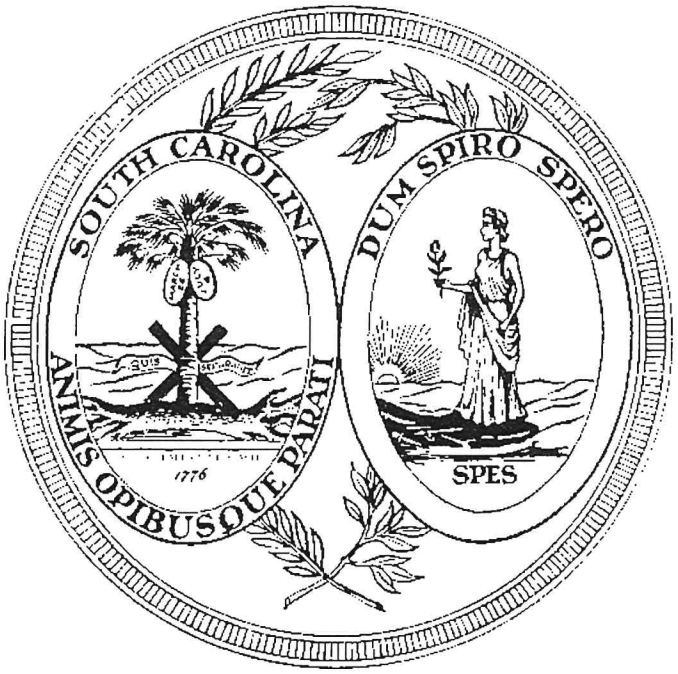
South Carolina
DAODAS
Department of Alcohol and Other Drug Abuse Services



FY23 County Plan / Substance Abuse Prevention and Treatment Block Grant Application

Part 1

Overview and Requirements:

In accordance with the S.C. Code of Laws, Title 61, Chapter 12, each county alcohol and drug abuse authority must submit a county plan yearly in accordance with DAODAS guidelines *(S.C. Code Ann. Sections 61-12-10, 61-12-20)*. If an alcohol and drug abuse authority has a service catchment area involving more than one county, an individual plan for each county does not have to be developed. Rather, the county authority is to submit one plan that reflects and incorporates identified needs associated with its respective counties, making sure to distinguish where a need is germane to a specific county.

Through the combined County Plan / Substance Abuse Prevention and Treatment Block Grant (SABG) application, DAODAS will provide funding to support each local agency in the provision of primary prevention, intervention, treatment, and recovery services throughout the state. The strategic plans presented in the application are required to follow the strategic prevention (or planning) framework (SPF) and must address the elements outlined in the instructions provided. The creation of the county plans provides DAODAS with a foundation for developing the state's Behavioral Health Assessment Plan, which is part of DAODAS' federal SABG application. Therefore, these distinct plans – county and state – demonstrate the need for and support of service delivery across a continuum that is supported by federal and state funds.

Submission Requirements:

The complete plan needs to be uploaded into the designated folder in Box Enterprise no later than **Friday, April 29, 2022**. The complete plan must include the following elements:

1. Signed Cover Page (template provided by DAODAS on March 15, 2022)
2. Part One: Executive Summary and SPF Steps 1 and 2 (template provided by DAODAS on March 1, 2022)
3. Part Two: SPF Steps 3, 4, and 5 (template provided by DAODAS on March 15, 2022)
4. Agency Budget (template provided by DAODAS on March 15, 2022)

Tips:

Only use the FY23 templates provided to complete the FY23 County Plan / Substance Abuse Prevention and Treatment Block Grant Application.

The FY23 templates are Microsoft Word documents and should be completed in Microsoft Word.

The FY23 County Plan / Substance Abuse Prevention and Treatment Block Grant Application is built on the SPF model's five steps and two overarching principles. An introductory toolkit can be accessed as a PDF from the South Carolina Prevention/Evaluation website (https://ncweb.pire.org/). Once on the site, type "SPF" in the search bar to access the link to the PDF, *A Guide to SAMHSA's Strategic Prevention (Planning) Framework.*

Once again, county authorities serving multiple counties are to submit one plan/application that reflects and incorporates identified needs associated with their respective counties, making sure to distinguish when a need is relevant to a specific county.

Capture proposed efforts for the upcoming state fiscal year only – July 1, 2022, through June 30, 2023.

Part One

FISCAL YEAR 2022 EXECUTIVE SUMMARY

Instructions:

List your accomplishments and challenges to show progress associated with FY22's priorities and their goal(s), linked strategies, associated performance indicators, and specified target outcomes. After addressing progress associated with each FY22 priority, talk about how the SABG priority populations were served through FY22's priorities and their outcomes. Discuss how new funding awarded through a budget request(s) stated in the FY22 plan impacted the implementation and outcome for the designated priority. Use cited qualitative and quantitative data gathered as part of the evaluation efforts.

Question:

1. List your greatest accomplishments and challenges related to the priorities set in your agency's FY22 county plan.

Answer: A key mistake that we made in strategic planning here at Shoreline back in April of 2021 was to assume, as many others were, that the agency would be returning to some form of "business as usual" by July of FY 22. We had envisioned a situation in which staff and clients would be returning to office-based groups and individual sessions, and the Women's Recovery Center would re-open, possibly with reduced capacity. Almost a year later, the WRC has just recently been permanently closed and the operating license surrendered, and staff are returning to office-based work beginning in March. Our groups are still socially distanced and limited to 6 attendees, and because in-person visits and groups remain masked, telehealth sessions remain a popular option for our clients.

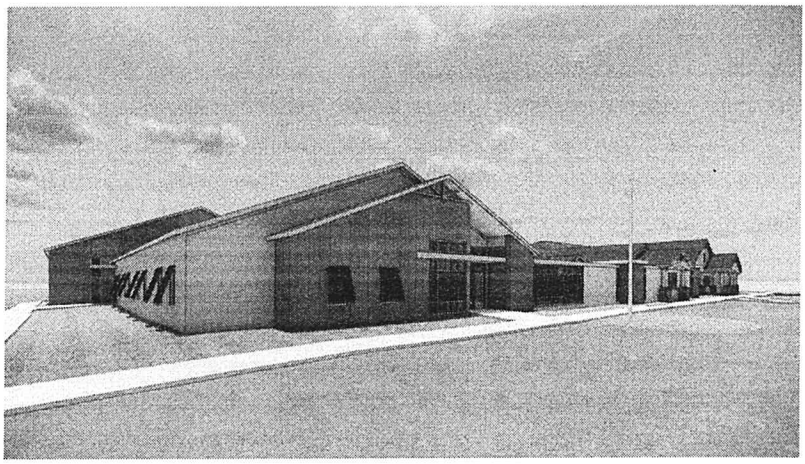
As a result of an overly optimistic assessment of the expected course of COVID 19 in our community, our plan included several initiatives that did not make as much sense in the context of a continued "lockdown", particularly in respect to the treatment side of the organization. Much of our collective energy went in to continuing to manage Shoreline in a decentralized state, holding Zoom meetings in place of personal meetings and avoiding large gatherings wherever possible. Despite this, and despite multiple vaccinations, the larger part of our executive team was infected with COVID in early January. While none were hospitalized, and the respiratory symptoms were mild, extreme fatigue seemed to be the most common symptom.

Shoreline has also been adversely affected by the effects of the overall "Great Resignation" being felt across our system and across the country. Many have lost staff to higher paying jobs, with licensed and certified staff being the most mobile. Over the course of FY 22 we have lost 8 clinicians to other higher paying opportunities, which represents almost half of our clinical counselor workforce. This has created significant stress in the existing workforce just keeping up with efforts to treat the large population of high-risk individuals with opioid use disorder on demand. So, while our population of OUD clients is prioritized and seen immediately, lower risk clients need to wait longer to see a counselor while we make efforts to fill positions with a smaller pool of available applicants due to the wage competition in the labor market.

So in terms of challenges, the societal effects and continued impact on our typical business operations of the COVID 19 pandemic, combined with concurrent job migration as staff are asked to return to the workplace, top the list in terms of challenges occurring in FY 22. Other factors that flow out from this is the difficulty finding professional staff with acceptable training and background and the need to raise wages, particularly for licensed and certified staff, while revenues remain flat and rates for services essentially unchanged.

In terms of accomplishments, the most important one has been to continue to meet the needs of those who seek our help and to stay financially viable while doing so during this time. Shoreline's financial postion remains strong, as we struggle with making our transition to a provider of medical services sustainable. Given that none of us are medical practice managers, we are challenged to make expensive medical services self-sustaining because the medical services are plagued by no-shows. The clients are rescheduled and seen, but the process is such that almost half the medical time available is unrealized revenue. We are essentially using a short cycle change management strategy to develop a model that reduces lost revenue- a barrier that we run into is that medical practitioners prefer appointment based models; therefore, there are no-shows on the client side and resistance on the medical side to changing to an on demand service model.

