

ANNEX – 2

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

COORDINATING AGENCIES:	S.C. Department of Health and Environmental Control
PRIMARY AGENCIES:	Medical University of South Carolina; S.C. Coroners’ Association; S.C. Department of Corrections; S.C. Department of Health and Human Services; S.C. Department of Insurance; S.C. Department of Labor, Licensing and Regulation; S.C. Department of Probation, Parole and Pardon Services; S.C. State Attorney General’s Office
SUPPORTING AGENCIES:	U.S. Drug Enforcement Administration; Local Emergency Management Services; S.C. Department of Alcohol and Other Drug Abuse Services; S.C. Department of Social Services; Local Law Enforcement; S.C. Medical 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; S.C. Hospital Association

I. INTRODUCTION/PURPOSE

Focus Area 2’s prevention and response initiatives support existing efforts in South Carolina to help address the opioid crisis by supporting a comprehensive public health approach through primary prevention actions, secondary treatment-oriented actions, and tertiary rescue actions. This methodology ensures a comprehensive approach in addressing the various levels of need generated by the opioid crisis.

- A. Focus Area 2 will seek to confront personal, community, and other risk factors that may lead to addiction through primary prevention actions and programs.
- B. Focus Area 2 will seek to identify, diagnose, and treat dependency and substance use disorders by removing barriers to treatment and expand access to medication-assisted treatment.
- C. Focus Area 2 will seek to prevent death from overdoses and lessen outcomes through naloxone and curbing the use of intravenous drug usage to prevent exposure to other deadly diseases.

II. 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: Prescription Management Program (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, PDMP	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	Increased use of the PMP	Ongoing
<i>Summary:</i>				
DHHS, PDMP	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"> • 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	Ongoing
<i>Summary: Data use agreement has been executed.</i>				
SCHA, DHEC, PDMP	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 healthcare systems in South Carolina with active interfacing systems – 331	Ongoing
<i>Summary: As of September 2022, there were 331 healthcare systems that had integrated the SC PMP into their EHRs.</i>				

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: 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	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
<i>Summary: Follow-up education to be completed at SCMA this fall. There are several speaking engagements scheduled, including a full-day educational session at the Carolinas and Tennessee Anesthesiology Annual Meeting. Currently developing best practices and prescribing guidelines for ambulatory, emergency department, and inpatient hospitals in conjunction with CARONOVA (NC/SC health systems) project. In the past year, SCHA has shared their work, particularly with clinical decision making with various other healthcare systems through various virtual meetings.</i>				
LLR, SCMA, SCHA	Educate healthcare providers on prevailing best prescribing practices.	long-term	Number of providers educated	Ongoing
<i>Summary: Completed various educational sessions on local, regional, and national forums. Continual education through SCMA, Upstate Opioid Symposium, SCHS, SC Society of Health System Pharmacists, SC Americans with Disability Act and Prisma Health internal programming. COMPLETED – Instituted Prisma Health Provider Opioid 2hr Opioid CME module – pending upcoming revisions based on new guidance / data this Fall 2022 – Spring 2023.</i>				
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. 	long-term	Assessing justification of medications at discharge	Ongoing

