



SOUTH CAROLINA
**OPIOID EMERGENCY
RESPONSE TEAM**

The background features a large, faint, light-gray seal of the State of South Carolina. The seal is circular and contains the state's coat of arms, which includes a palmetto tree on the left and a female figure holding a staff and a scroll on the right. The Latin motto "MELIOREM LAPSA LOCAVIT" is at the bottom, and the year "1776" is below it. The words "SOUTH CAROLINA" and "SPIRO SPERO" are visible at the top of the seal's inner border.

**OPIOID EMERGENCY
RESPONSE PLAN
PROGRESS REPORT**

JANUARY 31, 2019

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January 31, 2019

The Honorable Henry McMaster
Governor of South Carolina

The Honorable Hugh K. Leatherman Sr.
Chairman, Finance Committee
South Carolina Senate

The Honorable G. Murrell Smith Jr.
Chairman, Ways and Means Committee
South Carolina House of Representatives

Dear Governor McMaster, Senator Leatherman, and Representative Smith:

In accordance with General Provision 117.142 of Part 1B of the 2018-2019 Appropriations Act, attached to this correspondence for your review please find a report on the activities accomplished under the South Carolina Opioid Emergency Response Plan since its development in June 2018 as part of the ongoing collaboration of more than two dozen organizations that comprise the S.C. Opioid Emergency Response Team (SCOERT).

The report highlights the accomplishments to date in four separate focus areas:

- “Educate and Communicate” offers guidance on how to advance the conversation that physicians have with their patients regarding pain and pain management, as well as to raise general awareness of the dangers of opioid use.
- “Prevent and Respond” emphasizes the need for organizations to work together to prevent opioid use disorder and to respond quickly to patients needing immediate aid.
- “Treat and Recover” details how organizations should eliminate barriers to treatment access – including the shame associated with seeking help – and develop more treatment options for long-term recovery from opioid use.
- “Law Enforcement” details how law enforcement agencies can further share information and resources to combat illicit opioid supply chains as well as improved information sharing and training for officers.

On behalf of all of our partners, allow us to express our appreciation for the opportunity to provide this detailed strategy of state and local efforts to combat the opioid epidemic.

Sincerely,

A handwritten signature in blue ink that reads "Sara Goldsby".

Sara Goldsby, MPH, MSW
Director, S.C. Department of Alcohol and Other Drug Abuse Services

A handwritten signature in blue ink that reads "Mary Keel".

Mary Keel
Chief, S.C. Law Enforcement Division

SCOERT

INTRODUCTION

Pursuant to the Opioid Abuse Prevention and Treatment Plan, Proviso 117.142, the Opioid Emergency Response Team (OERT) provides this report on the success of the development of the Opioid Emergency Response Plan and the implementation of the plan's recommendations to the Chairman of the Senate Finance Committee, the Chairman of the House Ways & Means Committee, and the Governor of the State of South Carolina. This report also includes additional proposals for amending existing recommendations or the establishing new policies to combat the opioid epidemic.

At the direction of Governor Henry McMaster, representatives of more than 24 federal, state, and local agencies, stakeholders, and private sector partners (including those named in Executive Order 2017-42) assembled on December 19, 2017, to form the OERT, which is co-chaired by the Directors of the S.C. Department of Alcohol and Other Drug Abuse Services (DAODAS) and the S.C. Law Enforcement Division (SLED). Through May 2018, executive leaders and members of the OERT held monthly meetings to review resources, identify strategies, and draft an opioid abuse state plan.

Over the course of these monthly meetings and through individual examination, the team reviewed recommendations of the President's Commission on Combating Drug Addiction and the Opioid Crisis, recommendations made in a 2018 report by the South Carolina House Opioid Abuse Prevention Study Committee, recommendations set forth in the South Carolina State Plan created and implemented by the Prescription Drug Abuse Council, recommendations of the National Governors Association, and other strategies and actions proposed by the private and public stakeholders of the team.

The team was given an overview and demonstration of the Overdose Detection Mapping Application Program (ODMAP), a nationwide real-time overdose surveillance system developed by the Office of National Drug Control Policy. The South Carolina Emergency Management Division demonstrated their data system's capabilities for the purposes of plan implementation, and the team was briefed on the "Just Plain Killers" public education campaign and on the public information functions of the OERT.

On June 1, 2018, the team submitted the Opioid Emergency Response Plan with the purpose of providing guidance and a detailed strategy of state and local efforts to combat the opioid epidemic while maximizing available resources. This plan, as part of the ongoing collaboration of stakeholders, contains four focus areas of goals and objectives to address the opioid problem, including: Educate and Communicate; Prevent and Respond; Treat and Recover; and Law Enforcement.

Enacted Legislation and Policy Recommendations

With the prioritization of the opioid epidemic by both the South Carolina House of Representatives and the State Senate, Governor McMaster signed 10 bills into law at the end of the 2018 legislative session. As these 10 laws have become effective during the past year, the OERT has incorporated the requirements and opportunities afforded by the laws into strategies of the Opioid Emergency Response Plan. The team is committed to monitoring the impact of the enacted legislation through that incorporation and the analysis of outcome measures.

The OERT also acknowledges the in-depth examination of issues related to opioids in our state by the House Opioid Abuse Prevention Study Committee and welcomes the ongoing opportunity to share information and to coordinate efforts when possible. A January 2019 update to the findings and recommendations of the House committee offers a comprehensive summary of the 2018 legislation signed into law, as well as updates on the committee's recommendations. Members of the OERT are committed to supporting the implementation of the committee's recommendations related to crisis intervention, treatment and recovery, education and training, the criminal justice system, prescription medication access, and community coordination. Incorporation of the committee's 21 specific recommendations to the Opioid Emergency Response Plan objectives will be a priority in 2019 to ensure implementation and monitoring.

In addition, the financial commitment of the General Assembly to addressing the opioid epidemic through the current fiscal year has supported many strategies and objectives of the OERT. The increases and directives in the 2018-2019 Appropriations Act have complemented the grant funding opportunities harnessed by stakeholders of the OERT to achieve the goals of its plan.

Data Committee and Updated Trends

During the development of the Opioid Emergency Response Plan, epidemiologists, statisticians, and data analysts from state health and regulatory agencies, healthcare provider organizations, and other member agencies formed a Data Committee to look exclusively at the state's opioid-related data. The committee identified and mapped all accessible data sources to examine opioid use, misuse, and addiction trends; to inform the plan's development; and to track and monitor the team's approach to the crisis.

