

# Application Report

**Applicant Organization:** Shoreline Behavioral Health Services - J200AGC026  
**Project Name:** Shoreline Behavioral Health Services-FY 2025-County Plan  
**Application ID:** App-24-518  
**Funding Announcement:** SFY25 County Plan for County Alcohol and Drug Abuse Authorities  
**Requested Amount:** \$0.00

**Project Summary:** Shoreline Behavioral Health Services has prepared the FY25-County Plan in accordance with the S.C. Code of Laws, Title 61, Chapter 12, and DAODAS guidelines.

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**Section Name:** Agency Executive Summary

**Sub Section Name:** Executive Summary Question

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**1. Applicant Question:** Please list your agency's greatest accomplishments and challenges identified in your SFY24 County Plan.

Describe the agency's accomplishments and challenges faced in SFY24. Demonstrate how your SFY24 County Plan was implemented, what barriers to success were experienced, as well agency accomplishments that were not described in the SFY24 County Plan.

**Applicant Response:**

Given that Horry County remains at or near the top of the state in terms of the yearly number of accidental overdoses, combined with the elevated risk to our clientele of an early death from the disease, much of the "leading edge" of the agency's work over the last several years has been to expand and enhance services to this population most at risk. As of this writing there are **530** active clients with heroin or opioids as a primary diagnosis and the treatment needs of this population sets it apart from almost every other substance use disorder treated here, due to the high ambivalence of these clients coupled with the high risk of accidental death due to overdose.

Often accomplishments and challenges run together, as accomplishment is fundamentally the act of overcoming challenges. This is certainly true with the evolution of services here at Shoreline. In 2016 we were entirely an outpatient organization that provided counseling only (apart from a small residential program for women that was closed during the pandemic years). As of this writing, we operate the largest commission-based medical program offering medications for OUD in the state; at the close of FY 23, we had billed over **2 million** dollars in medical services for Horry County citizens. Currently, we have full-time coverage from Dr. Jack Emmel's team via telehealth, weekly telehealth hours from an addictions psychiatrist located at MUSC, two full-time nurse practitioners and a medical assistant that are employed directly by Shoreline.

One of the greatest challenges in providing these services relates to the client compliance issues that are inherent in OUD especially. Upwards of 50% of the time our client's no-show their scheduled medical appointments. These are not

individuals that are dropping out of treatment, as they will show up on another day when they don't have a scheduled appointment often creating "log-jams" and other logistical problems. This is part of the disease process, so punishing clients for showing the symptoms of the disease that they came to us for help with, is not an option. This makes MOUD services much more expensive to provide than other medical services due to the lost time. We continually experiment with ways to minimize this problem without taking any action that would penalize our clients, but we suspect that it will always be a "cost of doing business" with this extremely high-risk population.

Our focus on this population and our development of medical services has also had a number of positive effects for the agency and for our clients. Some years ago, the average length of stay in our services was 12 weeks, and it was a challenge to keep clients engaged for that long. Our biggest source of referrals was ADSAP and most treatment clients came in through DSS and DJJ and other institutions in which treatment was not a choice being made by the client. A current analysis of our active clients with OUD shows that **420** of the **530** clients currently in treatment came in as self-referrals, meaning that they proactively chose Shoreline as a place to come to for help. Also, of those **530** in current treatment, **388** have been in treatment for over a year and **79** have been in treatment for at least **5 years**. The first MOUD client we admitted in 2016 is still with us, on a small maintenance dose of suboxone, is doing very well and still seeing a counselor. The "magic bullet" of addiction medicine is obviously a large part of this transformation but we believe that the provision of respectful, welcoming, low-barrier services is part of the equation that keeps people engaged. When this rhythm is found it benefits both the client and the agency as it stabilizes our revenue stream.

The primary reason for our increasing investment in medical services has been to be able to respond rapidly to the opioid epidemic that emerged several years ago and continues, almost unabated. Another reason for providing medical services is to move strategically in the direction of a "behavioral health home" for SUD patients and those with co-occurring mental health conditions. Most states are engaged in the provision of, or planning grants for, the development of Certified Community Behavioral Health Centers. South Carolina is one of few states that has not applied for a planning grant. These centers are designed to be able to treat SUDs, mental health, and concurrent medical problems in one location, thereby eliminating duplication and "siloiing" of critical services. One possible reason for the slow response in our state, is that without the Medicaid expansion that most other states have already taken, there will be an immediate problem with needed services for the working poor that are unfunded.

Due to our understanding that the future of critical safety net services will be to provide behavioral health and medical to include primary care in one location, we have been moving in that direction over time. A significant milestone in 2024 is our enrollment in Medicaid as a "multi-specialty physician practice", which now has its own NPI number but will exist as a "sub-part" of Shoreline. This will allow us to provide a wide variety of primary care and other medical services to our Medicaid Clients but because we have so many SOR and self-pay clients this will remain a challenge until South Carolina chooses to take the Medicaid expansion, to close the gap for childless and low-income individuals and families suffering with multiple interacting disorders. We believe a tipping point is coming for this, so the strategic intent is to be ready to provide expanded medical and mental health services should this come to pass.

