

ANNEX 2

FOCUS AREA – PREVENT AND RESPOND

COORDINATING AGENCY:	S.C. Department of Health and Environmental Control
PRIMARY AGENCIES:	S.C. Department of Labor, Licensing and Regulation; S.C. Law Enforcement Division; S.C. Department of Education; S.C. Department of Alcohol and Other Drug Abuse Services
SUPPORTING AGENCIES:	U.S. Drug Enforcement Administration; Local Emergency Management Services; S.C. Department of Social Services; Local Law Enforcement; S.C. Medical Association; S.C. Hospital Association, Behavioral Health Services Association of South Carolina Inc.; S.C. Association for the Treatment of Opioid Dependence; S.C. Department of Insurance; Other Professional Associations; Healthcare Providers; Private Sector Partners

I. INTRODUCTION/PURPOSE

- A. Focus Area 2 (Prevent and Respond) is divided into five broad goals all aimed at improving the health and lives of the citizens of South Carolina. This focus area emphasizes first-line prevention of opioid use disorder. Agencies and partners will coordinate a public health approach to address primary prevention actions, secondary treatment-oriented actions, and tertiary rescue actions.
- B. Focus Area 2 will work to reduce the number of prescription opioids in South Carolina that are not needed for medical care. These efforts will include continuing to promote the use of the Prescription Monitoring Program (PMP) and conduct training for providers and dispensers on the benefits and use of the program.
- C. Focus Area 2 will help promote take-back and mail-back programs to reduce stockpiles of controlled substances. This focus area will promote the Drug Enforcement Administration (DEA)'s Take Back Days through websites and social media and provide information on websites about environmentally friendly methods of disposal of controlled substances. Partners will collaborate on educating the public on safe storage measures and how to locate drop boxes for turning over unused medications. Partners will further work with the S.C. Law Enforcement Division's incineration program to determine where assistance is needed with incineration efforts.
- D. Focus Area 2 will endeavor to reduce the number of fatal opioid overdoses through education, training, and funding. Continuous support will be provided for the Law Enforcement Officer Naloxone (LEON) program and the Reducing Opioid Loss of Life (ROLL) program. These efforts include collaborating with DAODAS to seek continued funding for the programs when grants end. Agencies and partners will collaborate to provide training to community providers on the use of naloxone. Focus Area 2 will also educate prescribers about the potential benefits of prescribing naloxone concurrently with opioids for patients at risk of opioid overdose.
- E. Focus Area 2 will work to increase treatment options for individuals suffering from opioid use disorder and help facilitate access to care. These efforts include implementing the community paramedic program for patients discharged after an overdose. Agencies will work on contracting with EMS agencies to allow funding for home visits to discharged overdose patients. The S.C. Department of Health and

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Environmental Control (DHEC) will work with agencies and partners to update the State Health Plan annually to reflect the current need for treatment facilities.

- F. Finally, Focus Area 2 will enhance and expand the data available from DHEC by providing an informatics dashboard containing timely and relevant opioid-related health data to inform the public, healthcare providers, and educators, and to assist with data-driven public health decisions. These efforts include identifying novel sources of opioid-related data for incorporation into the dashboard. These efforts will also include supplementing the data with automatic periodic data feeds into the dashboard.

II. ASSESSMENT

The United States is facing an opioid overdose epidemic brought about by prescription opioids, synthetic opioids, and heroin. From 2000 to 2014, the number of deaths from all drug-related overdoses grew by 137% nationwide, including a 200% increase in overdose deaths involving opioids.¹ In 2016, prescription opioids, synthetic opioids, and heroin were involved in the deaths of more than 42,000 people nationwide, more than any year on record. At least 40% of the opioid overdose deaths involved a prescription opioid.³

From 1999 to 2014, prescription opioid sales almost quadrupled. As sales of prescription opioids have risen, prescription opioid overdose deaths have increased simultaneously.² Opioids have been driving the increase in overall drug overdose deaths.

