




SOUTH CAROLINA
CENTER *of*
EXCELLENCE *in*
ADDICTION

Gaining Insight:
Maximizing the Center of
Excellence in Addiction

December 4, 2024
Advisory Board Meeting

Agenda

- 1) Welcome, Icebreaker, & Framing
- 2) Approach to Strategic Plan Development
- 3) Needs Assessment: Lessons & Feedback
- 4) Lunch!
- 5) 2024 Advisory Board Report
- 6) Core Updates and Facilitated Feedback
- 7) Additional 2025 Priorities
- 8) Reflection



Today's Goals

01

Garner your recommendations on translating our Needs Assessment into action

02

Identify opportunities to expand on current Core activities in the coming year

03

Explore new priorities, projects, and opportunities to grow the Center's reach

Welcome and Icebreaker

- Name
- Title and Organization
- What are you most proud of accomplishing in 2024?



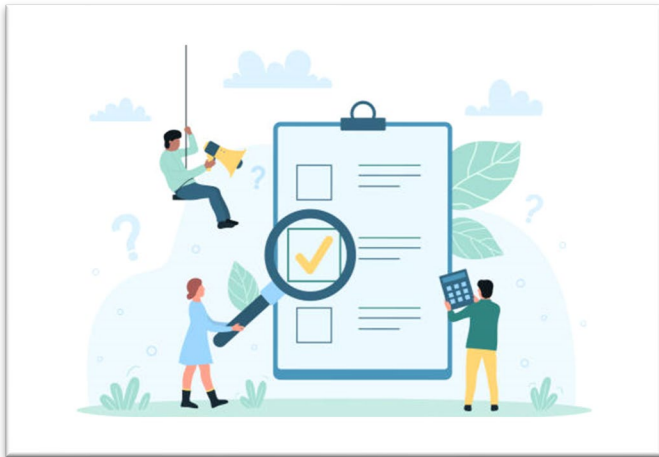
Center of Excellence Strategic Plan Goals

Goal 1	Create innovative approaches to addressing SUD/ODU in South Carolina through research and evidence.
Goal 2	Increase knowledge of opioid abatement and OUD/SUD mitigation strategies among South Carolina's county and municipal leaders and their partners.
Goal 3	Improve access to evidence-based SUD/ODU treatment across South Carolina.
Goal 4	Create sustainable infrastructure.

Center of Excellence in Addiction Needs Assessment Process

- Conducted in order to:
 - Shape approach to training and technical assistance
 - Inform the scope of COE activities and data collection
 - Clearly understand how to enhance and augment existing initiatives
- Quantitative survey with 63 participants; peer recovery specialists represented largest group
- Qualitative interviews with 21 agencies/orgs, representing 18 counties

Key Needs Assessment Survey Results



- **Moderate interest in support to conduct/extend their own community needs assessment**
 - Most frequently identified needs: increased collaboration, feedback on prevention/intervention methods, need for services to address barriers, service gap for subgroups (incarcerated, youth), and positive buy-in/commitment from the community
- **Strong interest in support for community action plan development**
- **Moderate interest in specific TA on developing a community action plan**
 - Most endorsed interests: partnership with other counties or stakeholders; brainstorming potential services to apply for; data collection and analysis; and, identifying local individuals/stakeholders with expertise in opioid addiction.
- **Strong interest in technical support on approved abatement strategies**
- **Strong interest in participation in an ECHO training series**



Key Needs Assessment Qualitative Findings

- **Strengths:** strong partnerships with stakeholders, though some struggles with coordinated joint decision-making and harm reduction buy-in
- **Barriers:** Resistance to harm reduction, workforce challenges, data collection and reporting
- **Community trends:**
 - Needs for education, funding, and collaboration
 - Stakeholder relationship building
 - Community action plan support
- **TA Needs:** data collection and analysis, application support
- **ECHO participation:** time constraints

Needs Assessment Draft Recommendations

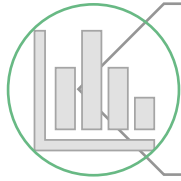
- 1) Provision of **additional education, training, and TA**
- 2) One-on-one **TA outreach to stakeholders** that are unaware or have limited understanding of CoE and SCORF available resources. Increased **communication and attempts to publicize** SCORF board meetings, grant requirements.
- 3) Development of **data collection and management systems** that accurately and efficiently measure strategy outcomes, which are applicable and adaptable to local needs and feed into overall statewide reporting efforts.
- 4) Facilitation **services that enhance partnership collaborative efforts**, community action planning, and sustainability planning.
- 5) Fostering **community-academic** partnerships.
- 6) Continued **provision of ECHO education, with extension to new user-driven topics.**
- 7) Greater **statewide efforts to increase treatment access, bolster workforce development in the addiction and mental health sector and remove monetary barriers to access.**



Lunch



S.C. Center of Excellence in Addiction Cores



Data Analytics Core: Providing a comprehensive approach to **statewide data**



Training Core: Increasing **evidence-based learning**



Technical Assistance Core: Supporting localities to meet **their goals**



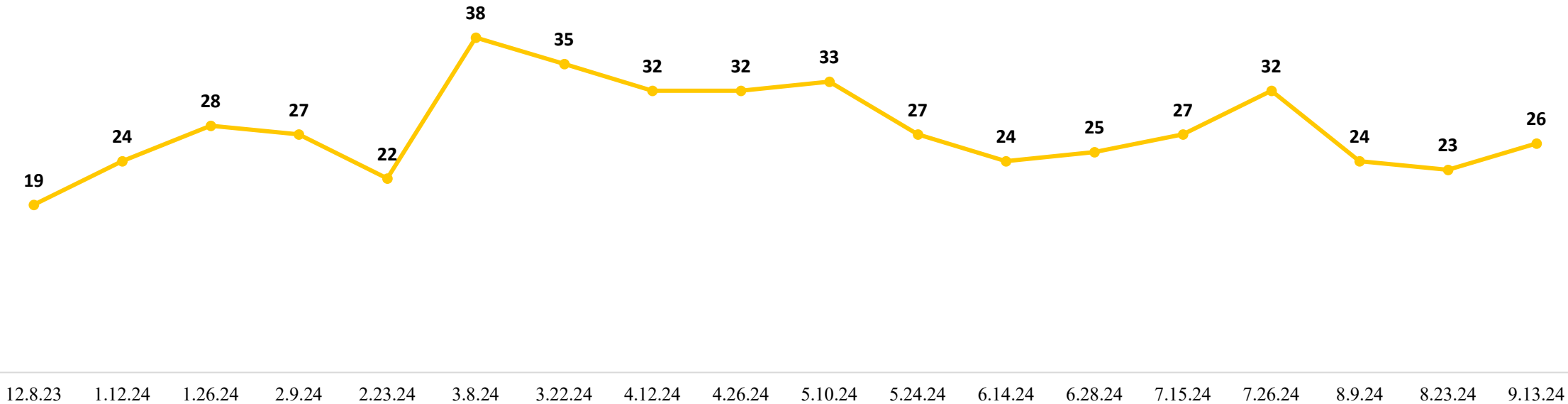
Administrative Core: Aligning **expertise** across organizations

