

**ANNEX – 2**

**FOCUS AREA – PREVENT AND RESPOND  
SOUTH CAROLINA OPIOID EMERGENCY RESPONSE PLAN**

**I. GOALS & TIMELINE**

- A. Reduce the number of opioids prescribed in South Carolina.
- B. Reduce the amount of unneeded opioid medications in homes.
- C. Reduce the number of fatal opioid overdoses.
- D. Increase treatment options for individuals suffering from opioid use disorder and help facilitate access to care.
- E. Enhance and expand opportunities for data-driven opioid-related decisions.

**Goal 1: Reduce the number of opioids prescribed in South Carolina**

**Table A: PMP-Related Activities**

*(Near-term [30–150 days], mid-term [6-12 months], long-term [12 months and beyond])*

<b>Agency</b>	<b>Objectives</b>	<b>Timelines</b>	<b>Measure of Success</b>	<b>Progress</b>
DHEC PDMP  Updated	Continue to promote the use of the PMP and conduct training for providers and dispensers on the benefits and use of the program:	Long-term	Increase use of the PMP	Ongoing
<i>Summary:</i>				
DHHS PDMP  Updated	Incorporate dispensing data from the PMP into the Medicaid claims database, allowing for a more complete picture of opioid use among the Medicaid population: <ul style="list-style-type: none"> <li>• Establish linkage and transmission protocol</li> <li>• Initiate regular transfer of linked PMP data (limited to the Medicaid population)</li> </ul>	Near-term	Execution of a data use agreement, linkage, and transfer of data	Fully implemented
<i>Summary: Data use agreement has been executed</i>				
SCHA, DHEC	Guide hospital systems in establishing active interfaces between their respective electronic health records (EHRs) and the SCRIPTS PMP system.	Mid-term Long-term	Number of hospitals with active interfacing systems - 239	Underway
<i>Summary: There are currently 239 health care systems that have integrated the SC PMP into their EHRs. More hospitals are working toward this integration also.</i>				

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LLR	Review licensing board annual recertification to ensure providers understand prescribing guidelines and PMP usage.	Mid-term Long-term	Number of licenses reviewed	Ongoing
<i>Summary:</i>				

**Table B: Prescriber Limits**

*(Near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])*

Agency	Objectives	Timelines	Measure of Success	Progress
DHHS	Execute seven-day prescription limit, pursuant to EO 2018-19: <ul style="list-style-type: none"> <li>• Issue public notice of planned benefit changes</li> <li>• Incorporate updated language as Medicaid policy and issue policy bulletin</li> <li>• Initiate measurement and recoupment for non-compliance</li> </ul>	Near-term	Drafting of a bulletin to reflect seven-day limit and publication of bulletin	Completed
<i>Summary:</i>				

**Table C: Prescription Guidelines and Best Practices**

*(Near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])*

Agency	Objectives	Timelines	Measure of Success	Progress
SCHA Updated	Coordinate and support implementation of specific hospital-based opioid prescribing guidelines by specialty and procedural category.	Mid-term Long-term	Number of hospitals with Joint Commission and Joint Revised Pain Management Guideline adherence	Underway
<p><i>Summary: Education was completed at SCMA, with attendance by SCHA members, ADA, and American Academy of Family Physicians. There are several speaking engagements scheduled including a full day educational session at the Perinatal Partnership Conference. Currently developing prescribing guidelines for ambulatory, ED, and inpatient hospitals within Prisma Health which can be applied to other hospital systems. In the past year, we have</i></p>				