We are accelerating our efforts and are meeting weekly, specifically about medical practice sustainability in the context of an ambivalent and treatment resistant population that is in great need of help but unstable enough to not follow through and discharging this population for non-compliance is not an option. We are confident we can alter our service model in such a way as to meet this challenge and are moving ahead with employing our own medical team and building an expanded medical practice out of the Wise Road location. We have the funds for this expansion and expect to be able to provide all the services currently offered through OVP and other contractors in-house within the next one to two years. We plan to break ground on the new facility which will be connected to the building on Wise Road (pictured here) by mid-summer of FY 2023. The building will include a medical practice facility, addditional offices for clinical staff and a large conference/training area.



Also in this fiscal year, while not noted in our strategic plan, we began collaborating with the Myrtle Beach Police Department to plan the implementation of harm reduction strategies in Myrtle Beach through the development of outreach services and mobile medication assisted treatment. While this discussion was going on, an opportunity arose to apply for a SAMHSA

grant to implement harm reduction and in February of this year, with the support of the City of Myrtle Beach, DAODAS, DHEC and others, Shoreline submitted a proposal for this highly competitive grant. We intend to implement harm reduction services whether the grant is funded or not, but the implementation will be faster and have more resources with the funds from the grant. If not funded, we will work with DAODAS and Myrtle Beach to develop positions and strategies to directly prevent overdose deaths and other communicable diseases through evidence based public health strategies.

Comments on Last Year's Priorities

Tobacco: The intention was to move the agency in the direction of developing and teaching disease management strategies which would affect smoking status and other health issues and encourage improved health self-management on the part of both clients and staff. This was to include both a training and implementation phase to include training for staff in both the Social Determinants of Health and Whole Health Action Management (WHAM). The purpose of this would be to provide education and context for both staff and clients prior to moving to a smoke-free campus at the end of FY 22. Much of this was conceptualized under the assumption that both staff and clients would resume onsite services at Wise Road, which did not happen. As a result, the broad-based training and movement to a smoke free campus did not occur in this fiscal year and due to continued uncertainty as to the status of the pandemic in FY 23, will not appear in the plan for the coming year.

We did provide one smoking cessation training for staff using materials provided by DHEC and provided a training on the Social Determinants of Health. In addition, we continue to screen for and offer services to all clients in respect to tobacco use. This includes referral to the Quit Line and NRT (nicotine replacement therapy) packets to clients diagnosed with OUD. In terms of prevention, staff were able to reach the goal of increasing presentations on vaping and smoking risks to youth, are on track to complete 25 tobacco compliance checks, in addition to exceeding the 25% increase in PREP participants in FY 22.

Opioids: In FY 2022 we increased appointment capacity significantly by working with MUSC and GFCS as telehealth providers, OVP for in-person MAT and most recently, split a nurse practitioner position with MUSC that works out of the Wise Road location. While our capacity is up for medical appointments, it is down for associated behavioral health appointments due to staff attrition, although OUD patients have the highest priority due to the significant risks of accidental overdose. Additionally, we are down approximately 160 admissions overall from this time last year (1942 vs 1782) and further analysis shows that 113 of those admissions are of patients with opioid use disorder (636 vs 523). Generally, almost every year since 2007 has shown a modest increase. We have not yet determined what this means, although more methadone providers are now in the area that also offer suboxone, etc. with a greatly decreased requirement for counseling services (once a month). Due to the ambivalence and resistance to treatment in this population, many clients prefer to receive medication only, which SBHS does not offer. As a result of these factors the total number of active MAT clients as of this writing are 325 and we expect/hope to meet our goal of 388 by the end of the year, especially if we can resolve our staffing problems on the clinical side in a reasonable time frame.

In respect to the other strategies, we have continued to identify clients at high risk and provide them with regular contacts with peer support, and we provided staff training on the Social Determinants although not throughout the year as we had originally intended. We had proposed to work with Marla Oros to develop peer support services post hospital admission to overdose survivors- in later discussions with DAODAS the plan to contract with Ms. Oros was determined not feasible and was not funded. As a result, one of the two peer support positions we requested was not hired and we only recently hired a peer support worker to work with DSS on the concept of plans of safe care. As of this writing, Horry County DSS has not been involved in any of the discussions involving plans of safe care, so we are sharing what we know and working with local DSS to explore implementation.

On the prevention side, more than 1,500 brochures were distributed in Horry County, held 11 prescription take-back events, 2,698 Deterra packets were distributed and 940 boxes of Narcan were distributed in accordance with the targets.

Chronic Disease Management and Wellness: This item is linked to initiatives related to Tobacco in that it was planned as an overall health and wellness strategy intended to introduce concepts of chronic disease self-management and link them to Social Determinants of Health to raise awareness and improve health status (perhaps reluctantly) of both staff and clients. As stated earlier, this effort was predicated on an expected return to work, providing in-person access to both staff and clients, so much of the strategies and activities have been delayed due to continued COVID restrictions. We are however scheduling a WHAM training for 30 staff members that will likely take place before the end of the fiscal year. The Prevention strategies in this category were all achieved.

Women and Dependent Children: As noted earlier, the Women's Recovery Center was closed permanently because of continued concern regarding COVID 19 and the inadequacy of that setting to manage the number of patients allowed by our license. Ultimately, as we had been "grandfathered' in for multiple years since the 1990's and could not meet modern codes (such as a sprinkler system) the difficult decision was made to close the program permanently. We have since modified its use as an outpatient service and the patients involved in our most recent CTN project with MUSC are seen there, along with supervised visitation for DSS clients and families.

The "reboot" of the Women's Advisory Board was also affected by the continued restrictions related to COVID 19 and as of this writing, we are just now looking at restarting the group and having in-person meetings.

Shoreline initially participated fully in the meetings with DSS and Children and Family Futures to improve processes in relation to child welfare and child protection services for families affected by caregiver substance use disorders. As time went on, an increasing number of these meeting were cancelled, sometimes not long before the meeting was to be held. Given this, it has been difficult to maintain motivation for the multiple Shoreline staff members that were attending and as a result, meeting attendance has fallen off. Additionally, the Liaison employed jointly by DAODAS and DSS has been difficult to reach and has tended not to return phone calls and emails, again, resulting in a tendency to work around her, rather than with her. Luckily, we have enjoyed a very good relationship with Horry County DSS, the result of collaborative efforts

from both organizations going back years. With support from local DSS we have hired a peer support worker to be trained as both a Community Health Worker and Whole Health Action Management facilitator to work with DSS to determine benchmarks that we mutually agree on that relate to successful outcomes in terms of returning children to birth homes. Unfortunately, the Plan of Safe Care meetings continue in their own silo, but we expect that by the time meaningful legislation is adopted, we will have a good basis for implementing such plans in Horry County.

SPF STEP 1: NEEDS ASSESSMENT

Instructions:

Utilize specific data relevant for your service area such as the organization's 2021 County-Level Profile on Substance Use-Related Indicators, opioid data found on the:

- *Just Plain Killers website (http://justplainkillers.com/data/);*
- *SC Communities That Care (CTC) 2020 Survey (https://ncweb.pire.org – type "CTC" in search bar);*
- *Child Well-Being Data County Profiles (Children's Trust of South Carolina) (https://scchildren.org/resources/kids-count-south-carolina/child-well-being-data-county-profiles/);*
- *County Health Ranking and Roadmaps (Robert Wood Johnson Foundation) (https://www.countyhealthrankings.org/app/south-carolina/2021/overview);*
- *U.S. Census Quick Facts (Census Bureau) (https://www.census.gov/quickfacts/fact/table/SC/PST045219); and*
- *2020 Prevention Outcomes Annual Report (https://ncweb.pire.org – type "Outcomes Report" in search bar).*

Data sources such as these can help show and focus substance use/misuse problems and related behaviors. Also, it is permissible and encouraged that the agency's own data sources be used. Be sure to include data from qualitative and quantitative data sources.

- ***Quantitative data** is expressed in numerical terms, counted, or compared on a scale. This data helps to answer the question "how many?" and can give perspective about the breadth of an issue (e.g., "how many people are affected?") When we see statistics about the percentage of people who smoke, binge drink, or are arrested for possession of methamphetamine, we are seeing quantitative data.*
- ***Qualitative data** is non-numerical data rich in detail and description. This data is usually presented in narrative form, such as information obtained from focus groups, key informant interviews, and/or observational data collection. Qualitative methods can help make sense of quantitative/numerical data by texture about a situation and can help us understand why there is an increase or a decrease in the consequence, problem, root cause, or local condition.*

  [Source: Community Assessment Primer: Describing Your Community, Collecting Data, Analyzing the Issues and Establishing a Road Map for Change, *Community Anti-Drug Coalitions of America National Coalition Institute, Published 2007, Revised 2009, 2018; https://www.cadca.org/sites/default/files/resource/files/community_assessment.pdf, Pages 21-26]*

The focus is to show where "the needle" could and should move. Finally, discuss any unmet service needs and critical gaps from your data analysis.

The following must be addressed in your response:

- *Social determinants of health as they relate to these disorders (Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context, Economic Stabil ity)*
- *Adverse childhood experiences as they relate to these disorders*
- *Risks and protective factors as they relate to these disorders*
- *Populations most impacted by these disorders*
- *Demographic characteristics of the population(s)of focus, including cultural and racial/ethnic considerations*
- *Analysis of the data gathered indicating the needs/issues demonstrated in priority populations, specifically women who are pregnant and have a substance use disorder, and individuals engaging in intravenous drug use*

Questions:

1. Using quantitative and qualitative data, describe your county's needs as they relate to alcohol use disorder.

Answer: According to the county level profiles, Horry County ranked 3rd overall for issues regarding alcohol. Horry County ranked 5th for heavy drinking, 8th for DUI crashes, and 13th for alcohol hospitalizations.

