

2019-
2022



OD2A County Impact Report

Visualizing the Reach of the South Carolina OD2A Program 2019-2022

South Carolina Department of Health and Environmental Control

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Acknowledgements

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DHEC Outreach Team

Message from the Director

Dear Friends of DHEC,

In 2017, Governor Henry McMaster signed an executive order declaring the Opioid Epidemic a public health emergency in South Carolina. The Opioid Emergency Response Team (OERT) was also developed as response of the order. Through this taskforce, DHEC was able to join partners across the state weekly to assess outcomes, evaluate information regarding opioid use and spikes in the state, and further strategic planning.

In 2019, DHEC applied for and was successfully awarded the CDC Cooperative Agreement, Overdose Data-to-Action (OD2A). OD2A uses multiple data sources to guide opioid prevention activities in South Carolina. Through this funding, the Division of Injury and Substance Abuse Prevention (DISAP) is able to facilitate the implementation of ten (10) overarching strategies and approximately 17 sub-strategies. Currently, we have over 30 DHEC employees in five different bureaus work either full-time, or in some capacity, to assist with fighting the Opioid Epidemic in South Carolina.

In addition to collaboration within the DHEC organization, the OD2A grant allows DHEC to work with over 100 different partners across the state. Our partners include The Department of Alcohol and Other Drug Abuse Services (DAODAS), the SC Office of Rural Health (SCORH), hospitals, healthcare providers, coroners, EMS agencies, schools, non-profit community coalitions, Law Enforcement, Fire Departments, Children's Trust of South Carolina, Prisma Health, Clemson University, Hold out the Lifeline and Chernoff Newman, to name a few.

Part of our mission at DHEC is to improve the quality of life for all South Carolinians. We know that behind every data point there is a life, someone who may be struggling with substance use disorder. We are so thankful for the opportunity, working with our partners, to serve the state of South Carolina and we would like to share the hard work of the OD2A team with the community through our impact report.



With Gratitude,

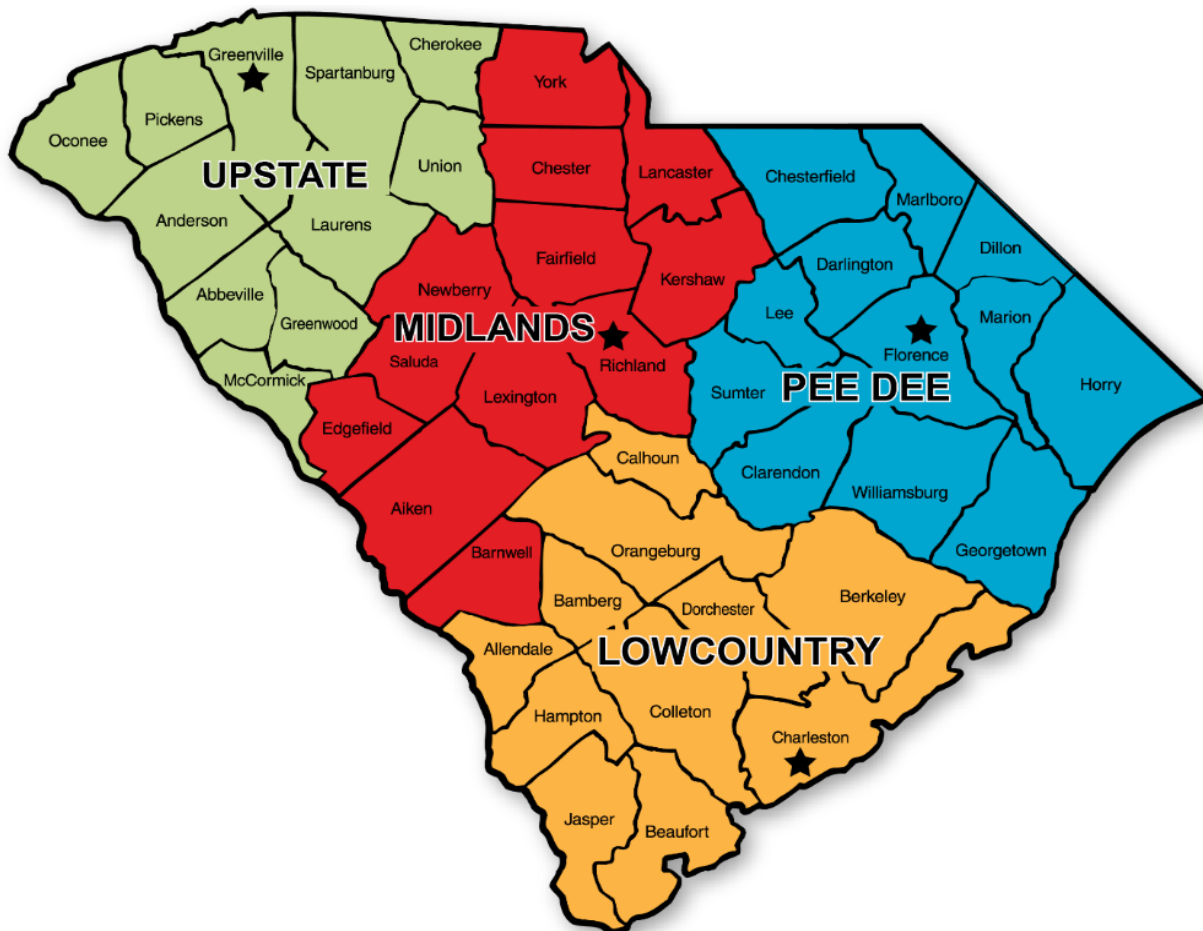
A handwritten signature in black ink that reads "Emma Kennedy".

Emma Kennedy, MPH
Director, Division of Injury and Substance Use
Prevention

Impact Report Purpose

The OD2A County Impact Report first started as an [idea](#) to combat SC community members not being aware of the opioid-related programs that are offered to SC communities. Our OD2A Grant Manager, Tramaine McMullen, started giving county-level presentations on OD2A activities in 2020. She would present to counties about what grant activities currently existed in their county, and which ones were missing and how they could get [involved](#). We found through these presentations that many community members did not know that some of these opioid programs were already in place in their own [community](#).

The SC Department of Health and Environmental Control (DHEC) is a centralized health system, so all the 46 county health departments across 4 regions are [connected](#) and [work together](#). We wanted to visualize the reach of our OD2A programs across the state, for SC residents and DHEC staff. The Impact Report initially started as only maps showing activities for year 1 of OD2A. Overtime, it has now become a deep dive into all OD2A programs and the expansion of DHEC's work over the past 3 years. DHEC's OD2A team is still working to [improve our reach](#) across the state, and the activities are everchanging, so this report will continue to be updated to reflect our [progress](#) in years to come.



What is OD2A?

[Overdose Data to Action \(OD2A\)](#) is a CDC-funded cooperative agreement that supports jurisdictions in collecting high quality, comprehensive, and timely data on nonfatal and fatal overdoses and in using those data to inform prevention and response efforts. OD2A focuses on understanding and tracking the complex and changing nature of the drug overdose epidemic and highlights the need for seamless integration of data into prevention strategies. In 2019, CDC funded 66 jurisdictions comprising of state, territorial, county, and city health departments.

SC's OD2A program consists of 3 **surveillance** strategies and 7 **prevention** strategies:

- 1. Collect and Disseminate Timely Emergency Department Data**
 - I. Hospitals report ED data to DHEC and CDC
 - II. Hospitals report hospital billing data on ED visits to DHEC and CDC
- 2. Collect and Disseminate Descriptions of Drug Overdose Death Circumstances**
 - I. Abstract and report on all unintentional and undetermined intent drug overdose deaths (State Unintentional Drug Overdose Reporting System)/Disseminate toxicology funding to coroners
 - II. Collect data on suspected opioid deaths (death certificate checkbox)
- 3. Implement Innovative Surveillance**
 - I. Analyze residual specimens from Eds for suspected opioid overdoses
- 4. Prescription Drug Monitoring Programs**
 - I. Participating in the PDMP Hub (RxCheck)
- 5. Integration of State and Local Prevention**
 - I. Community Outreach Paramedic Education (COPE) program
 - II. Strengthening Families Program
 - III. Opioid Education in Schools (Good Behavior Game and Botvin's Life Skills)
- 6. Establishing Linkages to Care**
 - I. Substance use referrals in health departments
 - II. COPE counselors participate in Motivational Interviewing
- 7. Providers and Health Systems Support**
 - I. Academic Detailing
- 8. Partnerships with Public Safety**
 - I. Vulnerability Assessment
 - II. Increase use of ODMAP
- 9. Empowering Individuals to make Safer Choices**
 - I. Media awareness campaign
 - II. Health department community presentations
 - III. Hold Out the Lifeline- community/faith-based education
- 10. Prevention Innovation Projects**

What does our OD2A Syndromic Surveillance Team do?

The Syndromic Surveillance team utilizes near real-time emergency department data to monitor and track overdose events throughout the state. This surveillance system allows spikes in drug overdoses to be quickly detected and the information shared with state and local partners so they can conduct timely interventions.

What is Syndromic Surveillance?

Syndromic surveillance provides public health officials with a timely system for detecting, understanding, and monitoring health events. By tracking symptoms of patients in EDs, before a diagnosis is confirmed, public health can detect unusual levels of illness to determine whether a response is warranted. Syndromic data can serve as an early warning system for public health concerns such as flu outbreaks and have been used in responses for opioid overdoses, vaping-associated lung disease, Zika virus infection, and natural disasters.¹

About the National Syndromic Surveillance Program (NSSP):

- [How Do We Conduct Syndromic Surveillance?](#)
- [View a Map of U.S. County Participation in NSSP](#)
- [New to Syndromic Surveillance?](#)

NSSP is a collaboration among CDC, federal partners, local and state health departments, and academic and private sector partners who have formed a [Community of Practice](#). They collect, analyze, and share electronic patient encounter data received from Eds, urgent and ambulatory care centers, inpatient healthcare settings, and laboratories.

The electronic health data are integrated through a shared platform—the [BioSense Platform](#). The public health community uses analytic tools on the platform to analyze data received as early as 24 hours after a patient's visit to a participating facility. Public health officials use these timely and actionable data to detect, characterize, monitor, and respond to events of public health concern.

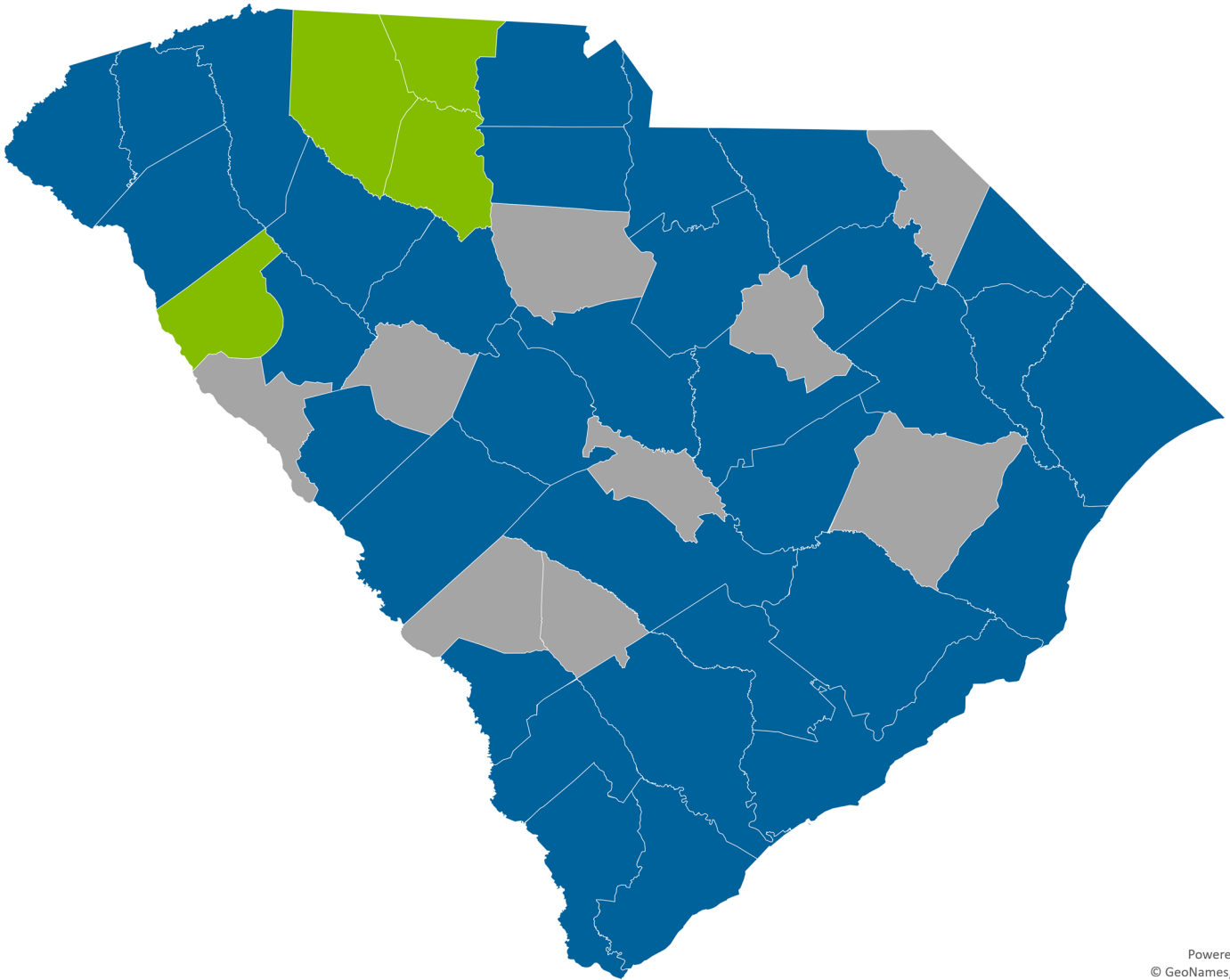
- ✓ More than 5,000 health care facilities covering 47 states and the District of Columbia contribute data to the BioSense platform daily.
- ✓ Data are available for analysis within 24 hours of patient visits.
- ✓ Data from about 73% of the nation's EDs visits are contributed to the BioSense platform.
- ✓ Over 6 million electronic health messages are received by the BioSense platform every day.

