



SC Center of Excellence in Addition

Year 1 Advisory Board Report

10/01/23 – 9/30-24

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12-4-2024

Executive Summary

This report was produced for the South Carolina Center of Excellence (COE) external Advisory Board to provide a detailed account of the COE's activities, challenges, and achievements over the October 2023 – September 2024 time period. As the COE has grown from a burgeoning idea to a formal collaboration of our state's three research universities and two of our state agencies, we are measuring our progress to ensure that we are aligning to the needs of the state and the guidance of outside experts. Transparency, a guiding principle of the COE, is an essential component to our growth.

The COE's two-year Strategic Plan provides a framework for our efforts, meaning that every objective outlined in this report leads back to our mission: to maximize South Carolina's opioid and addiction knowledge and resources through community engagement, collaboration, and research. Completed objectives for each of the COE's Cores, as well as planned objectives as approved by the South Carolina Opioid Recovery Fund (SCORF) Board in their review of our Discretionary Fund renewal application, are detailed herein.

In our first year, the Administrative Core established processes under which the COE operates, managing organizational needs, including oversight of communications, budgeting/contracting, and development of external engagement. The Training Core created the Community Opioid Response Initiatives (CORI) ECHO program that hosts virtual meetings twice monthly to expand and enhance knowledge of opioid abatement strategies for local leaders and community partners who are engaged in resource implementation, reaching well over one hundred unique participants over 18 total sessions, and reached a total of 503 individuals across all COE educational engagements. The Technical Assistance Core began providing direct technical assistance to local leaders and their partners and established a clinician warmline to assist any clinician with free peer-to-peer consults regarding addiction needs; these efforts have led to 1290 technical assistance engagements in support of South Carolina's opioid and addiction needs. The Data Analytics Core has completed their 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 COE has also used the collective experience of our partners to begin yielding increased resources for our state, providing a replicable approach to obtaining new dollars for addiction-related initiatives. Demonstrating the value of our university-state collaboration, the infrastructure and relationships brought by the COE were key in South Carolina being awarded a \$7 million federal grant to support development and implementation of diversion programs in six counties.

As we close out our first year of work, the COE looks forward to continued growth, with the guidance of our Advisory Board, to help us leverage our strengths to achieve our common vision: that all South Carolinians live free from the harms of addiction.

South Carolina Center of Excellence in Addiction Year 1 Advisory Board Report

Reporting Period: 10/1/23 – 09/30/24

Background

The Center of Excellence (COE) in Addiction was established in 2023 by Clemson University, the University of South Carolina (USC), the Medical University of South Carolina (MUSC), the South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS), and the South Carolina Department of Health and Environmental Control (DPH). The COE functions as one collaborative institution jointly owned and operated by the universities and state agencies in order to efficiently apply expertise and resources that will address opioid use disorder (OUD) and other substance use disorders (SUD) across the state. The COE's mission is to maximize South Carolina's opioid and addiction knowledge and resources through community engagement, research, and innovation.

The COE is guided by the work of four cores: Administrative Core, Training Core, Technical Assistance Core, and the Data Analytics Core. Each core worked to achieve assigned objectives for the first year of COE operations. These metrics have been shared with COE funders and serve to both maintain individual organization workplans and indicate overall COE progress.

Administrative Core

The Administrative Core is supported by both DAODAS and DPH and operates using appropriated state funding. The goal of the Administrative Core is to establish administrative infrastructure, coordinate among Cores, and ensure completion of executive functions, including communications, reporting, contracting, and budgeting. Completed Year 1 objectives include:

- DAODAS hired the COE Director, Jodi Manz, in July 2023.
- DHEC assigned the Program Evaluator, Jillian Catoe, in August 2023.
- The Center of Excellence website went live in September 2023.
- The Leadership Team began having weekly meetings in June 2023.
- The Steering Committee engaged in a two-day strategic planning retreat in October 2023.
- A survey of local leaders and stakeholders was initiated in November 2023 and is still ongoing.
- The Advisory Board for the Center was established in August 2023 and met for the first time in October 2023.
- Development of a two-year Strategic Plan began in November 2023.

Year 2 objectives include:

- By December 2024, hold an in-person Advisory Board meeting (semi-annual).
- By December 2024, disseminate the first of four quarterly newsletters.
- By January 2024, collect all Core data for the first of four quarterly reports.
- By July 2024, establish a COE Implementation Core, identifying and seeking resources for a demonstration or partnership initiative.
- By September 2025, the COE will host a least four distinct webinars.
- By September 2025, draft and disseminate at least four distinct resource documents.

In addition to operational activities like budget and workplan management, communications, and external engagement, a fundamental function of the Administrative Core is to convene the COE Leadership Team to discuss project goals and progress. The COE Leadership team is composed of leaders from each of the

Center's five collaborating institutions: Christina Andrews, PhD, from USC, Kathleen Brady, MD, PhD, from MUSC, Alain Litwin, MD, MPH, from Clemson University, as well as Sara Goldsby, MSW, MPH, Director of DAODAS, and Edward Simmer, MD, MPH, DFAPA, Director of DPH.