2024 Advisory Board Report Highlights

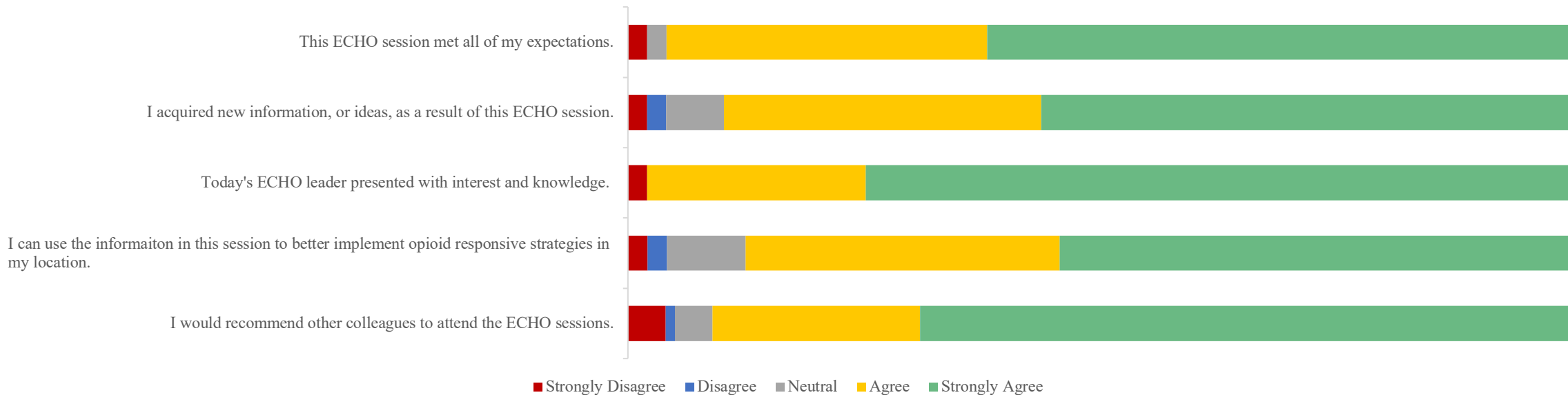
Measures progress for Oct 2023 - Sept 2024 against internal objectives and funder reporting metrics. Framed by Strategic Plan, so every objective outlined in the report leads back to our mission: *to maximize South Carolina's opioid and addiction knowledge and resources through community engagement, collaboration, and research.*

- ❑ **Administrative Core:** established processes under which the COE operates, managing organizational needs, including oversight of communications, budgeting/contracting, and development of external engagement.
- ❑ **Training Core:** created the Community Opioid Response Initiatives (CORI) ECHO program, reaching well over one hundred unique participants over 18 total sessions, and a total of 503 individuals across all COE educational engagements.
- ❑ **Technical Assistance Core:** provided 1,290 technical assistance engagements through direct technical assistance support and teaching opportunities as well as our clinician warmline.
- ❑ **Data Analytics Core:** completed initial analysis using Medicaid claims to provide county, regional, and state level assessments of our opioid treatment systems and has prepared a data dashboard and county profiles for publication.
- ❑ The infrastructure and relationships brought by COE partners were key in South Carolina being awarded a \$7 million federal grant to support development and implementation of diversion programs in six counties.

