

ANNEX 3

FOCUS AREA – TREAT AND RECOVER

COORDINATING AGENCY:	S.C. Department of Alcohol and Other Drug Abuse Services
PRIMARY AGENCIES	Behavioral Health Services Association of South Carolina Inc.; S.C. Association for the Treatment of Opioid Dependence; Medical University of South Carolina; Faces and Voices of Recovery; S.C. Association of Alcoholism and Drug Abuse Counselors; S.C. Department of Probation, Parole and Pardon Services; Oxford House Inc.
SUPPORTING AGENCIES:	S.C. Department of Health and Environmental Control; S.C. Department of Corrections; S.C. Department of Health and Human Services; S.C. Department of Juvenile Justice; S.C. Department of Labor, Licensing and Regulation; S.C. Department of Mental Health; Colleges and/or Universities (TBD); Hospitals; Medical Practices

I. INTRODUCTION/PURPOSE

- A. Access to treatment and recovery services is critical to addressing opioid dependency and addiction. Eliminating barriers to treatment access – including the shame associated with seeking help – is paramount to addressing the opioid crisis. Recovery-supportive communities that embrace individuals and families with a local presence are also essential for long-term support of recovering populations.
- B. Agencies, organizations, and businesses that serve individuals and families will work together to develop more treatment and recovery opportunities to lessen the risks and consequences associated with opioid dependence and addiction and to support healthy lives in long-term recovery.

II. ASSESSMENT

The risk of death related to opioid overdose requires evidence-based approaches to address opioid dependency and addiction. Medication-assisted treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies. The three medications commonly used to treat opioid addiction are methadone, naltrexone, and buprenorphine. Individuals who receive effective treatment *and* structured support in the community are more likely to achieve long-term recovery, health, wellness, and civic engagement.

The availability of MAT and the accessibility of recovery-support communities are currently limited, particularly in rural areas. Inadequate access to care and community support can lead to negative outcomes, including prolonged opioid use, incarceration, and overdose death.

While treatment services are available in public and private outpatient and inpatient settings as well as with hospital system providers, many citizens face various barriers in accessing treatment and recovery services across our state. Approximately 6,500 to 7,000 citizens currently access treatment with methadone at one of the 21 opioid treatment programs operating in our state. Patients from each of South Carolina's 46 counties access this treatment, some having to travel in excess of an hour each way, multiple times per week for care.

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Many county alcohol and drug abuse authorities provide office-based opioid agonist treatment inclusive of naltrexone and buprenorphine, while some county authorities are working to expand access to this treatment with telehealth technology. There are more than 514 physicians statewide who are waived and eligible to practice office-based MAT. Most of the medical providers in the state who are able to prescribe medications for opioid use disorder are in practice around metropolitan areas. More physicians, physician assistants, and advanced nurse practitioners must be waived and willing to treat opioid dependency and addiction to meet the needs of citizens.

All communities in South Carolina should embrace citizens living in long-term recovery. There are over 300,000 currently, and the numbers will grow exponentially as more people find recovery from the addiction we are addressing. Recovery community organizations (RCOs) offer non-clinical peer assistance that supports recovery, reduces relapse, and promotes high-level wellness in individuals, families, and the communities where they exist. As RCOs are developed and grow around our state, more peer-based recovery support services such as coaching, peer recovery groups, and telephone recovery support are available. This elevates awareness of healthy lives in long-term recovery, thereby eliminating stigma and discrimination of those experiencing addiction.

Housing for people who are newly sober can provide time and support in the first stages of long-term recovery. Recovery residences provide safe and healthy environments that empower people transitioning toward independent living. Availability of recovery housing that adheres to standards and ethics is important for the growing number of individuals in need of drug-free housing in our state.

Access to mutual aid programming that is supportive of the unique lived experiences of individuals with opioid use disorder, and families and friends of individuals with narcotic addiction, is important. Nar-Anon and Opiates Anonymous offer fellowship with understanding and acceptance of the unique nature of opiates. With only four Nar-Anon groups and one Opiates Anonymous group in the state, there is wide opportunity for more development of this unique kind of mutual aid fellowship in our state.

