END-OF-YEAR REPORT: STATE OPIOID RESPONSE (SOR) GRANT (YEAR 2 of 2)

SAMHSA REQUIRED INDICATORS AND PROJECT STATUS NARRATIVE, OCTOBER 1, 2019, TO SEPTEMBER 30, 2020

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SAMHSA Required Indicators

1. *Number of clients who have received treatment services*
   Answer: **Unique Clients = 4,529**

   a. *Of those, # receiving methadone*
      Answer: **1,863**

   b. *# receiving buprenorphine*
      Answer: **2,531**

   c. *# receiving injectable naltrexone*
      Answer: **27** (up from 15 since March; NOTE: The 44 reported in mid-year report was the combined total of oral (29) and injectable (15) naltrexone.)

2. *Number of clients receiving recovery support services*
   Answer: **13,482**

3. *Number of naloxone kits distributed*
   Answer: **13,481** distributed out of the **18,160** kits provided statewide

4. *Number of Overdose Reversals*
   Answer: **672 (Law Enforcement Officer Naloxone [LEON]) and 224 (Reduce Opioid Loss of Life [ROLL])** for a total of 896 overdose reversal attempts between the two Prescription Drug Overdose: Prevention for States grant-funded programs

   Of the 672 reversals attributed to the LEON program:
   - 634 successful reversals
   - 488 reversals were of males, and 184 were of females.
   - The top three counties for LEON-attributed reversals were Greenville (149), Horry (71), and Lexington (69).

   Of the 224 reversals attributed to the ROLL program:
   - 221 successful reversals
   - 155 reversals were of males, and 69 were of females.
   - There were noticeably more ROLL-attributed reversals in Lexington County than any other county.

Project Status Narrative: Successes and Barriers

5. *Description of major activities/accomplishments (Include any outcomes you may have data on; please ensure that this section also discusses prevention activities geared toward education and training of the public.)*

Prevention and Education

"Just Plain Killers" Media Campaign

Table 1. Update on South Carolina's Prevention and Education Media Campaign – Just Plain Killers

Month	Impressions	Engagement	Followers	Link Clicks
October 2019	15,736	736	5,490	43
November 2019	13,959	432	5,493	31
December 2019	7,969	195	5,483	8
January 2020	8,784	319	5,475	not reported
February 2020	2,300,000	4,298	5,487	2,009
March 2020	4,700,000	9,072	5,500	4,154
April 2020	4,800,000	9,110	5,339	4,100
May 2020	2,800,000	7,203	5,521	3,323
June 2020	8,921	295	5,511	9
July 2020	8,699	329	5,506	6
August 2020	9,673	478	5,502	6
September 2020	7,294	388	5,503	5

Table 1 provides an overview of the social media reach that the Just Plain Killers prevention and education media campaign had during SOR Year Two. During the months of October-January, DAODAS had to work with the State Procurement Office to re-bid the contract for the campaign with the new SOR funds. During that time, the contracted marketing firm, Chernoff Newman, did not secure any paid social media for the campaign, as the contract that DAODAS had with them did not include the resources for paid media during that time. Paid social media began again in February-May 2020, once a new five-year contract was awarded by the State to Chernoff Newman.

The notable uptick in impressions, once the paid media campaign began, can be observed in Table 1.

Just Plain Killers utilizes three mainstream social media platforms (Facebook, Instagram, and Twitter), with Chernoff Newman responsible for creating branded, cohesive content to share across the platforms. The key demographics found to be most engaged with each platform are:

- Facebook – The majority of Just Plain Killers' Facebook fans are females in the 35-54 (59.6%) age range living in Greenville, S.C.

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- Twitter – The majority of Just Plain Killers' Twitter followers are males in the 35-44 age range living in Columbia, S.C.
- Instagram – The majority of Just Plain Killers' Instagram followers are females in the 25-34 age range living in Columbia, S.C.