In 2021 we began collaborating with the MUSC Clinical Trials Network as a research site. The high volume of OUD patients seen here at Shoreline has made us a prime location for "real time" research with clients who are interested in participating. At that time, due to the pandemic and other factors we had closed our residential facility located in downtown Conway and had made the difficult decision to close it permanently. We were able to convert the site and dedicate it to this research effort, and it has grown steadily since that time.

Over 100 clients have received services at the location on Bell Street in Conway and we are currently involved with **six**

clinical trials coordinated with multiple study sites across the country. Study funds passed through by MUSC employ a research coordinator, two research assistants, a full-time nurse practitioner, and Kelly Barth from the CTN, who serves as both the director of research services and the Shoreline medical director.

We have also been focusing on outreach services and harm reduction over the last several years. We converted a prevention position into an outreach coordinator position and since that time, have been working with community partners to identify and provide harm reduction services to homeless encampments and other venues frequented by homeless individuals, in Myrtle Beach, Conway and Loris. We started the HOPE (Harm Reduction, Outreach, Prevention, and Education) Coalition as a way to identify like-minded community partners, to organize events for citizens living on the streets, and educational outreach to community stakeholders. We developed a brochure this year and are currently finishing a website for the coalition.

In early 2024 we partnered with Fyrebird Recovery, a local harm reduction volunteer agency to provide MOUD to homeless clients at a Fyrebird location in Myrtle Beach very close to the area that ODmap identifies as the principal hotspot for overdoses. This effort was surprisingly successful. We were able to go down there only about a half day a week, but in the first month had assessed 15 clients and almost all were placed on Suboxone. Given the transience of this population we lost track of many over time but at least two continue on Suboxone still and are relatively stable. There was controversy that developed rapidly with the City of Myrtle Beach and the police department focusing on syringe services that were not provided by Shoreline but are provided by Fyrebird. In the end it was zoning that forced Fyrebird out of that location. They are now located further away from the town center and have provided services out of that location, without incident, since September of 2023. Shoreline is in discussions to resume the provision of MOUD at Fyrebird in FY2025, if possible.

## **Prevention Challenges and Highlights**

- Our youth advisory board has been rebooted by prevention staff and meetings have been happening regularly over the past couple of months with good attendance. The youth advisory board accomplished a lot, such as completing a sticker shock campaign during prom season, holding take back events at the schools, and coming up with campaign material for prom season to reduce underage drinking.
- A success in the prep program is that golf courses locally have come to know about the class and have been seeking the prevention department out to get all of their staff trained.
- We were able to host Jermaine Galloway for a "High in Plain Sight" training that brought in a large amount of people from the community, including shoreline staff, school staff, partner agencies, law enforcement, and teachers.
- There has been more engagement on our social media posts. There has been an increase in the amount of social media posts that occur that are educational in nature. Also, our tobacco education program is running well. The Prevention Department has seen a big increase in schools and groups asking for vaping information and the tobacco education program is used as a basis for that.

- We applied for the marketing grant from DAODAS and it was awarded. The agency also applied for another round of partnership for success grants and the results of the application will be released during the summer.
- In terms of challenges, partly due to the ropes course closure during the pandemic and the loss of a ropes course coordinator, the course has not had as many requests by youth organizations or by client groups as it did pre-pandemic and remains partially closed. The Horry County school system has opted out of doing the CTC survey this year, which has put the organization in a bind to be able to obtain qualitative data on a large scale. The multi session evidence-based educational programs are still difficult to get integrated into the school system. While the schools do seem to be more interested than before, implementation has still not occurred on the level that is needed. The chief of Myrtle Beach Police department is trying to get a program in the schools as well.

## Treatment Challenges and Highlights

- In terms of both a challenge and a success, we met with OVP Health during 2024 and were presented with demands for both significantly more money and an arrangement that would obligate Shoreline to provide the funding irrespective of the volume of services provided by OVP. The threat was that OVP would cancel the contract and stop serving our clients if we did not agree to this. After a long search, we had just hired two full-time NPs and were in a good position to take these clients from OVP should they wish to discontinue the relationship. Ultimately, while we received a letter canceling the contract, OVP wants to continue what is purely a referral relationship paying for services rendered, with no requirement for funding over and above fee-for-service through SOR reimbursement.
- Our CARF survey was completed this year and we have received another 3-year full accreditation. Among the surveyor comments were, *"Shoreline clients speak very highly of the services they receive and the staff that they work with. Clients interviewed stated that they feel "valued and respected", that they feel like their voices are heard and acted on, and that they are active participants in guiding their services. They stated that they are "not judged", that the staff provide a safe place to get better. Clients also stated that they had tried a lot of other treatment places, but that Shoreline was better than all the rest. When asked what they would say to people considering treatment at Shoreline, both clients said, "They saved my life."*
- While clinical staff turnover is half of what it was last year, it remains a problem given the continuing difficulties hiring replacement staff. One disadvantage of the SCORF grant to Myrtle Beach and county government, is that staff have been lured from Shoreline with much higher starting salaries, even though the funds to maintain those salaries will dry up as the settlement funds are expended. We have also lost a number of peer support specialists to higher paying SCORF funded projects.
- Client admissions were up by about 135 clients in FY23 and are down by about the same amount in FY24.