The most recent analysis of available data briefly concludes that from 2014 to 2017 the total number of opioid-involved overdose deaths increased by 47%, from 508 to 748 deaths.¹ Currently, South Carolina ranks 20th among high-opioid-dosage states, defined as the rate of opioid prescriptions of 90 morphine milligram equivalents (MME) or more per 100 state residents.² In 2017, there were more than 4.3 million opioid prescriptions dispensed to South Carolina residents, which was a 7.1% decrease from the previous year.² Monthly, an average of 900,000 prescription drug records are reported to SCRIPTS (South Carolina's prescription monitoring program), of which more than 40% are opioids.² In 2017, a reported 10,717 patients were discharged from emergency and inpatient departments for issues related to opioid use/dependence.³ Since 2007, there has been a 165% increase (2,598 patients to 6,884 patients) in service utilization at state-funded treatment programs for individuals with opioid use disorder.⁴

Naloxone administrations conducted by emergency medical service (EMS) personnel have increased by 110% from 2013 to 2018 (3,847 to 8,102).⁵ As of January 2019, 7,920 law enforcement officers have been trained to use naloxone. These officers represent 190 different departments across 44 of the state's 46 counties.⁵ These efforts have resulted in 619 overdose reversals and 554 lives saved.⁵

The work of the Data Committee allowed the OERT to create the first public-facing opioid data dashboard, which is displayed on the state's education campaign website (www.justplainkillers.com). The interactive dashboard includes local-level data, downloadable fact sheets, and statewide statistical reports. Currently, an anonymous survey is attached to the dashboard to examine ways in which it can be improved for the use of the general public and local opioid-focused community coalitions.

In 2018, the Data Committee also provided specific measurable indicators to the South Carolina House Opioid Abuse Prevention Study Committee to track prescription drug misuse and illicit drug use.

In more targeted efforts, the Data Committee has begun to link major datasets (e.g., Vital Statistics, SCRIPTS, EMS) at the S.C. Department of Health and Environmental Control (DHEC) to more deeply research the impact of opioids in our state. Through the DHEC Division of Surveillance, opioid use and misuse modules will be included on the 2018 and 2019 Behavioral Risk Factor Surveillance System survey. Additionally, opioid use questions will be added to the Pregnancy Risk Assessment Monitoring System questionnaire when these questions are finalized by the Centers for Disease Control and Prevention (CDC).

Along with opioid overdose deaths and other consequences directly related to the opioid crisis, new Hepatitis C infections more than tripled nationally from 2010 to 2016. The opioid epidemic has been changing the epidemiology of HIV, Hepatitis, and other infections.⁶ In January 2019, South Carolina was classified by the CDC as a high-risk state for HIV and viral hepatitis outbreaks due to increased opioid use and associated drug-injection activities. The OERT recognizes the importance of addressing infectious diseases as part of an improved, comprehensive opioid response, and the Data Committee will continue to incorporate infectious disease data into ongoing analysis of opioid-related data to build on the current surveillance efforts.

More comprehensive exploration is recommended to understand the current impact, risk, and potential long-term impact of infectious disease consequences related to the opioid crisis in our state, and to consider opportunities to better integrate effective responses.

1. Vital Statistics, SC DHEC
2. Prescription Drug Monitoring Program, SC DHEC
3. Hospital Claims, SC Revenue & Fiscal Affairs Office
4. Treatment Episode Discharges, SC DAODAS
5. Emergency Management Services, SC DHEC
6. Centers for Disease Control and Prevention

FOCUS AREA PROGRESS

The core of the Opioid Emergency Response Plan is the implementation of focus area objectives. Coordinating agencies for each focus area are responsible for organizing stakeholders and partners to develop and implement goals and objectives, and to deliver support and resources within each area.

The coordinating agencies have conducted periodic assessments of objectives and have modified the focus areas based on identified need, passed legislation, recommendations of the House Opioid Abuse Prevention Study Committee, and recommendations of federal agencies and experts.

The focus areas (or “annexes”) covered in the following pages contain updated timelines and brief summaries on the progress of the goals and objectives of the plan from June 1, 2018, to January 31, 2019.

In 2019, the OERT will continue to coordinate state agencies and private stakeholders in the implementation of the Opioid Emergency Response Plan to limit duplication of services. The team will continue to identify federal and state funding streams that can be directed to combat opioid abuse, encourage data sharing, and support the efforts of the Data Committee. The team will also conduct an assessment of the full plan, as it is intended to be a living document responsive to the needs of the stakeholders and the community. This assessment, as a continuous process, will leverage the metrics and data developed to support implementation, as well as the feedback from supported partners in the field and the public.

ANNEX 1

FOCUS AREA – EDUCATE AND COMMUNICATE

- COORDINATING AGENCIES:** S.C. Medical Association; S.C. Hospital Association
- PRIMARY AGENCIES:** BlueCross BlueShield of South Carolina; S.C. Department of Alcohol and Other Drug Abuse Services; S.C. Department of Health and Environmental Control; S.C. Department of Labor, Licensing and Regulation; Chernoff Newman
- SUPPORTING AGENCIES:** S.C. Department of Health and Human Services; S.C. Educational Television; S.C. School Boards Association; Behavioral Health Services Association of South Carolina Inc.; Faith-Based Organizations; Local Coalitions; Hospitals & Medical Practices; Other Professional Associations & Private Sector Partners

INTRODUCTION/PURPOSE

The Annex 1 communication and education initiative supports existing efforts in South Carolina to help address the opioid crisis. The two coordinating agencies – joined by BlueCross BlueShield of South Carolina – will work to advance the conversation that physicians have with their patients regarding pain and pain management, as well as to raise general population awareness of the dangers of opioid use.

Annex 1 will endeavor to encourage open dialogue between physicians and their patients, family members, and the community at large around realistic expectations for experiencing and managing pain to help stem the opioid crisis and surge in overdose deaths.

Annex 1 will also continue existing efforts to educate and inform the people of South Carolina about the grave consequences associated with prescription pain killer/opioid abuse.

GOALS

1. Plan a campaign that seeks to create realistic expectations of pain and its management, as well as develop campaign messages.
2. Engage in campaign design and initial implementation.
3. Conduct strategic dissemination of pain management campaign and the campaign’s initial evaluation.
4. Refine the campaign and conduct final evaluation.
5. Execute Year 2 of the “Just Plain Killers” campaign with messages that support the pain management campaign spearheaded by SCMA, SCHA, and BCBSSC.