Examples of social media posts produced by the Chernoff Newman team that were distributed on Instagram are provided below:
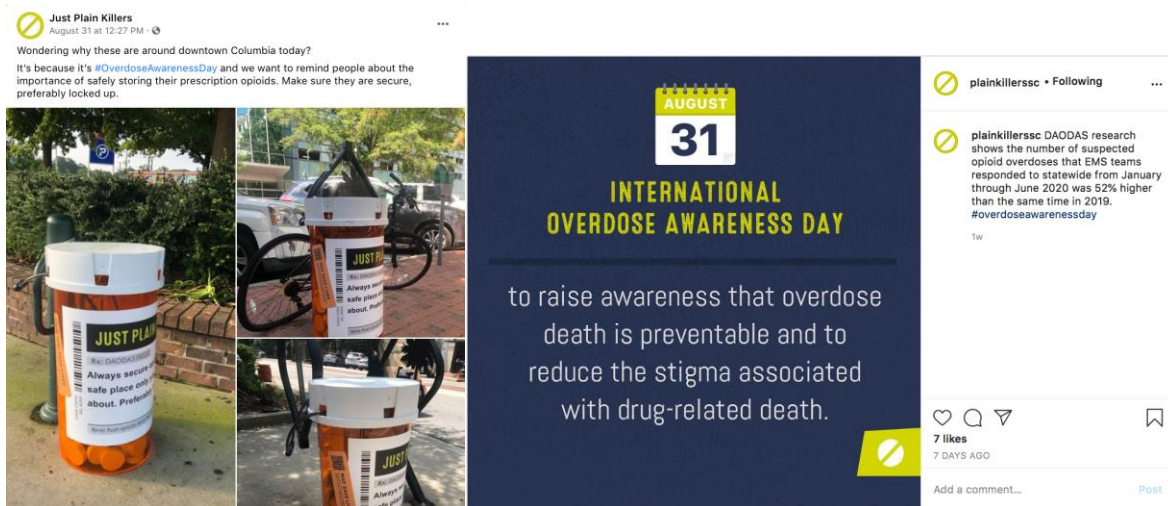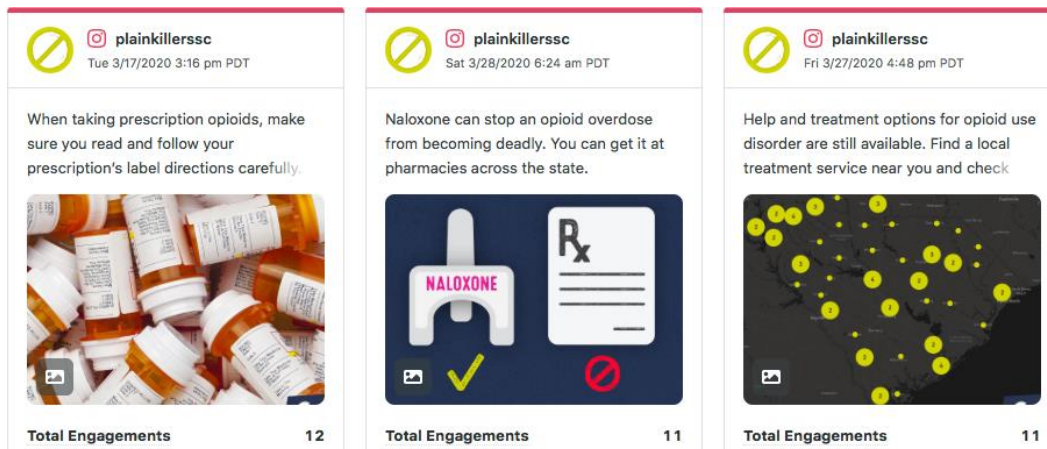
Project ECHO

Project ECHO is a tele-mentoring and educational platform that utilized SOR funding to implement a multi-pronged approach to successfully addressing the opioid crisis in our state. Project ECHO – through a partnership with the Medical University of South Carolina – includes an every-other-week tele-mentoring series to provide education on evidence-based treatment, resources, networking, and case-based mentoring about opioid misuse and use disorders. This includes didactic and case presentations on a variety of topics, such as

medication induction, peer-recovery initiatives, post-incarceration interventions, emergency department-based treatment, and addiction telehealth expansion. During the reporting period, there were 21 sessions with 633 participants.

Strengthening Families / Botvin's Life Skills Evidence-Based Prevention Programs

Through the SOR grant, DAODAS provides funding to Children's Trust of South Carolina to work with Dorchester and Fairfield counties. Children's Trust, a statewide organization focused on the prevention of child abuse and neglect, provides funding, resources, and training to help local program partners build strong families and positive childhoods.

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. All of these factors play an important role in keeping families strong while protecting against potential abuse or neglect, substance misuse, and adverse childhood experiences.

During this reporting period, Dorchester County implemented four cycles of SFP. Although the COVID-19 crisis had an impact on the final few sessions of the second cycle of implementation, the county was able to complete the cycle through virtual interaction. Cycles completed in the summer of 2020 were also taught using a virtual format. The program reached a total of 86 people during the four cycles.

Fairfield County also implemented four cycles of SFP. The second cycle was in Week Four of implementation, when COVID-19 began severely affecting South Carolina. The county worked with Children's Trust on ways to implement the program virtually. Cycles completed in the summer of 2020 were also taught using a virtual format. The program reached a total of 130 people during the four cycles.

Empowering Communities for Healthy Outcomes State Opioid Response (ECHO SOR) Coalitions

The SOR grant provides direct funding to county alcohol and drug abuse authorities to implement services that target prescription opioid misuse across the lifespan. In 2018, the ECHO SOR coalitions were formed in eight counties, with a concentration of 50% of funded counties located in the Upstate region of South Carolina (as shown in Table 2).

Table 2. The ECHO SOR Coalition Counties/Regions

County	Region
Abbeville	Upstate
Laurens	Upstate
Pickens	Upstate
Spartanburg	Upstate
Charleston	Low Country
Colleton	Low Country
Florence	Pee Dee
Lancaster	Midlands

The county authorities each received between $85,000 and $115,000 annually to utilize the Strategic Prevention Framework (SPF) model to support needs assessment, capacity building, planning, implementation, and evaluation services to produce positive outcomes related to opioid misuse and consequences.

The coalitions were approved to implement strategies across the Center for Substance Abuse Prevention (CSAP)'s six categories of prevention services.

Of the six CSAP strategy types, between October 1, 2019, and September 29, 2020, ECHO SOR sites implemented these four types of services:

1) Community-Based Process

2) Education

3) Environmental

4) Information Dissemination

A breakdown by CSAP strategy type is provided in Table 3.