Agency	Objectives	Timelines	Measure of Success	Progress
	<ul style="list-style-type: none"> • 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. 			
<p><i>Summary: Able to review all Prisma Health provider prescribing data and report variances to Division Chairs to identify educational opportunities/strategies. All opioid prescriptions 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. Mandatory documentation of naloxone prescribing, and education implemented within EMR to ensure compliance with law and address at-risk patients. Additional expansions of community distributor programs throughout Prisma Health in collaboration with rehabilitation follow-up.</i></p>				
<p>SCHA, MUSC</p>	<p>Promote academic detailing programs and resources to hospital system medical staff and owned physician practices.</p>	<p>ongoing</p>	<p>Number of providers and systems reached.</p>	<p>Underway</p>
<p><i>Summary: Through June 2021: 531 Providers and 26 Counties</i> <i>July, Aug, Sept 2019: Total Visits: 79, SOS: 30, Follow-up/tipSC visit: 49</i> <i>Oct, Nov, Dec 2019: Total Visits: 58, SOS: 20, Follow-up/tipSC visit: 38</i> <i>Jan, Feb, March* 2020: Total Visits: 65, SOS: 13, Follow-up/tipSC visit: 52</i> <i>April, May, June 2020: No prescriber visits due to COVID-19. Focus was on visits with pharmacists on naloxone per SC DAODAS request.</i> <i>*Through March 16th: 32 visits canceled due to COVID-19</i> <i>July, August, September 2020: Total Visits: 52, SOS: 10, Follow-up/tipSC visit: 42</i> <i>October, November, December 2020: Total Visits: 54, SOS: 46, Follow-up/tipSC visit: 8</i> <i>January, February, March 2021: Total Visits: 26, SOS: 13, Follow-up/tipSC visit: 13</i> <i>April, May, June 2021: Total Visits: 127, SOS: 53, Follow-up/tipSC visit: 74</i> <i>July, August, September 2021: Total Visits: 72 SOS:20 Follow-up/tipSC Visit:52</i></p>				

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

Table C: 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.	mid-term (twice per year)	Publishing on website. News media coverage of event.	Ongoing
<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 media and partners.</i></p>				

Table D: 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	Ongoing
<p><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></p>				
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
<p><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></p>				

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 January 2021	Ongoing
<p><i>Summary: H. 3728 includes new requirements that need to be operational by January 2021. All hospital ERs and first responders are reporting.</i></p>				

Table E: Continue the ROLL 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, 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"> • 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 	ongoing	Increase number of agencies trained and number of trained and certified first responders	On target

Agency	Objectives	Timelines	Measure of Success	Progress
	online testing and registration. <ul style="list-style-type: none"> • SCFA EMS and Curriculum Sections, in partnership with DHEC, will develop an online recertification and continuing education program. 			
<i>Summary:</i>				
DHEC, DAODAS, State Law Enforcement, SC Police Academy, EMS	<ol style="list-style-type: none"> 1. Continue the Law Enforcement Officer Narcan (LEON) program as supported by DAODAS and other funding. 2. Collaborate with DAODAS to seek continued funding when existing grants end. 3. Increase the number of trained and certified law enforcement officers capable of administering naloxone by expanding the LEON program. 	ongoing	<ol style="list-style-type: none"> 1. Increase number of agencies trained. 2. Increase number of officers trained. 3. Track Administrations through unique e-reporting system. 	Exceeding Target
<p><i>Overdose Reversals: 250 (LEON) and 83 (ROLL) for a total of 333 between the two Prescription Drug Overdose: Prevention for States SAMHSA grant-funded programs.</i></p> <p><i>Of the 250 reversals attributed to the LEON program:</i></p> <ul style="list-style-type: none"> • 184 reversals were of males, and 66 were of females. • The 28-32 age group had the most reversals (52). • The top three counties for LEON-attributed reversals were Greenville (58), Horry (37), and Lexington (23). <p><i>Of the 83 reversals attributed to the ROLL program:</i></p> <ul style="list-style-type: none"> • 58 reversals were of males, and 25 were of females. • The 28-32 age group had the most reversals (20). • There were noticeably more ROLL-attributed reversals in Lexington County (26) than any other county. 				