The COE has also established a Steering Committee to guide its work and provide direction. The Steering Committee is composed of the members of the Leadership Team as well as several colleagues and team members from their institutions. This includes Laura Bogardus, PhD, Claire Stam, PhD, and Heidi Zinzow, PhD, from Clemson University; Louise Haynes, MSW, Carrie Papa, MBA, and Angie Moreland, PhD, from MUSC; and Bankole Olatosi, PhD, and Maria McClam, PhD, from USC. The Steering Committee meets weekly with the COE Director, Jodi Manz, to ensure continuous communication and collaboration across organizations.

The Administrative Core also convenes the COE Advisory Board semi-annually. The 26-member Advisory Board is made up of a diverse, multi-disciplinary group of South Carolina leaders and stakeholders. This includes policymakers, recovery community organizations, people with lived experience, law enforcement and judicial representatives, provider organizations, treatment leaders, and statewide organizations and professional associations. This group helped to provide initial direction for the Steering Committee and Leadership Team in the development of a strategic plan, and their input on innovation, growth, and sustainability of the COE will continue to be sought at regular intervals.

In addition to the activities above, the Administrative Core planned and hosted the Governor's Summit on Opioids and Addiction on April 30 and May 1, 2024. This event brought together over 700 individuals, including administrators, providers, clinicians, law enforcement representatives, researchers, and people with lived experience, coming from both South Carolina and other states. The Administrative Core is currently planning the 2025 Governor's Summit on Addiction – removing the focus on opioids to reflect the current needs in our state – for November 2025.

Training Core

The Training Core has two central goals: (1) to develop and deliver learner-driven, accessible, and actionable training curriculum focused on evidence-based opioid response strategies; and (2) to expand the reach and impact of this training curriculum among local community leaders and stakeholders to support their efforts in implementation of abatement strategies. The Project ECHO model is an evidence-based and cost-efficient model for providing education and tele-mentoring to a wide region, such as the state of South Carolina. Our ECHO, named the Community Opioid Response Initiatives (CORI) ECHO, was founded in 2023. Since its inception, the CORI ECHO focused on development of new curriculum that is responsive to the specific needs of South Carolina agencies/stakeholders and has ramped up efforts to expand the reach of these trainings across the state. Strategic planning and curriculum development activities have been key accomplishments in our initial year. Specific completed objectives include:

Completed Year 1 objectives:

- MUSC hired a Program Coordinator, Carrie Papa, in September 2023.
- A learner-driven OUD training curriculum was developed based on results of the needs assessment of local leaders and stakeholders in December 2023.
- Tele-mentoring sessions began in December 2023.
- Evaluation of educational program outcomes began in December 2023.

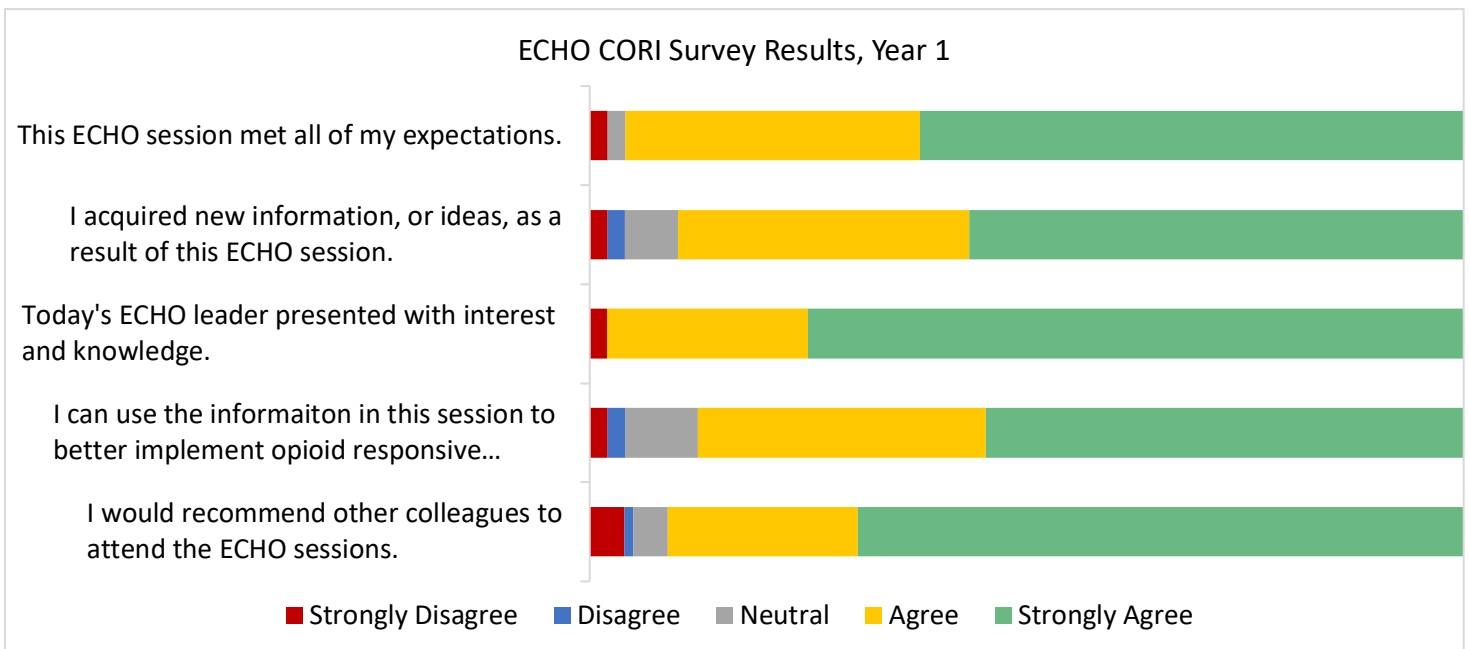
Year 2 objectives include:

- By October 2024, develop and implement a strategy to enhance marketing efforts and promote crossover participation of Opioid, Peer, and CORI ECHOs.
- By October 2024, refine CORE curriculum to cover all Core Abatement Strategies.
- By May 2025, host two state-level provider trainings to promote adoption of medications for Opioid Use Disorder (MOUD).
- By May 2025, host two state-level provider trainings to promote adoption of MOUD.
- By May 2025, submit abstracts describing successes of ECHO training initiatives in SC for two national or statewide scientific or clinical conferences.

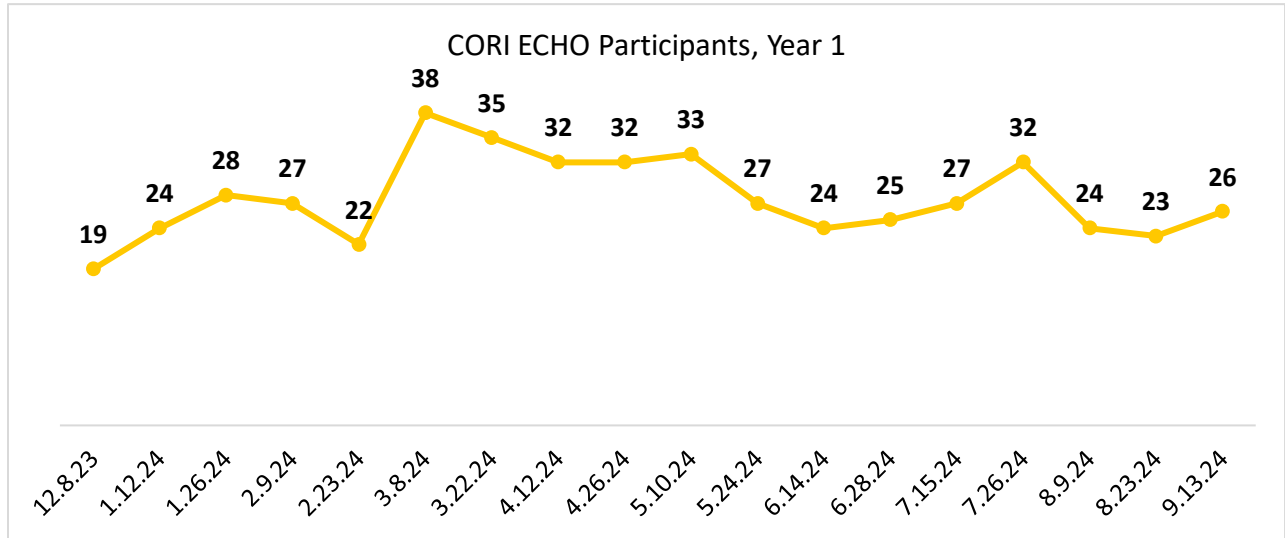
Successful implementation of the ECHO model requires a director, a small hub of experts, and a project coordinator. CORI Co-Directors Dr Karen Hartwell (also Co-Director of the Peers ECHO and OUD ECHO) and Louise Haynes led initial Hub team development. The CORI Directors prioritized identifying and inviting key community leaders throughout South Carolina to serve as CORI Hub Members. Current Hub Members include:

- Pam Imm, PhD: Community Psychologist, The Courage Center
- Chanda Funcell, PhD: Director, The Charleston Center
- Asa Langston: Executive Director, FAVOR Lowcountry
- Jessica Seel, MPH: Director of Behavioral Health Initiatives & Workforce Development, South Carolina Office of Rural Health

