

# **Substance Abuse in Greenville County, SC**

**Opportunities for Improved  
Coordination of Services and Cost  
Savings to Greenville County Residents**

**Final Executive Report**

**May 22, 2003**

**TRIPP ♦ UMBACH**  
Healthcare Consulting, Inc.

## Table of Contents

	<b>Page</b>
<b>Executive Summary</b>	<b>4</b>
<b>Project Overview</b>	
<b>Conclusions</b>	
I. Objectives and Methodology	6
II. Summary of Assessment and Planning Process	8
III. Strategic Imperatives and Supporting Research Findings	9
A. Develop and implement a coordinated continuum of care	
B. Increase awareness of substance abuse issues, impacts, And available services	
C. Increase non-clinical approaches and initiatives	
D. Increase services available for youth	
IV. Key Project Findings	13
A. Greenville County Substance Abuse Profile	
B. Steering Committee Interview Findings	
C. Household Telephone Survey	
D. Focus Group Research	
E. Employer Survey Findings	
F. Provider Survey Findings	
1. Summary of Inventory Findings by Type of Service	
2. Asset Map	
3. Gap Analysis Results	
G. Economic Impact Findings	
V. Planning Retreat and Strategic Imperatives	31
VI. Consultant Recommendations	32
VII. Next Steps	36

**Appendices:**

- A. Steering Committee (members, results of interviews, and committee survey instrument)
- B. Community Data (community survey findings, survey instrument, and secondary data findings)
- C. Focus Group Research Findings
  - 1. Youth
  - 2. Law Enforcement
  - 3. Faith Community
  - 4. Substance Abuse Service Providers
  - 5. Physicians
  - 6. Employers and Community Leaders
  - 7. Consumers of Substance Abuse Services
- D. Provider Survey Findings & Provider Survey Instrument
- E. Employer Findings & Employer Survey Instrument

## Executive Summary

### The Cost of Substance Abuse in Greenville County and Opportunities for Cost Savings

Each year the United States spends \$373 billion on substance abuse-related costs, including criminal justice, social service, and health care, as well as crime, lost productivity, and substance abuse prevention and treatment expenditures.<sup>1</sup> Using these figures, Tripp Umbach estimates that South Carolina spends more than \$5 billion on substance abuse. Greenville County's share of the bill alone is more than one-half billion dollars (\$503 million). In fact, Tripp Umbach Healthcare estimates that 5% of Greenville County's total economy is lost each year to the cost of substance abuse. Using these figures, substance abuse costs every man, woman, and child in Greenville County \$1,300 per year.

Fortunately, substance abuse prevention and treatment programs do work. Studies estimate that substance abuse treatment saves an average of \$7 for every dollar spent.<sup>2</sup> Further, according to the Department of Alcohol and Other Drug Abuse Services, in 2000, 30,451 Greenville County residents were in need of alcohol or drug treatment. Assuming that 10% of people needing treatment do not receive it<sup>3</sup>, approximately 3,000 adults in Greenville County are not being treated for their substance abuse problems. Therefore, using these estimates and the savings figures cited above, Greenville County residents could save more than \$43 million each year if treatment was provided to the 3,000 Greenville County residents who currently are going untreated.

### Project Overview

Recognizing the impact that substance abuse has on the economics and quality of life in Greenville County, the Greenville County Commission on Alcohol and Drug Abuse (GCCADA), in partnership with the Community Planning Council of the United Way and the Community Health Alliance, authorized a community-based planning study to assess local substance abuse issues. One of GCCADA's responsibilities, outlined in its enabling legislation, is "to conduct a continuing study of the County's alcohol and drug abuse needs and to propose means and determine priorities in meeting these needs through the development of a county alcohol and drug abuse plan which shall be revised annually". It is important to note that although GCCADA provided the funding necessary to complete the project, the resulting strategic imperatives and initiatives are intended by GCCADA to be community-driven.

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<sup>1</sup> Based upon a 2000 update of the 1992 National Institute for Drug Abuse study, "The Economic Costs of Drug and Alcohol Abuse in the United States" completed by the Office of National Drug Control Policy (illicit drug impact) and Drug Strategies (alcohol impact).

<sup>2</sup> Evaluating Recovery Services: The California Drug and Alcohol Assessment Executive Summary, Sacramento, California Department of Alcohol and Drug Programs, 1994.

<sup>3</sup> Due to the lack of consistent and reliable data collection by substance abuse service providers, Tripp Umbach is unable to provide an exact figure of Greenville County residents who need substance abuse treatment but have not received it. The treatment gap estimate of 10% was based upon research findings from this project, studies completed by the Department of Health and Human Services Substance Abuse and Mental Health Services Administration on treatment gaps for illicit drug use, and Tripp Umbach national survey findings.

In December 2000, the partners listed above formed a Steering Committee of approximately 80 community leaders. Jane Pressly served as Chair of the Committee, and Marcia Barker and Carol Reeves served as Co-Chairs. A complete listing of Steering Committee members is included in the beginning of this report.

The Steering Committee determined that an objective assessment of Greenville County substance abuse needs and resources was needed. To facilitate the initiation of the assessment, an Executive Committee was selected from the membership of the Steering Committee. The purpose of the Executive Committee was to provide guidance throughout the project relative to methodology, research collection, and strategic imperative development. In 2002, the Executive Committee retained the services of Pittsburgh, PA based Tripp Umbach Healthcare Consulting to facilitate the data analysis and strategic planning process on behalf of the Executive Committee.

**Executive Committee members include:**

Ms. Marcia Barker  
Solicitor’s Office

Ms. Shannon Owen  
United Way of Greenville County

Dr. Kevin Polley  
Greenville Hospital System

Ms. Carol Reeves  
Greenville Family Partnership

Ms. Jane Pressly  
Furman-Pressly Consulting, LLC

Mr. Mark Ring  
Mark’s Cleaning

Ms. Kat Rice  
GCCADA

**Key Project Conclusions**

Greenville County suffers from a serious lack of coordination of substance abuse services that are available. Additionally, while there are many organizations providing prevention and outpatient services, there is a need for an improved continuum of care, especially related to access to detoxification services and residential treatment, as well as increased adolescent treatment and recovery options. Based upon these conclusions, the following are priority- planning imperatives identified through this project:

1. Develop and implement a coordinated continuum of care.
2. Increase awareness of substance abuse issues, impacts, and available services.
3. Increase non-clinical (spiritual and community-based) approaches and initiatives.
4. Increase youth services.