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<i>shared our work, particularly with clinical decision making with various other health care systems through various virtual meetings.</i>				
LLR, SCMA, SCHA	Educate healthcare providers on prevailing best prescribing practices.	Ongoing	Number of providers educated	Completed
<i>Summary: ONGOING - Completed educational session at the SCMA, Upstate Opioid Symposium, and involvement with SCHA programming. COMPLETED - instituted Prisma Health Provider Opioid 2hr Opioid CME module</i>				
Hospitals, SCHA	<p>Reduce opioids at discharge:</p> <ul style="list-style-type: none"> <li>• Complete internal education and marketing campaign for providers</li> <li>• Link clinical justification to medications for medication reconciliation</li> <li>• Add Narc-Check to provider workflow</li> </ul> <p>Monitor prescriptions for opioids at discharge. Assess and monitor patients appropriately for pain and risk for opioid misuse/abuse.</p>	Ongoing	Assessing justification of medications at discharge	Underway at Prisma Health
<i>Summary: COMPLETE– able to review all Prisma Health provider prescribing data and report variances to Division Chairs to identify educational opportunities / strategies. All opioid RXs require association of diagnosis / DRG / CD10 codes to ensure appropriateness of MME and Duration. PDMP within EMR for provider utilization. Various EMR tools used and targeted education provided to ensure safe and appropriate use of opioids – expanding the role of non-opioid and non-pharmacological treatments.</i>				
SCHA, MUSC  updated	Promote academic detailing programs and resources to hospital system medical staff and owned physician practices.	Ongoing	Number of providers and systems reached	Underway
<i>Summary:</i>				

*Through June 2021: 531 Providers and 26 Counties*

*July, Aug, Sept 2019: Total Visits: 79, SOS: 30, Follow-up/tipSC visit: 49*

*Oct, Nov, Dec 2019: Total Visits: 58, SOS: 20, Follow-up/tipSC visit: 38*

*Jan, Feb, March\* 2020: Total Visits: 65, SOS: 13, Follow-up/tipSC visit: 52*

*April, May, June 2020: No prescriber visits due to COVID-19. Focus was on visits with pharmacists on naloxone per SC DAODAS request.*

*\*Through March 16th: 32 visits canceled due to COVID-19*

*July, August, September 2020: Total Visits: 52, SOS: 10, Follow-up/tipSC visit: 42*

*October, November, December 2020: Total Visits: 54 , SOS: 46, Follow-up/tipSC visit: 8*

*January, February, March 2021: Total Visits: 26 , SOS: 13, Follow-up/tipSC visit: 13*

*April, May, June 2021: Total Visits: 127 , SOS: 53, Follow-up/tipSC visit: 74*

**Table D: Alternative Pain Management**

*(Near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])*

<b>Agency</b>	<b>Objectives</b>	<b>Timelines</b>	<b>Measure of Success</b>	<b>Progress</b>
Prisma Health	1. Supplement cultural shift to non- opioids first with available medications/therapies: <ul style="list-style-type: none"> <li>• Obtain approval to utilize ketamine for pain management and add to formulary</li> <li>• Add IV Tylenol to formulary within pain team sponsored power plans and lowest dose to effectively manage pain</li> <li>• Promote and increase utilization of non-opioid surgeries</li> <li>• Reduce opioids at discharge and coordinate alternative non-opioid pain management options and pain management guidelines/incentives</li> <li>• Development and implementation of best practice-</li> </ul>	Long-term	Academic detailing will be provided to at least 350 Prisma Health and Community Providers annually.  Aggregate reduction in MME and pill counts overtime.  Speak and provide academic detailing at the Annual SC Oral Health Forum and SC Dental Association Meeting.	Underway

	<p>based pain power plans</p> <ul style="list-style-type: none"> <li>• Supplement cultural shift to non-opioids first with available medications/therapies</li> <li>• Assess and monitor patients appropriately for pain and risk for opioid misuse/abuse</li> </ul> <p>2. With funds from DHEC, Clemson University will provide academic detailing through Prisma Health as well as begin efforts to incorporate dentists into academic detailing practice.</p>			
<p><i>Summary: COMPLETE - Ketamine used as part of standard of care ERAS surgical program and IVP doses for pain used in our PACU/EDs for reduction in opioid use. Documented reduction in overall prescribing of opioids in various domains at each campus including overall MME reduction by 50% system-wide (all settings) and in some surgical setting by 85%. Implemented standardized pain panels offering non-opioids as first line, reserving IV opioids for only severe/breakthrough pain and limitation of 24hr on all orders. Implemented opioid overdose risk analytic tool to assist providers with prescribing and offer alternatives. Also developed tool to ensure naloxone prescription for any high-risk patient or those who fall under Naloxone Law 571. Education is provided to all identified patients on risks of opioids and use of naloxone. Various educational sessions completed as described above. Successes / Data presented at various virtual and in-person conferences over the past year. Academic detailing efforts in conjunction with funding ongoing.</i></p>				