ANNEX 1
FOCUS AREA – EDUCATE AND COMMUNICATE

Goal 1: Plan a campaign that seeks to create realistic expectations of pain and its management, as well as develop campaign messages.
(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objective	Timeline	Measure of Success	Progress
Opioid Risk Prevention Partnership (ORPP), consisting of S.C. Medical Association [SCMA], S.C. Hospital Association [SCHA], BlueCross BlueShield of South Carolina [BCBSSC]	Conduct formative research through environmental scan.	near-term	Complete scan	Completed
Summary: ORPP members assessed unique resources and sought and received feedback from their respective subject matter experts.				
ORPP, DAODAS, Chernoff Newman	Meeting of campaign partners to confirm priorities and availability of information to guide campaign development and evaluation thereof, including potential metrics.	near-term	Consensus on campaign priorities and identification of metrics	Completed
Summary: ORPP members convened on multiple occasions to set goals, metrics, and parameters.				

ANNEX 1
FOCUS AREA – EDUCATE AND COMMUNICATE

Agency	Objective	Timeline	Measure of Success	Progress
ORPP, DAODAS, Chernoff Newman	Message testing and testing of campaign visual identity concepts with partners.	near-term	Completion of message and visuals testing	Completed
Summary: Design iterations were created and ORPP members selected those that are most conducive to key demographic audiences.				
ORPP, DAODAS	Begin to develop strategic outline for campaign implementation, including a dissemination plan.	near-term	Completion of strategic outline	Completed
Summary: An initial 18-month plan was developed by ORPP members.				

Goal 2: Engage in campaign design and initial implementation.

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

Agency	Objective	Timeline	Measure of Success	Progress
ORPP, DAODAS	Finalize strategic outline for campaign implementation including dissemination plan.	near-term mid-term	Completion of strategic outline	On target
Summary: An initial 18-month comprehensive plan was finalized by ORPP members.				
ORPP	Create Pain Management Treatment Protocol to support provider/patient communication (and their family members).	near-term mid-term	Creation of protocol	On target
Summary: A Pain Management Treatment Protocol was created and disseminated to providers statewide. Many providers also make this available to their patients.				

**ANNEX 1
FOCUS AREA – EDUCATE AND COMMUNICATE**

Agency	Objective	Timeline	Measure of Success	Progress
SCMA, SCHA	Incorporate new overarching messages into existing materials/websites, including opportunities for SCMA and the Medical University of South Carolina (MUSC) CME training programs (e.g., telehealth and Project ECHO for rural physicians).	near-term mid-term	Insertion of new messages into existing platforms	To be scheduled
Summary: ORPP members inserted partnership-developed materials in existing communication avenues. CME collaboration has occurred and, when completed, the CME will be offered for an initial period at no cost to prescribers.				
ORPP	Create new materials for each partner with tested messages and concepts that highlight effective communication strategies between physicians and their patients.	near-term mid-term	Creation of materials	In progress
Summary: Customer materials were developed as part of the December 2018 Monthly Health Campaign, which included an e-mail blast, video, phone wait-time message, television monitor graphics, poster, and video. More member materials are planned for 2019.				
ORPP, DAODAS	Develop brief social media research and execution plan targeting physicians and patients to inform social media teaser campaign/dissemination.	near-term mid-term	Development of plan	Completed
Summary: BCBSNC, as part of its role in the ORPP, will launch a social media campaign that complements DAODAS' efforts implemented by Chernoff Newman. The messaging of this effort will support the central purpose of the ORPP, which is to advance the conversation among and between hospitals, physicians, and other providers, together with patients and the general public, around the issues of pain management. Fundamentally, this effort will contribute to raising awareness of the issue of opioid addiction, supporting the goal of reducing opioid prescriptions, and fostering a dialogue with the ORPP's members and the general public.				
ORPP	Begin social media teaser campaign and begin dissemination of activities and materials.	near-term mid-term	Launch of social media teaser campaign and material distribution	To be scheduled
Summary: ORPP members engaged audiences on social media platforms with new material using a staggered phase-in approach.				

ANNEX 1
FOCUS AREA – EDUCATE AND COMMUNICATE

Agency	Objective	Timeline	Measure of Success	Progress
ORPP, DAODAS, Chernoff Newman	Check in with partners initially monthly (moving to quarterly as appropriate) for review of available metrics.	near-term mid-term	Monthly meetings	To be scheduled
Summary: ORPP members met weekly in 2018 and have moved to monthly meetings for 2019.				

Goal 3: Conduct strategic dissemination of pain management campaign and the campaign’s initial evaluation.

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

Agency	Objective	Timeline	Measure of Success	Progress
ORPP, DAODAS	Working with partners, continue to implement dissemination and evaluation activities by audience.	mid-term	Continuation of dissemination of evaluation	To be scheduled
Summary: This ongoing process continues to be a routine aspect of ORPP activities.				
ORPP, DAODAS, Chernoff Newman	Check in with partners initially monthly (move to quarterly as appropriate) for review of available metrics.	mid-term	Monthly meetings	To be scheduled
Summary: ORPP members met weekly in 2018 and have moved to monthly meetings for 2019.				

ANNEX 1
FOCUS AREA – EDUCATE AND COMMUNICATE

Agency	Objective	Timeline	Measure of Success	Progress
ORPP, DAODAS	Refine campaign activities as appropriate based on evaluation findings.	mid-term	Refinement of campaign	To be scheduled
Summary: <i>Through close collaboration, ORPP members routinely share information to improve effectiveness.</i>				

Goal 4: Refine the campaign and conduct final evaluation.

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

Agency	Objective	Timeline	Measure of Success	Progress
ORPP, DAODAS	Engage in final campaign refinement based on evaluation results.	long-term	Refined campaign	To be scheduled
Summary: <i>To occur at a future time when appropriate.</i>				
ORPP, DAODAS, Chernoff Newman	Check in with partners initially monthly (move to quarterly as appropriate) for review of available metrics.	Long-term	Monthly meetings	To be scheduled
Summary: <i>ORPP members meet routinely to share and update metrics tied to the overall strategic components.</i>				
ORPP, DAODAS	Confirm final evaluation plan that encompasses both initial and refined campaign activities.	long-term	Creation of final evaluation plan	To be scheduled
Summary: <i>To occur at a future time when appropriate.</i>				

ANNEX 1
FOCUS AREA – EDUCATE AND COMMUNICATE

Agency	Objective	Timeline	Measure of Success	Progress
ORPP, DAODAS	Finalize evaluation analysis.	long-term	Completion of evaluation analysis	To be scheduled
Summary: <i>To occur at a future time when appropriate.</i>				
ORPP	Develop report on evaluation results.	long-term	Creation of evaluation report	To be scheduled
Summary: <i>To occur at a future time when appropriate.</i>				

Goal 5: Execute Year 2 of the “Just Plain Killers” campaign with messages that support the pain management campaign spearheaded by the ORPP.