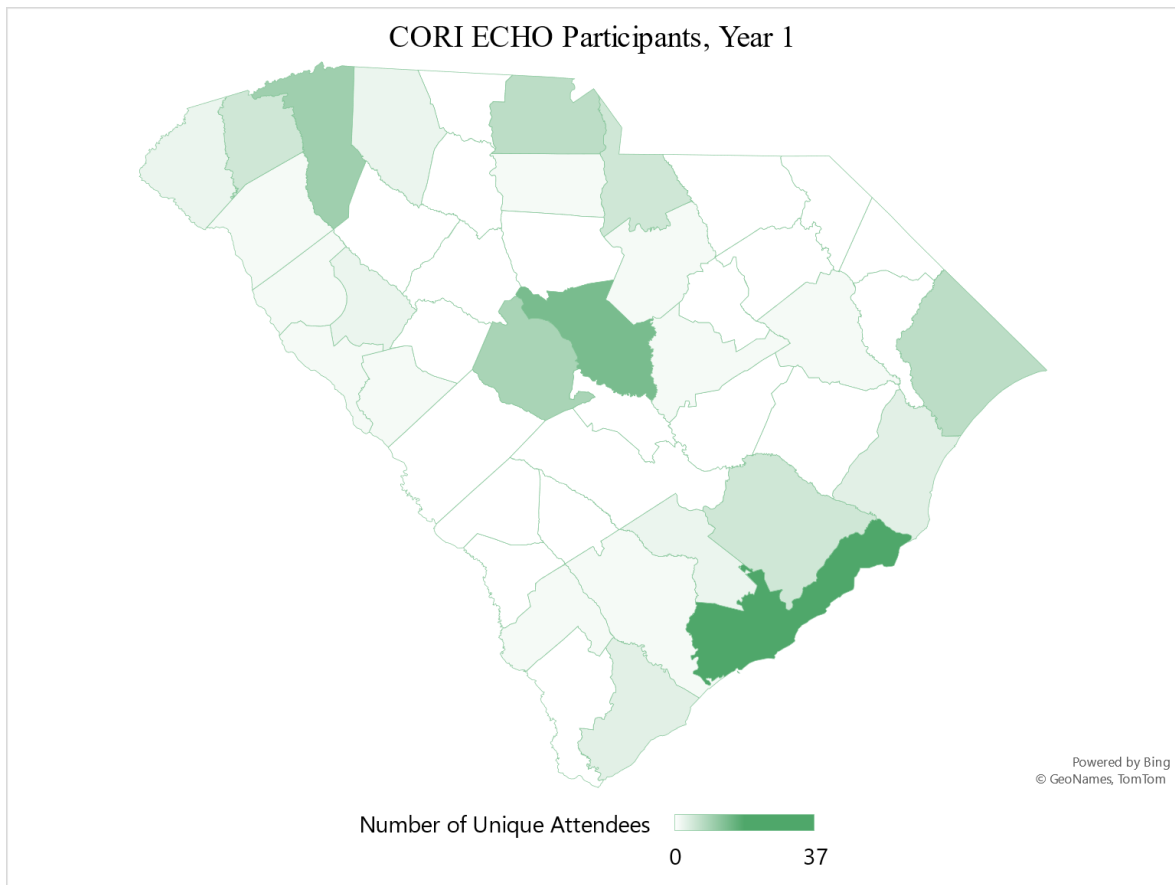
During Year 1, the Training Core held 18 CORI ECHO sessions with a total of 475 participants across all sessions. Over 125 individuals attended at least one session. Select topics of the ECHOs included: Overview of addiction; Recovery Ready Communities; Developing partnerships; Perinatal Opioid Use Disorder; Syringe Service Programs; Overdose prevention and response; Overdose Fatality Review panels; Peer Recovery; Recovery Housing; Substance Use Disorder diagnosis. Participant evaluation of each CORI ECHO session provides essential feedback to the leadership team. The survey, which is housed in an MUSC REDCap database, elicits appropriate feedback related to the session, the session presenter, and how the session would assist participants with the abatement strategies.



The chart above shows responses from the participant evaluations. Responses are combined from all 18 sessions and include repeat participants.



The figure above shows the increase and trend of CORI ECHO participants throughout Year 1. The first session had 19 participants, and the highest attended session had 38 participants. The map below shows CORI ECHO participants by county. Charleston, Richland, Greenville, and Lexington Counties had the most participants. The map does not include six out of state attendees.



In service of goal to increase awareness and expand the reach of CORI ECHO trainings, a key component of program growth this past year has been marketing, which will be expanded as a part of Year 2 objectives. In addition to regular email announcements and targeted email newsletters to increase awareness of the CORI ECHO, the Training Core has been featured in two articles on the Center of Excellence and the CORI ECHO.

- MUSC Progress Notes, June 3, 2024, *MUSC part of Center of Excellence in Addiction with statewide team* <https://muschealth.org/health-professionals/progressnotes/2024/spring/coe-addiction>
- MUSC Catalyst News, August 26, 2024, *Helping communities make the most of opioid settlement funds* <https://web.musc.edu/about/news-center/2024/08/26/helping-communities-make-the-most-of-opioid-settlement-funds>

Needs Assessment. In its inaugural year, the COE conducted a comprehensive Needs Assessment to: (1) better understand statewide interest in and efforts to access South Carolina Opioid Recovery Fund (SCORF) awards; and (2) better align COE services with critical needs identified amongst statewide stakeholders. In the first quarter of 2024, the Training Core developed a new approach for the Needs Assessment survey for community stakeholders who had access to SCORF abatement funds. This approach targeted stakeholders attending the South Carolina Governor’s Opioid & Addiction Summit (held in April 2024) due to high volume and diversity of stakeholder representation in attendance. Respondents to the Needs Assessment Survey were recruited at the Summit and included a total of 63 respondents who represented most counties in South Carolina.

Needs Assessment responses indicated an encouraging level of interest in applying for funds to implement approved opioid abatement strategies across statewide counties and organizations, as well as a notable level of interest in and need for targeted technical support to assist at various stages of the application, implementation, and evaluation process. Top-level findings of the Needs Assessment may be summarized across the continuum of the SCORF award process:

- There was **moderate interest** in support/assistance with conducting or extending their own community needs assessment.
- There was **strong interest** in support community action plan development.
- There was **moderate interest** (49% of organizations) in technical assistance in conducting activities to develop a community action plan.
- There was **strong interest** (65% of organizations) in technical support assistance regarding implementation of approved abatement strategies.
- There was **strong interest** (65% of organizations) in participation in an ECHO training series.

