



South Carolina Opioid Abatement Supports Needs Assessment Reports and Recommendations

The South Carolina Center of Excellence in Addiction (COE) conducted a comprehensive needs assessment in its inaugural year to identify community-driven needs as South Carolina's counties and municipalities are at various stages of planning for and implementing opioid abatement-funded strategies. This needs assessment was designed to better understand statewide interest in and efforts to access South Carolina Opioid Recovery Fund (SCORF) dollars and to align COE offerings with critical needs identified by community partners. The process included a quantitative survey¹, taken by a total of 63 participants, indicated several high-level key results in which respondents showed:

- **Moderate interest** in support to conduct or extend their own community needs assessment.
- **Strong interest** in support for community action plan development.
- **Moderate interest** in technical assistance to conduct activities to develop a community action plan.
- **Strong interest** in technical support assistance regarding approved abatement strategies.
- **Strong interest** in participation in an ECHO training series on approved abatement strategies.

Following the close of the survey, the COE also conducted qualitative interviews² with survey participants from 18 counties who represented 21 agencies and organizations; participants included county administrators, drug and alcohol center leaders, county coalitions/recovery community organizations, and law enforcement. Interview findings revealed several themes around the strengths and barriers to implementing abatement strategies and community action plans as well as needed supports through the COE's technical assistance and ECHO tele-mentoring opportunities. From those findings, which were presented to the COE Advisory Board for feedback and input, the Center of Excellence developed both internal and external recommendations to best support counties, municipalities, and their partners as they navigate opioid abatement project implementation.

Recommendations

The findings of the comprehensive needs assessment led to the development of the following recommendations from the COE Steering Committee, with additional context and specific guidance provided by the COE Advisory Board. The COE should:

¹ The quantitative survey tool, developed with input from SCORF staff, can be found in Appendix A. Further details of key results are in Appendix B.

² The qualitative report can be found in Appendix C.

1. **Develop and provide additional education, training, and TA to a community of targeted consumers.** This includes training on:
 - a. Science of addiction training among law enforcement, schools, and the general public to reduce stigma and increase evidence-based interventions on the following topics.
 - b. SUD-focused partnership development and coalition building to support quality, implementation-ready grant SCORF grant applications.
 - c. SUD-focused community action plan development and implementation to support SCORF and other grant planning and application processes.
 - d. Program evaluation, data collection and data management best practices. The COE should identify a locality as an exemplar as a case study of how local leaders obtain help and engage with the COE to learn and apply these best practices.
 - e. Addressing barriers to harm reduction approaches. The COE should develop training on the legality of harm reduction services in SC, what harm reduction is, and what abatement strategies it entails.
2. **Create a brief menu of COE services that is easy to understand and access on the COE website.** Additionally, create and post educational units (see #1) that are simple to read and easy to find.
3. **Conduct one-on-one TA outreach to stakeholders that are unaware or have limited understanding of COE and SCORF's available resources.** Outreach may include COE leaders' attendance at local collaborative, coalition, or community meetings as well as local in-person meetings with county leadership to increase the visibility of available resources and support. Consider mentorship opportunities for currently less engaged partners to learn from those who are further along.
4. **Host a retreat for county leaders or designees for opioid abatement work.** Work with SC's County and Municipal Associations to see what opportunities the COE may have to host the people doing the work together in person for a workshop or other meeting.
5. **Develop data collection and management systems that accurately and efficiently measure abatement strategy outcomes, which are applicable and adaptable to local needs and feed into overall statewide reporting efforts.** Share these with the SCORF Board for integration into their grants management system for standardization and data collection that will allow for a robust impact evaluation over time.
6. **Plan and host webinars on specific components of needs assessments.** Post recordings to website so that this information remains accessible.
7. **Provide facilitation services to localities that enhance partnership collaborative efforts, including developing and conducting needs assessments, community action plans, and sustainability plans.** Develop an operational model that the COE can use for these kinds of TA engagements. Enlist people with lived experience to be a part of these processes.
8. **Create a toolkit for community needs assessments that outlines how to conduct a needs assessment, who should be involved, and what to expect.** Include information about foundational needs like bias training and other level-setting.