Goals and objectives related to treatment and recovery must focus on system and workforce readiness to engage and treat individuals with opioid dependence and addiction. Efforts must also support RCOs and recovery networks to bring recovery-focused activities, programs, and services to localities statewide.

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III. GOALS & TIMELINE

- A. Build the capacity of providers to deliver appropriate treatment and recovery services
- B. Engage people affected by opioid dependence and addiction in services
- C. Ensure the availability and accessibility of treatment and recovery services
- D. Support the development and enhancement of recovery supports in communities

Goal 1: Build the capacity of providers to deliver appropriate treatment and recovery services

(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objective	Timeline	Measure of Success	Progress
MUSC, Hospitals, SCMA	Increase the number of prescribers with DATA 2000 waivers who practice office-based MAT.	ongoing	# of new prescribers	Underway 30 since June 2018
MUSC, Private Providers	Increase the number of practices receiving academic detailing for PDMP use, screening, and medical treatment of addiction.	ongoing	# of providers reached, # of providers trained	Underway 41 since March 2018
MUSC	Support prescribers treating opioid use disorders via tele-mentoring (Project ECHO).	ongoing	# of ECHO sessions # of participants	Underway monthly
DAODAS, PPP	Train officers with the Department of Probation, Parole and Pardon Services on the science of addiction, recognition of symptoms, referral to treatment, and prevention of overdose.	mid-term	# of officers trained	Trainings to be scheduled
BHSA, DAODAS, SCAADAC, SCATOD	Increase the number of behavioral health specialists educated on the science of opioid use disorder and medication-assisted treatment.	ongoing	# of professionals trained	Underway 38 since June 2018
BHSA, DAODAS	Increase the number of behavioral health specialists trained in the BPSSEM model of addiction treatment.	near-term mid-term	# of professionals trained	Underway
BHSA, DAODAS	Increase the number of behavioral health specialists trained in the Adolescent Community Reinforcement Approach.	near-term mid-term	# of professionals trained	Trainings to be scheduled
BHSA, DAODAS, DMH	Increase the number of behavioral health specialists trained in Dialectical Behavioral Therapy.	mid-term long-term	# of professionals trained	Trainings to be scheduled

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Agency	Objective	Timeline	Measure of Success	Progress
DAODAS, BHSA, SCATOD	Increase the number of behavioral health specialists trained in Motivational Interviewing.	near-term mid-term	# of professionals trained	Needs assessment for regional trainings underway
DHHS, DAODAS, MUSC	Complete guidelines for MAT.	near-term	Publication of guidelines	Near completion

Goal 2: Engage people affected by opioid dependence and addiction in services

(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objective	Timeline	Measure of Success	Progress
DAODAS, Judicial Circuit	Establish a diversion or deflection program in at least one judicial circuit. Support drug court expansion with all circuits.	mid-term	Courts established	Underway
TBD	Develop a collegiate recovery pilot program in one two-year college.	mid-term	Program established	RFP out July 2018
TBD	Develop a collegiate recovery pilot program in one four-year college or university	mid-term	Program established	RFP out July 2018
MUSC, DHHS, DAODAS, Hospitals	Expand buprenorphine induction and MAT fast-tracking to outpatient care with warm hand-offs from emergency departments (inclusive of naloxone training and peer support).	mid-term long-term	# of programs established	2 established
DHEC, DAODAS	Train staff at public health clinics in Screening, Brief Intervention, and Referral to Treatment (SBIRT).	mid-term	# of staff, # of clinics practicing	Underway

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Goal 3: Ensure the availability and accessibility of treatment and recovery services