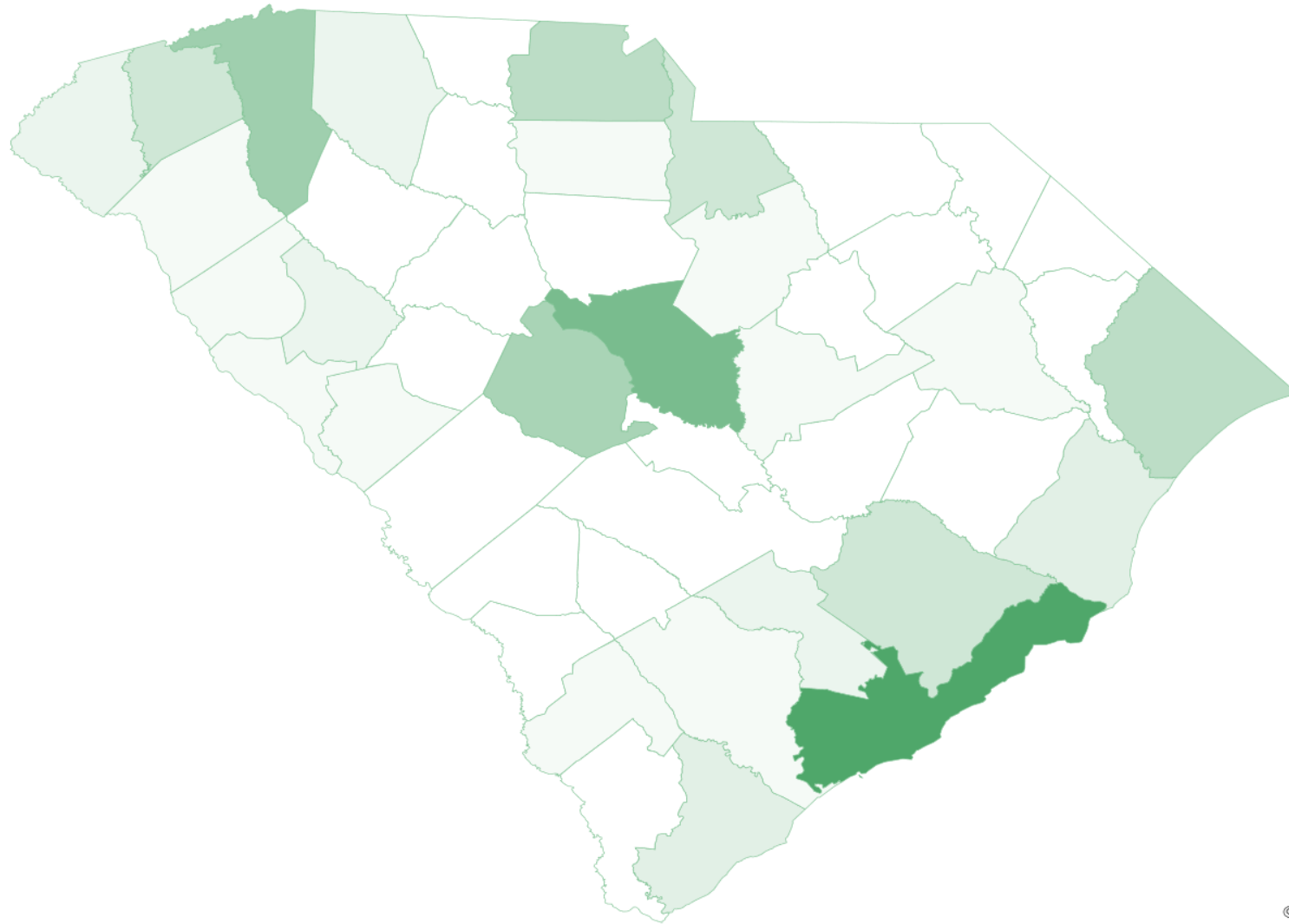
CORI ECHO Participants, Year 1



ECHO CORI Survey Results, Year 1



CORI ECHO Participants, Year 1

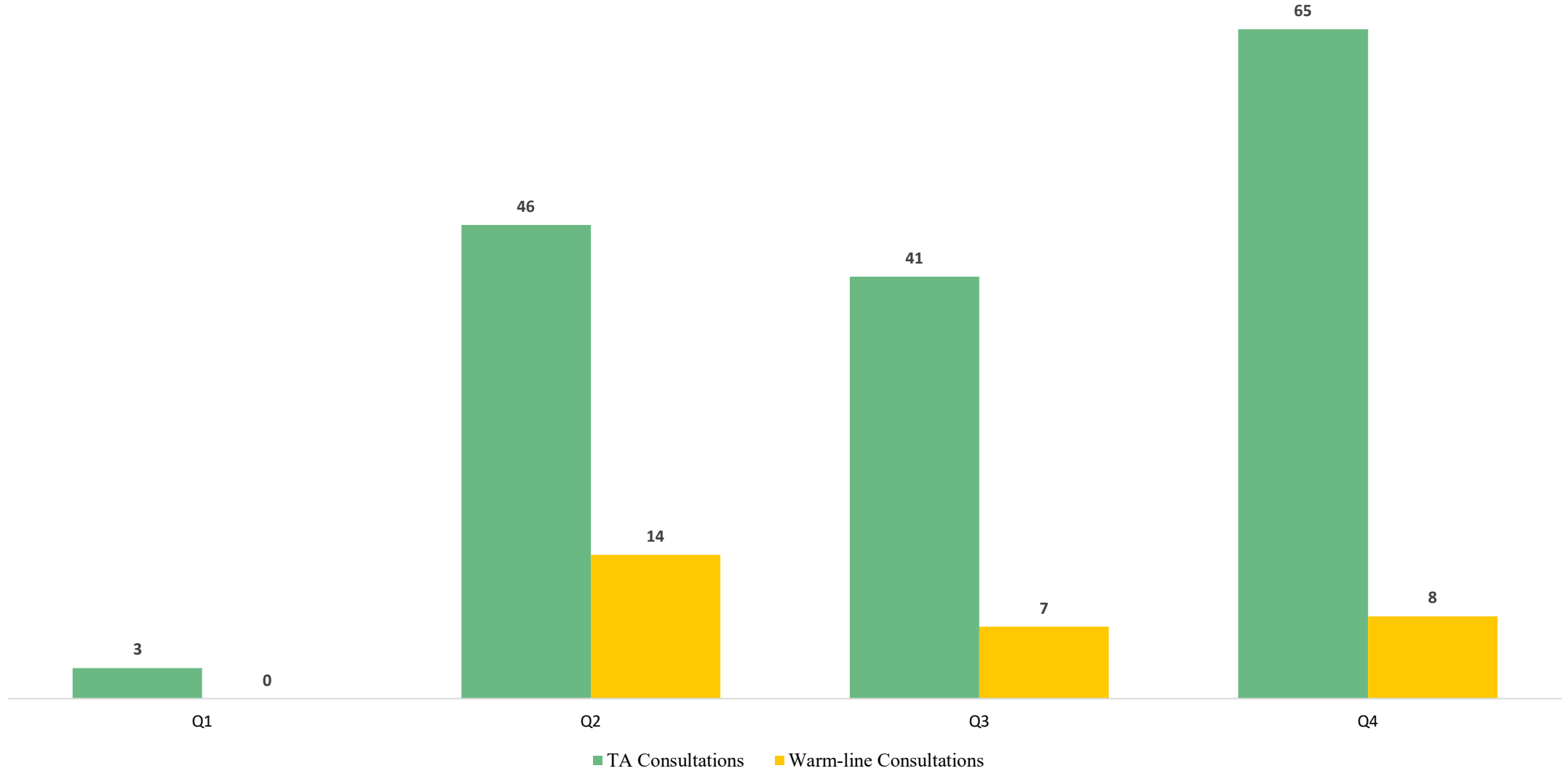


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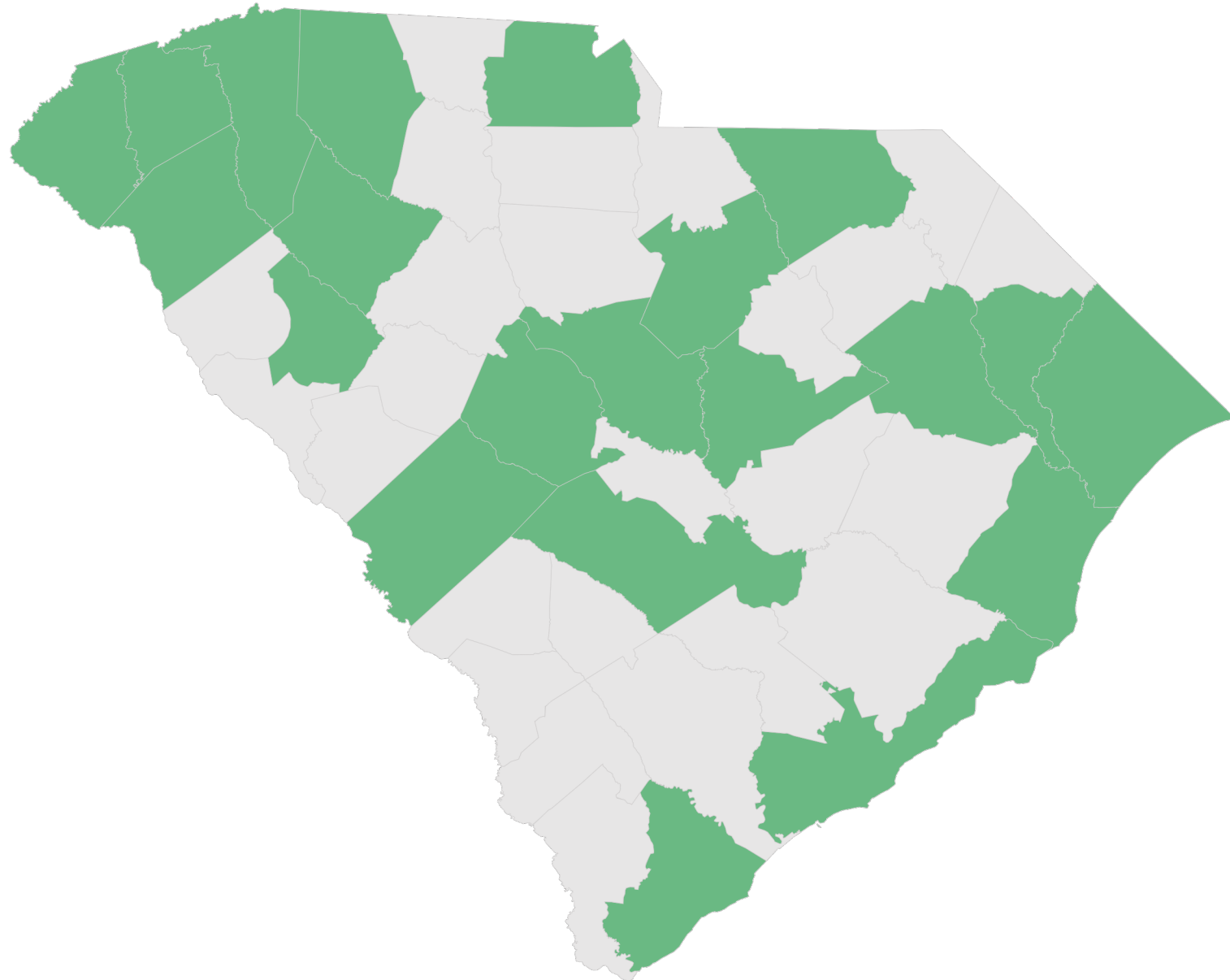
Number of Unique Attendees



Number of TA and Warmline Consultations, Year 1



Counties Assisted via Technical Assistance and Warm Line, Year 1



Opioid Use Disorder Diagnosis, Treatment, and Retention in South Carolina

SOUTH CAROLINA COUNTY PROFILES

Christina Andrews, PhD
Arnold School of Public Health
University of South Carolina

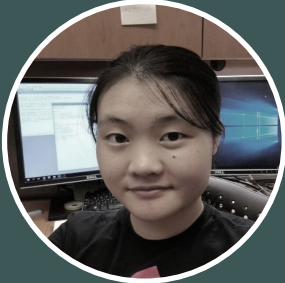
December 4, 2024



TEAM



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Opioid Use Disorder Cascade of Care

Diagnosis

Despite the increasing prevalence of OUD and associated morbidity and mortality, it remains under-diagnosed



Psychosocial Treatment

Psychosocial counseling is an important component of treatment alongside medication.

