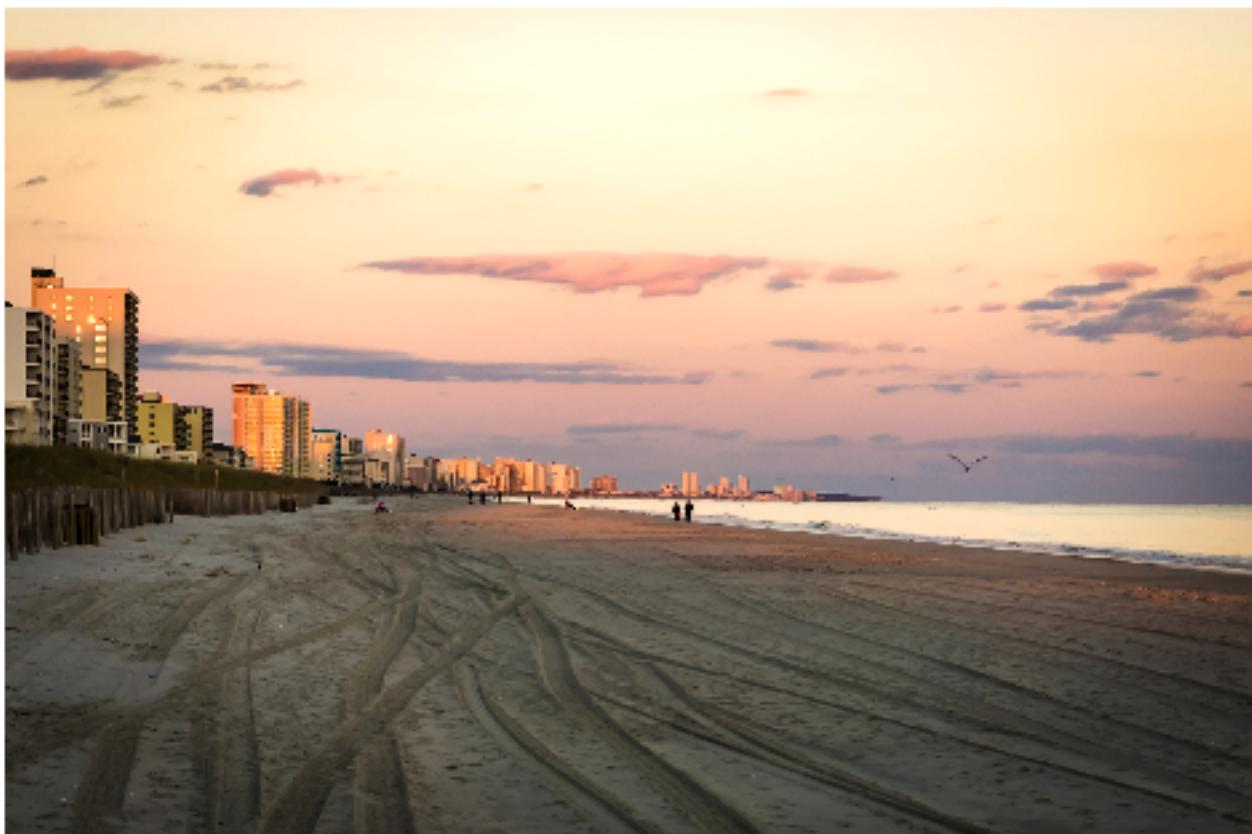


Shoreline Behavioral Health Services

Strategic Plan

Fiscal Year 2020





EXECUTIVE UPDATE

Agency Snapshot- Mission in Context:

Shoreline Behavioral Health Services (SBHS) is a non-profit agency that receives funding, in addition to insurance and client fees, from state and federal funds designated for the prevention and treatment of substance use disorders. Services are provided to individuals and families in the Horry County area and surrounding counties. The mission of the agency is to address the problem of alcohol and substance use disorders in Horry County by providing individualized, recovery-based treatment and community prevention services.



While Alcohol and Marijuana related use disorders remain the most common diagnoses seen at Shoreline over the last year, the prevalence of opioid and opiate use disorders is unique in that the number of those in treatment for this illness has risen steadily and dramatically, beginning sometime in FY 2013. The overdose rate in South Carolina is currently higher than the national average (15.5 per 100,000 vs. 14.6) and the rate of overdose deaths in Horry County is consistently among the highest in the state. The 2018 County-Level Profile ranks Horry County 45th out of the 45 counties (highest) for opioid overdose and overdose related hospitalizations.

Then and Now:

The commissions began as planning commissions with the goal of allocating state, county and federal funds for substance use disorders; at that time the focus of attention was largely on Alcohol Use Disorder and the methods used to treat the disorder had grown largely out of the self-help movement, with programs such as AA and Al-Anon. As ADSAP was one of the early services provided, the treatment provided at that time was heavily influenced by the structure and practice of DUI education.

Shoreline evolved similarly and at the time of the last change in management and leadership in 2007, three quarters of the agency revenue was derived from ADSAP classes and the treatment being provided was closer to a classroom education model than it was to the types of psychotherapy that have been commonly used to treat other behavioral health disorders. Over the last 10 years, Shoreline has been evolving and modernizing from this classroom focused, AA informed method of treatment, to a fully modernized behavioral healthcare model integrated with evidence based strategies and integrated medication assisted treatment and primary care.

The opioid epidemic is challenging and transforming addiction treatment services across the country; one of the greatest challenges for addiction treatment providers has been to take a historically non-medical recovery strategy with its origins in the self-help movement and adapt to and coordinate with the medical interventions necessary to treat and stabilize a growing



population of patients at imminent risk of accidental death due to overdose. Shoreline has been evolving its service matrix and workforce overtime to respond to a population that is often “pre-contemplative”, driven by external threat or sanction and in immediate need; this population cannot reliably wait for an initial treatment appointment and once in treatment, the dropout risk is high.

When our population was primarily those with alcohol use disorder and/or marijuana, the system had become used to clients routinely dropping out of treatment, often returning to treatment within a year. With the unprecedented rise in opioids, Heroin, and more recently Fentanyl use, the risk has become greatly elevated in that an individual who drops out of treatment and returns to use is at imminent risk of becoming a statistic due to an accidental overdose.

The agency has been lucky in that we had been moving in the direction of low-barrier, easy access treatment services; this has become exponentially important in implementing harm reduction strategies in response to the opioid use epidemic. We have gone from an agency whose business was three-quarters DUI education and treatment to an agency that follows opioid clients closely throughout the episode of care- We utilize peer support services and intensive case management, provide liaison services to DSS, hospital emergency rooms and other locations, we collaborate and co-locate with medical providers, providing medication assisted treatment and primary care for high risk groups and finally, *we seek to spread the capacity and techniques of service provision geared to populations at increased risk of accidental death, to other commissions and counties beyond our borders.*

Agency Financial Position

The financial position of the agency remains strong in 2019 with minimal debt, strong cash reserves and continued high demand for services. At this point in the year all third party revenues are up over last year by about 4%. Total projected revenues for the agency in FY 2019 are **\$5,581,000** vs. total revenues of **\$4,558,764** in FY 2018

MCO, Medicaid, Insurance		\$1,035,385
SOR/STR Medications		\$416,507
Self-Pay Revenue		\$370,000
SOR/STR Treatment		\$296,543
SOR/STR Medical		\$194,007
Block Grant Assessment		\$98,000
Block Grant Treatment		\$85,314
		\$2,495,756

Services and Demographics

While sweeping changes have been taking place across the country in the effort to respond to the opioid epidemic, similar changes have been taking place at Shoreline both in how we approach service provision and in the number of services provided to our clients. In FY 2018 (partial year for comparison purposes to FY 19 partial year) we had provided **82,517** services to **2,726** clients.



A certain number of clients are admitted in a given month and there are a corresponding number of discharges; the services provided are a combination of those provided to clients admitted during a given period and the existing population of clients already in treatment. If we examine admissions during the two periods they are about the same (we have increased modestly over the last three years by about 100 admissions per year); looking at the number of services to the number of clients by early May in FY 2019 there have been **124,303** services provided to **3,047** clients. This represents a **50%** increase in services to a **12%** increase in the number of clients in services during the year.

Another notable change in the pattern of those presenting for service at Shoreline, is that the number of women in treatment continues to increase over time, with women now representing close to half of the treatment population (1,341 women or 45% and 1,644 men at 55%). Women also represent about 50% (342) of active clients with opioid use disorder. African Americans and Hispanic clients represent about 20% (584) and 3% (86) of those in service. Prevalence of these groups in the population is 13.5% and 6%, although the Hispanic population is said to have decreased in this area, possibly related to the current political climate in respect to immigration. Fully **two-thirds** of the client population are tobacco smokers and about a third (712) of the active client population in services during the year are unemployed.