9. **Foster community-academic partnerships by finding opportunities for communities to partner with the COE's academic research experts.** Consider including information on COE website about the research conducted by COE partner or creating a form for localities interested in partnering with a researcher.
10. **Continue provision of ECHO education, with extension to new user-driven topics.** Augment with provision of opportunities for participants to engage in peer-to-peer learning outside of the ECHO seminars, as a means to build partnerships and capacity. Needs assessment participants suggested the following topics:
 - a. Community buy-in
 - b. Working with universities
 - c. Data collection for local needs; measuring the impact (2)
 - d. Understanding how to submit successful SCORF applications
 - e. Scam applications for SCORF
 - f. Rural community outreach
 - g. Partnering with other counties
 - h. Getting ahead of the warm handoff
 - i. Getting released and going back to same pressures, family and friend group
 - j. Family disease/impact/recovery.... resources/support for survivor's guilt
 - k. Nuts and bolts about best practices and lessons learned
 - l. Coordinated community action planning
 - m. Sequential intercept mapping -- why it's needed and how to go about doing it.
 - n. Detention Centers – what they are doing/not doing – finding other grant funding
11. **Provide evidence-based information to policymakers to support efforts for greater statewide actions to increase treatment access, bolster workforce development in the addiction and mental health sectors, and remove financial barriers to access.** This includes support for allocating resources strategically with a long-range focus to foster workforce development, establishment and expansion of prevention and treatment centers, and development of resources that increase access to care (e.g., telehealth, mobile health, transportation).
12. **Increase communication to relevant community partners about SCORF board meetings and grant requirements.** The COE can help to publicize SCORF-related events, guidance, and information through newsletters, our website, and social media.
13. **Establish an ongoing, year-over-year COE/SCORF relationship that provides for continued GPS support services for the life of GPS funding.** This should include current COE activities but can be expanded to include measurement and evaluation support.

Appendix A

COE Needs Assessment Quantitative Survey

Target Audience: SC opioid and SUD stakeholders and entities eligible for SCORF Guaranteed Political Subdivision SubFund

Brief Intro: The South Carolina Center of Excellence in Addiction, a collaboration of the Department of Alcohol and Other Drug Abuse Services, the Department of Health and Environmental Control, Clemson University, the Medical University of South Carolina, and the University of South Carolina, is conducting this brief survey to better understand the opioid abatement-related needs of relevant organizations and individuals, counties and municipalities. This survey will ask about any previous or current work to plan for abatement fund usage in your community. It will also ask about kinds of assistance that you would prefer and how you would like to receive it.

Name:

Email:

Title/Position:

County or Municipality:

Organization: Organization type (drop down) – SELECT ONE

- County office/leader
- Municipal office/leader
- Treatment provider
- Law enforcement
- EMS
- Fire
- Judiciary
- Prevention organization or harm reduction organization
- Recovery organization
- Other (please specify)

What is your primary role as related to the SCORF Funding?

- (1) Has your organization participated in a community needs assessment to identify needs and gaps to address the opioid use disorder crisis? (Yes/No)
 - a. If no – would you be interested in your community conducting needs assessment? (Yes/No – if yes, would you be interested in assistance)
 - b. If yes – what were the findings from your community needs assessment? (open response box)

- (2) Has your organization or community engaged in any planning activities to address identified needs and gaps related to the opioid use disorder crisis? (Yes/No)
- If no – would you be interested in assistance in developing a community action plan in your community? (Yes/No)
 - If yes – what activities did you engage in to identify needs? (open response box)
- (3) Would you be interested in utilizing support/technical assistance from the Center of Excellence in Addiction to learn about opioid abatement strategies and their implementation? (Yes/No) [If No, open-ended question “Why not?” or close-ended with options such as 1) need to conduct planning first, 2) do not have a local contact person or staffing available to facilitate; 3) already have resources we need; 4) not ready to engage; 5) Other: (specify)]

If yes,

Please select the topics for support/assistance you would be interested in.

- Data collection
- Data analysis
- Strategic planning
- Resource readiness
- Capacity building – treatment
- Capacity building – prevention
- Capacity building - harm reduction
- General education on the opioid crisis and strategies to address it
- Evidence-based strategies – naloxone and overdose reversal
- Evidence-based strategies – Medically assisted treatment
- Evidence-based strategies – pregnant and postpartum women
- Evidence-based strategies – Neonatal abstinence syndrome
- 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
- Other (open paragraph box)

- (4) Would you be interested in assistance from the Center for Excellence in conducting specific activities for a community action plan to address the opioid use disorder crisis? (Yes/No)
- Assistance with building infrastructure
 - Assistance with strategic planning
 - Consultation on options for activities
 - Additional information and education about the approved strategies and uses
 - Assistance with program evaluation and assessing outcomes
 - Data collection and analyses
 - Brainstorming potential services to apply for
 - Partnership with other counties or organizations
 - Identifying local individuals/organizations with expertise in opioid addiction

- j. Participation in an ECHO (online learning community to receive mentorship from others in similar practice) to connect with others at various stages
- k. Other (open paragraph response box)