Between 2007 and 2016, the number of all drug-related overdose deaths increased by 44% in South Carolina, from 12.3 deaths per 100,000 (2007) to 17.7 deaths per 100,000 (2016). Data on drug overdose deaths that involve opioids only became available for South Carolina in 2014 because of drug specificity now captured on death certificates. Drug overdose deaths involving opioids increased by 21% between 2014 and 2016. Drug overdose deaths involving prescription opioids increased 18% between 2014 and 2016. Drug overdose deaths involving heroin increased by 89% from 2014 to 2016. Opioid-involved overdose deaths have continued to surpass the number of homicides every year since 2014.

¹Rudd, R. A. (2016). Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014. *MMWR*, 64, 1378-82. Retrieved April 23, 2018.

²Centers for Disease Control and Prevention. (2017, August 30). Prescribing Data. Retrieved April 23, 2018, from <https://www.cdc.gov/drugoverdose/data/prescribing.html>.

³Centers for Disease Control and Prevention. (2017, October 23). Opioid Overdose. Retrieved April 23, 2018, from <https://www.cdc.gov/drugoverdose/>.

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III. 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

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

PMP Related Activities

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	Continue to promote the use of the PMP and conduct training for providers and dispensers on the benefits and use of the program: <ul style="list-style-type: none"> • Purchase the appropriate software to enhance the user interface for the PMP • Issue report cards to providers as required by S.918 	near-term near-term	New interface available upon login Report cards issued	Fully implemented On target
DHHS	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"> • Execute data-sharing instrument between DHHS and DHEC • Establish linkage and transmission protocol • Initiate regular transfer of linked PMP data (limited to the Medicaid population) 	near-term	Execution of a data use agreement, linkage, and transfer of data	Underway

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Agency	Objectives	Timelines	Measure of Success	Progress
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	Underway
LLR	Review licensing board annual recertification to ensure providers understand prescribing guidelines and PMP usage.	mid-term long-term	Number of licenses reviewed	Ongoing

Prescriber Limits

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

Prescription Guidelines and Best Practices

Agency	Objectives	Timelines	Measure of Success	Progress
SCHA	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
LLR, SCMA, SCHA	Educate healthcare providers on prevailing best prescribing practices.	ongoing	Number of providers educated	Underway with license renewal

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Agency	Objectives	Timelines	Measure of Success	Progress
Hospitals, SCHA	Reduce opioids at discharge: <ul style="list-style-type: none"> • Complete internal education and marketing campaign for providers • Link clinical justification to medications for medication reconciliation • Add Narc-Check to provider workflow Monitor prescriptions for opioids at discharge. Assess and monitor patients appropriately for pain and risk for opioid misuse/abuse.	ongoing	Assessing justification of medications at discharge	Underway at Palmetto Health
SCHA, MUSC	Promote academic detailing programs and resources to hospital system medical staff and owned physician practices.	ongoing	Number of providers and systems reached	Underway
DOI	Give guidance on implementing policies with provider groups and insurers that promote the effective use of prescribing guidelines, including alternative treatments.	mid-term long-term	Guidance developed and disseminated	Pending

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Alternative Pain Management

Agency	Objectives	Timelines	Measure of Success	Progress
Palmetto Health	Supplement cultural shift to non-opioids first with available medications/therapies: <ul style="list-style-type: none"> • Obtain approval to utilize ketamine for pain management and add to formulary • Add IV Tylenol to formulary within pain team sponsored power plans • Implement nursing education on value of non-opioid first and lowest dose to effectively manage pain • Promote and increase utilization of non-opioid surgeries • Reduce opioids at discharge and coordinate alternative non-opioid pain management options and pain management guidelines/incentives • Development and implementation of best practice-based pain power plans • Supplement cultural shift to non-opioids first with available medications/therapies • Assess and monitor patients appropriately for pain and risk for opioid misuse/abuse 	mid-term (on hold for IV Tylenol; will reinvestigate in October)	Currently underway with three pain power plans; ideally active prior to calendar year's end	Underway