Table F: 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 opioid treatment programs (OTPs) on the use and distribution of naloxone.	near-term	number of providers trained	County authorities trained. OTPs scheduled
<i>Summary: Overdose Education and Naloxone Distribution (OEND) trainings have been conducted for staff at 31 of the 32 existing county alcohol and drug abuse authorities in South Carolina.</i>				
DAODAS, BHSA, SCATOD	Purchase Narcan for designated Community Distributors (participating in the DAODAS Narcan program) to distribute to persons at high risk and/or their caregivers.	near-term	# of providers with naloxone available	Progressing
<i>Summary: DAODAS Update (October 1, 2019 – March 30, 2020) – Number of naloxone kits distributed: 4,427 (89.2% increase from 2019 mid-year report).</i>				
DAODAS	Accept and vet applications from community organizations wishing to become designated as Community Distributors of naloxone.	near-term	# of approved designated organizations	Progressing
<i>Summary: DAODAS Update – As of November 30, 2022, DAODAS has approved 89 organizations to be designated as Community Distributors of naloxone. The list includes state agencies, county alcohol and drug abuse authorities, opioid treatment programs, recovery organizations, and other community service organizations. A complete list of approved Community Distributors is located on the “Just Plain Killers” website (www.justplainkillers.com). Instructions for organizations interested in becoming a Community Distributor are located on the DAODAS website homepage.</i>				
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

Agency	Objectives	Timelines	Measure of Success	Progress
<p><i>Summary: 1,770 Narcan kits distributed across seven 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"> • 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. 	mid-term long-term	# of pharmacies dispensing naloxone # of hits to Naloxone-SavesSC.org website Joint protocol approved	Complete
<p><i>Summary: As of July 2020, there are 437 pharmacies in South Carolina that 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 www.NaloxoneSavesSC.org . In 2018, the joint protocol was approved. Further, in July 2021, a law was enacted that requires a provider to offer to prescribe naloxone in certain circumstances and to provide education on overdose prevention and the use of naloxone.</i></p>				
SCDE, Vicky Ladd	Integrate training for school staff members on the use of naloxone and how to recognize signs of substance use disorders.	mid-term long-term	# of staff trained and schools equipped	Trainings to be scheduled
<p><i>Summary: No activity on this. Discussions have taken place related to current laws in place and that schools’ nurses and 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 G: 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"> • 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. 	long-term	Measured output on communication, website hits, CMEs completed for licensure	Ongoing
<p><i>Summary: In July 2021, a law was enacted that requires a provider to offer to prescribe naloxone in certain circumstances and to provide education on overdose prevention and the use of naloxone.</i></p>				
DHEC	<ol style="list-style-type: none"> 1. Through a contract with Children’s Trust, DHEC will fund 7 cohorts of the Strengthening Families Program. 2. DHEC will assist in the development of an opioid or opioid-related prevention video series, working with partners to 	<ol style="list-style-type: none"> 1. long-term 2. long-term 3. long-term 	<ol style="list-style-type: none"> 1. Graduation of 7 cohorts. 2. At least 1 video produced with assistance/input from DHEC on YouTurn educational platform. 3. Number of 	<ol style="list-style-type: none"> 1. Ongoing 2. In progress 3. Ongoing

Agency	Objectives	Timelines	Measure of Success	Progress
	<p>highlight the multitude of prevention and awareness efforts. Videos will be posted on a partner platform.</p> <p>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 support HOTL, training South Carolina laypersons about opioid education, which includes alternative non-opioid therapies for pain, the opioid epidemic, and illicit and counterfeit pills throughout the HOTL network. In addition, HOTL will provide mental health first aid training.</p>		<p>agencies engaging in collaborative efforts. Materials distributed throughout FBO network; mental health first aid and opioid education training provided.</p>	

Summary: 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, relationships, and school performance. Cohorts with teens are offered Botvin Life Skills Training (LST) curriculum. This program supports SFP and helps to improve family relationships and break generational cycles of dysfunction. Through OD2A, DHEC funded SFP cohorts in 6 counties within the last grant year. Total number graduating from DHEC supporting SFP/LST is 109 families (250 individuals). Of the 259 individuals who participated, 96 were children age 6-11, 73 were teens, and 96 were adults. Counties with cohorts were Dorchester, Fairfield, Greenwood, Horry, Union, and Williamsburg. In fiscal year 2022-2023, DHEC added another county and has additional funding. In the upcoming year, DHEC will support 7 counties (adding Chester County) and the Comprehensive Community Approach to Preventing Substance Misuse (CCAPS) grant, which will now support the Union County cohort. Educational Video: DHEC will assist in the development of an educational video that supports opioid prevention, education, stigma reduction, or response. HOTL: As of September 2022, HOTL has trained 232 individuals in mental health first aid and has presented opioid education information to 361 individuals.

