

# FINAL PROGRESS REPORT: STATE OPIOID RESPONSE (SOR) 2.0 GRANT 9/30/2020 – 9/29/2022

SAMHSA REQUIRED INDICATORS AND  
PROJECT STATUS NARRATIVE

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## SAMHSA Required Indicators

### 1. *Number of unduplicated clients who have received treatment services for opioid use disorder (OUD)*

Year One Answer: **5,902**      Year Two Answer: **3,557**      Total: **9,459**

*Of those unduplicated clients, how many received:*

#### a. *Methadone+*

Year One Answer: **1,369**      Year Two Answer: **1,082**      Total: **2,451**

#### b. *Buprenorphine*

Year One Answer: **2,649**      Year Two Answer: **2,309**      Total: **4,958**

#### c. *Injectable Naltrexone*

Year One Answer: **54**      Year Two Answer: **66**      Total: **120**

#### d. *Oral Naltrexone*

Year One Answer: **NA**      Year Two Answer: **28**      Total: **28**

#### e. *Sublocade*

Year One Answer: **NA**      Year Two Answer: **72**      Total: **72**

### 2. *Number of unduplicated clients who have received treatment services for stimulant use disorder*

Year One Answer: **2,278**      Year Two Answer: **1,991**      Total: **4,269**

### 3. *Number of unduplicated clients who have received recovery support services*

Year One Answer: **8,283**      Year Two Answer: **20,857**      Total: **29,140**

*Of those unduplicated clients, how many received the following services:*

#### a. *Recovery Housing*

Year One Answer: **1,820**      Year Two Answer: **674**      Total: **2,494**

#### b. *Recovery Coaching or Peer Coaching\**

Year One Answer: **3,957**      Year Two Answer: **3,748**      Total: **7,705**

#### c. *Employment Support\*\**

Year One Answer: **741**      Year Two Answer: **772**      Total: **1,513**

\* Includes number of unique individuals receiving services from county treatment agencies. Does not include unique individuals receiving services through recovery community organizations (RCOs), although the RCOs provided 4,326 in Year One and 6,020 in Year Two for a total of 10,346.

\*\* RCOs do not track employment support.

#### 4. *Number of overdose reversals*

##### *Year One:*

**Answer: 1,189 total overdose reversal attempts through the Law Enforcement Officer Naloxone (LEON) and Reducing Opioid Loss of Life (ROLL) programs. These programs were funded through the Prescription Drug Overdose (PDO) grant from SAMHSA.** Of the 1,189 reversals attributed to the LEON and ROLL programs:

- 850 reversals were of males, and 339 were of females.
- The top three counties for LEON/ROLL-attributed reversals were Greenville (243), Lexington (196), and Horry (86) counties.

##### *Year Two:*

**Answer: 1,496 total overdose reversal attempts through the LEON and ROLL programs. These programs are currently funded through the PDO grant from SAMHSA.** Of the 1,496 reversals attributed to the LEON and ROLL programs:

- 1,080 reversals were of males, and 416 were of females.
- The top three counties for LEON/ROLL-attributed reversals were Greenville (308), Lexington (182), and York (172) counties.

#### 5. *Describe major accomplishments for each of your approved activities (i.e., treatment, recovery support, and prevention). Include outcomes data for each activity.*

<b>Goal 1.</b>	Building on the needs identified in South Carolina's State Opioid Response (SOR) Strategic Plan, develop and provide opioid and stimulant misuse prevention, treatment, and recovery support services for the purposes of addressing the stimulant and opioid misuse and overdose crisis in South Carolina through a strategy that is supportive and enhancing of existing efforts.
<p><b>Objective 1.1.</b> <i>Enter into consultative relations with and assess the needs of the federally recognized Catawba Nation and develop strategies to address stimulant and opioid use disorder (OUD) needs.</i></p> <p>DAODAS entered a collegial relationship with the only federally recognized Native American tribe in the state of South Carolina, the Catawba Nation. Through SOR funding, DAODAS has been able to support annual events on the native land that have deepened our ongoing relationship. As a result, the Catawba Nation attended and supported numerous DAODAS-sponsored events across the state and has played a major role in shaping the landscape of recovery for those with an OUD in York County. The Catawba Nation has been working with a DAODAS-funded recovery community organization (RCO) to bring recovery support services (RSS) to residents of the tribal land. This collaboration, The Catawba Safe Space, has facilitated <b>366</b> RSS encounters and <b>273</b> individual recovery coaching sessions for those with an OUD. The Catawba Nation has also seen a member of their nation trained as a Certified Peer Support</p>	

Specialist (CPSS), ensuring that other tribal members have access to evidence-based services without having to leave their land. Additionally, the Catawba Nation partnered with DAODAS to co-sponsor the “Recovery on the River” event that showcased their culture and RSS work to an audience of over 300 attendees. The Catawba Nation opened and closed the event, demonstrating how recovery from an OUD crosses all cultural and ethnic boundaries.

**Objective 1.2.** *Ensure all available resources for services within the state or territory are leveraged for substance use prevention, treatment, and recovery support services and coordinate activities with other funding sources for states and providers of these services to avoid duplication of efforts.*

A team led by Dr. Christina Andrews of the University of South Carolina Department of Health Services Policy and Management completed a series of four policy-focused briefs that together provided a comprehensive review of the state government’s role in financing substance use disorder (SUD) treatment for uninsured and low-income citizens. The first brief analyzed South Carolina’s current financing structure for SUD treatment, using data from the Substance Abuse and Mental Health Services Administration Web-Based Grant Application System (SAMHSA WEBGas), as well as comparable data from a nationally representative survey of Single State Agencies in all 50 states and the District of Columbia. Included were three recommendations for strengthening South Carolina’s funding streams for SUD treatment. The second brief examined clinical standards for utilization management (UM) of SUD medications in the context of ASAM recommendations, published research, and the research team’s 2017 survey of state Medicaid agencies, which provides detailed information regarding UM policies employed in public insurance programs. The brief included five recommendations for changes to South Carolina’s UM policies. A third policy brief reviewed six leading alternative payment models within the context of the Health Care Payment Learning and Action Network Framework, identifying two achievable goals for transforming South Carolina’s public payment system for SUD treatment. The final brief examined opportunities and challenges in expanding the role of South Carolina’s Federally Qualified Health Centers as providers of medications for SUD treatment to the state’s most vulnerable populations. This brief identified five strategies that DAODAS might use to encourage the growth of SUD treatment capacity in an integrated care environment.

**Objective 1.3.** *Coordinate stimulant and opioid misuse response efforts with other state agencies, opioid treatment programs, and recovery community organizations that address the needs of individuals impacted by stimulant and opioid misuse.*

Coordinating with Other State Agencies: State alcohol and drug agencies work collaboratively across state governments to ensure that substance misuse issues are addressed with a coordinated, cross-agency approach. For example, the state alcohol and drug agencies work with state departments of mental health, criminal justice, child welfare, education, and others. Because alcohol and drug issues cross every sector and impact citizens statewide, DAODAS partners closely with the other public health and social service agencies in South Carolina.

DAODAS engages in daily communication with the S.C. Department of Health and Environmental Control (DHEC) for situational updates, data sharing, and on several joint projects, including HIV education and early intervention services, as well as overdose prevention

programming for law enforcement officers and firefighters. DAODAS also employs liaison staff that bridge our agency with others. The liaison who works between DAODAS and the S.C. Department of Social Services helps develop policy and programming for children and families in the social services system who are affected by alcohol and other drugs. This bridge has helped align best practices and good policy across two large public systems. The liaison with the S.C. Department of Mental Health (DMH) is responsible for coordinating training for co-occurring mental and substance use disorders across the state's community mental health centers and our county alcohol and drug abuse authorities. This work is helping South Carolina achieve a "no wrong door" approach to serving citizens experiencing both mental health and substance misuse issues.

**Planning:** All state alcohol and drug agencies develop a comprehensive plan for service delivery and capture data describing the services provided. DAODAS does this in a number of ways. Each year, we require a strategic plan to address alcohol and other drug issues from each county alcohol and drug abuse authority. These plans are required to follow the strategic prevention (or planning) framework and must consider the most updated data available for a needs assessment. As DAODAS understands each county's unique needs, capacity, and strategies to address substance use issues, we then create a state plan for service delivery supported by federal and state funds available through our department. Additionally, DAODAS supports the State Epidemiological Outcomes Workgroup (SEOW), composed of statisticians, epidemiologists, and data holders across state agencies. The SEOW's annual reports on prevalence and burden of substance use in our state inform priorities for planning and are shared with stakeholders statewide. Finally, the DAODAS Director co-leads South Carolina's Opioid Emergency Response Team that develops and manages the emergency plan to address the opioid epidemic across sectors in the state.

Examples of multidisciplinary meetings:

1. **Opioid Emergency Response Team (OERT) meeting - bimonthly** – Coordinates state agencies and provides support to stakeholders in the implementation of the Opioid Emergency Response Plan to limit duplication of services and combat opioid misuse. Six meetings are held during the year with an average attendance of 80 persons from a variety of disciplines, including the medical, emergency services, law enforcement, higher education, and treatment sectors.
2. **OERT overdose call - weekly** – Held on Wednesdays, fosters discussion of suspected opioid overdose increases across genders, races, and age groups; high-intensity drug trafficking and seizures; and suspected opioid overdoses in South Carolina. Fifty weekly meetings are held during the year, with an average of 15 participants from law enforcement, public health, and DAODAS.
3. **DHEC/DAODAS Meeting - monthly** – Provides opportunity for consultation and collaboration on efforts around overdose prevention, response, and treatment, as well as recovery support services. Twelve monthly meetings are held during the year with DHEC's opioid team to share information and collaborate.
4. **National State Opioid Coordinator conference call (Organizer: Philander Moore Sr., Texas representative) - quarterly** – Provides updates pertaining to the SOR grant for all SOR Coordinators around the region, as well as opportunities to learn from and

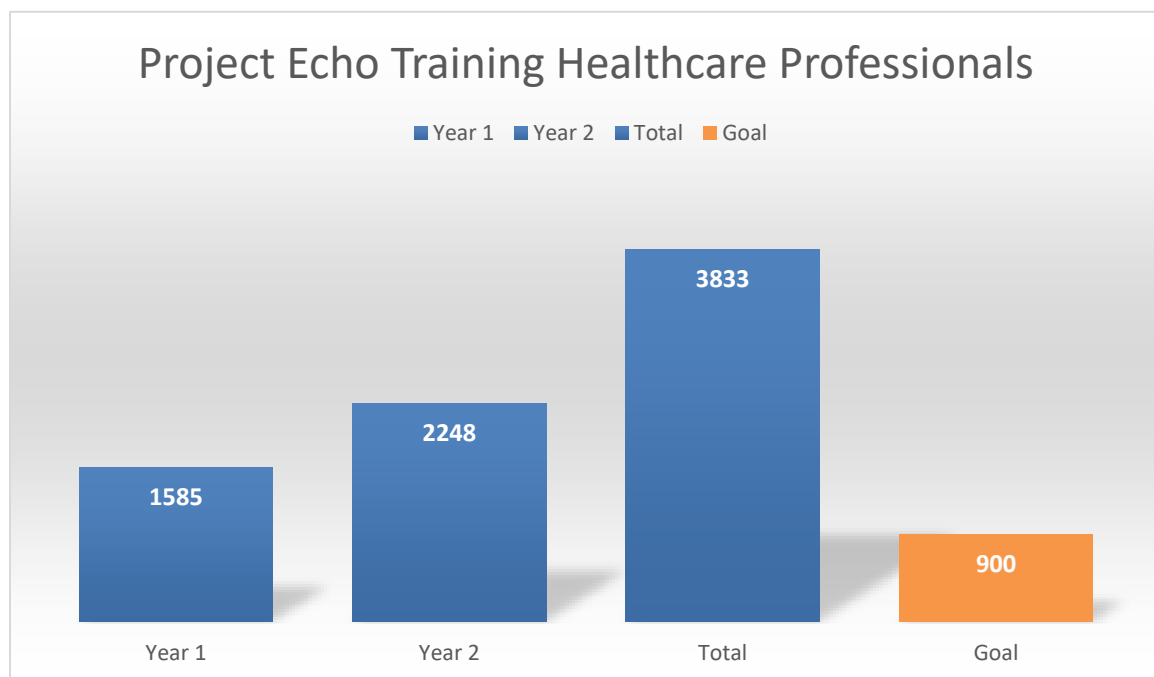
support one another. These quarterly meetings focus on regional updates, opioid settlement funds, national report card draft and framework.

