on Substance Use Related Indicators, Greenville County experienced an increase from 2018 to 2019 in the following areas: **HIV incidence, syphilis incidence, and chlamydia incidence.**

Types of Measures

1. Accessibility – **Ease and Timeliness**
2. Efficiency – **Balance of Resources and Outcomes**
3. Effectiveness – **Results and Outcomes**

Goals

1. Improve **accessibility** by
 - a. Increasing by at least 10% in total number of individuals who are served through MAT from Fiscal Year 2021 to Fiscal Year 2022.
 - b. Increasing by at least 10% the total number of individuals who participate in Nurturing Parenting curriculum.¹²
2. Improve **efficiency** by
 - a. Achieving a staff productivity average of at least 80 hours of direct service per month for Fiscal Year 2022.¹³
 - c. Reducing Administrative and Against Professional Advice discharges with no progress made to no more than 30% in Fiscal Year 2022.¹⁴
 - d. Distributing at least 2,500 doses of Narcan® by the end of Fiscal Year 2022.¹⁵
3. Improve **effectiveness** by
 - a. Demonstrating reduced alcohol use throughout the continuum of services from admission to discharge among at least 70% of clients.
 - b. Demonstrating reduced other drug use throughout the continuum of services from admission to discharge among at least 70% of clients.
 - c. Demonstrating reduced emergency department visits related to substance use throughout the continuum of services from admission to discharge among at least 70% of clients.

Activities

1. Maintain an effective continuum of care for adults
 - a. Utilize **trauma informed culture** to

¹² Includes participants in all programs including Serenity Place, Prevention, Adult Outpatient and Adolescent Outpatient.

¹³ Direct service includes any service provided to a specific client by a member of the clinical team. Clinical team does not include coordinator level staff or those staff who provide off-site services that can't be documented in ECR.

¹⁴ National average for Adult Outpatient APA discharge is 45% or 324,391 out of 725,369.

¹⁵ Includes distribution to individuals in all programs including Serenity Place, Detox, Outpatient, as well as general community distribution.

- Implement community education campaign to increase referrals and access of services.
- Advertise priority status for people who use intravenous drugs and/or pregnant women.
- Implement Motivational Interviewing training for all direct care staff.
- Maintain trauma informed care and gender specific services in planned regimen along with other evidence based practices.

b. Utilize **broad service continuum** to

- Provide Narcan®, fentanyl test strips, and other harm reduction items.
- Implement HIV testing, provide education on infection control practices, and disseminate health care kits related to infection control.
- Provide Nurturing Parenting training to all outpatient clients who have children.
- Maintain relationships with community recovery partners and provide on-site access to recovery resources.
- Engage staff and partners to ensure regular recovery coaching services are provided to those on a waiting list for Phoenix Center services.
- Increase partnerships with community programs to assist in housing, employment, education, medical care, mental health services, harm reduction services, community support groups, etc. Medical care includes vaccination, testing, and treatment of infectious diseases.

c. Utilize **staff expertise and experience** to

- Continue ASAM training for staff to ensure that individuals are admitted to the appropriate level of care.
- Designate a staff member to attend regularly scheduled meetings with partner agencies including DSS and Adult Probation to collaborate on referrals.

Fiscal Year 2019 Actual	Fiscal Year 2020 Actual	Fiscal Year 2021 Goal	Fiscal Year 2021 Actual	Fiscal Year 2022 Goal
	# of Clients	# of MAT Clients	# of MAT Clients	# of MAT Clients
	422	400	546	≥10% Increase
	Narcan® Doses Distributed	Narcan® Doses Distributed	Narcan® Doses Distributed	Narcan® Doses Distributed
	2,072	1,500	1,602	≥2,500
		Direct Service Productivity	Direct Service Productivity	Direct Service Productivity
		≥80 hours per month	60 hours	≥80 hours per month
Admin/APA discharge	Admin/APA discharge	Admin/APA discharge	Admin/APA discharge	Admin/APA discharge
41% (1,238/3,016)	40% (1,208/3,005)	≤30%	44% (1,203/2,724)	≤30%
			# in Nurturing Parenting	# in Nurturing Parenting
			30	≥10% Increase