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

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

Promote Take Back Day

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	On target
All Agencies	Educate on drug take-back program: <ul style="list-style-type: none"> • During education opportunities, incorporate information on ways to remove excess drugs from circulation • Educate on safe storage measures and how to locate drop box locations for turning over unused medication 	ongoing	# of pounds of unused prescription drugs collected	On target

Assist in the Disposal of Large Quantities of Drugs

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC, SLED	Work with local governments and law enforcement to determine the amount of the stockpiles.	near-term	Accounting of stockpiles	Underway
	Explore developing partnerships to handle the disposal of large and small quantities of drugs.	near-term	Identification of partners	Underway
SLED, DAODAS, Local Law Enforcement	Work with DHEC through SLED incineration program to see if there are ways we can assist with incineration efforts.	ongoing	# of pounds of unused drugs incinerated	Underway

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Promote Environmentally Friendly Disposal Methods

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	On target

Goal 3: Reduce the number of fatal opioid overdoses

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

Continue the Law Enforcement Officer Narcan® (LEON) Program

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	Continue the Law Enforcement Officer Narcan® (LEON) program as supported by DAODAS funding. Collaborate with DAODAS to seek continued funding when existing grants end.	ongoing	Increase # of officers trained	Underway
DAODAS	Continue to work with DHEC to train law enforcement officers to obtain and use naloxone through October 2020.	ongoing	Increase # of officers trained	Underway
Local EMS, All Law Enforcement	Actively support first responder and law enforcement access to and training for naloxone administration in the field.	ongoing	Increase # of officers trained	Underway

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Agency	Objectives	Timelines	Measure of Success	Progress
SLED	Provide training and naloxone to all agents in danger of exposure to opioids or to those who interact with the public for opioid overdose intervention: <ul style="list-style-type: none"> • Complete and maintain updated policies for naloxone for the agency • Train individuals who are at risk of exposure to opioids or who are at increased odds for interaction with the public who are exposed to opioids on the proper administration of naloxone • Provide naloxone dosages to those trained individuals 	near-term	Increase # of agents trained	Progressing
SCDPS	Expand training and distribution of naloxone across SCDPS divisions for those officers at risk of exposure to opioids.	near-term	Increase # of agents trained	Trainings to be scheduled

Continue the ROLL Program

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	Continue the Reducing Opioid Loss of Life (ROLL) program as supported by DAODAS funding. Collaborate with DAODAS to seek continued funding when existing grants end.	ongoing	Increase # of agencies trained	On target

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Agency	Objectives	Timelines	Measure of Success	Progress
LLR (State Fire) S.C. State Firefighters Association, EMS, DHEC	<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"> • SCFA EMS Section, in partnership with DHEC, will train SCFA EMS instructors to teach the ROLL program through instructor-led direct delivery • 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 • SCFA EMS and Curriculum Sections, in partnership with DHEC, will develop an online recertification and continuing education program 	ongoing	# of trained and certified first responders	Trainings to be scheduled

Expand Community and Patient Access to Naloxone

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
DAODAS, BHSA, SCATOD	Purchase and dispense naloxone for patients at high risk at all county alcohol and drug abuse authorities and opioid treatment programs.	near-term	# of providers with naloxone available	Progressing

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Agency	Objectives	Timelines	Measure of Success	Progress
MUSC	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
LLR	Increase access to naloxone for patients and caregivers of patients at risk of an opioid overdose without a prescription: <ul style="list-style-type: none"> • Continue to promote resources available at www.NaloxoneSavesSC.org, on LLR's website, and add as a link from other agency websites • Continue to educate pharmacies about voluntary participation in program to dispense pursuant to joint protocol to initiate dispensing of naloxone HCL without a prescription • Appoint an advisory committee to advise and assist in the development of joint protocol for community distributors 	mid-term long-term	# of pharmacies dispensing naloxone # of hits to www.NaloxoneSavesSC.org site Joint protocol approved	Underway
SCDE	Integrate training for school staff members on the use of naloxone and how to recognize signs of substance use disorder.	mid-term long-term	# of staff trained and schools equipped	Trainings to be scheduled