The current range of treatment services provided at Shoreline are:

- Adult, adolescent and children's outpatient services
- School Intervention Program (SCIP) through a contract for services with Horry County School District
- Intensive outpatient services for adults
- Specialized intensive outpatient services for women
- Residential program for women at risk of removal of children due to a substance use disorder
- Parenting groups
- Anger management
- Trauma specific groups on the TREM and Seeking Safety evidence based models
- Hispanic language treatment services and parenting groups
- EAP contracts
- Prevention services as contracted with DAODAS including CAST coalition activities and Drug Free Communities grant
- On-site licensed clinical counselor liaison at DSS providing therapeutic supervised visitation, inter-systemic case management and arranging drug testing for DSS clients at SBHS
- On-site staff at the Horry County DJJ providing inter-systemic case management and care coordination, treatment and assessment services.
- On-site staff at the Grand Strand Emergency Department offering SBIRT service



- “Fast Track” services to individuals with opioid use disorders presenting at two Myrtle Beach area emergency departments.
- ADSAP services including Prime for Life groups and individual and group treatment services
- Drug testing services for SBHS clients and by contract with other agencies (DSS, Federal Probation, etc.)
- HIV testing, counseling and education services to SBHS clients
- Drug testing and treatment services to local probation and parole clients and to federal probation clients by contract
- Specialized services to clients with gambling disorders and to referrals from the Department of Transportation

The current range of prevention services provided at Shoreline are:

- Information Dissemination-presentations and educational material distribution
- PREP-Merchant Education Program
- SYNAR-Tobacco Compliance Study
- Tobacco Compliance Checks
- Horry County CAST Coalition (community based processes)
- Alcohol Compliance Checks
- Casual Contacts
- Fake ID/Bar Checks
- Conduct Party Dispersals
- Drug Free Communities Grant addressing alcohol and marijuana use by youth
- Ropes Course
- Relationship/Partnership Development
- Marketing and Media for Programs
- ECHO Grant-Addressing Opioids
- Women’s Advisory Board
- Youth Advisory Board

Critical Issues and Unmet Need

Following the Strategic Prevention Framework Model, Shoreline staff gathers data regularly from Crystal Reports, Focus Group Interviews, and CareLogic to determine client admissions and demographics to see where gaps may be, to identify gaps in healthcare services that clients need, and to identify the primary and secondary diagnosis of those receiving treatment. For this purpose, treatment and prevention staff collect data from sources such as the Horry County Census, South Carolina Department of Public Safety, Communities That Care Survey, Alcohol Enforcement Team data, Key Informant Interviews, Facebook (social media) data, and overdose data from the Coroner’s Office.



As noted in prior strategic plan documents, Shoreline has been moving toward a “health home” model of care. This service model integrates in one location, the services necessary to treat a high-risk population with multiple interacting conditions; commonly, these are multiple physical, psychiatric and substance use diagnoses combined with deteriorating motivation and will to engage in self-care.

Access to basic medical care, in addition to access to life-saving medicines to treat opioid use disorder, is considered the single greatest emerging unmet need affecting our entire population of clients. *This model adds a level of healthcare services to a population in need that historically has lacked access to interventions to treat the wide variety of co-occurring conditions that affect SUDS recovery outcomes. Because this effort will enhance services to all DAODAS and SAMHSA priority populations currently served, it is the central focus of this year’s strategic plan and all identified critical issues are directly related to it.*

The funding request to DAODAS for FY 2020 is centered around Peer Support Specialists, as care management and improving access and retention in services are critical elements of health home care:

MAT clients who are ambivalent, or in the precontemplation stage of change will be supported and encouraged by providing interventions through a peer support specialist. Research suggests that clients benefit from some form of behavioral health treatment while receiving medication for their opioid use disorder. By providing access to a peer support specialist to meet with MAT clients before they are seen for their medical appointment barriers are eliminated, while retention and access to services is increased. This position will involve direct face to face coordination with the majority of all MAT clients. The current active MAT client number is 260. The expansion of OVP health to the Wise Road location will bring more volume and a greater need for peer support intervention. This position will primarily be billing a combination of peer support and care coordination for clients. The PSS works closely with the MAT providers as well as clinicians to ensure engagement in treatment and positive outcomes.

A request has been made from the local detention center in Horry County for treatment services provided by Shoreline. Specifically the need for peer support intervention to assist in the transition from the inmate’s release to beginning behavioral health treatment. This position would provide peer support services at J-Reuben Long Detention Center, which currently houses a high rate of inmates suffering from opioid use disorders. Beginning early in FY 20, the PSS would provide interventions for people identified by the detention center. This position would be impactful for helping people transitioning out of the detention center into treatment. The PSS would assist in providing a “warm hand off” to treatment once the person is released.



In our trauma informed atmosphere, the creation of a position that combines peer support and reception would prove to be valuable. Clients seeking treatment are at the highest rate for “drop out” in the initial stages of their first visit. The main purpose would be to utilize this person as an engagement strategy for new clients. As clients enter through the lobby the PSS will greet and welcome, while directing the client to the appropriate place. Engaging clients as they first come recognizes that for many people this is the most vulnerable point in their treatment process. The PSS would also monitor the lobby and parking lot areas to ensure client’s safety while here for services. In addition, the PSS would engage with each new client that is identified as being “high risk” after their point of entry is completed. The intervention will hopefully decrease anxiety and apprehension for new clients.

Assessment: Health Home Conceptual Model and the Integration of Medical Care:

The SAMHSA guidance for behavioral health homes services states the health homes as defined in the Affordable Care Act must include, *“prevention and health promotion, healthcare, mental health and substance use, and long-term care services, as well as linkages to community supports and resources; Service delivery must involve continuing care strategies, including care management, care coordination, and transitional care from the hospital to the community.”*

While the long-term survival of the ACA is in question, this concept, with its roots in the Chronic Care Model, represents the best path forward for SBHS and other commissions, as it will allow us to retain our role as specialist providers of SUDS services while adapting to and coordinating with a system that is inexorably and rightfully moving into general medicine along with all the other chronic medical conditions.

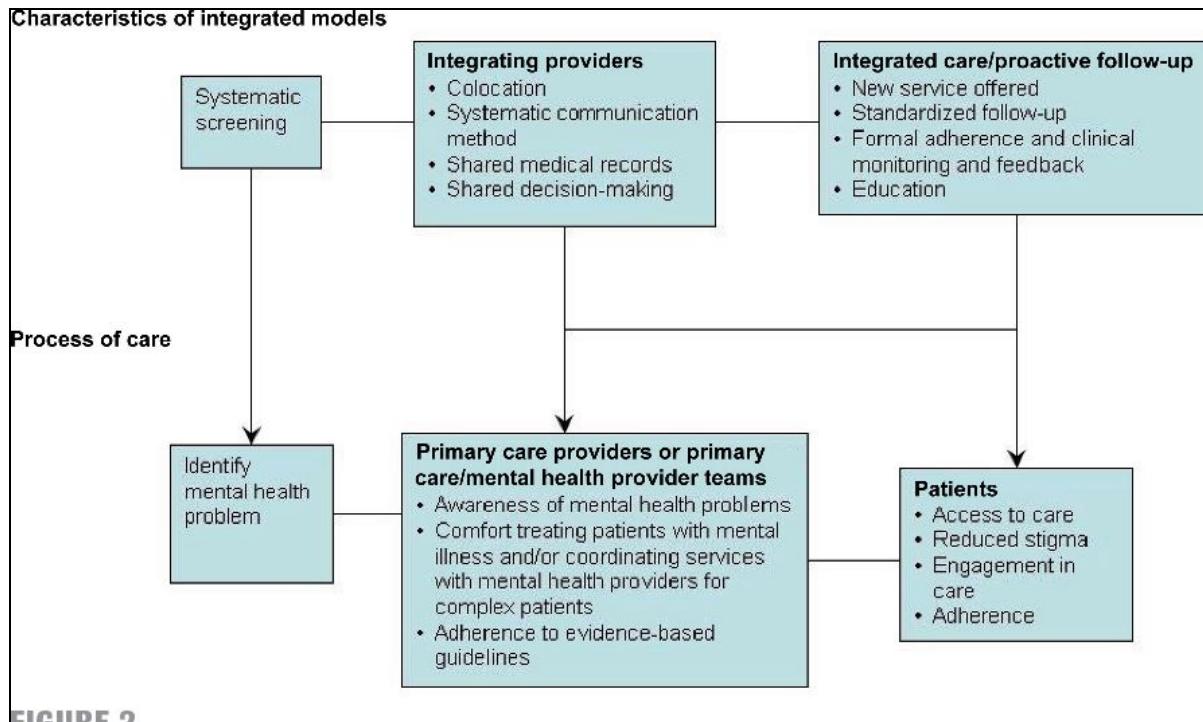


FIGURE 2

The above chart, although focusing on mental health conditions in children, is a good representation of how services are provided in a behavioral health home setting (*Applying the Chronic Care Model to Children with Mental Health Conditions*, 2010). The diagram notes access, engagement and adherence to care as a feature, but does not include a mechanism for how that would happen; in current behavioral health home models the care management/peer support function is considered essential to achieving access and retention goals.