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

Agency	Objective	Timeline	Measure of Success	Progress
DAODAS, Chernoff Newman, ORPP	Meet with partners to discuss separation of messaging between “Just Plain Killers” and new physician/patient campaign.	near-term	Meeting held	Completed
Summary: <i>Representatives of DAODAS and Chernoff Newman worked closely with ORPP members to coordinate dates and messaging components.</i>				
DAODAS, Chernoff Newman	Conduct benchmark survey of South Carolinians regarding expectations around pain management.	near-term	Survey completed	Completed
Summary: <i>Pre-campaign awareness research enabled Chernoff Newman to refine specific messaging targets.</i>				

ANNEX 1
FOCUS AREA – EDUCATE AND COMMUNICATE

Agency	Objective	Timeline	Measure of Success	Progress
DAODAS, Chernoff Newman	Develop tag line, messaging, and visuals regarding pain management.	near-term	Development of campaign elements	Completed
Summary: <i>While the focus on promoting a healthier South Carolina remained the same as in Year 1 of “Just Plain Killers,” the message, tone, and underlying emphasis were shifted to better address goals set by the DAODAS team of creating change in the attitudes and beliefs of those in acute pain, as well as the many others who might one day experience pain.</i>				
DAODAS, Chernoff Newman	Test campaign elements with various focus groups and the county alcohol and drug abuse authorities.	near-term	Completion of focus group testing	Completed
Summary: <i>Messages were developed using results of previous focus groups and input from the state’s county alcohol and drug abuse authorities.</i>				
DAODAS, Chernoff Newman	Launch television PSAs, outdoor, radio, website elements, and social media channels.	near-term mid-term	Launch through various media	In progress
Summary: <i>Efforts to reach patients and general public through various traditional and social media launched on January 14, 2019.</i>				
DAODAS, Chernoff Newman	Conduct post-campaign awareness survey.	mid-term	Survey completed	To be scheduled
Summary: <i>Survey will be conducted once media placements (traditional and social) have concluded.</i>				

ANNEX 1
FOCUS AREA – EDUCATE AND COMMUNICATE

Agency	Objective	Timeline	Measure of Success	Progress
DAODAS, Chernoff Newman, ORPP	Meet to discuss post-campaign evaluation.	mid-term	Meeting held	To be scheduled
Summary: Meeting will be scheduled when appropriate.				

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

INTRODUCTION/PURPOSE

Annex 2 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.

Annex 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 and conduct training for providers and dispensers on the benefits and use of the program.

Annex 2 will also help promote take-back and mail-back programs to reduce stockpiles of controlled substances. This focus area will promote the Drug Enforcement Administration’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.

Annex 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. Annex 2 will also educate prescribers about the potential benefits of prescribing naloxone concurrently with opioids for patients at risk of opioid overdose.

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

ANNEX 2

FOCUS AREA – PREVENT AND RESPOND

Finally, Annex 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.

GOALS

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

ANNEX 2
FOCUS AREA – PREVENT AND RESPOND

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])

Prescription Management Program (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
Summary: <i>The PMP is fully implemented and operational.</i>				
S.C. Department of Health and Human Services (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	On target
Summary: <i>Collaborations underway to link Medicaid and Medicaid recipient PMP data.</i>				

**ANNEX 2
FOCUS AREA – PREVENT AND RESPOND**

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 - 14	Underway
Summary: <i>There are currently 14 hospitals that have integrated the SCRIPTS PMP into their EHRs. More hospitals are working toward this integration.</i>				
S.C. Department of Labor, Licensing and Regulation (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 Executive Order 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	Completed

ANNEX 2
FOCUS AREA – PREVENT AND RESPOND

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
Hospitals, SCHA	<p>Reduce opioids at discharge:</p> <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. <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

**ANNEX 2
FOCUS AREA – PREVENT AND RESPOND**

Agency	Objectives	Timelines	Measure of Success	Progress
SCHA, MUSC	Promote academic detailing programs and resources to hospital system medical staff and owned physician practices.	ongoing	Number of providers and systems reached	Table in "Summary" reflects activity through 11/28/2019 245 provider visits across 14 high-risk counties
Summary:				
		Year 2		Year 1 & 2
		Q1	Q2	Q1-Q3
		Total	Total	YTD
Deliverable				Total to Date
# of provider visits		20	40	92
# of initial provider/SOS visits		11	9	36
# of provider follow-up/tipSC* visits		9	31	56
# of providers attending waiver training		2	5	8
# of times detailed providers joined ECHO		11	6	19
# of providers registered for the scmataccess.org website		11	-	14
*Academic Detailing visit on Timely Information for Providers in South Carolina (tipSC) topic (e.g., Screening for Opioid Use Disorder)				

**ANNEX 2
FOCUS AREA – PREVENT AND RESPOND**

Agency	Objectives	Timelines	Measure of Success	Progress
S.C. Department of Insurance	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	Underway

Alternative Pain Management

Agency	Objectives	Timelines	Measure of Success	Progress
Prisma Health	<p>Supplement cultural shift to non-opioids first with available medications/therapies:</p> <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 • Develop and implement 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

ANNEX 2
FOCUS AREA – PREVENT AND RESPOND

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 Days

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	Promote Drug Enforcement Administration (DEA)'s Take Back Days through DHEC website and social media.	ongoing (twice per year)	Publishing on website News media coverage of event	Completed
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.				

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. Explore developing partnerships to handle the disposal of large and small quantities of drugs.	near-term near-term	Accounting of stockpiles Identification of partners	Underway Underway

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Agency	Objectives	Timelines	Measure of Success	Progress
SLED, DAODAS, Local Law Enforcement	Work with DHEC through SLED incineration program to see if there are ways DAODAS can assist with incineration efforts.	ongoing	# of pounds of unused drugs incinerated	Underway

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	Completed
Summary: DHEC's website was updated to include a webpage of current information on environmentally friendly ways to dispose of controlled substances, which 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.				