(5) Would you be interested in participating in an ECHO (online learning community to receive mentorship from others in similar practice)?

a. If yes, rank these potential topics:

- Application writing assistance
- Building infrastructure
- Options for activities
- Program evaluation and assessing outcomes
- Potential services/activities to apply for
- Additional information and education about the approved strategies and uses
- Hearing from other applicants about activities
- Partnership with other counties or organizations
- Identifying local individuals/organizations with expertise in opioid addiction
- Other (open paragraph response box)

b. In no, why not? (open paragraph response box)

(6) Would you be interested in participating as an ECHO Hub Member to advise other localities in the areas where you have had success doing abatement-funded work? (Y/N)

(7) Which of the approved of funds uses are you most interested in learning about?

- Naloxone or other FDA-approved drug to reverse opioid overdoses
- Medications for Opioid Use Disorders (MOUD) distribution and other Opioid Use Disorder (OUD) treatments
- Pregnant and Postpartum Women
- Expanding treatment for Neonatal Abstinence Syndrome (NAS)
- Expansion of warm hand-off programs and recovery services.
- Treatment for incarcerated population
- Prevention programs
- Evidence-based data collection with research analyzing the effectiveness of the abatement strategies within the state
- Expanding syringe service programs.
- Other (open paragraph response box)
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b. If no, why not? Branch to Paragraph response box

Appendix B

Quantitative Needs Assessment Descriptive Statistics

N=63

DESCRIPTIVES

N=61 completed surveys		Frequency
County/Municipality	Anderson	2
	Barnwell	1
	Charleston	3
	Clarendon	1
	Dorchester	1
	Edgefield	1
	Georgetown	1
	Greenville	11
	Greenwood County	2
	Hampton County	1
	Horry County	5
	Kershaw County	1
	Lexington	3
	Pickens	2
	Richland	15
	Spartanburg County	6
	Sumter	1
	Upstate	1
	York	2

N=61 completed surveys		Frequency
Organization	A New Crossroad	1

ACCESS FAVOR	1
ALPHA Behavioral Health Center	1
Anderson Oconee Behavioral Health	2
Behavioral Health Services of Pickens County	2
Charleston Center	1
Charleston PD	1
Cornerstone	2
DADC	1
DAODAS	1
Detention Center	1
DHEC	1
DSS	1
EMS	1
Faces and Voices of Recovery	1
FAVOR Piedmont	1
FAVOR Upstate	2
Greenville County Detention Center	2
HC Emergency Management/Sheriffs Deputy	1
Keystone	1
LRADAC	3
Mid-County Water Company	1
MUSC	1
Oxford House Inc	1
Prisma Health	4
Richland Library	3
SC Department of Corrections	1
SC DHHS	1
SC DMH	3

Shoreline BHS	4
SC Community Health Worker Association	1
The Courage Center	4
The Forrester Center for Behavioral Health	6
Tidelands Health	1
Trinity Recovery	3
Watkins Pre-Release	1

N=63 completed surveys		Frequency	Percent
Organization Type	County Office/Leader	6	10%
	Treatment Provider	23	37%
	Law Enforcement	1	2%
	EMS	3	5%
	Prevention Organization/Harm Reduction Organization	17	27%
	Other	13	21%

N=63 completed surveys		Frequency	Percent
Role	Peer Recovery Specialist/Coordinator	21	34%
	Mental Health Clinician/Counselor	9	14%
	Opioid Program Coordinator/Manager	9	14%
	Director of Operations/Administrator	9	14%
	APRN/RN/NP	4	6%
	ED Provider	2	3%
	Prevention Coordinator/Consultant	2	3%
	Paramedic	2	3%
	Safety Manager	2	3%

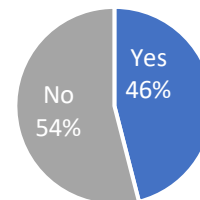
Community Health Worker	1	2%
Law Enforcement/Sheriff	1	2%
Consultant/Other	1	2%

N=63 completed surveys		Frequency
What is your role as related to the SCORF Funding?	Administrative	12
	Implementation	20
	Data Management	6
	Community Outreach	29
	Other	15

NEEDS ASSESSMENT RESPONSES

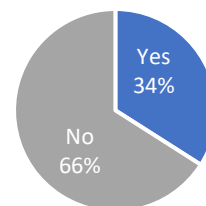
Has your organization participated in a community needs assessment and/or developed a plan to identify needs and gaps related to opioid abatement funds?

Yes	29	46%
No	34	54%
Total	63	100.0%



Would you be interested conducting a community needs assessment in your community?