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Provider Initiatives

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"> Emphasize considerations 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 Enforce compliance with continuing education requirements for prescribers regarding monitoring and prescribing controlled substances through auditing and disciplinary processes 	ongoing	Measured output on communication, website hits, CME completed for licensure	Underway

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

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

Remove Regulatory Barriers

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	<p>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:</p> <ul style="list-style-type: none"> Update the State Health Plan annually to reflect the current need for treatment facilities Seek input from stakeholders regarding DHEC’s Psychoactive Substance Abuse or Dependence (PSAD) Regulation 61-93 and revise as needed 	long-term	Adoption of State Health Plan by DHEC Board	On target
		Notice of Drafting Publication on June 22, 2018	Promulgation of changes to Regulation 61-93 submitted to General Assembly for review	On target

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Community Paramedic Program

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	Implement the community paramedic program for patients discharged after an opioid overdose: <ul style="list-style-type: none"> • Enter into contracts with EMS agencies to allow funding for home visits to discharged overdose patients • DHEC and DAODAS will collaborate to continue funding for this program 	near-term	Numbers of home visits to increase on a quarterly basis	On target
		long-term	Identification of funding	Not started

DHEC Health Clinic Referral Program

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	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"> • Study the availability of referral mechanisms • Investigate legal liability of such client assessments • Develop and/or revise relevant policies • Develop and implement training for staff in the assessment and referral of clients suffering from substance misuse/abuse 	near-term near-term near-term long-term	<ol style="list-style-type: none"> 1. Appropriate referral mechanisms have been identified. 2. OGC provides approval of assessment questions used in DHEC client services/ clinical encounters. 3. Policies are adopted and in place. 4. Training developed and provided to appropriate DHEC staff. 	On target

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Hospital Emergency Department Intervention/Referrals

Agency	Objectives	Timelines	Measure of Success	Progress
DAODAS, Hospitals	Support hospital emergency departments (EDs) in implementing SBIRT model: <ul style="list-style-type: none"> • Support GHS, MUSC, and Grand Strand hospitals to conduct screenings, interventions, and referrals through July 2018 • Reach out to hospitals and/or community health service sites for new implementation/practice prior to June 2018 	near-term mid-term	# of hospitals	Underway 4 hospitals implemented toward sustainability
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	Underway 4 hospitals implemented

Community Resource Alignment

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	Consideration of LMS or in-person regional training
SCHA, Others	Identify and promote alignment between hospital systems and community-based recovery programs and resources.	ongoing	Agreements established Patients referred	S.C. Behavioral Health Coalition meetings underway

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

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

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	<p>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:</p> <ol style="list-style-type: none"> 1. Develop an initial opioid dashboard with user-friendly visuals and metrics 2. Update the current DHEC webpage with relevant opioid-related information 3. Maintain the dashboard and webpage with relevant and timely information 4. Standardize underlying data structure driving dashboards and Just Plain Killers site. 5. Explore and operationalize a public data portal that provides relevant and timely data to the public 	<ol style="list-style-type: none"> 1. near-term 2. near-term 3. ongoing 4. near-term 5. near-term 	<ol style="list-style-type: none"> 1. Four dashboards 2. Updated webpage 3. Updated dashboards within four weeks of new data becoming available 4. Contractor is utilizing underlying data driving the dashboards. 5. Just Plain Killers website live with four embedded dashboards 	<ol style="list-style-type: none"> 1. Complete 2. On target 3. In-progress 4. On target 5. On target
OERT Data Committee	<p>Meet regularly to provide guidance for the dashboard and webpage. Provide data, as needed, to maintain the timeliness of the dashboard and data portal.</p>	ongoing	Meet at least quarterly	On target

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IV. CONCEPT OF THE OPERATION

Focus Area 2 will seek to marshal the resources of state and federal agencies, associations, and private partners to operationalize the objectives above to help combat the opioid crisis statewide and in local communities.

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 *(To be added at a later date)*