There is still time for this to adjust itself by the end of the year. Given our increasing investment in medical services, a concern is that the drop in admissions is in large part a reduction in MOUD referrals. Because our existing clients stay in service much longer, this is not showing up in revenues, but remains a concerning trend long-term. We are currently implementing a plan to target marketing efforts specifically directed toward increasing MOUD referrals.

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**Section Name:** Agency Needs Assessment

**Sub Section Name:** Agency Needs Assessment Questions

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**1. Applicant Question:** Utilizing quantitative and qualitative data, describe your catchment area's needs.

Describe your agency's needs as they relate to the delivery of Prevention, Treatment, Intervention, and Recovery Support Services in your defined catchment area. Use a combination of quantitative and qualitative data to provide a more comprehensive picture of the needs you face. If your agency serves more than one county in its catchment area, highlight specific needs that may vary from one county to the next.

**Applicant Response:**

**Treatment Needs Assessment:**

Horry County continues to rank as one of the top counties within SC for overdose deaths related to opioid use. According to the 2023 County Level Profiles, Horry County is ranked #2 for opioid overdose deaths. Fentanyl is still a leading factor in many of the overdose deaths and Horry County continues to rank #1 in this area (CLP 2023). Harm reduction is at the forefront of the approaches utilized with our most vulnerable clients and remains a powerful tool in providing a targeted response to the overdose deaths. Medication Assisted Treatment Services is a necessary intervention that helps many people regain a sense of normalcy and return to a stable life. At Shoreline, we continue to have a robust MAT program totaling close to 450 clients and have 530 current active clients with an opioid use disorder diagnosis. Shoreline has an onsite provider who is able to see clients who are in crisis and in need of immediate attention. The ability to serve clients on a walk-in basis has made one of the largest impacts in treating the opioid epidemic in our county. We continue to partner with Dr. Emmel and his team of providers for tele-health MAT treatment. The ability to see clients through telehealth has allowed MAT treatment access to many people who would otherwise never receive services. Shoreline also continues to partner with OVP Health in the Myrtle Beach area. The medication provided by OVP is paired with counseling from one of our experienced clinicians at the time of the medical appointment. This same model is being used at Shoreline to capture more actual face to face time with the patient when they are here for their medical visit.

**Intervention:**

In addition to the MAT program here at Shoreline, another harm reduction strategy widely used is the provision of Narcan, Fentanyl Testing Strips and Xylazine Testing Strips. These harm reduction supplies are offered to each client at their point of entry. These supplies are

discussed with the client throughout treatment and offered at intervals. In addition, HIV testing is offered for free as well as Nicotine Replacement Strategies, provided through DAODAS. With the potential expansion of the MAT program into a Multi-Specialty Practice and Narcotic Treatment Program, we may soon have the ability to prescribe suboxone on site and include Methadone as a treatment option. For those MAT patients that are in need of a higher level of care than suboxone can provide, Methadone is a necessary intervention to offer. With the inclusion of Methadone as a treatment strategy, Shoreline will offer multiple levels of care available for patients depending on their severity and need. Year to date, Shoreline staff have provided 1,260 boxes of Narcan to clients as well as concerned community members. The ability to provide intervention services to the vulnerable, at-risk populations is essential for Horry County.

### **Recovery Support Services:**

While treating an influx of higher risk clients suffering from substance use disorders severely affecting their ability to live functional lives, the ability to have the appropriate amount of counseling and support staff is more important than ever. Peer Support staff continue to be an asset to the clinical workflow and the ability to best serve the clients. The ability to have multiple peer support specialists on site, as well other locations Shoreline has partnerships with, has helped sustain many clients in treatment. Looking towards the next fiscal year, continuing to build upon the recovery support services we already have established would be beneficial to our community.

An area of need related to overall services was found through a client satisfaction survey implemented over the past year by Shoreline staff, a couple of people indicated that they think there aren't enough staff at Shoreline to meet the demand of clients. One person also indicated that transportation was an issue because they were homeless and living in a tent. When surveying clients in a focus group interview at Shoreline in December of 2023, clients indicated that they would like to receive additional services such as job readiness and classes on mental health (such as techniques for anxiety, depression, and coping skills).

### **Prevention Needs Assessment**

#### **Needs Assessment related to Alcohol Use**

According to County Level Profiles, compared to the rest of South Carolina, Horry County ranked 7th for DUI crashes, 7th for heavy drinking, 5th for DUI arrests.

In the winter of 2022, the Communities that Care survey was conducted in local public high schools. 4,047 surveys were collected to provide drug and alcohol use information from those high school students. Students reflected the following: 29% had lifetime alcohol use, 10% were current users of alcohol, 50% believe it is easy to obtain alcohol, 39% believe it is not wrong to use alcohol, 89% believe their parents would disapprove of alcohol use by them. This last data point leads to an interesting fact of parents being the most influential people in a child's life regarding substance use. 43% of students indicate that they got alcohol from someone at a party.

Horry County is known as a tourist destination and alcohol is central to this. According to the department of revenue, Horry County has 2,544 outlets that sell alcohol in 2023.