## **I. Objectives and Methodology**

In August 2002, the Executive Committee, on behalf of the GCCADA, retained Tripp Umbach Healthcare Consulting of Pittsburgh, Pennsylvania to conduct an assessment of substance abuse services and create a strategic plan for improving the effectiveness of Greenville County alcohol and drug abuse services. Objectives of the project included:

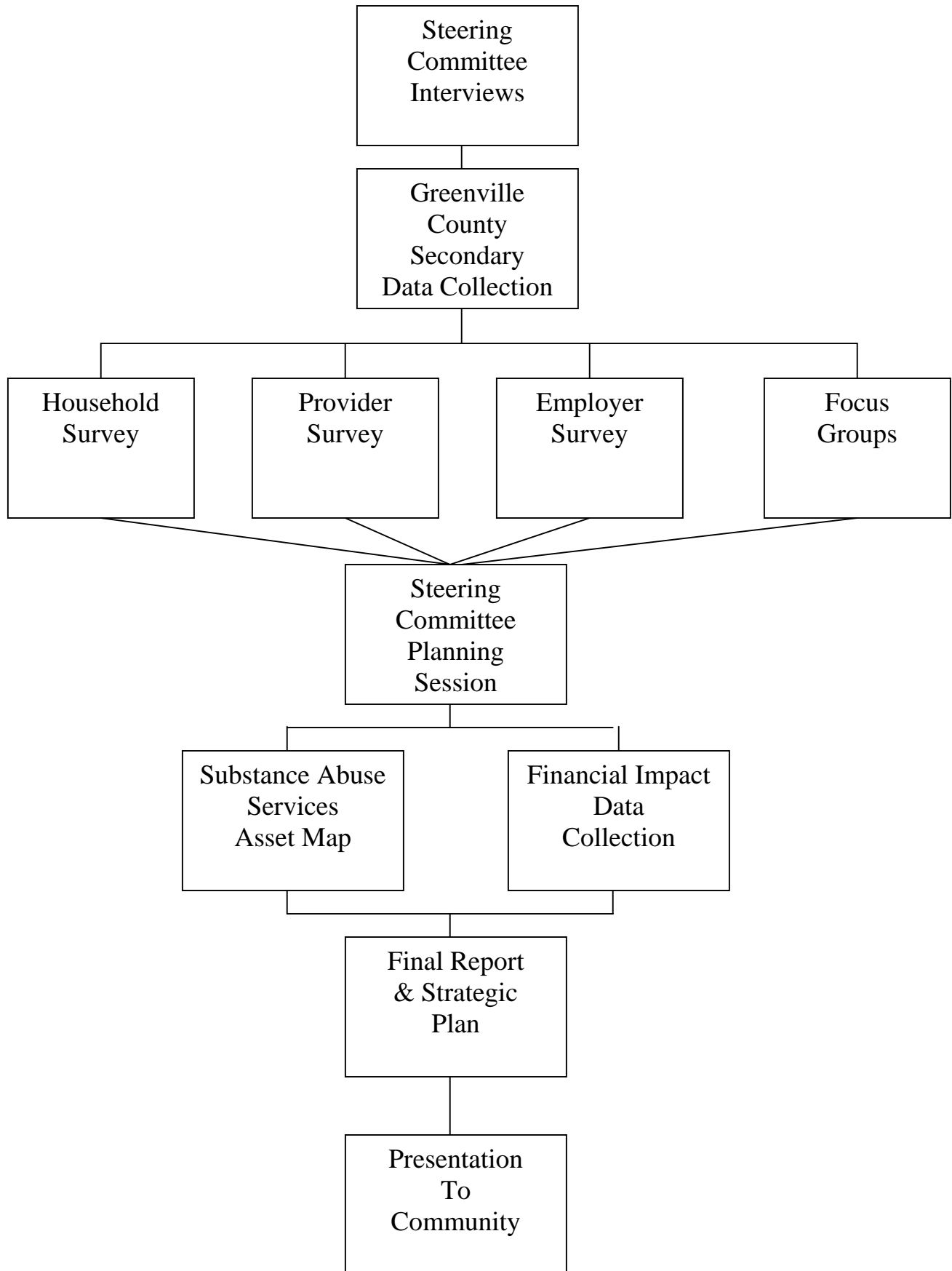
- An inclusive and interactive planning process with the Greenville County Substance Abuse Steering Committee allowing the committee to provide maximum input and participate fully in the project.
- Determination of the prevalence of alcohol and drug problems in Greenville County and associated costs.
- Assessment of Greenville County's current alcohol and drug resources through asset mapping.
- Development of a strategic plan for the improvement of substance abuse services provided by Greenville County.
- A final written report and on-site visual presentation designed to encourage community participation in the implementation process.

Methodology used by Tripp Umbach to complete the assessment included the following:

- Existing data review and development of Greenville County substance abuse profile;
- Steering Committee interviews and analysis;
- Presentation of substance abuse profile and interview findings to the Steering Committee;
- Household survey to determine community perceptions and prevalence of substance abuse (telephone survey to 385 randomly selected Greenville County households);
- Substance abuse provider survey to determine available services, capacity, and gaps in services;
- Focus group research with youth, law enforcement, the faith community, substance abuse providers, physicians, employers and community leaders to identify priority substance abuse issues, needs, impacts, and suggestions for improvements to the substance abuse system;

- Survey of top employers in Greenville County to determine substance abuse impacts and perceived gaps in service;
- Presentation of primary research results to the Steering Committee;
- Strategic planning work session with the Steering Committee to prioritize substance abuse issues, develop an asset map of services, and identify gaps in services in Greenville County;
- Secondary research to determine the financial impact of substance abuse on Greenville County;
- Development of an inventory of substance abuse services, asset map of resources, and recommendations for enhanced substance abuse service delivery;
- Presentation of final results and recommendations to Steering Committee.

## II. Summary of Assessment and Strategic Planning Process



### III. Supporting Data for Imperatives

#### A. Develop and implement a coordinated continuum of care

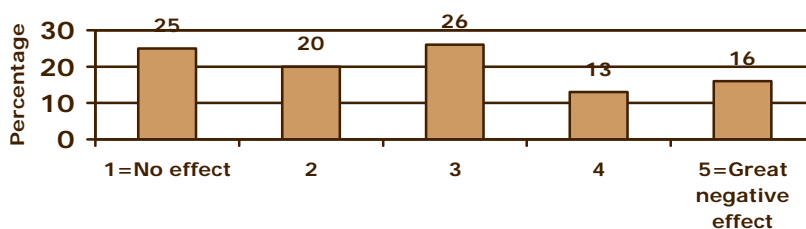
- Substance abuse services were seen as inadequate to address the most urgent issues due to lack of comprehensiveness (Steering Committee interviews, 2003).
- If Steering Committee members could change one thing about the current substance abuse system, it would be better coordination and communication between existing services (Steering Committee interviews, 2003).
- When asked what the ideal substance abuse system would look like, interviewees most frequently mentioned a progressive continuum of accessible services (Steering Committee interviews, 2003).
- One Steering Committee member suggested that the ideal substance abuse system would include (Steering Committee interviews, 2003):
  - ✓ Gatekeepers who look for red flags
  - ✓ One organization for community information and referrals
  - ✓ Population-specific treatment plans with goals
  - ✓ All providers use best practices
  - ✓ Use of a single case manager if many services are needed
  - ✓ 3<sup>rd</sup> party evaluator
- Interviewees also described the ideal system as a medical model with the 12-step program built in, and a coordinated system of care including education, intervention, detox (if needed), inpatient (residential) services, outpatient services, aftercare, and general family counseling (Steering Committee interviews, 2003).
- Substance abuse service providers participating in focus groups indicated that Greenville County's substance abuse needs included faster and more affordable detox treatment, a coordinated continuum of care, and housing options (Substance abuse provider focus group, 2003).
- Proposed solutions suggested by providers to improve substance abuse services in Greenville County include an improved continuum of care with a central location for referrals and info, as well as monthly provider meetings (Substance abuse provider focus group, 2003).
- Participants in the employer and community leader focus group do not think the Commission should function as a direct provider of substance abuse treatment services (except as a "safety net" provider) but should serve as an educator, coordinator of services available in the community, and advocate for those suffering from substance abuse (Employer/community leader focus group, 2003).