**Goal 2: Reduce the amount of unneeded opioid medications in homes**

**Table E: Promote Take Back Day**

*(Near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])*

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	Promote DEA’s Take Back Days through DHEC website and social media.	Ongoing (twice per year)	Publishing on website News media coverage of event	Completed
<p><i>Summary: DHEC hosted a Facebook Live event, updated the DHEC take back day webpage, and pushed out information on social media channels to promote the October National Prescription Drug Take Back Day. DHEC will continue promoting take back events biannually and working with different mediums and partners.</i></p>				

**Table F: Promote Environmentally Friendly Disposal Methods**

*(Near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])*

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	Provide information on website about environmentally friendly ways to dispose of controlled substances and update as needed.	Near-term	Publication of webpage	Completed
<i>Summary: DHEC hosted a Facebook Live event, updated the DHEC take back day webpage, and pushed out information on social media channels to promote the October National Prescription Drug Take Back Day. DHEC will continue promoting take back events biannually and working with different mediums and partners.</i>				
DAODAS	Provide information on Just Plain Killers website about prescription drug safe disposal at permanent prescription drug drop off sites statewide.	Ongoing	Publication of webpage	Completed
<i>Summary: DHEC’s website was updated to include current information on a webpage for environmentally friendly ways to dispose of controlled substances and was promoted along with the October National Prescription Drug Take Back Day. DHEC will continue to update this webpage and promote it with the biannual take back events.</i>				

**Goal 3: Reduce the number of fatal opioid overdoses**

**Table G: PMP-Related Activities**

*(Near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])*

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	Including Naloxone administration for overdose in PMP	Long-term	Including data in PMP by 1/2021	In progress
<i>Summary: H. 3728 includes new requirements that need to be operational by January 2021. All hospital ERs and first responders are reporting.</i>				

**Table H: Continue the ROLL Program**

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(Near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC, LLR, S.C. State Firefighters Association, EMS, DAODAS	<p>Continue the Reducing Opioid Loss of Life (ROLL) program as supported by DAODAS funding.</p> <p>Collaborate with DAODAS to seek continued funding when existing grants end.</p> <p>Increase the number of trained and certified first responders capable of administering naloxone by expanding ROLL program deliveries throughout the fire service:</p> <ul style="list-style-type: none"> <li>•SCFA EMS Section, in partnership with DHEC, will train SCFA EMS instructors to teach the ROLL program through instructor-led direct delivery</li> <li>•SCFA EMS and Curriculum Sections, in partnership with DHEC, will develop an online version of the ROLL program for expanded delivery, to include online testing and registration</li> <li>•SCFA EMS and Curriculum Sections, in partnership with DHEC, will develop an online recertification and continuing education program</li> </ul>	Ongoing	<p>Increase # of agencies trained</p> <p># of trained and certified first responders</p>	On target
<i>Summary:</i>				
DHEC, DAODAS State Law Enforcement, SS Police Academy EMS	<p>Continue the Law Enforcement Officer Narcan (LEON) program as supported by DAODAS and other funding.</p> <p>Collaborate with DAODAS to seek continued funding when existing grants end.</p> <p>Increase the number of trained and certified Law Enforcement Officers capable of administering naloxone by expanding the LEON program</p>	On going	<p>Increase number of agencies trained</p> <p>Increase number of officers trained</p>	Exceeding Target