Most of the literature related to integration of behavioral health and general medical care over the last 20 years has focused on mental health conditions, which is reflective of the enduring societal stigma toward substance use disorders and the reluctance to include them in behavioral health care. The prevailing lay belief that substance use disorders are actually not a medical condition but rather, a set of bad choices, is so pervasive that it has affected the willingness of general medical providers to even consider treating SUDS as they would other chronic conditions.

The importance of “mainstreaming” addiction treatment into general medical care is well stated in the Surgeon General’s Report on Alcohol, Drugs and Health (<https://addiction.surgeongeneral.gov/vision-future/time-for-a-change>): “*This separation of substance use disorder treatment from the rest of health care has contributed to the lack of understanding of the medical nature of these conditions, lack of awareness among affected individuals that they have a significant health problem, and slow adoption of scientifically*



supported medical treatments by addiction treatment providers. Additionally, mainstream health care has been inadequately prepared to address the prevalent substance misuse-related problems of patients in many clinical settings. This has contributed to incorrect diagnoses, inappropriate treatment plans, poor adherence to treatment plans by patients, and high rates of emergency department and hospital admissions.”

Current Efforts to Address Unmet Need

Over the last several years Shoreline has employed several interrelated strategies as a means of preparing the agency to evolve into specialty behavioral health in a general healthcare context:

- **Treatment System Transformation:** Specialized clinical training from Georgia Educational and Counseling Services. This training has been used to shift clinical practice at Shoreline from a “lecture discussion” model that evolved out of ADSAP educational groups, to a process oriented group that is designed to engage clients emotionally as early as possible in the treatment episode and also integrates physical activity through our Adventure Challenge Course. This has greatly improved client engagement and retention in services, and staff clinical skills are maintained through a clinical onboarding process and “communities of practice” that involve clinicians at other 301 agencies.
- **Prioritized Services to High Risk Populations:** In 2007, almost three quarters of the population receiving services were referred through the ADSAP program. Most of the service delivery to this population has been either educational programming or “Level I” treatment. As ADSAP admissions began to shrink across the state, SBHS has been working with area referral sources, particularly DSS Child Protective Services, to bring in more women and families with substance use disorders into treatment at a critical juncture in their lives. In FY 2015 for example, we had admitted **174** clients referred from DSS by early May; during the same time period in FY 2019, we have admitted **448** clients, an increase of **157%**. This has more than compensated for the drop in ADSAP referrals, has substantially increased Medicaid revenues and has shifted the client population to those who are higher risk in terms of the severity of the illness and arguably in greater need of help due to the potential consequences to the family.



The new bridge to the Challenge Course



- While women and families with young children have been one priority, we have also aggressively targeted services to another SAMHSA priority, individuals engaged in injection drug use and more generally, clients with Opiate/Opioid Use Disorder. These clients are in need of medication assisted treatment and other targeted strategies to reduce the risk of accidental overdose. Our aggressive pursuit of resources to provide life-saving medications to this population is one of the primary motivators for seeking to integrate medication assisted treatment and medical care into our service matrix. As a result of these efforts to bring clients into service, combined with the increased demand from the evolving opioid use epidemic we have gone from **140** admissions (July- May) in FY 2015 to **580** admissions thus far in FY 2019, an increase of **314%**.
- **Peer Support and Intensive Case Management:** Behavioral health home services are also designed to be supported by case management activities that promote engagement and retention in services and also provide education and support in chronic disease self-management to individuals with impaired self-management skills. We began this initiative three years ago by hiring a single peer-support case manager to provide these services to the emerging population of opioid dependent clients. At that time, it became apparent that our system did not move rapidly enough to keep proper track of OUD clients that were dropping out of treatment.

Historically, a “two week letter” was sent when someone no-showed a group session asking if the client was still interested in services. Now, when a high-risk (usually opioid dependent) client doesn’t show up as expected for an appointment or group session, Peer Support Specialists are making phone contact within 24 hours and if unresponsive by phone making visits to the home as necessary. Over the course of the next fiscal year we are intending to train and utilize peer support specialists in providing chronic disease management skills development and related wellness activities corresponding to the particular health risks identified both for the population and individually. It is intended that peer support specialists will become increasingly involved in the intensive care management activities necessary for behavioral health homes to function effectively.

- **Transitional Care from the Hospital to the Community:** Over the last two years, Shoreline has partnered with MUSC to provide a service that identifies ER patients with opioid use disorder that are appropriate for single dose induction on Suboxone, to be followed up within 24 hours by behavioral and medical personnel in the community. Prior to our participation, the patient navigators were not certified peer support specialists but clinicians without a peer support background. This was an innovation that was initiated at Shoreline and has since become the standard across the state for patient navigators under the MUSC initiative. SBHS currently employs 10 peers in a rotation at two local hospital emergency rooms, 2 peer support specialists at our Wise Road location and another at our integrated medical practice (co-located with SC Primary Care Specialists)



in the Forestbrook area of Myrtle Beach. These staff members provide follow-up for fast track patients and regularly communicate with the 7 Peer Support Specialists at Grand Strand and Tidelands emergency rooms, in addition to managing the population of MAT clients in treatment.

- **Low-Barrier Entry Into Services:** In 2007, it became apparent, based on the numbers on waiting lists combined with the much lower numbers that actually showed up to appointments, that appointment-based entry into service was not viable for the population seeking SUDS treatment. Over the course of several years, SBHS experimented with various models of bringing clients into treatment. Each model has strengths and weaknesses and after a period of experimentation, the agency settled on a “clinic” style model of open access care. The clinic style makes no initial appointments for intake or assessment and instead invites clients to present on demand for help during certain hours.

The upside of a clinic style intake system is that clients can come for help immediately without waiting for an appointment or being on a waiting list; the downside is it becomes impossible to predict how many assessments need to be done on any given day, resulting in “bottlenecks” and long waits to be seen. Currently, Shoreline averages about 20 intake/assessment sessions a day and we continue to experiment with strategies to lower the wait time for these on-demand assessments.

- **Access to Medication Assisted Treatment and Primary Care:** The key to the development of integrated behavioral health and medication assisted treatment/primary care is having a relationship with a medical provider who understands the unique treatment needs of individuals addicted to heroin and/or other opioids. Local experience suggests widespread resistance among primary care providers to providing this type of care and if they do, discontinuing treatment to clients whose compliance is intermittent.

While over 1,000 waivered providers exist in the Myrtle Beach metropolitan area, there are only six with a significant MAT practice known to SBHS. Our local FAVOR chapter also reports the same thing, that their consumers only access a few different providers, the largest being Shoreline’s integrated practice in Foresbrook. SBHS is similar to most of the other 301 providers across the state in the difficulty in finding medical providers that will work with SUDS patients and in particular providers that would accept any financial risk. Some physicians are willing to provide medical services but only if paid by commissions up front, leaving the commission to bear the full cost of any needed medical treatment.

The low level of medical interest in this population, combined with the unwillingness to share in the financial risk of providing services has been the most significant barrier over



the years to the integration of SUDS treatment and medical care, at least for those agencies that recognize the value of integration but have not been able to employ their own physicians. Therefore, it is truly a lucky accident the agency was introduced to Ohio Valley Physicians Group a little over two years ago.

OVP started as a provider of contracted emergency room medical staff to local hospitals in the Huntington, West Virginia area. Over the years, due to the burgeoning opioid epidemic in the Huntington area, OVP began to provide medication assisted treatment and developed a CARF accredited integrated practice in that area. We were introduced by our lab, Mako Medical, who also provides services in that area. For the first time, we came into contact with a medical provider who not only understood and willingly served the SUDS population, but was also willing to co-locate with us in Forestbrook and share the financial risk of providing services to this multi-problem low-income or indigent population.

In the two years since co-locating at Forestbrook, Shoreline has been the sole referring facility for MAT and we have admitted over **600** patients, over 400 of whom are still active.

SBHS has also assisted

OVP in writing a

successful proposal to expand services to multiple 301 sites across the state and will be providing support and technical assistance as a “hub” site to surrounding agencies that are implementing a framework of health home services.



Proposed 4,000 sf addition for Outpatient and Medical Svcs



- **Development of a Rural Health Clinic at the Conway Site:** The staff of Shoreline have grown from 35 in 2007 to over 70 as of FY 2019. In addition to a lack of space at the Wise Road location, the residential program operating out of Bell Street in Conway has been inadequate and overcrowded for some years as well. The Bell Street building was converted from a residence built during the 1930s and has had problems with asbestos and mold over the years. As early as 2014, the need was identified at first to expand the women's program to 16 beds and construct a facility that would be a safer and more appropriate space for a residential program. It was also clear that outpatient services had outgrown the Wise Road space resulting in doubling up staff offices and renovating office space into cubicles in order to create space. SBHS had been requesting state funds indirectly through BHSA and also through local legislators. A request was initiated in FY 2018 in the amount of \$2,000,000 to support the construction of 15,000 square feet of residential and outpatient space.

During the first quarter of FY 2019, SBHS received \$650,000 toward construction costs, which led us to design an outpatient and medical services addition to Wise Road. Surprisingly, more than 60% of the current MAT patients live closer to the Conway area than to Myrtle Beach. Because the funding was not enough to support the full request, this plan still left an inadequate structure housing the Women's Recovery Center and while working on the addition we were also discussing the need for additional funds in order to solve both problems.