- Through the results of the provider survey, Tripp Umbach identified the need for improved data collection processes for substance abuse service provider organizations. Data collection needs include a recording of how many individuals are served, how many are turned away and for what reasons, and program evaluation (Provider survey, 2003).
- When providers were asked what Greenville County's greatest substance abuse need was, survey respondents indicated that there is a need for a coordinated continuum of care (Provider survey, 2003).

**B. Increase awareness of substance abuse issues, impacts, and available services.**

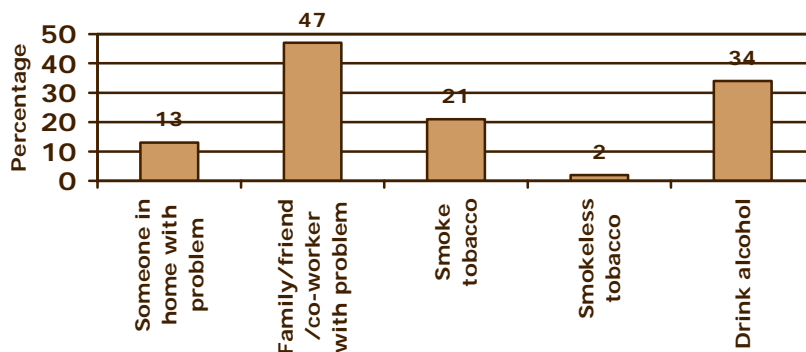
- Although 1 out of 4 (25%) survey respondents believe that alcohol and drugs have no negative impact on the community, over half (55%) believe that alcohol and drugs negatively impact the community by 3 or more points on a scale from 1-5, with 5 being the greatest negative impact (Household telephone survey, 2003).

**How Much Does Use of Alcohol/Drugs  
Negatively Affect Community (Scale 1-5)?**



- 60% of respondents are personally impacted by substance abuse (either they, someone they live with, or a close family member, friend, or co-worker has a problem that interferes with daily activity) impact (Household telephone survey, 2003).

### Prevalence of Alcohol/Drug Use & Abuse



- Only slightly more than one-third (37%) of respondents who have tried to get help for substance abuse problems in the past believe that there are enough services in Greenville County to help people with alcohol or drug problems (Household telephone survey, 2003).
- Proposed solutions suggested by providers to improve substance abuse services in Greenville County include providing education targeted to the general community (addiction is a treatable disease), community leaders (cost benefit of treatment) and kids (prevention) (Substance abuse provider focus group, 2003).
- The faith community proposed developing parent-focused educational seminars to increase knowledge of substance abuse issues in Greenville County (Faith community focus group, 2003).
- Proposed solutions from the physician focus group include using primary care health care providers as information and referral sources (Physician focus group, 2003).
- Law enforcement officers proposed educating parents about substance abuse issues, especially through church-based programs (Law enforcement focus group, 2003).
- Employer and community leader focus group participants voiced concern that Greenville County residents perceive substance abuse as a moral rather than public health issue (Employer/community focus group, 2003).

**C. Increase non-clinical (spiritual and community-based) approaches and initiatives.**

- Almost three-fourths (73%) of respondents believe that Jesus Christ is the answer to alcohol and drug problems (Household telephone survey, 2003).
- Respondents went to AA (by far most common answer), churches, hospitals, and phone books for help with substance abuse problems (Household telephone survey, 2003).
- When asked where they would go for help if substance abuse services were needed for someone age 18 or older, respondents most often mentioned church, then a physician (Household telephone survey, 2003).
- When asked where they would go for help if substance abuse services were needed for someone under 18, respondents most often mentioned a physician, followed by church (Household telephone survey, 2003).
- Proposed solutions suggested by providers to improve substance abuse services in Greenville County include closer ties between 12-step community and area agencies providing substance abuse services (Substance abuse provider focus group, 2003).
- The faith community proposed linking secular and religious services (“one without the other won’t work”) (Faith community focus group, 2003).
- Law enforcement officers proposed developing more church-based activities for kids as a way of improving the substance abuse system in Greenville County (Law enforcement focus group, 2003).

**D. Increase youth services.**

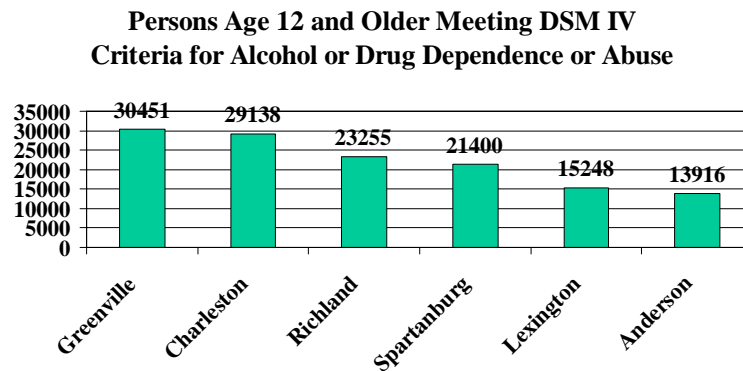
- Inpatient and outpatient services for adolescents were perceived as services that are needed but not available in Greenville County (Steering committee interviews, 2003).
- Provider survey findings indicate the need for additional youth services (inpatient, outpatient, and residential) (Provider survey, 2003).

## IV. Key Project Findings

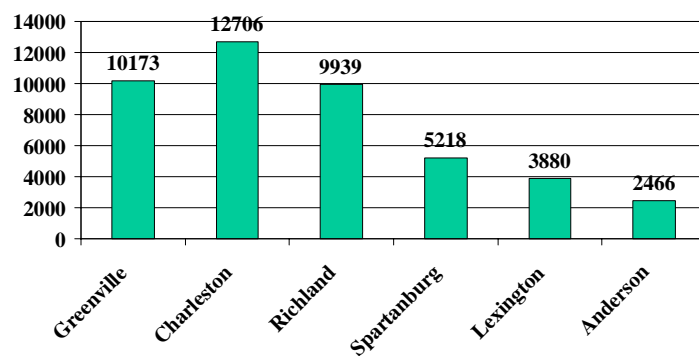
### A. Greenville County Substance Abuse Profile

- Greenville County has the largest population of persons needing substance abuse treatment of all counties in South Carolina.