5. **Peer Support Specialist Networking Meeting - quarterly** – Hosted by DAODAS, briefs peer support specialists from across South Carolina on new information from the state level, as well as provides opportunities for technical assistance to those in county agencies, recovery community organizations, criminal justice settings, and emergency departments. During the reporting period, over 200 individuals across the state took place in this collegial learning environment, with topics including “MAT/R in Recovery Housing,” “Professional Development in the Criminal Justice and Hospital-Based Settings for Peers,” and “Importance of Family Recovery for Individuals Seeking and Maintaining Recovery From an SUD.”
6. **SC Recovery Coalition - monthly** – Enables discussion and coordination of recovery efforts across South Carolina. Spearheaded by recovery community stakeholders, the SC Recovery Coalition continues to meet to survey the macro-level needs of individuals in recovery from an SUD. Advocacy and coordination with local and state agencies continue to be the methods used by the group to ensure best practices reach all those in need.

## Goal 2.

Ensure the implementation and enhancement of evidence-based prevention and education strategies and services.

**Objective 2.1.** *Training and mentoring of healthcare professionals on the assessment and treatment of stimulant and opioid use disorders. 900 professionals will be trained each year of the project.*



### Project [Extension for Community Healthcare Outcomes \(ECHO\)](#) for Opioid Use Disorder (OUD) and Peer Recovery Support Services (PRSS)

Project ECHO for OUD is a resource for South Carolina healthcare providers currently providing medications for opioid use disorder (MOUD) and for practitioners interested in learning more about how to become an MOUD provider in their community. Project ECHO provides telementoring support to current and future MOUD providers across South Carolina. The ECHO sessions feature brief, user-driven didactic content relevant to OUD and office-based MOUD, delivered by national experts in the treatment of OUD. Project ECHO also provides twice-monthly sessions for PRSS. These sessions provide a forum for peer support specialists to learn more about MOUD and evidence-based practices. The heart of Project ECHO for OUD is the network of physicians, physician assistants, nurses, counselors, social workers, and peer support specialists working together to support one another in treating opioid addiction in their communities.

Between the two ECHO projects, **96** sessions were conducted (24 each), with **3,833** total participants joining between October 2020 and August 2022 (OUD: 2,133, PRSS: 1,700). An average of 40 participants joined each session (approximately OUD: 44, PRSS: 35). There have been **990** participants from county alcohol and drug abuse authorities (OUD: 481, PRSS: 509). The OUD ECHO held didactic series on “Overdose Prevention” and “Diversity & Inclusion.” The PRSS didactic series included “Back to Basics” and “Resources.” In November 2021, the OUD ECHO received the 2021 Telehealth Program of Excellence award at the Ninth Annual Telehealth Summit of South Carolina. Dr. Karen Hartwell, Medical Director of the OUD ECHO, also was honored with a Certificate of Excellence for Championing Recovery and Peer Support: Training and Education award from Faces and Voices of Recovery South Carolina and the Greenville Technical College Center for Collegiate Recovery.

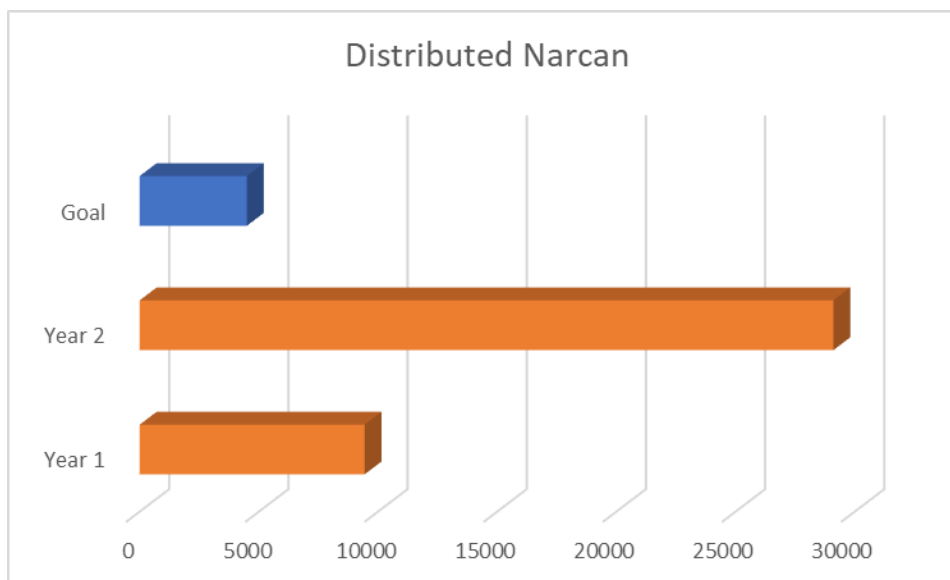
**Objective 2.2.** *Training, mentoring, and professional development of peer support specialists on recovery-oriented systems of care, recovery coaching, and stimulant and opioid use disorders. 300 peer support specialists will be trained each year of the project.*



### Peer Support Specialists Training

During the reporting period, DAODAS provided funding to state-approved training facilities that certified **385** new peer support specialists. These Certified Peer Support Specialists (CPSS) will work in various settings and initiatives, including county agencies, recovery community organizations, and criminal justice and hospital-based settings. Additionally, DAODAS organized trainings for current CPSS to enhance and support professional development and ensure the use of evidence-based practices while striving to connect individuals from across all regions of the state. **385** participants attended these trainings during the grant period.

**Objective 2.3.** *Training of patients, caregivers, and community members on recognition of opioid overdose and appropriate use of the opioid overdose antidote naloxone, as well as purchase and distribution of naloxone. 4,500 individuals will be trained each year of the project.*



As part of the naloxone community distribution program, DAODAS has made available to the community fentanyl test strip kits (FTS). All approved community distributors were encouraged to distribute these kits. During the two-year period, a total of **24,258** FTS kits have been distributed throughout the state.



**Objective 2.4.** *Maintain training and the provision of naloxone for law enforcement and firefighters through the Law Enforcement Officer Naloxone (LEON) and Reducing Opioid Loss of Life (ROLL) programs. The LEON and ROLL programs train law enforcement officers and firefighters on the recognition of opioid overdose and appropriate use of naloxone. 500 new officers and firefighters will be trained in Year Two of the grant.*

At the conclusion of SOR funding in August 2021, this initiative was continued through a Grant to Prevent Prescription Drug/Opioid Overdose-Related Deaths (PDO) (Award Number 1H79SPO82742. FAIN H79SP082742. Center for Substance Abuse Prevention Award: 8/31/2021-8/30/2026). This objective was removed from the SOR grant, and the funds were reallocated to the naloxone distribution program (**Objective 2.3**).

**Objective 2.5.** *Maintain and expand the Strengthening Families / Botvin LifeSkills Training program to reach approximately 120 families in four counties throughout South Carolina during each year of the grant.*

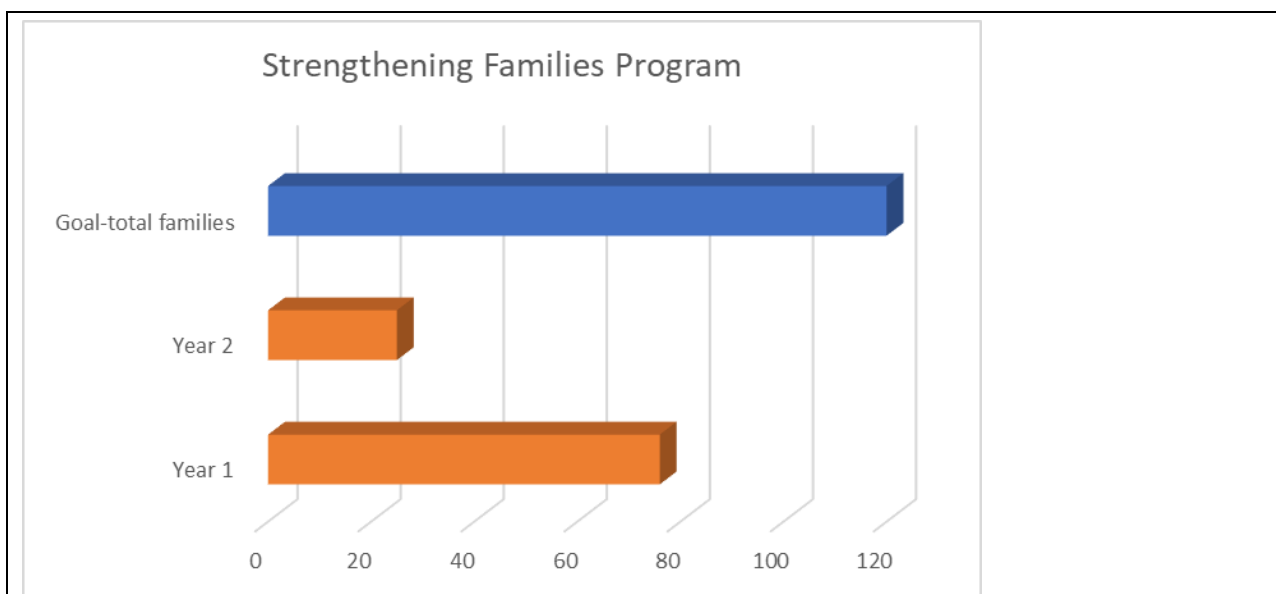
Strengthening Families / Botvin Life Skills Evidence-Based Prevention Programs

Through the SOR grant, DAODAS provides funding to Children’s Trust of South Carolina to work with Barnwell, Dorchester, Fairfield, and Union 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 serves families with children ages 6 to 11 through local partners in settings that include community centers, schools, and churches. Strengthening Families 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.