Agency	Objectives	Timelines	Measure of Success	Progress
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	Ongoing
<i>Summary:</i>				

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

Table H: Remove Regulatory Barriers

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

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC - BDC	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: 1. Update the State Health Plan annually to reflect the current need for treatment facilities. 2. Assist currently licensed and potential licensees of Facilities for Chemically Dependent or Addicted Persons to meet requirements of Regulation 61-93 within a timely manner for bed increases, establishing new licenses, addition of satellites, etc.	1. mid-term 2. long-term	1. Adoption of State Health Plan by DHEC Board <u>March 2023</u> . 2. Maintain/edit guidance/tools on the Facilities for Chemically Dependent or Addicted Persons webpage to reflect Regulation 61-93 and decrease time between submission of an application to DHEC and approval of new beds and/or services. Provide consultations to licensed facilities and new applicants as needed to assist with maintaining	1. On target 2. Ongoing

Agency	Objectives	Timelines	Measure of Success	Progress
			compliance with Regulation 61-93.	
<i>Summary:</i>				

Table I: 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	Implement the community paramedic program for patients discharged after an opioid overdose: <ol style="list-style-type: none"> 1. Enter into contracts with EMS agencies to allow funding for home visits to discharged overdose patients. 2. DHEC and DAODAS will collaborate to continue funding for this program. 	<ol style="list-style-type: none"> 1. near-term 2. long-term 	<ol style="list-style-type: none"> 1. Number of home visits to increase on a quarterly basis 2. Identification of funding (DAODAS and DHEC) 	<ol style="list-style-type: none"> 1. Ongoing 2. Ongoing
<p><i>Summary: August 2022 – 7 agencies with signed contracts (Greenville, Lancaster, Bowers, Myrtle Beach, Lexington, Fairfield, and Clarendon). DHEC PHP has hired a COPE paramedic to begin visits for the agency. The first visit was made exactly 3 months to the date of hire, well ahead of anticipations. To date, there have been 1,222 COPE visits, 4,743 Narcan administrations, 14,072 people trained in LEON, 3,625 people trained in ROLL, and 32 trained in COPE. Recent media coverage in Greenville and Edgefield.</i></p>				

Table J: DHEC Health Clinic Referral 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	Evaluate the system for DHEC staff to assess health clinic clients’ substance misuse/abuse and refer to external resources: <ol style="list-style-type: none"> 1. Develop and/or revise relevant policies. 2. Develop and implement training for staff in the 	<ol style="list-style-type: none"> 1. long-term 2. long-term 	<ol style="list-style-type: none"> 1. Policies adopted and in place. 2. Training developed and provided to appropriate DHEC staff. 	<ol style="list-style-type: none"> 1. Ongoing 2. Ongoing

	assessment and referral of clients suffering from substance misuse/abuse.			
<p><i>Summary: August 2022 update – In March, five additional DHEC Preventive Health clinic locations received training on the substance use referral protocol as Phase 2 of the program got underway. Those sites are Beaufort; Stephens Crossroads; Kershaw; Pickens; and Anderson. DHEC Central Office staff are conducting surveys with the staff who have been trained in using the protocol to determine effectiveness of the training; barriers to implementation of the protocol; successes experienced; and enhancements needed to protocol and training. Phase 3 clinic locations will be determined during the first quarter of 2023.</i></p>				