### County Population in Need of Alcohol or Drug Treatment (CY 2000)

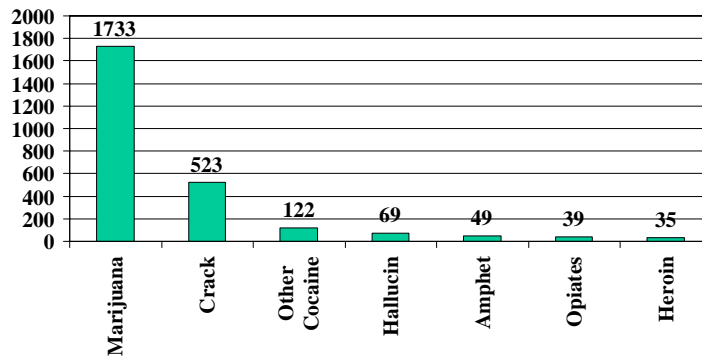


### Alcohol & Drug Arrests By County of Arrest (CY 2000)



- Marijuana is by far the most common drug for which Greenville County residents are arrested.

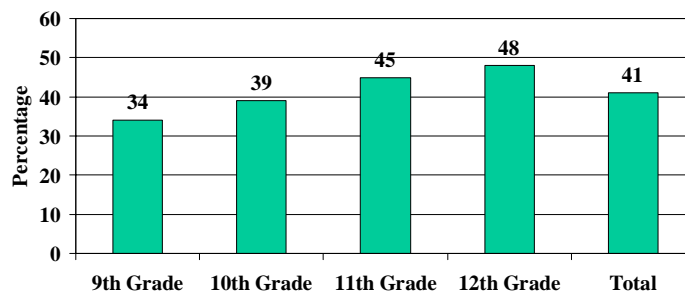
### Greenville County Drug Arrests By Primary Offense Charged



- Almost half (48%) of all Greenville County 12<sup>th</sup> graders have used alcohol in the past 30 days. More than one out of five of all high school students have used illicit drugs, primarily marijuana, in the past 30 days.

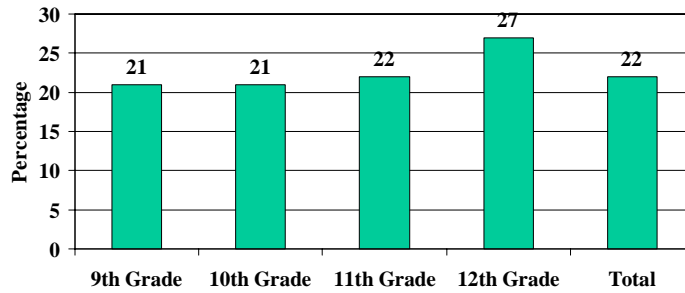
### Percent Greenville County Youth Alcohol Use in Past 30 Days

DAODAS 2001 Public School Survey



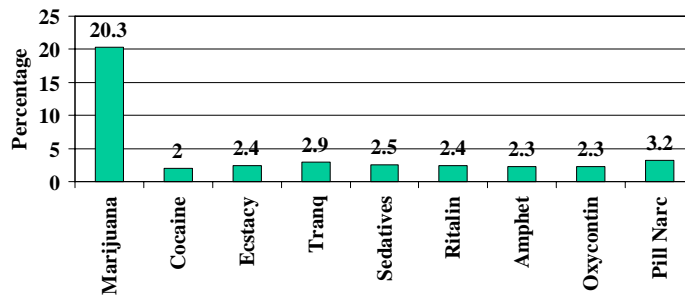
## Percent Greenville County Youth Illicit Drug Use in Past 30 Days

DAODAS 2001 Public School Survey



## Percent Greenville County Youth Illicit Drug Use in Past 30 Days

DAODAS 2001 Public School Survey



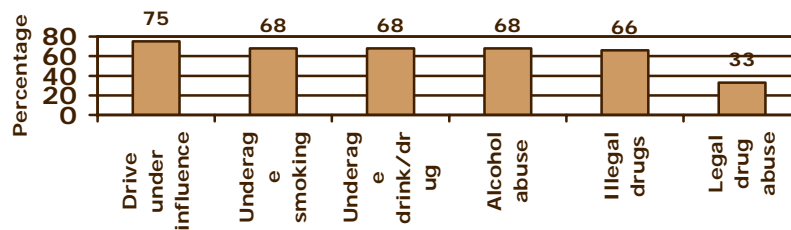
## B. Steering Committee Interview Findings

- When asked to identify the most urgent substance abuse issue facing Greenville County, many steering committee members interviewed mentioned the need for additional substance abuse services for adults (more comprehensive, intensive, and affordable) and youth. A significant number of interviewees felt the community's lack of awareness and attention to the problem of substance abuse are the most urgent issues.
- Substance abuse services were seen as inadequate to address the most urgent issues due to lack of comprehensiveness, lack of affordability, and lack of focus on youth.
- Inpatient and outpatient services for adolescents were perceived as services that are needed but not available in Greenville County.
- If Steering Committee members could change one thing about the current substance abuse system, it would be better coordination and communication between existing services.
- When asked what the ideal substance abuse system would look like, interviewees most frequently mentioned a progressive continuum of accessible services.
- One Steering Committee member suggested that the ideal substance abuse system would include:
  - ✓ Gatekeepers who look for red flags
  - ✓ One organization for information and referrals
  - ✓ Population-specific treatment plans with goals
  - ✓ All providers use best practices
  - ✓ Use of a single case manager if many services are needed
  - ✓ 3<sup>rd</sup> party evaluator
- Interviewees also described the ideal system as a medical model with the 12-step program built in, and a coordinated system of care including education, intervention, detox (if needed), inpatient (residential) treatment, outpatient services, and general family counseling.

### C. Household Telephone Survey

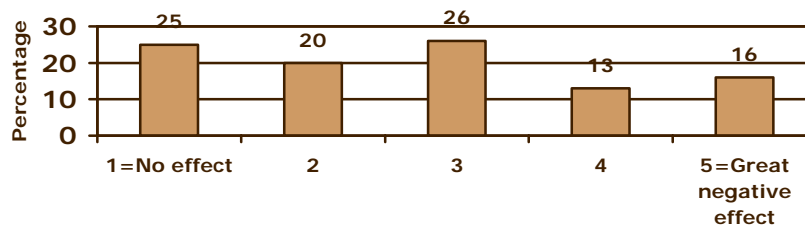
- 3 out of 4 survey respondents believe that driving under the influence of drugs or alcohol is a serious problem in the community. 68% believe that underage substance use/abuse and alcohol abuse are serious problems.

#### Percentage of Respondents Who Agree Substance Abuse Issue is Serious Problem in Community



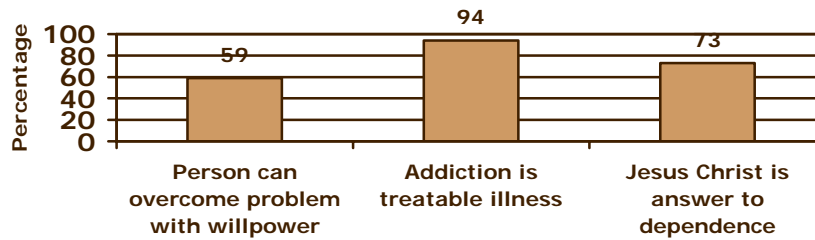
- Although 1 out of 4 (25%) survey respondents believe that alcohol and drugs have no negative impact on the community, over half (55%) believe that alcohol and drugs negatively impact the community by 3 or more points on a scale from 1-5, with 5 being the greatest negative impact.