Medication

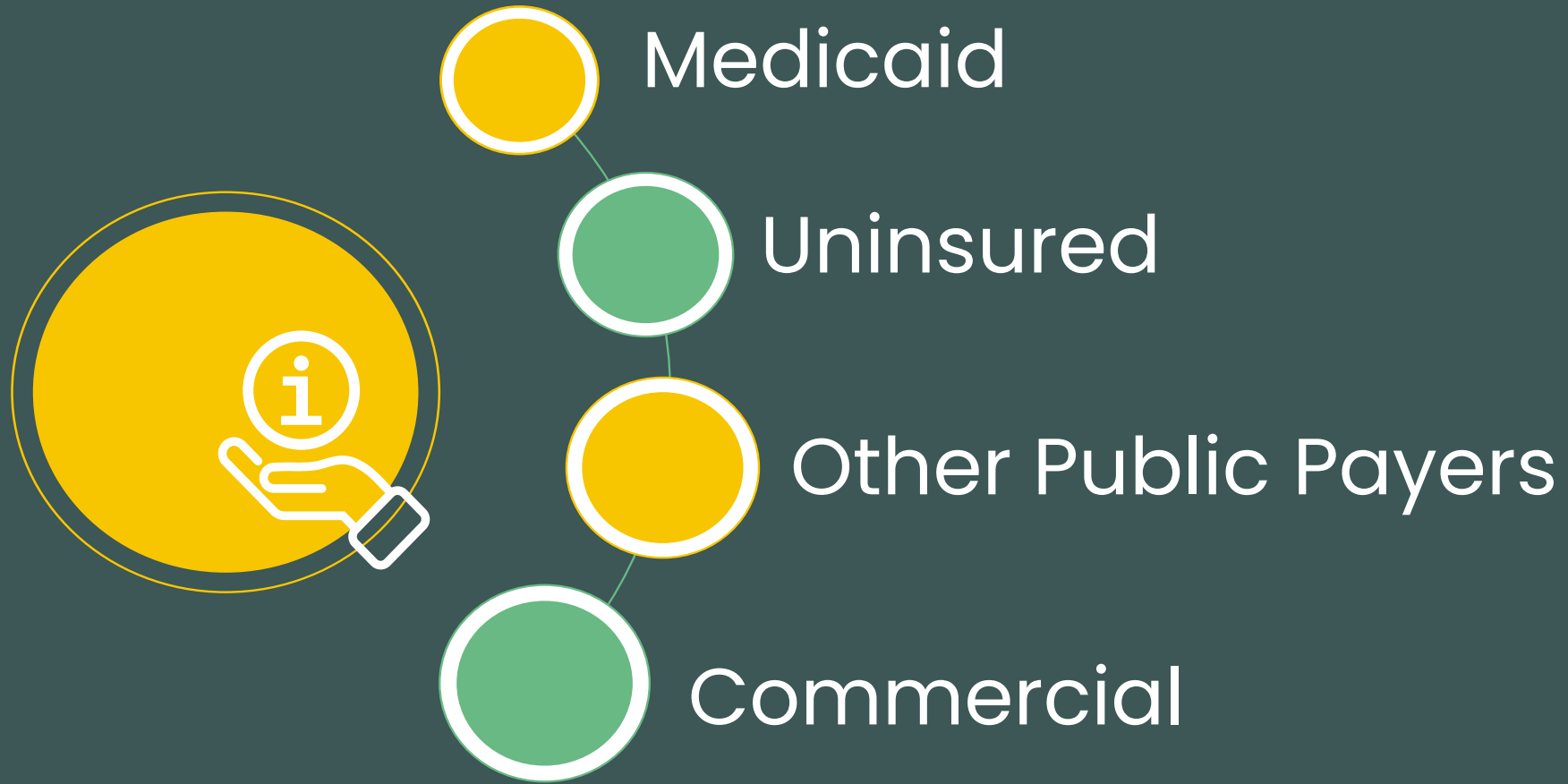
Medications for opioid use disorders are associated with reduced risk of overdose and death.



Treatment Retention

The longer a patient is engaged in treatment, the better his or her long-term prognosis will be.

FOCUS



DATA

Proportion of South Carolina Medicaid enrollees with OUD who have: been diagnosed; engaged in psychosocial treatment; received OUD medication; and been retained in treatment for a clinically meaningful time

Use ICD-10 (diagnosis), CPT, HCPCS, ICD-10-PCS (treatment), and NDC (prescription) codes from CMS Chronic Conditions Warehouse, FDA, and other researchers to identify patients and treatment episodes



PURPOSE



Deepen understanding of treatment access in the state



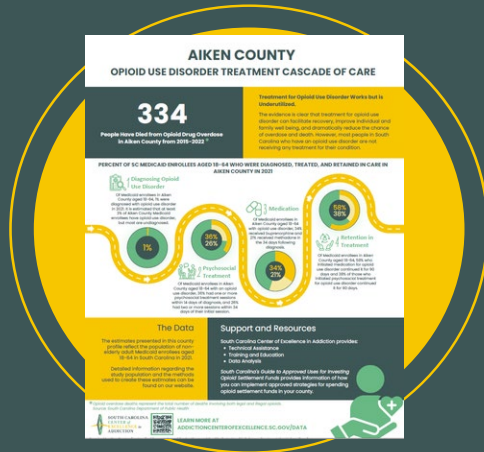
Identify people and places in need of support



Inform targeted strategies for treatment expansion



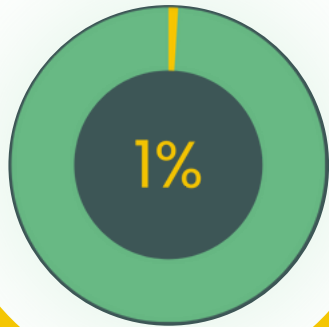
Track outcomes and return on investment



PERCENT OF SC MEDICAID ENROLLEES AGED 18-64 WHO WERE DIAGNOSED, TREATED, AND RETAINED IN CARE IN RICHLAND COUNTY IN 2021

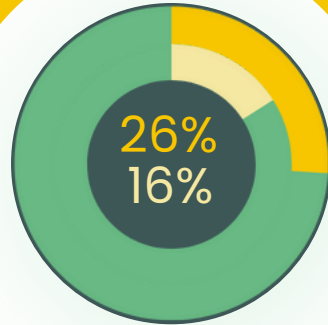
1 Diagnosing Opioid Use Disorder

Of Medicaid enrollees in Richland County aged 18-64, 1% were diagnosed with opioid use disorder in 2021. It is estimated that at least 3% of Richland County Medicaid enrollees have opioid use disorder, but most are undiagnosed.