In the winter of 2020, the Communities that Care survey was conducted in local public high schools. 4,537 surveys were collected to provide drug and alcohol use information from those high school students. Students reflected the following: 33% had lifetime alcohol use, 54% believe it is easy to obtain alcohol, 50% 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.

Horry County is known as a tourist destination and alcohol is central to this. According to the department of revenue, Horry County has over 2,500 outlets that sell alcohol.

2. Using quantitative and qualitative data, describe your county's needs as they relate to tobacco use disorder.

Answer: Horry County overall ranks 13th in the state regrading nicotine and ranked 7th for the amount of current cigarette smokers. (county level profiles)

According to the 2020 CTC survey, 27% of high school students surveyed indicated they had vaped tobacco products in their lifetime. 15% are current vape users. 50% of students surveyed indicated it was very easy or sort of easy to obtain tobacco. 58% indicated the same for vape products ore-cigarettes. (CTC Survey)

The buy rate for tobacco compliance checks in Horry County was 10% in FY 21.

3. Using quantitative and qualitative data, describe your county's needs as they relate to opioid use disorder.

Answer: 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 is ranked #5 in the state for naloxone administrations, #3 in the state for opioid-involved overdose deaths, and #4 in the state for opioid-related hospitalizations (county level profiles). In 2020, Horry County had 197 overdose deaths. This was a 29% increase over the previous year. (according to data from the drug overdose report). At least 145 of those overdose deaths included one or a combination of the following: heroin, fentanyl, carfentanil, 4- ANPP (despropionyl fentanyl), oxycodone, and norfentanyl. Often, there were also alcohol, nicotine, and marijuana present in the bodies. 68 of those deaths were females and 113 were males. 4 were teenagers, 35 were in their 20s, 48 were in their 30s, 54 were in their 40s, 25 were in their 50s, 14 were in their 60s, and 1 was 91 years old. 156 were White, 22 were Black, and 3 were either listed as Other or left blank. 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. The Just Plain Killers website indicates that there were 281,437 prescription medications dispensed in 2020, aong with 1,087 naloxone administrations. According to the Just Plain Killers website, there were 44 reported cases of babies being born with neonatal abstinence syndrome, indicating more treatment and intervention needs for pregnant mothers.

While most opioid overdose deaths tend to be among white people, there is a concerning rise in the African American community. According to DHEC Bureau of EMS and Trauma, there were 185 opioid overdoses among racial/ethnic minorities in 2021. 145, or 10% of all opioid overdoses were among Blacks/African Americans. Overdoses with EMS response among African Americans increased 51% from 2020 to 2021, compared with 41% among Caucasians.

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.

4. Using quantitative and qualitative data, describe any additional substance use disorders that are impacting your county.

Answer: Between 2018 and 2019, Horry County saw an 18% increase in hospitalizations involving primary or secondary stimulants (i.e., methamphetamines) (county level profiles) 22% of high school students surveyed in Horry County indicate using marijuana in their lifetime. 54% believe it is very easy or sort of easy to obtain marijuana. (CTC Survey)

13% of Horry County's population are African American. 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 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. The current pandemic has also adversely affected those suffering with a substance use disorder. According to a conversation with a Deputy Coroner (and without official numbers from 2021 yet because it is too soon), the numbers of overdose deaths increased substantially from 2020 to 2021. Lack of access to proper healthcare, job loss, health concerns, and more from the COVID pandemic have assisted in creating an increase in overdose deaths. South Carolina also did not participate in the Medicaid expansion, therefore there are people and a range of services that are not covered by Medicaid or the State Opioid Response (SOR) funding.

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)

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)

SPF STEP 2: CAPACITY

Instructions:

Discuss the capabilities of your organizational service continuum (internal and external), highlighting service gaps and unmet needs not addressed by current capabilities, as well as discussing capacity-building requirements to meet the identified needs in the previous section.

Discuss where unmet service needs and gaps fit with capacity-building efforts, making sure to discuss how the county authority intends to address what was identified. Where appropriate, describe the capacity to address needs of priority populations.

The following must be addressed in this section of the plan:

- *Overview of agency's current capacity – internal and external – to include staffing, training, and external capacity elements such as MOAs/MOUs, description of formal/informal partnerships, contractual services in place, and other forms of outreach.*

- *Unmet service needs and gaps not addressed by current capabilities and capacity-building requirements to meet the identified needs.*
- *Discussion of the current service system's attention to the following SABG priority populations and service areas:*
    - *pregnant women*
    - *persons who inject drugs*
    - *women with dependent children*
    - *persons at risk for tuberculosis*
    - *individuals in need of primary substance use prevention*
    - *Early intervention services for HIV/AIDS*
- *Discussion of the unmet service needs and critical gaps in the current system regarding diverse racial and ethnic minorities to include:*
    - *People of color and indigenous and Native American persons*
    - *Asian Americans and Pacific Islanders*
    - *Members of religious minorities*
    - *Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons*
    - *Persons with disabilities*
    - *Persons who live in rural areas*
    - *Persons otherwise adversely affected by persistent poverty or inequality (must be included)*

Questions:

1. PREVENTION:

   Discuss the internal and external prevention capabilities as part of your organizational services. Include the following:

   - Overview of current capacity – internal and external
   - Unmet service needs/gaps
   - Plan to build your agency's capacity to meet the above stated unmet service needs and gaps
   - Current capacity to address SABG priority populations and service areas
   - Capacity to address unmet service needs regarding diverse racial and ethnic minorities

Answer: The prevention department at Shoreline is made up of nine employees who cover and implement services for the block grant prevention, Drug Free Communities grant, Partnership for Success grant, Alcohol Enforcement Team grant, the Prevention Enhancement Grant and more. The department participates in trainings regularly to maintain or achieve certifications (whether it be for SCAPPA or the ropes course). 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, ropes course 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. Over the past two years, COVID policy changes limited the amount of prevention services that could be provided, but most restrictions have lifted, and staff

are able to implement effectively. Building some programs/boards back up that dissolved or were delayed is the service gap that currently exists. Staff know how to build these back up and are working to do so in due time.

2. INTERVENTION:

   Discuss the internal and external intervention capabilities as part of your organizational services. Include the following:

   - Overview of current capacity – internal and external
   - Unmet service needs/gaps
   - Plan to build your agency's capacity to meet the above stated unmet service needs and gaps
   - Current capacity to address SABG priority populations and service areas
   - Capacity to address unmet service needs regarding diverse racial and ethnic minorities

Answer: From July through March, Shoreline staff gave out 940 boxes of Narcan to clients, caregivers, and community members. All our staff are required to go through Narcan training to know how to administer it, but also to know how to explain this to those who need Narcan. We have placed this training on the Relias training system so that new staff get the training immediately and seasoned staff take the training yearly. We make Narcan readily available to anyone who needs it. We also can distribute Narcan at community events (pandemic aside). We have several staff who serve as "experts" on Narcan and are the go-to people for any questions that staff have about Narcan.

Shoreline staff also distribute fentanyl test strips so that citizens can test products for fentanyl. This is important in reducing overdose deaths in Horry County.

The Tobacco Cessation Program (NRT) through DAODAS continues to be a benefit to clients. The overwhelming majority of active clients have a co-occurring tobacco use disorder. Many staff can receive smoking cessation options and are referred to the quit line for further assistance. This has been popular among clients and staff have the capacity to distribute this to clients as needed.

Clients continue to receive information regarding HIV testing. Staff have held special event days and verbally offer HIV testing to clients, with little results. There have only been a little over 40 HIV tests to date. Staff keep offering to clients, but many clients are not interested. There are also a large portion of clients that still receive telehealth services and are not physically walking through the doors at Shoreline.

TREATMENT:

Discuss the internal and external treatment capabilities as part of your organizational services. Include the following:

- Overview of current capacity – internal and external
- Unmet service needs/gaps

- Plan to build your agency's capacity to meet the above stated unmet service needs and gaps
- Current capacity to address SABG priority populations and service areas
- Capacity to address unmet service needs regarding diverse racial and ethnic minorities

Answer: Throughout FY22, due to the ongoing Pandemic, clinical services continued to look different than in prior years. As a response to the late summer and fall Covid-19 surges in our area, treatment services remained predominately virtual. This provided flexibility for many of our clients, but also created challenges with implementation of plans established in the FY21 plan. For example, smoking cessation and wellness initiatives for staff failed to materialize, due in large part to many people working remotely.

While Shoreline remained relatively unscathed throughout the Pandemic regarding staff turnover, in recent months the clinical department has seen several departures. Currently there are several full-time counselor vacancies. Each counselor has a substantial caseload that is being served primarily with individual therapy sessions. Incorporating more in person groups and transitioning into a model that best serves the clients is at the forefront for planning into the next fiscal year. Realizing that many clients prefer individual treatment to group has been a huge shift in the way treatment is conceptualized here at Shoreline.