Fiscal Year 2019 Actual	Fiscal Year 2020 Actual	Fiscal Year 2021 Goal	Fiscal Year 2021 Actual	Fiscal Year 2022 Goal
			Alcohol Use	Alcohol Use
			65% Reduction (610/939)	70% Reduction
			Other Drug Use	Other Drug Use
			56% Reduction (531/943)	70% Reduction
			ED Visits	ED Visits
			100% Reduction (66/66)	70% Reduction

💡 Results – Fiscal Year 21 performance was close to goal in all areas except Nurturing Parenting which had a significant decrease from the previous year. This was primarily due to COVID19 and temporary cancelation of community referrals into the program. Although the administrative and against professional advice discharge percentage was above the goal it was consistent with the national average of 45%.

WITHDRAWAL MANAGEMENT/RESIDENTIAL

💡 Lead Staff

1. Executive Director
2. Director of Community Based Programs
3. Manager of Detoxification and Residential Services

💡 Program Description

The Phoenix Center has a **10-bed residential withdrawal management unit** for any adult age eighteen and older who is likely to experience withdrawal symptoms. Primary substances that are treated with a medication protocol in the Withdrawal Management program include alcohol, benzodiazepines, and opiates. This program has two immediate goals:

1. Provide a safe withdrawal from alcohol or other drugs
2. Encourage the individual to develop a transition plan for continued care post discharge

The Phoenix Center also has a **6-bed residential unit** for adults age eighteen and older with a severe substance use disorder. Individuals with co-occurring disorders are also eligible for admission. This 30-day program has two immediate goals:

1. Stabilize the individual until a longer term residential bed is available
2. Stabilize the individual until Outpatient and/or Medication Assisted Treatment is available

💡 Statement of Need

1. According to a 2017 report from SAMHSA, 1 in 8 children live in a home with **problematic substance use**. This represents 13% or 8.7 million children under the age of 18. (*Children Living with Parents with a Substance Use Disorder, 2017*)
2. According to the 2020 Greenville County Community Needs Assessment from United Way, racial minorities experience higher rates of **poverty** (22% compared to 7%), **inadequate**

prenatal care (187 per 1,000 live births compared to 121), **low birth weight** (16% compared to 7%), and **children living in poverty** (30% compared to 5%).

3. Opioid related information from the Just Plain Killers website indicates that in 2019 there were 33 reported cases of **Neonatal Withdrawal Syndrome** with the actual number likely higher, 23 reported **deaths related to heroin**, 70 reported **deaths related to fentanyl**, and 102 **deaths involving opioids**. Although the number of deaths was lower than 2018, Greenville County had the 8th highest number in the state for 2019.
4. According to the 2020 County Level Profiles on Substance Use Related Indicators, Greenville County experienced an increase from 2018 to 2019 in the following areas: **alcohol related hospitalizations, EMS Naloxone administrations, and opioid related hospitalizations**.
5. According to the 2020 County Level Profiles on Substance Use Related Indicators, Greenville County experienced an increase from 2018 to 2019 in the following areas: **HIV incidence, syphilis incidence, and chlamydia incidence**.

Types of Measures

1. Efficiency – **Balance of Resources and Outcomes**
2. Effectiveness – **Results and Outcomes**

Goals

1. Improve **efficiency** by
 - a. Reducing Administrative and Against Professional Advice discharges with no progress made to no more than 22% in the **Withdrawal Management Program** in Fiscal Year 2022.¹⁶
 - b. Reducing Administrative and Against Professional Advice discharges with no progress made to no more than 30% in the **Residential Program** in Fiscal Year 2022.¹⁷
 - c. Achieving **Withdrawal Management** utilization average of 90% for Fiscal Year 2022.
 - d. Achieving **Residential** utilization average of 90% for Fiscal Year 2022.
2. Improve **effectiveness** by
 - a. Ensuring at least 50% of **Withdrawal Management** clients engage in their Transition Plan within 30 days of discharge in Fiscal Year 2022.
 - b. Ensuring at least 50% of **Residential** clients engage in their Transition Plan within 30 days of discharge in Fiscal Year 2022.