(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objective	Timeline	Measure of Success	Progress
BHSA, MUSC, DAODAS	Increase the number of county alcohol and drug abuse authorities providing MAT as an option for patients.	mid-term	# of programs with accessibility	Underway 15 as of June 2018
FAVOR, SCDC, DAODAS	Increase the number of inmates at SCDC who are trained as peer coaches.	mid-term long-term	# of coaches trained	Trainings to be scheduled
Hospitals, FAVOR, BHSA, DAODAS	Increase the number of hospitals with Peer Support Specialist intervention.	mid-term long-term	# of hospitals with specialists	Underway 3 as of June 2018
OTPs, BHSA, DAODAS, DHHS, Hospitals	Increase the number of patients whose treatment at OTPs is subsidized.	ongoing	# of patients with covered care	Underway 84 as of June 2018

Goal 4: Support the development and enhancement of recovery communities

(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objective	Timeline	Measure of Success	Progress
DAODAS	Conduct a gap analysis of recovery housing in the state.	near-term	Complete analysis	Complete July 2018
Oxford House, DAODAS	Increase the number of Oxford Houses in areas of high need.	mid-term long-term	# of Oxford Houses	Underway
BHSA, FAVOR	Increase the number of Certified Peer Support Specialists.	mid-term long-term	# of certifications	Trainings to be scheduled
BHSA, FAVOR	Increase the number of Opiates Anonymous groups in the state.	mid-term long-term	# of groups	1 currently
BHSA, FAVOR	Increase the number of Nar-Anon family groups in the state.	mid-term long-term	# of groups	3 currently

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IV. CONCEPT OF THE OPERATION

- A. Assessment of local need will be conducted with analysis of all current and relevant data sources that – combined – reveal the most current burden of opioid use and overdose geographically across the state. Local needs assessments submitted by county alcohol and drug abuse authorities to DAODAS in annual county plans will also be considered. Reports from local treatment providers, law enforcement, coalitions, and citizens will all be considered on an ongoing basis with the most current data to assess local needs.
- B. As local needs are recognized, coordinating, primary, and supporting agencies will identify available resources and will coordinate pursuit of resources, dissemination of resources, or coordination of resources across sectors to support localities.

V. AGENCY RESPONSIBILITIES

- A. Each agency listed above is responsible for:
 - i. Outreach to community partners, as related to each agency's initiatives
 - ii. Tracking of progress
 - iii. Updating annex as needed
- B. Each agency commits to attending regular meetings regarding this annex.

VI. RESOURCES

- Financial assistance for treatment services at county authorities and opioid treatment programs
- Governor's Opioid Summit, annually in September
- Learning Management System (LMS) – open-access, online, credited training for professionals and families
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) programming
- Assistance and support with drug court programming development
- South Carolina Recovery Oriented Systems of Care (SC ROSC)
- Statewide network of DAODAS/SCAADAC trained and certified Peer Support Specialists and Recovery Coaches
- Peer Support Specialist supervision training
- Peer Support Specialist MAT program with SCDC
- Support for Peer Support Specialists in emergency departments and partnership development with hospitals and behavioral health providers
- Support for MUSC's workforce development (Project ECHO)
- Support for recovery community organizations (SC FAVOR chapters)
 - Greenville
 - Low Country
 - Pee Dee
 - Midlands
- Support for collegiate recovery centers and programming
 - University of South Carolina - Gamecock Recovery
 - College of Charleston
- The Bridge Program – for adolescents bridged from DJJ to outpatient treatment
- The Step-Up Program – for youthful offenders (SCDC), re-entry link to outpatient treatment

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- Adolescent Community Reinforcement Approach (evidence-based program for youth and family treatment)
- Cultural and Linguistic Collaborative (CLC)
- Workforce development collaborative, for addiction and recovery professionals
- Partners in Achieving Independence through Recovery and Self-Sufficiency (PAIRS) – resource support for mothers and children gaining independence and transitioning from treatment
- Community Against Domestic Abuse (CADA) program
- Interpretive services for treatment (deaf, blind, ESL)
- Support for development of Oxford Houses (self-run, self-supported recovery housing)