Yes	21	33%
No	42	67%
Total	63	100.0%



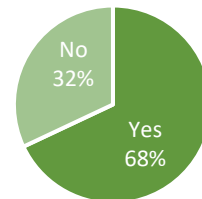
If Yes, what were the findings from your community needs assessment?

- Community is not supportive of the needle exchange
- Developing stronger collaborative efforts in supporting community interventions
- Food, shelter, access to treatment, transportation
- Harm reduction
- More prevention on substance use, stigma, treatment for meth, marijuana, opioids, and alcohol
- Mental health/SUD Collaboration and warm handoff services
- Programs for youthful offenders upon their release
- Several needs within the organization to meet needs
- People are very open to helping fund projects to assist in all ways
- Not enough knowledge
- Treatment, MAT, warm handoff from ED
- Underserved areas that need services

PLANNING ACTIVITIES

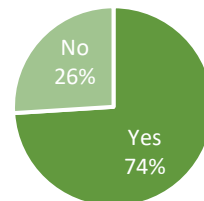
Has your organization or community engaged in any planning activities to address identified needs and gaps related to the opioid use disorder crisis?

Yes	43	68%
No	20	32%
Total	63	100.0%



If not, would you be interested in assistance in developing a community action plan in your community?

Yes	14	74%
No	6	26%
Total	20	100.0%

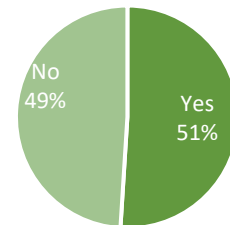


If Yes, what activities did you engage in to identify needs?

- Access to care
- Addictions treatment within the department of corrections utilizing ASAMs level of care
- Community outreach
- Community outreach, followed up with overdose calls in EMS and in the ED
- Continual work and communication through Act Force
- Data gathering, planning for MAT
- Forums with community leaders in justice, legislation, and healthcare
- Gather information from the Hampton County Coalition and New Life Center regarding opioid activities
- Harm reduction events
- In house MAT program and initiatives in opioid coalition
- Initiation of community paramedics and prehospital buprenorphine
- Monthly meetings
- Part of a community collaboration group to plan and increase access to MH and SU treatment
- Prevention department doing a community needs assessment
- Past work at methadone clinic
- Pop-up events and community activities
- Providing peer support for law enforcement for overdose follow-up
- Started warm handoff program, have peer support in ED
- Trainings, surveys, commission meetings, community meetings, grant partnership
- Utilize ODMAP and other data from DHEC and DAODAS
- Utilizing SCORF funds in Greenville County for expanding safe withdrawal care and continuing/expanding MAT therapy while incarcerated
- Outreach, education, and pop-up events

If yes, would you like assistance with further planning activities?

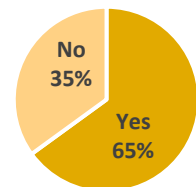
Yes	22	51%
No	21	49%
Total	42	100.0%



SUPPORT/TECHNICAL ASSISTANCE FROM THE COE

Would you be interested in utilizing support/technical assistance from the COE in Addiction to learn about opioid abatement strategies and their implementation?

Yes	41	65%
No	22	35%



Total	63	100.0%
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If not, why not?

Need to conduct planning first	5
Do not have a local contact person or staffing available to facilitate	1
Already have the resources we need	6
Not ready to engage	6

If yes, please select the topics for support/assistance you would be interested in

Writing assistance for RFP to hire planner	4
Data collection	14
Data analysis	12
Strategic planning	12
Resource readiness	13
Coalition building/community collaborations	9
Capacity building – Treatment	9
Capacity building – Prevention	8
Capacity building – Harm reduction	14
General education on the opioid crisis and strategies to address it	10
Evidence-based strategies – Naloxone and overdose reversal	9
Evidence-based strategies – Medically assisted treatment	10
Evidence-based strategies – Pregnant and postpartum women	4
Evidence-based strategies – Neonatal abstinence syndrome	5
Evidence-based strategies – Warm hand offs and recovery services	10
Evidence-based strategies – Incarceration-based treatment	10
Evidence-based strategies – Prevention programs	14
Evidence-based strategies – Syringe services programs	4

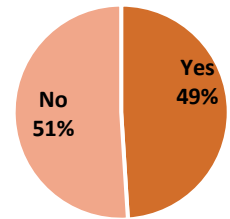
Most endorsed:

- Evidence-based strategies – Prevention programs
- Data collection
- Capacity building – Harm reduction
- Resource readiness
- Data analysis
- Strategic planning

COMMUNITY ACTION PLAN

Would you be interested in assistance from the COE in conducting specific activities for a community action plan to address the opioid use disorder crisis?