Botvin’s Life Skills Training (LST) is a research-validated substance abuse prevention program proven to reduce the risks of alcohol, tobacco, and other drug use – and violence – by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors. This comprehensive and exciting program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations.

During the two-year reporting period, the program was provided in all four counties listed above. Recruiting for the program was a challenge for many counties, as COVID-19 had an impact on program implementation. The total number of families served did not meet the goal of 120 families set for the project.



**Objective 2.6.** *Maintain the current multimedia prescription drug misuse/abuse public education campaign, “Just Plain Killers,” to construct and implement additional tools for the public education campaign, reaching each citizen in South Carolina.*

#### Prevention Education / Media Campaigns

Prevention and education regarding opioids and stimulants are two focal fields when it comes to addressing the current epidemic. Through SOR funding, DAODAS has been able to fund and resource several preventive/educational efforts across the state as shown below. Efforts vary from wide-ranging (terrestrial and virtual media campaigns) to more targeted (educating families on opioid use), while empowering local partners to work on targeted prevention efforts in their communities.

**Table 1** provides an overview of the social media reach for the “Just Plain Killers” prevention and education media campaign during the two-year reporting period. **Table 2** provides an overview of the social media reach for the “Embrace Recovery SC” campaign (*see below*) during the two-year reporting period.

In May 2021, South Carolina kicked off “Embrace Recovery SC” to combat the stigma surrounding people in recovery by focusing on recovery resources and the importance of connectedness and support for individuals with a substance use disorder. A PSA titled “Better Days” was produced, along with a microsite, social media content, ambient materials, and recovery resources. The campaign was launched on May 13, 2021, with a press conference at the South Carolina State House. DAODAS Director Sara Goldsby and Governor Henry McMaster hosted the press conference, with remarks by Gregory Jacobs, DAODAS Recovery Services Coordinator, and support from the South Carolina recovery community. Paid media efforts began on May 13, 2021, on Facebook, Instagram, Twitter, broadcast and cable television, and over-the-top media. During the first week of the campaign, the videos were viewed over 98,800 times. Paid social ads accounted for the most clicks leading to the campaign website and

over 22,000 engagements. 77% of all users who began watching the “Embrace Recovery SC” videos viewed them to completion. To view the PSA and other content developed for the campaign, please visit the website at <https://embracerecoverysc.com/>.

*Table 1. Update on South Carolina’s “Just Plain Killers” Prevention and Education Media Campaign*

Month	Impressions	Engagement	Followers	Link Clicks
<b>October 2020</b>	5,663	218	5,497	7
<b>November 2020</b>	5,663	204	5,492	2
<b>December 2020</b>	7,870	182	5,491	2
<b>January 2021</b>	5,278	2,499	5,467	193
<b>February 2021</b>	5,018	176	5,455	1
<b>March 2021</b>	7,384	215	5,442	13
<b>April 2021</b>	5,440	190	5,442	17
<b>May 2021</b>	3,680	110	5,436	1
<b>June 2021</b>	3,792	184	5,436	5
<b>July 2021</b>	1,309	46	5,430	4
<b>August 2021</b>	23,749	839	5,474	0
<b>September 2021</b>	6,647	157	5,432	3
<b>October 2021</b>	18,198	448	5,439	7
<b>November 2021</b>	3,213	164	5,436	6
<b>December 2021</b>	622,560	108,016	5,436	3,679
<b>January 2022</b>	4,231	255	5,440	6
<b>February 2022</b>	1,158	12	5,438	0
<b>March 2022</b>	719	3	5,429	0
<b>April 2022</b>	5,703	93	5,427	4
<b>May 2022</b>	34,483	4,383	5,427	120
<b>June 2022</b>	56,738	4,915	4,732	52
<b>July 2022</b>	15,033	1,490	5,433	50
<b>August 2022</b>	11,711	253	5,438	10
<b>September 2022</b>	4,700,000	106,600	5,512	5,665

*Table 2. Update on South Carolina’s “Embrace Recovery SC” Prevention and Education Media Campaign*

Month	Impressions	Engagement	Followers	Link Clicks
<b>October 2020</b>	N/A	N/A	N/A	N/A
<b>November 2020</b>	N/A	N/A	N/A	N/A
<b>December 2020</b>	N/A	N/A	N/A	N/A
<b>January 2021</b>	N/A	N/A	N/A	N/A

<b>February 2021</b>	N/A	N/A	N/A	N/A
<b>March 2021</b>	N/A	N/A	N/A	N/A
<b>April 2021</b>	N/A	N/A	N/A	N/A
<b>May 2021</b>	283,878	11,882	1,543	872
<b>June 2021</b>	601,683	19,945	3,200	1,853
<b>July 2021</b>	627,708	12,299	4,824	2,234
<b>August 2021</b>	577,692	13,069	4,864	1,976
<b>September 2021</b>	17,164	642	4,861	31
<b>October 2021</b>	5,176	276	4,856	8
<b>November 2021</b>	4,235	207	4,837	6
<b>December 2021</b>	3,429	133	4,853	2
<b>January 2022</b>	1,637	26	4,878	2
<b>February 2022</b>	426	2	4,876	1
<b>March 2022</b>	555	5	4,967	1
<b>April 2022</b>	1,859	49	4,850	4
<b>May 2022</b>	4,959	336	4,855	13
<b>June 2022</b>	4,632	199	4,855	4
<b>July 2022</b>	673	24	4,853	1
<b>August 2022</b>	2,841	205	4,855	10
<b>September 2022</b>	2,254	174	4,857	10

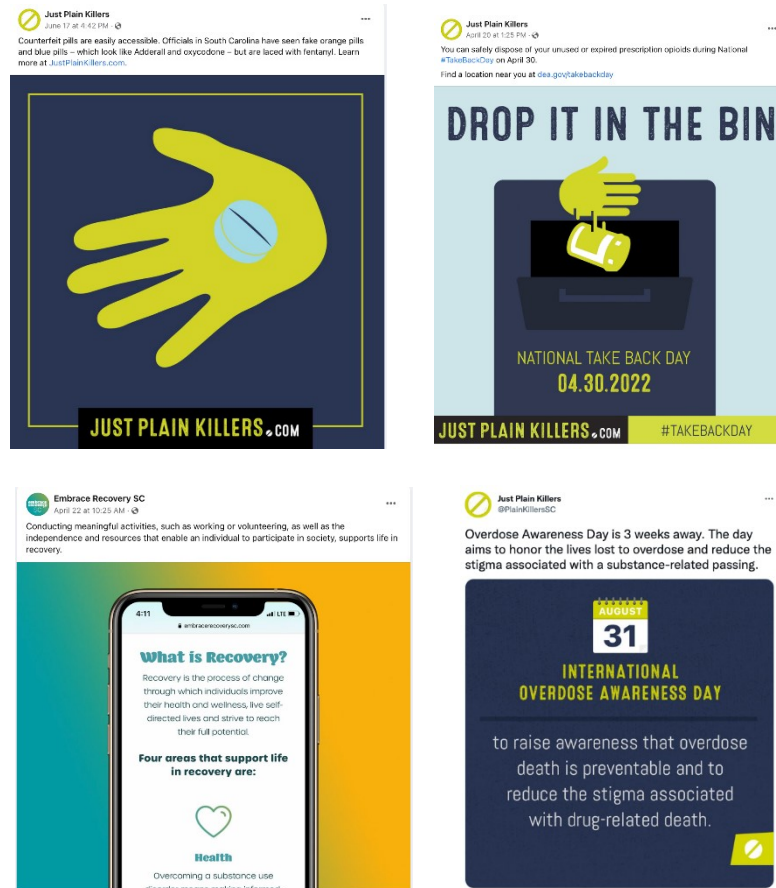
Both campaigns utilize three mainstream social media platforms (Facebook, Instagram, and Twitter), with Chernoff Newman responsible for creating branded, cohesive content to share across the platforms.

The key age groups found to be most engaged with the two campaigns – by platform and in order of engagement – are:

- Facebook:
  - Just Plain Killers (74% female and 25% male [1% unspecified]):
    - ages 45-54
    - ages 35-44
    - ages 55-64
    - ages 18-24
    - ages 25-34
    - ages 65+
    - ages 13-17
  - Embrace Recovery (82% female and 18% male):
    - ages 35-44
    - ages 25-34
    - ages 45-54
    - ages 55-64

- ages 65+
  - ages 18-24
  - ages 13-17
- Twitter:
  - Just Plain Killers (49% female and 51% male):
    - ages 35-44
    - ages 25-34
    - ages 45-54
    - ages 18-20
    - ages 21-24
    - ages 65+
    - ages 55-64
  - Embrace Recovery (55% female and 45% male):
    - ages 25-34
    - ages 35-44
    - ages 45-54
    - ages 55-64
    - ages 65+
    - ages 21-24
    - ages 18-20
- Instagram:
  - Just Plain Killers (49% female and 24% male [27% unspecified]):
    - ages 18-24
    - ages 35-44
    - ages 25-34
    - ages 45-54
    - ages 55-64
    - ages 13-17
    - ages 65+
  - Embrace Recovery (63% female and 17% male [20% unspecified]):
    - ages 35-44
    - ages 45-54
    - ages 25-34
    - ages 55-64
    - ages 18-24
    - ages 65+
    - ages 13-17

Examples of social media posts produced by Chernoff Newman that were distributed for each campaign are below:



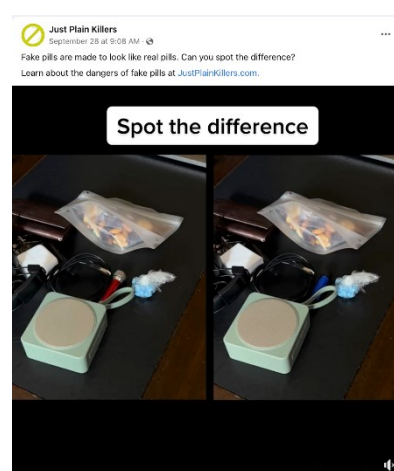
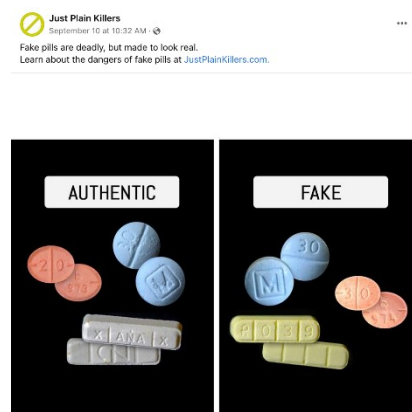
DAODAS and Chernoff Newman developed new resources located on the “Just Plain Killers” website’s toolkit page (<http://justplainkillers.com/toolkit/>) for local organizations to download and utilize to promote safe storage and disposal, as well as the availability of naloxone, in an effort to keep messages consistent throughout the year. Media tools have been developed to promote local events, locations, etc., including sample radio scripts, news releases, and graphics for social media posts for the following periods:

- 2021 Valentine’s Day – February 14 (There were 32 clicks from 18 users to download information.)
- 2021 National Take Back Day – April 24 (144 users visited the site, with 221 pageviews [202 unique pageviews].)
- 2021 National Best Friend Day – June 8 (157 users visited the site, with 357 pageviews [285 unique pageviews].)
- 2021 Overdose Awareness Day – August 31 (193 users visited the site, with 452 pageviews [381 unique pageviews].)
- 2021 National Take Back Day – October 23
- 2021 Holiday Season (November/December)

Outdoor billboards raising the awareness of the dangers of fentanyl were created and placed in four high-need counties across the state (*see image below*) in the fall of 2021. Opioid data for calendar year 2020 was updated on the Just Plain Killers website, and a joint press release announcing this data was issued by DAODAS and the S.C. Department of Health and Environmental Control on March 1, 2022.