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			Track Administrations through unique e-reporting system	
<p><i>Overdose Reversals: 250 (Law Enforcement Office Naloxone [LEON]) and 83 (Reduce Opioid Loss of Life [ROLL]) for a total of 333 between the two Prescription Drug Overdose: Prevention for States SAMHSA grant-funded program.</i></p> <p><i>Of the 250 reversals attributed to the LEON program:</i></p> <ul style="list-style-type: none"> <li>· 184 reversals were of males, and 66 were of females.</li> <li>· The 28-32 age group had the most reversals (52).</li> <li>· The top three counties for LEON-attributed reversals were Greenville (58), Horry (37), and Lexington (23).</li> </ul> <p><i>Of the 83 reversals attributed to the ROLL program:</i></p> <ul style="list-style-type: none"> <li>· 58 reversals were of males, and 25 were of females.</li> <li>· The 28-32 age group had the most reversals (20).</li> <li>· There were noticeably more ROLL-attributed reversals in Lexington County (26) than any other county</li> </ul>				

**Table I: Expand Community and Patient Access to Naloxone**

*(Near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])*

Agency	Objectives	Timelines	Measure of Success	Progress
DAODAS, BHSA, SCATOD	Train county alcohol and drug abuse authorities and OTPs on the use and distribution of naloxone.	Near-term	# of providers trained	County authorities trained. OTPs scheduled
<p><i>Summary: Overdose Prevention and Naloxone Distribution (OEND) trainings have been conducted for staff at 31 of the 32 existing county drug authorities in SC</i></p>				
DAODAS, BHSA, SCATOD	Purchase and dispense naloxone for high-risk patients/their caregivers at all county alcohol and drug abuse authorities and opioid	Near-term	# of providers with naloxone available	Progressing



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<p><i>Summary:</i>  <i>DAODAS Update :( October 1, 2019- March 30, 2020)</i>  <i>Number of naloxone kits distributed: 4,427 (89.2% increase from 2019 mid-year report).</i></p>				
DAODAS	Accept and vet applications from community organizations wishing to become designated as community distributors of Naloxone.	Near-term	# of approved designated organizations	Progressing
<p><i>Summary: DAODAS update: As of June 30, 2020, DAODAS has approved 56 organizations to be designated as community distributors of Naloxone. The list includes state agencies, local county alcohol and drug abuse commissions, OTPs, recovery organizations and other community service organizations. A complete list of approved providers is located on the “Just Plain Killers” website. Instructions for organizations interested in becoming a community distributor are located on the DAODAS website homepage.</i></p>				
MUSC updated	Initiate the distribution of the naloxone kits to emergency department (ED) patients and/or family members that present to MUSC and Horry County EDs following an overdose episode.	Near-term	ED implementation	Complete
<p><i>Summary: 1770 Narcan kits distributed across 7 EDs to at risk patients to date 7/31/21. Seven EDs- Tidelands-Georgetown, Tidelands-Waccamaw, Grand Strand Regional Medical Center, MUSC, Spartanburg Regional Medical Center-Main Campus, Spartanburg Regional Medical Center-Mary Black Campus and Prisma Health-Upstate.</i></p>				
LLR	<p>Increase access to naloxone for patients and caregivers of patients at risk of an opioid overdose without a prescription:</p> <ul style="list-style-type: none"> <li>• Continue to promote resources available at <a href="http://www.NaloxoneSavesSC.org">www.NaloxoneSavesSC.org</a>, on LLR’s website, and add as a link from other agency websites</li> <li>• Continue to educate</li> </ul>	Mid-term Long-term	<p># of pharmacies dispensing naloxone</p> <p># of hits to <a href="http://www.NaloxoneSavesSC.org">www.NaloxoneSavesSC.org</a> site</p> <p>Joint protocol approved</p>	Complete