Alcohol use disorder still makes up a large portion of clients at Shoreline. Many clients may have alcohol use disorder as a secondary or even tertiary diagnosis. ADSAP referrals are usually alcohol related and are typically one of the highest referral sources. Alcohol use disorder clients are typically treated with evidenced based practices utilized by our clinicians, such as Motivational Interviewing and Cognitive Behavioral Therapy.

#### **Needs Assessment for Tobacco Use**

Horry County overall ranks 18th in the state regarding nicotine and ranked 14th for the amount of current cigarette smokers. (county level profiles, 2022)

According to the 2022 CTC survey, 22% of high school students surveyed indicated they had vaped tobacco products in their lifetime. 14% are current vape users. 45% of students surveyed indicated it was very easy or sort of easy to obtain tobacco. 56% believe that it is easy to obtain e-cigarettes and vaping pens. 35% of students believe it is not wrong to vape. 94% of students believe their parents would disapprove of cigarette use and 89% believe their parents would disapprove of vaping.

The Director of Prevention Services has observed, over the past few years, an increase in requests from community partners for vaping prevention efforts such as presentations, health fairs, trend information, trainings, etc.

#### **Needs Assessment for Opioid Use**



Horry County continues to rank among the highest counties within SC for overdose deaths related to opioid use. Fentanyl was present in many of the overdose deaths provided from the coroner's report in FY23. Using evidence-based approaches to combat the opioid epidemic is one of the primary ways in which progress is being made. In the Vulnerability Assessment Report and Jurisdictional Plan for South Carolina, data reflects that Horry County is #1 for overall vulnerability for how many overdose and disease risks remain in the county, 2nd for overall risk for overdose and bloodborne infection risk factors, 7th for rate of drug-related arrests, 3rd for HCV diagnoses in persons under 40, and 11th for rate of diagnosed opioid use disorder.

Horry County has consistently ranked at the top over the past few years for overdose deaths, compared to the rest of the state of South Carolina. Horry County ranked 1st for fentanyl overdoses, 1st for total drug overdoses, 1st for prescription drug overdoses, 7th for EMS naloxone administrations, 4th for opioid hospitalizations, and 2nd for opioid overdose deaths (county level profiles). In 2021, Horry County had 287 overdose deaths, which was about 90 more than the year before (according to data from Horry County Coroner's Office). The majority of overdose deaths involved poly-substance use. 78 of those deaths were females and 206 were males. 29 were Black, which is 10% of the total overdose deaths. According to the Communities that Care survey that is implemented in Horry County Schools, the top place where students surveyed got their prescription drugs/pain relievers were from a family member for free and a friend for free. 27% of students believe it is easy to obtain prescription drugs. The Just Plain Killers website indicates that 188 of the deaths from 2021 involved fentanyl, there were 687 patients with an opioid use disorder under the state-funded treatment, 1,432 patients with an opioid use disorder under Medicaid, and 16% of inmates screened for usage indicated opioid use for Horry County.

Myrtle Beach, South Carolina, has some of the highest overdose rates in the nation. In Horry County in 2021, city and county areas of Myrtle Beach accounted for 50% of drug overdoses (according to overdose data DHEC Bureau of EMS and Trauma). What was once known as a family destination has been transitioning to an area with high drug use and crime rates. Of all the zip codes in Horry County, Myrtle Beach had two of the top three highest rates of all drug and opioid overdoses.

**For all substances**, there are risk and protective factors. Risk factors include the following: chaotic home environments, particularly in which parents abuse substances or suffer from mental illnesses; ineffective parenting, especially with children with difficult temperaments or conduct disorders; lack of parent-child attachments and nurturing; inappropriately shy or aggressive behavior in the classroom; failure in school performance; poor social coping skills; affiliations with peers displaying deviant behaviors; and perceptions of approval of drug-using behaviors in family, work, school, peer, and community environments. Protective factors include the following: strong and positive family bonds; parental monitoring of children's activities and peers; clear rules of conduct that are consistently enforced within the family; involvement of parents in the lives of their children; success in school performance; strong bonds with institutions, such as school and religious organizations; and adoption of conventional norms about drug use. ([drugabuse.gov](http://drugabuse.gov))

16% of high school students surveyed in Horry County indicate using marijuana in their lifetime. 43% believe it is very easy or sort of easy to obtain marijuana. (CTC Survey)

13% of Horry County's population are African American (census bureau). African Americans are the second largest group in Horry County that live below the poverty line and African Americans make up 21% of the student body in the public school system. In the United States, there was a 19% increase in the number of African Americans who started or increased substance use to cope with pandemic-related stress or emotions.