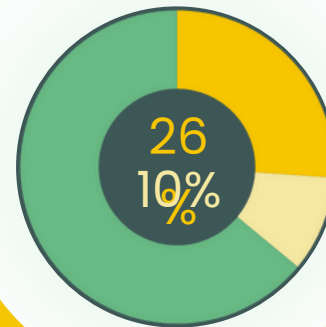
Psychosocial Treatment

Of Medicaid enrollees in Richland County aged 18-64 with a diagnosed opioid use disorder, 26% had one or more psychosocial treatment sessions within 14 days of diagnosis, and 16% had two or more sessions within 34 days of their initial session.



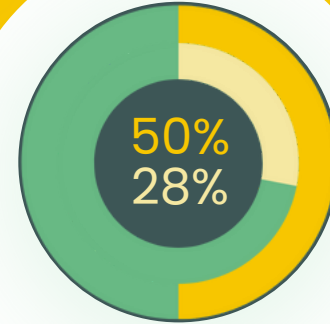
3 Medication

Of Medicaid enrollees in Richland County aged 18-64 with a diagnosed opioid use disorder, 26% received buprenorphine and 10% received methadone in the 34 days following diagnosis.



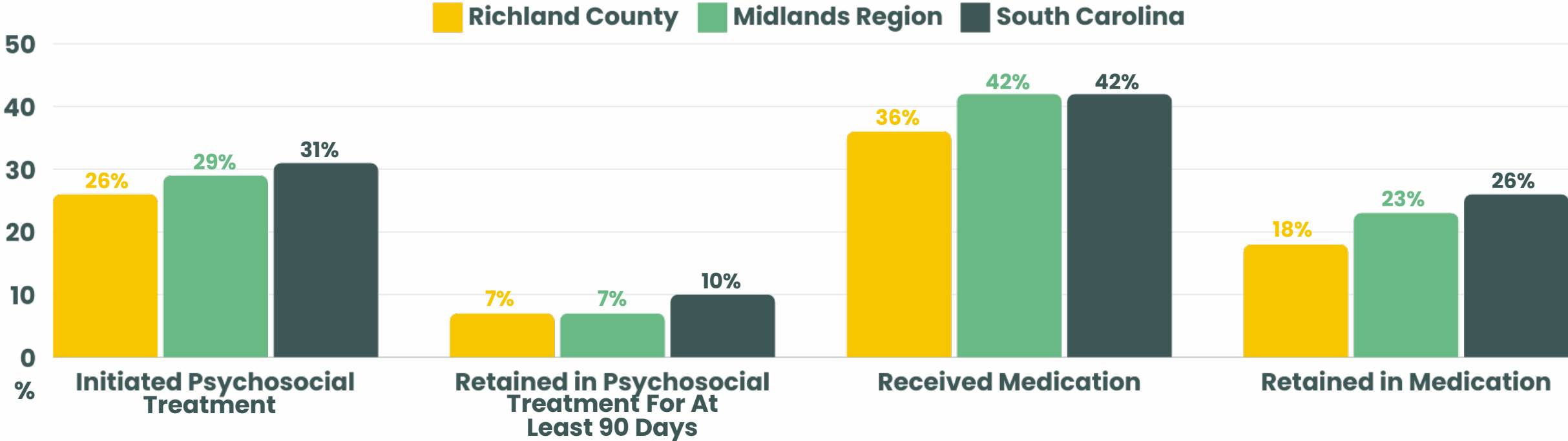
4 Retention in Treatment

Of Medicaid enrollees in Richland County aged 18-64, 50% who initiated medication for opioid use disorder continued it for 90 days and 28% of those who initiated psychosocial treatment for opioid use disorder continued it for 90 days.



Richland County Compared to South Carolina

Estimated Percentage of Medicaid Enrollees Aged 18-64 Diagnosed with Opioid Use Disorder Who Met Selected Cascade Targets



SOUTH CAROLINA OPIOID TREATMENT DASHBOARD

[Learn More About Opioid Use Disorder Treatment](#)

[Learn More About the Data](#)

[Learn More About the Cascade of Care](#)

This dashboard displays information regarding rates of opioid use disorder diagnosis, treatment initiation, and treatment retention among Medicaid-enrolled South Carolina residents. Our approach follows the [Opioid Cascade of Care](#) framework, which has been recognized by the National Institutes of Health and the Centers for Disease Control and Prevention. The Cascade of Care is consistent with the [medication first](#) model, which recommends that people with opioid use disorder receive medication as quickly as possible and should not be delayed until psychosocial assessment and counseling is initiated. Explore this dashboard to gather information about opioid use disorder diagnosis and treatment receipt in South Carolina counties and regions. More information about opioid use disorder treatment, the data used to create these estimates, and resources to improve access to treatment can be found using the links above.



Diagnosing Opioid Use Disorder



Psychosocial Treatment



Medication



Retention in Treatment

Learn More About Diagnosing Opioid Use Disorder

Percent of SC Medicaid enrollees aged 18-64 with an opioid use disorder diagnosis in 2021

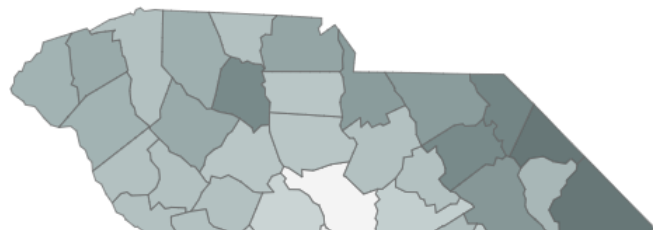
Percent of SC Medicaid enrollees aged 18-64 newly diagnosed with opioid use disorder in 2021

Region

Location

Diagnosis

Percent of SC Medicaid enrollees aged 18-64 with an opioid use disorder diagnosis in 2021



Diagnosis

Percent of SC Medicaid enrollees aged 18-64 with an opioid use disorder diagnosis in 2021



Strategies to Strengthen the Cascade



Diagnosing

Screen
Programs in Schools
Interventions by First Responders



Psychosocial Treatment

Referral Systems
Telehealth/Mobile
Harm Reduction



Medication

Prescribe Buprenorphine
Strengthen Referral Relationships
Programs in Jails



Retention in Treatment

Address Barriers
Patient Centered Care
Health IT

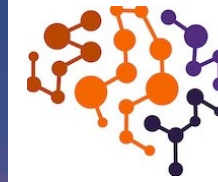
NEXT STEPS

Launching the South Carolina Opioid Treatment Dashboard, an interactive web-based dashboard

Creating Cascade estimates for uninsured population by capturing care received in hospitals and 301 system

Tracking state and local initiatives, measuring outcomes, and charting trends in key indicators over time





CLEMSON® UNIVERSITY *Center for*
**Addiction and Mental
Health Research**

Technical Assistance

through the

South Carolina Center of Excellence in Addiction



Clemson Center for Addiction and Mental Health Research (CAMHR) Team



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Dept of Psychology, Professor
Licensed Clinical Psychologist



Alain Litwin, M.D., Co-Director
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Prisma Health Addiction Medicine Center,
Executive Director



Laura Bogardus, Ph.D.
Associate Director
Dept of Psychology



Noah Reynolds, MA
Project Manager
Dept of Psychology



Lauren Smalls
Research Assistant
Dept of Psychology

Technical Assistance Defined

“Supporting localities to meet their goals”

Targeted consulting for a need or problem

In the form of guidance, coaching, assessment, etc.