Table 3. Number of Individuals Reached/Served Through ECHO SOR Coalitions by Strategy Type

CSAP Strategy Type	Reached/Served*	Total # of Individuals
Alternatives	Reached	52
Community-Based Process	Reached	1,896
Education	Served	2,860
Environmental	Reached	35,395
Information Dissemination	Reached	10,721,333
Grand Total	Both	10,761,536

*Reached means the prevention intervention was a single event. Served means the prevention intervention was a recurring event, such as a multi-session curriculum-based program.

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Table 4. Examples of Specific Programs/Activities Implemented by Coalitions by Strategy Type

CSAP Strategy Type	Programs and Activities Completed
Alternatives	Opioid Awareness 5K Run/Walk
Community-Based Process	Convened meetings of coalition's youth boards and offered veteran's resources, adult mental health first aid, and Drug Impairment Training for Education Professionals (DITEP) for law enforcement
Education	Conducted the U.S. Drug Enforcement Administration (DEA)'s "Operation Prevention" curriculum
Environmental	Installed permanent prescription drug drop boxes, distributed Deterra Drug Deactivation System pouches and buckets to community members and health and law enforcement agencies, distributed prescription drug lock boxes for safe medication storage, and participated in Prescription Drug Take-Back Events
Information Dissemination	Shared opioid safety and prevention education/information to community members and professionals through billboards, radio ads, newspaper ads, social media, pharmacies, prescription bags with opioid prevention messaging, physician's office clipboards with opioid prevention messaging, speaking engagements, "lunch and learns," etc.

ECHO SOR-Related Accomplishments

ECHO SOR coalitions participated in a DAODAS-sponsored Communications Planning training led by Community Anti-Drug Coalitions of America. The training provided the coalitions with knowledge and skills to create an actionable, sustainability-focused communications plan to effectively share (1) successes – both process and outcomes related, and (2) gaps and needs, and to identify program, infrastructure and staff that will ideally be sustained after the grant period ends.

An upstate ECHO SOR coalition leader, orthopedic surgeon Gregory Colbath, M.D., applied for and received a $20,000.00 grant on behalf of the Spartanburg Regional Healthcare System to distribute Deterra Drug Deactivation System packages.

Also, in response to COVID-19 school closures, one coalition was able to transition from classroom implementation of a curriculum-based program and offer it to students virtually instead to ensure continuity of services.

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In September 2020, the coalitions participated in a three-part Community Anti-Drug Coalitions of America (CADCA) Mini-Academy Reinforcement Webinar Series that focused on how to communicate effectively for sustainability. The coalitions have built strong relationships within their respective communities and have achieved or continue to build capacity to have coalition leadership independent of the host county alcohol and drug abuse authorities.

State Opioid Response Supplemental (SOR-SUP) One-Time $25,000 Prevention Awards

SOR one-time prevention awards in the amount of $25,000 were made available to the state's 32 county alcohol and drug abuse authorities that serve South Carolina's 46 counties. Except for a few counties, services have been provided across the state through this funding source.

DAODAS approved the county authorities to utilize the one-time $25,000 awards to implement services in the same CSAP prevention service categories that were previously mentioned (Community-Based Process, Education, Environmental, and Information Dissemination).

The total duplicated number of people reached and served through the project was 46,631,297, with the full breakdown by CSAP strategy type provided in Table 5.

Table 5. Number of Individuals Reached and Served Through SOR-SUP Prevention Awards

CSAP Strategy Type	Reached/Served*	Total # of Individuals
Community-Based Process	Reached	1,724
Education	Served	2,225
Environmental	Reached	13,882,049
Information Dissemination	Reached	32,745,299
Grand Total	Both	46,631,297

Reached means the prevention intervention was a single event. *Served* means the prevention intervention was a recurring event, such as a multi-session curriculum- based program.

SOR-SUP Prevention Awards Services

Table 6. Examples of Specific Programs/Activities Implemented by County Alcohol and Drug Abuse Authorities by Strategy Type

CSAP Strategy Type	Programs and Activities Completed
Community-Based Process	Provided professional education for health workers, law enforcement, school personnel, human resources professionals, etc. (e.g., DITEP for school personnel, Advanced Roadside Impaired Driving Enforcement [ARIDE] for law enforcement officers)

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CSAP Strategy Type	Programs and Activities Completed
Education	Conducted the DEA's "Operation Prevention," Botvin's LifeSkills, and the Strengthening Families curricula
Environmental	Installed permanent prescription drug drop boxes, distributed Deterra Drug Deactivation System pouches and buckets to community members and health and law enforcement agencies, distributed prescription drug lock boxes for safe medication storage, and participated in Prescription Drug Take-Back Events. The number reached for this strategy also includes education to community members and professional partners about the availability of safe disposal and storage of opioid medications and how to access resources.
Information Dissemination	Shared opioid safety and prevention education/information to community members and professionals such as dentists, doctors, and pharmacists through local branding of the statewide Just Plain Killers campaign by placing ads with news publications; local cable television stations; lobby monitors in S.C. Department of Motor Vehicles branches; radio public service messages; social media; billboards; information packets; youth advocacy program training; community events; and Opioid Education and Narcan® Distribution trainings.