See Technical Assistance Core section for further detail on follow up qualitative interviews.

Reported Metrics

The following data are required prevention and education reporting metrics for our SCORF Board funder:

SCORF Metric	Quarter 1 10/1/23- 12/31/23	Quarter 2 1/1/24-3/31/24	Quarter 3 4/1/24-6/30/24	Quarter 4 7/1/24-9/30/24	Totals
Number of adults from the general public participating in prevention/education programming	10	84	84	57	235
Number of teachers participating in prevention/education programming	1	1	2	1	5
Number of health care professionals participating in prevention/education programming	5	115	76	62	258
Number of law enforcement officers participating in prevention/education programming	1	0	0	2	3
Number of key officials/policy makers participating in prevention/education programming	2	0	0	0	2
Year 1 Total: 503					

Technical Assistance Core

The Technical Assistance (TA) Core, led by Clemson University’s Center for Addiction and Mental Health Research (CAMHR), is offering robust, real-time, and pragmatic TA, as well as clinician consultations, to organizations and agencies, including healthcare providers, health systems, OUD treatment providers, law enforcement and criminal justice settings, schools, and community and faith-based organizations. The goal for the TA Core is to deliver statewide technical assistance to include a warm line, clinical consultation, and organizational implementation to support local efforts within the Core Strategies and Approved Uses for abatement funds.

Completed Year 1 objectives:

- A TA Program Manager, Laura Bogardus, Ph.D., was hired to implement the warm line platform in March 2023.
- The warm line clinical consultation platform was launched in December 2023.
- Clemson began providing clinical, real-time clinical consultations in December 2023.
- The TA program was launched in December 2023.
- Initial data consultation was started in December 2023 and is still ongoing.

- By May 2024, initial reports and dashboards will be provided.

Year 2 objectives:

- By October 2024, begin site implementation of data-collection processes using REDCap database and standardized metrics created in Year 1.
- By December 2024, complete the state data dashboard in collaboration with the University of South Carolina.
- By January 2025, launch TA *Needs & Leads* program, a peer learning collaborative to exchange information and provide Abatement Strategy-related assistance.
- By September 2025, expand clinical warmline.
- By September 2025, increase TA support, publicize TA, and develop exemplars.

The TA Core team started TA and warm line calls in December 2023. Through the TA provided, the Clemson team is providing guidance and support to local leaders regarding data collection needs. A primary challenge among localities is the use of multiple non-connected systems for data collection and reporting per site, making commonalities in local and statewide reporting cumbersome. CAMHR has registered 50 technical experts, including those with a variety of data collection and analysis expertise in specialized areas (i.e., MAT and MOUD, harm reduction, peer support stigma reduction, pregnant and postpartum, trauma, etc.). The TA team is leveraging these experts to provide tailored data-related TA. Another facilitator for this project includes working with the COE to develop standard metrics to address the data needs of counties, municipalities, and other community leaders, which will be an ongoing, iterative project. The warm line has been an invaluable resource for clinicians that seek advice on MAT implementation and follow through, which has improved continuation of care service for individuals experiencing Opioid Use Disorder and other co-occurring SUD and mental health disorders. Although statewide uptake of the warm line has been slow, the COE has been working to promote it among providers using a variety of outreach techniques.

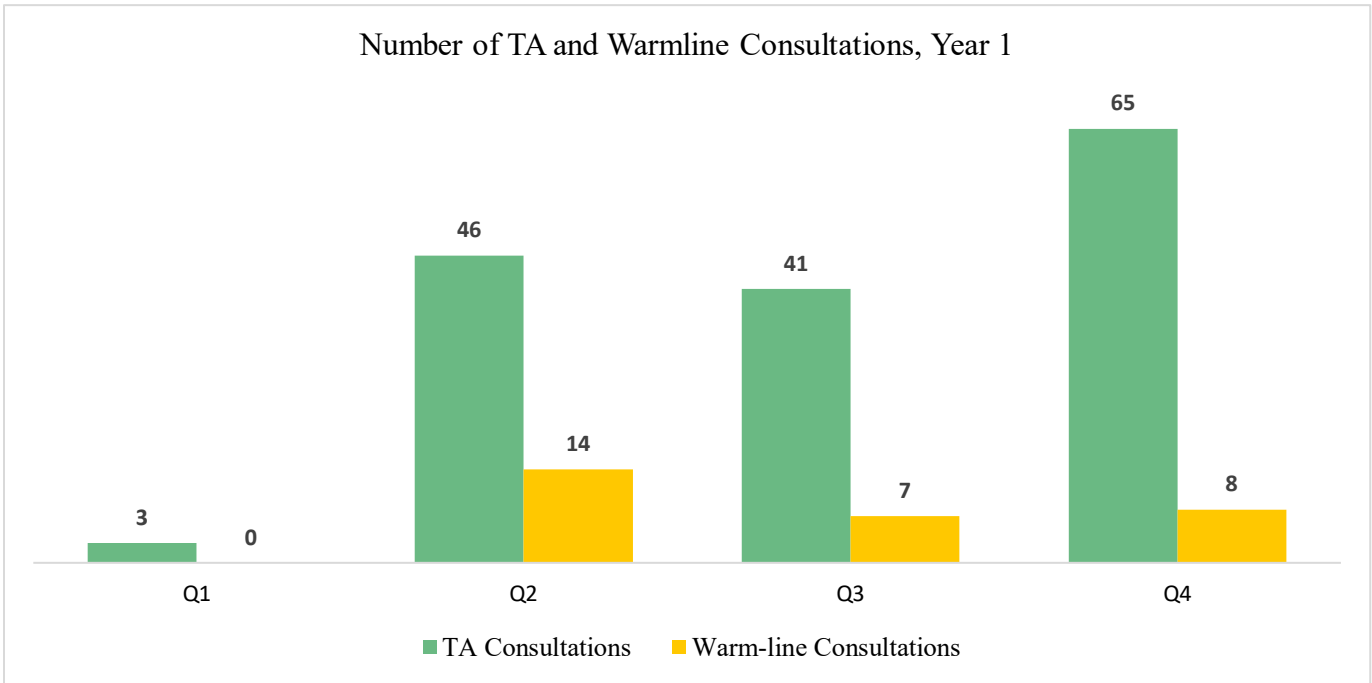
Initial data consultations were held to develop workable, user-friendly resource lists, reports, and dashboards to assist stakeholders in gaining a clearer understanding of the size and scope of opioid related impacts on our state. COE collaborating partner Dr. Lior Rennert developed a data dashboard that visualizes opioid related hospitalizations by SC county and zip code and has since expanded its scope throughout the state. This platform is used to visualize other metrics as data are collected from various sources in the state. A variety of substance use disorder experts were interviewed to provide input on additional metrics to build out the reporting and dashboard structure.