#### How Much Does Use of Alcohol/Drugs Negatively Affect Community (Scale 1-5)?



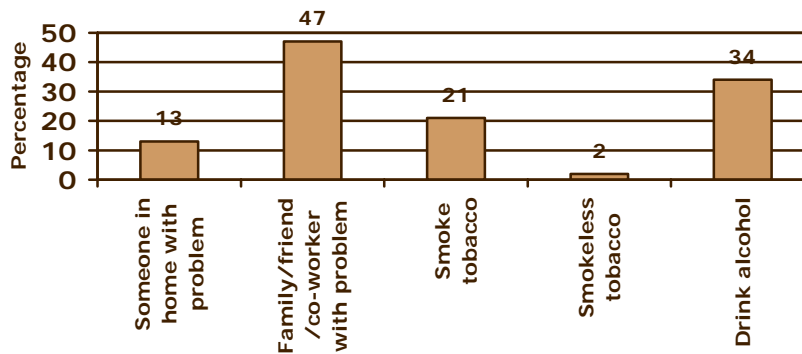
- Although close to 60% of respondents believe that a person can overcome alcohol or drug problems with enough willpower, almost everyone (94%) believes that alcoholism and drug addiction are treatable illnesses.
- Almost three-fourths (73%) of respondents believe that Jesus Christ is the answer to alcohol and drug problems.

### Percentage of Respondents Who Agree With Perceptions of Treatment of Alcohol/Drug Problems



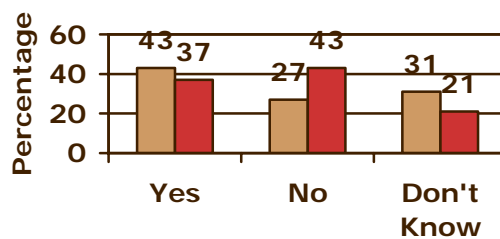
- 60% of respondents are personally impacted by substance abuse (either they, someone they live with, or a close family member, friend, or co-worker has a problem that interferes with daily activities).

### Prevalence of Alcohol/Drug Use & Abuse



- Only slightly more than one-third (37%) of respondents who have tried to get help for substance abuse problems in the past believe that there are enough services in Greenville County to help people with alcohol or drug problems.

### Perceptions of Services Are There Enough?



- 22% of respondents have tried to get help for someone else or themselves with a substance abuse problem.
- Respondents went to AA (by far most common answer), churches, hospitals, and phone books for help.
- 73% of all respondents indicated that they would support a tax on alcohol and tobacco products if money was used for substance abuse programs (16% responded “no” and 10% responded “don’t know”).
- When asked where they would go for help if substance abuse services were needed for someone age 18 or older, respondents mentioned (in order):
  - ✓ Church
  - ✓ Physician
  - ✓ Phone book
- When asked where they would go for help if substance abuse services were needed for someone under 18, respondents mentioned (in order):
  - ✓ Physician
  - ✓ Church
  - ✓ Phone book

## D. Focus Group Research

- Substance abuse service providers participating in focus groups indicated that Greenville County’s substance abuse needs included faster and more affordable detox treatment, a coordinated continuum of care, and housing options.
- Proposed solutions suggested by providers to improve substance abuse services in Greenville County include:
  - ✓ Improved continuum of care (central location for referrals and info, monthly provider meetings)
  - ✓ Alcohol tax
  - ✓ Education targeted to the general community (addiction is a treatable disease), community leaders (cost benefit of treatment) and kids (prevention)
  - ✓ Closer ties between 12-step community and area agencies providing substance abuse services
- The faith community proposed the following solutions during a focus group:
  - ✓ Link secular and religious services (“one without the other won’t work”)
  - ✓ Parent-focused educational seminars
  - ✓ Provider education of pastors to identify and address warning signs of abuse; pastors can then educate parishioners and function as referral source
- Proposed solutions from the physician focus group include using primary care health care providers as information and referral sources.
- Law enforcement officers proposed the following solutions during their focus group:
  - ✓ Initiatives should be school-based (easy access for kids)
  - ✓ Customize services for each community
  - ✓ Focus prevention efforts on younger kids
  - ✓ Educate parents about substance abuse (church-based programs are most effective)
  - ✓ Develop more church-based activities for kids
  - ✓ Mentor kids at risk
  - ✓ Provide non-criminal alternatives (wilderness camps, alternative high schools, in-school counseling) for some youth substance users
  - ✓ Implement and enforce parent-based consequences for less serious cases of abuse
- Employer and community leader focus group participants voiced concern that Greenville County residents perceive substance abuse as a moral rather than a public health issue and that the Greenville County Commission on Alcohol and Drug Abuse is not as effective as it could be due to negative associations with the word “Commission”.

- Participants in the employer and community leader focus group do not think the Commission should function as a direct provider of substance abuse treatment services (except as a “safety net” provider) but should serve as an educator, coordinator of services available in the community, and advocate for those suffering from substance abuse.
- Participants in a focus group of people recovering from substance abuse problems held in 2001 indicate the following:
  - ✓ Problems associated with alcohol use are frequently ignored until a crisis occurs.
  - ✓ Women abusers tend to feel more shame and are more frequently “hidden” drinkers.
  - ✓ Although there are a number of alcohol and other drug services and resources in Greenville County, inpatient rehabilitation treatment after detoxification is not available.
  - ✓ Urgent and semi-urgent care for youth that are using drugs is not available.

## **E. Employer Survey Findings**

- Tripp Umbach completed written surveys with four Greenville County employers, including the largest and second largest employer in the county.
- Substance abuse impacts identified by employers include absenteeism, workplace errors, theft, legal difficulties for employees, and safety issues.
- Employers surveyed believe that there are enough substance abuse services available in Greenville County.
- Survey respondents rate available services used by employees as excellent or good.
- The only substance abuse system improvement suggestion made by respondents to the employer survey was to place a greater emphasis on prevention.

## **F. Provider Survey Findings**

With input from the Executive Committee, Tripp Umbach designed a detailed provider survey, which was distributed to 40 substance abuse providers in Greenville County. Surveys were mailed or faxed after telephone contact was established with each providing organization. It is important to note that surveys were completed voluntarily by the providing organizations and therefore this methodology presents the following limitations: 1) different interpretations of treatment types 2) not all organizations have specific data on the number of persons served or the outcome of services provided, and 3) not every organization completed a survey and some of the surveys were incomplete. Tripp Umbach recommends that an annual survey process be implemented and that the data from this survey be distributed on a regular basis to all providing organizations.