Health disparities in Horry County greatly affect substance use. According to [kidscount.org](http://kidscount.org) data, 25% of children in Horry County are in poverty. 50% of the births in Horry County are to single mothers. According to Exploring South Carolina's Social Determinants of Health from SC HealthViz, Horry County has high property crime. The data shows the statewide property crime rate was 324.4 per 10,000 residents. In Horry County, the rate was 449.3, which is significantly higher than the state rate. Incidence of poor health indicators influenced by social determinants of health. Lack of access to proper healthcare, job loss, and other health concerns have assisted in creating an increase in overdose deaths. SC Health Viz also indicates that more than one in ten U.S. adults covered by Medicaid have a substance use disorder. 22% of Horry County's population are enrolled in Medicaid's full benefits program and 30% of the population lives in a rural area. 18% of the population in Horry County are uninsured. The number of children in South Carolina that have an adverse childhood experience is about 17%. Adverse Childhood Experiences are key indicators in determining future addiction to substances. ([americashealthranking.org](http://americashealthranking.org)). According to data from that same website, South Carolina has a high prevalence of frequent mental distress and a high percentage of household food insecurity.

Populations most impacted in these disorders are those that have high risk factors and low protective factors and typically fall into the category of those with health disparities.

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**2. Applicant Question:** Describe your agency's needs that will be addressed by the county Alcohol Excise Tax.

Describe your agency's needs that will be addressed by the Alcohol Excise Tax. Provide information that specifically addresses how your agency plans to utilize the Excise Tax, and how your agency is unable to implement these initiatives without this funding. For an agency with multiple counties, if there are challenges specific to one county, be sure to highlight those barriers.

**Applicant Response:**

Services for clients have historically tended to be flat funded from year to year. In recent years, the opioid epidemic has infused significant funding into the SUDS treatment system through the state opioid response grants. While there are several grants which cover services for indigent clients, there are existing gaps for a large portion who do not meet the criteria for these grants but still are not able to pay for their services. The state of South Carolina spends 70% less per capita on substance use treatment than any other South Atlantic States (Boston Consulting Group). South Carolina also did not accept the Medicaid Expansion, which resulted in even less available funding to cover behavioral health services for childless low-income adults. Many individuals who determine they cannot afford treatment may delay treatment or not receive treatment at all, which worsens problems for the individual and for the community. Alcohol excise tax dollars are used to ensure that clients receive the services they need regardless of their ability to pay and cuts to those funds directly affect services to individuals and families in need.

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**Section Name:** Agency Capacity

**Sub Section Name:** Agency Capacity Questions

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**1. Applicant Question:** Describe your agency's internal and external capacity to deliver Prevention, Treatment, Intervention, and Recovery Support Services in your catchment area.

Describe, in detail, your agency's current abilities to deliver Prevention, Treatment, Intervention, and Recovery Support Services in your catchment area. Be sure to include information about your agency's current capacity to address priority populations, priority substances, and service areas from both an internal and external lens. Be sure to address the unmet needs in your catchment area and provide your agency's plan to address these service gaps.

When describing your agency's plan to address the service gaps in your catchment area, address the following:

1. Overview of the agency's current capacity, both internal and external, including staffing, training, and external capacity elements, such as MOAs/MOUs, descriptions of formal/informal partnerships, contractual services in place, and any additional form of outreach.
2. Unmet service needs and gaps not covered by current capabilities, as well as capacity-building requirements to meet the identified needs.
3. Discussion of your agency's current service system's attention to priority populations, priority substances, and the underserved in your area.

**Applicant Response:**

**Intervention Capacity:**

There have been significant efforts to provide outreach to underserved and at-risk communities. Peer support staff worked very closely with the prevention department to serve the community in multiple ways through close collaboration. Narcan distribution has been the most



successful when all points of contact with a particular client encourage and provide this strategy. The client is offered and educated on Narcan, along with Fentanyl testing supplies, tobacco cessation and HIV testing at intervals throughout their treatment episode. This has proven to be a successful way to ensure the intervention strategies are being offered and provided. As of April 2024, 1260, boxes of Narcan have been given out to clients and concerned community members. All staff are required to receive Narcan education training to know how to administer properly if the situation were to arise. Narcan is made readily available for anyone to have quick access if needed. There are designated staff members who are the Narcan point people if anyone has any questions or concerns. Pairing peer support with harm reduction efforts has proven to be a fruitful endeavor. Collaboration on outreach events and community activities brings a holistic approach when meeting people where they currently are.

The NRT program through DAODAS continues to be a benefit for SOR clients. Many active clients have a tobacco use disorder diagnosis and greatly benefit from receiving education on the consequences of continued tobacco and nicotine use. Many clients take advantage of the free NRT resources and receive a referral to the SC Quit Line for continued information and support. As of FY24, Shoreline has been accepted into the MUSC research study focusing on vaping versus tobacco use clients.

Shoreline also has a staff member dedicated to providing intervention/harm reduction strategies, which include HIV testing, Narcan distribution/saturation, FTS distribution, developing and maintaining a harm reduction coalition, and more. Shoreline staff are also heavily involved in the Overdose Fatality Review Committee for Horry County. This committee details overdose deaths and an analysis are done to identify gaps from each case. Law Enforcement Departments rotate months to address an overdose death at each agency. The committee is currently in the process of compiling data from each of the meetings so far.

**Unmet Needs-** Occasionally, Shoreline has the opportunity to distribute large amounts of Narcan but has a difficult time getting access to that amount of Narcan. Also, there have been a couple of situations where the agency has almost run out of Narcan and had a hard time getting more in stock. Another unmet need is lack of education and community readiness regarding harm reduction. Many organizations and community members have thoughts and ideas of what harm reduction does to citizens and the community but lack the education to understand the benefits.