For more information, visit the [CDC](#) and [DHEC](#) syndromic surveillance webpages.

Strategy 1 – Hospital Emergency Departments Reporting Overdose Data to CDC



Counties with EDs Submitting Data to CDC



■ Onboarding hospital ■ Active hospitals submitting data ■ Not applicable

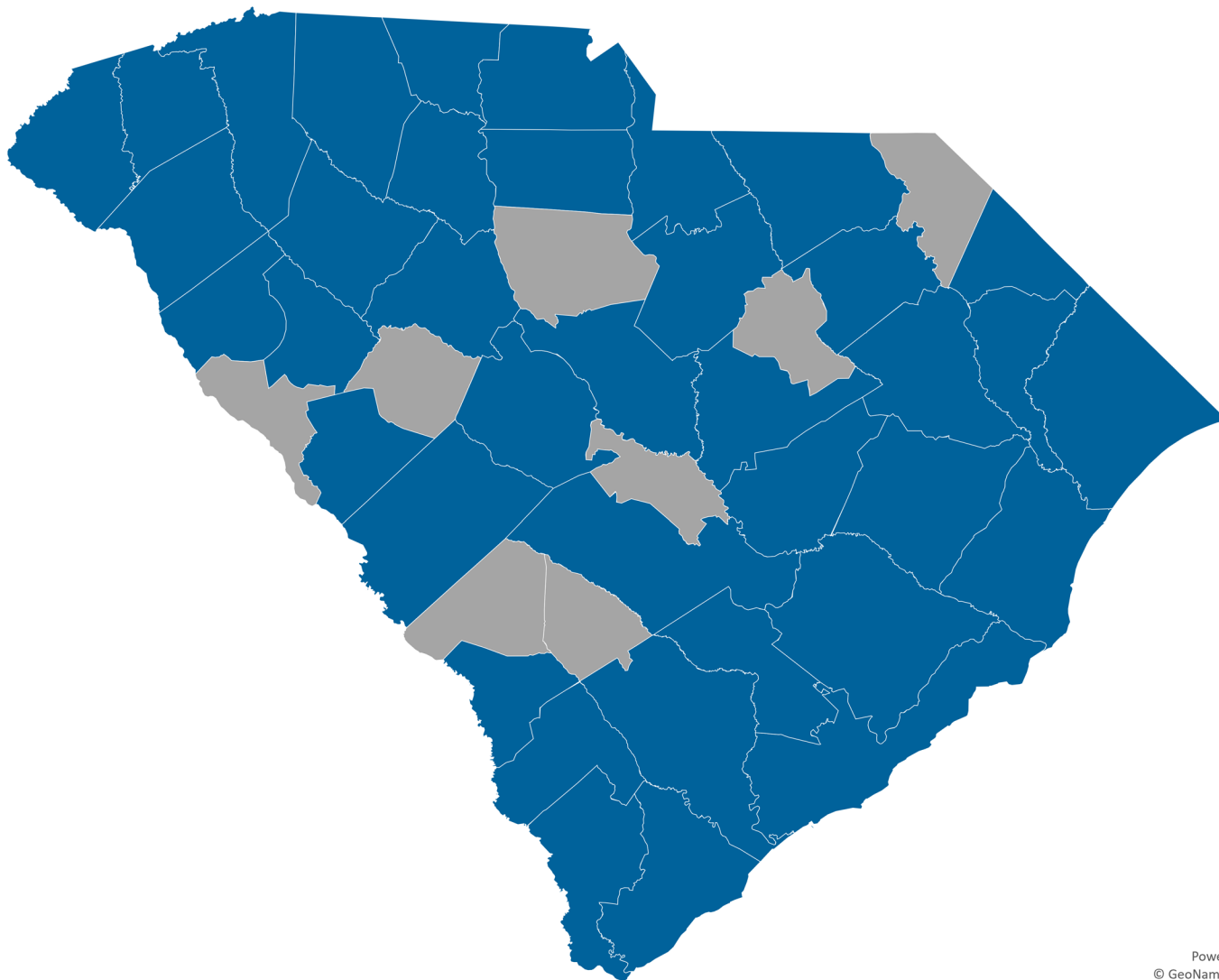
*9 counties do not have hospitals, including Bamberg, Barnwell, Calhoun, Fairfield, Lee, Marlboro, McCormick, Saluda, and Williamsburg.

Strategy 1 – Hospital Emergency Departments Reporting Overdose-related Billing/Discharge

Alongside syndromic surveillance, collecting billing and discharge data allows additional insight into data on both emergency department visits and hospitalization involving all drug, all opioid, heroin, and all stimulant overdoses. DHEC partners with SC's Revenue and Fiscal Affairs (RFA), the state data warehouse for health-related data, to get this information.



Counties with EDs Reprting Overdose-related Billing/Discharge Data



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*9 counties do not have hospitals, including Bamberg, Barnwell, Calhoun, Fairfield, Lee, Marlboro, McCormick, Saluda, and Williamsburg

What is SCVDRS?

The [South Carolina Violent Death Reporting System \(SCVDRS\)](#) was established in 2002 through a cooperative agreement with the CDC. SCVDRS users collect and use the violent death data to define the problem in South Carolina, identify risk and protective factors, test prevention strategies and assure widespread adoption of successful approaches.

SCVDRS deaths include:

- Homicides
- Suicides
- Deaths resulting from legal intervention (i.e., when individuals are killed by law enforcement personnel in the line of duty)
- Unintentional firearm injury deaths
- **Injury deaths of undetermined intent**

What is SUDORS?

State Unintentional Drug Overdose Reporting System (SUDORS) data comes from Coroners and captures detailed information on toxicology, death scene investigations, route of administration, and other risk factors that may be associated with a fatal overdose. DHEC Vital Statistics identifies cases from death certificates using the CDC case definition for unintentional and undetermined intent overdose deaths and imports that information into SCVDRS.

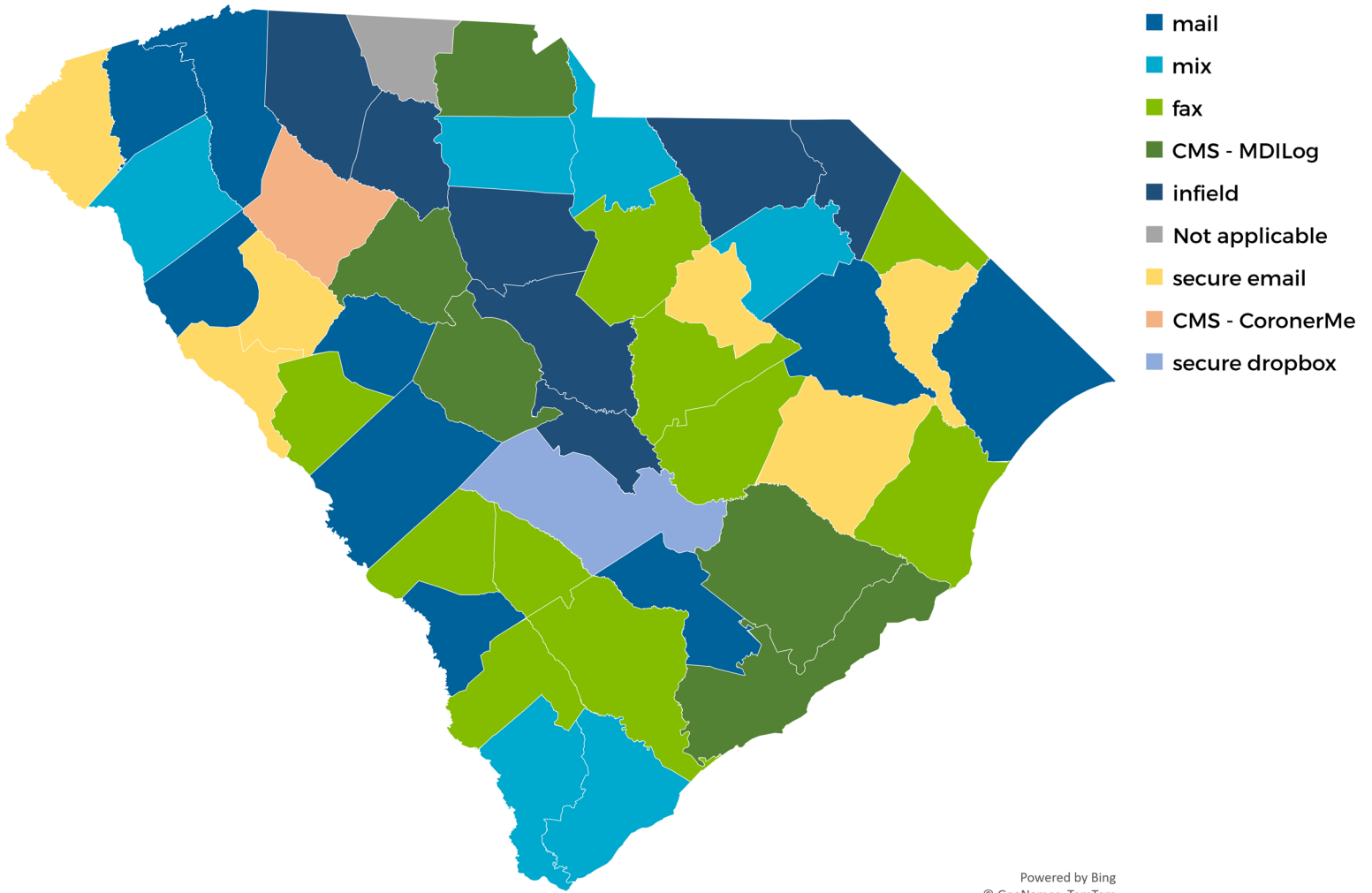
What do our Abstractors do?

Abstractors review a victim's death certificate, coroner's reports, toxicology reports, and other medical information to write a narrative that accurately summarizes what lead to that person's death. The information available can help abstractors figure out what may have led the person down the path of an overdose, whether that be lack of close relationships, lack of substance abuse help, how long they have been abusing substances, and what sort of ways they are consuming the drug/drugs that lead to their death. Abstractors aid surveillance efforts by producing an image around drug overdose deaths that can help track what drugs are on the rise, as well as hot spots for overdoses in the community.

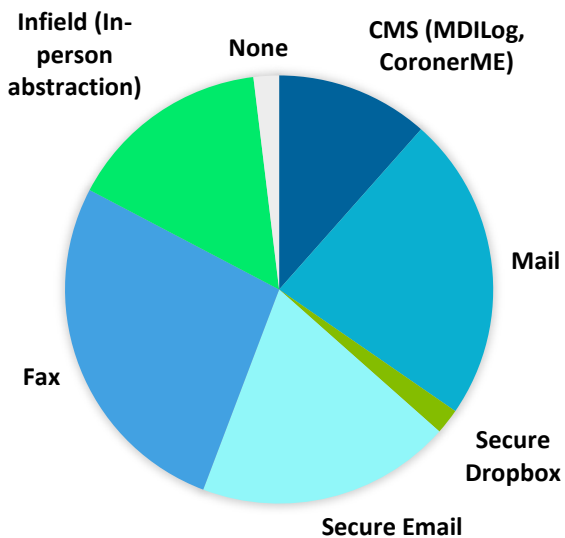
DHEC's SCVDRS is funding seven counties to support and enhance comprehensive post-mortem toxicological testing of suspected drug overdose deaths for opioids. Four of these counties are urban, two of which are designated high intensity drug trafficking areas, and the remaining three counties are considered rural. These seven counties accounted for 28% of the 1,131 drug overdose deaths in 2019.

Strategy 2 – NVDRS/SUDORS

Coroner Reporting Method by County



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5000+
coroner
records have
been abstracted
since 2020

Strategy 2 – Suspected Opioid Overdose Checkbox

What does our Vital Statistics team do?

DHEC’s Department of Vital Statistics (VS) provides morbidity and mortality data for SC. The VS system is local-state-national reporting system where vital events are certified and reports are submitted to Vital Records offices across the state.

To provide rapid preliminary detection and response to opioid overdose mortality outbreaks in SC, DHEC introduced a “suspected opioid overdose” checkbox on electronic death certificates statewide.

32. Cause of Death - Part 1

Was this death a suspected Opioid overdose?