Yes	31	49%
No	32	51%
Total	63	100.0%



If yes, please select the topics for specific activities for a community action plan you would be interested in

Needs analysis	7
Assistance with building infrastructure	7
Assistance with strategic planning	8
Consultation on options for activities	5
Additional information and education about the approved strategies and uses	5
Assistance with program evaluation and assessing outcomes	6
Data collection and analysis	10
Brainstorming potential services to apply for	11
Partnership with other counties or organizations	12
Identifying local individuals/organizations with expertise in opioid addiction	10
Participation in an ECHO to connect with others at various stages	4

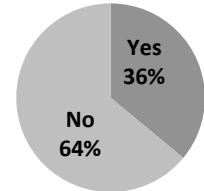
Most endorsed:

- Partnership with other counties or organizations
- Brainstorming potential services to apply for
- Data collection and analysis
- Identifying local individuals/organizations with expertise in opioid addiction

IMPLEMENTATION OF PLANS

Would you be interested in assistance from the COE in implementation of any plans that have been developed by your community to address the opioid use disorder crisis?

Yes	23	36%
No	40	64%
Total	63	100.0%



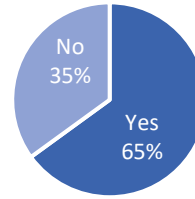
If yes, please select the topics for implementation you would be interested in

Needs analysis	6
Assistance with building infrastructure	3
Assistance with strategic planning	5
Consultation on options for activities	6
Additional information and education about the approved strategies and uses	1
Assistance with program evaluation and assessing outcomes	4
Data collection and analysis	6
Brainstorming potential services to apply for	4
Partnership with other counties or organizations	4
Identifying local individuals/organizations with expertise in opioid addiction	5
Participation in an ECHO to connect with others at various stages	3
Other (Interested in assistance in general)	1

MENTORSHIP INTEREST

Would you be interested in participating in an ECHO?

Yes	40	65%
No	23	35%
Total	63	100.0%

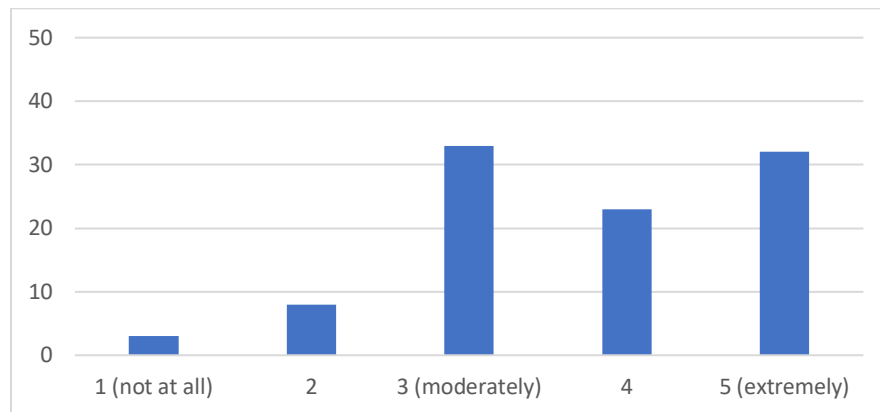


If no, why not?

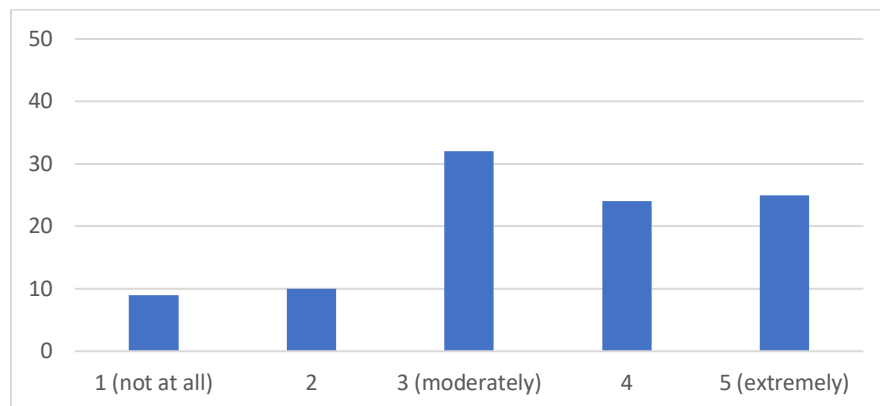
- Agency had participated with ECHO already
- Anxiety
- Need to learn more
- We are still developing needs assessment

Please rank your interest in the following ECHO topics:

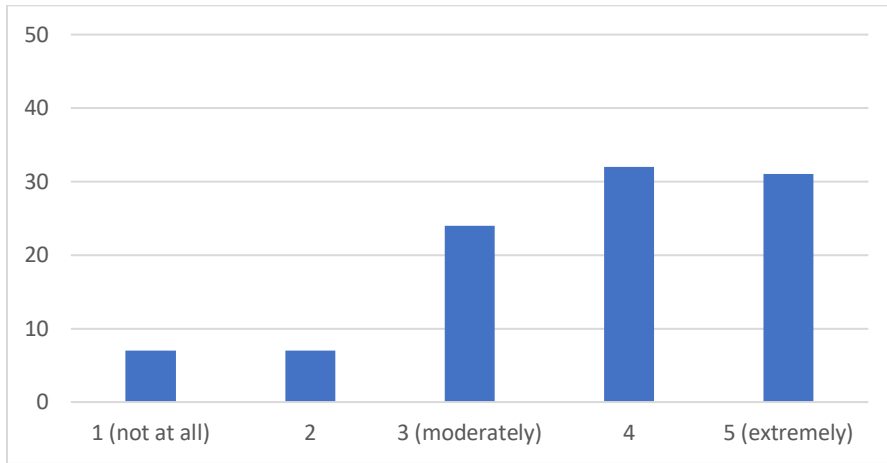
Needs Analysis



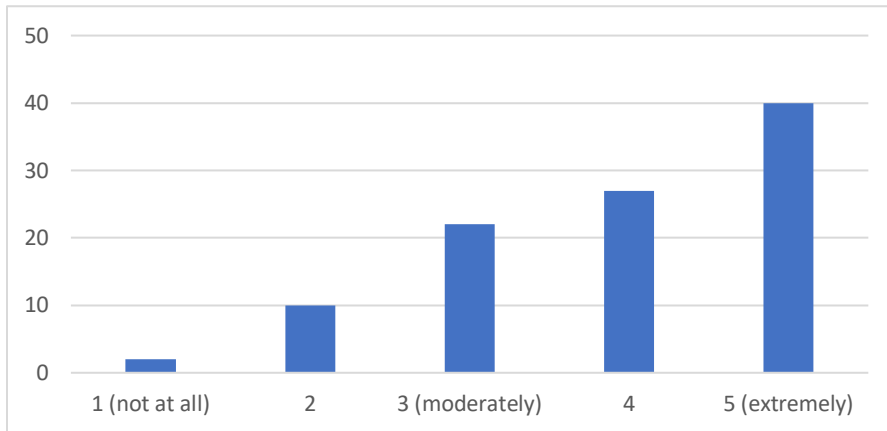
Building Infrastructure



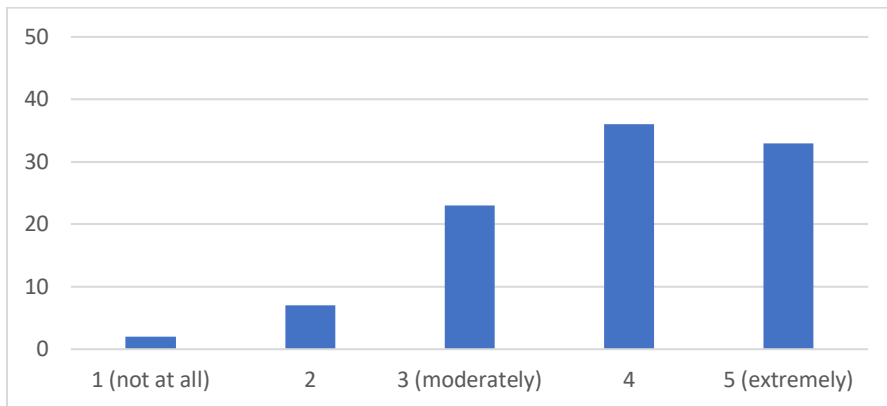
Options for Activities



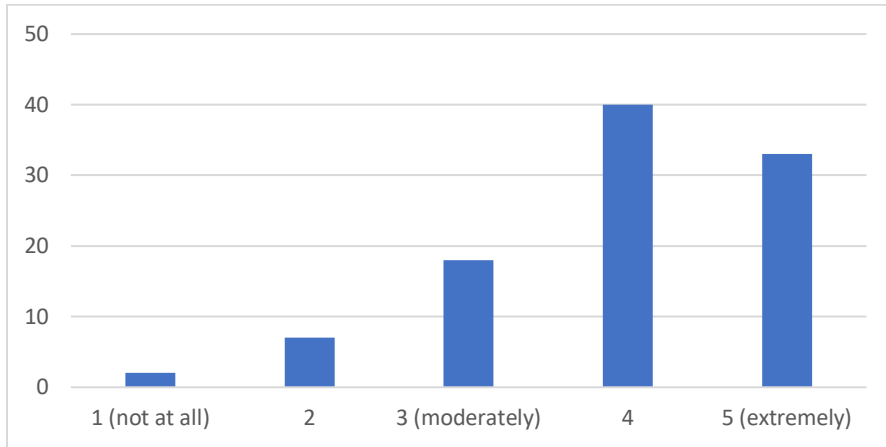
Education about Evidence-Based Practice