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	<p>pharmacies about voluntary participation in program to dispense pursuant to joint protocol to initiate dispensing of naloxone HCL without a prescription</p> <ul style="list-style-type: none"> <li>• Appoint an advisory committee to advise and assist in the development of joint protocol for</li> </ul>			
<p><i>Summary:</i>  <i>As of July 2020, there are 437 pharmacies in South Carolina who have notified the State Board of Pharmacy that they will voluntarily dispense Naloxone to individuals at risk of an opioid overdose or caretakers of someone at risk of opioid overdose without a prescription. A list of participating pharmacies may be found at <a href="http://www.NaloxoneSavesSC.org">www.NaloxoneSavesSC.org</a>. In 2018 the joint protocol was approved</i></p>				
<p>SCDE Vicky Ladd  updated</p>	<p>Integrate training for school staff members on the use of naloxone and how to recognize signs of substance use disorder.</p>	<p>Mid-term Long-term</p>	<p># of staff trained and schools equipped</p>	<p>Trainings to be scheduled</p>
<p><i>Summary: No activity on this. Discussions have taken place related to current laws in place and that schools nurses and school staff are usually not caregivers or first responders and are not protected under the current laws. School Resource Officers may be trained by their local law enforcement agencies. As of August 2021 there is no change.</i></p>				

**Table J: Provider Initiatives**

*(Near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])*

Agency	Objectives	Timelines	Measure of Success	Progress
LLR	<p>Educate prescribers about potential benefits of simultaneous prescribing of naloxone with opioids for patients at risk of opioid overdose:</p> <ul style="list-style-type: none"> <li>• Emphasize considerations</li> </ul>	Ongoing	Measured output on communication, website hits, CME	Underway

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	<p>set forth in Joint Revised Pain Management Guidelines in August 2017 in communication with licensed healthcare professionals with prescriptive authority through e-blasts and other official communication</p> <ul style="list-style-type: none"> <li>• Enforce compliance with continuing education requirements for prescribers regarding monitoring and prescribing controlled substances through auditing and disciplinary processes</li> </ul>		<p>completed for licensure</p>	
<p><i>Summary:</i></p>				
<p>DHEC</p>	<ol style="list-style-type: none"> <li>1. Through a contract with Children’s Trust, DHEC will fund 6 cohorts of the strengthening Families program.</li> <li>2. Develop, facilitate and lead production of an opioid prevention video series, working with partners to highlight multitude of prevention and awareness efforts. Videos will be posted to Agency and shared with partners for distribution.</li> <li>3. Through a contract with Hold out the Lifeline (HOTL), a non-profit faith-based organization (FBO) that provides educational services to faith communities, DHEC will provide funds to distribute alternative non-opioid therapies for pain throughout the HOTL network as well as provide mental health first aid training.</li> </ol>	<ol style="list-style-type: none"> <li>1. Long-term</li> <li>2. Long-term</li> <li>3. Long-term</li> </ol>	<ol style="list-style-type: none"> <li>1. Graduation of 6 cohorts</li> <li>2. Development of an opioid prevention video series.</li> <li>3. Materials distributed throughout FBO network, mental health first aid training provided.</li> </ol>	<ol style="list-style-type: none"> <li>1. Ongoing</li> <li>2. In progress</li> <li>3. Ongoing</li> </ol>
<p><i>Summary:</i>  <i>The Strengthening Families Program (SFP) serves families with children ages 6 to 11 through local partners in settings that include community centers, schools, and churches. SFP is designed to help families develop positive discipline practices, stay resilient during tough times, reduce conflict, improve parenting skills, and assist children with social skills,</i></p>				

*relationships, and school performance. Through OD2A, DHEC funds SFP cohorts in 5 counties within the last grant year. Dorchester County had 11 families graduate from a cohort in October 2020 and had another cohort with 7 families start in June 2021. Fairfield County had 7 families graduate in September 2020 as well as May 2021. Union County had one cohort with 6 families graduate in May 2021. Horry County had 9 families graduate in August 2020 and will have another cohort starting in July 2021. Finally, Greenwood County had 9 families graduate in September 2020, 10 families graduate in December 2020, and 8 families graduate in May 2021. DHEC plans on implementing SFP cohorts in Williamsburg County next grant year.*