Provided by subject matter experts

One-time or ongoing relationship

Collaborative, customized, results-driven

Helps build organizational capacity

Types of Technical Assistance

“Supporting localities to meet their goals”

1. Provider Warmline - for Medical Clinicians and Practitioners

864-914-1301, Mon – Fri, 9:00 am - 5:00 pm

2. Opioid Abatement Strategies – for Organizational Leaders

AddictionCenterOfExcellence.sc.gov or CAMHR@clemson.edu

Warmline: Request Types

864-914-1301, M-F, 9:00 am - 5:00 pm

- Consultation for assessment and treatment of substance use disorders
- Medication assisted treatment (MAT) induction and recommendations for OUD
- Harm reduction and overdose prevention
- Connection to community support services



SUBSTANCE USE PROVIDER WARM LINE

Free, Confidential, Clinician-to-Clinician Consultation on Substance Use Evaluation and Management

9 am – 5 pm ET (Mon – Fri)

864-914-1301

Our consultants provide clinicians with **evidence-based guidance** on a range of topics, including:

- **Assessing and treating** opioid, alcohol, and other substance use disorders
- **Initiating medications for opioid use disorder**
- **Toxicology testing:** When to use it and what it means
- Identifying and managing **withdrawal**
- Adjusting **opioid-based pain regimens** to reduce risk of misuse and harm
- Providing **harm reduction and overdose prevention** strategies
- Discussing useful **communication and care strategies** to support patients living with – or at risk for – substance use disorders
- Approaching **substance use in special populations** (pregnancy, kidney/liver disease, HIV and HCV, co-morbid opioid use disorder and pain)
- Connecting patients with **counseling and community recovery supports**
- Providing treatment for people living with hepatitis C virus
- Preventing HIV with PrEP (pre-exposure prophylaxis)

Our team includes **expert physicians and advanced practice nurses** with considerable experience managing substance use disorders. No protected health information is collected during our consultations.

Learn more about the South Carolina Center of Excellence in Addiction at addictioncenterofexcellence.sc.gov.

Warmline: Process

1. Place the call (864-914-1301, M-F, 9 am – 5 pm)
2. Clinician with expertise answers call or calls back asap
3. Topics discussed, decisions made, quick response
4. Referrals and follow-ups take place
5. Confidential outcomes recorded



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Abatement Strategy TA


SC.GOV

ABOUT | TECHNICAL ASSISTANCE | ECHO | RESOURCES | CONTACT

Looking for Something? 



addictioncenterofexcellence.sc.gov



Data

The Center of Excellence in Addiction's ongoing analysis of South Carolina's performance in serving people with opioid and other substance use disorders

Technical Assistance

Access practical technical assistance for South Carolina's counties, municipalities, community organizations, and clinical consultation for providers

Training/ECHO

Join our Center of Excellence in Addiction Community Opioid Response Initiatives (CORI) tele-mentoring program for county and municipal leaders!



Abatement Strategy: Request Types

AddictionCenterOfExcellence.sc.gov or camhr@clermson.edu

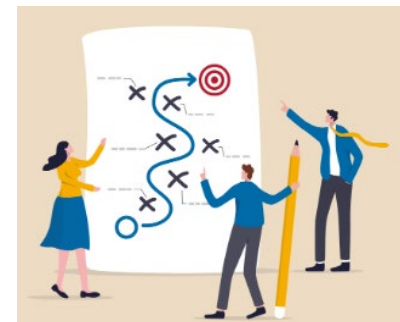
- **Strategic planning and resource readiness**
- **Data collection and data analysis**
- **Capacity building:** Prevention, harm reduction, treatment, recovery
- **Evidence-based strategies:** Naloxone and overdose reversal, MOUD, warm handoffs and recovery services, incarceration-based treatment, prevention programs



The screenshot shows a web form titled "SC Center of Excellence in Addiction Technical Assistance Request". The form includes a header with the logo and name of the South Carolina Center of Excellence in Addiction. Below the header, there is a navigation link for "Home" and a breadcrumb trail. The main heading is "SC Center of Excellence in Addiction Technical Assistance Request". A note states: "Please use this form to request technical assistance support from the SC Center of Excellence in Addiction. You will receive a response from us within 3 business days." The form contains several input fields: "First Name", "Last Name", "Email", "Phone Number", and "Organization Name". Below these fields is a section titled "Assistance Requested" with a list of radio button options: "Data collection", "Data analysis", "Strategic planning", "Resource readiness", "Capacity building - treatment", "Capacity building - prevention", "Capacity building - harm reduction", "Evidence-based strategies - naloxone and overdose reversal", "Evidence-based strategies - MOUD", "Evidence-based strategies - pregnant and postpartum women", "Evidence-based strategies - NIAS", "Evidence-based strategies - warm hand offs and recovery services", "Evidence-based strategies - incarceration-based treatment", "Evidence-based strategies - prevention programs", "Evidence-based strategies - expanding syringe services programs", and "Other". A blue "Submit" button is located at the bottom left of the form.

Recent Types of Technical Assistance

- Program evaluation, data collection and analysis
 - Standardized and tailored metrics, REDCap survey development
- Law enforcement deflection
 - peer learning collaborative, office hours
- Recruiting and matching technical experts
 - 50+ experts
- Education
 - harm reduction, expanding syringe service programs, naloxone training
- Prevention programs
 - needs, strategies, grant writing
- Medication assisted treatment
 - office hours, presentations, training
- Strategic planning



Featured TA

Sites	Type of TA
Law Enforcement Assisted Deflection and Diversion (6 sites & growing)	Peer Learning Collaborative
Reuben Long Detention Center, Horry County	Program Evaluation, Data Collection and REDCap Development
Challenges, Inc.	Harm Reduction Training Curriculum, Strategic Planning
Myrtle Beach Fire Department	Program Evaluation & Data Collection Guidance
Cayce, Lexington County	Data Collection & Strategic Partnerships
SC Behavioral Health Services Association	Data Collection Across 301s
Project POWER mobile unit	Consulting on Funding & Development
Power Collective	Strategic Planning and Grant Writing
Oconee County	Harm Reduction Education
Statewide	Data Presentation & ECHO TA Presentation

TA Resources

Data Sources and Evidence-Based Strategies for the Treatment of Opioid Use Disorder (OUD)

General Repository:

- [CaroNova's Online Library for Opioid Stewardship](#)
- [Centers for Disease Control and Prevention \(CDC\) – Evidence-Based Strategies for Preventing Opioid Overdose](#)
- [Comprehensive Opioid, Stimulant, and Substance Use Program \(COSSUP\)](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\) Resources for Opioid Overdose](#)
- [South Carolina SBIRT](#)
- [The American Society of Addiction Medicine \(ASAM\) National Practice Guideline for the Treatment of Opioid Use Disorder](#)

Data Sources:

- [Agency for Healthcare Research and Quality \(AHRQ\) – Healthcare Cost and Utilization Project \(HCUP\)](#)
- [Appalachia Opioid Remediation Database](#)
- [CDC – Underlying Cause of Death Database](#)
- [Overdose Detection Mapping Application Program](#)
- [SAMHSA – Treatment Episode Data Set \(TEDS\) 2021: Admissions/Discharges from SUD Treatment](#)
- [South Carolina Department of Alcohol and Other Drug Abuse Services \(DAODAS\) – Just Plain Killers](#)
- [Office of National Drug Control Policy \(ONDCP\) - Overdose Detection Mapping Application Program \(ODMAP\)](#)

Naloxone and Overdose Reversal:

- [Law Enforcement Naloxone Tool Kit](#)
- [Targeted Naloxone Distribution - Evidence-Based Strategies for Preventing Opioid Overdose](#)

Medications for Opioid Use Disorders (MOUD):

- [Blueprint for Hospital Opioid Use Disorder Treatment](#)
- [Buprenorphine Emergency Department Quick Start](#)
- [National Academies of Sciences, Engineering, and Medicine – Medications for Opioid Use Disorder Save Lives](#)
- [Overview of Medications for Opioid Use Disorder](#)
- [Practice-Based Guidelines: Buprenorphine in the Age of Fentanyl \(PCSS Guidance\)](#)
- [SAMHSA – Medication-Assisted Treatment](#)
- [Treatment Components – Evidence-Based Strategies for Abatement of Harms from the Opioid Epidemic Chapter 2](#)
- [Use of Medication-Assisted Treatment in Emergency Departments](#)

Pregnant and Postpartum Women/Neonatal Abstinence Syndrome (NAS):

- [Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants](#)
- [Managing Abstinence in Newborns \(MAIN\) – Pickens County Resources](#)
- [National Center on Substance Abuse and Child Welfare Resources](#)
- [U.S. Department of Health & Human Services - Evidence-Based Treatment of Perinatal Substance Use Disorders](#)

Changing Healthcare Culture and Facilitating Warm Hand-offs:

- [Blueprint for Hospital Opioid Use Disorder Treatment](#)
- [Fostering Resilience and Recovery: A Change Package](#)
- [SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach](#)
- [Stem the Tide: Addressing the Opioid Epidemic](#)

Deflection, Diversion, and Pre-Arrest Programs:

- [An Overview of Deflection and Pre-Arrest Diversion](#)
- [The 2018 Overdose Response Strategy Cornerstone Project](#)
- [The Solution to the Opioid Crisis: The Naloxone Plus Pre-Arrest Diversion Framework](#)

Incarceration-Based Treatment:

- [Care for Opioid Use Disorder in the Criminal Justice System – Evidence-Based Strategies for Abatement of Harms from the Opioid Epidemic Chapter 4](#)
- [County Jail MOUD Expansion Initiative \(Pennsylvania Plus General Resources\)](#)
- [JCOIN Training & Engagement Center – Medications for Opioid Use Disorder in Corrections](#)
- [The 2018 Overdose Response Strategy Cornerstone Project – Linkage to Care Upon Release from Incarceration](#)
- [SAMHSA – Use of Medication-Assisted Treatment for Opioid Use Disorder in Criminal Justice Settings](#)

Prevention Programs:

- [National Prevention Science Coalition – Strategy for Preventing Opioid Use Disorders in Communities](#)

Prevention Programs - Youth:

- [Evidence-Based Program Guidance for Substance Use Prevention Education in Schools](#)
- [SAMHSA – Substance Misuse Prevention for Young Adults](#)
- [Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic – Prevention of Opioid Misuse and its Harmful Effects on Children and Families Chapter 5](#)

Harm Reduction and Syringe Services Programs:

- [Evidence Based Strategies for Abatement of Harms from the Opioid Epidemic – Harm Reduction Chapter 3](#)
- [Prevention and Treatment of HIV among People Living with Substance Use and/or Mental Disorders](#)
- [Summary of Information on The Safety and Effectiveness of Syringe Service Programs](#)
- [Syringe Service Programs: Effective Strategies and Approaches for Planning, Delivery, and](#)

Future Directions & Requests

- Promoting warmline and abatement strategies TA
- Site visits to communities to promote TA and develop relationships
- Offer peer learning collaborative to complement ECHO program

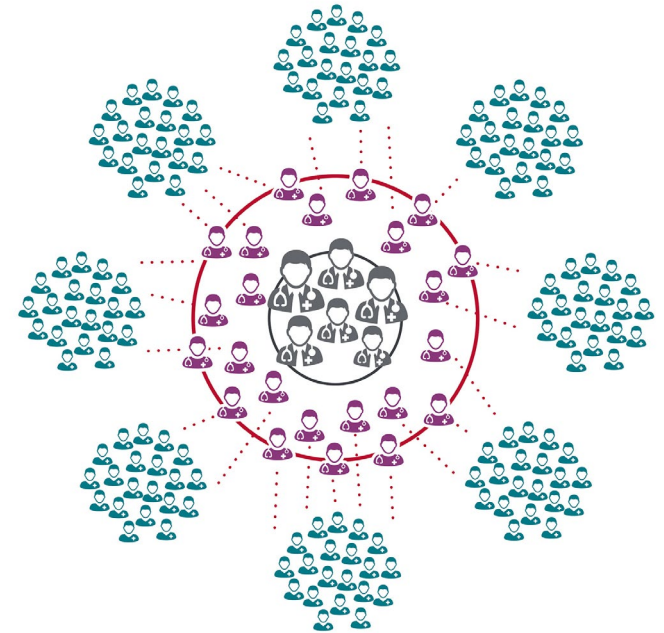
CoE Training Initiatives: Prioritization

Kathleen Brady, Md, PhD

Community Opioid Response Initiatives Project ECHO

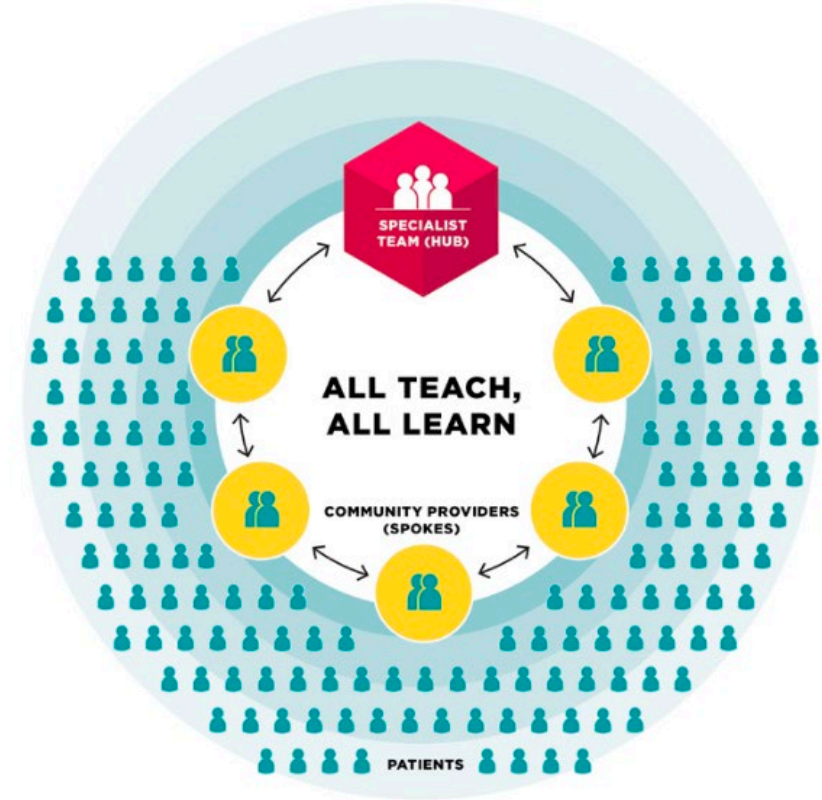
How it works:

- 1) Connects community members and leaders with specialists in real-time collaborative sessions (Zoom)
- 2) Aims to share “best practices” to help individuals gain expertise to develop necessary evidence-based skills
- 3) “All Teach, All Learn” philosophy
- 4) CORI ECHO supports counties, municipalities and local partnering organizations who are focusing on opioid abatement.