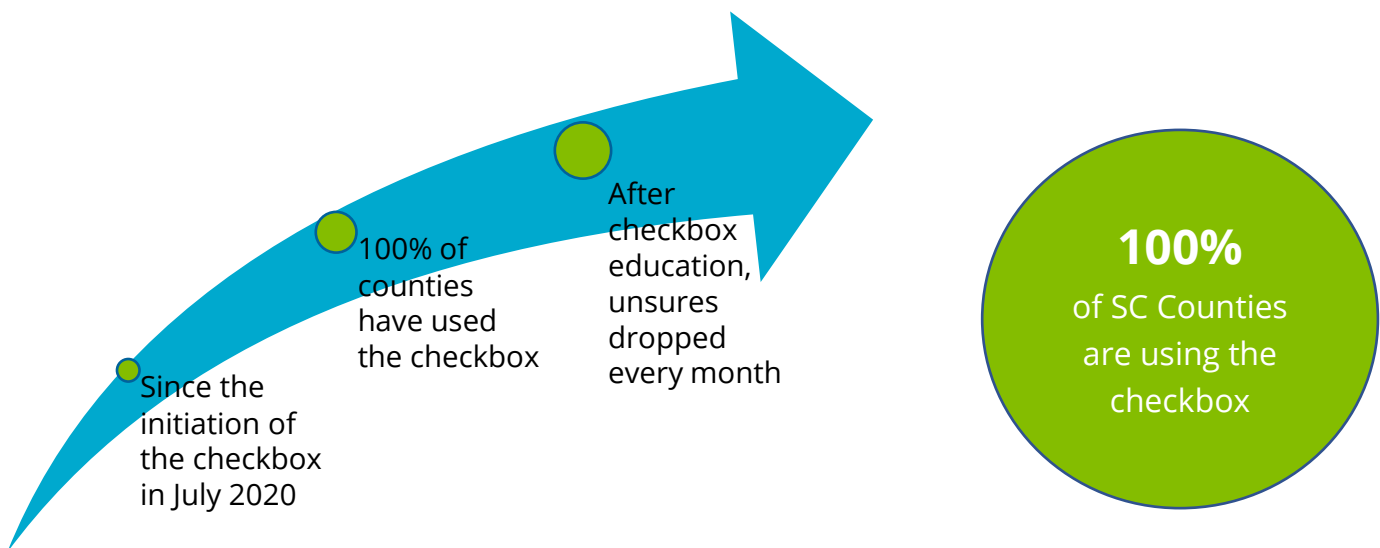
Enter the chain of events - diseases, injuries, or complications - that

A:

B:

C:

Yes
No
Unknown



What does our Public Health Lab Team do?

The **South Carolina Public Health Laboratory** (SC PHL) contributes to the understanding of the opioid epidemic and plays a vital role in response efforts by providing surveillance data from suspected overdose patients to identify opioid usage and trends over time. THE PHL works with partners in healthcare and public health to provide data that assists in making data-driven decisions aimed at addressing the opioid epidemic by testing clinical specimens from suspected non-fatal overdose patients. Staff chemists utilize sophisticated analytical instrumentation to detect a wide range of opioids that includes fentanyl and fentanyl analogs, and to identify novel fentanyl analogs and other drugs of abuse.

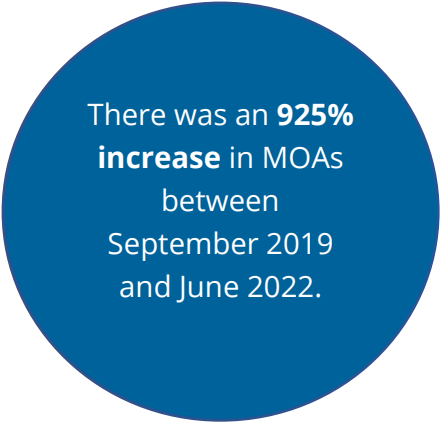
What is fentanyl and why is fentanyl testing important?

When hospital ED's send urine samples to DHEC it can lead to earlier, more comprehensive surveillance of overdose components such as: Fentanyl, Methamphetamines, or other illicit drugs. This can allow for a quicker, more targeted public health response.

Fentanyl is a synthetic opioid that is 50 to 100 times more powerful than morphine. It is often mixed with heroin, cocaine, or other substances. Overdose deaths from synthetic opioids have been increasing steadily over the last few years. In 2020, more than 56,000 people died from synthetic opioid overdoses.²

Types of Analytes Tested For:

- Fentanyl
- 4-ANPP
- Para-Fluoro fentanyl
- Acetyl fentanyl
- Valeryl fentanyl
- 3-Methyl fentanyl
- Para-fluorobutyryl fentanyl
- 2-Furanyl fentanyl
- Acryl fentanyl
- Butyryl fentanyl
- B-Hydroxythiofentanyl
- U-47700
- U-48800
- U-49900

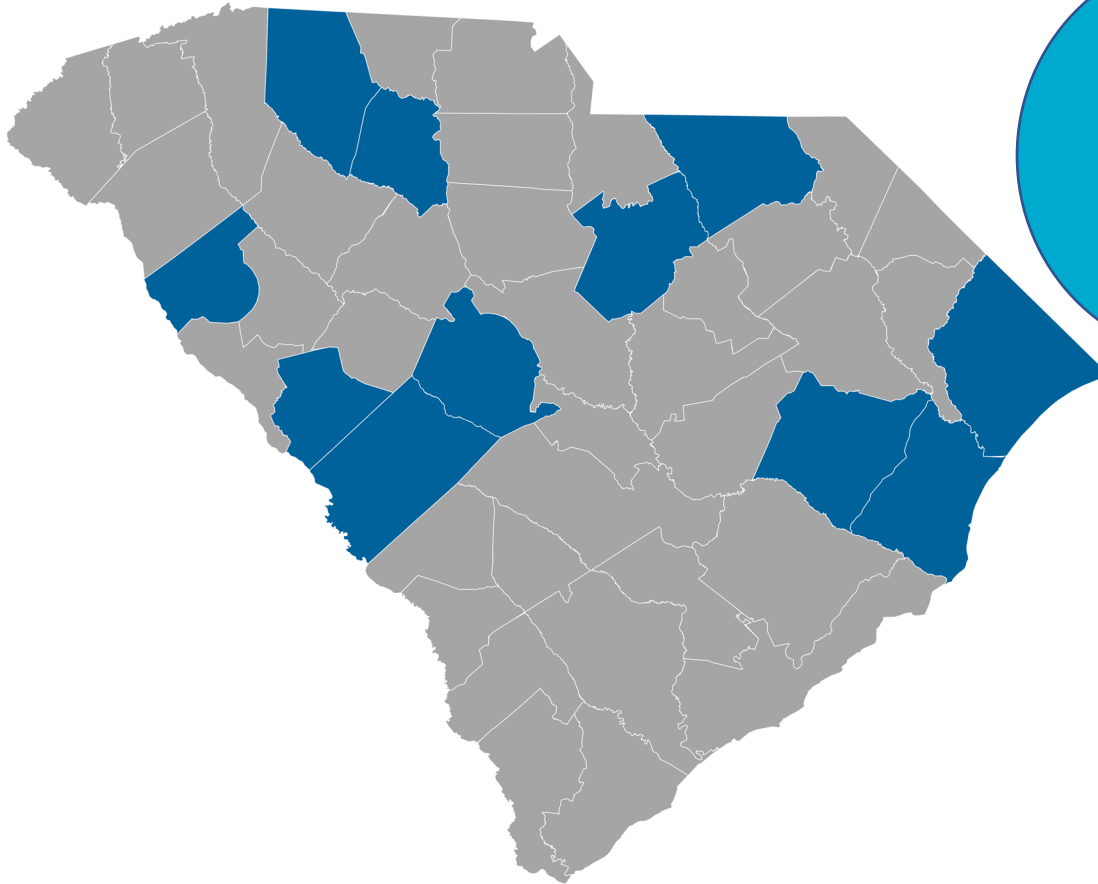


There was an **925% increase** in MOAs between September 2019 and June 2022.

The PHL has an ongoing effort in place to onboard non-participating hospitals to provide clinical specimens from suspected non-fatal overdose patients. As the Opioid Biosurveillance Program continues to grow and adapt, new opioids are being added to the laboratory's testing capabilities.

Strategy 3 – Hospitals EDs Submitting OD Samples to DHEC Lab

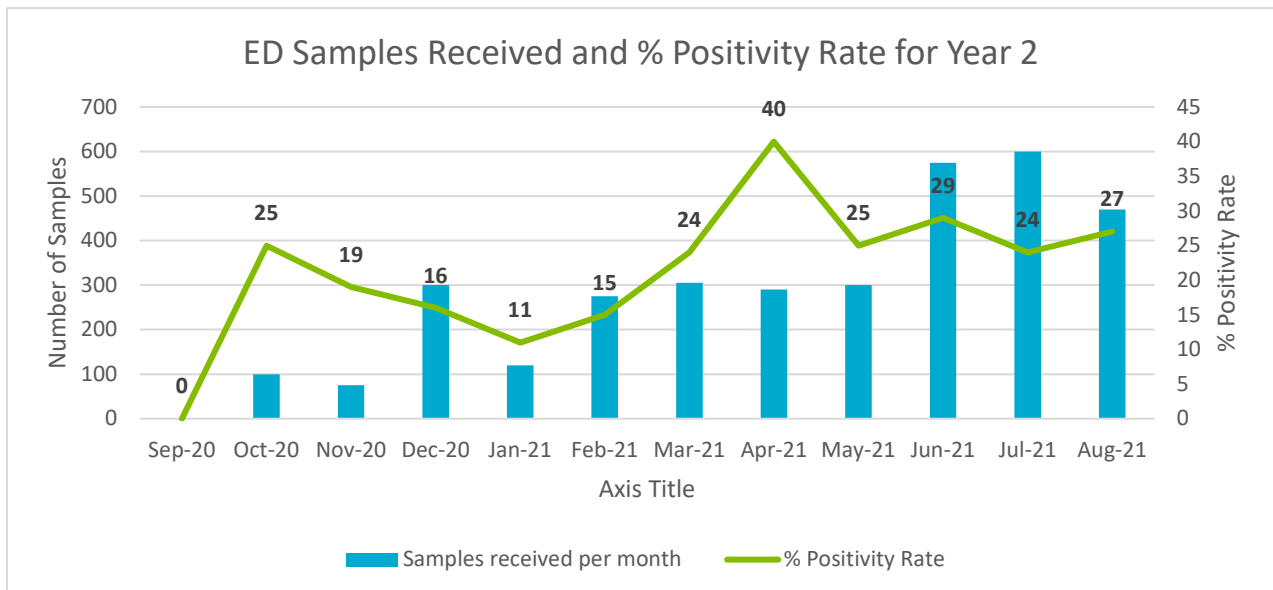
Counties and EDs Providing Urine Samples to PHL



8000+
samples
received as of
September
2022

■ Sending samples ■ Not sending samples

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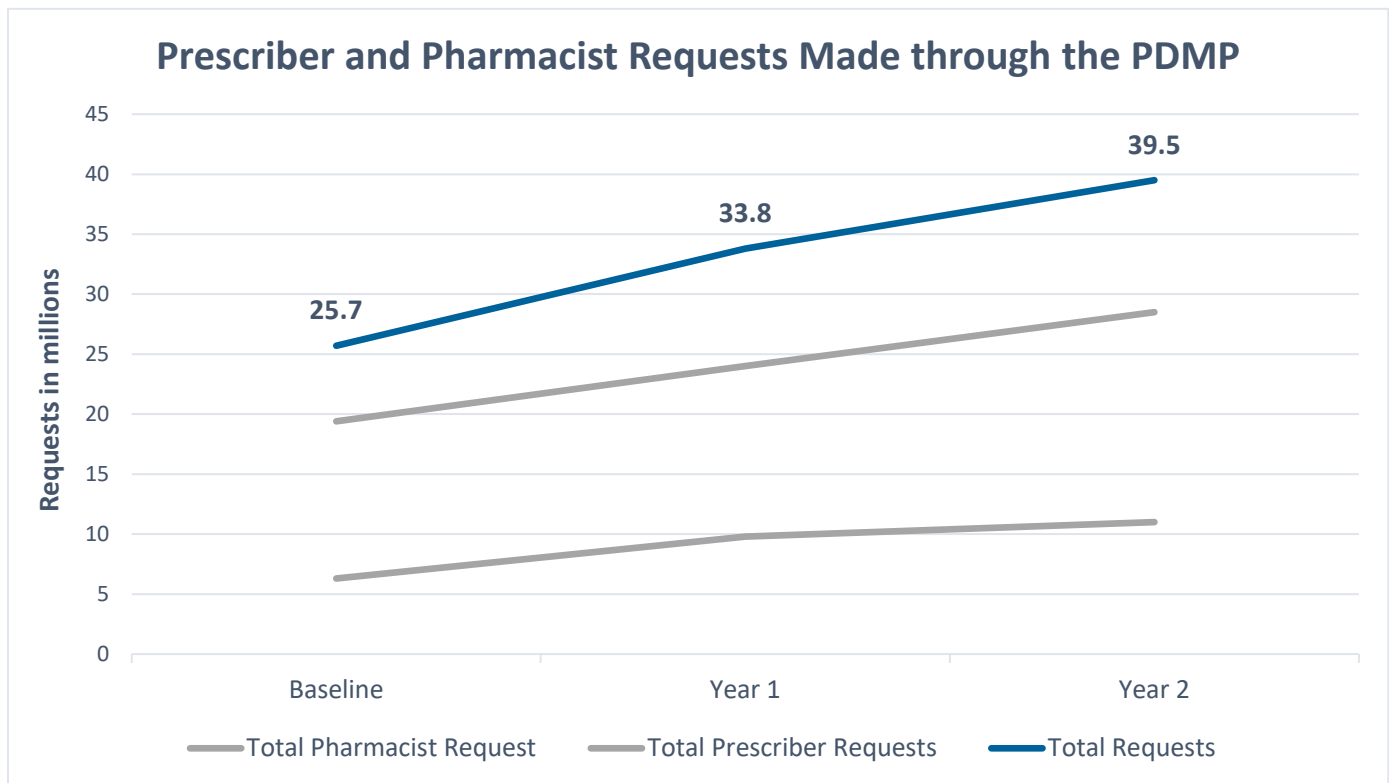


Strategy 4 – Prescription Drug Monitoring Program (PDMP)

In **2006**, the South Carolina [Prescription Monitoring Act](#) was passed, which required DHEC to establish and maintain a program to monitor the prescribing of all Schedule II, III, and IV controlled substances by professionals licensed to prescribe or dispense these substances in the state. SCRIPTS (SC Reporting and Identification Prescription Tracking System) is intended to improve the state's ability to identify and stop diversion of prescription drugs in an efficient and cost-effective manner. SCRIPTS reports show information for controlled substance prescriptions a patient has filled for a specific time period, as well as the prescriber who prescribed them and the dispenser who dispensed them. The SCRIPTS database includes all retail and outpatient hospital pharmacy dispensing of schedules II-IV controlled substances.