ECHO SOR-SUP-Related Accomplishments

County alcohol and drug abuse authorities were able to take advantage of a pre-existing media campaign (Just Plain Killers), complete with ready-made customizable educational resources tailored to professionals and community members. The cost savings allowed them to implement a broader range of complementary opioid prevention strategies and programs. One county authority in a highly populated county was able to provide DEA "Operation Prevention" binders to 69 schools. Strengthening Families, the evidence-based family curriculum, was well received and expanded through this funding source. Additionally, the county authorities were able to establish formal (through Memoranda of Understanding) and informal relationships with partners in their respective counties. Many used a portion of SOR-SUP one-time funds to attend national conferences and provide drug recognition training for school staff, nurses, and law enforcement officers.

Treatment

DAODAS developed a funding stream for county alcohol and drug abuse authorities to access for treatment services and supported the new position of "Medication-Assisted Treatment (MAT) Coordinator" in local agencies across the state. During the first year, this

position was tasked with supporting integrated health care and the building of behavioral health teams. During Year Two, the MAT Coordinators have served 1,556 unique clients via care-coordination services.

Individuals with substance use disorders in rural communities often experience a greater sense of stigma, more isolation and hopelessness, lower education rates, and higher rates of chronic illness. Addressing these issues can be difficult for county authorities. The SOR in South Carolina provides peer support services (including peer mentoring and coaching), connection with resources, facilitation of recovery groups, and building of a safe community for members. The grant supports all rural counties by providing Certified Peer Support Specialists (CPSSs) in their county authorities. These individuals with lived experience in recovery work with patients who are currently receiving treatment for an opioid use disorder. The CPSSs also serve as a resource and support system for those patients.

DAODAS – South Carolina Department of Corrections Collaborative Project

DAODAS has a Memorandum of Agreement with the S.C. Department of Corrections (SCDC) to provide funding and services to SCDC through the SOR grant. The funds were used by SCDC to provide treatment transition and coverage for opioid use disorder patients who are re-entering communities from criminal justice settings during the past grant cycle.

Additionally, the project provided peer support services to assist with a seamless transition from the state prison system to the community. The project provided inmates with resources to support their recovery efforts (i.e., the use of Vivitrol® in combination with substance use counseling). Vivitrol® is the FDA-approved medication that blocks the effects of opioids on the brain and thereby reduces the chances of relapse to opioid dependency. To date, DAODAS has provided Vivitrol® injections to 66 inmates. Additionally, 1,036 inmates with substance/alcohol use disorder (SUD/AUD) issues were also provided peer support services to keep them engaged and connected to treatment and recovery services. The 66 inmates who received Vivitrol® through the project transitioned back to the community, and the DAODAS Peer Support Specialists maintained contact with the inmates for up to 90 days from the date of release to ensure that each inmate was connected with a local treatment provider.

SOR-SUP funding has trained 95 inmates to become CPSSs so that they might facilitate recovery maintenance groups for inmates at various facilities. These sessions help model positive behaviors as well as defuse negative incidents. To date, the project has successfully certified 89 inmates as CPSSs. Due to the COVID-19 pandemic, DAODAS canceled trainings for new CPSSs in March and June 2020. Although the in-person trainings were cancelled in June, DAODAS provided three virtual trainings on Motivational Interviewing, Ethics and SUD/AUD education at various institutions to keep inmate CPSSs current on their certification and knowledge base. A highlight of DAODAS' partnership with SCDC is that out of the 66 inmates who enrolled in the MAT/Vivitrol® project, only one returned to prison for any amount of time. This is a particularly noteworthy occurrence, as the average recidivism rate in South Carolina is 22.3%, so this project has already demonstrated promising results.

Opioid Treatment Programs (OTPs)

The SOR grant also provided funding to increase medication-assisted treatment (MAT) to 23 OTPs in 15 high-need counties across the state. Since our last report, we have begun the contract process for a new OTP in the Upstate region of South Carolina, which will increase our ability to provide MAT in an area in high need of additional services. All OTPs have continued to impact the opioid epidemic in South Carolina by improving access to treatment through the provision of financial assistance to indigent South Carolinians receiving methadone treatment.

OTPs are providing methadone to patients who have no other means to receive treatment. During the summer month of the pandemic, OTPs responded to the anticipated needs of COVID-19 by providing additional naloxone to all at-risk patients. In the second half of Year Two, approximately 574 patients received treatment across 16 counties for a total of 1,629 for the full fiscal year.

Telehealth Service Integration

Due to the limitations imposed on the offering/administration of treatment services by the COVID-19 pandemic, telehealth has become an important strategy to increase access to opioid use disorder treatment. Prior to the pandemic, DAODAS was already engaged in a telehealth project with the Medical University of South Carolina (MUSC), serving rural areas with limited services. DAODAS was able to learn from this experience and quickly pivot to telehealth engagement across all local providers as statewide shutdowns occurred. Local providers reported approximately 12,835 telehealth services provided across the treatment/recovery spectrum since the nationwide shutdown in March 2020. DAODAS ensured that all local providers had the technology needed to transition to telehealth services from in-person services.

In regard to the telehealth project with MUSC, with changes in federal and state regulations, in-person buprenorphine inductions have been conducted via virtual face-to-face visits. During the Year Two grant reporting cycle, MUSC reported servicing 224 patients through telehealth support, totaling over 270 encounters in the process. MUSC also reported that one advantage of telehealth is the ability to pivot for need. With the decline in need for resources reported from some agencies in the northwest corner of the state, due to their finding medical providers either in-house or in their immediate area, MUSC was able to shift resources to areas with greater need in the rural Low Country region.