To address these unmet needs, Shoreline will work with partner community groups, stakeholders, and agencies to distribute Narcan when Shoreline does not have the capacity to do so. To address organizations that lack education and community readiness for harm reduction, Shoreline plans to work on educating the community through awareness and by hosting a harm reduction conference.

### **Treatment Capacity:**

Currently we have 19 clinical staff, comprised of 15 full-time and 4 part-time assessment clinicians. Shoreline is fortunate to have a robust peer support team to provide clients with additional engagement and wrap around services. There are currently 3 full time Certified Peer Support Specialists available on site at Shoreline. There is one peer position fully devoted to serving the inmates currently incarcerated at our local detention center. In partnership with MUSC, Shoreline continues to be a part of the Fast Track project at both Grand Strand and Waccamaw Community Tidelands Hospital. There are currently six peers serving in those roles. In 2024, the decision was made to create a lead peer position who would be responsible for overseeing all peer activities on site at Shoreline as well as hospital related projects. We are hoping to fill one additional peer support specialist on site at Shoreline in the near future. Hiring more part-time assessment counselors has been very helpful in managing the demand of new clients and allowing the staff to provide effective treatment services. There are also openings for 1-2 more full-time clinicians. Within this fiscal year creating a fully functional MAT department that operates separately from Outpatient became a reality. Our MAT program serves around 450 clients total through a variety of different treatment options. The ability to serve the clients when they are seen for their medical appointment by pairing this visit with counseling has proven successful. The MAT program has grown considerably and now substantiates having its own system in place to make it the most efficient as possible. Shoreline continues a successful partnership with Dr. Emmel and his team of providers, along with employing two full-time Nurse Practitioners. A full-time counselor remains at OVP Health seeing Shoreline clients that are continuing to receive MAT treatment in the Myrtle Beach area. Other areas of interest for Shoreline relate to our collaborations with MUSC Research Division, and also the continued contract for Addiction Psychiatry services through Dr. Allison Smith. The research division is composed of a full-time research coordinator, along with two research assistants. There are currently two active studies being implemented at our Bell St. location, both measuring the effectiveness of medications for OUD. We hope to partner with MUSC for many more studies in the future and continue the research division at our Bell St. location.

The clinical staff have had the opportunity to participate in many conferences and trainings throughout the past year. Some of the opportunities have included the Cross-Cultural Conference, APSC Annual Conference and Member's Appreciation Training, TREM, MI and CBT Trainings. In addition, the Georgi's have continued to provide virtual trainings and consultation for our clinicians for BPSSEM and MIGP. These models remain at the foundation of how we train new clinical staff and acculturate the clinical department. The ability to allow the clinical staff to participate in training sessions to expand their knowledge is certainly a privilege we hope to continue in the future. To close out FY24, the Georgi's are scheduled to provide in person clinical training for our treatment staff. As always Shoreline strives to be culturally inclusive and competent. Focusing on areas of the population that have unmet needs is always a top priority. The clinical team completes annual cultural diversity training as well as receiving additional training on cultural humility and inclusivity. The goal is to continue receiving regular training on cultural humility and racial diversity to better serve the clients.

### **Recovery Services:**

The continued use of peer support has consistently yielded positive results in all levels of treatment service. There are currently three full-time peer support specialists who are available to the clients on site at Shoreline. An additional peer is located at J-Reuben Long Detention Center and provides support services on site. Peer support services continue to provide a huge value to treatment services at Shoreline. They have been instrumental in assisting counselors with managing their high-risk caseloads and helping to re-engage clients that have left treatment AMA. A full time PSS continues to be located in J Reuben Long Detention Center. The peers engage our highest risk clients and provide much needed support and resources. Our peers are very knowledgeable regarding best practices for vulnerable populations and assist with distribution of Narcan and other harm reduction activities. For the past year, Peer Support has been involved with "Outreach Wednesday", which is an event hosted by the Myrtle Beach Police Department. Several Shoreline staff members consistently participate in the event to serve the community and provide support and resources. Another exciting change was made in FY24 related to peer support. A lead peer now supervises the peers at Shoreline and both hospital sites. The lead peer coordinates regularly with the clinical supervisors and acts in a liaison capacity.

The MUST Fast Track ED Project has continued throughout FY24. Peer recovery coaches are in Grand Strand and Tidelands Waccamaw Community Hospital full time and continue to make a large impact. The lead peer position assists with the on the ground supervision of the peers at both hospital locations. This position has helped to ensure the peer recovery coach needs are being met as well as to ensure coverage is maintained for all hospital shifts. The SBIRT initiative with Tidelands Waccamaw began in May of 2022 and ended in December of 2023. There are potential plans for the SBIRT initiative to begin again later in 2024.