Self-referrals continue to dominate new admissions. Many of those seeking treatment are interested in MAT and suffering from Severe Opioid Use Disorders. An unmet need in this area is ensuring quality treatment for each client involved with MAT. Barriers that have arisen include, clients missing counseling appointments and inconsistently attending medical visits. This creates a very high-risk situation for many of the OUD patients that are among the most vulnerable population we serve. Ensuring that each MAT client is seen by a counselor at the time of their medical appointment would create better quality control. A designated MAT counselor and Peer Support Specialist would be ideal to meet this need for the OUD clients.

An emphasis on harm reduction services, specifically a mobile crisis unit located in the Myrtle Beach area, is something that would better serve the highest risk population. Focusing on the harm reduction effort, with strategies such as MAT on site, medical services, HIV/HEP C Testing and Narcan distribution would make a large impact on the IVDU population in Horry County.

The Women's Recovery Center was temporarily closed in April of 2020 due to Covid-19. Following DHEC and CDC guidelines closely, Shoreline executive leadership determined there was no safe way to keep the facility open during the height of the pandemic. The full-time clinical staff from the WRC became integrated into outpatient services and quickly began maintaining a full caseload. Throughout FY22 the decision to reopen the WRC was discussed at length, ultimately with the decision being reached to keep the facility closed.

The MUST Fast Track ED Project has continued throughout FY22. Peer recovery coaches are back in the two hospitals full time and continue to make a large impact. A lead peer position is

needed to assist with the on the ground supervision of the peers at both hospital locations. This position would help 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 is scheduled to kick off in late May. This will be an additional resource to help refer and link patients with appropriate substance treatment.

Shoreline continues to partner with MUSC for several research projects. Two of the main projects continue to be the Lofexidine study and the Moms study. This has proven to be very beneficial and the partnership with MUSC has been collaborative and successful. A new study began in FY22 in collaboration with MUSC, which is called the Clinical Trial Network's (CTN) Optimizing Retention, Duration and Discontinuation Strategies for Opioid Use Disorder Pharmacotherapy (RDD). Two research assistants and one coordinator were also hired for the RDD study and have undergone necessary training. The RDD study has now begun recruitment of study participants.

Shoreline's NP has been a huge asset since her employment began in August. She is available for crisis MAT situations and typically sees clients for their initial appointments. Allison designates 20 hours of her time working on the (RDD) MUSC research project. Shoreline continues the partnership with Dr. Allison Smith, Addiction Psychiatrist from MUSC. Dr. Smith has four hours a week to see SOR clients with a primary opioid diagnosis that also suffer from co-occurring mental health concerns. This resource helps to bridge a gap for clients that are need of psychiatric services as well as on MAT.

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 within FY22. The goal is to continue receiving regular trainings on cultural humility and racial diversity to better serve the clients.

RECOVERY:

Discuss the internal and external recovery capabilities as part of your organizational services. Include the following:

- Overview of current capacity – internal and external
- Unmet service needs/gaps
- Plan to build your agency's capacity to meet the above stated unmet service needs and gaps
- Current capacity to address SABG priority populations and service areas
- Capacity to address unmet service needs regarding diverse racial and ethnic minorities

Answer: The continued use of peer support has consistently yielded positive results in all levels of treatment service. For outpatient there are four full time peer support specialists who are available to the clients in person and by phone. 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 decision was made to place a PSS in the jail full time after listening to the needs of leadership. This partnership has proven to be successful in terms of strengthening our relationship with the detention center but has not produced many referrals for treatment. An area of need is a counseling position located at the jail, which in turn would promote more clients engaging in treatment once they are released.

A peer has been hired as a Community Health Worker. We envision this position as working very closely with DSS involved clients at risk of losing custody of their children. The CHW will assist in all areas of case management while using their lived experience as a commonality and motivator. The hope is to increase the success rate of women successfully completing their DSS treatment plan.

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 within FY22. The goal is to continue receiving regular trainings on cultural humility and racial diversity to better serve the clients.

Budget Requests

Budget Category	**Amount**
Personnel/Fringe	$500,000.00
Contractual	$75,000.00
Supplies	$35,000.00
Total	**$610,000.00**

The $650,000 is made up of the following new and non-recurring requests:

Personnel/Fringe:

Non-recurring-$55,000 for Certified Medical Assistant, $53,393 for Intensive Case Manager, $75,000 for three Peer Support Specialists, $34,607 for Intensive Case Manager-ER and $60,000 for Nurse Practitioner

New-$56,000 for additional Peer Support Specialist, $56,000 for Community Health Worker, $75,000 for a Clinical Counselor located at the jail and $35,000 for ½ of a Clinical Counselor focused on MAT

Contractual:

Non-recurring-$60,000 for Nurse Practitioner, $5,000 for Clientel, $5,000 for SC Thrive and $5,000 for Community Health Worker development

Supplies:

Non-recurring-$8,000 for cell phones, hotspots, laptops and office supplies for the positions mentioned above

New-$27,000 for cell phones, hotspots, laptops and office supplies for the new positions mentioned above

The non-recurring requests are requests to continue the following contracts:

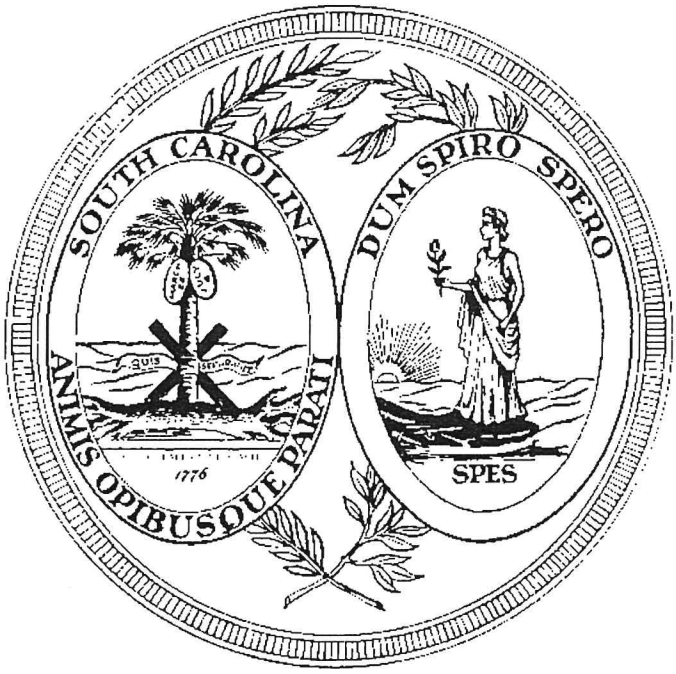
HOR-CPSS-SOR-22

HOR-ICM-22

HOR-MAT-22

HOR-SOR-22

South Carolina
DAODAS
Department of Alcohol and Other Drug Abuse Services



FY23 County Plan / Substance Abuse Prevention and Treatment Block Grant Application

Part 2

Overview and Requirements:

In accordance with the S.C. Code of Laws, Title 61, Chapter 12, each county alcohol and drug abuse authority must submit a county plan yearly in accordance with DAODAS guidelines *(S.C. Code Ann. Sections 61-12-10, 61-12-20)*. If an alcohol and drug abuse authority has a service catchment area involving more than one county, an individual plan for each county does not have to be developed. Rather, the county authority is to submit one plan that reflects and incorporates identified needs associated with its respective counties, making sure to distinguish where a need is germane to a specific county.

Through the combined County Plan / Substance Abuse Prevention and Treatment Block Grant (SABG) application, DAODAS will provide funding to support each local agency in the provision of primary prevention, intervention, treatment, and recovery services throughout the state. The strategic plans presented in the application are required to follow the strategic prevention (or planning) framework (SPF) and must address the elements outlined in the instructions provided. The creation of the county plans provides DAODAS with a foundation for developing the state's Behavioral Health Assessment Plan, which is part of DAODAS' federal SABG application. Therefore, these distinct plans – county and state – demonstrate the need for and support of service delivery across a continuum that is supported by federal and state funds.

Submission Requirements:

The complete plan needs to be uploaded into the designated folder in Box Enterprise no later than **Friday, April 29, 2022**. The complete plan must include the following elements:

1. Signed Cover Page (template provided by DAODAS on March 15, 2022)
2. Part One: Executive Summary and SPF Steps 1 and 2 (template provided by DAODAS on March 1, 2022)
3. Part Two: SPF Steps 3, 4, and 5 (template provided by DAODAS on March 15, 2022)
4. Agency Budget (template provided by DAODAS on March 15, 2022)

Tips:

Only use the FY23 templates provided to complete the FY23 County Plan / Substance Abuse Prevention and Treatment Block Grant Application.

The FY23 templates are Microsoft Word documents and should be completed in Microsoft Word.

The FY23 County Plan / Substance Abuse Prevention and Treatment Block Grant Application is built on the SPF model's five steps and two overarching principles. An introductory toolkit can be accessed as a PDF from the South Carolina Prevention/Evaluation website (https://ncweb.pire.org/). Once on the site, type "SPF" in the search bar to access the link to the PDF, *A Guide to SAMHSA's Strategic Prevention (Planning) Framework.*

Once again, county authorities serving multiple counties are to submit one plan/application that reflects and incorporates identified needs associated with their respective counties, making sure to distinguish when a need is relevant to a specific county.