ANNEX 2
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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 LEON program as supported by DAODAS funding. Collaborate with DAODAS to seek continued funding when existing grants end.	ongoing	Increase # of officers trained	Ahead of projections
<p>Summary: <i>Law Enforcement Officers (LEOs) Trained: 7,920 Successful: 555/574 patients survived</i> <i>Administrations by LEOs: 620 "Save" Rate: 97% of patients saved</i></p>				
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
<p>Summary: <i>LEOs Trained: 7,920 Successful: 555/574 patients survived</i> <i>Administrations by LEOs: 620 "Save" Rate: 97% of patients saved</i></p>				
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
<p>Summary: <i>All licensed EMS agency professionals in South Carolina carry and administer naloxone. Preliminary numbers for 2018 are 8,102 EMS administrations, which is a 10% increase over 2017.</i></p>				

**ANNEX 2
FOCUS AREA – PREVENT AND RESPOND**

Agency	Objectives	Timelines	Measure of Success	Progress
SLED	<p>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:</p> <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
<p>Summary: 89 SLED agents trained in naloxone use and carrying. Approximately 40 “at-risk” SLED lab personnel trained and carrying.</p>				

Continue the Reducing Opioid Loss of Life (ROLL) Program

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	<p>Continue the ROLL program as supported by DAODAS funding.</p> <p>Collaborate with DAODAS to seek continued funding when existing grants end.</p>	ongoing	Increase # of agencies trained	On target
<p>Summary: The ROLL program officially deployed after two pilot programs in November 2017. Currently 310 firefighters trained, 12 deployments. Expect large jump in numbers over next six months as program becomes more known.</p>				

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FOCUS AREA – PREVENT AND RESPOND**

Agency	Objectives	Timelines	Measure of Success	Progress
LLR, S.C. State Firefighters Association (SCFA), 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	7 ROLL trainer courses completed – 86 ROLL trainers trained 12 ROLL practitioner courses completed – 117 practitioners trained
Summary: Five total train-the-trainer courses taught at SCFA by DHEC EMS personnel. Currently have more than 80 instructors statewide.				

ANNEX 2
FOCUS AREA – PREVENT AND RESPOND

Expand Community and Patient Access to Naloxone

Agency	Objectives	Timelines	Measure of Success	Progress
DAODAS, Behavioral Health Services Association of South Carolina Inc. (BHSA), S.C. Association for the Treatment of Opioid Dependence (SCATOD)	Train county alcohol and drug abuse authorities and opioid treatment providers (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
MUSC	Initiate the distribution of 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
Summary: 140 Narcan® kits distributed across three EDs to at-risk patients to date (11/28/18).				

**ANNEX 2
FOCUS AREA – PREVENT AND RESPOND**

Agency	Objectives	Timelines	Measure of Success	Progress
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 on LLR’s www.NaloxoneSavesSC.org 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 a joint protocol for community distributors. 	mid-term long-term	# of pharmacies dispensing naloxone # of hits to www.NaloxoneSavesSC.org site Approval of joint protocol	Underway
S.C. Department of Education	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

**ANNEX 2
FOCUS AREA – PREVENT AND RESPOND**

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, CMEs completed for licensure	Underway

ANNEX 2
FOCUS AREA – PREVENT AND RESPOND

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 removing unnecessary barriers to allow for an 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. 	<p>long-term</p> <p>Notice of Drafting Publication on June 22, 2018</p>	<p>Adoption of State Health Plan by DHEC Board</p> <p>Promulgation of changes to Regulation 61-93 submitted to General Assembly for review</p>	<p>On target</p> <p>On target</p>

Community Paramedic Program

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	<p>Implement the community paramedic program for patients discharged after an opioid overdose:</p> <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 to collaborate to continue funding for this program. 	<p>near-term</p> <p>long-term</p>	<p>Numbers of home visits to increase on a quarterly basis</p> <p>Identification of funding</p>	<p>On target</p> <p>Not started</p>

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DHEC Health Clinic Referral Program

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC	<p>Evaluate the system for DHEC staff to assess health clinic clients' substance misuse/abuse and refer to external resources:</p> <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. 	<p>near-term near-term near-term long-term</p>	<ol style="list-style-type: none"> 1. Appropriate referral mechanisms identified 2. Office of General Counsel approval of assessment questions used in DHEC client services/clinical encounters 3. Policies adopted and in place 4. Training developed and provided to appropriate DHEC staff 	On target

Hospital Emergency Department Interventions/Referrals

Agency	Objectives	Timelines	Measure of Success	Progress
DAODAS, Hospitals	<p>Support hospital emergency departments (EDs) in implementing SBIRT model:</p> <ul style="list-style-type: none"> • Support Greenville Health System, 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. 	<p>near-term mid-term</p>	# of hospitals	<p>3 hospitals in full operation, 2 to start in spring 2019</p>
<p>Summary: <i>Across three hospital EDs (Tidelands, Waccamaw, Grand Strand) and MUSC – 5,231 ED patients formally screened for any substance use/misuse, 184 induced on buprenorphine in the ED, 147 arrived to fast-track provider follow-up appointment. New hospital EDs in Greenville and Spartanburg to start in March 2019.</i></p>				

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FOCUS AREA – PREVENT AND RESPOND**

Agency	Objectives	Timelines	Measure of Success	Progress
Hospitals	Support training of ED physicians and staff in management of opioid use disorder overdoses and early triage to medication-assisted treatment (MAT).	mid-term long-term	# of providers trained	Underway
Summary: <i>Four hospitals have implemented the training.</i>				

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 learning management system (LMS) or in-person regional training
Summary: <i>Considerations of 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	Meetings of new S.C. Behavioral Health Coalition underway
Summary: <i>S.C. Behavioral Health Coalition meetings are underway.</i>				

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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 website 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. Complete
<p>Summary: <i>The opioid dashboards were developed and launched on the Just Plain Killers website. The dashboards have been maintained and updated with timely data and information. The Data Committee is on target to standardize the underlying data structure driving the dashboards.</i></p>				
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
<p>Summary: <i>The OERT Data Committee has been meeting to provide guidance on the dashboard and data portal, and to inform the overall committee.</i></p>				

ANNEX 3
FOCUS AREA – TREAT AND RECOVER

COORDINATING AGENCY:

S.C. Department of Alcohol and Other Drug Abuse Services

PRIMARY AGENCIES:

Behavioral Health Services Association of South Carolina Inc.; S.C. Association for the Treatment of Opioid Dependence; Medical University of South Carolina; Faces and Voices of Recovery; S.C. Association of Alcoholism and Drug Abuse Counselors; S.C. Department of Probation, Parole and Pardon Services; Oxford House Inc.

SUPPORTING AGENCIES:

S.C. Department of Health and Environmental Control; S.C. Department of Corrections; S.C. Department of Health and Human Services; S.C. Department of Juvenile Justice; S.C. Department of Labor, Licensing and Regulation; S.C. Department of Mental Health; Colleges and/or Universities (TBD); Hospitals; Medical Practices

INTRODUCTION/PURPOSE

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.

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.