### Prevention Capacity

The prevention department at Shoreline is made up of either employees who cover and implement services for the block grant prevention, Drug Free Communities grant, Partnership for Success grant, Alcohol Enforcement Team grant, and more. The department participates in trainings regularly to maintain or achieve certifications (such as SCAPPA). The department is very capable of implementing prevention services in Horry County. Skills are learned from trainings such as prevention ethics, cultural diversity, substance education, strategic prevention framework training, Narcan training, evidence-based program training, and more. The department also is a part of, or runs, multiple coalitions and boards. Being a part of these groups gives the agency strength by having resources and relationships built to be able to provide quality prevention and treatment services in the county. The agency has strong involvement in the Horry County CAST Coalition, which consists of sectors such as law enforcement, representatives from the local university, counselors, prevention staff, and more. This is the strongest relationship for a group that exists in the prevention department. The agency is also a part of the Coordinated Effort in Myrtle Beach (which is a group that works to reduce homelessness and opioid use/overdoses in Myrtle Beach), and a Harm Reduction coalition that the agency created. Shoreline also started the Overdose Fatality Review Committee in Horry County, but it is currently being run by the City of Myrtle Beach Police Department. It consists primarily of law enforcement, along with Shoreline staff and the Horry County Coroner's Office. Lastly, Shoreline has a Law Enforcement subcommittee of the Horry County CAST Coalition that works with prevention staff on AET activities, the Drug Free Communities grant activities, and the Partnership for Success grant activities. This committee is made up of law enforcement agencies that conduct environmental strategies in Horry County.

While staff have been able to mostly get back to normal after the pandemic, there are still some programs that are difficult to rebuild. For example, the ropes course has not seen even remotely close to the amount of people for implementation as before the pandemic. Also, the youth advisory board has had a difficult time being rebuilt since the pandemic. Staff are working to rebuild the youth advisory board, as this

is an important component of prevention work at the agency.

An on-going gap of the county is being able to provide multi-session evidence-based educational programming. Shoreline staff understand the importance and effectiveness of this strategy, but are not able to get school district buy-in on the level that would make change. That being said, even if the school district would allow this in the schools, the agency really doesn't have the capacity to do it on the scale that would be necessary to make change in Horry County. There are more than 40,000 students in Horry County.

In the prevention department, specifically for block grant purposes, the agency primarily focuses on alcohol and tobacco (respectively) use among youth. Tobacco has become even more of a focus because of vaping. Opioids are addressed as well, but other prevention staff with separate grants focus more on that particular substance. Regarding other substances, prevention staff give out information, such as brochures, on other substances like marijuana, street drugs, meth, etc. This is done regularly, but the request for this information isn't as high as with alcohol, tobacco, and opioids. Shoreline has the capacity to fulfill almost any request made by the community for prevention services. For example, if someone calls for a presentation, prevention staff implement the presentation. If an organization calls needing brochures, prevention staff deliver the brochures. If the school district needs tobacco education, prevention staff provide this regularly.

Prevention services are offered throughout Horry County to many different groups, including underserved populations. For example, the SOAR Academy, which is the county's alternative school, receives multiple services from Shoreline. The alternative school is comprised of many at-risk students. Staff will provide the Tobacco Education Program on site in order to eliminate transportation issues and because many of the students who have violated the tobacco policy are located at the alternative school. Prevention staff will also provide presentations to students and/or parents at this school for information dissemination. These services will continue so that this population is able to receive necessary prevention services. Also, staff will respond to requests made from various organizations that have underserved groups (such as schools, churches, etc.).

**Attachment:**

John Emmel MD Independent Contractor Agreement.pdf - PDF FILE

OVP Healthcare BAA.pdf - PDF FILE

OVP Healthcare Medical Services Agreement.pdf - PDF FILE

MUSC Telehealth Services Agreement.pdf - PDF FILE

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**2. Applicant Question:** Describe your agency's current capacity to address individuals with co-occurring disorders.

Provide a detailed discussion of your agency's ability to address patients who presenting with co-occurring disorders. Be sure to provide information that describes your agency's service delivery and/or referral process.

**Applicant Response:**

Capacity to treat individuals suffering from co-occurring issues is integral to the mission of Shoreline BHS. Hiring staff that are well equipped to treat and manage comorbidities is essential in delivering high quality services. Now more than ever, individuals are presenting with substance use disorders that are often precipitated by long standing mental illness. Currently there are five clinical staff members that are full licensed mental health counselors. Several more clinical staff are in the process of completing their necessary clinical hours to obtain full licensure. Seeking master's level clinicians that have experience working with co-occurring disorders is beneficial to the vulnerable clients we serve, but it can sometimes be a challenge in the post-covid work environment to find qualified candidates.

Having robust training opportunities and the ability to well equip clinicians in providing care to this vulnerable at-risk populations is a top priority. Through DAODAS many training opportunities have been made available. Engaging in CBT, Motivational Interviewing, and TREM to name a few, are the most common evidenced based trainings that our clinicians engage in. TREM for adolescents is a newer model that we have recently received training in. In addition to the valuable trainings provided through DAODAS, continuing with the Georg's for training specifically related to the BPSSEM and MIGP models of treatment have proven incredibly valuable. We provide mental health assessments for specific referral sources and utilize screening tools aimed at assessing particular areas of mental health.

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**Section Name:** Agency Health Equity**Sub Section Name:** Agency Health Equity Questions

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**1. Applicant Question:** Describe your agency's unmet needs, current capacity, and plan to address health disparities in your underserved populations.