In order to continue accessibility to buprenorphine at local providers, in June 2020 two more telehealth clinics were established. One clinic focuses on new patients, providing induction and stabilization. The second clinic was developed as a maintenance clinic to follow those individuals who are stabilized and do not typically need to be seen more than monthly, with some exceptions (e.g., sporadic return to use). For the past year, MUSC has had psychiatric residents work in the maintenance clinic and addiction psychiatry fellows in the induction

clinic. This staffing model has provided noticeably improved access to care. Additionally, plans are underway to expand telehealth to Horry County.

The number of patients attending a telehealth visit tells one aspect (quantitative) of the impact of telehealth, while individual stories provide qualitative reference points. For example, in the spring of 2020, MUSC started seeing an individual who had just been released from prison. After coming in to the local provider requesting services, he overdosed several times prior to his appointment with a physician. He was given naloxone at his initial contact, which no doubt saved his life. He was started on buprenorphine immediately and seen frequently afterward. While his path has been "rocky" – with another legal charge and brief jail time – he has not overdosed again and is now living in an Oxford House.

Nicotine Replacement Treatment (NRT) Project

As a result of the transition to heavier reliance on telehealth, smoking-cessation efforts that rely heavily on staff's ability to provide nicotine replacement treatment (NRT) products "in-hand" was interrupted. Despite this interruption, all sites have remained engaged and prepared for the ability to continue this effort with the start of SOR 2.0. Training preparation began this summer to expand the state's smoking-cessation efforts to at least three additional counties across the state. It is a noted achievement that all county authorities have approached the SOR team to become involved in the smoking-cessation interventions. The state was also excited to offer NRT to patients with stimulant use disorders beginning October 1, 2020. Nicotine-replacement therapies will continue to be an option, with cessation groups for patients with an opioid use disorder. All participating counties will resume and begin nicotine replacement and continue to provide cessation therapies and linkages to the South Carolina Quit Line. DAODAS' partnerships with the S.C. Department of Mental Health and Department of Health and Environmental Control (DHEC) in the fall of 2020 allowed the state to sustain its cessation efforts.

Emergency MAT Transportation Support

Additionally, SOR supplemental funds were made available to all county alcohol and drug abuse authorities in the amount of $10,000 each to provide emergency transportation for MAT patients. Since September 2019, 20 counties have utilized the funds. These funds support patients in varying levels of care across the state. All counties have continued to provide transportation support to patients attending treatment during the summer pandemic months. The transportation needs were expected to increase substantially as sites returned to in-person services and patients with a stimulant use disorder were supported beginning in October 2020. The intent is for funding to be utilized when a patient's personal transportation fails and they need to be seen either clinically or medically to avoid a break in treatment. The success of this initiative is a major accomplishment, and DAODAS was excited to see its impact in the fall as stimulate use disorder patients were incorporated. The types of support have remained consistent over the year, and include:

- access to gas cards;
- bus vouchers;
- funds to utilize ride-hailing services (e.g., Uber, Lyft); and

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- partnerships with local transportation organizations in rural areas that lack typical ride-hailing or public transportation options.

DAODAS-Ryan White Program Collaborative HIV Project

DAODAS continued to observe progress in its collaboration with DHEC's Ryan White HIV/AIDS and HIV testing and linkage-to-care programs to establish a scope of services (HIV/HCV counseling, testing, and referral services) among the patients who are served by FAVOR Greenville. A major barrier to FAVOR Greenville's outreach since the last report has been the COVID-19 crisis. Prior to the restrictions presented by the pandemic, all staff were trained, but outreach events that were scheduled had to be postponed. The calendar of events for this initiative is being updated, and services resumed in the second half of SOR Year Two.