SBHS Plan with Free Standing Medical, Outpatient and Residential (15,000 sf)

We intend to start the building process in early FY 2020 and now have two different building strategies that will be based on funds available through DAODAS/Legislature. The first is a relatively modest addition to provide space for co-located behavioral health, MAT and primary care structured as a health home/rural health clinic; the second is a more recently conceived plan to build or otherwise purchase 15,000 square feet as originally intended but using less expensive, prefabricated structural materials and building on property that is adjacent to SBHS.



Update on efforts and actions described in FY19 County Plan:

Medication Assisted Treatment: In light of the declared federal and state emergencies in respect to the country-wide opioid use epidemic and resulting accidental deaths, our most important strategic effort from our 2019 Strategic Plan has been priority #1, **IV Substance Users and Opioid Dependent Prescription Medication Users-MAT Services.** In FY 2019, the patients at Little River Medical Center stayed largely flat. The small number of patients in service for MAT were largely seen by LRMC behavioral health staff so by mid-FY, a decision was made to discontinue onsite behavioral health staff provided to LRMC. At the same time, referrals to SCPCS grew rapidly; the difference in referral rates reflects the ease of access in getting clients seen and the willingness by medical staff to work with clients that were, at least initially, non-compliant.

By the end of 2018 there were **256** client admissions to SCPCS and as of May of FY 2019 there have been **316** admissions, totaling **572** since the program began in August of 2017. *With over 300 active clients, this partnership makes Shoreline's integrated practice currently the largest commission based OBOT MAT provider in the state.*

Narcan Distribution: The Narcan project began in the 1st quarter of FY 19. Narcan was available for OUD clients identified as indigent as well as caregivers of clients with opioid use disorders. Each client and caregiver that successfully registered and completed the Narcan training received one dose of Narcan. The clients and caregivers had to sign up for the training one week in advance in order to place the order to DHEC. The barrier to getting Narcan in the hands of clients and caregivers immediately was taken away with the passing of the Community Distribution Law in Spring 2019. This law allows clients who are identified as high risk for overdose, that do not have insurance, to receive Narcan immediately.

We no longer have to place an order through DHEC and provide a full training in advance of the client receiving Narcan. Along with the clients receiving Narcan, the law now allows for concerned community members to receive doses of Narcan as well. In total there have been **75** Narcan kits distributed since the initial implementation in early FY 2019. With the new protocol being implemented we are hopeful that many of the barriers have been eliminated and Narcan distribution will significantly increase.

Emergency Department Fast Track Project: This project, beginning in March of last year, has recently been renewed for a second year by MUSC. Per MUSC requirements, our goal was to provide ER dosing and immediate medical appointments for 100 clients in the first year of the project; 127 patients have been seen from March 2018 thru November 2018. 189 patients have been enrolled since the project started in March 2018 thru May of 2019, one of the highest rates of referral in the state.



Department of Juvenile Justice Integration Project: SBHS has had a liaison located at DJJ for several years, beginning around the time that we began a similar project with DSS. The DSS project has been highly successful, but referrals to DJJ began dropping last year and the trend has continued into FY 2019. It appears that DJJ has a private provider that provides mental health, substance use disorder (generalist), RBHS services, and can also provide in-home services. It has been determined that we can't easily compete with that wide a range of services from a single provider; we continue to encourage referrals from DJJ but can no longer justify an "in-house" liaison and discontinued the service in the third quarter of FY 2019.

We will be using the staff time that had been going to DJJ, to provide onsite services at the Horry County Education Center, also known locally as the "Alternative School". This is another means of increasing referrals of at-risk adolescents, as children in the DJJ and child welfare systems represent a high population of referrals into the school.

Services to Pregnant Women and Women with School Age Children: The nurse practitioner position we were intending to hire in FY 2019 that we were in the beginning negotiations with at the time of writing last year's plan did not work out; the NP was hired at OVP but never got to full time and left after a short time working with us. We are currently cost sharing a position with OVP but have not been able to put in place the behavioral health services that had originally been intended.

The NP we had intended to use had unique behavioral health qualifications and OVP has not been able to find another NP with MH and SUDS certification. The position we are cost sharing provides services to the Women's Recovery Center and to the over 300 women in the system with Opioid Use Disorder. We intend to use that FTE in FY 2020 to provide services onsite at the Wise Road location in the medical office OVP has set up for this purpose.

Other Strategies in this group are:

- **Trauma Focused CBT:** We have two clinical staff that have successfully completed this training and received certification. This is a model used with children that have experienced trauma and are in need of intensive services. The model is implemented over the course of 10-12 weeks and involves the client's caregiver to be a part of the sessions and actively engage. Using this with children and adolescents that have experienced trauma has proven to be very effective. This is being done with children that are identified as being appropriate candidates for this model, commonly with DSS referrals, given the traumatic events associated with this population.
- **Adolescent Community Reinforcement Approach:** As of April, 2019 one full supervisor certification and one basic certification have been achieved. The ACRA model has proven to be very effective with many of our clients. Once the 2nd supervision



certification (total of 3 certified staff) is completed, we will have the ability to internally certify and other clinical staff will become trained to use this model with their clients. ACRA can be used in a group format as well as individually. The benefit of this model is working with the client where they are in their recovery and encouraging family engagement, skill-building and client resiliency.

- **DSS Supervised Visitation:** We have worked to increase the amount of supervised visitation that we do here at Shoreline over the past fiscal year. Our Shoreline DSS clinical liaison has helped to facilitate these visitations and conducts them at Shoreline, often with the use of our observation room. In FY18 the number for supervised visitations was 4, which increased to 10 visits that have occurred so far in FY19.

Telehealth: Telehealth in FY 2019 turned out to be more of an OVP project than a Shoreline initiative, but we provided support and assistance to OVP to roll out telehealth for MAT and have also been the primary point of contact for MUSC maintaining statewide telehealth site data for reporting to the South Carolina Board of Medical Examiners. SBHS Telehealth equipment was installed at Forestbrook and using existing equipment at remote sites across the state, MAT visits were offered and provided at multiple rural sites, totaling over 100 MAT clients across 4 counties, Berkeley, Kershaw, Florence and Horry. In some cases, it involved covering clients usually seen individually when an onsite practitioner was unavailable (Horry County covering Florence County or Florence covering Horry depending on provider availability). Over 60 new MAT clients were seen in Kershaw County alone, after an initial face to face medical intake session.

Because telehealth continues to be a non-billable service on the behavioral health side, it is largely driven by the medical services. While we will continue to work on the statewide development of telemedicine services for clinical and peer support, we will not continue it as a critical issue to be tracked in FY 2020. All of the benchmarks for this initiative were met in FY 2019 (75 or more clients seen in Horry and other counties and the development of 6 sites, 3 in Horry County and 3 outside Horry).

LGBTQI-A+ Population: Although all the strategies listed for implementation were employed in FY 2019, a specific treatment group for this population has not yet been created. Determining demand for the service is difficult, as LGBTQ clients may prefer not to disclose sexual orientation when seeking services and may not want to be identified by attending an LGBTQ specific group, as stigma toward this population remains high. Responses to surveys have also been poor and have not provided any information about local demand for these services. While we will continue with the staff training and awareness raising activities and also continue to work to determine demand for LGBTQ specific sevices, we will not continue to document this as a critical issue for tracking purposes.



Treatment System Transformation: In early FY 2019, it became clear that the statewide training offered by DAODAS, utilizing the Georgi's BPSSEM core knowledge base, combined with a modified version of an evidence based practice known as Interpersonal Group Therapy (MIGP), would not be sustainable as a DAODAS based training and certification system. It was agreed that to be sustainable, the commissions needed to take full responsibility for implementing an organized system of training and ensuring fidelity of clinical staff to this model.

Approaching the end of FY 2019, we are reaching the final year of a cohort based system of training staff. Going forward, it will be up to commissions to sustain a standard of practice that has emerged from the last several years of statewide training to foster consistency across the system, ensuring that a client seeking service in multiple locations across the state will receive a similar product.

Shoreline currently has the largest number of staff certified in MIGP and trained in BPSSEM in the state. We have implemented an onboarding process for new staff that ensures consistency in group treatment, which is the foundation of our clinical approach. Going forward, we will switch from a *certification* system to a *privileging* system, which will allow existing staff to privilege new staff to provide MIGP based groups. This approach should allow Shoreline, and other commissions already committed and interested in providing this level of consistency in treatment, to create a *self-sustaining* system that will ensure that groups provided are based in clinical evidence and are provided consistently, at least amongst those commissions that are working together to provide a shared standard of care across the system.

Given that we have fully internalized a system through which we will implement the clinical standards that inform how group treatment is offered to our clients, we consider this multi-year institutional goal to be largely complete, and accordingly, will not be further tracked via the ‘critical issues’ process.