Activities

1. Maintain an effective continuum of care for adults with a severe substance use disorder
 - a. Utilize **trauma informed culture** to
 - Implement community education campaign to increase referrals and access of services.
 - Advertise priority status for people who use intravenous drugs and/or pregnant women.
 - Implement Motivational Interviewing training for all direct care staff.

¹⁶ National average for Adult Detoxification APA discharge is 22% or 61,965 out of 283,026.

¹⁷ National average for Adult Residential APA discharge is 36% or 37,815 out of 104,760.

- Maintain trauma informed care and gender specific services in planned regimen along with other evidence based practices.

b. Utilize **broad service continuum** to

- Provide Narcan®, fentanyl test strips, and other harm reduction items.
- Implement HIV testing, provide education on infection control practices, and disseminate health care kits related to infection control.
- Engage staff and partners to ensure regular recovery coaching services are provided to those on a waiting list for Phoenix Center services.
- Maintain relationships with community recovery partners and provide on-site access to recovery resources.
- Increase partnerships with community programs to assist in housing, employment, education, medical care, mental health services, harm reduction services, community support groups, etc. Medical care includes vaccination, testing, and treatment of infectious diseases.

c. Utilize **staff expertise and experience** to

- Continue ASAM training for staff to ensure that individuals are admitted to the appropriate level of care.

Fiscal Year 2019 Actual	Fiscal Year 2020 Actual	Fiscal Year 2021 Goal	Fiscal Year 2021 Actual	Fiscal Year 2022 Goal
Admin and APA discharges (WM)	Admin and APA discharges (WM)	Administrative and APA discharges (WM)	Administrative and APA discharges (WM)	Administrative and APA discharges (WM)
36% (390/1,090)	30% (207/684)	≤22%	29% (244/828)	≤22%
WM Utilization (16 beds maximum)	WM Utilization (16 beds maximum)	WM Utilization (10 beds maximum)	WM Utilization (10 beds maximum)	WM Utilization (10 beds maximum)
78%	83%	≥90%	85%	≥90%
				Implement Transition Plan (WM)
				≥50%
				Implement Transition Plan (Residential)
				≥50%
				Admin and APA discharges (Residential)
				≤30%
				Residential Utilization (6 beds maximum)
				≥90%



Results – Fiscal Year 21 was impacted by COVID19 in that there was a 36% increase in phone screens from 103 calls per month to 140. Although the administrative and against professional advice discharge percentage is above the goal and national average, it is consistent with previous years.

WOMEN'S SERVICES AT SERENITY VILLAGE



Lead Staff

1. Executive Director
2. Director of Women and Children's Services



Program Description

Serenity Village is a comprehensive substance use treatment program for mothers age eighteen and older along with their children, including women who are pregnant. The program includes a comprehensive array of gender-specific services that are designed to increase the woman's likelihood of recovery from substance use disorders, decrease the risk of recurrence, and facilitate successful reentry into the community of her choice. Trauma-recovery, enhancing family relationships, and developing life skills are integrated into the daily focus of services. **Outpatient Services** are provided up to nine hours per week at the facility as well as in community locations as requested and appropriate. **Residential Services for up to 16 women and 32 children** are provided on a 24 hour, 7 day per week basis, with up to 50 hours of structured services per week. This program has four primary areas of focus which are met through five separate programs:

1. Identify substance use early in pregnancy to minimize complications (**Magdalene Clinic**)
2. Heal the mother's substance use disorder (**Serenity Place Residential**)
3. Address and treat the developmental delays of the child (**Circle of Friends Outpatient**)
4. Strengthen parent-child bonding (**Nurturing Parenting Curriculum**)
5. Increase the family's resilience and self-sufficiency (**Lotus Outpatient**)



