

ANNEX 3

FOCUS AREA – TREAT AND RECOVER

COORDINATING AGENCY:	S.C. Department of Alcohol and Other Drug Abuse Services
PRIMARY AGENCIES	Behavioral Health Services Association of South Carolina Inc.; S.C. Association for the Treatment of Opioid Dependence; Medical University of South Carolina; Faces and Voices of Recovery; S.C. Association of Alcoholism and Drug Abuse Counselors; S.C. Department of Probation, Parole and Pardon Services; Oxford House Inc.
SUPPORTING AGENCIES:	S.C. Department of Health and Environmental Control; S.C. Department of Corrections; S.C. Department of Health and Human Services; S.C. Department of Juvenile Justice; S.C. Department of Labor, Licensing and Regulation; S.C. Department of Mental Health; Colleges and/or Universities (TBD); Hospitals; Medical Practices

I. INTRODUCTION/PURPOSE

- A. Access to treatment and recovery services is critical to addressing opioid dependency and addiction. Eliminating barriers to treatment access – including the shame associated with seeking help – is paramount to addressing the opioid crisis. Recovery-supportive communities that embrace individuals and families with a local presence are also essential for long-term support of recovering populations.
- B. Agencies, organizations, and businesses that serve individuals and families will work together to develop more treatment and recovery opportunities to lessen the risks and consequences associated with opioid dependence and addiction and to support healthy lives in long-term recovery.

II. ASSESSMENT

The risk of death related to opioid overdose requires evidence-based approaches to address opioid dependency and addiction. Medication-assisted treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies. The three medications commonly used to treat opioid addiction are methadone, naltrexone, and buprenorphine. Individuals who receive effective treatment *and* structured support in the community are more likely to achieve long-term recovery, health, wellness, and civic engagement.

The availability of MAT and the accessibility of recovery-support communities are currently limited, particularly in rural areas. Inadequate access to care and community support can lead to negative outcomes, including prolonged opioid use, incarceration, and overdose death.

While treatment services are available in public and private outpatient and inpatient settings as well as with hospital system providers, many citizens face various barriers in accessing treatment and recovery services across our state. Approximately 6,500 to 7,000 citizens currently access treatment with methadone at one of the 21 opioid treatment programs operating in our state. Patients from each of South Carolina's 46 counties access this treatment, some having to travel in excess of an hour each way, multiple times per week for care.

ANNEX 3

FOCUS AREA – TREAT AND RECOVER

Many county alcohol and drug abuse authorities provide office-based opioid agonist treatment inclusive of naltrexone and buprenorphine, while some county authorities are working to expand access to this treatment with telehealth technology. There are more than 514 physicians statewide who are waived and eligible to practice office-based MAT. Most of the medical providers in the state who are able to prescribe medications for opioid use disorder are in practice around metropolitan areas. More physicians, physician assistants, and advanced nurse practitioners must be waived and willing to treat opioid dependency and addiction to meet the needs of citizens.

All communities in South Carolina should embrace citizens living in long-term recovery. There are over 300,000 currently, and the numbers will grow exponentially as more people find recovery from the addiction we are addressing. Recovery community organizations (RCOs) offer non-clinical peer assistance that supports recovery, reduces relapse, and promotes high-level wellness in individuals, families, and the communities where they exist. As RCOs are developed and grow around our state, more peer-based recovery support services such as coaching, peer recovery groups, and telephone recovery support are available. This elevates awareness of healthy lives in long-term recovery, thereby eliminating stigma and discrimination of those experiencing addiction.

Housing for people who are newly sober can provide time and support in the first stages of long-term recovery. Recovery residences provide safe and healthy environments that empower people transitioning toward independent living. Availability of recovery housing that adheres to standards and ethics is important for the growing number of individuals in need of drug-free housing in our state.

Access to mutual aid programming that is supportive of the unique lived experiences of individuals with opioid use disorder, and families and friends of individuals with narcotic addiction, is important. Nar-Anon and Opiates Anonymous offer fellowship with understanding and acceptance of the unique nature of opiates. With only four Nar-Anon groups and one Opiates Anonymous group in the state, there is wide opportunity for more development of this unique kind of mutual aid fellowship in our state.

Goals and objectives related to treatment and recovery must focus on system and workforce readiness to engage and treat individuals with opioid dependence and addiction. Efforts must also support RCOs and recovery networks to bring recovery-focused activities, programs, and services to localities statewide.