Staff have been trained to utilize the REDCap platform as an additional means of providing reports and dashboards to allow for consistent reporting across county and municipalities. The TA team created a unique REDCap for a county detention center, and another one is development for an opioid response center located within a county fire rescue department. A barrier that county and municipalities are experiencing are that SCORF Core Strategies and Approved Uses are not comprehensive and can be challenging for local areas to measure in an outcomes-oriented fashion. To combat this, CAMHR has developed a comprehensive list of metrics by Core Strategy and by population served. The list is available for local areas to review and select the metrics that best apply to their project.

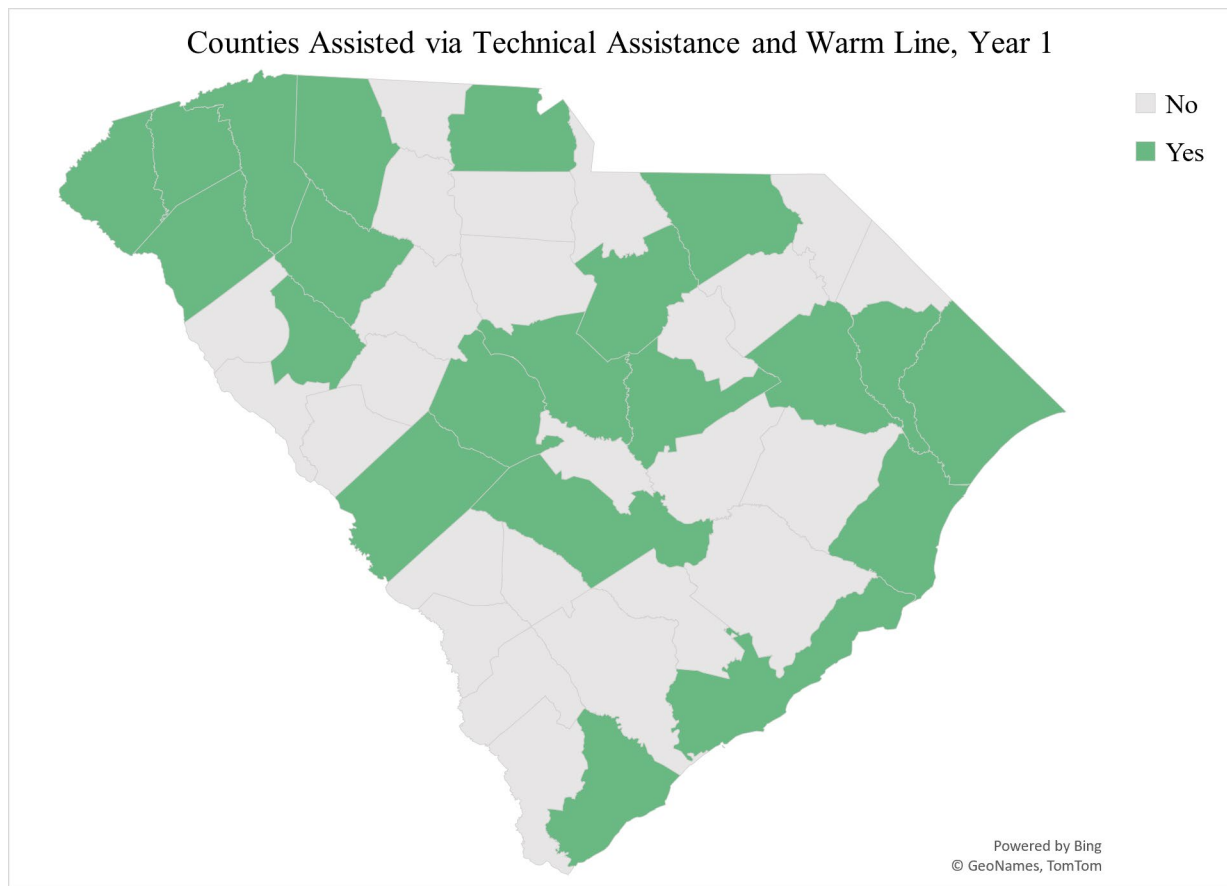
CAMHR has provided education and training to a vast number of clinicians regarding OUD, MAT, and stigma reduction to social workers, nursing staff, physicians, advance practice providers, pharmacists, medical students, and physical therapists. They are also working with eight law enforcement sites to provide technical assistance on deflection programming, which includes trainings, learning collaboratives,

office hours, site visits, a Resource Hub, and other tailored support. This work is expected to expand to a larger number of sites in Year 2.