It should be noted that, in response to the need for social distancing and to mitigate the decrease in HIV testing conducted by funded sites during the COVID-19 crisis, DAODAS – in collaboration with DHEC's HIV/STD Division – purchased OraQuick oral swab test kits for funded staff to conduct HIV testing. These tests allow staff to place the mouth swab and accompanying paperwork in a basket, which is then provided to the patient for self-collection. This decreases the risk of close contact and provides an alternative method of testing for patients who might opt out of HIV testing with the finger-stick method, out of concern for potential COVID-19 exposure. DAODAS staff provided a training webinar and had the OraQuick test kits and controls shipped to the funded recovery community organization. The table below shows the end-of-year figures regarding testing and linkage to care provided.
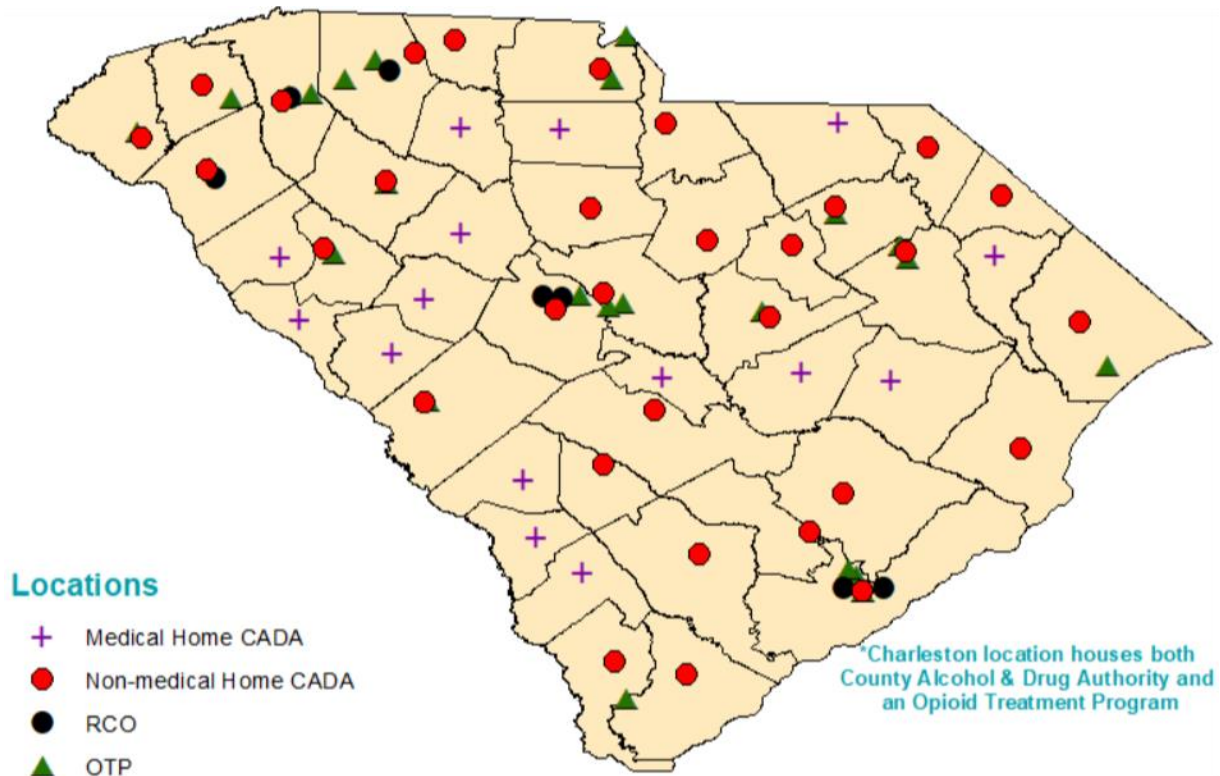
Table 7. FY20 Year-End HIV Tests Conducted by FAVOR Greenville

Measure	Count
Total HIV tests conducted	151
Total # resulting in positive	1
Total # newly positive LTC	1

As noted, DAODAS funds a variety of services throughout the state across the full opioid continuum-of-care spectrum ranging from preventative services to treatment and recovery.

Figure 1 (on Page 14) displays the locations of the 46 county alcohol and drug abuse authority main offices and satellite locations (including those 15 rural county authorities that have implemented medical "health home" models), the Opioid Treatment Program (OTP) sites, and recovery community organizations (RCOs), which will be discussed in the "Recovery" section. An additional OTP has been added since the SOR mid-year report.

Figure 1. Map of Medical Home and Non-Medical Home County Authorities, OTPs, and RCOs Across South Carolina

Locations

+   Medical Home CADA

●   Non-medical Home CADA

●   RCO

▲   OTP

*Charleston location houses both County Alcohol & Drug Authority and an Opioid Treatment Program

Recovery

DAODAS has awarded sub-grants through a Request for Proposal process to two new emerging recovery community organizations (RCOs) and continues sub-grants for the three awarded in SOR Year One. These awards are supporting the RCOs' development as non-profit, community-based recovery support centers. All RCOs are providing All Recovery meetings, Self-Management and Recovery Training (SMART) meetings, recovery coaching, and family support. Two of the RCOs, one that is centrally located and one in the Low Country, are focusing their energy on support for families that have lost a loved one due to an overdose and engaging youth in recovery. Additionally, two RCOs (Midlands and Wake Up Carolina) now have an open referral system in place with Charleston Center. During the reporting period, these five organizations served 12,495 individuals. These organizations also provide training for peer support certification, training and certifying 249 Peer Support Specialists during FFY 2020. The Recovery Training Academies, which provide Trainings of Excellence to individuals interested in becoming a CPSS (after initial DAODAS screening), are held in the following locations: Midlands Recovery Center, FAVOR Greenville, and FAVOR Piedmont.

At the end of Year Two of the SOR grant, PSSs employed by the county alcohol and drug abuse authorities have expanded from the 15 rural agencies to all 32 county authorities, with

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an emphasis on patient engagement and retention, support in the community, and the possibility of developing a full continuum of care. A more robust recovery system post-discharge continues to gain interest among the county providers, with the potential next step being installation of recovery community services as a full continuum-of-care system in a few select sites in the near future. In addition to working with the county authorities, PSSs are also working with hospitals in the Midlands and Upstate regions of South Carolina, specifically in emergency departments. The opportunity for PSSs to partner with these hospitals stems from the influence and beneficial work of projects associated with the SOR grant among other funding sources across the state.

Oxford Houses Project

An ongoing project that has demonstrated progress is the expansion of Oxford Houses in areas identified by internal spatial gap analyses. In Year One of the grant, there were 63 Oxford Houses, and by the end of Year One, the number of Oxford Houses had expanded by 21% to 76. During the first half of Year Two, nine new houses were established, for a 12% increase to 85 houses. Since then, an additional seven houses have been established, for a total of 92 Oxford Houses (21% from end of Year One), with over 600 beds available, at the end of Year Two.