In **2017**, a new [PDMP law](#) was passed that states a practitioner must review a patient's controlled substance history, as maintained in the prescription monitoring program, before the practitioner issues a prescription for a Schedule II controlled substance. Schedule II controlled substances include hydromorphone, methadone, meperidine, oxycodone, fentanyl, morphine, opium, codeine, and hydrocodone.

39.5 million
PDMP requests
since 2018



Strategy 5 – Community Outreach Paramedic Education (COPE) Program

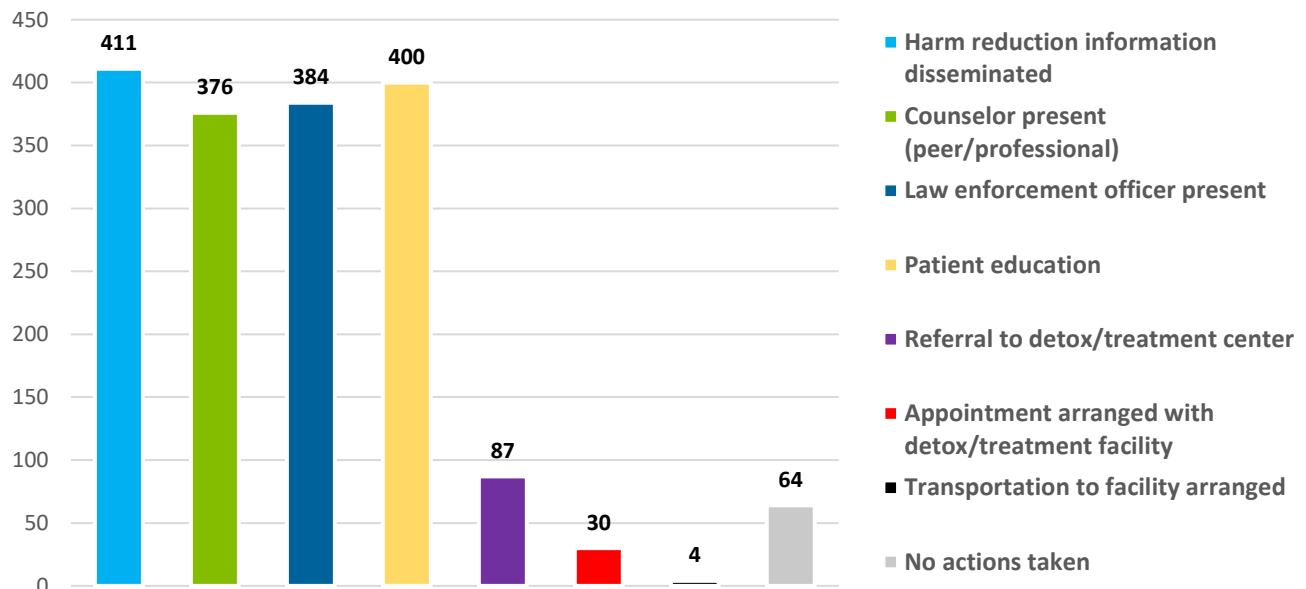
The SC **Community Outreach Paramedic Education (COPE)** program uses referrals from Emergency Medical Systems (EMS) or hospitals to identify survivors that recently had Narcan administered or experienced an overdose event. During the visit, the patient will receive educational materials and information on referrals to drug treatment and peer support. COPE teams make up to three attempts to reach an individual and will also meet with family or friends of the overdose survivors to help connect them to the support they need.

DHEC’s EMS team also supports first responder programs: Law Enforcement Officer Naloxone (LEON) program and Reducing Opioid Loss of Life (ROLL) program for firefighters. As of September 2022, the LEON program has trained equipped over 14,000 police officers, while the ROLL program includes more than 3,500.

Steps taken during a COPE visit:

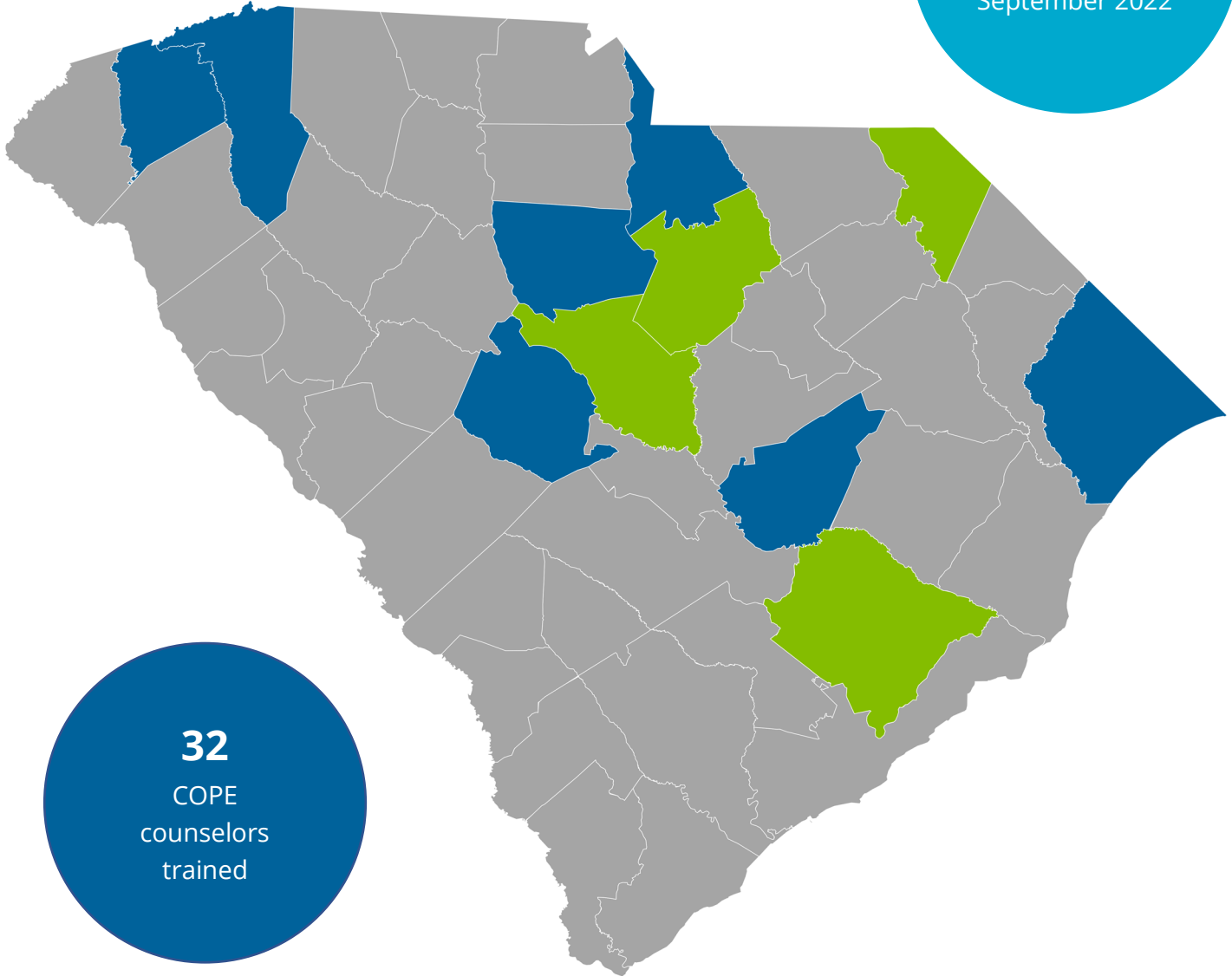


COPE Team Actions in Years 1 & 2



Counties with COPE Programs

1,222
COPE visits as of
September 2022



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■ No COPE programs ■ Agencies with contract pending ■ Agencies with signed contract

Strategy 5 – Strengthening Families Program

The [Strengthening Families Program](#) (SFP) serves families with children ages 6 to 11 through local partners in setting that include community centers, schools, and churches. It is a 14-session, evidence-based parenting skills, children’s social skills, and family life skills training program specifically designed for high-risk families. SFP is designed to help families develop positive parenting skills, and assist children with social skills, relationships, and school performance.

SFP prevents and treats Adverse Childhood Experiences (ACEs). ACEs are traumatic events that occur in a child’s life prior to the age of 18. Examples of ACEs include³:

- Experiencing violence, abuse, or neglect
- Witnessing violence in the home or community
- Having a family member attempt or die by suicide
- Being exposed to substance use problems and/or mental health problems
- Instability due to parental separation or household members being imprisoned

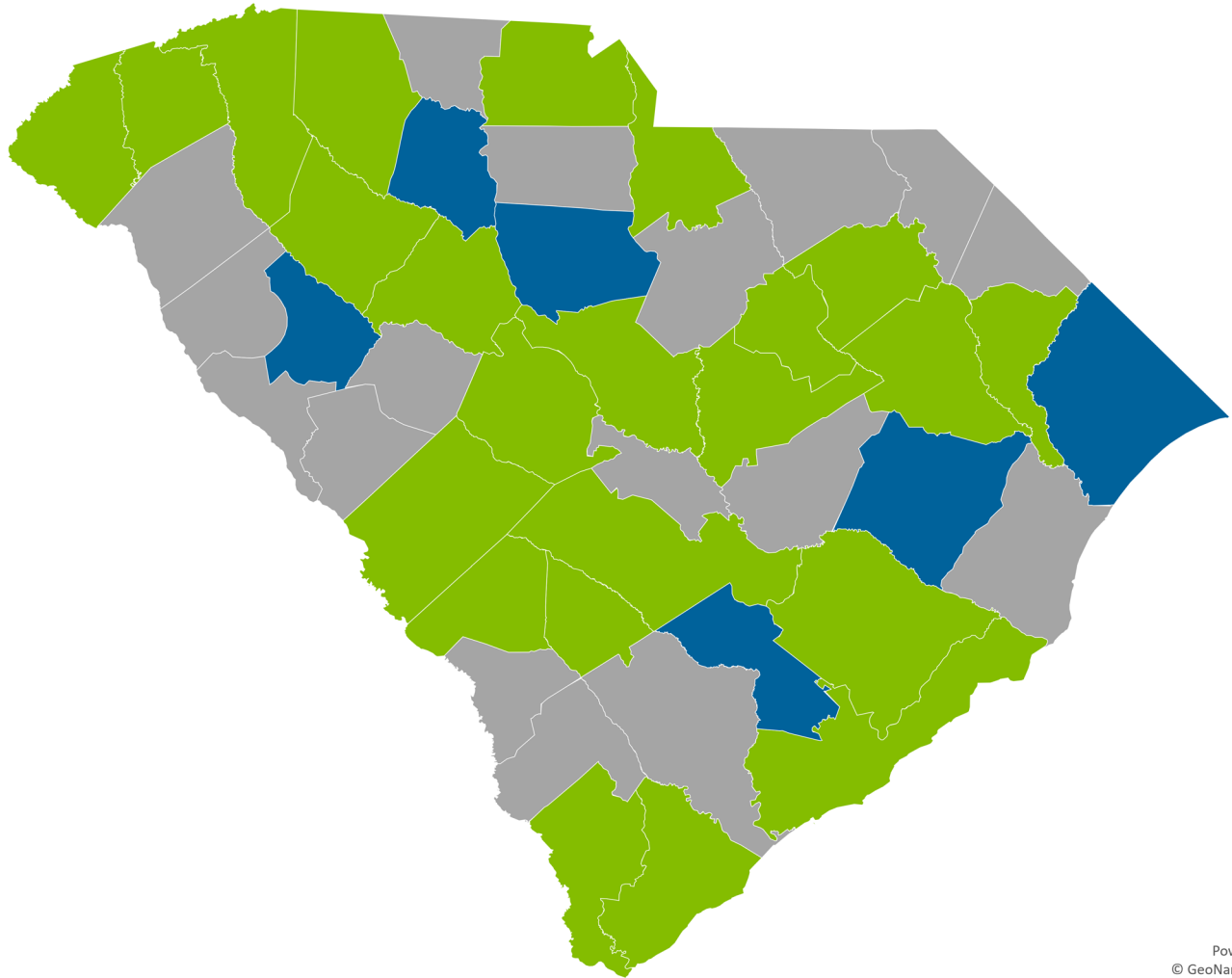
Several evaluations have seen outcomes that include increased family strengths and resilience and reduced risk factors for problem behaviors in high-risk children, including behavioral problems, emotional, academic and social problems.