ANNEX 3 FOCUS AREA – TREAT AND RECOVER

III. GOALS & TIMELINE

- A. Build the capacity of providers to deliver appropriate treatment and recovery services
- B. Engage people affected by opioid dependence and addiction in services
- C. Ensure the availability and accessibility of treatment and recovery services
- D. Support the development and enhancement of recovery supports in communities

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

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

Agency	Objective	Timeline	Measure of Success	Progress
DAODAS, PPP	Train officers with the Department of Probation, Parole and Pardon Services on the science of addiction, recognition of symptoms, referral to treatment, and prevention of overdose.	mid-term	# of officers trained	Underway
BHSA, DAODAS, SCAADAC, SCATOD	Increase the number of behavioral health specialists educated on the science of opioid use disorder and medication-assisted treatment.	ongoing	# of professionals trained	Underway Over 500 sessions currently completed.
DAODAS, BHSA, SCATOD	Increase the number of behavioral health specialists and health professionals trained in Motivational Interviewing.	near-term mid-term	# of professionals trained	Underway

ANNEX 3 FOCUS AREA – TREAT AND RECOVER

Goal 2: Engage people affected by opioid dependence and addiction in services

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

Agency	Objective	Timeline	Measure of Success	Progress
DAODAS, Judicial Circuit	Establish a diversion or deflection program in at least one judicial circuit. Support drug court expansion with all circuits.	mid-term	Courts established # of participants	Implementation Underway; MAT Court established in York County
DAODAS, FAVOR	Develop a collegiate recovery pilot program in one two-year college.	mid-term long-term	Program established	Completed; established at Greenville Technical College; ongoing technical assistance
DAODAS, FAVOR	Develop a collegiate recovery pilot program in one four-year college or university	mid-term long-term	Program established	Completed; established at the University of South Carolina and the College of Charleston; ongoing technical assistance
MUSC, DHHS, DAODAS, Hospitals	Expand buprenorphine induction and MAT fast-tracking to outpatient care with warm hand-offs from emergency departments (inclusive of naloxone training and peer support).	mid-term long-term	# of programs established	Underway; 2 programs established and 2 within implementation phase
DHEC, DAODAS	Train staff at public health clinics in Screening, Brief Intervention, and Referral to Treatment (SBIRT).	mid-term	# of staff # of clinics practicing	Underway to implement in all clinics; trainings scheduled for DHEC staff in June 2019
DAODAS, Hospitals	Increase access to Screening, Brief Intervention, and Referral to Treatment (SBIRT) for adults in rural hospital emergency departments.	mid-term long-term	# of hospitals implementing	Underway; staff trained in Pickens Emergency Department; trainings scheduled in June 2019
DAODAS FQHCs	Increase Screening, Brief Intervention, and Referral to Treatment (SBIRT) in Federal Qualified Health Centers (FQHCs).	mid-term	# of staff trained	Underway; 25 staff trained as of June 2019

ANNEX 3
FOCUS AREA – TREAT AND RECOVER

Agency	Objective	Timeline	Measure of Success	Progress
DAODAS	Conduct a comprehensive resource mapping in faith communities to increase partnership with local County Authorities to address opioid misuse.	short-term mid-term	Completed needs assessment Developed advisory group	Underway

Goal 3: Ensure the availability and accessibility of treatment and recovery services

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

Agency	Objective	Timeline	Measure of Success	Progress
BHSA, DAODAS, SCORH, SC AHEC	Increase the number of county alcohol and drug abuse authorities providing MAT as an option for patients.	mid-term	# of programs with accessibility	Underway; 75% of authorities are providing MAT as of June 2019; on target to cover all 32
FAVOR, SCDC, DAODAS	Increase the number of inmates at SCDC who are trained as peer support specialists and coaches. Expand SUD training for SCDC staff. Evaluate Peer and MAT re-entry programming.	mid-term long-term	# of certifications given and coaches trained # of staff trained Evaluation completion	Underway; increased to 43 as of June 2019; trainings scheduled for July and October 2019.
Hospitals, FAVOR, BHSA, DAODAS	Increase the number of hospitals with Peer Support Specialist intervention.	mid-term long-term	# of hospitals with specialists	Underway; increased to 5 as of June 2019; ongoing integration in Charleston, Greenville, Horry and Richland Counties
OTPs, DAODAS, DHHS	Increase the number of patients whose treatment at OTPs is subsidized.	ongoing	# of patients with covered care	Underway; 203 new patients since January 2019
DAODAS, BHSA	Develop 15 health homes in high need counties to support primary care, behavioral health services and MAT for patients	mid-term long-term	Health homes established # of patients served	Underway; currently in implementation phase

ANNEX 3
FOCUS AREA – TREAT AND RECOVER

Agency	Objective	Timeline	Measure of Success	Progress
DAODAS, BHSa	Increase access to the full spectrum of treatment services by supporting transportation for those who would otherwise not be able to receive services.	short-term	# of patients accessing MAT	Planning phase underway