Statement of Need

1. According to a 2017 report from SAMHSA, 1 in 8 children live in a home with **problematic substance use**. This represents 13% or 8.7 million children under the age of 18. (*Children Living with Parents with a Substance Use Disorder, 2017*)
2. According to the 2020 Greenville County Community Needs Assessment from United Way, racial minorities experience higher rates of **poverty** (22% compared to 7%), **inadequate prenatal care** (187 per 1,000 live births compared to 121), **low birth weight** (16% compared to 7%), and **children living in poverty** (30% compared to 5%).
3. Opioid related information from the Just Plain Killers website indicates that in 2019 there were 33 reported cases of **Neonatal Withdrawal Syndrome** with the actual number likely higher, 23 reported **deaths related to heroin**, 70 reported **deaths related to fentanyl**, and 102 **deaths involving opioids**. Although the number of deaths was lower than 2018, Greenville County had the 8th highest number in the state for 2019.
3. According to the 2020 County Level Profiles on Substance Use Related Indicators, Greenville County experienced an increase from 2018 to 2019 in the following areas: **alcohol related hospitalizations**, **EMS Naloxone administrations**, and **opioid related hospitalizations**.
4. According to the 2020 County Level Profiles on Substance Use Related Indicators, Greenville County experienced an increase from 2018 to 2019 in the following areas: **HIV incidence**, **syphilis incidence**, and **chlamydia incidence**.

Types of Measures

1. Accessibility – **Ease and Timeliness**
2. Efficiency – **Balance of Resources and Outcomes**
3. Effectiveness – **Results and Outcomes**

Goals

1. Improve **accessibility** by
 - a. Increasing by at least 10% the total number of pregnant women who are served from Fiscal Year 2021 to Fiscal Year 2022.
2. Improve **efficiency** by
 - a. Achieving residential utilization average of 95% at Serenity Place for Fiscal Year 2022.
 - b. Reducing Administrative and Against Professional Advice discharges to no more than 30% in Fiscal Year 2022.¹⁸
3. Improve **effectiveness** by
 - a. Ensuring that 100% of babies born at Serenity Place who test positive for opioids at birth complete the withdrawal process successfully.

Activities

1. Maintain an effective continuum of care for women with a severe substance use disorder
 - a. Utilize **trauma informed culture** to
 - Implement community education campaign to increase referrals and access of services.
 - Advertise priority status for people who use intravenous drugs and/or pregnant women.
 - Provide timely access to treatment if assessment indicates that individual is appropriate for services.
 - Implement Motivational Interviewing training for all direct care staff.
 - Maintain trauma informed care and gender specific services in planned regimen along with other evidence based practices.
 - b. Utilize **broad service continuum** to
 - Provide Narcan®, fentanyl test strips, and other harm reduction items.
 - Implement HIV testing, provide education on infection control practices, and disseminate health care kits related to infection control.
 - Provide Nurturing Parenting training to all outpatient and residential clients.
 - Engage staff and partners to ensure regular recovery coaching services are provided to those on a waiting list for Phoenix Center services.
 - Maintain relationships with community recovery partners and provide on-site access to recovery resources.

¹⁸ National average for Adult Residential APA discharge is 36% or 37,815 out of 104,760.

- Increase partnerships with community programs to assist in housing, employment, education, medical care, mental health services, harm reduction services, community support groups, etc. Medical care includes vaccination, testing, and treatment of infectious diseases.

c. Utilize **staff expertise and experience** to

- Continue ASAM training for staff to ensure that individuals are admitted to the appropriate level of care.
- Designate a staff member to attend regularly scheduled meetings with partner agencies including DSS and Adult Probation to collaborate on referrals.
- Complete an assessment on any pregnant woman with an open DSS case where there is suspicion of alcohol or other drug use.
- Complete an assessment on any pregnant woman who appears in front of a magistrate due to an alcohol or other drug related incident.
- 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.

