

ANNEX – 3

FOCUS AREA – EDUCATE AND COMMUNICATE
SOUTH CAROLINA OPIOID EMERGENCY RESPONSE PLAN

COORDINATING AGENCIES: 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; Addiction Professionals of South Carolina; 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; 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 through hospital system providers, many citizens face various barriers in accessing treatment and recovery services across our state. Approximately 8,000 citizens currently access treatment with methadone at one of the 25 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.

Many county alcohol and drug abuse authorities provide office-based opioid agonist treatment inclusive of naltrexone, methadone and buprenorphine, while some county authorities are working to expand access to this treatment with telehealth technology. There are 644 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 our citizens.

All communities in South Carolina should embrace citizens living in long-term recovery. There are over 378,000 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, helps avoid recurrence of use, and promotes high-level wellness in individuals, families, and the communities where they live. 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 against those experiencing substance use disorders.

Housing for people who are newly in recovery 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 safe and stable 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 substance use disorders – is important. Nar-Anon and Opiates Anonymous offer fellowship with understanding and acceptance of the unique nature of opiates. With only six Nar-Anon groups and 7 Heroin Anonymous groups 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 use disorder. Efforts must also

support RCOs and recovery networks to bring recovery-focused activities, programs, and services to localities statewide.

III. GOALS & TIMELINE

- A. Build the capacity of providers to deliver appropriate treatment and recovery services
- B. Engage people affected by opioid and stimulant dependence in 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

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:
 - 1. Outreach to community partners, as related to each agency's initiatives
 - 2. Tracking of progress
 - 3. 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

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- Screening, Brief Intervention, and Referral to Treatment (SBIRT) programming
- Assistance and support with development of drug court programming
- Statewide network of DAODAS/APSC trained and certified Peer Support Specialists and Recovery Coaches
- Peer Support Specialist medication-assisted treatment program with the S.C. Department of Corrections
- Support for recovery community organizations
 - SCARCO chapters in Greenville, Lowcountry, Midlands, Grand Strand, Piedmont, and PeeDee
 - Midlands Recovery Center
 - WakeUp Carolina
 - The Courage Center
- Support for collegiate recovery centers and programming
 - University of South Carolina – Gamecock Recovery
 - Greenville Technical College
 - A.U.R.I.S.E. (Allen University)
- Partners in Achieving Independence through Recovery and Self-Sufficiency (PAIRS) – resource support for mothers and children gaining independence and transitioning from treatment
- Support for development of Oxford Houses (self-run, self-supported recovery housing)
- South Carolina coalitions

Table A

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 |
|-------------------------------|--|-------------------|--|--|
| DAODAS, PPP | Train officers with the Department of Probation, Parole and Pardon Services on the science of substance use disorders, recognition of symptoms, referral to treatment, and prevention of overdose. | Project completed | 622 officers trained | This work has been completed and the contract has ended. |
| BHSA, DAODAS, SCAADAC, SCATOD | Increase the number of behavioral health specialists educated on the science of opioid use disorder and medication-assisted treatment (MAT) and recovery. | Long-term | Approximately 200 professionals trained | Ongoing |
| DAODAS, BHSA, SCATOD | Increase the number of behavioral health specialists and other providers trained in Motivational Interviewing. | Long-term | 117 of professionals trained | Ongoing |
| DAODAS, BHSA, SCATOD | Enhance MAT capacity by recruiting prescribers to treat opioid use disorder medically. | Long-term | Approximately 200 professionals recruited and deployed | Ongoing |

Table B

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. | Long-term | Courts established; # of participants | Established in Fairfield and Chester counties. Currently recruiting participants. |
| DAODAS | Support a collegiate recovery pilot program in one two-year college and in one four-year college or university. | Long-term | Program established | Established at Greenville Technical College, University of South Carolina, College of Charleston, and Allen University (first HBCU) |
| SCDC, DAODAS | Expansion of the Recovery and Reentry Project with Certified Peer Support Specialists. | Long-term | # of inmates receiving pre-release services. # of inmates receiving Vivitrol shots. # of Narcan kits distributed. | 2091 people have received recovery capital (pre-release services) from SCDC and DAODAS CPSSs from 10/1/2021 to 9/1/2022. 41 inmates received Vivitrol shots from 10/1/2021 to 9/1/2022. 331 Narcan kits to date from January 2022- September 1, 2022. |
| 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). | Long-term | 7 programs established with 8 participants | Eight emergency departments have implemented the fast-track program across seven hospitals: <ul style="list-style-type: none"> • Medical University Hospital Authority (MUHA) of the Medical University of South Carolina (MUSC) – Charleston • MUSC - Florence • Grand Strand Medical Center • Tideland Waccamaw Medical Center |

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| | | | | <ul style="list-style-type: none"> • Tidelands Georgetown Memorial Hospital • Spartanburg Regional Medical Center • Spartanburg Regional Medical Center (SRMC) • SRMC - Mary Black Campus • Prisma Health-Upstate |
| DHEC, DAODAS, SCDSS | <p>Train staff at public health clinics in the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model. Increase the number of referrals from DHEC public health clinics.</p> <p>Program name - Partners in Achieving Independence through Recovery and Self-Sufficiency (PAIRS) Objective - resource support for mothers and children gaining independence and transitioning from treatment who may also be involved with the Child welfare System (DSS).</p> | Mid-term | <p># of staff; # of clinics practicing</p> <p>This program has been in existence between the agencies since 2000. Currently we are in FY 22 (Oct 1, 2021 – Sept 30, 2022)</p> | <p>Training for a medically settings in an online platform scheduled for December 2022 Training geared for primary care and community healthcare. CMEs and CEUs will be offered.</p> <p>In FY 20 PAIRS served 248 SUD patients in 7 residential sites and provided transitional services to 19 alcohol and drug authorities covering 27 counties. In FY 21 PAIRS served 191 SUD patients in 6 residential sites and provided transitional services to 18 alcohol and drug authorities covering 27 counties. The program is currently being delivered in FY 22, across 6 residential sites, in 18 alcohol and drug authorities covering 27 counties. Final data on numbers served will not be collected until 10/2022. Due to Covid- 19 Quarterly PAIRS meetings were moved from in person in 2020</p> |