Starting in Year 2, DHEC, through partnership with Children’s Trust, is also funded the implementation of the Botvin Life Skills Training (LST) curriculum in conjunction with SFP. Read more about LST on page 19.



SCDHEC partners with [Children’s Trust of South Carolina](#) to implement 6 cohorts of SFP curriculum each grant year

Counties with SFP Programs through DHEC



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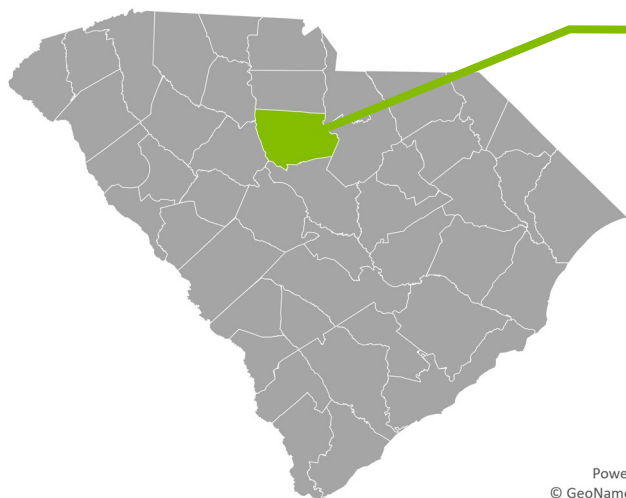
- No known participation in SFP
- Participating in SFP not funded through DHEC
- Participating in SFP funded through DHEC

Due to an increase in need seen through other OD2A Strategies, DHEC and Children’s Trust of SC will be implementing a new cohort in Williamsburg County in Year 3.

90
families graduated so far from DHEC-funded SFP programs from 2019-2022

Strategy 5 – School-Based Education Programs

Spotlight: Fairfield County



- According to the 2021 Vulnerability Assessment, Fairfield County:
 - **Ranked 1st** for number of Naloxone administrations*
 - **Ranked 11th** for highest overdose and bloodborne infection risk factors*
 - **Ranked 17th** for overall vulnerability*
*2019 data
- Richard Winn Academy partnered with SCDHEC to implement school-based behavior curriculum:
 - Good Behavior Game implemented in 2 classrooms
 - Botvin LifeSkills program implemented in 1 classroom

What is the Good Behavior Game?

The [PAX Good Behavior Game](#) (GBG) is an evidence-based practice that is recommended by the Substance Abuse and Mental Health Service Administration (SAMHSA) and the Institute of Medicine. GBG is a school-based, classroom intervention used by teachers to build student's behavioral skills and stamina for focused attention and self-regulation.

GBG focuses on students learning:

- Self-regulation
- Trauma-informed care
- Positive Behavioral Interventions and Supports (PBIS) and Tiered Intervention
- Social-emotional Learning

Students who received PAX GBG are more protected against substance abuse and dependence, teenage delinquency, antisocial personality disorder, and suicide attempts according to research conducted by Johns Hopkins University.⁴

What is the Botvin LifeSkills?

Botvin *LifeSkills Training* (LST) is an evidence-based substance abuse prevention program proven to reduce the risks of alcohol, tobacco, drug abuse, and violence. The program provides adolescents and young teens with the confidence and skills necessary to successfully handle challenging situations. LST promotes healthy alternatives to risky behaviors through activities designed to⁵:

- Teach students the necessary skills to resist social pressures to smoke, drink, and use drugs
- Help students to develop greater self-esteem and self-confidence
- Enable students to effectively cope with anxiety
- Increase their knowledge of the immediate consequences of substance abuse
- Enhance cognitive and behavioral competency to reduce and prevent a variety of health risk behaviors

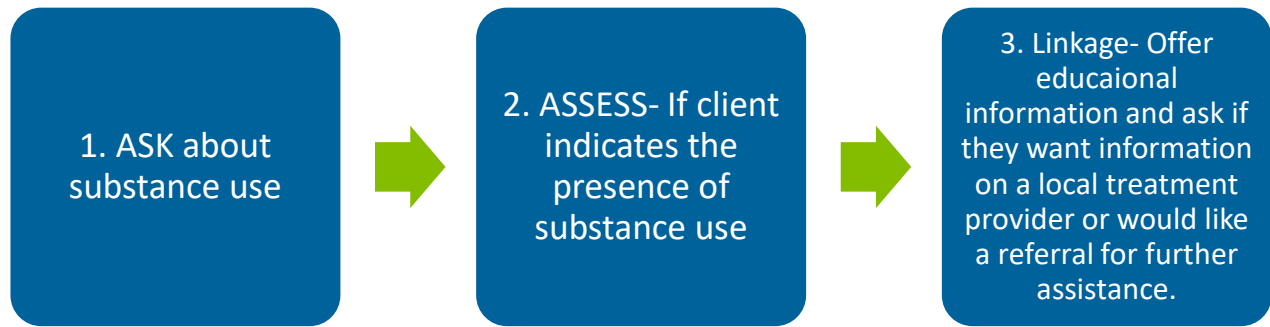


Pictured: Class engaged in Botvin's Life Skills Program participates in a coping with anxiety progressive muscle relaxation activity

Strategy 6 – Health Department Referral Protocol

DHEC has 46 centralized county health departments that serve their communities. Through OD2A, DHEC has implemented a Substance Use Screening and Linkage to Resources protocol. The purpose of the Referral Protocol is to develop a uniform substance use assessment and referral mechanism to be used by all DHEC clinical staff during a clinic visit.

General Population Substance Use Screening and Linkage Protocol Steps:



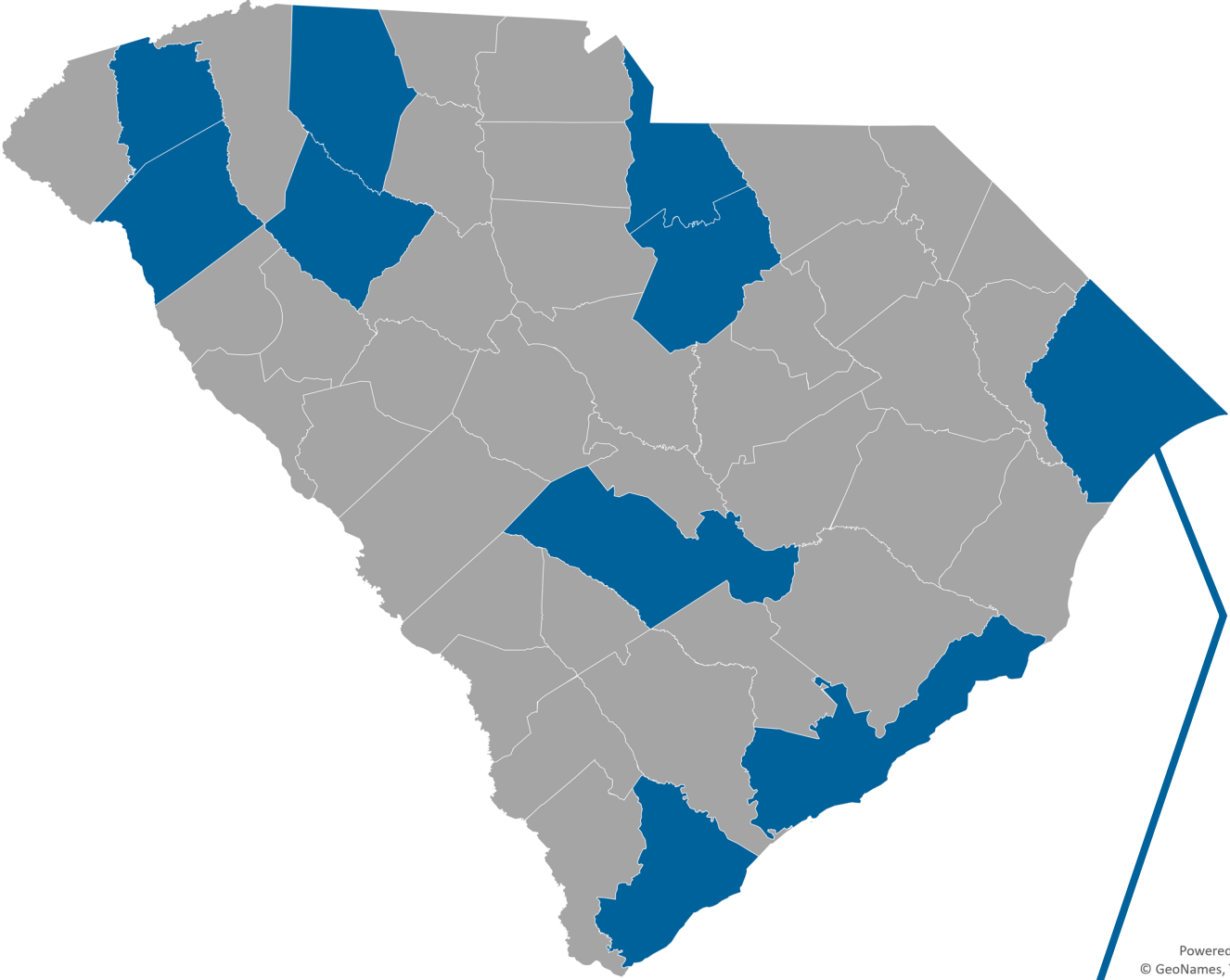
Phase 1 Pilot Locations	Phase 2 Pilot Locations
<ul style="list-style-type: none"> • Northwoods • Orangeburg • Myrtle Beach • Lancaster • Laurens • Spartanburg 	<ul style="list-style-type: none"> • North • Beaufort • Stephens Crossroads • Kershaw • Pickens • Anderson

SC HOPES

The South Carolina Department of Mental Health (DMH) and the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) have partnered to offer a support line to assist people who are experiencing new or increased symptoms of mental health or substance use problems. The support line is a free service for all South Carolina residents. A part of the protocol is to provide SC HOPES information to clients.



County Health Departments Trained in Substance Use Referral Protocol



■ Not trained in Pilot Protocol ■ Trained in Pilot Protocol

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57 Health Department staff were trained for the pilot sites

24 out of 29 referrals to care made during the phase 1 pilot were from Horry County.

Strategy 6 – COPE Counselors Motivational Interviewing Training

Motivational Interviewing (MI) is an evidence-based approach to behavior change. MI uses a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.⁶

COPE Counselors are provided MI training and taught how to engage with the client as an equal partner and refrain from unsolicited advice, confronting, instructing, directing, or warning. This creates a nonjudgmental environment for the COPE participants, where they can feel comfortable and work towards behavior changes in regard to substance use.

Participant Testimonies:

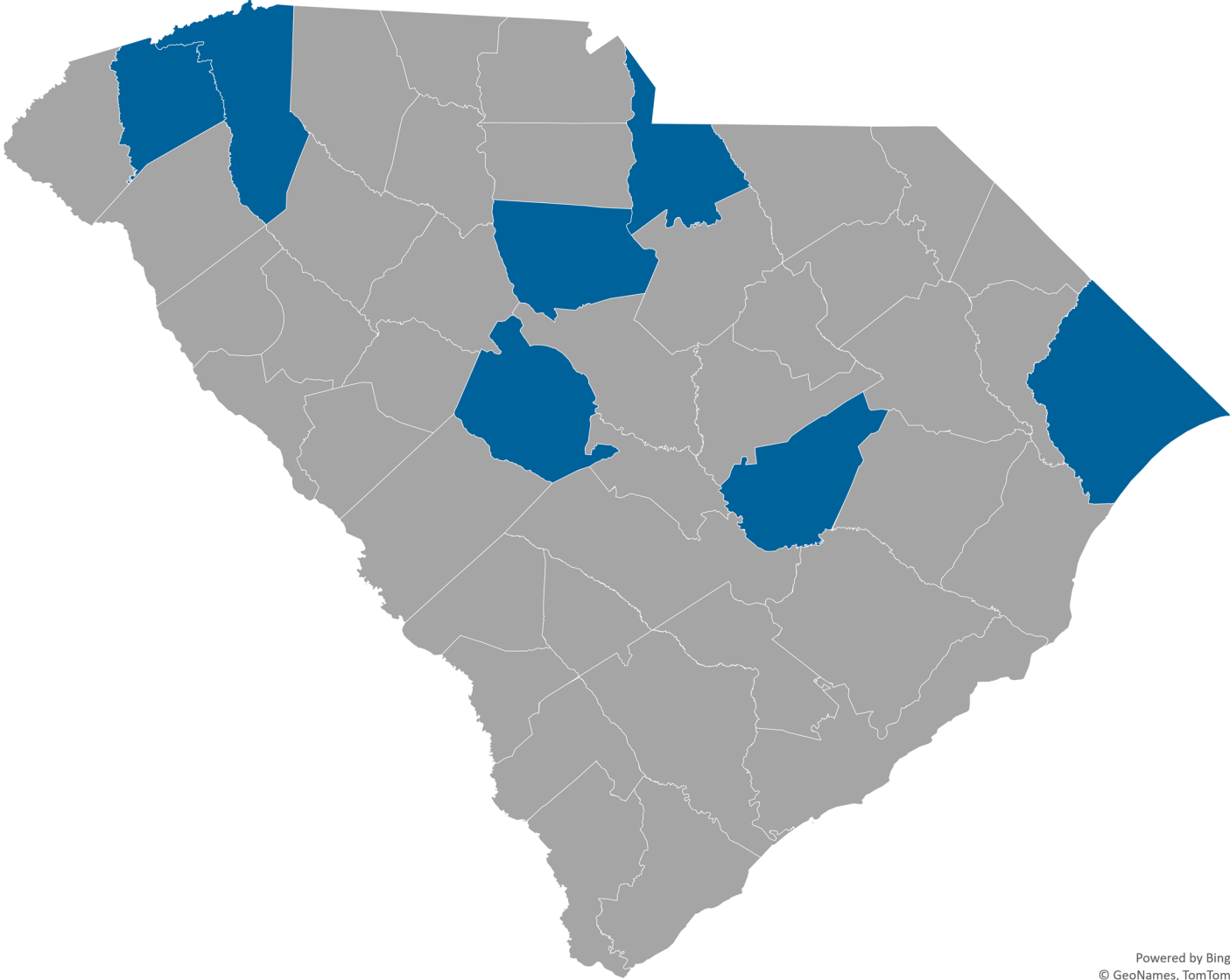
"Absolutely brilliant presentation!"