*Video Series: Video 1 is in the final approval stage. Videos 2 and 3 are in the planning stages. HOTL: Within the last year, 25,466 congregational members have been reached, 91 FBOs have received resources, and 39 materials have been distributed to faith and community members. HOTL has held 16 educational trainings, with 87 people being trained in Mental Health First Aid and 53 trained in Opioid Epidemic Prevention.*

SCORH	Develop interagency capacity for Rural Opioid Response Programs in Lancaster, Orangeburg, Beaufort, and Georgetown	Mid-term	Number of monthly coalitions meetings, Number of all community meetings, Number of agencies engaging in collaborative efforts	Underway
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*Summary:*

**Goal 4: Increase treatment options for individuals suffering from opioid use disorder and help facilitate access to care**

**Table K: Remove Regulatory Barriers**

*(Near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])*

<b>Agency</b>	<b>Objectives</b>	<b>Timelines</b>	<b>Measure of Success</b>	<b>Progress</b>
DHEC-BDC updated	Facilitate access to quality treatment facilities by evaluating existing regulatory requirements and remove unnecessary barriers to allow for the increase in the number of quality treatment facilities:	Mid-term	Adoption of State Health Plan by DHEC Board by December 2022  Creation and publishing of	On target Complete

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	<ul style="list-style-type: none"> <li>• Update the State Health Plan annually to reflect the current need for treatment facilities</li> <li>• Assist currently licensed and potential licensees of Facilities for Chemically Dependent or Addicted Persons to meet requirements of Regulation 61-93 (Published June 26, 2020) within a timely manner for bed increases, establishing new licenses, addition of satellites, etc.</li> </ul>		<p>guidance/tools to the DHEC Facilities for Chemically Dependent or Addicted Persons webpage to be utilized by licensees and potential licensees during the licensure process by June 2022.</p>
<i>Summary:</i>			

**Table L: Community Paramedic Program**

*(Near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])*

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC updated	Implement the community paramedic program for patients discharged after an opioid overdose: <ul style="list-style-type: none"> <li>• Enter into contracts with EMS agencies to allow funding for home visits to discharged overdose patients</li> <li>• DHEC and DAODAS will collaborate to continue funding for this program</li> </ul>	near-term  long-term	Numbers of home visits to increase on a quarterly basis  Identification of funding (DAODAS and DHEC)	On target  Ongoing
<p><i>Summary: August 2021: 7 agencies with signed contracts (Greenville, Lancaster, Pickens, Myrtle Beach, Lexington, Fairfield, and Clarendon). To date, there have been 404 COPE visits, 3,022 Narcan administrations, 11,740 people trained in LEON, 2,755 people trained in ROLL, and 26 trained in COPE.</i></p>				

**Table M: DHEC Health Clinic Referral Program**

*(Near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])*

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Agency	Objectives	Timelines	Measure of Success	Progress
DHEC updated	Evaluate the system for DHEC staff to assess health clinic clients' substance misuse/abuse and refer to external resources: <ul style="list-style-type: none"> <li>• Develop and/or revise relevant policies</li> <li>• Develop and implement training for staff in the assessment and referral of clients suffering from substance misuse/abuse</li> </ul>	long-term	1. Appropriate referral mechanisms have been identified.	Completed
		long-term	2. OGC provides approval of assessment questions used in DHEC client services/clinical encounters.	Completed
			3. Policies are adopted and in place.	In progress
			4. Training developed and provided to appropriate DHEC staff.	Completed
<p><i>Summary:</i>  <i>August 2021 update:</i>            On June 11 and 25th, DHEC Preventive Health clinic and administrative support staff in the 6 pilot locations were trained on the substance use referral protocol. A total of 53 staff were trained. Pilot sites are: Northwoods; Orangeburg; Myrtle Beach; Lancaster; Laurens; and Spartanburg.            Preventive Health clinical staff in the 6 pilot locations are assessing client's substance use as a social history risk factor and offering local resources for substance use treatment during routine Preventive Health clinic visits. The pilot project runs from July 1- August 31, 2021. After completion of the pilot, feedback will be collected from participating staff, and that feedback will be used to make any necessary updates to protocol. Once updates are made, protocol will get final review &amp; approval by DHEC's Office of General Counsel and Division of Women's Health before full implementation in all Preventive Health clinics in DHEC sites.</p>				