Due to an increase in overdoses related to the presence of fentanyl, DAODAS ran a special media campaign September 6-29, 2022, utilizing funding from the Substance Abuse Prevention and Treatment Block Grant award, as well as the SOR grant. The campaign delivered 5,018,050 impressions, had more than 1,116,000 video views, and 41,998 users clicked or swiped up on the ads and were directed to the [www.JustPlainKillers.com/fentanyl](http://www.JustPlainKillers.com/fentanyl) page. To reach a younger audience, DAODAS ran a combination of Facebook, Instagram, Snapchat, Spotify, cable, and YouTube messages to maximize reach among the target audience. A mixture of organic and paid social media outreach was implemented statewide. The SOR funding was utilized to produce a 15-second spot that ran on cable and broadcast television channels during primetime and sports shows in all major markets. To complement the statewide cable schedule, DAODAS also ran the Fake Pill spot on over-the-top television, which resulted in more than 408,500 impressions and nearly 400,000 video completions. The Fake Pill spot ran on the following networks: A&E, AMC, BET, Bravo, CBS, Comedy Central, ESPN, Fox News, Fox Sports, Hallmark, HGTV, Lifetime, MLB Network, NBA Network, NFL Network, OWN, TBS, TLC, TNT, and the Travel Channel. The YouTube campaign ran September 26-29 to extend the reach and raise awareness statewide among teens. This campaign led to over 369,000 views and 290 clicks: <https://www.youtube.com/watch?v=kCYMjmh2F28>.







More than half of fake pills  
tested in South Carolina  
contained fentanyl.

[JustPlainKillers.com](http://JustPlainKillers.com)

**Objective 2.7.** *Fund up to 35 community coalitions, local government agencies, faith community organizations, and other non-profit organizations throughout the state through a competitive Request for Proposal process to implement evidence-based environmental efforts to reduce the consequence of stimulant and opioid misuse in South Carolina.*

**Achieved:** Twenty-one organizations were funded to implement the strategies listed above throughout the state during the duration of the grant.

#### Prevention Efforts in Collaboration with Local Sub-Grantees

The purpose of the SOR 2.0 grant is to prevent opioid and stimulant misuse and reduce the consequences of opioid and stimulant misuse in South Carolina by supporting the implementation of evidence-based environmental and educational primary prevention strategies. A Request for Proposals was issued by DAODAS in September 2021. Organizations could apply for up to \$50,000 to implement the following pre-approved strategies in their communities:

- Data and needs assessment (mapping of “hot spots,” overdose deaths, availability of drop boxes, etc.)
- Safe medication disposal strategies (Take Back events, distribution of drug deactivation bags, installation of permanent drop boxes, etc.). *This strategy also includes media to promote events and drop boxes.*
- Education and awareness strategies (evidence-based curriculum programs, geofencing of opioid and stimulant prevention messages, opioid and stigma-reduction educational campaigns, and professional trainings for partners)
- Proper medication storage strategies (lock boxes, safe storage containers, etc.). *This strategy also includes media to promote the storage strategies.*
- Community event strategies (social events and gatherings that promote drug-free/healthy families, town hall meetings, community forums, etc.). *This strategy also includes media to promote the events.*

General population strategies, such as permanent prescription drug drop boxes and data tracking and/or visualization software to build capacity to identify problem areas, reached the highest



number of people. Overall, people were reached by the pre-approved specific strategy types listed in the table below.

*Table 3. Highlights from Year One – October 2020-September 2021*

Specific Strategy Type Implemented	Total Reached
Botvin's Life Skills Training	264
Community social events and gatherings that promote drug-free, healthy families and social bonding among community members in safe spaces	15,266
Data tracking and/or visualization software to build capacity to identify problem areas related to opioid and stimulant use, and to make solution-focused decisions	203,409
Deterra bags	19,287
Dispose Rx products	50
Drug Take Back events	2,478
Hosting opioid and stimulant-related "town hall" meetings / community forums	4,182
Mapping locations where permanent drop boxes are located	15,289
Mapping of the number of locations distributing Deterra bags or similar disposal products	8
Operation Prevention	485
Opioid and stimulant Drug-Free Workplace education and materials	57
Opioid and stimulant stigma-reduction messages clarifying that opioid use disorder and other substance use disorders are diseases and not moral failures or weaknesses	13,556,819
Opioid and stimulant-related educational programs or information-sharing for realtors, hospice programs, individuals caring for elderly family members at home, older adults, adults, college students, teenagers, patients, elementary school students, etc.	1,600,029
Prescription drug drop boxes (installation of boxes and/or promotion of current box locations)	400,195
Prescription drug drop boxes (promotion of current box locations)	355,388
Prescription drug storage boxes / lock boxes	13,074
Professional education for healthcare, behavioral health, law enforcement, education professionals, etc., related to opioids and stimulants, such as Drug Impairment Training for Educational Professionals (DITEP), Advanced Roadside Impaired Driving Enforcement (ARIDE), Drug Recognition Expert (DRE), safe prescribing practices, use of SC SCRIPTS, academic detailing, etc.	337
Scanning/mapping of opioid and/or stimulant drug issues and available community resources	728,444
Sharing messages to promote drug-free community events	23,585
Sharing messages to support distribution and availability of proper medication storage boxes	32,037
Sharing messages with organizations, businesses, and community members to promote safe use and proper storage of medication	4,429,970
Sharing messages with organizations, businesses, and community members to promote safe use and safe disposal of unwanted opioid medication	18,185,666

SPORT Prevention Plus Wellness and Opioid Prevention Plus Wellness	14
Strengthening Families	99
Tracking advertising of prescription drug disposal locations/Take Back events	9,834
<b>Total*</b>	<b>39,596,266</b>
<b>Unduplicated Total</b>	<b>1,351,987</b>

\* Duplicated total number reached.

Table 4: Highlights of Implemented Strategies for October 1, 2021-September 29, 2022

Strategy	Number Reached	Number of Sites That Implemented the Strategy
Safe medication disposal: Take Back Days	2,254 pounds of medication collected	12
Safe medication disposal: Deterra drug deactivation bags	16,537 distributed	15
Social media campaigns/posts	1,211,838 impressions	14
Geofencing-targeted messaging	4,819,172 impressions	8
Traditional media (newspaper, billboards, radio)	Over 6 million impressions (some targeted to minority populations)	16
Education and awareness: Community health fairs	1,429 middle/high school youth	4
Education and awareness: Community health fairs	96,686 general population	12
Education and awareness: Botvin's LifeSkills Training and Wellness SPORT	161 youth	4
Education and awareness: Training for first responders, health professionals, law enforcement, and school personnel	1,174 people	12

#### Examples of Local Community Successes:

Using data gathered throughout the year, the Opioid Emergency Response Team identified three “hot spots” for targeted prevention efforts. Hosting Take Back events in these areas in local apartment complexes, neighborhoods, and communities has been successful. These events not only encourage people to dispose of unused medication safely, but they provide an opportunity to give them Deterra bags, lock boxes, and opioid/stimulant educational materials.

DAODAS has increased its capacity for providing prevention educational services in the community by purchasing curricula that can be reused and training School Resource Officers (SROs) to implement the program. This has enhanced our partnership with law enforcement and schools in addition to reducing the workload of prevention staff. Training SROs also helps with

the sustainability of the programs in the future, as we have increased our capacity to deliver the programs in schools.

### Faith Community Organization

Following a Request for Applications process, DAODAS funded two statewide projects that target faith organizations and communities. Efforts center on the implementation of primary prevention strategies, including evidence-based environmental efforts as well as engaging faith communities and organizations to think about their role in expanding peer support services and recovery coaching. Both awarded organizations – Hold Out The Lifeline: A Mission to Families (HOTL) and the Palmetto Family Council (PFC) – are implementing evidence-based environmental or information dissemination primary prevention strategies, as well as recovery support, to prevent opioid and stimulant misuse, reduce the consequences of opioid and stimulant misuse, and expand recovery resources in South Carolina. HOTL is implementing the following environmental strategies: safe medication storage and disposal; community events such as presentations and training; education and awareness where safe medication storage and disposal materials are distributed; and facilitation of partnerships with law enforcement organizations to establish medication drop boxes that can be supported by local faith communities through utilization as well as by inviting the community at large to access the receptacles. Further, HOTL is facilitating recovery support training opportunities for faith- and community-based organizations around recovery coaching and peer support with the intent that members will begin the process of becoming Certified Peer Support Specialists, recovery coaches, and community recovery support persons. *(More information around this unique effort for HOTL will be shared in the comments under Objective 6.3.)* PFC is concentrating on information dissemination through statewide speaking engagements with faith community members – both lay and clergy – to increase awareness around the opioid epidemic and the vital role that the faith community can play in stopping its spread. Because PFC is new to such outreach, DAODAS has continued providing technical assistance around implementation, monitoring, and reporting efforts.

During the grant period, HOTL conveyed the following aggregate numbers for their implemented strategies. Through presentations during community events, HOTL reached **606** people with peer support trainings. In addition, **2,390** persons were educated on safe medication disposal and over **5,000** pieces of literature were distributed (e.g., 250 “Safe Medication Storage and Disposal” flyers/postcards) through their LiveWell network. **987** pill storage containers were distributed to residents throughout the state. Further, a newsletter containing this messaging was shared with 37 English-language health ministries and five Spanish-language health ministries. Finally, HOTL reports that three law enforcement partnerships were formed and finalized with the signing of a memorandum of agreement around safe medication storage through drug drop boxes. **54** faith-based or community organizations received safe medication storage containers for their memberships, and four local law enforcement agencies received locked storage boxes for keeping medications. Through their participation in statewide presentations with lay and clergy faith leaders, PFC informed **5,716** individuals about the need for faith communities and organizations to become active in preventing opioid misuse and abuse. PFC also utilized available state resources – such as data available on the DAODAS website and information shared through justplainkillers.com – to develop their presentations.