Opioids: During FY19, Shoreline was able to place the remaining drop boxes that were purchased—which totalled 10 dropboxes being placed in Horry County. One pharmacy closed recently, which means that dropbox will need to be placed elsewhere. There has been many print materials made and distributed on the dangers of opioids and overprescribing, along with other educational material on opioids and prescription pills. The Just Plain Killers social media posts and website have also been shared on Shoreline’s social media outlets. There were multiple prescription take back events, including one on National Take Back Day. During this event, Myrtle Beach Police Department worked with Shoreline to take back 24,500 pills. Conway Police Department also held an event and accepted medications. There have been multiple speaking engagements where information was provided on opioids, medication disposal, prescription drugs, overprescribing, and more.



Alcohol: During FY19, everything went according to plan for alcohol enforcement. Bar checks, compliance checks, party dispersals and media awareness goals were met or exceeded for Horry County. There was difficulty getting all goals met in Georgetown county, as there has been a lack of resources available in law enforcement to assist. Presentations, health fairs, and media distribution goals were met or exceeded. The ropes course has been very effective in providing a resource to youth in the community for an alternative activity. The plan is to have an even better system of information dissemination on drugs and alcohol during every session for youth for the next fiscal year on the ropes course. The merchant education program at Shoreline has seen the most participants that it has seen in years. Since the development of a relationship with the solicitor's intervention office, referrals have been coming in on a regular basis for those that have violated and sold alcohol to minors. We have also seen an increase in participants with referrals coming from establishments in North Myrtle Beach. The North Myrtle Beach Department of Public Safety has been coordinating these trainings, and have also been participating in the PREP training themselves (in an effort to be able to provide to their establishments in the city limits).

Tobacco: Shoreline's tobacco plan has gone accordingly, with progress on information dissemination and the annual SYNAR study. Shoreline also was able to conduct tobacco compliance checks. One tool that Shoreline has found value in is the data collection from the Counter Tools study. This tool has allowed the prevention department to gather data from a study that was done with outlets that sell tobacco in Horry County. For FY20, the department plans to expand its dissemination of education on tobacco in Horry County.

Marijuana: In FY19, Shoreline planned to give out information on marijuana via speaking engagements, the ropes course, and through social media. This was done accordingly.

Increased Capacity: During FY19, the prevention department went through several position transitions and should be fully staffed by the end of FY19. The department has made progress on developing community relationships, which has increased membership for the CAST Coalition, the Women's Advisory Board, the Youth Advisory Board, and other important partnerships for the agency as a whole. Prevention staff attended trainings on a regular basis and two received their Certified Prevention Specialist certification.

Capacity

Shoreline Behavioral Health Services has the capacity to provide many services in Horry County, which is reflected below. Shoreline has three areas of capacity building that will be highlighted: staffing, partnerships, and training.

One of Shoreline's strongest areas of capacity is staffing. Shoreline recruits and hires highly qualified personnel in order to implement effective treatment and prevention strategies. The treatment department seeks out qualified individuals who have master's level degrees for



counseling services or are certified peer support specialists. Counselors are also required to obtain various levels of certifications, including the following: Certified Addiction Counselor, In-Process and Certified Addiction Counselor I and II. Shoreline's treatment team has several licensed clinicians such as Licensed Marriage and Family Therapist, Licensed Professional Counselor, and Licensed Social Worker.

Shoreline's administrative department houses a strong team who ensure that all financial components (to include billing, grants management, etc.) are followed according to state and federal standards. This team also manages the daily operations of the agency, ensuring everything runs as smoothly as possible.

Shoreline's prevention department consists of bachelor's level prevention specialists, including two Certified Senior Prevention Specialists, two Certified Prevention Specialists, one Ropes Course Manager (Level II Certification +), and one prevention specialist who is in-process.

Shoreline also partners with OVP Health in order to provide Medication Assisted Treatment Services. This group specializes in providing medication assisted treatment, specifically Buprenorphine, to assist in combating the opioid epidemic. In August of 2017, Shoreline co-located with South Carolina Primary Care Specialists, which is a division of OVP. The office is conveniently located in the Forestbrook area of Myrtle Beach, allowing for easy access to better serve the needs of our clients. Currently there are over 250 clients receiving MAT services at SCPCS.

Another strong area of capacity is community relationship development. The agency has partnerships with the following agencies: DJJ, DSS, DHEC, Horry County Sheriff's Office, Horry County Solicitor's Office, Horry County School District, Coastal Carolina University, FAVOR, Grand Strand Medical Center, Little River Medical Center, Horry County Sheriff's Office, Tidelands Waccamaw Community Hospital, MUSC, Conway Police Department, the Horry County CAST Coalition, 15th Circuit Solicitor's Office (including the intervention office), local businesses, local pharmacies, local doctor's offices, and more. These partnerships allow Shoreline to provide services to many different people throughout Horry County who could otherwise go untreated/uneducated.

The last area to highlight in regards to capacity building is training. All staff at Shoreline stay current with trainings on HIPAA, 42CFR, agency procedures and protocols, NARCAN administration, and more.

Shoreline provides all clinical staff with trainings for effective counseling services. Staff are trained in the following areas: BPSSEM, ACRA, MIGP, Motivational Interviewing, and TREM.

Shoreline's prevention department utilizes several grants to fund attendance at national conferences, to include NADDI, the National Rx Drug Abuse and Heroin Summit, the Governor's Opioid Summit, CADCA, CADCA Mid-Year, Lifesaver's, and more. The prevention department takes advantage of any local or state trainings made available by other regions or by DAODAS.



Shoreline also opens up these training opportunities for coalition members, partner agencies, and other regions (as appropriate).

While Shoreline has strengths in the area of relationship building, staffing, training and the amount of services provided to the community, there is a need for capacity building in the following areas:

Hiring qualified staff is important to Shoreline, but the need for more staff to provide services is evident. Currently, Shoreline is in need of 4 counselors in order to provide the services needed to all who currently come through Shoreline's doors. Shoreline currently sees over 100 clients daily, and some have to be turned away because of the lack of personnel available to provide counseling/treatment. It is imperative that one of the counselors that is hired is fluent in Spanish so that Shoreline can provide quality services to the Latino/Latina population.

Shoreline also needs more physical space to provide services. Currently, a large portion of staff are doubled-up in offices or are utilizing cubicles. This means that Shoreline has exhausted all available space to provide services and simply can't do more in the space available. Shoreline plans to expand to a campus-style agency by building onto the property and surrounding properties. In order to do this, Shoreline needs more construction funding. Shoreline will also need more staff to fulfill the needs of services.

In an effort to expand into a community health home, Shoreline will become integrated with OVP Health at the Wise Road location. An office has been outfitted to begin serving MAT clients at the Wise Road location. The plan will be to expand additional services over the course of the next fiscal year to treat other health conditions.

Service Plan Worksheets

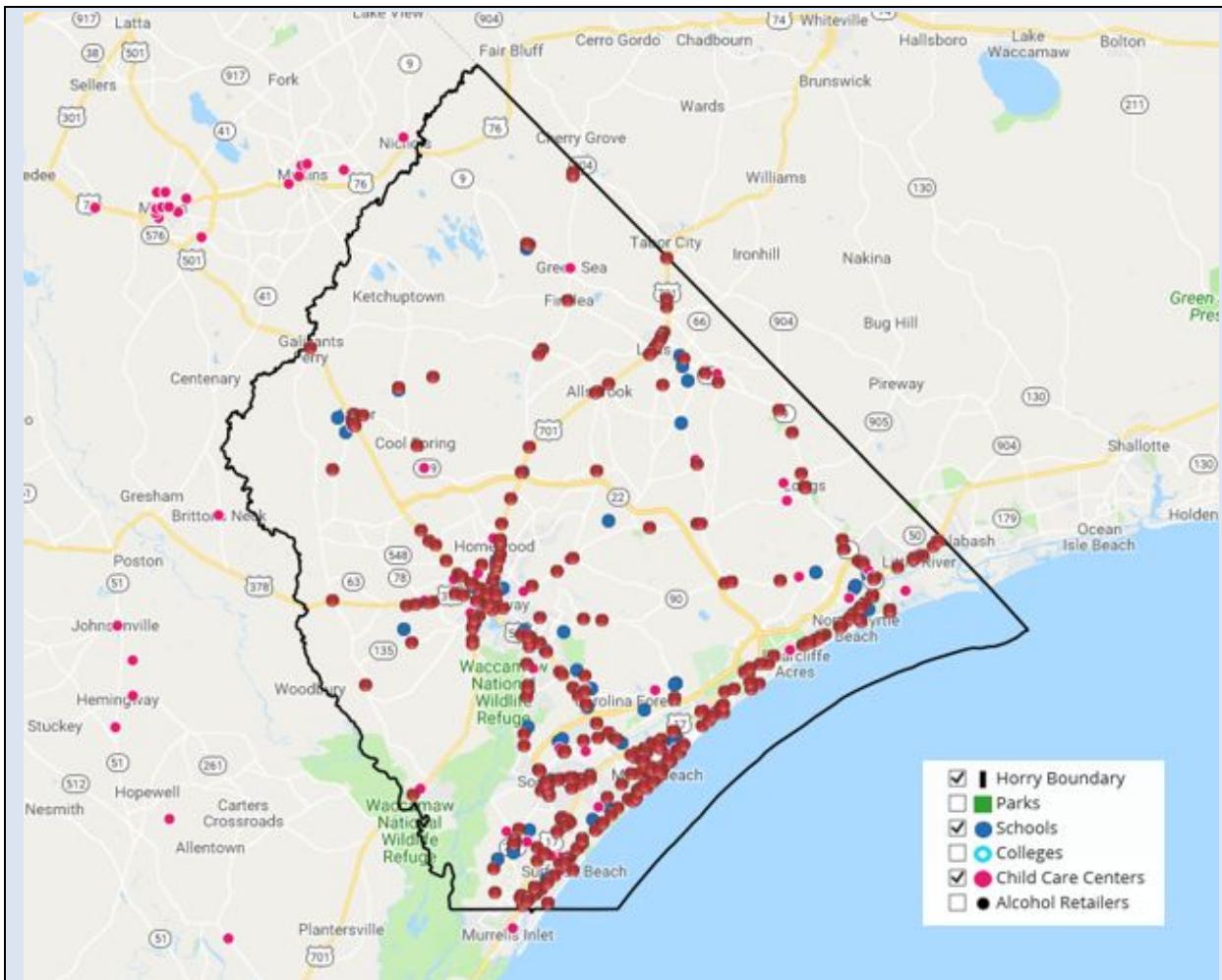
Priority Service Plan Worksheet	
#1	Priority Area: Tobacco
Need Statement: (Specific qualitative and quantitative data [with sources cited] that helped identify this priority.)	
According to the 2018 County-Level Profile for Horry County, 57% (1,100 clients per Crystal reports) of people in treatment are current tobacco users and 48% have tobacco as a primary or secondary diagnosis. At Shoreline, fully two-thirds of the population of active clients are current tobacco users. In order to provide holistic health services on a health home model, SBHS will focus more directly on related health problems such as tobacco use, communicable disease and chronic physical and mental diagnoses.	
The FY18 CTC Survey reflected the following:	