Capture proposed efforts for the upcoming state fiscal year only – July 1, 2022, through June 30, 2023.

Part Two

Planning/Implementation/Evaluation: Below are the priority service plan tables for county authorities to complete. The designated priorities stem from needs assessment analysis shared in the submitted South Carolina FY2022 Substance Abuse Block Grant Behavioral Health Assessment and Plan. The tables are to be completed using the provided Resource Document along with what you discussed in Part One's SPF Step 1, Needs Assessment.

Each table cell should be completed as follows:

- **Need Statement:** A brief need statement directly linking to the provided priority. The statement is to reflect and tie in with the preceding Needs Assessment section by using specific qualitative and quantitative data [with sources cited] that supports the specified priority.

- **Goal:** The Resource Document contains the goals that were taken from the South Carolina FY2022 Substance Abuse Block Grant Behavioral Health Assessment and Plan. Therefore, your can copy the corresponding goal to its specific priority.

- **Strategies:** The Resource Document contains strategy lists that correspond to the provided priorities that were taken from the South Carolina FY2022 Substance Abuse Block Grant Behavioral Health Assessment and Plan. Therefore, you can copy the corresponding strategies that will be implemented during SFY 2023 to address the corresponding goal. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.

- **Target Populations:** The Resource Document contains a list(s) of potential target populations. Therefore, copy the target populations that will be impacted through your selected strategies.

- **Process Objectives:** For each previously selected strategy, please copy and compete the corresponding process objective(s) from the provided Resource Document. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.

- **Performance Measures:** The Resource Document shows the link between a process objective and a performance measure written in a provided format. Therefore, a performance measure must correspond with each selected linked strategy and process objective. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.

- **Outcome Measures:** For each previously selected goal, strategy or strategies, process objective(s), and performance measures, a corresponding long-term outcome objective(s) needs to be developed based on an example provided in the Resource Document(s). Strategies and their corresponding process objectives and performance measures and outcome objectives must be county specific for county authorities that serve a multi-county area.

Priority Prevention Service Plan Table	
1	**Priority – Alcohol**

Brief Need Statement: (Tie in with the preceding Needs Assessment section by using specific qualitative and quantitative data [with sources cited] that helped identify this specific priority.)

According to the county level profiles, Horry County ranked 3rd overall for issues regarding alcohol. Horry County ranked 5th for heavy drinking, 8th for DUI crashes, and 13th for alcohol hospitalizations.

In the winter of 2020, the Communities that Care survey was conducted in local public high schools. 4,537 surveys were collected to provide drug and alcohol use information from those high school students. Students reflected the following: 33% had lifetime alcohol use, 54% believe it is easy to obtain alcohol, 50% 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.

Horry County is known as a tourist destination and alcohol is central to this. According to the department of revenue, Horry County has over 2,500 outlets that sell alcohol.

Goal: (Under the service continuum area, paste all the applicable Goals taken from the provided Resource Document that you will address.)

To reduce underage drinking and access to alcohol in Horry County.

Strategies: (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

Information Dissemination:

- Speaking Engagements
- Health Fairs and Other Health Promotion
- Brochures, Factsheets, Newsletters, and handouts
- AET Casual Contacts
- Media promoting alcohol compliance checks

Environmental:

- Alcohol compliance checks
- Merchant Education
- Controlled Party Dispersals
- Bar Checks/Fake ID Sweeps

Community-Based Process:

- Youth Board/Coalition Meetings
- Multi-Agency Coordination/Collaboration/Coalition Meetings

Alternatives:

- Team Building Activities/Ropes Courses

Target Population (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

___ Adults
___ High School Students
___ Middle/Jr High School Students
___ Retailers/Merchants/Servers

Process Objectives: (For each chosen strategy under the service continuum area, please select and complete the corresponding process objective(s) from the provided Resource Document. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.)

1) Speaking Engagements

Objective Name: Information Dissemination-Speaking Engagements-Underage Drinking.
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, provide the citizens of Horry County information on the dangers of underage alcohol use through speaking engagements.

2) Health Fairs/Other Health Promotion Events

Objective Name: Information Dissemination-Health Fairs/Other Health Promotion Events-

Underage Drinking.
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, provide the citizens of Horry County information on the dangers of underage alcohol use through health fairs and other health promotion events.

3) Brochures, Factsheets, Newsletters, and handouts
Objective Name: Information Dissemination- Brochures, Factsheets, Newsletters, and handouts-Underage Drinking.
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, provide the citizens of Horry County information on the dangers of underage alcohol use through Brochures, Factsheets, Newsletters, and handouts.

4) AET Casual Contacts
Objective Name: Information Dissemination- AET Casual Contacts-Underage Drinking.
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, provide the citizens of Horry County information on the dangers of underage alcohol through AET Casual Contacts.

5) Media promoting alcohol compliance checks
Objective Name: Information Dissemination- Media promoting alcohol compliance checks-Underage Drinking.
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, provide the citizens of Horry County information on plans to conduct and results of alcohol compliance checks via various media outlets.

6) Alcohol compliance checks
Objective Name: Environmental- Alcohol Compliance Checks -Underage Drinking.
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, conduct alcohol compliance checks monthly to reduce youth retail access to alcohol in Horry County.

7) Merchant Education
Objective Name: Environmental- Merchant Education -Underage Drinking.
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, conduct PREP training classes monthly to alcohol in Horry County.

8) Controlled Party Dispersals
Objective Name: Environmental- Controlled Party Dispersal Operations -Underage Drinking.
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, conduct controlled party dispersals to reduce youth social access to alcohol in Horry County.

9) Bar Checks/Fake ID Sweeps
Objective Name: Environmental- Bar Checks/Fake ID Sweeps -Underage Drinking.
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, conduct bar checks/fake ID sweeps monthly to reduce youth retail access to alcohol in Horry County.

10) Youth Board/Coalition Meetings
Objective Name: Community-Based Process-Youth Board/Coalition Meetings-Underage Drinking.
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, hold youth board/coalition meetings in Horry County to collaborate with youth to reduce underage alcohol use among their peers.

11) Multi-Agency Coordination/Collaboration/Coalition Meetings
Objective Name: Community-Based Process-Multi-Agency Coordination/Collaboration/Coalition Meetings-Underage Drinking.
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, hold coalition meetings in Horry County to collaborate with agency representations to reduce underage alcohol use.

12) Team Building Activities/Ropes Courses
Objective Name: Alternatives-Team Building Activities/Ropes Courses- Underage Drinking.
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, provide team building events/ropes course activities in Horry County to reduce underage alcohol use.

Performance Measures: (For each process objective under the service continuum area, please follow the example provided in the Resource Document to compose a linked performance measure. Make sure that strategies and their corresponding process objectives and performance measures are county specific if this county authority serves a multi-county area.)

1) By June 30, 2023, Shoreline BHS will provide 4 speaking engagements on the dangers of underage drinking to reach 30 youth.
2) By June 30, 2023, Shoreline Behavioral Health Services will participate in 6 health fairs giving out material on the dangers of underage drinking to 200 adults/youth.

3) By June 30, 2023, Shoreline Behavioral Health Services will give out 500 pieces of educational material on the dangers of underage drinking in Horry County.
4) By June 30, 2023, Shoreline Behavioral Health Services will release 6 media releases on alcohol compliance checks in Horry County.
5) By June 30, 2023, Shoreline Behavioral Health Services will conduct 180 alcohol compliance checks in Horry County.
6) By June 30, 2023, Shoreline Behavioral Health Services will provide 10 PREP classes to 20 participants educating on selling alcohol in Horry County.
7) By June 30, 2023, Shoreline Behavioral Health Services will host 6 youth advisory board meetings in Horry County.
8) By June 30, 2023, Shoreline Behavioral Health Services will host 10 CAST Coalition meetings in Horry County.
9) By June 30, 2023, Shoreline Behavioral Health Services will host 6 youth groups on the ropes course where they will receive information on the dangers of underage drinking.

Outcome Objectives: (For each previously selected goal, strategy or strategies, process objective(s), and performance measures, please follow the example in the Resource Document to compose a linked long-term outcome objective. Strategies and their corresponding process objectives and performance measures and outcome objectives must be county specific for county authorities that serve a multi-county area.)

Decrease past month alcohol use (30-day use) among Horry County high school students to 12% or less (measured by the instrument and timeframe)

Decrease retail access to alcohol (underage alcohol buy-rate) for Horry County to 3% or less (measured by AET county data yearly).

Priority Prevention Service Plan Table	
2	**Priority – Tobacco**
Brief Need Statement: (Tie in with the preceding Needs Assessment section by using specific qualitative and quantitative data [with sources cited] that helped identify this specific priority.) Horry County overall ranks 13th in the state regrading nicotine, and ranked 7th for the amount of current cigarette smokers. (county level profiles) According to the 2020 CTC survey, 27% of high school students surveyed indicated they had vaped tobacco products in their lifetime. 15% are current vape users. 50% of students surveyed indicated it was very easy or sort of easy to obtain tobacco. 58% indicated the same for vape products ore-cigarettes. (CTC Survey) The buy rate for tobacco compliance checks in Horry County was 10% in FY 21.	
Goal: (Under the service continuum area, paste all the applicable Goals taken from the provided Resource Document that you will address.) To reduce underage tobacco/nicotine use and access to tobacco/nicotine products in Horry County.	
Strategies: (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).	