Fiscal Year 2019 Actual	Fiscal Year 2020 Actual	Fiscal Year 2021 Goal	Fiscal Year 2021 Actual	Fiscal Year 2022 Goal
Pregnant Women Served	Pregnant Women Served	Pregnant Women Served	Pregnant Women Served	Pregnant Women Served
129	158	≥10% Increase	15% Increase (181)	≥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%	≥95%	89%	≥95%
Parental Compliance with Infant Withdrawal Mgmt	Parental Compliance with Infant Withdrawal Mgmt	Parental Compliance with Infant Withdrawal Mgmt	Parental Compliance with Infant Withdrawal Mgmt	Parental Compliance with Infant Withdrawal Mgmt
Not Reported	100% (6)	100%	100% (3)	100%
Administrative and APA discharges	Administrative and APA discharges without progress	Administrative and APA discharges without progress	Administrative and APA discharges without progress	Administrative and APA discharges without progress
31% (23/75)	19% (14/75)	≤30%	38% (25/66)	≤30%



Results – Fiscal Year 21 was negatively impacted by COVID19. Despite serving more pregnant women, there were also more unplanned discharges. These discharges were for a variety of reasons including the inability to bring or keep a child with them, fears related to isolation and infection, and temporary closure of the structured childcare program.

PRIORITY 6 – POSITIVE CLIENT OUTCOMES

COMPLETION AND OUTCOMES



Lead Staff

1. Executive Director
2. Director of Clinical Services
3. Director of Training
4. Director of Community Based Programs
5. Director of Women and Children's Services
6. Manager of Outpatient Services
7. Director of Business Development



Types of Measures

1. Accessibility – **Ease and Timeliness**
2. Effectiveness – **Results and Outcomes**



Goals

1. Improve **accessibility** by
 - a. Retaining at least 65% of clients until completion of recommended services in Fiscal Year 2022.¹⁹
2. Improve **effectiveness** by
 - a. Implementing an effective transition plan that results in at least 70% of former clients reporting a reduction in alcohol use from admission to 90 days post discharge.²⁰
 - b. Implementing an effective transition plan that results in at least 70% of former clients reporting a reduction in other drug use from admission to 90 days post discharge.²¹
 - c. Implementing an effective transition plan that results in at least 25% of former clients reporting a reduction in tobacco use from admission to 90 days post discharge.
 - d. Implementing an effective transition plan that results in at least 70% of former clients reporting a reduction in arrests from admission to 90 days post discharge.²²
 - e. Implementing an effective transition plan that results in at least 70% of former clients reporting an increase in employment from admission to 90 days post discharge.²³
 - f. Implementing an effective transition plan that results in at least 70% of former clients reporting a reduction in homelessness from admission to 90 days post discharge.²⁴

¹⁹ National average for successful completion is 43%, state average is 46%.

²⁰ State average for reduction in alcohol use is 69%.

²¹ State average for reduction in other drug use is 88%.

²² State average for reduction in arrests is 20%.

²³ State average for increase in employment is 84%.

²⁴ State average for reduction in homelessness is 57%.

- g. Implementing an effective transition plan that results in at least 70% of former clients reporting a reduction in emergency department visits from admission to 90 days post discharge.
- h. Implementing an effective transition plan that results in at least 70% of former clients reporting that they have attended at least one self-help activity in the 30 days prior to contact (IOP, Detox, and WR only).

Activities

1. Maintain an effective continuum of care including transition planning
 - a. Utilize **trauma informed culture** to
 - Utilize gender-specific programming in a consistent manner across all programs as appropriate.
 - Obtain consistent feedback from clients, patients, staff, and other community partners to identify issues related to access, retention, effectiveness, and satisfaction.
 - b. Utilize **broad service continuum** to
 - Maintain relationships with community recovery partners and provide on-site access to recovery resources.
 - Increase partnerships with community programs to assist in housing, employment, education, medical care, mental health services, harm reduction services, community support groups, etc. Medical care includes vaccination, testing, and treatment of infectious diseases.
 - c. Utilize **staff expertise and experience** to
 - Implement evidence based practices as appropriate for the specific program.
 - Incorporate a variety of therapeutic interventions into all programs.
 - Utilize social media and volunteers to increase the successful contact rate post discharge.