Table K: 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
DAODAS, Hospitals, DHHS	Support hospital emergency departments (EDs) in implementing SBIRT model: 1. Support hospitals to conduct screenings, interventions, and referrals. 2. Reach out to hospitals and/or community health service sites for new implementation/ practice prior to June 2018.	1. ongoing 2. completed	# of hospitals implementing services	5 hospitals
<p><i>Summary: SBIRT services are being delivered across 5 hospital EDs (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. 2022- 2 additional in Year 5 of SBIRT Counties- Aiken, Greenwood, Horry, Oconee, and Pickens</i></p>				
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
<p><i>Summary:</i></p>				

Table L: 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
<p><i>Summary: Currently developing a Substance Use curriculum for DSS to be available on the LMS as well as some live virtual and in-person trainings. Presented the following trainings, Coalition Meetings, and SUD updates: “Updates and Resources for Substance Use” at the virtual DSS County Directors Meetings: 9/16/21, April 20, 2022, “Understanding DSS’s Screening and response to Substance”, virtual, 9/24/21 to child welfare, Guardian Ad Litem and judicial system representatives through the USC Children’s Law Center, “Identifying, referring, treating and understanding Substance Use Disorders” virtual, DHEC WIC conference and home visitors, October 14, 2021, “SC SBIRT Stakeholder Meeting” November 3, December 1, 2021, February 2, 2022, April 6, 2022, June 1, 2022, August 3, 2022, virtual, review of SUD data, screening with SBIRT and data and referrals to resources/treatment and barriers, MOMS IMPACTT, Listening to Women screening tools and program, and DAODAS SBIRT Training -participants to include participants from DSS/healthcare providers, home visitors, social workers, case managers, MCOs, SUD and Mental Health treatment providers, DHEC, DHHS, DMH, DAODAS county authorities, BabyNet, SC Dept. of Education, Child Advocacy Centers, SCIMHA, First Steps, SCHA, SC BOI, “Substance Use in Perinatal Period”, virtual, March 8, 2022 at Provider Action Network through SC Office of Rural Health Head Start, SC Children’s Trust Home Visitor Regional In person Meetings – July 14, 2022 Waltherboro, July 19,2022 Spartanburg, July 21, 2022 Lexington and July 26, 2022 Conway – “Substance Use Recognition and Response”, participants to include home visiting programs for pregnant/postpartum women and children, DSS, “Substance Use and Addiction: The impact on families, child health and wellbeing”, August 24th, 2022 at the SC Children’s Trust Building Hope for Children Conference, in person, participants to include GALs, Foster Parents, Healthcare Providers, Home Visitors, DSS, Children’s Advocacy Centers, Social workers, mental health counselors from Greenville County School District. “Understanding SUD and Addiction and the impact on Family Health and Wellbeing”, In partnership with Dr. Jack Emmel and the USC Children’s Law Center, in February 2021, a virtual 2-part (4 hour) training that was recorded and housed on the USC Children’s Law Center training website open to all at no cost. Continuing to work on In Depth Technical Assistance Grant through the National Center on Substance Abuse and Child Welfare to develop a statewide SC Statewide Plan of Care for Substance Affected Infants (AKA Family Wellness Support Plans - FWSP) and those with FASD under CAPTA. The grant was awarded to SC DSS and DAODAS in February 2021 for 24 months. We are developing training for DSS on assessing and intake of reports of prenatal substance use, infants diagnosed with NAS/NOWS at birth and coordination of Family Wellness Support Plan to include referrals to SUD/Mental Health Services. FWSP Pilot sites will be launched in 2023, and currently working on logistics. Continuing to conduct statewide meetings on FWSP, SC</i></p>				

<i>Birth Outcomes Initiative Behavioral Health Work Group (to discuss prenatal/postpartum SBIRT, FASD, prenatal and postpartum SUD treatment and services) and Data Work Group for FWSP/Substance Affected Infants.</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>				