GOALS

1. Build the capacity of providers to deliver appropriate treatment and recovery services
2. Engage people affected by opioid dependence and addiction in services
3. Ensure the availability and accessibility of treatment and recovery services
4. Support the development and enhancement of recovery supports in communities

ANNEX 3
FOCUS AREA – TREAT AND RECOVER

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

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

Agency	Objective	Timeline	Measure of Success	Progress
MUSC, Hospitals, SCMA	Increase the number of prescribers with DATA 2000 waivers who practice office-based.	ongoing	# of new prescribers who are providing MAT services	Underway
Summary: Currently underway; will continue under State Targeted Response grant through April 2019.				
MUSC, Private Providers	Increase the number of practices receiving academic detailing for Prescription Drug Monitoring Program use, screening, and medical treatment of addiction.	ongoing	# of providers reached # of providers trained	Underway
Summary: Currently underway. A request for proposals is under evaluation. To date, there have been 245 providers reached with 16 doctors trained. Across the state, there are 301 new data-waived prescribers.				
MUSC	Support prescribers treating opioid use disorders via tele-mentoring (Project ECHO).	ongoing	# of ECHO sessions # of participants	Underway
Summary: Currently underway. Will continue under State Targeted Response grant through April 2019. To date, there have been 26 ECHO sessions with 219 participants and 623 logins.				
DAODAS, S.C. Department of Probation, Parole, and Pardon Services (PPP)	Train officers with PPP on the science of addiction, recognition of symptoms, referral to treatment, and prevention of overdose.	mid-term	# of officers trained	Training scheduled

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FOCUS AREA – TREAT AND RECOVER**

Agency	Objective	Timeline	Measure of Success	Progress
Summary: The kick-off training will be held on February 20, 2019, in Columbia, which will also include law enforcement, S.C. Department of Juvenile Justice, and S.C. Department of Corrections (SCDC) officers.				
BHSA, DAODAS, SCATOD, S.C. Association of Alcoholism and Drug Abuse Counselors (SCAADAC)	Increase the number of behavioral health specialists educated on the science of opioid use disorder and MAT.	ongoing	# of professionals trained	Underway
Summary: Currently underway; DAODAS' medical director has conducted four trainings with more than 100 behavioral health professionals trained. The partner agencies hope to run a report in the Relias learning management system to show the number of agency staff trained within the state's substance use disorder system.				
BHSA, DAODAS	Increase the number of behavioral health specialists trained in the Biological-Psychological-Sociological-Spiritual-Experiential Model (BPSSEM) of addiction treatment.	near-term mid-term	# of professionals trained	Underway
Summary: Currently underway, there have been 255 clinicians trained in the BPSSEM of addiction treatment.				
BHSA, DAODAS	Increase the number of behavioral health specialists trained in the Adolescent Community Reinforcement Approach (A-CRA).	near-term mid-term	# of professionals trained	Underway
Summary: Currently underway, to date six professionals have been trained and three certified in A-CRA.				

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FOCUS AREA – TREAT AND RECOVER**

Agency	Objective	Timeline	Measure of Success	Progress
DAODAS, BHSA, SCATOD	Increase the number of behavioral health specialists trained in Motivational Interviewing.	near-term mid-term	# of professionals trained	Underway
Summary: Currently underway, 63 professionals have been trained in Motivational Interviewing since June 2018.				
DHHS, DAODAS, MUSC, BHSA	Complete guidelines for MAT.	near-term	Publication of guidelines	Completed
Summary: The guidelines for MAT were completed and published.				

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, BHSA	Establish a diversion or deflection program in at least one judicial circuit. Support drug court expansion with all circuits.	mid-term	Courts established	Underway
Summary: Currently underway, a drug court was established in York County along with a specialized MAT court.				
DAODAS, Greenville Technical College	Develop a collegiate recovery pilot program in one two-year college.	mid-term	Program established	Completed
Summary: Established Collegiate Recovery Community with programs at Greenville Technical College. Program enhancement underway to provide recovery-support services to students, families, and the college community.				

**ANNEX 3
FOCUS AREA – TREAT AND RECOVER**

Agency	Objective	Timeline	Measure of Success	Progress
DAODAS, College of Charleston	Develop a collegiate recovery pilot program in one four-year college or university.	mid-term	Program established	Completed
Summary: <i>Established Collegiate Recovery Community with programs at the College of Charleston. Program enhancement underway to provide recovery-support services to students, families, and the college community.</i>				
MUSC, DHHS, DAODAS, Hospitals, BHSA	Expand buprenorphine induction and MAT fast-tracking to outpatient care with warm hand-offs from emergency departments (inclusive of naloxone training and peer support).	mid-term long-term	# of programs established	Underway
Summary: <i>Currently have expanded to three hospitals, with an additional two promising locations for further implementation.</i>				
DAODAS, BHSA	Implement Screening, Brief Intervention, and Referral to Treatment (SBIRT) at two rural hospitals.	mid-term	# of hospitals practicing	Underway
Summary: <i>DAODAS was awarded an SBIRT grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to work on improving access to health care and health outcomes at rural hospital sites in Beaufort and Pickens counties.</i>				

Goal 3: Ensure the availability and accessibility of treatment and recovery services
(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objective	Timeline	Measure of Success	Progress
BHSA, MUSC, DAODAS	Increase the number of county alcohol and drug abuse authorities providing MAT as an option for patients.	mid-term	# of programs with accessibility	Underway
Summary: <i>Currently, the number of county authorities providing MAT has increased from 15 to 19. As of January 2019, approximately 4,270 patients have received MAT services from the county alcohol and drug abuse authorities.</i>				

**ANNEX 3
FOCUS AREA – TREAT AND RECOVER**

Agency	Objective	Timeline	Measure of Success	Progress
Faces and Voices of Recovery (FAVOR), SCDC, DAODAS	Increase the number of inmates at SCDC who are trained as peer coaches.	mid-term long-term	# of coaches trained	Trainings to be scheduled
Summary: The goal is to train 100 inmates as Peer Support Specialists by September 2019. The first cohort training is scheduled for February 11, 2019 (25 male inmates will be trained), followed by March 11, 2019 (25 female inmates) and two additional cohorts in July and September.				
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
Summary: Peer Support Specialists are engaged in services at Greenville-area hospitals, Grand Strand, Tidal, Palmetto Health, and MUSC.				
OTPs, BHSA, DAODAS, DHHS, Hospitals	Increase the number of patients whose treatment at OTPs is subsidized.	ongoing	# of patients with covered care	Underway
Summary: In May 2018, DAODAS expanded grant support of this initiative to include indigent persons as well as pregnant and post-partum women. Currently, there are approximately 3,500 patients with care covered by DAODAS grants. Effective January 2019, DHHS included covered services of OTPs for eligible Medicaid beneficiaries.				

ANNEX 3
FOCUS AREA – TREAT AND RECOVER

Goal 4: Support the development and enhancement of recovery communities.