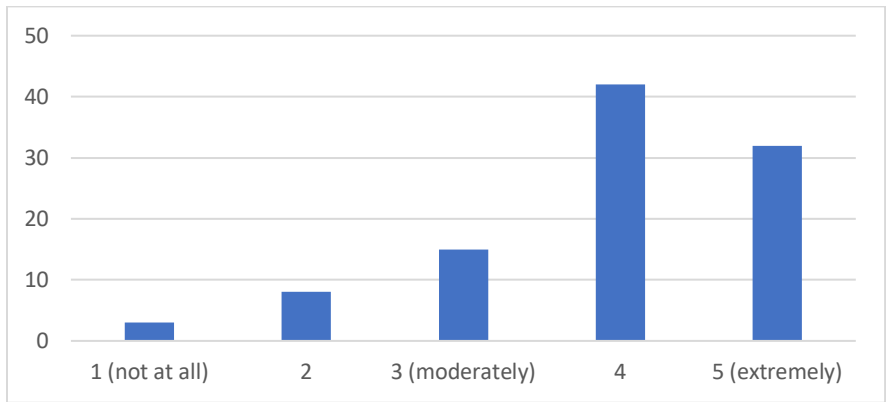
Implementing Evidence-Based Practice



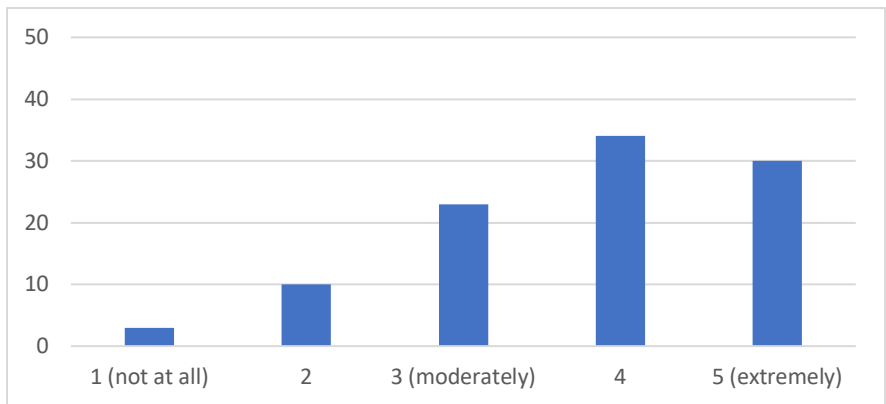
Program Evaluation and Assessing Outcomes



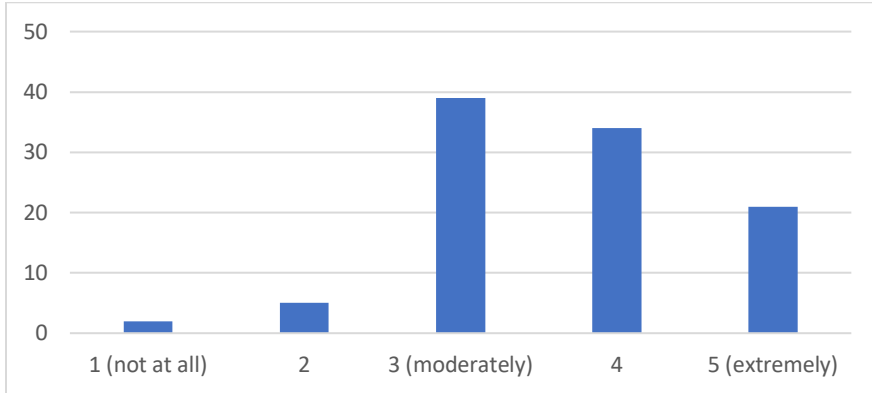
Potential Services/Activities to Apply for