**Table 1. Summary of Inventory Findings by Type of Service**

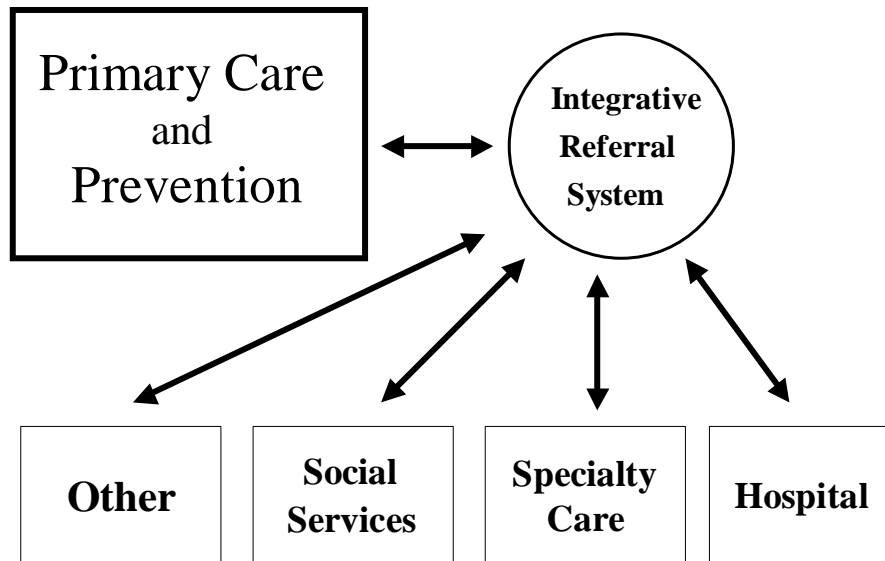
<b>Prevention</b>	<b>Intervention &amp; Referrals</b>	<b>Detoxification</b>	<b>Inpatient</b>	<b>Residential (Type I and II<sup>4</sup>)</b>	<b>Outpatient (Type I and II)</b>	<b>Continuing Care &amp; Support</b>
Home with a Heart	The Turning Point	GCCADA (16 beds)	AnMed Wellspring (22 beds)	<b>TYPE I</b> Home with a Heart (13 beds)	<b>TYPE I:</b> GCCADA (outpatient and intensive outpatient)	The Turning Point (relapse prevention, halfway houses-200 beds, employment training)
The Turning Point	Rosewood	Carolina Center for Behavioral Health	Carolina Center for Behavioral Health (30 beds)	<b>TYPE I</b> GCCADA Serenity Place (16 beds)	<b>TYPE I:</b> Rosewood	Greenville Rescue Mission (90-day aftercare)
GCCADA	GCCADA	AnMed Wellspring (5 beds)		<b>TYPE I:</b> SC Vocational Rehab Holmesview (10 beds for GC residents)	<b>TYPE I:</b> Piedmont Center for Mental Health Services (outpatient and day treatment for dual dx youth)	Palmetto Houses (housing programs for 40 people)
AnMed Wellspring	Carolina Center for Behavioral Health	Psychiatric Associates (50 people)		<b>TYPE II</b> Shepherd's Gate (14 beds for women)	<b>TYPE I:</b> Carolina Center for Behavioral Health (intensive)	GCCADA (support groups)
Cary Center (youth)	AnMed Wellspring	AddLife		<b>TYPE II</b> Overcomers of Greenville Rescue Mission (50 beds for men)	<b>TYPE I:</b> AnMed Wellspring (intensive, day treatment)	Greenville Metro Treatment Center (methadone maintenance program)
Excalibur Youth Services (youth)	Cary Center (youth)			<b>TYPE II</b> Rosewood (10 beds for women)	<b>TYPE I:</b> Cary Center (youth, outpatient and intensive outpatient, day treatment)	Carolina Center for Behavioral Health (continuing care classes)

<sup>4</sup> Type I services are clinical, American Society of Addiction Medicine (ASAM) based treatment services. Type II services are community-based or spiritually-based treatment services.

<b>Prevention</b>	<b>Intervention &amp; Referrals</b>	<b>Detoxification</b>	<b>Inpatient</b>	<b>Residential Type I and II</b>	<b>Outpatient Type I and II</b>	<b>Continuing Care &amp; Support</b>
Greenville County Schools	Psychiatric Associates			<b>TYPE II:</b> The Turning Point (80 beds)	<b>TYPE I:</b> Drug Court	AnMed Wellspring (aftercare)
Greenville Family Partnership	Excalibur Youth Services (youth)			<b>TYPE II</b> Salvation Army	<b>TYPE I:</b> AddLife	Cary Center (youth)
Greenville Free Medical Clinic	United Way Helpline				<b>TYPE I:</b> Don Foster (outpatient and intensive outpatient)	Psychiatric Associates (relapse prevention, support groups)
United Ministries	Probate Court				<b>TYPE I:</b> Greenville Mental Health Center (outpatient for dual dx)	Drug Court (aftercare)
	Compass of Carolina				<b>TYPE I and II:</b> Excalibur Youth Services (Type I outpatient and intensive outpatient, Type II outpatient counseling)	Don Foster (aftercare)
	Greenville Hospital System Emergency Trauma Center				<b>TYPE I and II:</b> Psychiatric Associates	United Ministries (employment training)
	United Ministries				<b>TYPE II:</b> The Turning Point (faith-based counseling)	Alcoholics/Narcotics Anonymous
	Within Reach				<b>TYPE II:</b> Buncombe Street Pastoral Counseling Center (outpatient)	
	Piedmont Intervention					

## 2. Model for Continuum of Care

Based upon a diagram of a recommended continuum of care developed by the Substance Abuse Services Alliance (SASA) in 2002, and incorporating input from the project planning retreat described in Section V of this report, the following is an “ideal” model of substance abuse services followed by a listing of specific services available for each category in the Greenville County area.