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

Table M: 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	<ol style="list-style-type: none"> 1. DAODAS and EMD to co-chair and schedule regular data committee meetings to provide guidance to the OERT regarding the dashboards, Just Plain Killers data web portal, and other data-driven decisions. 2. Provide data, as needed, to maintain the timeliness of the dashboard and data portal. 3. Provide the public with pertinent data-related reports/ communications related to the opioid epidemic in the state written by member agencies. 	<ol style="list-style-type: none"> 1. ongoing 2. ongoing 3. ongoing 	<ol style="list-style-type: none"> 1. Meet biannually or as needed (in person or virtually). 2. Successful transfer of data from data stewards on the committee on an annual basis for JPK data update. 3. Written documents provided and maintained on the Just Plain Killers website under the data portal tab. 	<ol style="list-style-type: none"> 1. On target 2. On target 3. On target
<i>Summary: The OERT Data Committee has been meeting to provide guidance on the dashboards, data portal, and to inform/provide recommendations to the overall committee regarding data-driven questions the committee may propose. The Just Plain Killers (JPK) data portal includes special data reports regarding opioids (executive summaries, assessments) for public dissemination and downloadable data tables. The Data Committee has been meeting quarterly to discuss JPK updates and other data highlights from participating agencies.</i>				

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC, DAODAS,	<p>Enhance and expand available data 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. 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. 	<ol style="list-style-type: none"> 1. ongoing 2. ongoing 	<ol style="list-style-type: none"> 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. 	<ol style="list-style-type: none"> 1. On target 2. On target
<p><i>Summary: The opioid dashboards were developed and launched on the Just Plain Killers 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. Change logs will be maintained for updates. The data committee is exploring feasibility of more frequent dashboard updates.</i></p>				
DHEC	<ol style="list-style-type: none"> 1. Update vulnerability assessment annually to inform resource allocation and target messaging. 2. Gather and assess timely data to identify counties at highest risk of bloodborne infection outbreaks resulting from injection opioid use. 3. Convene with stakeholders regularly to ensure integrity of assessment and rapid dissemination of message 	<ol style="list-style-type: none"> 1. mid-term 2. near-term 3. ongoing 	<ol style="list-style-type: none"> 1. Annual report identifying most vulnerable counties and strategies to reduce risk in those areas. 2. Quarterly meetings with stakeholder group. 3. Attendance of at least 1 outreach event in each identified vulnerable county 	<ol style="list-style-type: none"> 1. On target 2. On target 3. In progress

Agency	Objectives	Timelines	Measure of Success	Progress
	<p>to relevant parties. 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>to discuss potential outbreak identification and mitigation strategies.</p>	
<p><i>Summary: Results from 2020 vulnerability assessment are being disseminated through DAODAS “Just Plain Killers” website. Annual VA report will be uploaded by the end of September 2022.</i></p>				
<p>DHEC, DAODAS, SLED, Atlanta Carolinas HIDTA</p>	<ol style="list-style-type: none"> 1. Establish data-sharing agreement with key partners to monitor EMS data for rapid response across state agencies. 2. Identify geographical high-burden areas and mobilize local partners to deploy resources 	<ol style="list-style-type: none"> 1. March 2020 2. ongoing 	<ol style="list-style-type: none"> 1. Signed data-sharing agreement, action protocol. 2. Initiate weekly response calls and use data to inform action; # of alerts identified and communicated; # of policy, program, process improvements. 	<ol style="list-style-type: none"> 1. Complete 2. On target
<p><i>Summary: The OERT Rapid Response Team has 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 have been critical during the COVID public health emergency, since South Carolina saw a significant increase in overdoses.</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 alert and 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 monitored.</i></p> <p><i>As of June 1, 2021, the DHEC Bureau of EMS and Trauma 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</i></p>				