Information Dissemination
- Speaking Engagements
- Health Fairs and Other Health Promotion
- Brochures, Factsheets, Newsletters, and handouts
- Media promoting tobacco compliance checks

Environmental
- Tobacco compliance checks
- Merchant Education
- Synar Study

Community-Based Process
- Youth Board/Coalition Meetings
- Multi-Agency Coordination/Collaboration/Coalition Meetings

Problem Identification and Referral
- Tobacco Education Programs

Target Population (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

___ Adults
___ High School Students
___ Middle/Jr High School Students
___ Retailers/Merchants/Servers

Process Objectives: (For each chosen strategy under the service continuum area, please select and complete the corresponding process objective(s) from the provided Resource Document. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.)

1) Objective Name: Information Dissemination-Speaking Engagements-Tobacco/Nicotine Use

Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, provide the citizens of Horry County information on the dangers of tobacco/nicotine use through speaking engagements.

2) Objective Name: Information Dissemination-Health Fairs/Other Health Promotion Events-Tobacco/Nicotine Use

Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, provide the citizens of Horry County information on the dangers of tobacco/nicotine use through health fairs and other health promotion events.

3) Objective Name: Information Dissemination- Brochures, Factsheets, Newsletters and handouts-Tobacco/Nicotine Use

Start Date: 7/1/2022
End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Horry County information on the dangers of tobacco/nicotine use through Brochures, Factsheets, Newsletters and handouts.

4) Objective Name: Information Dissemination- Media promoting tobacco compliance checks-Underage Drinking.
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, provide the citizens of Horry County information on plans to conduct and results of tobacco compliance checks via various media outlets.

5) Objective Name: Environmental- Tobacco Compliance Checks -Underage Tobacco Use
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, conduct tobacco compliance checks monthly to reduce youth retail access to tobacco in Horry County.

6) Objective Name: Environmental- Merchant Education -Underage Tobacco Use.
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, conduct PREP training classes monthly to alcohol retailers to reduce access to tobacco/nicotine products in Horry County.

7) Objective Name: Environmental- Synar Study -Underage Tobacco Use
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Conduct the annual Synar study by visiting the assigned outlets to reduce youth retail access to tobacco in Horry County.

8) Objective Name: Community-Based Process-Youth Board/Coalition Meetings-Tobacco/Nicotine Use
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, hold youth board/coalition meetings in Horry County to collaborate with youth to reduce underage tobacco/nicotine use among their peers.

9) Objective Name: Community-Based Process-Multi-Agency Coordination/Collaboration/Coalition Meetings-Tobacco/Nicotine Use
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, hold coalition meetings in Horry County to collaborate with agency representations to reduce tobacco/nicotine use.

10) Objective Name: Problem Identification and Referral – Tobacco Education Program-

Tobacco/Nicotine Use
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, provide Tobacco Education Programs in Horry County to reduce underage tobacco/nicotine use.

Performance Measures: (For each process objective under the service continuum area, please follow the example provided in the Resource Document to compose a linked performance measure. Make sure that strategies and their corresponding process objectives and performance measures are county specific if this county authority serves a multi-county area.)

1) By June 30, 2023, Shoreline Behavioral Health Services will provide 4 speaking engagements on the dangers of tobacco/nicotine use to reach 30 youth.
2) By June 30, 2023, Shoreline Behavioral Health Services will participate in 6 health fairs giving out material on the dangers of tobacco/nicotine use to 200 adults/youth.
3) By June 30, 2023, Shoreline Behavioral Health Services will give out 500 pieces of educational material on the dangers of tobacco/nicotine use in Horry County.
4) By June 30, 2023, Shoreline Behavioral Health Services will release 6 media releases on tobacco compliance checks in Horry County.
5) By June 30, 2023, Shoreline Behavioral Health Services will conduct 20 tobacco compliance checks in Horry County.
6) By June 30, 2023, Shoreline Behavioral Health Services will provide 10 PREP classes to 20 participants educating on selling tobacco in Horry County.
7) By June 30, 2023, Shoreline Behavioral Health Services will conduct the SYNAR study as guided by DAODAS in Horry County.
8) By June 30, 2023, Shoreline Behavioral Health Services will host 6 youth advisory board meetings in Horry County.
9) By June 30, 2023, Shoreline Behavioral Health Services will host 10 CAST Coalition meetings in Horry County.
10) By June 30, 2023, Shoreline Behavioral Health Services will host 6 Tobacco Education Program (TEP) classes for 30 youth in Horry County.

Outcome Objectives: (For each previously selected goal, strategy or strategies, process objective(s), and performance measures, please follow the example in the Resource Document to compose a linked long-term outcome objective. Strategies and their corresponding process objectives and performance measures and outcome objectives must be county specific for county authorities that serve a multi-county area.)

Decrease past month tobacco/nicotine use (30-day use) among Horry County high school students to 9% or less (measured by the CTC survey)

Decrease retail access to tobacco/nicotine products (underage tobacco compliance check buy-rate) for Horry County to 8% or less (measured by AET county data yearly).

Priority Prevention Service Plan Table	
3	**Priority – Opioids**

Brief Need Statement: (Tie in with the preceding Needs Assessment section by using specific qualitative and quantitative data [with sources cited] that helped identify this specific priority.)

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 is ranked #5 in the state for naloxone administrations, #3 in the state for opioid-involved overdose deaths, and #4 in the state for opioid-related hospitalizations (county level profiles). In 2020, Horry County had 197 overdose deaths. This was a 29% increase over the previous year. (according to data from the drug overdose report). At least 145 of those overdose deaths included one or a combination of the following: heroin, fentanyl, carfentanil, 4- ANPP (despropionyl fentanyl), oxycodone, and norfentanyl. Often, there were also alcohol, nicotine, and marijuana present in the bodies. 68 of those deaths were females and 113 were males. 4 were teenagers, 35 were in their 20s, 48 were in their 30s, 54 were in their 40s, 25 were in their 50s, 14 were in their 60s, and 1 was 91 years old. 156 were White, 22 were Black, and 3 were either listed as Other or left blank. 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.

Goal: (Under the service continuum area, paste all the applicable Goals taken from the provided Resource Document that you will address.)

To decrease the use/misuse of opioids/prescription drugs in Horry County.

Strategies: (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

Information Dissemination:

- Speaking Engagements
- Health Fairs and Other Health Promotion
- Brochures, Factsheets, Newsletters, and handouts
- Social Media Campaigns

Community-Based Process:

- Youth Board/Coalition Meetings
- Multi-Agency Coordination/Collaboration/Coalition Meetings

Target Population (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through

selected strategies).

Process Objectives: (For each chosen strategy under the service continuum area, please select and complete the corresponding process objective(s) from the provided Resource Document. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.)

1) Information Dissemination: Examples
Objective Name: Information Dissemination-Speaking Engagements-Opioid/Prescription Drug Misuse
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, provide the citizens of Horry County information on the dangers of opioid/prescription drug misuse through speaking engagements.

2) Objective Name: Information Dissemination-Health Fairs/Other Health Promotion Events-Opioid/Prescription Drug Misuse
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, provide the citizens of Horry County information on the dangers of opioid/prescription drug misuse through health fairs and other health promotion events.

3) Objective Name: Information Dissemination- Brochures, Factsheets, Newsletters, and handouts- Opioid/Prescription Drug Misuse
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, provide the citizens of Horry County information on the dangers of opioid/prescription drug misuse through Brochures, Factsheets, Newsletters, and handouts.

4) Objective Name: Information Dissemination- Social Media Campaigns-Opioid/Prescription Drug Misuse
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, provide the citizens of Horry County information on the dangers of opioid/prescription drug misuse through implementation of a social media campaign.

5) Community-Based Process: Examples
Youth Board/Coalition Meetings
Objective Name: Community-Based Process-Youth Board/Coalition Meetings-Opioid/Prescription Drug Misuse
Start Date: 7/1/2022

End Date: 6/30/2023
Objective Description: Throughout the fiscal year, hold youth board/coalition meetings in Horry County to collaborate with youth to reduce opioid/prescription drug misuse among their peers.
Multi-Agency Coordination/Collaboration/Coalition Meetings

6) Objective Name: Community-Based Process-Multi-Agency Coordination/Collaboration/Coalition Meetings- Opioid/Prescription Drug Misuse
Start Date: 7/1/2022
End Date: 6/30/2023
Objective Description: Throughout the fiscal year, hold coalition meetings in Horry County to collaborate with agency representations to reduce opioid/prescription drug misuse.

Performance Measures: (For each process objective under the service continuum area, please follow the example provided in the Resource Document to compose a linked performance measure. Make sure that strategies and their corresponding process objectives and performance measures are county specific if this county authority serves a multi-county area.)