**Table N: Hospital Emergency Department Intervention/Referrals**

*(Near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])*

Agency	Objectives	Timelines	Measure of Success	Progress
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DAODAS, Hospitals, DHHS	Support hospital emergency departments (EDs) in implementing SBIRT model: <ul style="list-style-type: none"> <li>• Support hospitals to conduct screenings, interventions, and referrals</li> <li>• Reach out to hospitals and/or community health service sites for new implementation/practice prior to June 2018</li> </ul>	On-going  Completed	# of hospitals implementing services	5 hospitals
<i>Summary: SBIRT services are being delivered across 5 hospital E.Ds. (Tidelands Waccamaw, Grand Strand, MUSC, Prisma-Upstate, and Spartanburg Regional Hospital); from 11/15/19-5/31/20, 5,944 ED patients were identified to receive further screening for substance use by patient navigators.</i>				
Hospitals	Support training of ED physicians and staff in management of opioid use disorder overdoses and early triage to medication-assisted treatment	mid-term  long-term	# of providers trained	Under way
<i>Summary:</i>				

**Table O: Community Resource Alignment**

*(Near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])*

Agency	Objectives	Timelines	Measure of Success	Progress
DSS, DAODAS, BHSA, SCATOD	Assist in training social service providers on community resources and social supports for treatment and recovery services.	Ongoing	# of DSS workers trained	Underway
<i>Summary: Considerations for LMS or in-person training.</i>				
SCHA, Others	Identify and promote alignment between hospital systems and community-based recovery programs and resources.	Ongoing	Agreements established, Patients referred	Underway
<i>Summary: S.C. Behavioral Health Coalition meetings underway</i>				

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SCORH MUSC	Working to engage drug and alcohol commissions in telePrEP	Long-term	Number of agencies with telePrEP capabilities, Number of clients who are engaged in the program	Initiated
<i>Summary:</i>				

### Goal 5: Enhance and expand opportunities for data-driven opioid-related decisions

**Table P: Hospital Emergency Department Intervention/Referrals**

*(Near-term [30—150 days], mid-term [6-12 months], long-term [12 months and beyond])*

Agency	Objectives	Timelines	Measure of Success	Progress
OERT Data Committee	DAODAS and EMD to co-chair and schedule regular data committee meetings to provide guidance to the OERT regarding the dashboards, Justplainkillers data web portal and other data-driven decisions. Provide data, as needed, to maintain the timeliness of the dashboard and data portal. Provide the public with pertinent data-related reports/communications related to the Opioid epidemic in the state written by member agencies	Ongoing	Meet biannually or as needed (in person or virtually)	On target
		Ongoing	Successful transfer of data from data stewards on the committee, on an annual basis for JPK data update	On target
		Ongoing	Written documents provided and maintained on the Just Plain Killers website under the data portal tab	On target
<i>Summary: The OERT Data Committee has been meeting to provide guidance on the dashboards, data portal and inform/provide recommendations to the overall committee regarding data-driven questions the committee may propose. Additionally, a new section was</i>				