**Table 2. Results of Provider Survey Process and Asset Map**

<b>Substance Abuse Service Listed in Asset Map:</b>	<b>Name of Organization Providing Service in Greenville County:</b>
<b>Prevention and Education</b>	Home with a Heart, The Turning Point, GCCADA, AnMed Wellspring, Cary Center, Excalibur Youth Services, Greenville County Schools, Greenville Family Partnership, Greenville Free Medical Clinic, United Ministries
<b>Information Clearinghouse/Case Management</b>	No Single Agency Currently Providing This Service
<b>Assessment/Referral</b>	Piedmont Intervention, The Turning Point, Rosewood, GCCADA, Carolina Center for Behavioral Health, AnMed Wellspring, Psychiatric Associates, Excalibur Youth Services, United Way Helpline, Probate Court, Compass of Carolina, Greenville Hospital System ER, United Ministries, Within Reach
<b>Intervention</b>	Piedmont Intervention, Excalibur Youth Services, Cary Center, Psychiatric Associates
<b>Detoxification</b>	GCCADA, Carolina Center for Behavioral Health, AnMed Wellspring, Psychiatric Associates, AddLife
<b>Intensive Outpatient Services: Type I<sup>5</sup></b>	GCCADA, Carolina Center for Behavioral Health, AnMed Wellspring, Cary Center, AddLife, Don Foster, Excalibur Youth Services
<b>Outpatient Services: Type</b>	Rosewood, GCCADA, Cary Center, Psychiatric Associates, Drug Court, Greenville Mental Health Center, Piedmont Center for Mental Health Services, AddLife, Excalibur Youth Services, Don Foster
<b>Outpatient Services: Type II</b>	The Turning Point, Excalibur Youth Services, Psychiatric Associates, Buncombe Street Pastoral Counseling Center
<b>Residential Services: Type I</b>	Home with a Heart, SC Vocational Rehab Holmesview, GCCADA Serenity Place
<b>Residential Services: Type II</b>	Salvation Army, The Turning Point, Overcomers, Shepherd's Gate, Rosewood
<b>Halfway Houses</b>	The Turning Point
<b>Opioid Maintenance</b>	Greenville Metro Treatment Center
<b>Continuing Care</b>	The Turning Point, Greenville Rescue Mission, Palmetto Houses, GCCADA, Carolina Center for Behavioral Health, AnMed Wellspring, Cary Center, Psychiatric Associates, Drug Court, United Ministries, Alcoholics/Narcotics Anonymous

<sup>5</sup> Type I services are clinical, American Society of Addiction Medicine (ASAM) based treatment services. Type II services are community-based or spiritually-based treatment services.

### **3. Gap Analysis Results (based upon findings of provider survey)**

- Youth Services (inpatient, outpatient, residential)
- Inpatient Facilities (especially for un/underinsured)
- Coordinated Continuum of Services
- Halfway House (for women and children)

## G. Economic Impact Findings

Although it is difficult to quantify exact substance abuse impacts in all areas due to lack of consistent data collection, especially at the county level, one example of how substance abuse affects taxpayer dollars is detailed below in the chart of South Carolina state spending related to substance abuse in Greenville County alone (see Table 3). Based on this analysis, Tripp Umbach estimates that every Greenville County household pays \$450 per year in substance abuse-related costs.

**Table 3. Substance Abuse Cost to Greenville County Taxpayers**

<b>Affected Programs</b>	<b>1998 South Carolina State Spending Related to Substance Abuse in Greenville County<sup>6</sup></b>
<b>Adult Corrections</b>	\$6,562,833
<b>Juvenile Justice</b>	\$6,406,123
<b>Judiciary</b>	\$1,669,822
<b>Education (Elementary/Secondary)</b>	\$23,013,980*
<b>Health</b>	\$9,166,317
<b>Child Welfare</b>	\$3,709,079
<b>Income Assistance</b>	\$1,551,671
<b>Mental Health</b>	\$2,158,401
<b>Developmentally Disabled</b>	\$22,869
<b>Public Safety</b>	\$1,288,504
<b>State Workforce</b>	\$983,355
<b>Collection of Taxes</b>	\$28,669
<b>Prevention</b>	\$43,052
<b>Treatment</b>	\$10,474
<b>Research</b>	\$0
<b>Total</b>	<b>\$56,615,157</b>

\*The National Center on Addiction and Substance Abuse at Columbia University estimated that 10% of elementary and secondary expenditures were attributable to substance abuse. Higher education costs were not included due to data collection limitations.

<sup>6</sup>Greenville County figures were extrapolated based upon the summary of state spending on substance abuse in 1998 included in "Shoveling Up: The Impact of Substance Abuse on State Budgets", The National Center on Addiction and Substance Abuse at Columbia University.

Additional impacts include:

- In 1998, of the money South Carolina spent on substance abuse 96% was spent on the consequences of abuse, and only 4% was spent on prevention and treatment.
- On average, Americans paid \$277 per year in state taxes to deal with substance abuse and only \$10 per year for prevention and treatment (Shoveling Up: The Impact of Substance Abuse on State Budgets, 2001).
- Studies show that when criminal offenders enter treatment for substance abuse, the cost averages \$4,500 each per year versus incarceration costs that can run as high as \$27,000 per inmate per year.

These figures detail only a portion of the economic impacts of substance abuse. Substance abuse contributes to poverty, homelessness, violence, and the disintegration of families and communities.

## **V. Planning Retreat and Strategic Imperatives**

After review of all research findings, both primary and secondary as well as qualitative and quantitative, Tripp Umbach developed five proposed planning imperatives. At a Steering Committee Planning Retreat held at Greenville County Mental Health Services in March 2003, Tripp Umbach presented the imperatives and asked participants to review, revise and prioritize imperatives. Planning participants were also asked to work in small groups to create maps showing substance abuse services available in Greenville County and how these services interrelate. These maps and the discussion that took place during their creation were used to develop the asset map provided in Section F, as well as the content of the strategic plan.

Results of the retreat prioritization exercises revealed that planning participants believe that developing a coordinated continuum of care is by far the greatest priority for Greenville County relative to substance abuse. Analysis of planning retreat input resulted in the following planning imperatives in order of priority:

1. Develop and implement a coordinated continuum of care, with a central clearinghouse of information and case management services.
2. Increase awareness in Greenville County of substance abuse issues and impacts (to increase funding and understanding).
3. Increase non-clinical (spiritual-based) approaches and initiatives.
4. Increase youth services (inpatient, outpatient, residential).

Additional imperatives and strategies suggested by planning participants include:

- Invest in outcome evaluation research
- Implement environmental prevention strategies.
- Increase residential treatment services and options.
- Target services to those who utilize the greatest amount of taxpayer dollars.
- Develop a long-term treatment center.
- Avoid duplication of prevention services.

Input from the planning retreat was taken by Tripp Umbach and incorporated into the strategic plan provided at the beginning of this report.

## VI. Consultant Recommendations

Imperative	Recommended Strategies
<b>Implement the Substance Abuse Strategic Plan.</b>	<ul style="list-style-type: none"> <li>• Form task groups for each of the priority planning imperatives listed below. Encourage task groups to meet regularly every month.</li> </ul>
	<ul style="list-style-type: none"> <li>• Once groups are formed, finalize strategies and assign accountability and expected timelines to each of the task groups.</li> </ul>
<b>Develop and implement a coordinated continuum of care, with a central clearinghouse of information and case management services.</b>	<ul style="list-style-type: none"> <li>• Develop a central referral and information clearinghouse, using the 501(c)3 organization recently created by GCCADA as a vehicle. This structure will help the organization to function as a more effective, community-driven provider but still allow funding to continue to flow through GCCADA to the new organization.</li> <li>• Other funding sources external to Greenville County will also be able to flow into this organization.</li> </ul>
	<ul style="list-style-type: none"> <li>• Broaden the existing Board of Directors for the new organization so that it includes community representatives and substance abuse provider leaders.</li> </ul>
	<p>The new organization should have the following responsibilities:</p> <ul style="list-style-type: none"> <li>✓ Function as an advocate for substance abuse issues throughout Greenville County</li> <li>✓ Serve as a central collection and distribution agency of funding for services</li> <li>✓ Reallocate resources by working to eliminate duplication of services provided by GCCADA as well as other agencies so that needed services can be improved</li> <li>✓ Act as the county convener of agencies providing substance abuse services to ensure information sharing</li> <li>✓ Serve as a coordinator of data so that the county can consistently access system needs and evaluate outcomes of services (the organization can identify which treatment outcomes to track and utilize outcome data to allocate resources--outcomes tracking will also facilitate coordination between agencies when partnerships between multiple agencies improve the chance of long-term client success)</li> </ul>