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

Agency	Objective	Timeline	Measure of Success	Progress
DAODAS	Conduct a gap analysis of recovery housing in the state.	near-term	Complete analysis	Completed
Summary: Completed Oxford House gap analysis for all four regions. Recommended contract with the National Alliance for Recovery Residences and the state affiliate (S.C. Alliance for Recovery Communities) to conduct a comprehensive gap analysis and recovery housing capacity assessment.				
Oxford House, DAODAS	Increase the number of Oxford Houses in areas of high need.	mid-term long-term	# of Oxford Houses	Underway
Summary: Oxford House recovery communities established in York (3), Horry (13), and Florence (3) counties.				
BHSA, FAVOR	Increase the number of Certified Peer Support Specialists.	mid-term long-term	# of certifications	Underway
Summary: CPSS trainings by FAVOR SC continue on a quarterly basis, with an average of 20 certifications per training (80 per year). The Peer Recovery Services Certification Commission (PRSC) is working with SCAADAC and IC&RC to complete the IC&RC State Board for Peer Recovery registration, bringing South Carolina training and certification standards on par with international best practices. Once the PRSC has been established as an IC&RC State Board, the training and certification of Certified Peer Support Specialists will be possible in multiple locations by PRSC-approved trainers and curriculum based on the IC&RC four domains for Peer Recovery.				
BHSA, FAVOR	Increase the number of Opiates Anonymous groups in the state.	mid-term long-term	# of groups	Underway
Summary: The three Recovery Community Organizations who were awarded State Opioid Response grant funds for establishing and enhancing recovery services are also coordinating facilitation of Opiates Anonymous groups and meetings. There are five locations with unique group facilitation: The Courage Center of Lexington, Midlands Recovery Center, FAVOR Greenville, Spartanburg and Anderson Recovery Communities).				

**ANNEX 3
FOCUS AREA – TREAT AND RECOVER**

Agency	Objective	Timeline	Measure of Success	Progress
BHSA, FAVOR	Increase the number of Nar-Anon family groups in the state.	mid-term long-term	# of groups	Underway
Summary: Three Recovery Community Organizations were awarded State Opioid Response funds and are also coordinating facilitation for family-oriented services, groups, and meetings. There are five locations with unique group facilitation.				

ANNEX 4
FOCUS AREA – LAW ENFORCEMENT

COORDINATING AGENCY: S.C. Law Enforcement Division

PRIMARY AGENCIES: S.C. Department of Public Safety; S.C. Office of the Attorney General; S.C. Department of Corrections; City of Columbia Police Department; Lexington County Sheriff's Department; Myrtle Beach Police Department; S.C. Commission of Prosecution Coordination; S.C. Coroner's Association; S.C. Department of Health and Environmental Control

SUPPORTING AGENCIES: S.C. Law Enforcement Officers Association; U.S. Postal Inspection Service; U.S. DEA/HIDTA Atlanta and Carolinas; S.C. Sheriff's Association; S.C. Pharmacy Association; S.C. Department of Probation, Parole and Pardon Services; S.C. Department of Juvenile Justice; S.C. Department of Social Services; S.C. Department of Alcohol and Other Drug Abuse Services

INTRODUCTION/PURPOSE

Annex 4 emphasizes several broad goals, all aimed at improving the effectiveness of law enforcement strategies for combatting the opioid crisis for the citizens of South Carolina.

Annex 4 will help support and expand drug take-back programs to reduce the number of unused medications that are susceptible to misuse or diversion. Annex 4 will promote the DEA's Take-Back Days through websites and social media and provide information on websites about environmentally friendly methods of disposal of controlled substances. Annex 4 will also help promote take-back sites that are available in communities year round and will encourage the establishment of new sites at law enforcement facilities throughout the state.

Annex 4 will work to increase resources to combat illicit opioid supply chains. This will be assisted by improved intelligence and law enforcement focus in concentrated areas of high overdose and high use. Resources will be allocated to increase interdiction on major interstates, commercial parcel carriers, and other transportation methods.

Annex 4 will endeavor to reduce the number of fatal opioid overdoses through education, training, and funding. Law enforcement agencies will be encouraged to take advantage of the Law Enforcement Officer Narcan® (LEON) program. Collaboration with DAODAS is needed to seek continued funding for programs when grants end. Training for community providers is needed on the use of naloxone or other opioid antidotes.

Annex 4 will work to increase treatment options for individuals with opioid use disorder and help facilitate access to care instead of incarceration. Recommendations and support for programs such as drug courts will be encouraged.

Annex 4 will work to improve Driving Under the Influence of Drug Detection (DUID) and reporting of statistics from DUID cases throughout the state.

Finally, Annex 4 will enhance and expand current data sharing and will encourage the exchange of relevant data to assist with intelligence for officers and public health coordinators. This will assist with identifying hot spots for opioid use and trends throughout the state and will assist

ANNEX 4 FOCUS AREA – LAW ENFORCEMENT

with data-driven decisions for areas of focused enforcement. Identifying these trends can also assist with focused resources for community education and prevention measures.

GOALS

1. Expand prescription drug take-back programming.
2. Expand interdiction teams to interrupt illicit opioid supply chains.
3. Increase availability of opioid antidotes to officers throughout the state.
4. Explore alternatives to incarceration to develop a broad-reaching deflection program for persons with opioid use disorder.
5. Enhance Driving Under the Influence of Drug Detection (DUIDD), interdiction, and reporting.
6. Develop data sharing that assists communities and partners in prevention, treatment, and resource delivery.

ANNEX 4
FOCUS AREA – LAW ENFORCEMENT

Goal 1: Expand prescription drug take-back programming.

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

Agency	Objectives	Timelines	Measure of Success	Progress
DAODAS, SLED, DEA	Work with local incineration company to assist local law enforcement with destruction of bulk unused medications from permanent take-back containers.	February 26, 2019 – semi-annual	# pounds of unused drugs incinerated	Underway
S.C. Sheriffs' Association, S.C. Police Chiefs' Association	Expand drug take-back programs to additional counties and municipalities. Recommendations would be to have at least one drop-off site in each county.	near-term mid-term	Drop-off locations in each county	Underway
DHEC	Work with Bureau of Air Quality to determine the requirements for incineration at a local site.	ongoing	Overcome any barriers	Underway
SLED	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. 	July 1, 2019	# of presentations where take-back options and education on programs are incorporated	Ongoing

ANNEX 4
FOCUS AREA – LAW ENFORCEMENT

Goal 2: Expand interdiction teams to interrupt illicit opioid supply chains.