- 16% have used cigarettes in their lifetime
- 26% have vaped in their lifetime
- 18% have smoked cigars in their lifetime
- 16% are currently vaping
- 58% believe it is easy or sort of easy to obtain cigarettes
- 61% believe it is easy or sort of easy to obtain e-cigarettes or vaping pens
- 29% have bought cigarettes in a store
- 20% borrowed cigarettes
- 18% gave someone money to buy cigarettes for them
- 38% borrowed vapes
- 18% bought vapes from a store
- 43% believe there is no risk or only a slight risk of harm from vaping

According to data collected from counter tools:

- Horry County has 9 cities that have over 50% of tobacco retailers within 500 feet of other tobacco retailers
- 63% of tobacco retailers are within 1,000 feet of parks and/or schools in Aynor
- Surfside Beach retailers had a fail rate of 67% of sales to minors in 2018
- Horry County cities/towns have high density reports that are above the national average, including Aynor, Loris, Myrtle Beach and Surfside



Goal: (SMART goal that is specific, measurable, achievable, result-focused, and time-bound and clearly reflects the priority and the data stated above to justify it as a priority.)

Prevention: To reduce underage tobacco use by youth in Horry County by 5%.

Treatment: 95% of active clients will receive tobacco education and information on cessation options.

Strategies: (List specific strategies that the agency plans to implement to achieve the identified goal.)

- Provide education for all clients during the assessment process of tobacco use disorders and associated health risks and consequences.
- Provide referrals to appropriate smoking cessation intervention resources.



- Partner with Ohio Valley Physicians Health staff to provide smoking cessation materials and interventions for medication assisted treatment clients.
- Aim to reduce amount of time WRC residents spend using tobacco products by limiting the amount of time spent smoking.
- Information Dissemination-provide educational information through presentations on tobacco/vaping
- Information Dissemination-provide educational information through brochures to community members
- Environmental-Conduct tobacco compliance checks in Horry County
- Alternative Activity-provide ropes course sessions as an alternative activity
- Environmental-Conduct PREP trainings for merchants that sell tobacco

Performance Indicator(s): (Answer how you will measure/track progress toward reaching the above goal by developing one or more specific, measurable, achievable, result-focused, and time-bound process- or outcome-focused objective[s] linked to each strategy being implemented.)

- Out of the clients that receive treatment services, 95% will receive educational material on tobacco use and associated health risks and consequences.
- Of the clients at Shoreline that received educational material on tobacco use, 100% will be referred for smoking cessation intervention options in FY20.
- Of the clients who receive MAT services though OVPH, OVPH will report that 95% of clients are offered smoking cessation options in FY20.
- Staff at the WRC will implement limited designated smoking times for clients to 4 times a day during FY20 at our residential facility.
- Presentations about vaping will increase by 100% during FY20 in Horry County.
- 300 brochures will be disseminated to community members on the dangers of smoking/vaping during FY20 in Horry County.
- Surveys collected during tobacco compliance checks will maintain a 98% compliance rate or higher during FY20 in Horry County.
- According to the survey that will be administered to youth at the end of each ropes course session, 75% of youth will agree that tobacco is harmful in FY20 in Horry County.
- According to the PREP Certification Test, 95% (or more) of participants will be able to identify the minimum age to purchase tobacco products in South Carolina during FY20 in Horry County.



Performance: Baseline Measure(s): (Provide current measurement for each above-listed objective that is targeted for change.)

- During FY19: There were 0 clients who received educational information on health risks and consequences associated with tobacco use.
- During FY19: There was 1 client referred for smoking cessation options from Shoreline.
- During FY19: OVPH provided 0 smoking cessation options for clients that receive MAT services at Shoreline.
- During FY19: Clients at the Women's Residential Facility were allowed 10 opportunities for smoking breaks.
- During FY19: There were 0 presentations containing a large section of vaping in Horry County.
- During FY19: There were 0 brochures disseminated specifically for smoking/vaping in Horry County.
- During FY19: There was a 98% compliance rate during tobacco compliance checks in Horry County.
- During FY19: There were 0 surveys distributed with the tobacco question and response in Horry County.
- During FY19: 99% of participants were able to identify the minimum age to purchase tobacco products in South Carolina for Horry County (from PREP test).



Performance: Target Outcome(s): (Estimated targeted change using discrete numbers where appropriate that are directly reflective of the process or outcome performance indicators and their linked baseline measurements.)

- The amount of clients receiving smoking cessation educational material will increase by 95% (1,935 clients) at Shoreline in FY20.
- The amount of clients receiving smoking cessation referral options will increase by 100% (1,935 clients) at Shoreline in FY20.
- The amount of clients receiving smoking cessation options from Ohio Valley Physicians Health will increase to 130 clients in FY20. This is 50% of current active MAT clients.
- Decrease the amount of women that smoke/vape at the Women's Recovery Center by 20% (10 clients currently smoke/vape and we want to reduce that to 8 clients).
- Decrease lifetime cigarette use among youth in Horry County by 10% (16% have had lifetime use and we want to reduce that to 14%).
- Decrease lifetime vaping among youth in Horry County by 10% (26% have vaped in their lifetime and we would like to reduce that to 23%).
- Decrease the amount of youth that are current cigarette users in Horry County by 10% (6% are current tobacco users and we would like to reduce that to 5%) .
- Decrease the amount of youth that are currently vaping in Horry County by 10% (16% currently vape and we would like to reduce that to 14%).

Performance Data Collection: (Discussion around data-collection strategy along with any anticipated data issues)

Client related data is collected from Crystal Reports, CareLogic, and OVPH reports. This data will continue to be collected and analyzed. There are no anticipated data issues moving forward.

CTC Survey-The agency will continue to participate in the CTC survey data collection from the Horry County School District. The Prevention Director will review data, analyze, and utilize for reports, tracking, etc. This survey will be conducted again in 2020.

Compliance Check Data-This data will be collected from each operation and show buy/compliance rates. This will be collected by the AET Coordinator and entered into the AET/IMPACT reporting systems.

PREP-The fidelity checklist will be filled out (which includes test scores and response data) and reported to DAODAS through mail and the IMPACT system.

Counter Tools Data-This is data that has already been collected, but further analysis and utilization of the data can occur over the next fiscal year.



