Spread and Sustainability

While all of South Carolina's 33 county substance abuse authorities are participating in STAR-SI, there is a bell curve in which many agencies are doing well, a few are not doing well, and the rest are in between. Keeping in mind that DAODAS is considering data that spans 24 months for Cohort 1 (15 months for Cohort 2, and only 5 months for Cohort 3), it may be entirely too early to assess true spread and forecast long-term sustainability. Nonetheless, there seem to be many factors that account for disparities between the providers, among which the following may be most germane:

- Disparities in willingness to change
- Management and leadership styles of provider leadership
- Personnel turnover
- Disparities in the capabilities of data coordinators

To move the bell curve in a positive direction and to prepare the ground for a lasting and productive sustainability effort, SSA Director Catoe invited all of the 33 providers to join a statewide Community of Commitment on a voluntary basis. To quote from his invitation letter:

> "…the only way that we can survive as a system in these challenging times is to band together even more effectively than we have done in the past. I am talking about a true partnership where a project, such as STAR-SI, is not BHSA's or DAODAS' but ours. Therefore, I propose that those of us who wish to do so get together to transform the way we manage our agencies and serve our state and communities. I further think that the initial focus of this completely voluntary joint effort should be the integration of the NIATx model not just as a continuous improvement tool but as the way we normally do business."

To use Whole Systems Change terminology, there are many burning platforms that may motivate South Carolina providers.

The Burning Platform—Fiscal: We have to be more efficient.

- In South Carolina, funding resources for substance abuse include SAPT BG, Medicaid, private insurance, self-pay, state appropriations, local government support, as well as foundation and grant funding. With the downturn in the economy, all of the above funding sources (except for Federal funding—SAPT BG, Medicaid and grant programs) have started to dry up.
- State budget reductions to date have totaled 25 percent, agencies are facing another 13 percent cut in July 2009, and there does not seem to be an end in sight. Funding and support from local governments, United Way agencies and the like have also been drastically reduced.
- In short, the funding situation now and in the foreseeable future is grim. If providers are to continue to obtain community and policy maker support, they must continue to provide services—that is, they must become more efficient.

The Burning Platform—Performance Funding: We have to be more effective.

- The relentless push to show positive client outcome results means that substance abuse funding will surely adopt performance-funding features.
- Providers can affect some client outcomes more than others, as there are too many variables outside providers' control.
- The most feasible approach would be to use process improvements that have been shown to positively impact client outcomes because providers can change their own processes easier than they can change their clients' behavior.

The Burning Platform—Service Delivery Paradigm: We have to adapt to new paradigms.

- The substance abuse field is facing many different challenges: SBIRT; multi-agency screening and referral; "No Wrong Door" or "One-Stop Service" approaches; medication assisted treatment; drive to merge substance abuse agencies with those providing mental health services; the Parity Law; the looming national health care reform; counseling via interactive computer programs; family practice physicians starting to offer on-premise substance abuse counseling services; etc…
- In this environment, the SSA and providers must be ready to adapt. And, they must be ready to adapt quickly if they are to survive.

Twenty-five of the 33 providers responded positively to Director Catoe's invitation. Of the remaining eight, only one or two flatly declined to consider the Community of Commitment, while the rest could not participate mainly because of personnel issues. The members of the Community of Commitment participated in a series of preparatory conference calls and attended a statewide meeting on May 20, 2009. They narrowed down a mission definition to "to become the best provider system" because of various reasons and, overwhelmingly, indicated the desire to move the entire provider system forward, using existing structures and relationships.

Way Forward

South Carolina will continue to use the NIATx principles and the P-D-S-A Rapid Cycle model, informed and guided by the NIATx Whole System Change Model. The SSA Change Team will try to support the NIATx Change Leader and Coach Academies to build up its native capacity. South Carolina also should continue to hold learning collaboratives, fund NIATx coaches, attend NIATx conferences, and participate in NIATx communities of commitment.

The most important resources in the state are South Carolinians who are devoted to excellence in the provision of substance abuse services. In addition to those already highlighted in these state stories, they include the remaining members of the DAODAS MIS Team—Jim Maxwell, Daniel Walker and Julie Grubbs—without whom performance management would not be a reality in South Carolina.

Of course, the state's peer mentors and coaches, along with the leading provider change teams, are and will remain indispensable. They are Cheryl Long and Amy Coto of Axis 1 Center; Martha Critchley of LRADAC; Kathleen Padgett of Colleton County Commission on Alcohol and Drug Abuse; Petra Clay Jones and Shannan McKinney ofAnderson/Oconee Behavioral Health Services; Charles Bell of Shoreline; and Michelle Crawford of Ernest Kennedy Center.