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

Agency	Objectives	Timelines	Measure of Success	Progress
S.C. Department of Public Safety (DPS)	Reinstitute interdiction teams for statewide coverage.	October 1, 2018	Full implantation of 8 interdiction teams located by region	
SLED	Increase the number of agents assigned to interdiction.	SLED 2019-2020 budget	Additional FTE agent positions assigned to interdiction in the SLED Narcotics Section	Pending
Federal, State, & Local Law Enforcement	Reduce, disrupt, and dismantle trafficking supply chains.	ongoing	# of supply chains interrupted	Underway
Law Enforcement Associations	Work with the General Assembly to enhance penalties for trafficking of illicit opioids to include fentanyl and fentanyl analogues.	2019 Legislative Session	Law enacted	Pending
DHEC Bureau of Drug Control	Increase number of Bureau of Drug Control enforcement agents.	long-term	# of agents	Pending

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GOAL 3: Increase availability of opioid antidote to officers throughout the state.

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

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC, DAODAS, Law Enforcement	Work with partner agencies to develop and implement agency policies for naloxone administration.	ongoing	# of agencies with policies to administer	Underway
Law Enforcement Training Council	Incorporate LEON Program into Law Enforcement Officer Certification Program.	mid-term	Established in certification program	Underway
DPS, DHEC	Expand training on and distribution of naloxone across DPS divisions.	mid-term long-term	# of divisions trained and equipped	Underway
SLED, DHEC	Maintain training and distribution of naloxone to agents.	June 1, 2018	Availability of an opioid antidote to SLED employees in the Narcotics Section, Crime Scene Unit, Evidence Control Unit, and Forensic Services laboratory who may be exposed to opioids	Completed
DAODAS, DHEC, Local Law Enforcement	Monitor current funding and explore options to maintain naloxone programming statewide.	ongoing	Funding secured for sustainability	Underway

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GOAL 4: Explore alternatives to incarceration to develop a broad-reaching deflection program for persons with opioid use disorder (OUD).
(near-term [30-120 days], mid-term [6-12 months], long-term [12 months and beyond])

Agency	Objectives	Timelines	Measure of Success	Progress
S.C. Commission on Prosecution Coordination (CPC)	Develop guidelines in alignment with – or endorse – National Association for Drug Court Professionals guidelines for drug courts throughout the state to establish consistency.	mid-term long-term	Established guidelines or full endorsement	Pending
CPC	Establish funding sources – or establish specific guidance – for making drug courts locally financially sustainable.	mid-term long-term	Funding sources established or guidance released	Pending

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GOAL 5: Enhance law enforcement ability to detect and prosecute Driving Under the Influence of Drugs (DUID).

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

Agency	Objectives	Timelines	Measure of Success	Progress
DPS, Law Enforcement Training Council, Law Enforcement Associations	Enhance law enforcement capabilities to detect and deter DUID through expansion of the Drug Recognition Expert (DRE) program.	mid-term long-term	# of trainings held # of officers trained	Ongoing
SLED	Develop uniform measures to report statistics from drug-related driving incidents, both from DUID and traffic fatalities.	August 1, 2018	Reporting of previous 2 years' DUI and traffic fatality statistics pertaining to cases tested at SLED	Underway

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GOAL 6: Develop data sharing that assists communities and partners in prevention, treatment, and resource delivery.

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

Agency	Objectives	Timelines	Measure of Success	Progress
DHEC, Law Enforcement Associations, SLED	Implement ODMAPS application to help identify opioid “hot spots” throughout the state through first responder activity.	mid-term long-term	Solicit participation by 100% of those that are capable 50% participation	Underway
SLED	Provide timely law enforcement-sensitive information on new drugs encountered in the state, to include location and educational information through S.C. Information Intelligence Center (SCIIC): <ul style="list-style-type: none"> • Identify focus groups that would benefit from OERT-related communications • Target communications specifically for the OERT. 	ongoing	Successful transfer of intelligence	Underway
All Organizations	Work with OERT Data Committee to maintain timely data – SCIBRS.	ongoing	Successful access and use of data	Underway
CPC	Develop a protocol for officer response to opioid overdose. Protocols will assist with gathering information for reporting and preparing a case.	mid-term	Implementation of protocol	Pending
S.C. Coroner’s Association	Develop a protocol for coroner response to overdose to help with standardization of testing and reporting.	mid-term long-term	Implementation of protocol	Pending

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UPDATES:

From 2016 to 2018, the Drug Analysis Laboratory of SLED saw a 29% increase in the number of cases involving opioids and a 45% increase in the number of items analyzed containing opioids.¹ This follows the trends that are being observed on a state and national level. Most significantly, this has been observed through the 200% increase in opioid-related overdose deaths documented nationally since 2000.²

From 2016 to 2018, there was a 432% increase in illicit fentanyl drug cases referred to the SLED drug analysis laboratory.¹ During this time, as with other designer drugs previously introduced, there was a challenge to constantly chase the novel fentanyl analog compounds that were appearing on the illicit drug scene and to ensure these compounds were added to the proper controlled substance schedule in a timely manner. In February 2018, the DEA took action to emergency schedule all fentanyl-related substances – that were not previously scheduled – into Schedule 1 of the Controlled Substance Code.³ In response, South Carolina needs enhancements to the sentencing penalties to include trafficking of fentanyl and fentanyl analogues.

Law enforcement encounters problems due to opioid use on a daily basis, as the 2017 Worldwide Drug Report estimates that in 2016 there were 35 million users of opioids.

In addition to information updated in the preceding matrix:

GOAL 1 – Due to flooding on the coast of South Carolina in October 2018, the take-back operation scheduled by SLED had to be postponed, due to manpower issues. A rescheduled date of February 26, 2019, has been confirmed, and law enforcement agencies that have a storage issue with collected prescription drugs are being identified across the state. More than 2,000 pounds of drugs have already been identified, and SLED expects that number to grow by the end of February. Upon collection at a location in Columbia, SLED will handle transportation of these drugs to Covanta Solutions in Huntsville, Ala., for incineration.

GOAL 6 – On January 16, 2019, SLED and DAODAS met with S.C. Attorney General Alan Wilson to discuss the problems with ODMAPS and EMS personnel across the state who are not using this real-time app out of fear that its use is a breach of HIPPA. A request for a favorable opinion concerning the use was requested. DAODAS will prepare an official request and we expect a response by February 1, 2019.

1. Data retrieved from the South Carolina Law Enforcement Division Forensic Services Laboratory, May 15, 2018.
2. Rudd, R. A. (2016). Increases in Drug and Opioid Overdose Deaths – United States, 2000-2014 MMWR, 64, 1378-82. Retrieved April 23, 2018.
3. Federal Register, Volume 83, Number 25, pp 5188-5192; <https://www.gpo.gov/fdsys/pkg/FR-2018-02-06/pdf/2018-02319.pdf>. Retrieved May 15, 2018