Priority Service Plan Worksheet	
#2	Priority Area: HIV/Hep C
Need Statement: (Specific qualitative and quantitative data [with sources cited] that helped identify this priority.) According to the 2018 County-Level Profile for Horry County, Horry County has high rankings in both the HIV rate and Hepatitis C rate (40/46 and 44/46 respectively), when compared with other counties in the state.	
Goal: (SMART goal that is specific, measurable, achievable, result-focused, and time-bound and clearly reflects the priority and the data stated above to justify it as a priority.) Increase number of Shoreline clients that receive HIV and Hep C testing from CareTeam by 100%.	
Strategies: (List specific strategies that the agency plans to implement to achieve the identified goal.) <ul style="list-style-type: none">● Provide educational material at health fairs on HIV and Hepatitis C● Shoreline will set up presentations through CareTeam for clients to receive educational information on HIV and Hepatitis C● Shoreline will coordinate with CareTeam to provide testing opportunities for clients at Shoreline● Through coordination with CareTeam, all staff will receive regular trainings on HIV/Hep C.	
Performance Indicator(s): (Answer how you will measure/track progress toward reaching the above goal by developing one or more specific, measurable, achievable, result-focused, and time-bound process- or outcome-focused objective[s] linked to each strategy being implemented.) <ul style="list-style-type: none">● During FY20, there will be a 100% (100 brochures) increase in the amount of brochures being distributed during health fairs in Horry County on HIV and Hepatitis C during FY20● During FY20, there will be a 100% increase in the quarterly HIV/Hep C presentations that will be provided to all clinical groups by CareTeam at Shoreline.● During FY20, There will be a 100% (25 clients) increase in the amount of HIV/Hep C testing that CareTeam will conduct for clients at Shoreline.● During FY20, there will be a 100% increase for in-person trainings for staff on HIV/Hep C education.	



Performance: Baseline Measure(s): (Provide current measurement for each above-listed objective that is targeted for change.)

- There were 0 HIV/Hep C brochures distributed at health fairs in Horry County in FY19.
- During FY19, there were 0 presentations provided to clinical groups by CareTeam for HIV/Hep C.
- During FY19, there were 0 testing opportunities provided by CareTeam for HIV/Hep C.
- During FY19 there were 0 in person trainings for staff on HIV/HEP C.

Note: Shoreline did provide testing and presentations through its HIV Coordinator, but this position will no longer be available during the next fiscal year.

Performance: Target Outcome(s): (Estimated targeted change using discrete numbers where appropriate that are directly reflective of the process or outcome performance indicators and their linked baseline measurements.)

- During FY20, there will be a 100% (distributing 100 brochures) increase in the amount of HIV and Hepatitis C brochures distributed in Horry County.
- During FY20, 25 treatment groups at Shoreline will receive presentations on HIV and Hepatitis C by CareTeam.
- During FY20, 25 clients will receive HIV or Hepatitis C testing from Careteam at Shoreline.
- During FY20, 100% of staff will receive HIV/HEP C training provided by Careteam.

Performance Data Collection: (Discussion around data-collection strategy along with any anticipated data issues).

Client related data is collected from Crystal Reports, CareLogic, and OVPH reports. This data will continue to be collected and analyzed. There are no anticipated data issues moving forward.

The county level profile will be reviewed yearly in order to monitor changes in data.

Priority Service Plan Worksheet

#3 **Priority Area:** IV Drug Use and Opioid Use

Need Statement: (Specific qualitative and quantitative data [with sources cited] that helped identify this priority.)

- According to the 2018 County-Level Profile for Horry County, Horry County had a high injection use rate when compared with the rest of the state, ranking 40/46.



- According to the 2018 County-Level Profile for Horry County, Horry County ranked 44 out of 46 in South Carolina in regards to opioid overdose related deaths. Horry County ranked 45/46 in South Carolina for having a high rate of opioid overdose related hospitalizations and ED visits. Horry County also has a high opiate use rate of 35% for primary or secondary diagnosis, which ranks 43/46 in the state.
- According to the Emergency Medical Services Naloxone Administration and Overdose Reversal Report, Horry County ranked #2 in overdose reversals, with 489 reversals between March of 2018 and February of 2019.
- Between 2015-2017, the SLED Forensic Lab Submissions reported the following:
 - 75% Increase in heroin use
 - 730% increase in Fentanyl/Analog use
- In 2017, the number of opioid prescriptions filled in Horry County are as follows:
 - 2017-
 - Recipient Count- 87,437
 - Rx Count- 334,858
 - QTY Dispensed- 24,399,501
 - Who is most at risk for overdose death?
 - 2017 Statistics/Horry County
 - 60% male, 40% female
 - 88% Caucasian
 - 60% between the ages of 25 and 44
 - 75% between the ages of 25 and 55
 - 2018 Stats compared to August 2017
 - Projected Overall overdose deaths are down 15%
 - Currently; Fentanyl/Analog overdose deaths are up 21%

Goal: (SMART goal that is specific, measurable, achievable, result-focused, and time-bound and clearly reflects the priority and the data stated above to justify it as a priority.)

To reduce opioid use by youth in Horry County by 10% by integrating prevention educational services and treatment surrounding the opioid epidemic throughout multiple systems including community and schools.

To develop further integration between peer support and treatment to reduce opioid related deaths by 10% in Horry County.

Strategies: (List specific strategies that the agency plans to implement to achieve the identified goal.)



- Information Dissemination-conduct presentations on signs and symptoms of someone under the influence of opioids.
- Information Dissemination-provide educational material at health fairs regarding IV drug use and opioids
- Alternative Activities-Utilize the ropes course for youth groups in Horry County to provide skill-building exercises and educational information.
- Hold prescription take-back events in Horry County
- Provide medication disposal packets to citizens of Horry County
- Educate prescribers on the dangers of overprescribing
- Triaging clients as they are seen for initial assessments to prioritize IV users.
- Narcan distribution project
- Peer support will begin providing services at J-Reuben Long Detention Center in FY20.
- OVP Health will provide MAT and primary care services for designated clients on site at SBHS.



Performance Indicator(s): (Answer how you will measure/track progress toward reaching the above goal by developing one or more specific, measurable, achievable, result-focused, and time-bound process- or outcome-focused objective[s] linked to each strategy being implemented.)

- During FY20, there will be a 100% (4 presentations) increase in the amount of presentations being conducted on the signs and symptoms of someone under the influence of opioids in Horry County.
- During FY20, there will be a 50% (from 300 brochures in FY19 to 450 brochures in FY20) increase in the amount of brochures distributed in Horry County on IV Drug Use or Opioid Use.
- According to the survey that will be administered to youth at the end of each ropes course session, there will be a decrease in the amount of youth reporting current prescription drug misuse by 20% (current prescription drug misuse is 4% and we would like that reduced to 3%) in Horry County.
- In FY20, there will be a 10% (in FY19, there were 10 events and we would like to increase that to 11 events) increase in the amount of prescription take back events in Horry County.
- In FY20, there will be a 100% (in FY19, 200 Deterra packets were distributed and we would like to increase that to 400) increase in the amount of Deterra packets distributed in Horry County.
- According to a survey conducted at the end of each presentation to prescribers on the dangers of opioids, 80% will agree that overprescribing is dangerous.
- During FY20, 100% of clients identified as having a severe opioid use disorder or using substances intravenously will receive priority for their initial assessment upon completing point of entry. Pregnant women that are using substances intravenously will receive first priority within this system.
- In FY20, there will be a 100% increase in uninsured clients and caregivers that receive Narcan while they are active in services (30x month, 360 annually).
- In FY20, there will be a 100% increase in services provided at J-Reuben Long Detention Center. The peer support specialist will engage individuals at J-Reuben Long with identified substance use disorders in groups/other services 2x per week.



Performance: Baseline Measure(s): (Provide current measurement for each above-listed objective that is targeted for change.)

- During FY19, there were 0 presentations conducted on signs and symptoms of someone under the influence of opioids in Horry County.
- In FY19, there were 300 brochures distributed in Horry County on opioids or IV drug use.
- In FY19, 4% of students surveyed indicated that they misused prescription drugs.
- In FY19, there were 10 prescription take back events in Horry County.
- In FY19, 200 medication disposal packets were distributed in Horry County.
- In FY19, there were 0 surveys implemented which means there was no indication of whether or not a prescriber agreed that overprescribing is dangerous.
- In FY19, 80% of high risk clients were prioritized. (IV users and pregnant clients using IV)
- In FY19, there were 75 Narcans given out to clients and caregivers.
- In FY19, there were 0 services provided by peer support in J-Reuben.

Performance: Target Outcome(s): (Estimated targeted change using discrete numbers where appropriate that are directly reflective of the process or outcome performance indicators and their linked baseline measurements.)

- During FY20, there will be a 100% (4 presentations) increase in the amount of community presentations being conducted on the signs and symptoms of someone under the influence of opioids in Horry County.
- During FY20, there will be a 50% (from 300 brochures in FY19 to 450 brochures in FY20) increase in the amount of brochures distributed in Horry County on IV Drug Use or opioid use.
- According to the survey that will be administered to youth at the end of each ropes course session, there will be a decrease in the amount of youth reporting current prescription drug misuse by 20% (current prescription drug misuse is 4% and we would like that reduce to 3%) in Horry County.
- In FY20, there will be a 10% (in FY19, there were 10 events and we would like to increase that to 11 events) increase in the amount of prescription take back events in Horry County.
- In FY20, there will be a 100% (in FY19, 200 Deterra packets were distributed and we would like to increase that to 400) increase in the amount of Deterra packets distributed in Horry County.
- According to a survey conducted at the end of each presentation to prescribers on the dangers of opioids, 80% will note that overprescribing is dangerous.
- In FY20, 98% of high risk clients will be prioritized for initial assessment.
- In FY20, there will be 150 Narcans given out to clients, caregivers and community members.