<b>Imperative</b>	<b>Recommended Strategies</b>
<b>Develop and implement a coordinated continuum of care (continued).</b>	<ul style="list-style-type: none"> <li>Implement a case management service for individual clients, ensuring that clients receive treatment, job placement, housing, mental health and education services. (Best practice example: SHIELDS for Families, Inc., Director Kathryn Icenhower (323-242-5000, <a href="mailto:shieldsforfamilies@earthlink.net">shieldsforfamilies@earthlink.net</a>). Shields coordinates more than 30 funding sources to provide substance abuse treatment, counseling, housing, and life skills and parenting training. The success rates of Shields programs are significantly higher than other programs.)</li> </ul>
	<ul style="list-style-type: none"> <li>Continue to have GCCADA provide detoxification services to un/underinsured residents since this service would not otherwise be provided within the community.</li> </ul>
	<ul style="list-style-type: none"> <li>Utilize the case management services of the central clearinghouse organization referred to above to decrease the length of time it takes between when a resident needs a bed and when a bed is available.</li> </ul>
<b>Increase awareness in Greenville County of substance abuse issues, impacts, and services (to increase funding and understanding).</b>	<ul style="list-style-type: none"> <li>Utilize physicians and pastors as information and referral sources. Educate pastors and physicians about the warning signs of substance abuse and what to do if a parishioner or patient exhibits these signs.</li> </ul>
	<ul style="list-style-type: none"> <li>Continue and expand education/outreach partnerships with the Greenville County school system.</li> </ul>
	<ul style="list-style-type: none"> <li>Expand educational initiatives beyond the school system to the churches and medical environments.</li> </ul>
	<ul style="list-style-type: none"> <li>Presentations of the economic and social impacts of substance abuse should be made to local and state government, the media, United Way boards, and other community organizations such as economic development groups so that community resources can be directed to substance abuse treatment services.</li> </ul>
<b>Imperative</b>	<b>Recommended Strategies</b>
<b>Increase awareness in Greenville County of substance abuse issues and impacts (continued).</b>	<ul style="list-style-type: none"> <li>Create a general public awareness campaign in partnership with local media. Focus campaign on costs of substance abuse. Utilize outdoor, PSAs, newspaper articles and editorials.</li> </ul>

<b>Increase non-clinical (spiritual-based) approaches and initiatives.</b>	<ul style="list-style-type: none"> <li>• Create a link between clinical treatments and the spiritual community by including the 12-step community (AA, NA) as well as local churches in future meetings and initiatives.</li> </ul>
	<ul style="list-style-type: none"> <li>• Include AA and NA in case management treatment plans for substance abusers. (A 1990 study of alcohol treatment outcomes found AA participation to be the only significant predictor of sobriety during long term follow up. G.M. Cross, C.W. Morgan, A.J. Mooney, C.A. Martin and J.A. Rafter, "Alcoholism treatment: A ten-year follow-up study." Alcoholism: Clinical and Experimental Research, 14(2):169-173, 1990).</li> </ul>
	<ul style="list-style-type: none"> <li>• Best practice example: ADAM (The Anti-Drug Abuse Movement) provides drug and alcohol abuse prevention and education for youth and adults by linking black churches with agencies providing services. Initiatives have included a prevention/addiction recovery conference in which drug abuse specialists educated church volunteers about addiction, a First Annual Alcohol and Drug Awareness Sunday to raise awareness of substance abuse, and a Drug-Free Summer Youth Rally where youth pledged to remain drug-free. Funded by SC DAODAS, 1-800-458-8950.</li> </ul>
<b>Imperative</b>	<b>Recommended Strategies</b>
<b>Increase youth services (inpatient, outpatient, residential).</b>	<ul style="list-style-type: none"> <li>• Create a study group to evaluate the feasibility of creating a regional adolescent treatment center to provide services to residents of Anderson, Oconee, Spartanburg, and Pickens as well as Greenville County.</li> </ul>
	<ul style="list-style-type: none"> <li>• Ensure that new services for youth take into account the special needs of younger substance abusers.</li> </ul>
	<p>Focus treatment on youth who are most in need. Among the youth who need services to avoid costly interventions later in life:</p> <ul style="list-style-type: none"> <li>✓ Youth in foster care or at risk of being placed in foster care because of parents' substance abuse. (these children are more than four times more likely to become abusers)</li> <li>✓ Abused and neglected children</li> <li>✓ Children with other risk factors such as poverty, homelessness, gang affiliation, and domestic violence</li> <li>✓ Children of single parents (one study revealed that children of single parents are twice as likely to develop serious psychiatric illnesses and addictions)</li> </ul>
<b>Financial Resource</b>	<ul style="list-style-type: none"> <li>• Reallocate resources by prioritizing treatment for those</li> </ul>

<b>Opportunities</b>	whose abuse creates the greatest impacts on Greenville County (youth, pregnant women, incarcerated residents).
	<ul style="list-style-type: none"> <li>• Pursue private payments from clients who have the ability to pay, regardless of whether or not the service is provided without fee to those who cannot pay.</li> </ul>
	<ul style="list-style-type: none"> <li>• Work to increase private funding for treatment, especially from employers. The majority of substance abusers are employed and their abuse results in lost productivity, employee turnover, and worker compensation increases.</li> </ul>
	<ul style="list-style-type: none"> <li>• Implement an alcohol tax to fund treatment options that have been proven to be effective. In addition to providing revenue for substance abuse services, research by the Center for Science in the Public Interest has shown that taxing alcohol is the most effective way to reduce youth consumption of alcohol and related impacts.</li> </ul>
	<ul style="list-style-type: none"> <li>• Utilize the clearinghouse agency to generate grants and private funding for substance abuse services.</li> </ul>

## VI. Next Steps

- After final approval of the project report, Tripp Umbach recommends that the Steering and Executive Committees hold a community presentation to share key findings from this project.
- All Greenville County residents should be encouraged to attend the community presentation. A Greenville County-wide invitation can be included in the local newspaper, radio, and television stations.
- Special invitations should go out to government and economic representatives, community leaders, and substance abuse providers.
- After presentation of the project report and consultant recommendations, the Executive and Steering Committees should form task groups for each of the planning imperatives.
- A list of potential members for each task group should be developed to include appropriate providers, community leaders, and interested Greenville County activists (asking for volunteers for specific task groups at the community presentation is a good way to begin to form a task group).
- As specific actions are implemented in a coordinated manner and as additional Greenville County residents are treated, economic impact statements can be developed showing the cost savings to the community as a result of the community plan.