<b>Goal 3.</b>	Implement service-delivery models that enable the full spectrum of treatment and recovery support services to facilitate positive treatment outcomes.
<p><b>Objective 3.1.</b> <i>Support addiction service development and/or expansion for one or two healthcare systems in need of creating or expanding substance use disorder (SUD) treatment availability, to include medication-assisted treatment (MAT) in ambulatory practices, inpatient units, and emergency departments.</i></p> <p><u>Prisma Health System</u></p> <ol style="list-style-type: none"> <li>1. The Inpatient Addiction Consult Team (IACT) has been operating in both the Upstate and Midlands markets of Prisma Health System since Spring 2021. The team was formed to deal with the identified need of addressing patients with substance use disorders (SUDs) in the acute medical setting. Almost a quarter of hospitalized patients have an SUD, presenting a significant opportunity for intervention. However, only a minority of patients receive any treatment for SUDs in an acute hospital setting. For many patients with an SUD, inpatient hospital admission represents a “reachable moment” for life-saving interventions. Patients can be identified and diagnosed with an SUD and receive screening and brief intervention, treatment, and linkage to care that facilitates an opportunity for recovery. Additionally, patients with opioid use disorder (OUD) in an acute medical setting can be initiated on medications for OUD (MOUD). These medications include methadone, buprenorphine, and naltrexone. IACTs have been associated with a reduction in substance use, improvement in treatment retention, and decrease in hospital readmission and self-discharge rates. Comorbid conditions such as infectious diseases (including HIV, HCV, and other hepatitis viruses, including HAV and HBV) can also be screened and linkage to care facilitated. The IACT consists of physicians (n=4), a nurse practitioner (n=1), social workers (n=2), recovery coaches (n=3), and learners including medical students, residents, and social work interns. The team addresses the many layers of addiction treatment, providing an opportunity for patients to reach sustained recovery. Using a recovery-oriented system of care, interventions provided include screening, brief intervention, diagnosis, MOUD induction, connection to peer recovery support, linkage to care once discharged to the community, and connection to other community resources as needed to improve social determinants of health. The team follows these patients during their entire hospital stay and after discharge to ensure that the discharge plan developed and agreed upon with the patient has been followed.</li> <li>2. As of August 31, 2022, the IACT has seen <b>153</b> patients in Year One and <b>731</b> in Year Two, leading to <b>838</b> SUD diagnoses. Those diagnoses include <b>295</b> for OUD (35.2%) and <b>302</b> for stimulant use disorder (36%). The IACT is responsible for starting MOUD induction on <b>173</b> patients and continuing <b>74</b> patients on MOUD who were actively enrolled in a clinic outside the hospital. The project has exceeded the target for the projected goal of 480 consults.</li> </ol>	

Medical University Hospital Authority (MUHA) of the Medical University of South Carolina (MUSC)

In October 2020, MUHA, the Addiction PMC (**P**eer Recovery Specialist, **M**OOD for Substance Use Disorder, and **C**omplex Care Case Manager) team, was successfully launched in the MUSC inpatient hospital setting. The team provides addiction-based services in the inpatient setting as an extension of the existing consult liaison psychiatry team. The team is now fully operational and includes a peer recovery specialist (PRS), complex care coordinator (CCC), and addiction psychiatrist to improve screening, identifying, and linking with SUD treatment after discharge. The team has worked to improve and offer treatment for all SUD patients and has encountered and served more than **440** patients from 31 different South Carolina counties. The PRS and CCC have had multiple encounters with each patient, including contact after discharge to facilitate transitions of care and overcome the multiple barriers patients experience when seeking treatment. The PRS alone has initiated contact with over 300 patients after discharge. The project has increased the number of MOUD inductions for patients with OUD to 97 patients. In addition to serving patients, there is collaboration with multiple disciplines, and these services are highly valued by the social workers, nurses, cardiothoracic surgery, trauma surgery, infectious disease, obstetrics/gynecology, and hospitalists. The team has also built relationships with and partners with outside treatment facilities (Charleston Center, Georgetown County Alcohol and Drug Abuse Commission, Shoreline Behavioral Health Services, etc.). By integrating these services into the hospital setting, the team has been able to reduce stigma and change policy surrounding patients struggling with SUDs and improve access to treatment for an extremely vulnerable and underserved population.

**Objective 3.2.** *Support the training and implementation of evidence-based practices for stimulant use disorder throughout the substance use disorder workforce.*

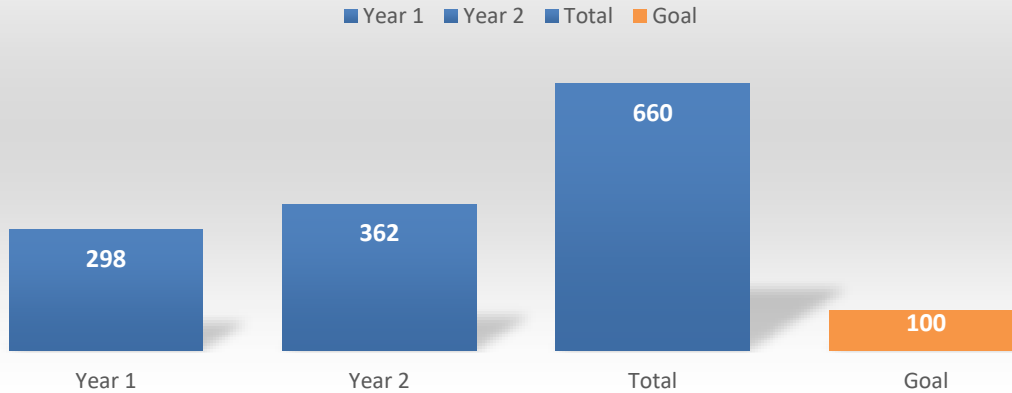
Training for contingency management and stimulant use disorder was completed during Year One of the grant period.

**Objective 3.3.** *Develop coordinated care for patients receiving medication-assisted treatment from the state's only publicly funded inpatient treatment program. 600 patients will be served each year.*

Unfortunately, due to the impact of the COVID-19 pandemic on this inpatient setting, we were unable to execute a contract to expand the referral program. There was no budget attached to this project.

**Objective 3.4.** *Support the provision of medication-assisted treatment service delivery by telehealth to rural counties. 100 new patients will receive treatment each year of the project.*

## Individuals Receiving Telehealth Treatment Services

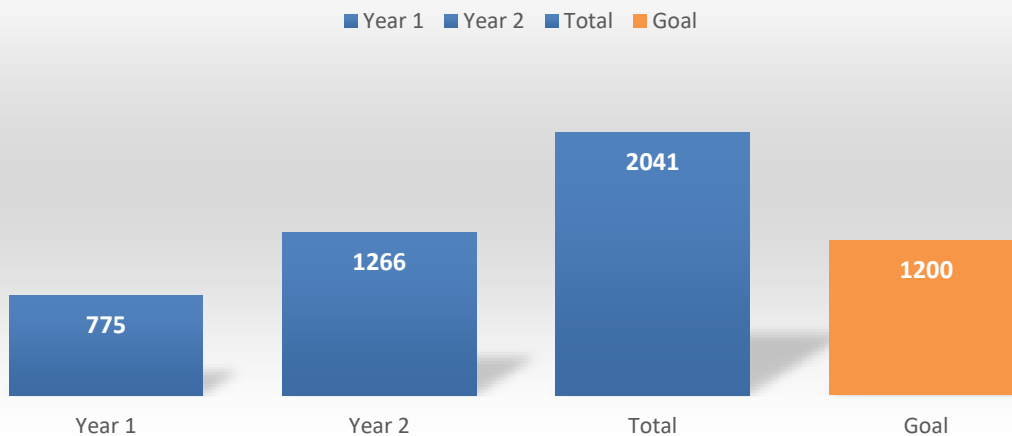


### Telehealth

MUSC provided a total of **660** TeleMOUD appointments from October 1, 2020, through September 30, 2022, with two county alcohol and drug abuse authorities. An average of **28** TeleMOUD appointments per month were conducted between these two agencies. A challenge is that patients are required to have a new intake at one of the agencies – the Dorchester Alcohol and Drug Commission – before they can see the medications for opioid use disorder provider, but due to staffing shortages the wait time for new appointments was lengthy, thus delaying care for those needing MOUD. Staffing has improved and wait times have now decreased. MOUD providers continue to work with sites to improve communication and scheduling of patients.

**Objective 3.5.** *Collaborate with local Ryan White HIV/AIDS Programs for screening and comprehensive treatment. 1,200 patients will be screened to receive care each year.*

## Tests Completed





### HIV/HCV Screening and Testing

DAODAS was successful in expanding HIV/HCV testing and linkage-to-care projects to three additional recovery community organizations (RCOs) during the grant period. A Request for Proposals (RFP) was issued in December 2020, and the three sites were selected and awarded funding in January 2021. Staff at the funded RCOs participated in all prerequisite online trainings through March 2021. This included the two-day CDC course “HIV Testing in Nonclinical Setting,” which had very limited offerings, thereby delaying the ability to begin testing, as the course was required to be completed prior to taking local skills-based trainings. In addition, the skills-based trainings and testing check-offs were delayed by the HIV/HCV testing program at the state health department – the only agency that offers the trainings – due to staff resource limitations and a transition from in-person to online trainings caused by COVID-19. Therefore, none of the challenges caused by these delays could be circumvented by DAODAS, and the delays impacted our overall goals for Year One.

Once trained and approved by the health department to conduct rapid HIV/HCV tests, RCO staff began coordination with the local AIDS service organizations (ASOs) that had been assigned to them through a contract with DAODAS. These ASOs provided technical assistance to the RCOs and shadowed testing events to ensure that the RCO staff could properly navigate how to conduct HIV testing in outreach settings. One example of this coordination was a partnership between Care Team Plus, the ASO in Horry County, and FAVOR Grand Strand, the area’s RCO. Care Team Plus provided use of their mobile van on National Overdose Awareness Day to assist in HIV/HCV testing and to enable a larger presence and opportunity for increased marketing to advertise the event.

During Year Two, DAODAS continued to assist the staff at the funded RCOs in partnering with the state health department to navigate the altered training processes that had limited their ability to fully implement testing earlier in the project year. RCO staff continued to coordinate with their assigned ASOs, which enabled the RCO staff to enhance their capacity to effectively provide both rapid HIV and HCV testing in nontraditional outreach settings in the assigned high-burden service areas. Additionally, the RCO staff were able to enhance their referral mechanisms with not only their local ASOs, but also with local Federally Qualified Health Centers and their local health departments.

During the grant period, participating RCO staff conducted **1,771** HIV rapid tests through targeted testing among individuals in a priority population who were less likely to seek out testing in traditional testing venues. They were able to successfully refer the 21 individuals who were unaware of their positive HIV testing status into further testing and/or specialty care.