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<i>added to the JPK Data portal for special data reports regarding opioids (executive summaries, assessments) for public dissemination.</i>				
DHEC, DAODAS  Sazid Khan	Enhance and expand the data available by providing a DHEC- developed informatics dashboard to be published on the statewide opioid website that contains timely and relevant opioid related health data to inform the public, healthcare providers, and educators, and to assist with data-driven public health decisions:  1. Maintain the 8 existing dashboards and webpage with relevant and timely information.  2. Maintain a public data portal that provides relevant data to the public.	Ongoing          Ongoing	1. 8 dashboards 2. Just Plain Killers website live with 8 embedded dashboards. Created a style guide using visualization best practices to standardize dashboards. Created 9 downloadable data tables with corresponding data dictionaries for each of the indicators.	On Target          On Target
<i>Summary: The opioid dashboards were developed and launched on the JustPlainKillers website in 2018. The 4 original dashboards have been maintained and updated with timely data and information. Four additional dashboards were developed in 2019. The data committee standardized the underlying data structure driving the dashboards. The committee also used a survey to solicit feedback and improve the functionality of the dashboards. The dashboards will be updated again this fall with an additional data year.</i>				
DHEC  Updated	Update vulnerability assessment annually to inform resource allocation and target messaging  1. Gather and assess timely data to identify counties at highest risk of blood borne infection outbreaks resulting	Mid-term	1. Annual report identifying most vulnerable counties and strategies to reduce risk in those areas 2. Quarterly meetings with	1. On target

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	<p>from injection opioid use</p> <p>2. Convene with stakeholders regularly to ensure integrity of assessment and rapid dissemination of message to relevant parties</p> <p>3. Attend outreach events in vulnerable counties to prepare communities for possible HIV/hepatitis outbreaks and discuss evidence-based options for overdose prevention and harm reduction</p>	<p>Near-term</p> <p>ongoing</p>	<p>stakeholder group</p> <p>3. Attendance of at least 1 outreach event in each identified vulnerable county to discuss potential outbreak identification and mitigation strategies</p>	<p>2. On target</p> <p>3. In progress</p>
<p><i>Summary: Results from 2019 vulnerability assessment are being disseminated through October 2021, at which point results from 2020 vulnerability assessment will be available.</i></p>				
<p>DHEC, DAODAS, SLED, Atlanta Carolinas HIDTA</p>	<p>Establish data sharing agreement with key partners to monitor EMS data for rapid response across state agencies</p> <p>Identify geographical high burden areas and mobilize local partners to deploy resources</p>	<p>March 2020</p> <p>Ongoing</p>	<p>Signed data sharing agreement, action protocol</p> <p>Initiate weekly response calls and use data to inform action; # alerts identified and communicated; # policy, program, process improvements</p>	<p>Complete</p> <p>On target</p>
<p><i>Summary: The OERT Rapid Response Team met weekly since April 2020 to monitor data from the Bureau of EMS and Trauma on suspected opioid overdoses at the state level. Systematic and more real-time data monitoring was critical during the COVID public health emergency, as South Carolina saw a significant increase in overdoses since March.</i></p> <p><i>This group also issues bulletins on behalf of the OERT to key stakeholder groups for situational awareness about increased overdose activity that include tailored prevention and response strategies.</i></p> <p><i>The collaborative effort enables state-level staff to engage county-level counterparts in high-burden areas to encourage targeted response efforts that supported other OERT objectives, including drive-thru Narcan and Deterra distribution events. Specific measures of these results to demonstrate its impact are continuing to be monitored.</i></p>				

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*As of June 1, 2021, the DHEC Bureau of EMS integrated EMS data statewide into ODMAP on behalf of local agencies. This has reduced the burden of data entry for local first responders and provided near real-time data consistently across the state to enhance prevention and response activities in overdose hotspots. The Rapid Response Team continues to promote ODMAP registration for eligible public health and public safety agencies to access this data and plans to provide resources to build the capacity for local entities to monitor and respond to spike alerts.*

DHEC Public Health Lab	Identify and recruit hospitals to send de-identified urine specimens for fentanyl analog testing from suspected opioid related emergency department visits	Ongoing	Number of MOAs	Underway
	Report results from analysis to guide prevention efforts	Ongoing	Number of hospitals submitting samples Number of samples analyzed Monthly aggregate reports submitted	

*Summary: As of August 2021, 3173 samples received; 59% of hospitals with EDs (37/63) (26 MOAs) have been signed; 23 hospitals actively participating (specimens sent in last 30 days)*