Agency	Objectives	Timelines	Measure of Success	Progress
<p><i>this data and workshops and other resources to build the capacity for local entities to use this tool to monitor and respond to spike alerts and hotspots.</i></p>				
<p>DHEC Public Health Lab, Beth Bair</p>	<ol style="list-style-type: none"> 1. Identify and recruit hospitals to send de-identified urine specimens for fentanyl analog testing from suspected opioid related emergency department visits. 2. Report results from analysis to guide prevention efforts. 	<ol style="list-style-type: none"> 1. long-term 2. ongoing 	<ol style="list-style-type: none"> 1. # of MOAs, # of hospitals submitting samples 2. # of samples analyzed, # of monthly aggregate reports submitted 	<ol style="list-style-type: none"> 1. Underway 2. Underway
<p><i>Summary: As of August 2022, 8,153 de-identified urine specimens had been received at the public health laboratory (PHL) for fentanyl testing. 41 hospitals have signed a Memorandum of Agreement (MOA) with the PHL. Out of the 41 hospitals with a signed MOA, 30 hospitals have provided specimens to the PHL. Out of 7,797 specimens that have been tested, 2,189 specimens have tested positive for one or more fentanyl or fentanyl analog(s). 13 additional fentanyl analogs are under review to be added to the current panel of 21 fentanyl analogs. The new interface from the analytical instrument used for fentanyl testing to OpenELIS (LIMS system) has successfully passed User Acceptance Testing (UAT) and will be finalized within a couple of months. One more analytical instrument has been purchased and is ready for installation. This instrument will be used to expand the scope of testing to include additional illicit substances including methamphetamine and benzodiazepines. This will also provide additional data on polysubstance misuse.</i></p>				
<p>DHEC, DaAsia Hamilton</p>	<ol style="list-style-type: none"> 1. Implement an evidence-based program that focus on trauma-informed response. <ul style="list-style-type: none"> • Partner with the Western Piedmont Education Consortium to provide ACES training and implement the Handle with Care program in 9 of the 13 WPEC school districts. 2. Implement targeted evidence-based strategies that prevent both SUD 	<ol style="list-style-type: none"> 1. long-term 2. mid-term 3. mid-term 	<ol style="list-style-type: none"> 1. The number of HWC notices and referrals made in the WPEC districts. 2. A survey report that indicates a change in knowledge, behavior, and self-efficacy because of Strengthening Families Program and Botvin LifeSkills Training. 	<ol style="list-style-type: none"> 1. On Target 2. On Target 3. On Target

Agency	Objectives	Timelines	Measure of Success	Progress
	and ACES simultaneously. <ul style="list-style-type: none"> • Partner with Cornerstone and Healthy U, the alcohol and drug abuse authorities in Greenwood and Union counties, to implement strategies. DHEC will expand Healthy U and Cornerstone capacity to offer Botvin LifeSkills Training and the Strengthening Families Program. 3. Examine and enhance local ACES and SUD system-level processes.		3. DHEC CCAPS Technical Guidance Manual	

Summary: The Comprehensive Community Approaches to Preventing Substance Use (CCAPS) grant focuses on addressing SUD and includes evidence-based ACEs prevention programs and strategies. Overdose and substance use are linked in a cycle that affects individuals, families, and communities across generations. ACEs are associated with a predisposition to substance use during adolescence and adulthood, including prescription opioid misuse. The implementation of trauma informed evidence-based programs and societal strategies to mitigate ACEs, can build resiliency, prevent futures ACEs, and mitigate harm in individuals who have already experienced ACEs.

III. CONCEPT OF OPERATION

State and federal agencies, associations, and private partners are operationalizing the objectives above to help combat the opioid crisis statewide and in local communities.

IV. AGENCY RESPONSIBILITIES

- A. Each agency listed above is responsible for:
 1. Outreach to community partners, as related to each agency’s initiatives
 2. Tracking progress
 3. Updating annex as needed
- B. Each agency commits to attending regular meetings regarding this annex.

V. RESOURCES *(To be added at a later date)*