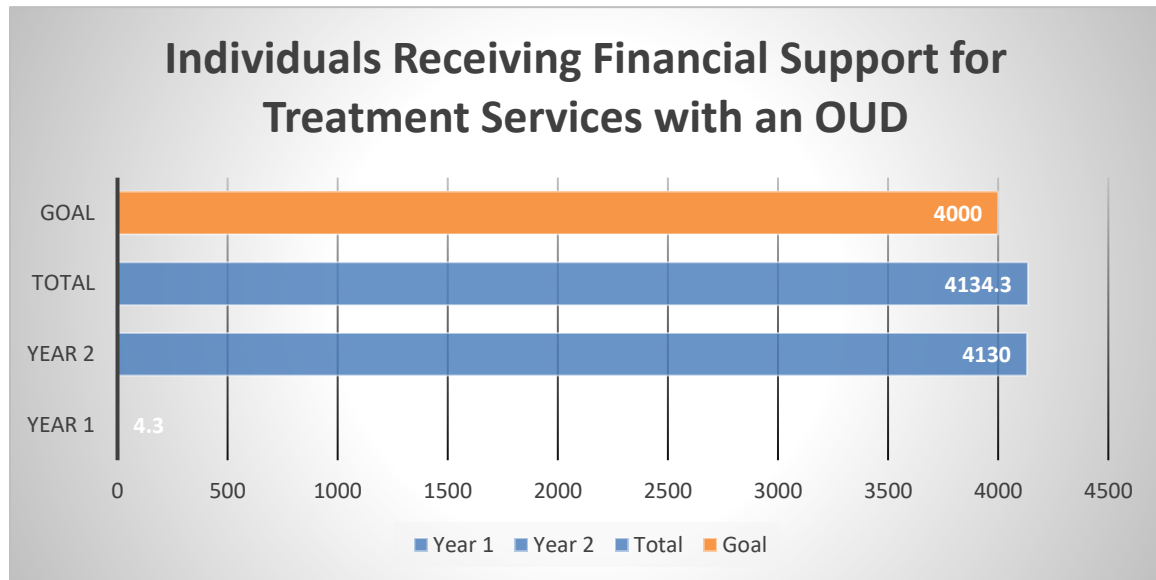
The RCO staff were grateful to have the ability to conduct targeted rapid HCV testing during this funding cycle and were able to conduct **1,149** rapid HCV tests, identify 188 reactive test results, and refer all but five individuals to RNA testing and/or specialty care and treatment services.

**This innovative and collaborative project provided testing services to unserved populations and enabled targeted testing that yielded an HIV positivity rate of 5.9% and an HCV positivity rate of 14.6%.**

<b>Goal 4.</b>	Provide assistance to patients with treatment costs and develop other strategies to eliminate or reduce treatment costs for uninsured or underinsured patients.										
<p><b>Objective 4.1.</b> <i>Provide financial support for FDA-approved medications to treat patients with an opioid use disorder (OUD) who are indigent. 4,000 patients will be treated each year of the project.</i></p>											
<div data-bbox="253 510 1401 1083"> <h3>Individuals Receiving MOUD</h3> <p>The bar chart displays the number of individuals receiving Medication for Opioid Use Disorder (MOUD) across four categories: Year 1, Year 2, Total, and Goal. The Y-axis represents the number of individuals, ranging from 0 to 8,000. The X-axis lists the categories. The bars for Year 1, Year 2, and Total are blue, while the Goal bar is orange. The values are: Year 1 (4072), Year 2 (3557), Total (7629), and Goal (4000).</p> <table border="1"> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Year 1</td> <td>4072</td> </tr> <tr> <td>Year 2</td> <td>3557</td> </tr> <tr> <td>Total</td> <td>7629</td> </tr> <tr> <td>Goal</td> <td>4000</td> </tr> </tbody> </table> </div>		Category	Value	Year 1	4072	Year 2	3557	Total	7629	Goal	4000
Category	Value										
Year 1	4072										
Year 2	3557										
Total	7629										
Goal	4000										
<p><b>7,629</b> persons with OUD received medication as part of their treatment services during the two-year period.</p>											

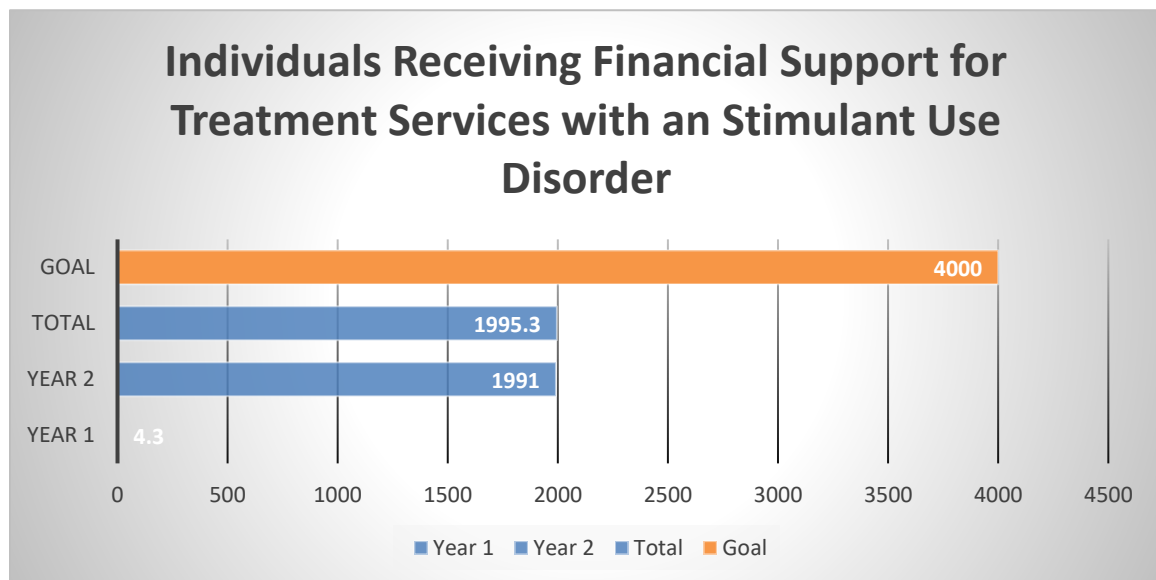


**Objective 4.2.** *Provide financial support for psychosocial services and case management for patients who are indigent and prescribed medications for the treatment of opioid use disorder (OUD). 4,000 patients will be treated each year.*

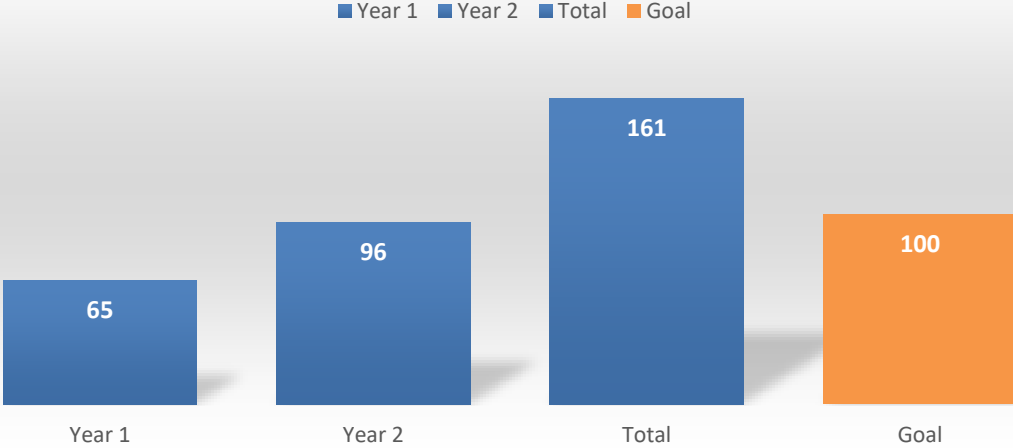


**8,264** persons with OUD received financial support for their treatment services during the two-year period.

**Objective 4.3.** *Provide financial support for psychosocial services and case management for patients being treated for a stimulant use disorder who are indigent. 3,500 patients will be treated each year.*



**3,946** persons with a stimulant use disorder received financial support for their treatment services during the two-year period.

<p><b>Goal 5.</b></p>	<p>Provide transition support and treatment coverage for inmates and patients with stimulant use disorder and/or opioid use disorder reentering communities from criminal justice settings or other rehabilitative settings.</p>										
<p><b>Objective 5.1.</b> <i>Expand the Medication-Assisted Treatment (MAT) Program at the S.C. Department of Corrections (SCDC). 100 inmates will receive medications for opioid use disorder (MOUD) each year.</i></p>											
<div data-bbox="250 533 1399 1121"> <p style="text-align: center;"><b>Incarcerated Individuals Receiving MOUD</b></p>  <table border="1"> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Year 1</td> <td>65</td> </tr> <tr> <td>Year 2</td> <td>96</td> </tr> <tr> <td>Total</td> <td>161</td> </tr> <tr> <td>Goal</td> <td>100</td> </tr> </tbody> </table> </div>		Category	Value	Year 1	65	Year 2	96	Total	161	Goal	100
Category	Value										
Year 1	65										
Year 2	96										
Total	161										
Goal	100										
<p><u><b>MAT Program at SCDC</b></u></p> <p>The Certified Peer Support Specialist (CPSS) / MAT program in SCDC has been a vital education effort that has brought awareness to the effects of stigma and substance use disorders in the justice-involved population. During the grant period, DAODAS worked to increase peer services in correctional facilities. DAODAS, with SCDC, has worked to enhance recovery support services with a focus on the social determinants of health of inmates re-entering the community by addressing housing, employment, access to food, health care, and transportation.</p> <p>During the grant period, <b>161</b> incarcerated individuals received MOUD services.</p>											

**Objective 5.2.** *Develop a pre-release assessment and referral program at the S.C. Department of Corrections (SCDC) for those with a stimulant use disorder.*

#### SCDC Assessment and Referral

The SOR-funded SCDC Medication-Assisted Treatment Program increased its efforts around providing services to inmates with a stimulant use disorder through a pre-release assessment and referral program that includes a biopsychosocial assessment for treatment services and post-discharge care coordination. **289** inmates diagnosed with a stimulant use disorder participated in peer-led support groups, as well as received a “warm hand-off” to county alcohol and drug abuse authorities, and/or received recovery support upon release from incarceration.