- By mid year FY20, peer support will begin providing services in J-Reuben Long detention center. The peer support specialist will engage individuals at J-Reuben Long with identified substance use disorders in groups/other services 2x per week.

Performance Data Collection: (Discussion around data-collection strategy along with any anticipated data issues)

Client related data is collected from Crystal Reports, CareLogic, and OVPH reports. This data will continue to be collected and analyzed. There are no anticipated data issues moving forward.

CTC Survey-The agency will continue to participate in the CTC survey data collection from the Horry County School District. The Prevention Director will review data, analyze, and utilize for reports, tracking, etc. This survey will be conducted again in 2020.

The county level profile will be reviewed yearly in order to monitor changes in data.

#4 Priority Area: Narcan

Need Statement: (Specific qualitative and quantitative data [with sources cited] that helped identify this priority.)

- According to the Emergency Medical Services Naloxone Administration and Overdose Reversal Report, Horry County ranked #2 in overdose reversals, with 489 reversals between March of 2018 and February of 2019.
- Between 2015-2017, the SLED Forensic Lab Submissions reported the following:
 - 75% Increase in heroin use
 - 730% increase in Fentanyl/Analog use
- In 2017, the number of opioid prescriptions filled in Horry County are as follows:
 - 2017-
 - Recipient Count- 87,437
 - Rx Count- 334,858
 - QTY Dispensed- 24,399,501
 - Who is most at risk for overdose death?
 - 2017 Statistics/Horry County
 - 60% male, 40% female
 - 88% Caucasian
 - 60% between the ages of 25 and 44
 - 75% between the ages of 25 and 55
 - 2018 Stats compared to August 2017
 - Projected Overall overdose deaths are down 15%
 - Currently; Fentanyl/Analog overdose deaths are up 21%



Goal: (SMART goal that is specific, measurable, achievable, result-focused, and time-bound and clearly reflects the priority and the data stated above to justify it as a priority.)

To reduce overdose deaths in Horry County by 10% in 2020.

Strategies: (List specific strategies that the agency plans to implement to achieve the identified goal.)

- Provide Narcan training and Narcan kits to all clients who are high risk for overdose
- Provide Narcan training and Narcan kits to caregivers of clients who are high risk for overdose
- Provide Narcan training and Narcan kits to concerned community members regarding overdoses
- Information Dissemination-provide educational material to the community on Narcan
- Information Dissemination-provide presentations/trainings to community members on how to administer Narcan

Performance Indicator(s): (Answer how you will measure/track progress toward reaching the above goal by developing one or more specific, measurable, achievable, result-focused, and time-bound process- or outcome-focused objective[s] linked to each strategy being implemented.)

- In FY20, there will be a 100% increase in the amount of clients who receive Narcan training and Narcan kits at Shoreline.
- In FY20, there will be a 100% increase in the amount of caregivers who receive Narcan training and Narcan kits at Shoreline.
- In FY20, there will be a 100% increase in the amount of concerned community members who will receive Narcan training and Narcan kits in Horry County.
- In FY20, there will be a 100% increase in the amount of presentations provided to community members on how to administer Narcan.

Performance: Baseline Measure(s): (Provide current measurement for each above-listed objective that is targeted for change.)

- In FY19, there were 75 clients who received Narcan at Shoreline.
- In FY19, there were 2 caregivers who received Narcan at Shoreline.
- In FY19, there were 0 concerned citizens who received Narcan.
- In FY19, there were 0 community members trained on how to administer Narcan.



Performance: Target Outcome(s): (Estimated targeted change using discrete numbers where appropriate that are directly reflective of the process or outcome performance indicators and their linked baseline measurements.)

- In FY20, there will be a 100% (75 doses of Narcan were distributed to clients and we want to increase that to 150) increase in the amount of clients who receive Narcan training and Narcan kits at Shoreline.
- In FY20, there will be a 100% (2 doses of Narcan were distributed to caregivers and we want to increase that to 4) increase in the amount of caregivers who receive Narcan training and Narcan kits at Shoreline.
- In FY20, there will be a 100% (no trainings or Narcan were provided to community members, and we would like to increase that to 25) increase in the amount of concerned community members who will receive Narcan training and Narcan kits in Horry County.
- In FY20, in Horry County, 90% of those receiving presentations on how to administer Narcan will indicate that they know how to administer Narcan after the end of the presentation.

Performance Data Collection: (Discussion around data-collection strategy along with any anticipated data issues).

Overdose data will be collected from the coroner's office and DAODAS. This data will be monitored yearly to track progress.

The county level profile will be reviewed yearly in order to monitor changes in data.

Data will be collected monthly on the amount of Narcan that is distributed to clients, caregivers and community members.

#5	Priority Area: Disease Self-Management and Wellness
----	--



Need Statement: (Specific qualitative and quantitative data [with sources cited] that helped identify this priority.)

People that suffer from substance use disorders often have comorbid chronic health conditions, according to NIDA¹. Evidence shows there is a lack of disease management programs specifically in the substance use disorder population. The medically integrated behavioral health home concept is effective with clients with multiple co-occurring disorders. Considering the research, the development and implementation of better programs surrounding disease self-management and wellness is crucial for SUDs clients.

In addition, the research shows outcomes in the SUDs population are similar to other chronic diseases.

Goal: (SMART goal that is specific, measurable, achievable, result-focused, and time-bound and clearly reflects the priority and the data stated above to justify it as a priority.)

Research and develop a set of strategies for managing chronic disease and improving health outcomes.

Strategies: (List specific strategies that the agency plans to implement to achieve the identified goal.)

- By mid year FY20, SBHS will have researched available tool kits and self management strategies for handling chronic disease. Front office staff will provide the screening tool.
- OVP will establish and develop protocol in concert with SBHS regarding screening and treatment for Hep A, due to the recent statewide outbreak per DHEC. In addition, all the clients who have identified health related needs who do not have established primary care, these services will be provided.
- Wellness App that can be utilized by clients to promote self-care. Clinicians will provide education and instruction on how to use and access the app.
- Smoking cessation options and education, as referenced in tobacco worksheet.
- Peer support led group focused on wellness and self-care
- Identify existing and effective chronic disease management models for training staff.

¹ National Institute on Drug Abuse. (2018). Part 2: Co-occurring Substance Use Disorder and Physical Comorbidities. Retrieved from <https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorder/part-2-co-occurring-substance-use-disorder-physical-comorbidities>



Performance Indicator(s): (Answer how you will measure/track progress toward reaching the above goal by developing one or more specific, measurable, achievable, result-focused, and time-bound process- or outcome-focused objective[s] linked to each strategy being implemented.)

- Beginning in the 2nd quarter of FY20, 100% of clients will receive the chronic disease screening tool at the point of entry once the identified tool has been selected.
- In FY20, 100% of clients who do not have established primary care will be referred to OVP or provider of their choice.
- In FY20, 80% of active clients will receive education on how to use the identified App.
- As referenced in the tobacco worksheet above, 100% of clients that receive educational information and have interest in cessation will receive options for intervention in FY20.
- In FY20, 100% of clients that engage in wellness and self care groups will receive strategies to improve self-efficacy.
- In FY20, there will be a 100% increase in the amount of staff educated on an identified chronic disease management model at Shoreline.

Performance: Baseline Measure(s): (Provide current measurement for each above-listed objective that is targeted for change.)

- In FY19, there were 0 clients screened at point of entry for chronic disease self management.
- In FY19, there were 209 referrals for primary care.
- In FY19, there were 0 clients educated on how to use a wellness App.
- In FY19, there were 0 clients referred for smoking cessation strategies.
- In FY19, there were 0 groups led by peer support aimed at promoting self care and wellness.
- In FY19, there were no staff educated on specific chronic disease management models at Shoreline.

Performance: Target Outcome(s): (Estimated targeted change using discrete numbers where appropriate that are directly reflective of the process or outcome performance indicators and their linked baseline measurements.)

- In FY20, there will be approximately 2,500 clients screened at their initial intake..
- In FY20, 100% of clients who do not have established primary care will be referred to OVP or provider of their choice
- In FY20, 100% of clinicians will educate clients in their treatment groups
- In FY20, there will be 1,935 clients referred for smoking cessation options.
- In FY 20 there will be 2 groups created for wellness and self care.
- In FY 20, 40 clinical staff will be trained in a disease management model.



Performance Data Collection: (Discussion around data-collection strategy along with any anticipated data issues).

Client related data is collected from Crystal Reports, CareLogic, and OVPH reports. This data will continue to be collected and analyzed. There are no anticipated data issues moving forward.

CTC Survey-The agency will continue to participate in the CTC survey data collection from the Horry County School District. The Prevention Director will review data, analyze, and utilize for reports, tracking, etc. This survey will be conducted again in 2020.

Submission Guidelines

One electronic copy of the completed county plan must be uploaded into the DAODAS Box Enterprise no later than May 17, 2019.