1) By June 30, 2023, Shoreline Behavioral Health Services will provide 4 speaking engagements on the dangers of opioid/prescription drug use to reach 30 youth.
2) By June 30, 2023, Shoreline Behavioral Health Services will participate in 6 health fairs giving out material on the dangers of opioid/prescription drug use to 200 adults/youth.
3) By June 30, 2023, Shoreline Behavioral Health Services will give out 500 pieces of educational material on the dangers of opioid/prescription drug use in Horry County.
4) By June 30, 2023, Shoreline Behavioral Health Services will post 10 social media posts on the dangers of opioid/prescription drug use to reach 1,000 adults/youth.
5) By June 30, 2023, Shoreline Behavioral Health Services will host 6 youth advisory board meetings in Horry County.
6) By June 30, 2023, Shoreline Behavioral Health Services will host 10 CAST Coalition meetings in Horry County.

Outcome Objectives: (For each previously selected goal, strategy or strategies, process objective(s), and performance measures, please follow the example in the Resource Document to compose a linked long-term outcome objective. Strategies and their corresponding process objectives and performance measures and outcome objectives must be county specific for county authorities that serve a multi-county area.)

Decrease past month prescription drug misuse (30-day use) among Horry County high school students to 2% or less (measured by the CTC survey).

Decrease ease of access to prescription drugs among Horry County high school students to 2% or less (measured by the CTC survey).

Priority Treatment Service Plan Table	
1	**Priority** – Pregnant women and women with dependent children

Brief Need Statement: (Tie in with the preceding Needs Assessment section by using specific qualitative and quantitative data [with sources cited] that helped identify this specific priority.)

Provide more discrete services related to pregnant women and women with children, specifically those involved in the child welfare system. Horry County continues to have some of the highest foster care rates in the state of SC. https://dss.sc.gov/about/data-and-resources/foster-care-dashboard There continues to be a gap in services for women trying to navigate DSS requirements and fulfill safety plan expectations.

Goal:
To provide substance use disorder treatment services to pregnant women and women with dependent children.

Strategies: (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

1. Hire and train a community health worker to assist women identified as at risk in the child welfare system.
2. Continue working closely with HCDSS via full time DSS Liaison and Women's Services Coordinator.
3. Implement SC Thrive to assist at risk population in gaining access to resources.
4. WHAM Training for Peers to better serve at risk population

Target Population (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

Pregnant Women and Women with Dependent Children-

Process Objectives: (For each chosen strategy under the service continuum area, please select and complete the corresponding process objective(s) from the provided Resource Document. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.)

Objective 1: Improve **access** to comprehensive admission-related services (e.g., assessment, screening, interim services) for pregnant women and women with dependent children to determine appropriate level of treatment service.

Objective 2: Improve treatment **engagement** of pregnant women and women with dependent children.

Objective 3: Improve treatment **retention** of pregnant women and women with dependent children.

Objective 4: Improve **efficacy** of treatment services.

Performance Measures: (For each process objective under the service continuum area, please follow the example provided in the Resource Document to compose a linked performance measure. Make sure that strategies and their corresponding process objectives and performance measures are county specific if this county authority serves a multi-county area.)

Objective 1: **access**

Performance Measure 1: Over this plan year, Shoreline Behavioral Health will provide access to comprehensive admission-related services to ***475*** citizens in Horry County.

Objective 2: **engagement**

Performance Measure 1: Increase engagement for pregnant women and women with dependent children to a continuum of treatment services in Horry County from ***65% to 70% or*** more.

Objective 3: **retention**

Performance Measure 1: Increase successful completion of treatment episodes by pregnant women and women with children in Horry County by ***5%.*** (24 women)

Performance Measure 2: Increase connection of patients to community partners (as measured in increase in Case Management Services and/or Peer Support Services in CareLogic) from 22 patients to 33 patients (50% increase).

Performance Measure 3: Extend community outreach by establishing partnerships with 2 additional community partners. (WCMH- focus on more collaboration, decrease wait time for psychiatrist) (SC Thrive- resources)

Performance Measure 4: Increase peer support services by 20 hours/month.

Objective 4: **efficacy**

Performance Measure 1: Increase from 15.15% to 25% the number of follow-up surveys conducted with patients 90 days after discharge from treatment on the social determinants of health (housing, employment, substance use, recidivism, access to food, health, etc.).

Outcome Objectives: (For each previously selected goal, strategy or strategies, process objective(s), and performance measures, please follow the example in the Resource Document to compose a linked long-term outcome objective. Strategies and their corresponding process objectives and performance measures and outcome objectives must be county specific for county authorities that serve a multi-county area.)

1. Over this plan year, Shoreline Behavioral Health will provide access to comprehensive admission-related services to ***475*** citizens in Horry County through the utilization of a CHW and additional trainings for PSS.

2. Increase access for pregnant women and women with dependent children to a continuum of treatment services in Horry County from ***65 % to 70% or*** more. This will be achieved through the implementation of a Community Health Worker and continued collaboration with DSS.

3. Increase successful completion of treatment episodes by pregnant women and women with children in Horry County by ***5% (24 Women).***

4. Increase from 15.15% to 25% the number of follow-up surveys conducted with patients 90 days after discharge from treatment on the social determinants of health (housing, employment, substance use, recidivism, access to food, health, etc.). Through strategies such as, the implementation of the CHW more clients with complete follow-up surveys post discharge.

An important note regarding data indicated in the performance measure and outcome objective sections: The Carelogic database is not configured to gather much of the numerical information needed. Many of the reports within Carelogic are not able to pull the specific information needed on individual populations or groups of clients.

Priority Treatment Service Plan Table	
2	**Priority – IVDU**

Brief Need Statement: (Tie in with the preceding Needs Assessment section by using specific qualitative and quantitative data [with sources cited] that helped identify this specific priority.)

Horry County has consistently ranked among the highest in SC for overdose deaths in recent years. Horry County is ranked #5 in the state for naloxone administrations, #3 in the state for opioid-involved overdose deaths, and #4 in the state for opioid-related hospitalizations (county level profiles). In 2020, Horry County had 197 overdose deaths. This was a 29% increase over the previous year. (According to data from the drug overdose report)

Goal: (Under the service continuum area, paste all the applicable Goals taken from the provided Resource Document that you will address.)

To provide substance use disorder treatment services to persons who inject drugs.

Strategies: (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

1. Training for all staff provided by Dr. Emmel on the topic of Harm Reduction.
2. Full time MAT Counselor that will see all patients scheduled to see the provider for MAT medications.
3. Increase harm reduction activities by distributing more fentanyl test kits, Narcan.

Target Population (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

IVDU

Process Objectives: (For each chosen strategy under the service continuum area, please select and complete the corresponding process objective(s) from the provided Resource Document. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.)

Objective 1: Improve **access** to comprehensive assessment to persons who inject drugs to determine appropriate treatment level of service.

Objective 2: Improve treatment **engagement** of persons who inject drugs.

Objective 3: Improve treatment **retention** of persons who inject drugs.

Objective 4 (Quality): Improve **efficacy** of treatment services.

Performance Measures: (For each process objective under the service continuum area, please follow the example provided in the Resource Document to compose a linked performance measure. Make sure that strategies and their corresponding process objectives and performance measures are county specific if this county authority serves a multi-county area.)

Objective 1: Access

Performance Measure 1: Over this plan year, Shoreline Behavioral Health will provide access to comprehensive assessments to 450 citizens in Horry County (39%).

Objective 2: Engagement

Performance Measure 1: Increase access to a continuum of quality treatment services for persons who inject drugs in Horry County from 82% to 87% or more.

Performance Measure 2: Increase number of persons who inject drugs and are receiving medication-assisted treatment services by 5%.

Performance Measure 3: Reduce the time from initial assessment to start of treatment services for persons who inject drugs from 5 days to 3 days.

Objective 3: Retention

Performance Measure 1: Increase successful completion of treatment episode for persons who inject drugs in Horry County from 30% to 40 % or more. (Treatment success for OUD for many clients means staying in treatment. Many of these clients may remain in treatment for many years in the MAT program.)

Performance Measure 2: Increase transportation services from 214 (66%) patients to 250 patients.

Performance Measure 3: Increase connection of persons who inject drugs to community partners (as measured in increase in Case Management Services and/or Peer Support Services in CareLogic) from 298 patients to 400 patients.

Performance Measure 4: Establish or increase community outreach by establishing partnership with 2 additional community partners. (Coordinated recovery effort with city of MB, FAVOR)

Performance Measure 5: Increase peer support services by 15 hours/weekly.

Objective 4 (Quality):

Performance Measure 1: Increase from 1.32% to 15 % the number of follow-up surveys conducted with patients 90 days after discharge from treatment on the social determinants of health (housing, employment, substance use, recidivism, access to food, health, etc.).

Outcome Objectives: (For each previously selected goal, strategy or strategies, process objective(s), and performance measures, please follow the example in the Resource Document to compose a linked long-term outcome objective. Strategies and their corresponding process objectives and performance measures and outcome objectives must be county specific for county authorities that serve a multi-county area.)

1. By offering same day appointments for IVDU population in need of immediate treatment, the access for services will be made more readily available for citizens of Horry County.
2. Through the utilization of specific MAT counselor who are available to see the clients on demand, treatment services can begin as soon as the first medical appointment.
3. Through the use of wrap around services involving case management and peer support, clients will have a higher rate of successful completion and retention in services.
4. By following the clients more closely throughout treatment the follow up survey rate will increase post discharge.

An important note regarding data indicated in the performance measure and outcome objective sections: The Carelogic database is not configured to gather much of the numerical information needed. Many of the reports within Carelogic are not able to pull the specific information needed on individual populations or groups of clients.