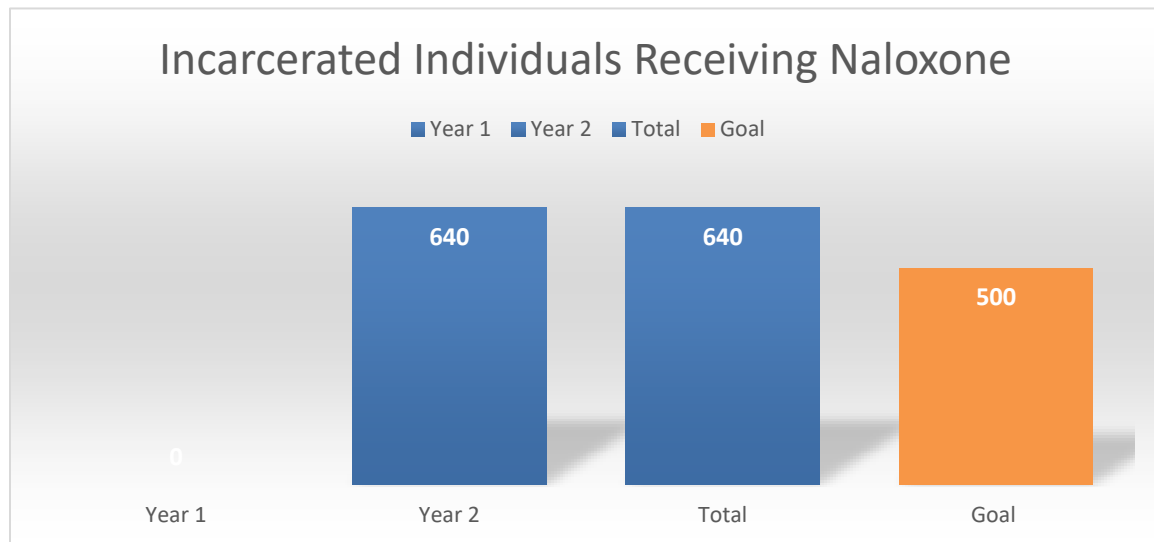
**Objective 5.3.** *Provide peer support specialists to help effect seamless transitions from selected county jails to the community. 200 inmates will receive peer support each year.*



#### County Detention Center Detainee Transition Program

DAODAS has funded Certified Peer Support Specialists (CPSSs) in county alcohol and drug authorities to work in conjunction with incarcerated individuals transitioning back into the community. During the grant period, **176** individuals released from incarceration were afforded safe and stable housing. In addition, **360** released individuals were assisted by CPSSs working in county authorities to ensure smooth transition into the community. Services included housing, employment, and life skills support, along with recovery coaching and recovery management.

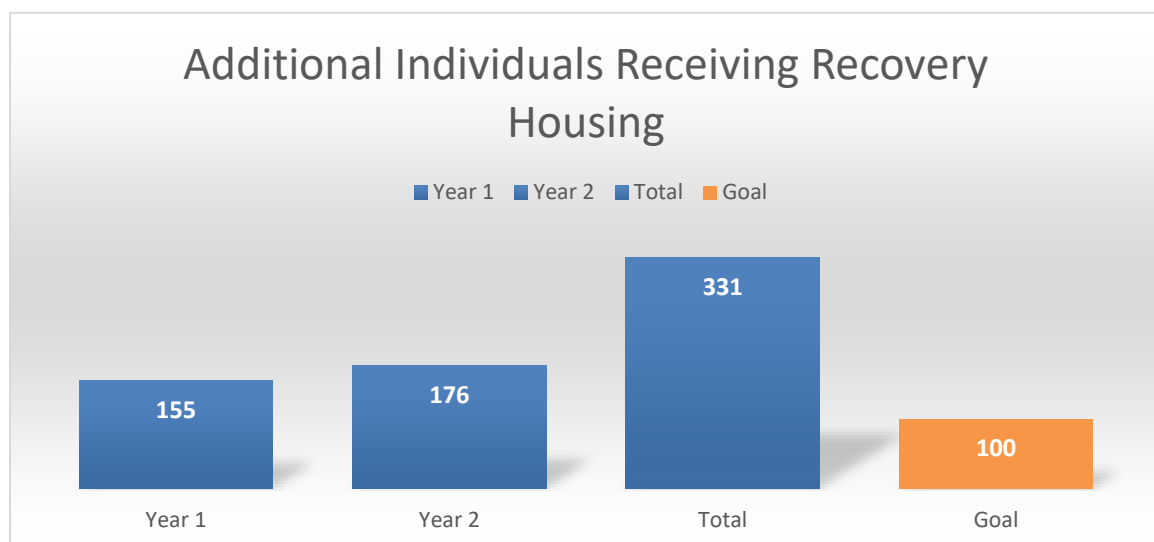
**Objective 5.4.** *Provide naloxone to high-risk inmates re-entering the community from the S.C. Department of Corrections (SCDC). 500 inmates or caregivers will receive naloxone each year.*



There was no implementation during Year One of the grant, as DAODAS spent the first year working through complex implementation plans with SCDC. However, Year Two exceeded the yearly goal.

<b>Goal 6.</b>	Enhance the provision of peer support and other recovery support services to improve treatment access and retention, and to support long-term recovery.
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**Objective 6.1.** *Expand the availability of recovery-supportive housing in areas of need. With this expansion, 100 additional individuals will be housed each year.*

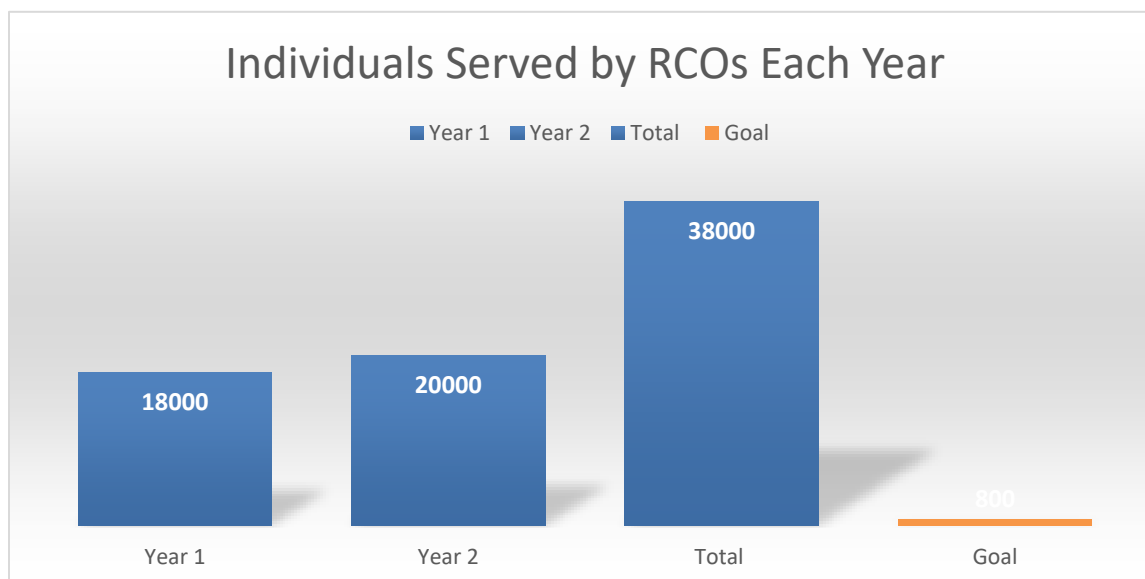


### Recovery-Supportive Housing

DAODAS continues to provide funding for Oxford Houses throughout South Carolina. This grant helped to increase capacity in areas identified as having significant housing gaps for individuals in recovery. A total of **97** houses were funded, with a total of **697** beds throughout the state. Oxford House Inc. reports all homes in South Carolina are medication-assisted treatment (MAT) capable. The Oxford House coordinator for South Carolina has worked to facilitate the transition of **176** individuals who were previously incarcerated into stable residences within the Oxford House system. Oxford House of South Carolina has also expanded training for residents, including topics focused on MAT in recovery residences, multiple pathways to recovery, and how to ethically respond to a return to use in a recovery residence. As of the closing date of this grant period, the programs were operating at **80%** occupancy with **144** vacancies. There are **five** new residences pending, which will add **43** additional beds in the state.

Oxford House works with the S.C. Vocational Rehabilitation Department (VR) to ensure that all residents are eligible to receive assistance; however, the number of participants engaged in VR services is not being tracked.

**Objective 6.2.** *Expand recovery community organizations (RCOs) that are affiliates of the Association of Recovery Community Organizations. 800 individuals will be served by RCOs each year.*



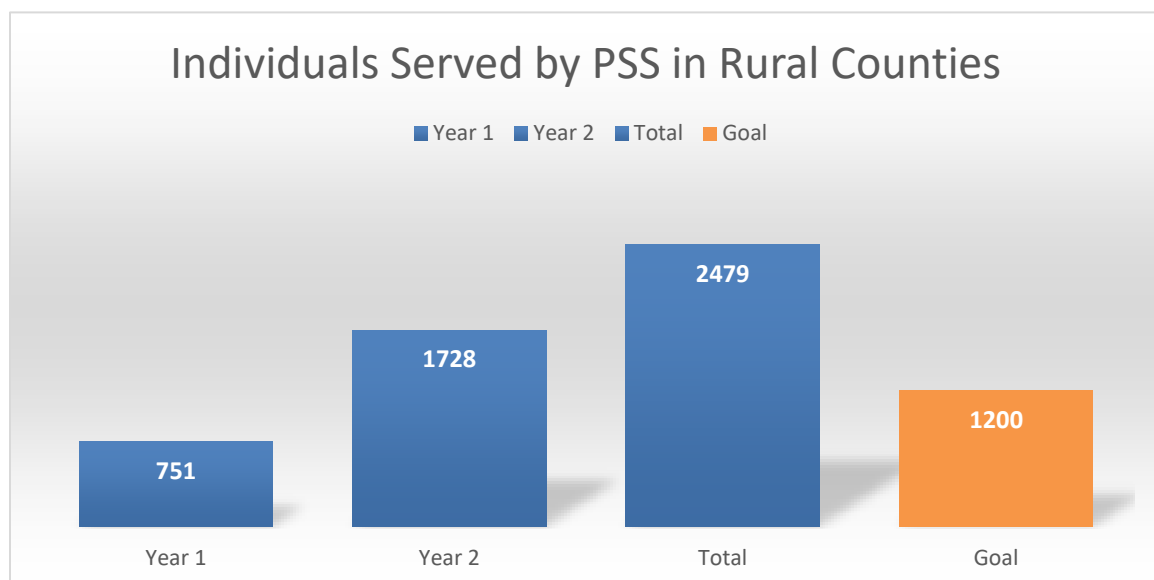
### Recovery Community Organizations (RCOs)

DAODAS has continued to work to expand the capacity reach of RCOs. Fifteen Recovery Community Organizations are operating in South Carolina, 13 of which receiving funding from DAODAS. This reporting period saw the addition of three new organizations, including one in heavily rural Laurens County, as well as the establishment of two faith-based organizations – the first of their kind in South Carolina. Three RCOs were able to utilize SOR funding to increase the areas they serve, including expanding into rural counties such as Georgetown, Williamsburg,

and Abbeville. During this reporting period, the RCOs served **over 38,000** unique participants through individual peer coaching sessions, peer-led groups, and mutual aid meetings (including SMART Recovery, All Recovery, 12-Step, and faith-based meetings).

Certified Peer Support Specialist (CPSS) trainings were expanded through collaborative efforts between RCOs and collegiate recovery programs to facilitate on-campus access for those seeking certification. During this reporting period, **200** individuals were trained and obtained certification as a peer support specialist. Additionally, training was provided in conjunction with the S.C. Department of Corrections to train those currently incarcerated, as well as providing continuing education to maintain certification while incarcerated. Currently, Midlands Recovery Center and FAVOR Upstate are embedded in emergency departments and hospital settings through the Prisma family of healthcare providers, connecting eligible participants who experienced non-fatal overdoses with recovery support services in the community.