"Very well put together and learned a lot. Learned to better listen and understand how people feel. From law enforcement, I am used to asking questions and just looking for the information I need rather than listening to everything being said. It was brilliant."

"Helped a lot of our case managers and community paramedics to see some alternative ways to engage with our clients to get needed information from them and serve them even better. It was two days well spent."

46 COPE
Counselors
trained in
Motivational
Interviewing

Counties with COPE Counselors Trained in Motivational Interviewing



■ Not trained in MI ■ Trained in MI

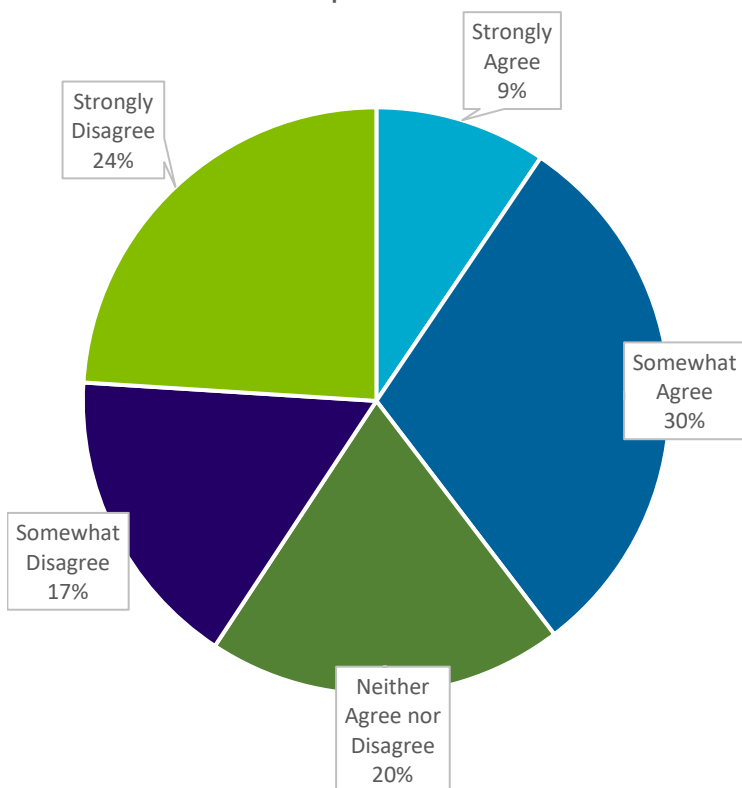
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Strategy 7 – Academic Detailing

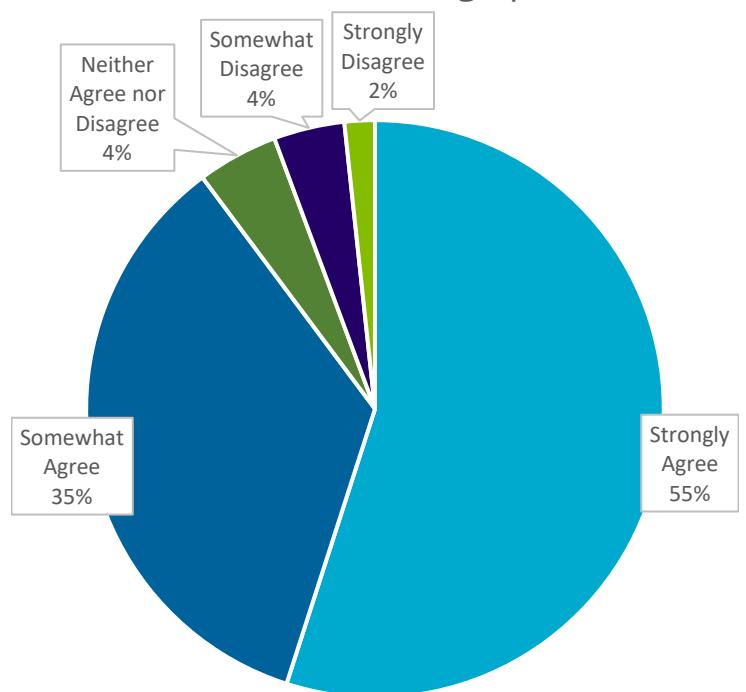
DHEC has partnered with Clemson University and Prisma Health Upstate to provide Academic Detailing to providers across the state. Academic Detailing is a method of outreach education for health care professionals to provide unbiased, noncommercial, evidence-based information about medications and other therapeutic decisions, with the goal of improving patient care.

Academic Detailing is provided in individual, group, and virtual settings. Educational office hours sessions are also held, which include topics such as opioid related pain, medical assisted treatment, and opioid, pain, and addiction. As of May 2022, providers can earn Continuing Medical Education (CMEs) credits from attending. In 2021, a survey was sent to Prisma Health providers to gather data on provider prescribing experiences as well as information gaps to inform educational opportunities. 353 participants responded to the survey, and among the respondents were Advanced Practice Clinicians, Attending Physicians, Certified Registered Nurse Anesthetists, Nurses, Pharmacists, and Resident/Fellow.

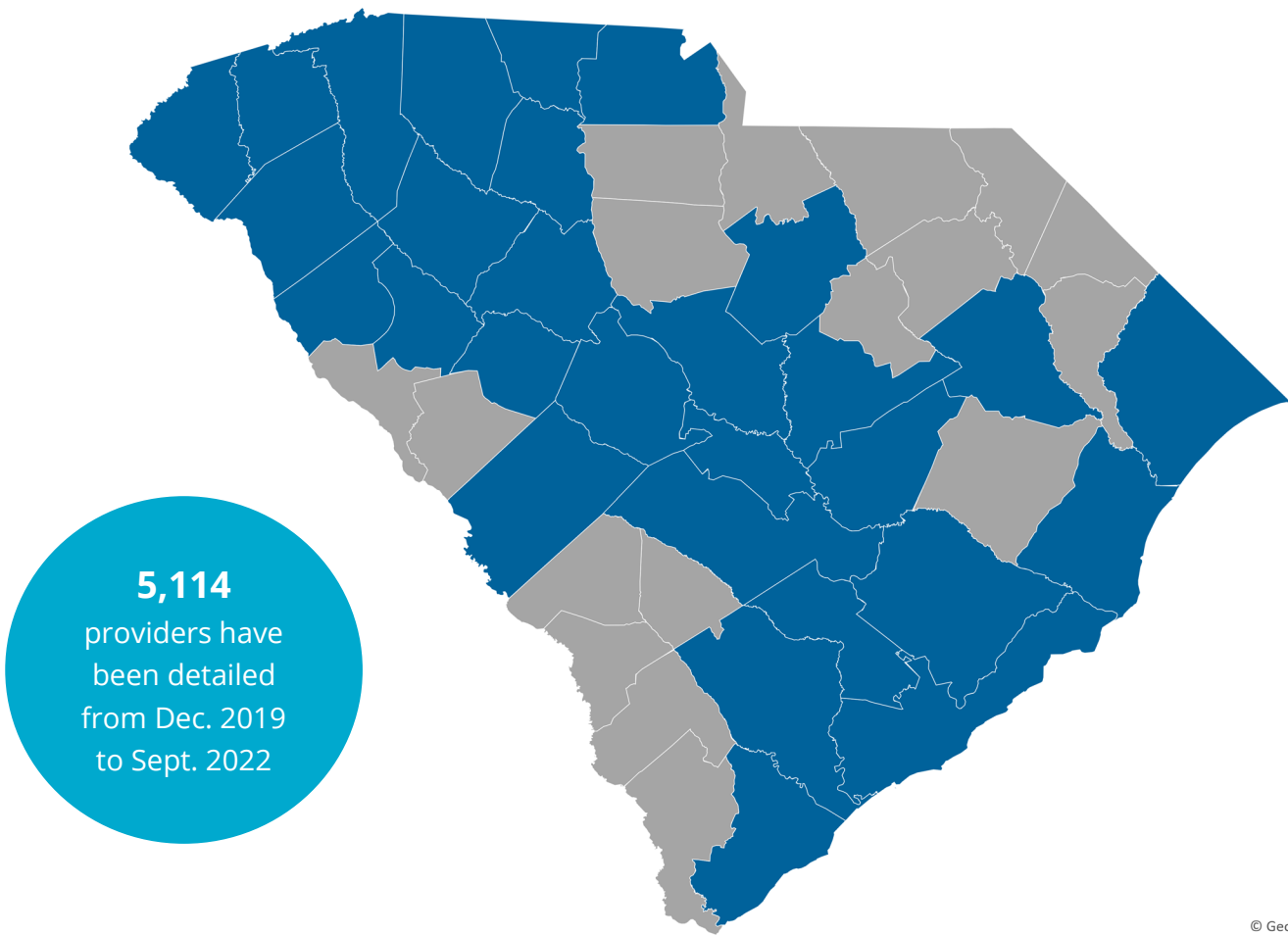
I feel pressure to prescribe opioids:



I feel there are effective alternatives to using opioids:

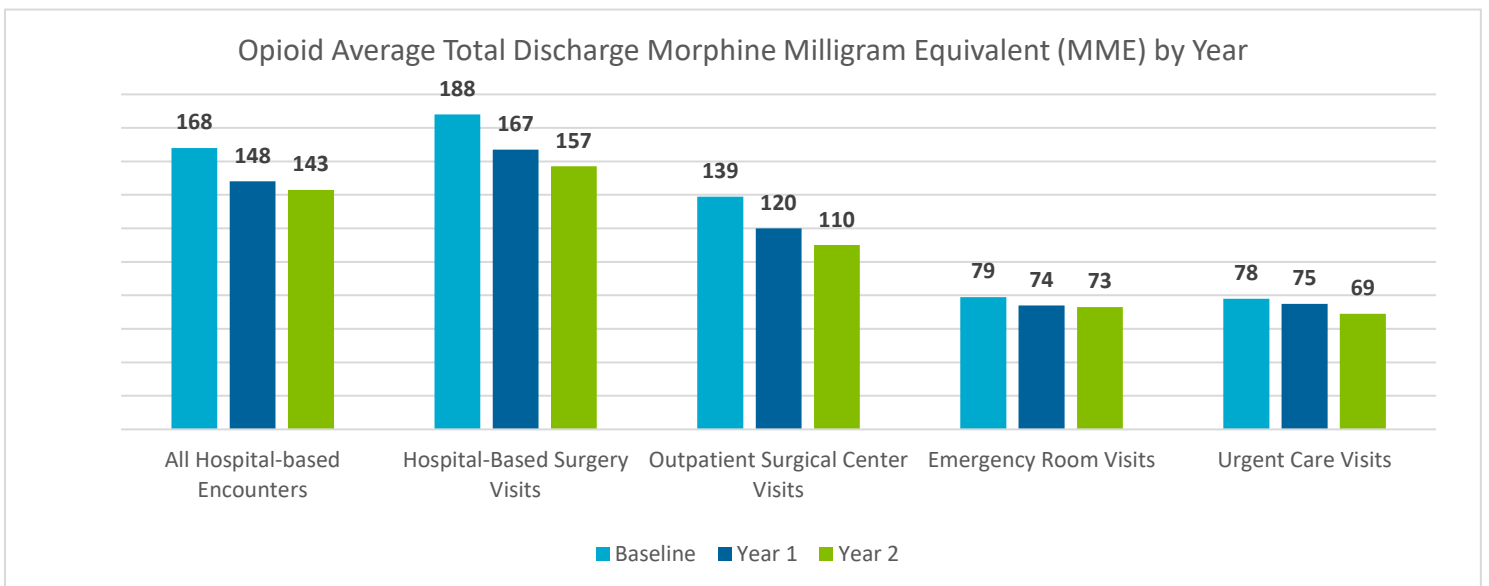


Counties Represented by Providers Academically Detailed



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■ Providers did attend Prisma AD sessions ■ No providers represented at Prisma AD sessions



Strategy 8 – Vulnerability Assessment

The purpose of the [Vulnerability Assessment](#) (VA) is to: **1)** identify SC counties at the highest risk for injection drug use and resultant bloodborne infection outbreaks; **2)** identify resources SC currently has that could help alleviate the burden of addiction and bloodborne infection outbreaks; and **3)** to present evidence-based interventions and identify preventative services both at the state and county level that may lead to reducing the risk of substance abuse and infection outbreaks resulting from unsafe injection drug use (IDU).