Meet the CORI ECHO Team

- **Karen Hartwell, MD**
Co-Director
- **Louise Haynes, MSW**
Co-Director
- **Carrie Papa, MBA**
Program Coordinator
- **Pam Imm, PhD**
The Courage Center
- **Chanda Funcell, PhD, LMSW, HRS**
Charleston Center
- **Asa Langston, PRSS**
FAVOR Lowcountry and Oxford House
- **Jessica Seel, MPH**
SC Office of Rural Health
- **Tan Shivers**
IT





CORI Topics

- Recovery Ready Communities
- Perinatal Opioid Use Disorder
- Harm reduction and syringe service programs
- Overdose reversal agents
- Multiple pathways of recovery
- Recovery housing
- Establishing a Fatality Review Panel
- Medications for OUD
- Supporting First Responders addressing opioid use in the community
- Prevention programs in schools
- Recovery friendly workplaces

Accomplishments in 2023-2024

CORI ECHO Sessions

- Two sessions per month, beginning Dec 2023
- Increased participant reach to >125 unique participants
- ECHO participant feedback surveys showcase positive experiences with the program.
 - Participant ratings average of 4.4 or greater (out of 5) on questions such as, *This ECHO session met all of my expectations*, and *I can use the information in this session to better implement opioid response strategies in my location*.

Increased Awareness of the COE and CORI ECHO

- eNewsletters, one on one outreach, presentations to conferences and meetings (e.g. SC Gov. Summit 2024)
- MUSC Progress Notes, June 2024:
MUSC part of Center of Excellence in Addiction with statewide team
- MUSC Catalyst News, August 2024:
Helping communities make the most of opioid settlement funds

How to Join

Project ECHO Community Opioid Response Initiatives (CORI)

- 2nd & 4th Fridays from 12-1pm

Project ECHO for Opioid Use Disorders

- 1st & 3rd Fridays from 12-1pm

Project ECHO for Peer Recovery Support Specialists

- 2nd & 4th Tuesdays from 12-1pm

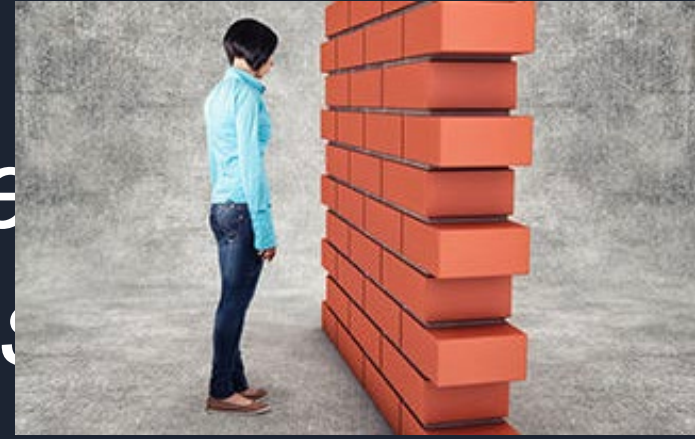
For more information:

Email Carrie Papa at papa@musc.edu



RFA NOT-DA-23-008

Workforce Interventions to Improve Care Quality and Patient Outcomes



Collaborating agencies: NIDA, NIA, NIAAA, NCCIH, NIMH

Addresses a critical barrier to addressing the overdose crisis: Ensuring a robust workforce to deliver interventions to people with SUDs and related comorbidities.

Address barriers to identification, development, and/or evaluation of strategies to address challenges to recruiting, training, and retaining behavioral health professionals.

Focus on increasing recruitment and retention, improving provider training and/or supervision, reducing stigma among providers so we can increase access to care, number of patients served, improve quality of care, and/or improve patient outcomes.

Challenges Include:

Individual-level dynamics: Emotional stressors such as burnout, compassion fatigue, vicarious and secondary trauma

Organizational-level dynamics: Staffing shortages, leadership and clinical supervision, task-shifting, integration of peer interventionists

System-level dynamics: Low wages, reimbursement rates that are not on par with other medical services, billing constraints, limited resources to provide trainings for practitioners, licensure requirements, and scope of practice

Macro-level dynamics: Cut across all levels of intervention: stigma, technology in service delivery, workforce diversity, disparities in care access, interorganizational service linkages and relationships among practitioners



NIMH-Specific Goals

- *Develop and test strategies for training, supervision, and/or consultation in co-occurring substance use disorders in mental health treatment settings*
- *Improvements to the addiction treatment workforce designed to improve the mental health care utilization or mental health outcomes of people receiving opioid addiction treatment.*
- *Particular interest in research to increase the number of buprenorphine prescriptions for patients with co-occurring mental illness and/or suicide risk for whom MOUD is indicated. Projects could include:*
 - *Testing incentives (to include financial incentives) that encourage providers to see patients with OUD and when indicated, prescribe MOUD.*

EmPATH Initiative



EmPATH (Emergency Psychiatry Assessment, Treatment and Healing Unit)



A modern, patient-centric, effective approach to evaluating and treating behavioral emergency patients in hospital settings



Alternative to being held for hours untreated in ED, waiting for transfer to a psychiatric facility, a situation known as "boarding".

EmPATH Units:



Affiliated with an Emergency Department, usually in hospital setting



High-acuity behavioral health patients



Access to psychiatric provider - treatment initiated upon arrival



"Open Milieu": recliners, free to move and engage in activities

Active treatment ongoing for set # hours, final decision on admission vs discharge made after assessment, treatment has time to work

Potential Proposals:

Develop standardized SUD training for EmPATH Units
Emphasis on MOUD initiation

Develop standardized SUD training for mental health centers

Develop standardized mental health training for addiction treatment personnel

?? Incentives to increase recruitment/retention

?? Training/Supervision/Support of Peer Support Specialists
Develop and evaluate supervision guide for peer recovery support specialists



A Glimpse into the COE's Future: 2025 Projects & Initiatives

Jail capacity building

- This is not a new conversation in SC. What do we need to do differently to drive change?

Hospital ED based treatment toolkit

- What specific tools would be most effective to spread this best practice?

Governor's Summit on Addiction

- What topics need to be prioritized?

Reflection

- What does the Center of Excellence need to consider as we move from establishment to a growth mindset?
- What is one impact this group's decisions today will have on the COE as we move forward?
- What is one tool or activity of the COE that you will share with your colleagues when you go back home?



**THANK
YOU!**



**SOUTH CAROLINA
CENTER *of*
EXCELLENCE *in*
ADDICTION**