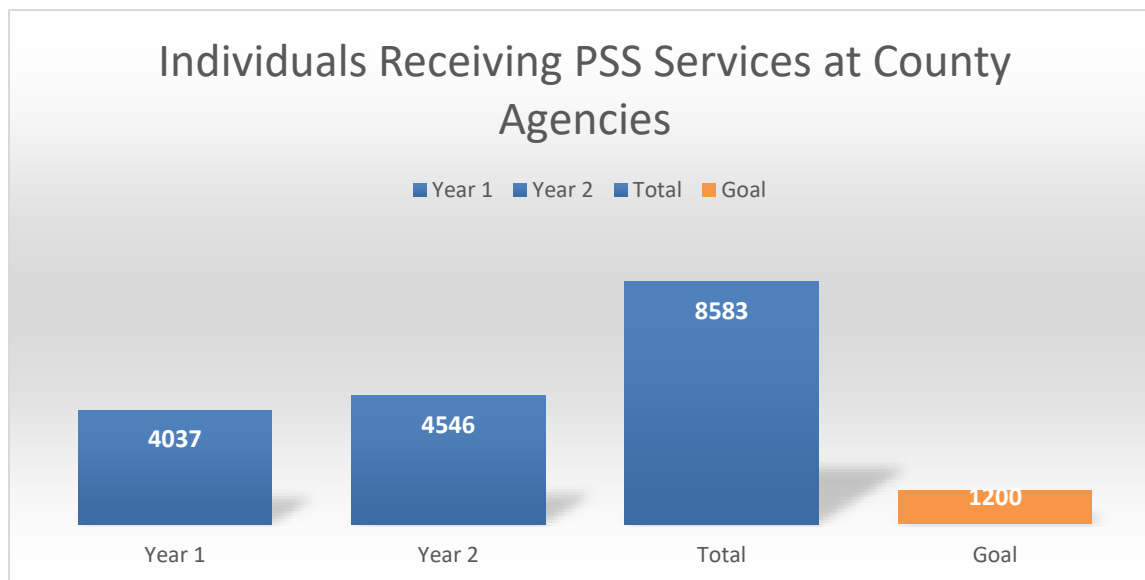
**Objective 6.3.** *Expand peer support specialist and recovery coaching presence in multiple settings, including substance use disorder treatment agencies and faith-based ministries. 1,200 individuals will receive peer support services each year.*



#### Peer Support in Rural Communities

DAODAS SOR funding has continued to support peer support specialists in **30** rural counties. The rural communities of South Carolina experience a 20.6% poverty rate as compared to 12.8% in the urban areas, according to the 2020 USDA Economic Research Service Report. Additionally, 17.7% of the rural population in the state lacks a high school diploma, as compared to only 11.6% in the urban areas. These factors, along with a 7% unemployment rate in rural areas compared to a 6.1% rate for urban sections of South Carolina, paint a picture of need. These factors contribute to the social determinants of health gaps experienced in South Carolina's rural communities and demonstrate the need for greater healthcare access. As individuals experience financial hardship resulting from an income rate per capita that is 16.7% less than in urban areas, transportation challenges impede access for those seeking healthcare

services. Certified Peer Support Specialists (CPSSs) are positioned to provide a wide range of services in non-traditional settings, thereby providing greater access to care in rural areas. Collectively, the rural providers reported serving 2,479 unique clients via peer support during the grant period.



#### Peer Support in County Alcohol and Drug Authority Sites

During the grant period, DAODAS continued to fund CPSSs in county authority sites throughout the state. CPSSs employed by county authorities engaged with a total of **8,583** unique individuals.

DAODAS continued its commitment to strengthening peer support services in the state by hosting quarterly Statewide Peer Support Network Forums in November 2021 and February 2022. The forums were designed to connect CPSSs from multiple areas of the state and to form a collegial learning environment. The event hosted **125** participants from various counties in all regions of the state. In addition, DAODAS has continued to support and organize monthly Peer Support Networking meetings that provide resources and information to those working in every corner of the state. The goal is to engage and enhance recovery-oriented systems of care in the state. These meetings, which started in 2021, have served over **300** participants and provided hundreds of individual resources across the state.

#### Peer Support in Emergency Departments

DAODAS has provided funding for CPSSs to work in multiple emergency departments in the Upstate region through coordination with FAVOR Upstate and Prisma Health. As of this report, this program has contacted **559** individuals being treated for non-fatal opioid overdoses. As a result of initial contact, **350** individuals have engaged in recovery support services, with **186** individuals receiving opioid use disorder services and **275** individuals engaging in medication-assisted treatment.

### Peer Support in Faith-Based Ministries

As mentioned in the comments under Objective 2.7, Hold Out The Lifeline (HOTL): A Mission to Families is also addressing the expansion of recovery support by facilitating training opportunities for faith- and community-based organizations around recovery coaching and peer support so that members will then become interested in becoming peer support specialists, recovery coaches, and/or community recovery support persons. To date, **150** persons have attended a community-based recovery peer support training. Also, HOTL promotes these training opportunities through social media, where at least 27 hits have been recorded.

#### **Goal 7.**

Ensure that all applicable practitioners (physicians, nurse practitioners, physician assistants) associated with the South Carolina SOR program obtain a DATA waiver.

*DAODAS keeps all practitioner DATA waiver information on file and requires notification of any changes for all subgrantees.*

#### **Goal 8.**

Make use of the SAMHSA-funded opioid and stimulant technical assistance grantee resources that will assist in providing training and technical assistance on evidence-based practices to healthcare providers in the state who will render services to treat opioid and stimulant use disorders in individuals seeking treatment and recovery services.

*DAODAS communicates training/webinar opportunities from the Opioid Response Network (ORN) to the treatment field. DAODAS is working with the ORN to schedule a refresher course for contingency management and other stimulant use disorder and treatment training. DAODAS is also working with the ORN Diversity, Equity, and Inclusion Team for evaluation and training for the clinicians and staff at South Carolina's treatment agencies.*

An estimated 6,000 unduplicated individuals will be served across all objectives annually, or 12,000 for the entire project.



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

Prevention and Education

DAODAS continues to adapt information dissemination activities to reach citizens with the information from the “Just Plain Killers” and “Embrace Recovery SC” campaigns. New social media content was developed and added to both campaigns in the third and fourth quarters, with a concentration on fake pill/fentanyl messages in September 2022.

Reaching youth and families with evidence-based programs continues to be a challenge. Engagement is difficult, and DAODAS is continuing to work with its partners for referrals to engage people in the programs.

Treatment

One of South Carolina’s greatest challenges continues to be the stigma surrounding substance use disorder treatment and medications for opioid use disorder (MOUD) services among persons seeking or engaging in treatment. According to SAMHSA, in 2019 only 1.7 million persons 12 or older received treatment in an outpatient program. DAODAS continues to work to educate those in need through a public education campaign. DAODAS has purposefully convened opioid treatment program leaders with other addictions treatment leaders in efforts to make local connections for patient coordination and to de-stigmatize services. These collaborative efforts have allowed for more communication to occur than had in the past, and open channels of communication are a critical step in trying to end any stigma that might persist. DAODAS continues work to ensure the most up to date information is available to providers and the public to reduce treatment-related stigma.

Workforce fluctuation has had a significant impact on the ability of our county agencies to serve South Carolinians. The impact was most severely felt in both telehealth and in-person services, but during the most difficult period of the COVID-19 pandemic, our agencies were able to swiftly move to telehealth services to continue to serve patients. However, upon a return to in-person services, many clinicians resigned from in-person service delivery to obtain employment with private teletherapy providers, leaving a gap in our “boots on the ground” workforce. South Carolina is collaborating with partners to develop workplace incentives, including tuition reimbursement, loan forgiveness programs, and comprehensive training opportunities for clinicians, peer support, and administrative staff.

South Carolina has worked diligently to increase public access to services throughout the continuum of care. Several hospitals now incorporate substance use treatment as part of the inpatient and emergency department settings. These areas then provide referrals not only to our publicly funded treatment agencies, but also hospital-based outpatient clinics and community recovery centers. While the outcome measures for our publicly funded treatment agencies were not met, we are able to see that the expansion of other services provided increased support to these patients. Recovery community centers exceeded expectations and opioid treatment programs, while receiving SOR funds, expanded from 23 to 27 centers during the grant period, providing increased care access and exceeding expectations.

Telemedicine services in our rural communities have challenges that include the need for an in-person examination prior to prescribing buprenorphine to opioid use disorder patients. This places tremendous burden on patients who need to travel at least one hour or more to an in-person appointment and/or often do not have the transportation or time off from work or childcare responsibilities to attend an in-person appointment. Scheduling for the in-person visit often leads to patients waiting several days for the in-person medical evaluation. To alleviate the burden on the patient, treatment agencies contract with medical providers to employ a model of care that satisfies the in-person requirement without undue burden on patients, as well as being cost efficient by completing follow-up visits through telemedicine. DAODAS also continues to provide funds for patient transportation to services as needed.

### Recovery

DAODAS continues to fight against barriers to successful service delivery. Of note, COVID-19 continued to be a barrier as organizations and individuals worked toward regaining feelings of safety and normalcy. With that in mind, DAODAS has supported the development of virtual platforms in funded organizations to help ensure ethical delivery of non-interrupted services to those in need. Out of this support, the virtual platforms have continued to flourish, enabling those who otherwise might not have accessed services to receive them. Housing has continued to be a major issue in South Carolina. As a result of these efforts, DAODAS has seen Year Two increases across most areas that deliver recovery support services. DAODAS has worked with Oxford House and the South Carolina Alliance for Recovery Residences to increase the number of beds available, as well as the services offered. Stigma also continues to be a major barrier to the delivery of services. To address this through SOR, DAODAS has begun developing training for both organization-level recipients, as well as a state-level audience. Additionally, DAODAS has partnered with other state agencies and locally funded organizations to take part in information and education opportunities that combat stigma for individuals in recovery from a substance use disorder. DAODAS has been working to continue directly reaching and informing those involved in the delivery of recovery support services to not only ensure that up-to-date information is available, but also to be a resource for all things recovery related.

**7. *There are caps on Administrative, Data Collection & Reporting costs. Please provide the information requested below to help document that caps are being monitored to ensure compliance with the funding restrictions identified in the Funding Opportunity Announcement (FOA):***

- a. Indirect/Administrative & Infrastructures Development -** Please confirm the amount of grant award funds that have been spent on administrative and infrastructure development costs during the reporting period. Note: No more than 5% of the total grant award may be used for administrative and infrastructure development costs.

*Answer: \$605,373.46 (SOR21) and \$715,122.00 (SOR22)*

- b. Data Collection & Reporting -** Please confirm the amount of grant award funds spent on data collection and reporting during the reporting period. Note: Up to 2% of the total grant award may be used for data collection and reporting. (This is in addition to the 5% administrative cost which may also include data collection.)

*Answer: \$268,637.98 (SOR21) and \$20,457.05 (SOR22)*