Additionally, a total of 22 individual qualitative needs assessment interviews were conducted to learn more about the technical assistance needs of local leaders throughout the state. This qualitative report contains rich data regarding local area’s strengths and challenges. It will be presented along with a quantitative survey conducted by the COE to the COE Advisory Board in December.



The chart above shows TA and Warmline consultations each quarter. The map below shows counties reached through either TA or Warmline consultations.



TA consultation categories delivered in Year 1 included:

- Opioid Data and General TA Resources
- Treating OUD
 - Training for Treating OUD
 - 2 Hour Opioid Courses & Presentations
 - Presentation on Psychoactive Substances
 - Presentation on Co-Occurring Disorders
 - Presentations on prescribing, OUD treatment and interventions, overdose prevention, and treatment of acute pain
 - Presentation on the Opioid Acuity Scoring System for predicting the risk of overdose
 - 2-hour courses on screening for OUD and MOUD
- Data Collection, Electronic Health Records, and Program Design
- Strategic Planning for Internal/External Alignment
- Grant Writing Assistance for Grant Reapplication
- Treatment of Acute Pain
- Treating HCV in Incarcerated Populations
- MOUD
 - Buprenorphine Initiation Protocols
 - Buprenorphine Prescribing

- MOUD Training for Physicians
 - Presentation on substance use and buprenorphine in the obstetric patient for OBGYN resident training
 - Presentation on substance use and buprenorphine for family medicine resident training
- Warm Handoffs
 - Housing First Model Presentation
 - Linkage to Care and Treatment for Incarcerated Populations
- Prevention Programs
 - Developing Harm Reduction Kits/Wellness Vehicle
 - Prevention of Opioid Misuse Presentation
 - Presentation on Overdose Prevention
 - Pain Management and Prevention for Orthopedic Surgeons
- Medication-Assisted Treatment (MAT)
 - MAT Office Hours
 - Ketamine and Opioid Talk
 - Pain Management Office Hours on Tramadol
- Recovery Programs
 - Recovery Clinic Meetings
 - Presentation on Peer Support Specialists
- General Resources for Technical Assistance
 - Presentation on types of TA (Warmline TA and Abatement Strategy TA), case studies, data resources for TA, and accessing TA
 - Overview of resources provided through TA and SC Center of Excellence in Addiction
 - Evaluation of resource implementation for opioid abatement needs
- Data Collection, Data Analysis, and Resources for Mapping Strategies
 - Survey instrument development and evaluation
 - Expansion of measures for data collection project
 - Delivery of county level data and finalized version of statewide survey
 - Finalizing selection of performance measure outcomes for benchmark assessment
- Tracking Performance Measure Outcomes and Development of Outcome Measures
- Sustainability Strategies for Implementation for a Mobile Health Unit
- Programming and evaluation
- Opioid Abatement Research
 - Recovery Clinic – Research Meeting
- Treatment of SUD
 - Addiction Medicine Collaborative presentation on “Treatments for Methamphetamine Use Disorder”
 - Addiction Medicine Collaborative presentation on “The Transformative Potential of Psilocybin for Substance Use Disorder”
 - Addiction Medicine Collaborative presentation on “Dialogue on Legal Substances with Particular Focus on Kratom:
 - Addiction Medicine Collaborative presentation on “PREhospital MOUD in South Carolina, our Endeavor: First year results of the PREMISCE Project”
- Training for Naloxone or other FDA approved drug to reverse opioid overdoses
 - Narcan training for non-profit community organizations
- Coordination of technical expert development

- Recruitment of physicians as technical experts for delivery of training on science of addiction and opioid addiction
- Facilitation of process to become a technical expert
- Expanding Syringe Service Programs
 - Development of harm reduction training certification for peer support specialists
 - Statewide harm reduction symposium; Delivery of presentation of ongoing organizational efforts to support harm reduction initiatives
- Prevention programs
 - Conducting evidence-based research on the topic of prevention
 - Delivery of presentation on fentanyl and emerging drugs data to prevention-based organization
 - Evaluation of needs to assist prevention program’s efforts and initiatives for TA, grant opportunities, and law enforcement support related to opioid abatement
- Law enforcement deflection programs
 - Disseminating resources, connecting sites to deflection trainers, overcoming barriers to implementation
- Opioid abatement research
 - Recovery clinic- research meeting
- Treating OUD
 - Training on common psychiatry conditions and pharmacotherapy for patients with OUD
 - Presentation on prescribing, OUD treatment, overdose prevention, and treatment of acute pain
 - 2-hour courses on screening for OUD and MOUD

Clinical consultations this quarter occurred before the warm-line consultations began in mid-December. The 17 consultations included virtual and small group learning sessions for clinicians led by Dr. Litwin and guest presenters.