A social vulnerability approach was used to rank SC counties on their overall vulnerability to substance abuse and possible bloodborne infection outbreaks resulting from IDU. The overall vulnerability is found by assessing a county’s risk and mitigating factors. The formula is as followed:

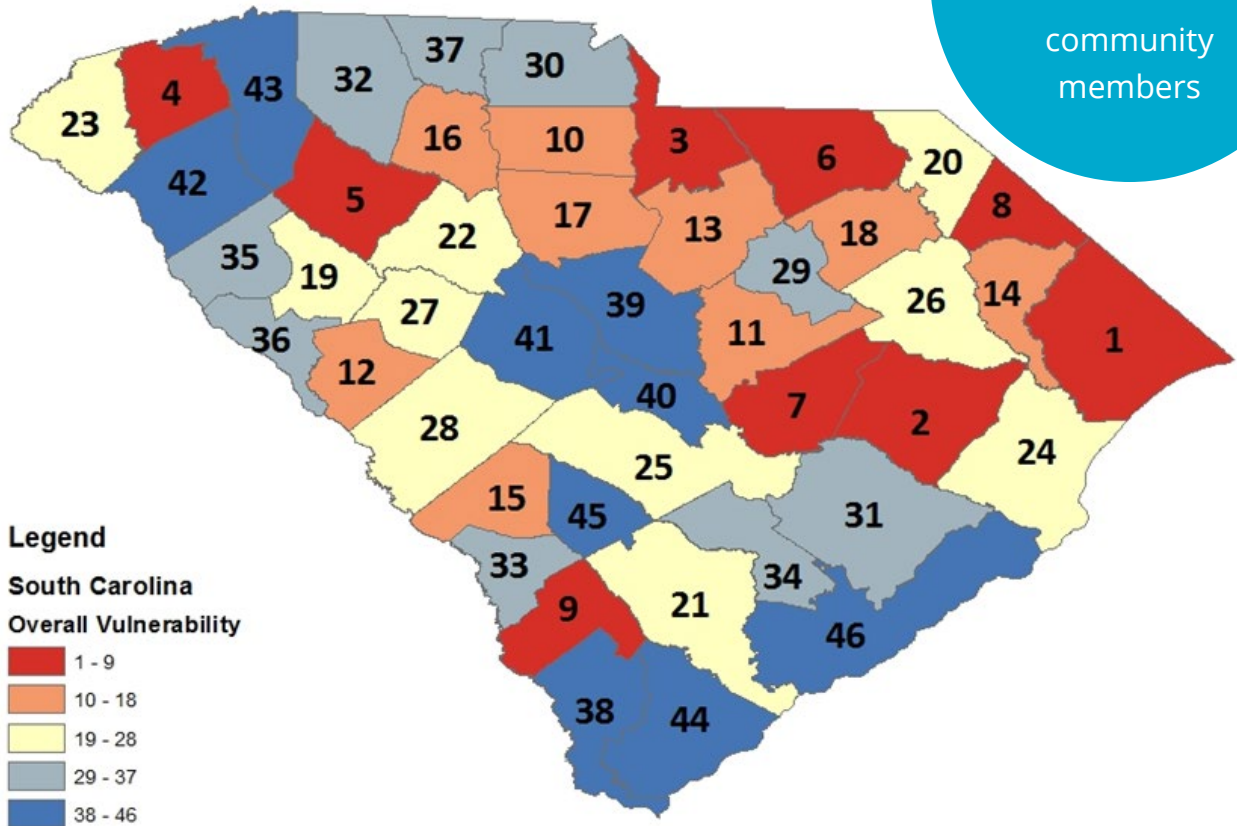


Examples of Risk Factors:	Example of Mitigating Factors:
<ul style="list-style-type: none"> • Percent unemployment • Overdose deaths per 100,000 • HIV incidence per 100,000 • Opioid overdose percentage • EMS Naloxone administrations • Drug arrests per 10,000 • Acute HCV cases per 100,000 • Percent rural 	<ul style="list-style-type: none"> • Median per capita household income • Substance use clinics per 100,000 • EMS personnel per 1,000 • Urgent care facilities per 100,000 • Mental health clinics per 100,000 • Law enforcement personnel per 100,000 • Primary care providers per 100,000 • Presence of major highway within 5 miles

Source: Prisma Health Upstate Team; Epic Sep. 2018 – Aug. 2021

South Carolina Overall Vulnerability 2019

The VA was disseminated to over **200** community members



Success Story:

The VA identified Williamsburg County as an area of interest that needs more drug prevention programming. Seeing this need, DHEC implemented a Strengthening Families Program cohort in Williamsburg County in Fall 2021.

- Top 10 most vulnerable counties:
1. **Horry**
 2. Williamsburg
 3. **Lancaster**
 4. **Pickens**
 5. **Laurens**
 6. Chesterfield
 7. **Clarendon**
 8. **Dillon**
 9. Hampton
 10. Chester
- Counties in red indicate that they have increased in vulnerability from the previous year.

Strategy 8 – ODMAP

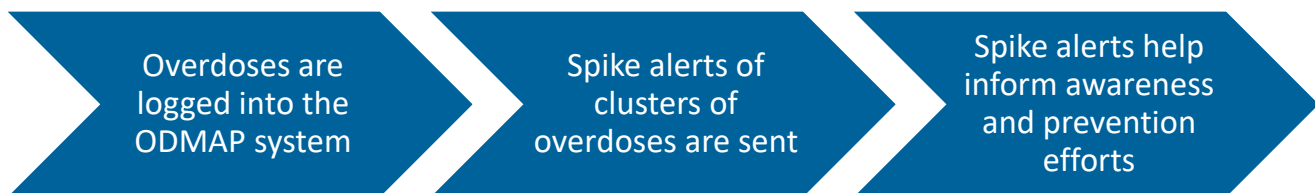
The **Overdose Detection Mapping Application Program (ODMAP)** provides near real-time suspected overdose surveillance data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike in overdose events. It links first responders and relevant record management systems to a mapping tool to track overdoses to stimulate real-time response and strategic analysis across jurisdictions.

DHEC hired an ODMAP Trainer at the end of year 1, who has drastically helped increase ODMAP’s reach throughout the state. At the end of year 1, SC had 10 agencies across 19 counties participating in ODMAP. Currently in year 3, we have 135 agencies across 44 counties participating.

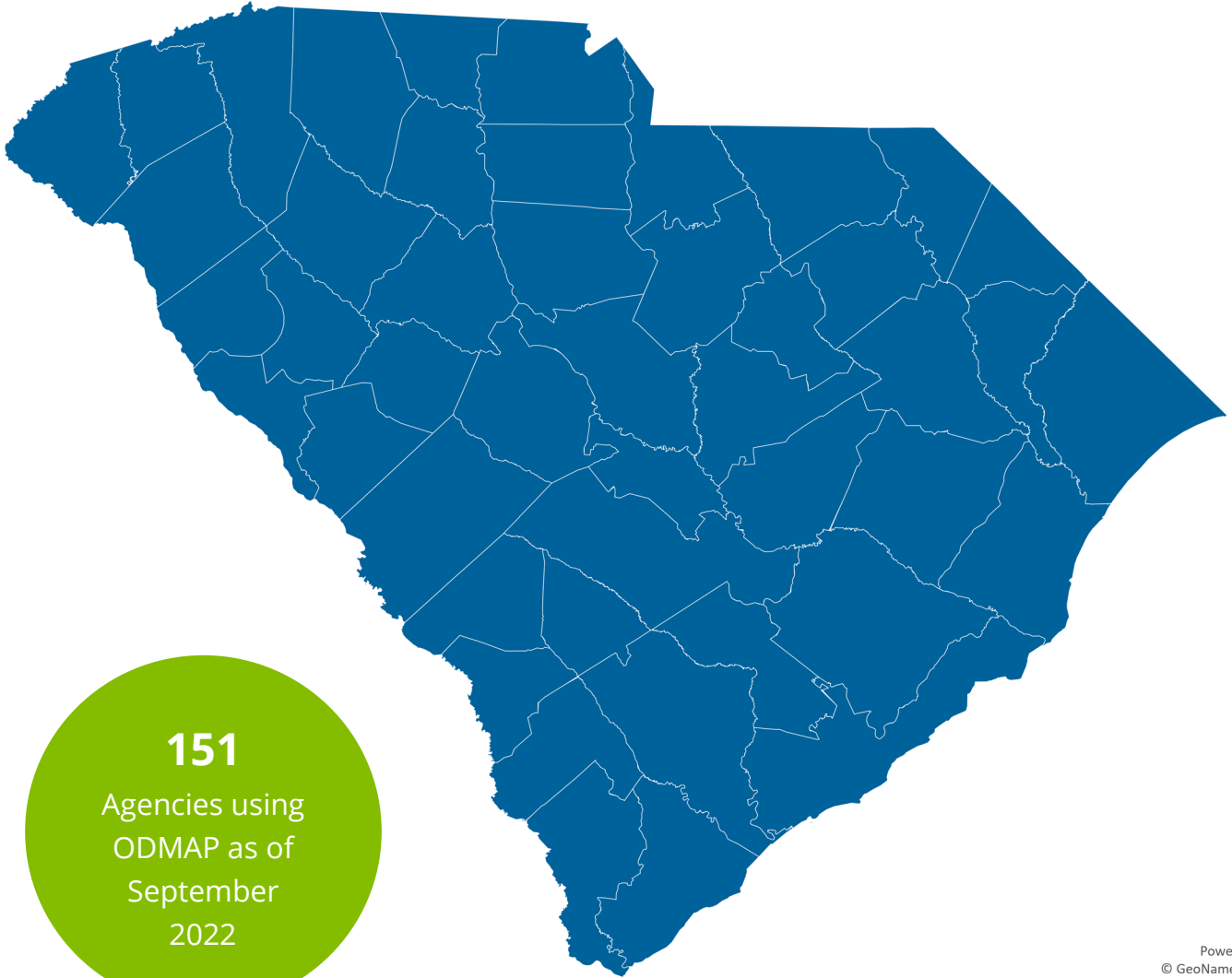
DHEC’s ODMAP team collaborated to create a survey to find out how current SC users were using ODMAP data and how they want to use it in the future. The survey had a 54% response rate and provided valuable insight on how different counties utilized the ODMAP tool. Several workshops are now being presented to ODMAP users based on the survey results. Workshop topics include, How to identify and respond to spikes; How to identify hotspots/high burden areas; How to combine ODMAP with other data sources for a full picture; and How to create a collaborative response plan with partners.

On June 1, 2021, SCs Bureau of EMS established an Application Programming Interface (API) through its EMS data platform, Biospatial, for direct and automated integration of the state EMS data repository within ODMAP. This integration will increase the availability of near real-time data consistently across the state, allowing partners to identify hotspots, alert the community to spikes in activity, and plan outreach and prevention programs.

ODMAP Process:



Counties with Agencies Using ODMAP



151
Agencies using
ODMAP as of
September
2022

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■ Agencies using ODMAP

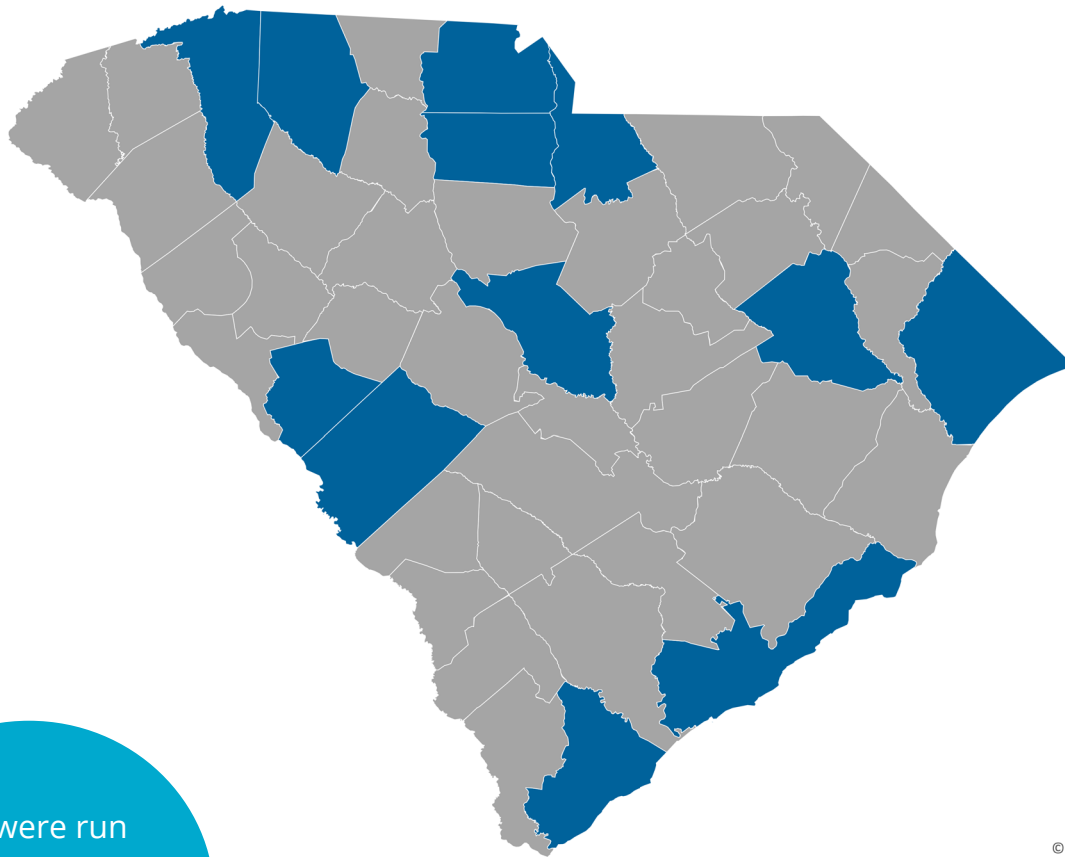
5783
Total suspected
overdoses
logged as of
Year 2

Strategy 9 – Media/Just Plain Killers

In year 2, DHEC continued its partnership with the Department of Alcohol and other Drug Abuse Services (DAODAS) to promote the Just Plain Killers media campaign. A new media campaign, Embrace Recovery SC, was ran from May – October 2021. This campaign focused on educating on the importance of recovery from substance use disorder, the most helpful language to use, types of recovery, and where to find recovery resources in SC.