Describe, in detail, your agency's unmet needs, current capacity, and plan to address health disparities in your underserved populations. Be sure to provide data that describes the underserved populations and ensuing health disparities in your agency's catchment area. For agencies that serve multiple counties, this data may look different from county to county; provide any county-specific information that relates to your agency's ability to effectively address social determinants of health for your patients.

**Applicant Response:****Underserved Population:**

By becoming more involved in the community, Shoreline has been increasing efforts dedicated to outreach for the homeless population. There has been increasing involvement in efforts tied to combating the lack of awareness of essential services and resources. Working more closely and increasing coordination with local leaders to ensure proper care is being delivered to those most at risk and vulnerable within Horry County. Shoreline staff have also developed relationships with key stakeholders who provide services to the homeless population and serve on a community group together with those organizations. Through this involvement, Shoreline staff are able to address substance use among the homeless population. In addition, staff have also been implementing quarterly resource events for the homeless community in Myrtle Beach. Through these events, staff are able to provide services immediately to the homeless population. Services provided include supplies (including needle distribution), blood pressure checks, connection to substance use treatment, on-site HIV testing, and more. Shoreline intends to continue these so that this population is able to receive necessary services. Shoreline works closely with Fyrebird Recovery to assist the vulnerable population in the Myrtle Beach area with much needed resources.

As mentioned in part one of the behavioral health equity questions, Shoreline staff have multi-faceted components of addressing health disparities and will continue to implement these. As a reminder, they are as follows: staff participate in annual in-services on cultural diversity; the agency has a cultural diversity committee that meets regularly throughout the year to ensure inclusivity and also to ensure services are provided to diverse populations; emphasis is put on diversity when creating marketing material (to include visual representation of various populations); specific training occurs periodically on the LGBTQIA+ community; staff make accommodations for persons with disabilities through the accessibility committee and by making accommodations in counseling sessions; Shoreline covers many treatment costs for those suffering from poverty or low-income; Shoreline provides translation opportunities for clients or prevention service recipients

as needed (most commonly among Latino and Indian populations); Shoreline provides transportation services for those living in rural areas and provide telehealth services for those in rural areas; Shoreline has multiple locations which allows easier access to services; and services are provided in minority communities regularly.

### **Examples of efforts for addressing underserved communities and populations**

Prevention and Intervention efforts in particular locations, such as Loris, SC have proven to be beneficial in providing needed resources for vulnerable community members. Loris is predominantly an African American community, with relatively low socioeconomic status. Because of these factors, there are many social determinants of health that come into consideration. Partnering with Fyrebird Recovery in this location has helped serve many people and provide health education and education regarding treatment and recovery services. Prevention department often provides education and training in certain “hotspot” locations of the county.

### **Equity and Underserved Population:**

Large emphasis has been placed on better serving and addressing the specific needs of the housing insecure. Through our harm reduction coalition, outreach events targeted towards identifying and addressing these needs have been underway throughout FY24. These events, in collaboration with community partners have helped reach and provide necessary resources to those in need. Renewed efforts are also being made related to the LGBTQ community and training to increase education and awareness. LGBTQ education and awareness trainings will be taken advantage of in the upcoming months. One of the initiatives for FY25 will be becoming reestablished with Grand Strand Pride and participating in the upcoming events. Training provided by Dr. Omar Troutman included a comprehensive, trauma informed whole staff approach on allyship with the LGBTQ+ community. Having multiple clinical staff participate in the upcoming DAODAS sponsored Sexual Orientation and Gender Identity training has helped bring additional awareness and education for our agency.

### **Prevention**

Prevention services are offered throughout Horry County to many different groups, including underserved populations. For example, the SOAR Academy, which is the county’s alternative school, receives multiple services from Shoreline. The alternative school is comprised of many at-risk students. Staff will provide the Tobacco Education Program on site in order to eliminate transportation issues and because many of the students who have violated the tobacco policy are located at the alternative school. Prevention staff will also provide presentations to students and/or parents at this school for information dissemination. These services will continue so that this population is able to receive necessary prevention services. Also, staff will respond to requests made from various organizations that have underserved groups (such as schools, churches, etc.)

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**Section Name:** Agency Overall Budget

**Sub Section Name:** Agency Overall Budget Question

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**1. Applicant Question:** Attach your Overall Agency Budget Worksheet that is provided in the Attachments section of this application.

Attach your Overall Agency Budget Worksheet that is provided in the Attachments section of this application. Navigate to the Application Announcement, select the "Attachments" tab, and download the Budget Template. Once completed, attach it here.

### **Applicant Response:**

Shoreline County Plan Agency wide Budget Template updated Jan 2024.xlsx - EXCEL DOCUMENT

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**Section Name:** Agency Signature Page

**Sub Section Name:** Agency Signature Page Question

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**1. Applicant Question:** Attach your Agency Signature Page that is provided in the Attachments section of this application.

Attach your Agency Signature Page that is provided in the Attachments section of this application. Navigate to the Application Announcement, select the "Attachments" tab, and download the Signature Page. Once completed, attach it here.

**Applicant Response:**

Signature Page for Strategic Plan.pdf - PDF FILE

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