Figure 2 (below) displays the locations of the Oxford Houses in South Carolina that have been established as of the end of Year Two of the grant. Of the 18 new houses over the past fiscal year, 13 were opened during the COVID-19 pandemic, which is a major accomplishment by the team. All houses accept residents who might be engaged in MAT.

Figure 2. Oxford House Locations in South Carolina (current as of October 2020)
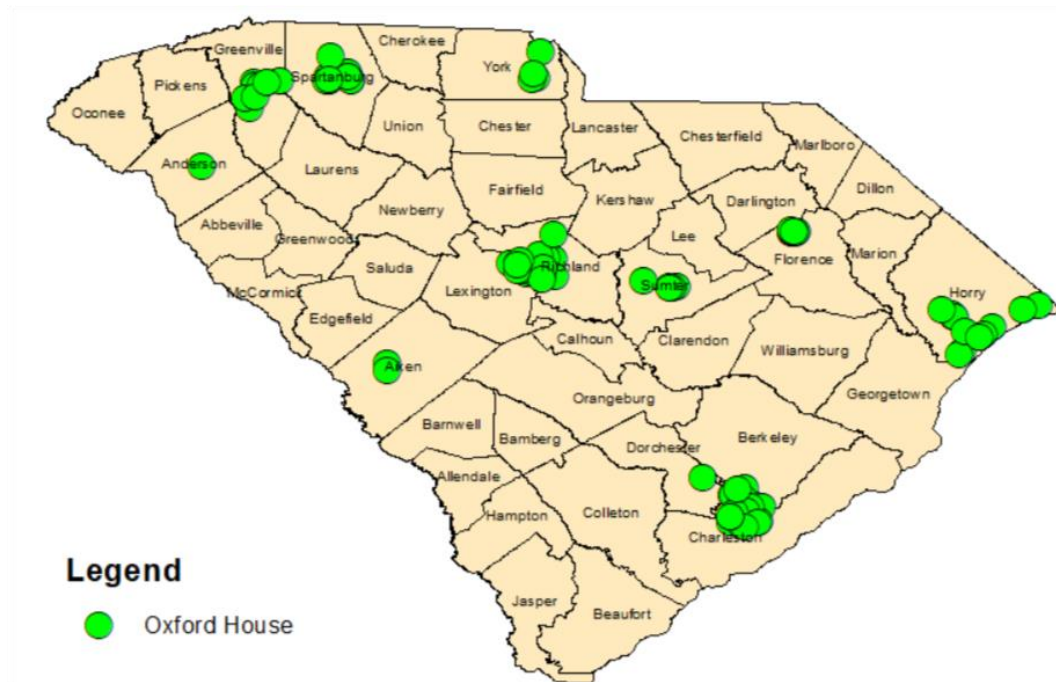
In addition to the ongoing expansion of the Oxford House project, the staff successfully transitioned from in-person to virtual unity and training events for health and safety reasons in response to the pandemic. Even during the pandemic, the Oxford House team works closely with all county drug courts, public defenders, and probation & parole offices, including an excellent working relationship with federal probation and parole offices in two of the major metropolitan cities (Columbia and Charleston).

In conjunction with these efforts, DAODAS continued to contract with the National Alliance for Recovery Residences and its South Carolina affiliate (SCARR) to develop organizational infrastructure for improved credibility, quality, standardization, and certification of recovery housing. In Year One, DAODAS supported mentorship from the national level for the formation and onboarding of SCARR. All onboarding of support identification has been completed. During the first half of Year Two, SCARR underwent a change in leadership and board members, and the organization was rebalanced in the process. Noteworthy progress was made during the second half of the fiscal year as a certification system was acquired (CERTY.me), leading to the certification of four homes, with SCARR adopting NARR standards along the way.

Year-to-Year Outcomes Improvements

Another improvement in Year Two of the SOR grant involved the collection of outcomes measures from the patients treated and discharged from a county authority site in 2020 compared to those discharged in 2019 (Year One). The rate-of-change data collected through analysis of patient responses at intake and followed up at discharge were markedly better in Year Two compared to Year One for a number of outcomes measures ranging from abstinence from alcohol or other drugs to being able to obtaining stable housing, as shown in the following tables:

Table 8. 2019 Clients – Intake to Discharge

Intake to Discharge-2019 Clients	
Measure	Rate of Change
Abstinence	27.3%
Crime and Criminal Justice	6.1%
Employment/Education	42.3%
Health/Behavioral/Social Consequences	19.6%
Social Connectedness	7.5%
Stability in Housing	-4.1%

Table 9. 2020 Clients – Intake to Discharge

Intake to Discharge-2020 Clients	
Measure	Rate of Change
Abstinence	91.1%
Crime and Criminal Justice	1.0%
Employment/Education	56.7%
Health/Behavioral/Social Consequences	44.9%
Social Connectedness	5.8%
Stability in Housing	16.6%

Noticeable increases in these measures show that patients have better outcomes from continued contact/retention with the county authorities, and DAODAS will continue to work with these agencies to continue elevating patient successes from time of intake to discharge and beyond.

Overall, DAODAS strived to fulfill the goals and objectives of the SOR grant to the best of its abilities, and many accomplishments were made even as the COVID-19 pandemic continued to complicate service delivery and efficiency. DAODAS pivoted to ensure services were still available to all those who required it through telehealth and innovative work across the full continuum of care.

6. *Description of barriers and how you have addressed them, and any barriers still left to address.*

Over the course of SOR Year Two, there were certain challenges and barriers (as well as solutions) across the different projects.