Ads ran in **44 out of 46** counties

SC Major Metropolitan Markets that were Reached through Media Campaign



Ads were run **2.6+ million** times through streaming

■ Not a major market ■ Major media market

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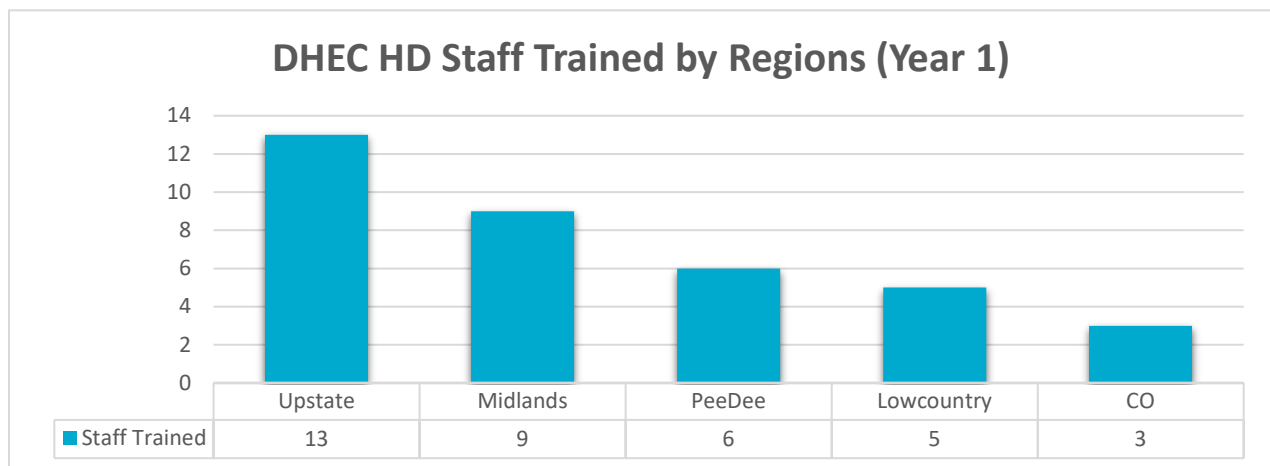
Strategy 9 – Health Department Community Education

DHEC has four Community Systems teams that work with community organizations and partner to improve the health of local communities. DHEC partnered with DAODAS to develop an opioid education training for health department staff, which will be used for educational presentations to community organizations, coalitions, and agencies across the state.

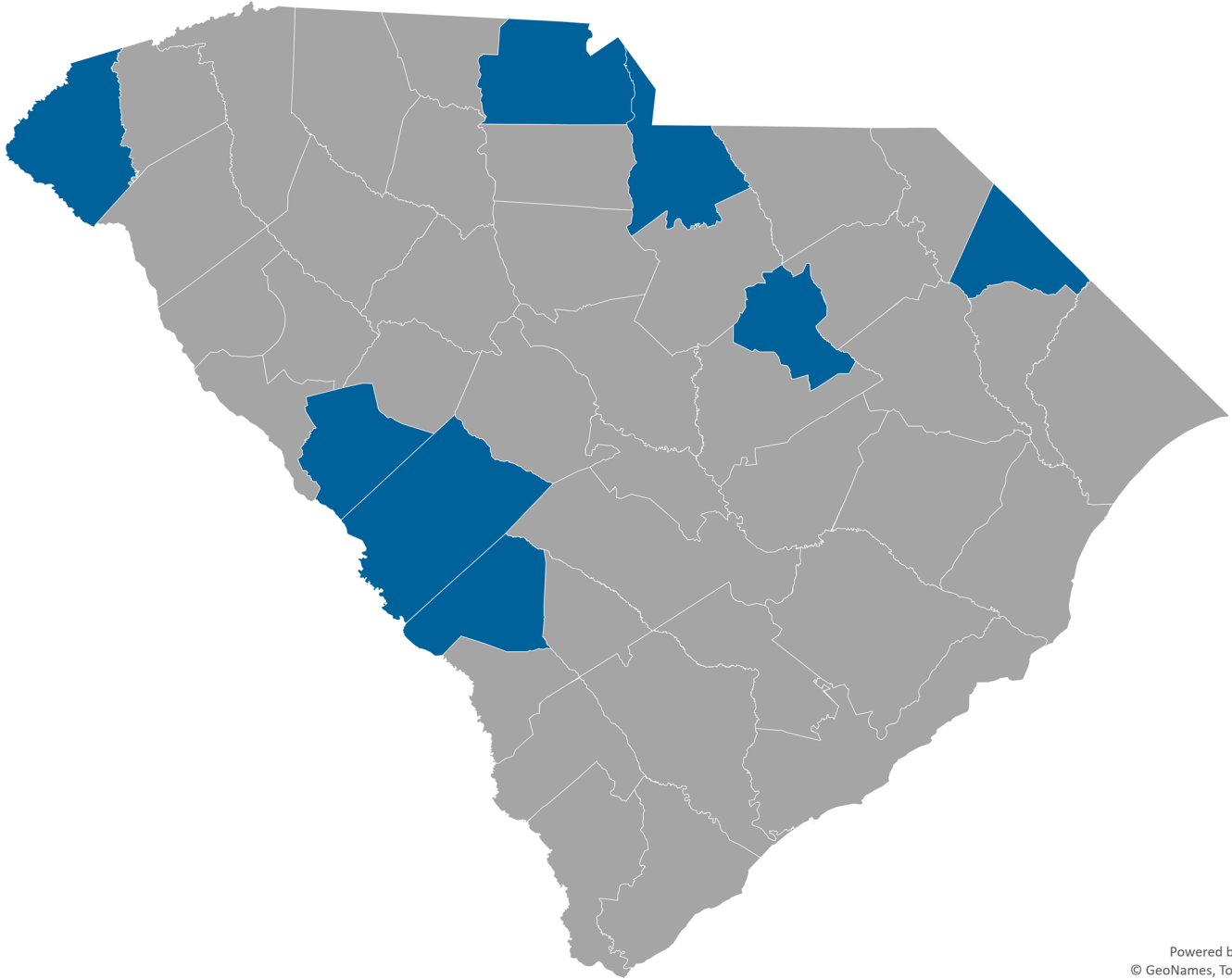
The presentation covers the following topics:

- What is addiction?
- US addiction/drug overdose statistics
- Side effects from drug use
- Infectious disease
- SC Opioid Epidemic
- Risk Factors
- Narcan Use
- Fentanyl
- What is an overdose?
- Additional DAODAS resources

During Year 2, DHEC expanded this activity to also include supporting educational and training efforts related to opioid prevention in the community, not just DHEC-led presentations. This will increase the accessibility and reach of community presentations.



Counties that Held Opioid Education Presentations



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■ No community presentations ■ Community presentations were held

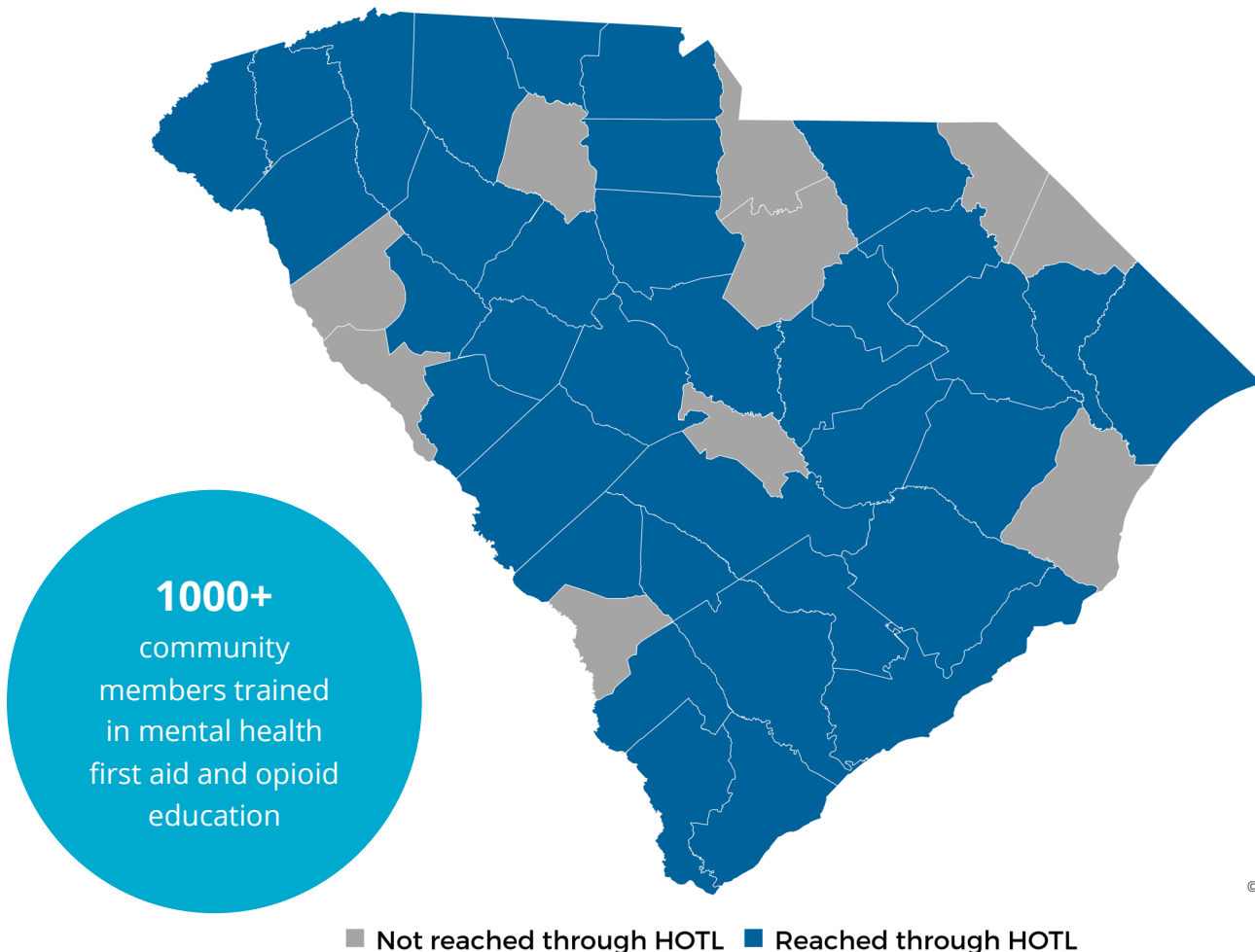


Strategy 9 – Hold out the Lifeline

[Hold out the Lifeline](#) (HOTL) is a faith-based organization that focuses on supporting the physical, mental, social, educational, environmental, and spiritual health of families. DHEC has partnered with HOTL to offer Opioid Education Roundtables each month. These presentations provide general information regarding the opioid crisis, substance use prevention, stigma, and treatment. HOTL distributes opioid resources for churches to utilize such as opioid educational bulletin inserts.

HOTL also provides Mental Health First Aid (MHFA) trainings, which is an 8-hour course that teaches how to identify, understand, and respond to signs of mental illnesses and substance use disorders. The training provides the skills to reach out and provide initial help and support to someone who may be developing a mental health or substance use problem or experiencing a crisis.

Counties Reached through HOTL's OEP or MHFA Trainings



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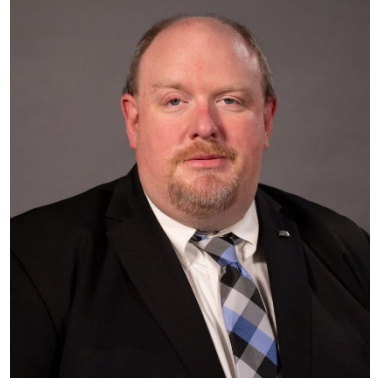
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