Completion

Fiscal Year 2019 Actual	Fiscal Year 2020 Actual	Fiscal Year 2021 Goal	Fiscal Year 2021 Actual	Fiscal Year 2022 Goal
Completion of Services	Completion of Services	Completion of Services	Completion of Services	Completion of Services
60%	58%	≥65%	55%	≥65%

Client Outcomes Post Discharge

Fiscal Year 2019 Actual	Fiscal Year 2020 Actual	Fiscal Year 2021 Goal	Fiscal Year 2021 Actual	Fiscal Year 2022 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
54% Reduction	58% Reduction	≥70% Reduction	82%	≥70% Reduction
Reduction in Other Drug Use from	Reduction in Other Drug Use from	Reduction in Other Drug Use from	Reduction in Other Drug Use from	Reduction in Other Drug Use from

Fiscal Year 2019 Actual	Fiscal Year 2020 Actual	Fiscal Year 2021 Goal	Fiscal Year 2021 Actual	Fiscal Year 2022 Goal
Admission to 90 Days Post Discharge	Admission to 90 Days Post Discharge	Admission to 90 Days Post Discharge	Admission to 90 Days Post Discharge	Admission to 90 Days Post Discharge
63% Reduction	67% Reduction	≥88% Reduction	83%	≥70% 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
40% Reduction	72% Reduction	≥25% Reduction	64% 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
84% Reduction	96% Reduction	≥75% Reduction	100%	≥70% 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
65% Increase	50% Increase	≥84% Increase	53% Increase	≥70% 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
79% Reduction	60% Reduction	≥40% Reduction	80% Reduction	≥70% 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
68% Reduction	86% Reduction	40% Reduction	79% Reduction	70% Reduction
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)	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)
27%	29%	≥70%	29%	≥70%

 Results – Although we did not meet our goals in a few areas, each area saw improvement. This tells us that clients do maintain positive results up to approximately 90 days post discharge.

PRIORITY 7 – COMMUNITY COLLABORATION

 Lead Staff

1. Executive Director
2. Director of Community Based Programs
3. Director of Training
4. Director of Community Engagement
5. Director of Advancement/Development Officer

Type of Measure

1. Accessibility – **Ease and Timeliness**
2. Efficiency – **Balance of Resources and Outcomes**

Goals

1. Increase **accessibility** by
 - a. Increasing community collaboration with at least 500 completed surveys from partners in Fiscal Year 2022.
 - b. Distributing community newsletter to at least 1,500 individuals in Fiscal Year 2022.
 - c. Reaching at least 1,500 individuals through training events, not including staff in Fiscal Year 2022.
2. Increase **efficiency** by
 - a. Recruiting and manage a direct service volunteer base of at least 300 in Fiscal Year 2022.
 - b. Receiving at least \$500,000 unrestricted funds in Fiscal Year 2022.

Activities

1. Increase community collaboration
 - a. Utilize **trauma informed culture** to
 - Complete annual partner survey through newsletter, website, training events, etc.
 - Publicize availability of facility tours.
 - b. Utilize **broad service continuum** to
 - Increase partnerships with community programs to assist in housing, employment, education, medical care, mental health services, harm reduction services, community support groups, etc. Medical care includes vaccination, testing, and treatment of infectious diseases.
 - Communicate positive client outcomes to community in order to reduce stigma, increase client engagement, and improve funding support.
 - c. Utilize **staff expertise and experience** to
 - Utilize LinkedIn and other social media to increase connections.
 - Lead community training events to increase education and awareness of substance use related issues.
 - Participate in local and statewide coalitions related to substance use disorders.
 - Plan and implement town hall meetings, lunch and learn sessions, and focus groups to obtain input from community.
 - Recruit commission members or advisors to assist with special projects and/or to fill a specific need within the commission or agency.
 - Recruit and manage a volunteer based speaker's bureau.
 - Enhance website to make it easier to navigate and find helpful information.