Goal 4: Support the development and enhancement of recovery communities

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

Agency	Objective	Timeline	Measure of Success	Progress
Oxford House, DAODAS	Increase the number of Oxford Houses in areas of high need.	mid-term long-term	# of Oxford Houses	Underway; increased to 74 as of June 2019; continue to target high need rural counties
DAODAS, SCARC, NARR	Develop a NARR standard-based certification process and data management system for South Carolina Recovery Housing Providers.	mid-term long-term	# of training workshops Data management system established	Underway; training workshops scheduled; capacity survey initiated
BHSA, FAVOR	Increase the number of Certified Peer Support Specialists.	mid-term long-term	# of certifications	Underway; increased to 309 as of June 2019; next training scheduled for November 2019
BHSA, FAVOR	Increase the number of Opiates Anonymous groups in the state.	mid-term long-term	# of groups	Underway; increased to 8 weekly reoccurring groups across the state
BHSA, FAVOR	Increase the number of Nar-Anon family groups in the state.	mid-term long-term	# of groups	Underway; increased to 6 weekly reoccurring groups across the state

ANNEX 3
FOCUS AREA – TREAT AND RECOVER

DAODAS, DMH, DHEC, BHSa	Integration of nicotine assessment into County Authorities' Electronic Health Record. Subsidize nicotine replacement therapy for OUD patients.	short-term	# of screenings # of interventions	Initial planning phase
DAODAS, DHEC, FAVOR, BHSa	Expand on DHEC's longstanding partnership with DAODAS for HIV screening and linkage to care services.	short-term	# of screenings # of patients coordinated	Initial planning phase

ANNEX 3

FOCUS AREA – TREAT AND RECOVER

IV. CONCEPT OF THE OPERATION

- A. Assessment of local need will be conducted with analysis of all current and relevant data sources that – combined – reveal the most current burden of opioid use and overdose geographically across the state. Local needs assessments submitted by county alcohol and drug abuse authorities to DAODAS in annual county plans will also be considered. Reports from local treatment providers, law enforcement, coalitions, and citizens will all be considered on an ongoing basis with the most current data to assess local needs.
- B. As local needs are recognized, coordinating, primary, and supporting agencies will identify available resources and will coordinate pursuit of resources, dissemination of resources, or coordination of resources across sectors to support localities.

V. AGENCY RESPONSIBILITIES

- A. Each agency listed above is responsible for:
 - i. Outreach to community partners, as related to each agency's initiatives
 - ii. Tracking of progress
 - iii. Updating annex as needed
- B. Each agency commits to attending regular meetings regarding this annex.

VI. RESOURCES

- Financial assistance for treatment services at county authorities and opioid treatment programs
- Governor’s Opioid Summit, annually in September
- Learning Management System (LMS) – open-access, online, credited training for professionals and families
- Screening, Brief Intervention, and Referral to Treatment (SBIRT) programming
- Assistance and support with drug court programming development
- South Carolina Recovery Oriented Systems of Care (SC ROSC)
- Opioid Response Network STR-TA
- Southeast Addiction Technology Transfer Center
- National Alliance for Recovery Residences
- Statewide network of DAODAS/SCAADAC trained and certified Peer Support Specialists and Recovery Coaches
- Peer Support Specialist supervision training
- Peer Support Specialist MAT program with SCDC
- Support for Peer Support Specialists in emergency departments and partnership development with hospitals and behavioral health providers
- Support for MUSC’s workforce development (Project ECHO)
- Support for recovery community organizations (SC FAVOR chapters)
 - Greenville
 - Low Country
 - Pee Dee
 - Midlands
- Support for collegiate recovery centers and programming
 - University of South Carolina - Gamecock Recovery

ANNEX 3

FOCUS AREA – TREAT AND RECOVER

- College of Charleston
- The Bridge Program – for adolescents bridged from DJJ to outpatient treatment
- The Step-Up Program – for youthful offenders (SCDC), re-entry link to outpatient treatment
- Adolescent Community Reinforcement Approach (evidence-based program for youth and family treatment)
- Cultural and Linguistic Collaborative (CLC)
- Workforce development collaborative, for addiction and recovery professionals
- Partners in Achieving Independence through Recovery and Self-Sufficiency (PAIRS) – resource support for mothers and children gaining independence and transitioning from treatment
- Community Against Domestic Abuse (CADA) program
- Interpretive services for treatment (deaf, blind, ESL)
- Support for development of Oxford Houses (self-run, self-supported recovery housing)