

Behavioral Health Services Association of South Carolina, Inc.  
**Response to DAODAS Priorities for SC Publicly Funded  
Addiction Treatment Services**



The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODOS) has presented a study addressing one important aspect of that universe of public services: “Priorities for South Carolina’s Publicly Funded Addiction Services, 2024-2028.”

This report addresses the core mission of the 31 county alcohol and drug abuse authorities that the Behavioral Health Services Association of South Carolina (BHSA) exists to support in all 46 counties. These authorities are well known in their communities by a variety of names and acronyms, such as LRADAC, the Aiken Center, Shoreline Behavioral Health Services, and Keystone.

BHSA would like to briefly address key points in the 56-page DAODAS document, to make you aware of how they relate to the vital missions of these critical local alcohol and drug abuse authorities. Consider in particular these key conclusions stressed repeatedly as priorities in the study. It finds that drug and alcohol problems require:

**A Community-Based Approach.** This is the purpose for which the General Assembly created our system in 1973. A community knows its own people, and its own problems, and knows best how to address them. Today, a million people have found help from their own neighbors, through this approach. The local authorities don’t just SERVE communities and the people in them, they BUILD strong communities by making them effective healers of their members.

**Prevention for South Carolinians of all Ages.** Speak to anyone involved with our 31 agencies. This is our approach, and it works. For instance: Yes, we help those misusing opioids. But we more often deal with marijuana and alcohol. And if a teenager has taken up smoking, we step in before addiction takes hold. The factors that lead to those substances can also steer the vulnerable to fentanyl or heroin. And we’re about prevention as much as anything.

**Greater Coordination and Collaboration.** This is what happens in our communities and can only happen at that level. The local authorities’ staffs know and interact constantly not only with the neighbors they help, but with everyone who is involved in dealing with drug and alcohol issues – health care providers, educators, counselors, police, sheriffs, the local justice systems and county and city governmental bodies. We work TOGETHER to prevent, treat, and support recovery.

We could continue, but our aim here is to stress the points that we believe it is most important for everyone to understand, in terms of how we help South Carolinians with potential or current drug or alcohol problems.

The DAODAS study mentioned the need to pursue data-driven solutions. We agree, although measuring success with data in such a difficult and complex human problem can be a challenge. Even the most successful outcomes don’t guarantee a problem won’t return. There are a lot of data available, and here are a couple of post discharge data points for consideration to show that treatment works:

- 92 percent were stably housed 70-110 days post discharge that were homeless at admission.
- 90 percent were employed at 70-110 days after discharge that were unemployed at admission.

We know there are many people who need our help, and our goal is to reach as many people as possible in our communities. We look forward to partnering with DAODAS for additional support to build on the already existing local capacity for prevention, intervention, treatment and recovery support services within the county authorities.

We urge you to reach out to your local authority or to BHSA for more information or to answer any questions you may have. Local authorities can be found through the Communities 4 Recovery network at [communities4recovery.com](http://communities4recovery.com) or [bhsasc.org](http://bhsasc.org).