Fiscal Year 2019 Actual	Fiscal Year 2020 Actual	Fiscal Year 2021 Goal	Fiscal Year 2021 Actual	Fiscal Year 2022 Goal
Partner Surveys	Partner Surveys	Partner Surveys	Partner Surveys	Partner Surveys
94	93	≥500	113 (4,095 sent out)	≥500
	Average Newsletter Opens	Average Newsletter Opens	Average Newsletter Opens	Average Newsletter Opens
	1,148	≥1,500	819	≥1,500
Training Attendees	Training Attendees	Training Attendees	Training Attendees	Training Attendees
242	328	≥1,500	1,509	≥1,500
Volunteers	Volunteers	Volunteers	Volunteers	Volunteers
348	285	≥300	144	≥300
Unrestricted Funds	Unrestricted Funds	Unrestricted Funds	Unrestricted Funds	Unrestricted Funds
\$281,000	\$198,000	\$500,000	\$407,210	\$500,000

💡 Results – We continue to struggle with completion of partner surveys. In Fiscal Year 22, we will focus more on focus group data collection. COVID19 had a positive impact on the number of training attendees due to the use of virtual platforms. However, it had a negative impact on the number of volunteers due to restrictions related to infection control. Fundraising was also positively impacted because we chose to do a virtual event which had significantly less cost.

PRIORITY 8 – COMMUNITY CAPACITY BUILDING

WELL-BEING PARTNERSHIP

💡 Lead Staff

1. Executive Director
2. Director of Community Engagement
3. Director of Community Based Programs

💡 Statement of Need

According to local Well Being Partnership data, individuals have experienced a significant increase in **behavioral health needs** during the current pandemic as evidenced by the following: MHAGC data indicate a 62% increase in **distress calls** from the time period of March to November 2019 compared to the time period of March to November 2020. The data also indicate more than a 100% increase in **active suicide calls** from 28 to 60; NAMI Greenville data indicate a 40% increase in **individuals reaching out for information** about available services; and Phoenix Center data indicate a 15% increase in **detoxification phone screenings** from 103 to 118 per month, a 58% increase in **adult outpatient assessments** scheduled from 287 to 453, and an 83% increase in **individual sessions** from 374 to 686.

💡 Type of Measure


1. Accessibility – **Ease and Timeliness**

Goals

1. Increase **accessibility** by
 - a. Recruiting at least 4 additional organizations with a focus on services to pregnant and parenting women who use substances to join the WBP by the end of Fiscal Year 2022.
 - b. Recruiting at least 3 additional organizations with a focus on services to children and adolescents to join the WBP by the end of Fiscal Year 2022.
 - c. Recruiting at least 2 additional organizations with a focus on services to individuals who use alcohol and/or opioids, including harm reduction programs, to join the WBP by the end of Fiscal Year 2022.
 - d. Recruiting at least 3 additional organizations with a focus on co-occurring mental health and substance use concerns to join the WBP by the end of Fiscal Year 2022.
 - e. Recruiting at least 3 additional organizations with a focus on individuals who are at risk of infectious disease related to substance use to join the WBP by the end of Fiscal Year 2022.

Activities

1. Increase community capacity building through the Well-Being Partnership
 - a. Utilize **staff expertise and experience** to
 - Participate in steering committee activities.
 - Provide support as host organization which includes staffing support and fiscal oversight

 Results – This is a new goal so there are no outputs to report. A coordinator has been hired to identify partner organizations.

PRIORITY 9 – POLICY AND OTHER LEGISLATIVE EFFORTS

GENERAL ADVOCACY

Lead Staff

1. Executive Director

Type of Measure

1. Efficiency – **Balance of Resources and Outcomes**

Goals

1. Increase **efficiency** by
 - a. Successfully advocating on behalf of policy that increases access and retention; advocate against policy that decreases access and retention. **Efficiency**

Activities

1. Lead policy and other legislative efforts
 - a. Utilize **trauma informed culture** to

- Create position statements through collaboration between staff, commissioners, and partners.
- b. Utilize **broad service continuum** to
 - Implement expanded programs in alignment with policy/legislation.
- c. Utilize **staff expertise and experience** to
 - Monitor policy/legislation that is introduced.
 - Utilize lobbyist team to communicate concerns or support for policy/legislation.

💡 Results – Medical Cannabis position statement reviewed and updated.



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Greenville County Commission
on Alcohol and Drug Abuse