The following data are required metrics submitted to the SCORF Board quarterly and illustrate the reach of TA activities:

SCORF Metric	Quarter 1 10/1/23- 12/31/23	Quarter 2 1/1/24-3/31/24	Quarter 3 4/1/24-6/30/24	Quarter 4 7/1/24-9/30/24	Totals
Number of adults from the general public participating in prevention/education programming	56	230	110	145	541
Number of health care professionals participating in prevention/education programming	63	370	212	92	737

Number of law enforcement officers participating in prevention/education programming	0	1	0	2	3
Number of court-related professionals participating in prevention/education programming	0	2	0	0	2
Number of key officials/policy makers participating in prevention/education programming	0	1	5	1	7
Year 1 Total: 1290					

Data Analytics Core

The Data Analytics Core is working to create a statewide OUD Treatment Performance Measurement System (OTPMS) to measure healthcare system performance in identifying individuals with OUD and successfully engaging and retaining them in treatment. The OTPMS will be based on the Opioid Cascade of Care, a national model that includes four key domains of health system measurement that will be assessed using OTPMS: identification of patients with OUD; engagement in treatment; initiation of medication for OUD; and recovery and retention in treatment for clinically meaningful periods of time (at least six months). The goal of the Data Analytics Core is to produce state, region, and county-level estimates of healthcare system performance in diagnosing, treating, and retaining state residents with OUD.

Completed Year 1 Objectives:

- Coding algorithms were created to measure OUD diagnosis and treatment in December 2023.
- Medicaid claims files were linked and prepared for analysis in December 2023.
- State and regional estimates of healthcare system performance were produced in April 2024.
- State and regional profiles of system performance were produced in May 2024.
- County-level estimates were produced in August 2024.
- County-level profiles of healthcare system performance were produced in September 2024.
- OTPMS, a public facing online data dashboard with state, regional, and county level estimates was developed in October 2024 and is in the final stages of review.

Proposed Year 2 Objectives:

- By November 2024, create coding algorithms to measure OUD diagnosis and treatment.
- By January 2025, link hospital and DAODAS files and prepare them for analysis.
- By February 2025, calculate estimates for Stage 1 (diagnosis).
- By March 2025, calculate estimates for Stage 2 (treatment initiation).
- By April 2025, calculate estimates for Stage 3 (medication receipt).
- By May 2025, calculate estimates for Stage 4 (retention).

- By June 2025, produce state- and county-level estimates for Stages 1-4.
- By July 2025, update OPTMS web-based dashboard with all newly available estimates.
- By September 2025, distribute county-level profiles of health system performance for SC's Medicaid and uninsured populations.

Since the beginning of SCORF-funded work in Fall 2023, the USC team has made excellent progress towards the Data Analytics Core's goals and objectives. Dr. Christina Andrews, the Data Analytics Core Lead, has organized a team of several faculty and advanced graduate students to collaborate on the project. Dr. Andrews tapped researchers in the Big Data Health Science Center and the Center for Applied Research and Evaluation to assist with the project. Co-investigators Dr. Jiajia Zhang and Dr. Bankole Olatosi meet weekly, and the larger team meets biweekly to update on progress and troubleshoot any issues.

In the Spring and Summer of 2024, Dr. Andrews and the Big Data Team worked to create estimates for the Cascade of Care variables using the Medicaid data for 2021, which was applied for and received in Fall 2023. The team worked together to create guidelines for measure creation and work with the complex data to code these variables in a succinct, reproducible way.

After county, region, and statewide estimates were produced, Dr. Andrews worked with Dr. Maria McClam to design county profiles to house key metrics in an accessible way to send to county stakeholders. Dr. McClam and Dr. Yuhao Kang designed and built a custom data dashboard with interactive features and maps to display a wide range of metrics. The dashboard is currently in the final stages of edits. It has been reviewed by members of the COE Steering Committee and state agency leads, and the data team is working on integrating their feedback.

Additionally, the county-level profiles of healthcare system performance were completed in September 2024 and will be launched alongside the dashboard. The team applied for three additional years of data and expanded age groups to expand the Medicaid analysis. Next steps include finalizing the dashboard, linking and preparing hospital and DAODAS data to examine uninsured populations, and using the expanded Medicaid data to extend the existing analysis.

Looking Ahead

As the COE considers opportunities that have emerged and will emerge over the coming year, we will use the collective expertise of our partners to bring new OUD/SUD funding to South Carolina. As a model for COE sustainability, the COE is adopting an approach taken by the TA Core that has already brought \$7 million to South Carolina via the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP)-funded Law Enforcement Assisted Diversion (LEAD) program, benefitting residents and law enforcement in six counties. While the COE does not receive funding from this program, the infrastructure and relationships brought by this collaboration were key in securing these dollars. A similar approach in which the COE partners with other entities for federal or private foundation opportunities and leads components of funding deliverables will both garner more dollars for South Carolina and will increase the COE's ability to lead scalable initiatives in our state. By leveraging COE partnerships for non-overlapping projects, the COE will expand to establish an Implementation Core with no duplication of existing funds.