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| | | | | to virtual meetings, and have remained virtual In November 2021, SC DSS provided a write up about PAIRS services and referral process in the November Eblast, which was distributed to 4400 SC DSS staff across the state. |
| DAODAS, Hospitals, Birth Outcomes Initiative (BOI) | Increase access to SBIRT services in hospital emergency departments. | Long-term | # of hospitals implementing # of planned additional sites scheduled | 5 hospitals implementing (Aiken Regional, Self-Memorial, Pickens AnMed Cannon, Oconee Prisma and Tideland Waccamaw (Horry)) 2 additional sites scheduled to start in December 2022 (Anderson and York County). |
| DAODAS, S.C. Primary Healthcare Association (FQHCs) | Increase SBIRT services in Federally Qualified Health Centers (FQHCs). | Mid-term | # of staff trained | Trainings rescheduled for Fall 2021 due to COVID restrictions |
| DAODAS, DHEC, | Expand on DHEC's longstanding partnership with DAODAS for HIV screening and linkage-to-care services within county alcohol and drug abuse authorities throughout the state by expanding services among recovery community organizations. "Continue partnership with DHEC to train staff at specified county AOD treatment sites to conduct HIV rapid testing. | Mid-term | # of staff trained; # of screenings | Three staff trained. 225 HCV screenings were conducted from 10/2020 to 8/2021. |

Table C

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 | Maintain the number of county alcohol and drug abuse authorities providing medication-assisted treatment (MAT) as an option for patients. | Long-term | # of programs with accessibility | 32 programs with accessibility. County authorities provide access to MAT. |
| FAVOR, SCDC, DAODAS | Increase the number of inmates at SCDC who are certified as Peer Support Specialists. | Long-term | 101 of Certified Peer Support Specialists trained to date | Underway. Increased to 663 as of 8/1/2020. Trainings are ongoing and occur at least bi-annually. |
| Hospitals, FAVOR, BHSA, DAODAS | Increase the number of hospitals with Peer Support Specialist intervention. | Mid-term Long-term | # of hospitals with Peer Support Specialists | Underway. Increased to 16 as of June 2022. Ongoing integration in Charleston, Greenville, Horry, and Richland Counties. |
| OTPs, BHSA, DAODAS, DHHS, Hospitals | Increase the number of patients whose treatment at opioid treatment programs is subsidized. | Ongoing | # of patients with covered care | A total of 2,565 new patients since September 2020-September 2021. |
| DAODAS, BHSA | Increase SBIRT services in Federally Qualified Health Centers (FQHCs). | Mid-term | # of staff trained | Trainings to commence in Fall 2022 both virtually and in-person across the state. |

Table D

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 |
|----------------------|--|-----------------------|---|--|
| Oxford House, DAODAS | Increase the number of Oxford Houses in areas of high need. | Long-term | 91 Oxford Houses | Increased from 91 to 96 as of August 2022 |
| DAODAS, SCARR, NARR | Develop a nationally accredited board certification for the state of South Carolina that identifies, trains, and supports existing and developing recovery residences in the ethical delivery of services. | Mid-term | # of training workshops; Data management system established | SCARR has been established, there are 11 certified Recovery Residences. DAODAS is entering into a contractual relationship with SCARR to support certification efforts and new housing related awards from HUD. |
| BHSA, FAVOR | Increase the number of Certified Peer Support Specialists. | Mid-term Long-term | # of certifications | Underway. Increased to 460 as of August 2022. |
| DAODAS, DHEC, FAVOR | Expand on DHEC’s longstanding partnership with DAODAS to train specified RCOs to conduct rapid HIV/HCV testing. | Long-term | # of screenings; # of patients coordinated to additional treatment. | Continued progress in HIV/HCV counseling, testing, and referral services for clients served by FAVOR Greenville. |
| DAODAS | Expand among community faith-based organizations the development of recovery support programs by establishing a partnership with a statewide faith-based organization with the capacity to train lay and community persons as recovery support specialists after identifying evidence-based recovery support training curricula and developing a training action plan. | Near-term | # of laypersons in the community trained; establish partnership with a statewide focused faith-based organization. | In FY22, two (2) Faith Based Recovery Community Organizations were established that reach 5 counties to bring Recovery Support Services to the faith community. In FY2021, a partnership was established with Hold Out the Lifeline, which has built relationships with the faith community since 1989, becoming a trusted source. |

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| <p>DAODAS, DMH, DHEC, BHSA</p> | <p>Integration and utilization of nicotine assessment into electronic health record for statewide service delivery.</p> | <p>Long-term</p> | <p>15,824 screenings have occurred since the integration of the nicotine assessment in 2019- 2022. 15,816 interventions have occurred across the state. 46 county SUD staff have been trained.</p> | <p>Since the integration of the nicotine assessment into the EHR, 8 county agencies (Keystone, Shoreline, Anderson-Oconee, L/RADAC, Charleston, Fairfield, Tri-County and Trinity) have received funds to provide nicotine-replacement products to patients seeking cessation support</p> |
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