Priority Treatment Service Plan Table	
3	**Priority** – Individuals involved with the criminal justice system or juvenile justice system

Brief Need Statement: (Tie in with the preceding Needs Assessment section by using specific qualitative and quantitative data [with sources cited] that helped identify this specific priority.)

Those involved with the criminal justice system often fail to engage in recommended treatment services. There is a need for greater access to services within the detention center and referral to treatment upon release.

Goal: (Under the service continuum area, paste all the applicable Goals taken from the provided Resource Document that you will address.)

To provide substance use disorder treatment services to individuals with substance use disorders involved in the criminal or juvenile justice systems.

Strategies: (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

1. Full time counselor located at J-Reuben Long Detention Center
2. Continued Peer Support Services at J-Reuben

Target Population (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

Criminal or Juvenile Justice-

ADSAP-

Process Objectives: (For each chosen strategy under the service continuum area, please select and complete the corresponding process objective(s) from the provided Resource Document. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.)

Objective 1: Improve **access** to comprehensive admission-related services (e.g., assessment, screening, interim services) for patients involved in the criminal or juvenile justice systems to determine appropriate level of treatment service.

Objective 2: Improve treatment **engagement** of individuals involved in the criminal or juvenile justice systems.

Objective 3: Improve treatment **retention** of individuals involved in the criminal or juvenile justice systems.

Objective 4 (Quality): Improve **efficacy** of treatment services.

Performance Measures: (For each process objective under the service continuum area, please follow the example provided in the Resource Document to compose a linked performance measure. Make sure that strategies and their corresponding process objectives and performance measures are county specific if this county authority serves a multi-county area.)

Objective 1: Improve **access** to comprehensive admission-related services (e.g., assessment, screening, interim services) for patients involved in the criminal or juvenile justice systems to determine appropriate level of treatment service.

Performance Measure 1: Over this plan year, SBHS will provide access to comprehensive admission-related services to **820** citizens in Horry County.

Objective 2: Improve treatment **engagement** of individuals involved in the criminal or juvenile justice systems.

Performance Measure 1: Increase access for individuals involved in the criminal or juvenile justice systems to a continuum of quality treatment services in Horry County from 52% to 55% or more.

Performance Measure 2: Increase number of individuals involved in the criminal or juvenile justice systems who are receiving substance use disorder treatment services by 3%.

Performance Measure 3: Decrease the time from initial assessment to start of treatment services from 3 days to 2 days.

Objective 3: Improve treatment **retention** of individuals involved in the criminal or juvenile justice systems.

Performance Measure 1: Increase successful completion of treatment episodes for individuals involved in the criminal or juvenile justice systems in Horry County from 60% to 64%.

Performance Measure 3: Increase connection of individuals involved in the criminal or juvenile justice systems to community partners (as measured in increase in Case Management Services and/or Peer Support Services in CareLogic) from *30* patients to *37* patients.

Performance Measure 5: Increase peer support services by 5 hours/month.

Objective 4 (Quality): Improve **efficacy** of treatment services.

Performance Measure 1: Increase from 13 surveys completed for CJJ/DJJ 41% to 67% the number of follow-up surveys conducted with patients 90 days after discharge from treatment on the social determinants of health (housing, employment, substance use, recidivism, access to food, health, etc.).

Outcome Objectives: (For each previously selected goal, strategy or strategies, process objective(s), and performance measures, please follow the example in the Resource Document to compose a linked long-term outcome objective. Strategies and their corresponding process objectives and performance measures and outcome objectives must be county specific for county authorities that serve a multi-county area.)

1. By utilizing a counselor within J-Reuben Long Detention Center awareness of availability of services and access will increase for citizens of Horry County.
2. Through the use of the PSS and counselor working closely together when someone is preparing for discharge at the local detention center, engagement into services will increase to 55% or higher.
3. Through the use of peer support services and case management retention in services will increase to 64%.
4. More follow up surveys will be completed post discharge to reflect a more accurate number of clients that have completed services.

An important note regarding data indicated in the performance measure and outcome objective sections: The Carelogic database is not configured to gather much of the numerical information needed. Many of the reports within Carelogic are not able to pull the specific information needed on individual populations or groups of clients.

Priority Treatment Service Plan Table	
4	**Priority – Tuberculosis**

Brief Need Statement: (Tie in with the preceding Needs Assessment section by using specific qualitative and quantitative data [with sources cited] that helped identify this specific priority.)

While SC ranks relatively low for positive cases of tuberculosis, among those with substance use disorders the concern for communicable disease remains high. Generally, persons at high risk for developing TB disease fall into two categories:

- Persons who have been recently infected with TB bacteria
- Persons with medical conditions that weaken the immune system
  https://www.cdc.gov/nchhstp/default.htm

People suffering from substance use disorders are at risk for a weakened immune system, which may lead to higher rates of contracting diseases such as Tuberculosis, HIV and Hep C.

Goal: (Under the service continuum area, paste all the applicable Goals taken from the provided Resource Document that you will address.)

Provide screening for Tuberculosis for every patient seen at time of initial assessment and refer to DHEC if screening is positive.

Strategies: (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

1. Provide screening on all clients at Shoreline BHS.
2. Referral for follow-up care at DHEC if responses on screener are positive.

Target Population (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

Women
IVDU
Adolescents
Criminal Justice System
General Population

Process Objectives: (For each chosen strategy under the service continuum area, please

select and complete the corresponding process objective(s) from the provided Resource Document. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.)

Objective 1: Improve **access** to comprehensive admission-related services (e.g., assessment, screening, interim services) for those at high risk for communicable disease.

Objective 2: Improve treatment **engagement** of individuals at risk of testing positive for TB.

Objective 3: Improve treatment **retention** of individuals at risk of testing positive for TB.

Objective 4 (Quality): Improve **efficacy** of treatment services.

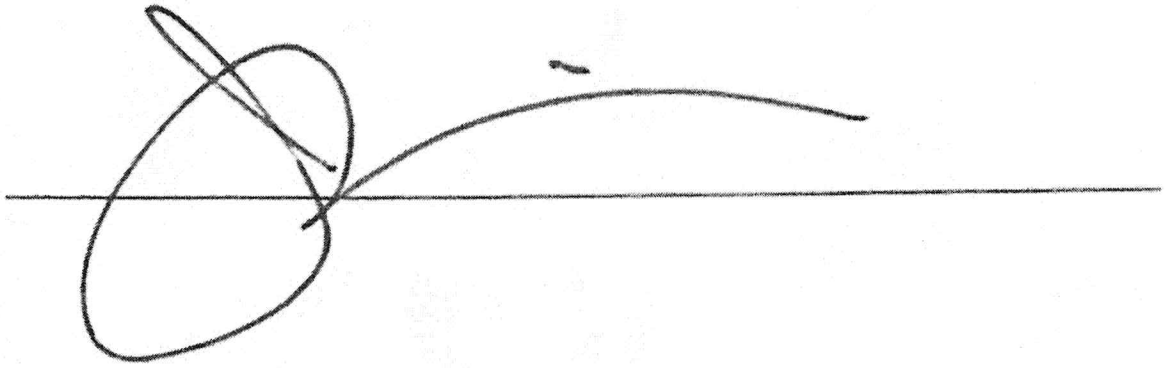
Performance Measures: (For each process objective under the service continuum area, please follow the example provided in the Resource Document to compose a linked performance measure. Make sure that strategies and their corresponding process objectives and performance measures are county specific if this county authority serves a multi-county area.)

1. Access- Ensure access to TB screening for all patients
2. Engagement- All clients that receive assessment will have the screener completed.
3. Retention-Anyone that has a positive response to the TB screener will be referred for further treatment at DHEC.
4. Efficacy- Shoreline will monitor rates of TB within Horry County and stay current on education regarding the most appropriate process to adhere to if a client screens positive.

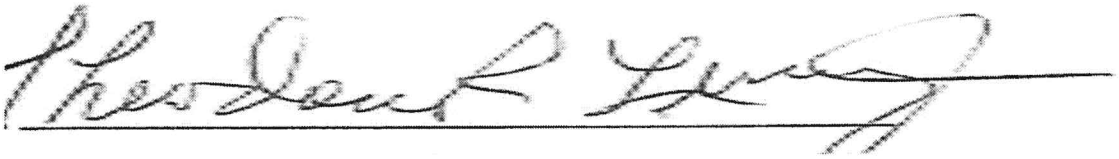
Outcome Objectives: (For each previously selected goal, strategy or strategies, process objective(s), and performance measures, please follow the example in the Resource Document to compose a linked long-term outcome objective. Strategies and their corresponding process objectives and performance measures and outcome objectives must be county specific for county authorities that serve a multi-county area.)

1. Provided screenings on all clients at Shoreline BHS.
2. Referral and linkage to follow-up care at DHEC would be made if a positive screener response is indicated

This FY23 County Strategic Plan has been reviewed, accepted, approved for submission, and attested by:



John Coffin, Executive Director
Authorized Designee, County Alcohol and Drug Abuse Authority



Theodore Lewis, Jr., Board Chair
Board Chair or Another Authorizing Executive

On

May 13th, 2022

Date