Although a number of training opportunities and technical support were provided to increase capacity for the coalitions and county authorities to apply for funding from new sources, most did not secure funding to continue the project as implemented after ECHO SOR funding ended. Several ECHO SOR Coordinators have resigned to accept positions elsewhere that appeared more long-term or stable in nature. The remaining prevention staff ensured that the project deliverables were completed by the end of the grant cycle. Additionally, COVID-19 closure of schools and public buildings made it difficult for planned strategies and programs to be implemented as intended.

There were also barriers when rolling out the SOR one-time $25,000 prevention awards. Most county authorities were not able to implement services during Quarter 1, as plans and budgets were reviewed and revisions were requested. Also, prevention staff in some areas

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viewed the SOR-SUP prevention award as "extra work," given the existing demand for prevention services compared to the staffing available to provide services already required by the federal Substance Abuse Prevention and Treatment Block Grant and various discretionary funding streams.

One of South Carolina's greatest challenges continues to be the stigma surrounding medication-assisted treatment (MAT) services. Stigma related to methadone services is distinct and profound, even among long-time providers of substance use disorder services. Lawmakers, recovery communities, treatment providers, and health professionals have not been open to this evidence-based treatment in the past, but DAODAS has done much work to educate these individuals and groups using ASAM and SAMHSA material, testimony, and a public education campaign. DAODAS has purposefully convened opioid treatment program leaders with other addictions treatment leaders in an effort to make local connections for patient coordination and to de-stigmatize methadone services. That being said, for the major barrier that the COVID-19 pandemic has been, it has provided an opportunity for community partners to work together to distribute naloxone kits as part of care packages (pairing them with other basic essentials such as food). These collaborative efforts have allowed for more communication to occur than had in the past, and open channels of communication are a key step in trying to end any stigma that might persist.

Another continuing challenge has been the balance between building capacity to treat patients and paying for treatment services, particularly due to limited resources, and the ability for interaction with patients in person due to the pandemic coupled with the ending of the grant cycle. Rural areas are particularly affected due to limited transportation and internet availability in their areas to access treatment services. However, the uninsured population is and will continue to be DAODAS' priority, especially during these trying circumstances.

In relation to our ability to reach patients for services, there were significant barriers to address in order to optimize telehealth services during the pandemic. Not all had internet access or had very poor connectivity, prompting the need to conduct telephone visits. Due to the limitations regarding the use of federal funding dollars to supply patients with telehealth-related technology (phones, cell-phone minutes/data plans), DAODAS pivoted and was able to provide patients with the necessary technology through state funds to ensure that telehealth was a viable option for service delivery.

Objective measures of substance use were also challenging across the board. Some local providers closed in March and did not reopen for urine drug screening for several months. They elected not to utilize home saliva testing. Some patients readily embraced online 12-Step meetings, and others missed the in-person meetings, appointments, and intensive outpatient programs. Hopefully, with the arrival of COVID-19 vaccines, in-person services and 12-Step meetings will continue to increase. The opportune addition of residents and fellows in the clinics has been a means for increased access. However, this cannot be counted on beyond June 2021, and as the number of patients increases, additional options will need to be explored.

The COVID-19 pandemic at the end of the current reporting period further highlighted existing disparities among those who receive services and are of a lower socioeconomic status, particularly in rural areas. Being of a lower socioeconomic status (with the accompanying lack of health insurance, unemployed or low-paying job status, lack of transportation, typical higher levels of stress, etc.) has been shown to contribute to the cycle of addiction and recurrence of misuse after initial treatment. While DAODAS and its local partners are working to provide a spectrum of high-quality substance use services, there is room to grow in terms of providing a more holistic level of support for the return to a life of independence and reducing risk of recurrence of substance misuse. DAODAS recognizes that this is truly a nationwide challenge that needs to be examined further to better serve the needs of our patients.

A challenge regarding the partnership with the S.C. Department of Corrections is the continued "push-back" DAODAS has seen from corrections officers who do not believe in MAT treatment for inmates. To mitigate that barrier, DAODAS has been working on providing Motivational Interviewing training for corrections officers so they will have "buy-in" regarding the treatment services that DAODAS is trying to provide for inmates.

A barrier in Year One regarding the emergency transportation project was the lack of transportation services in many of the state's rural areas. DAODAS made strides in terms of working with local transportation organizations to provide rides for patients in these areas, but limitations still exist in Year Two (confounded by the pandemic) and are continuing to be a focal point for DAODAS efforts.

In terms of challenges to recovery support, there are still barriers to integrating the treatment community with the recovery community. While major progress has been made in that all county alcohol and drug abuse authorities are now utilizing Certified Peer Support Specialists in the delivery of treatment services (as noted in the previous section), there is still much work to be done to strengthen the relationship between the outside recovery community and treatment services, and it is an ongoing process to build up a full and fluid continuum of care that includes post-discharge services.

Overall, throughout SOR Year One and Year Two, challenges and barriers were identified and appropriately addressed to mitigate any lasting negative effects, as DAODAS moves forward in achieving its SOR-related goals and objectives.

Although the COVID-19 pandemic has continued to provide challenges and barriers, DAODAS and its local partners continue to work on adjusting to new circumstances in order to provide the highest level of available care to South Carolinians across the spectrum of substance use-related services.

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