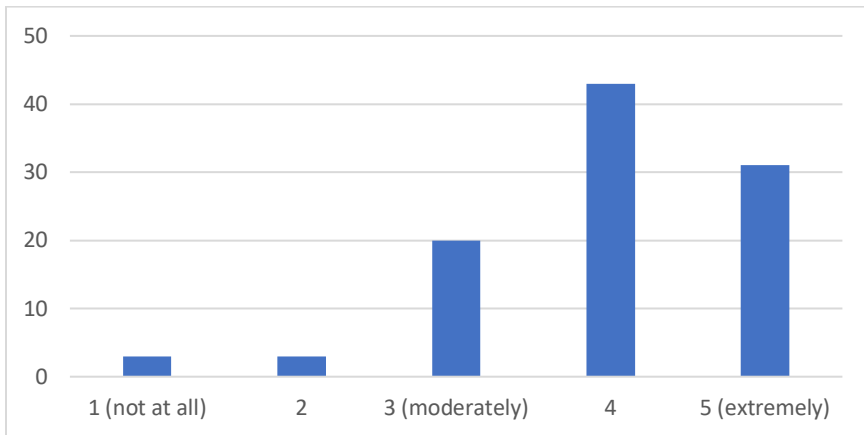
Additional information and education about the approved strategies and uses



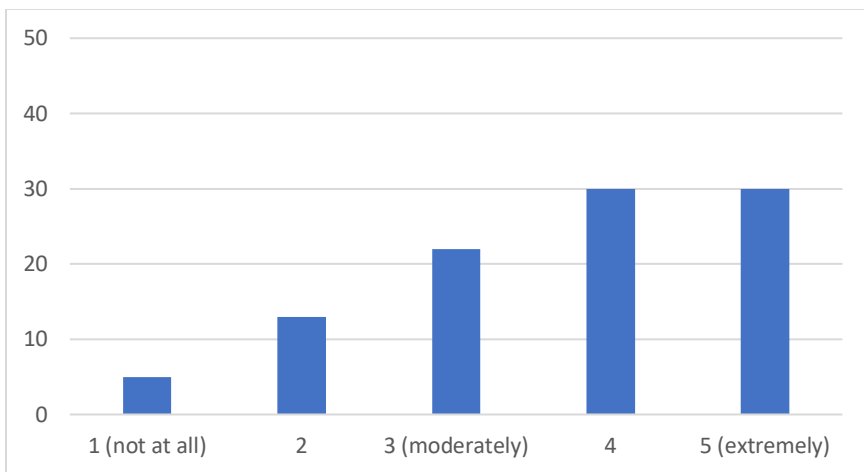
Hearing from other applicants about activities



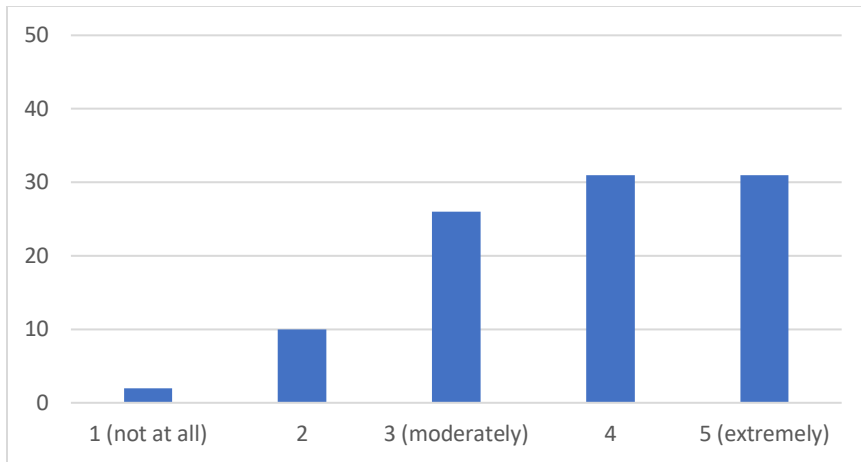
Partnership with other counties or organizations



Identifying local individuals/organizations with expertise in opioid addiction



Reporting and data

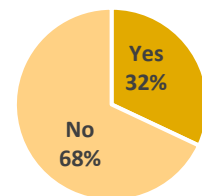


Topics of most interest:

	Mean (out of 5.0)
Program evaluation and assessing outcomes	3.97
Partnership with other counties or organizations	3.95
Education about evidence-based practice	3.93
Implementing evidence-based practice	3.92
Potential services/activities to apply for	3.92

Would you be interested in participating as an ECHO Hub Member?

Yes	20	32%
No	43	68%
Total	63	100.0%



If you have not applied for opioid abatement funds, what are the reasons?

- Currently in the application process
- My agency is unsure how to do it
- Not in the position yet to do that
- Not my area of expertise
- Not sure it applies for my setting
- We have already applied and received our first allotment, in the process of applying for second allotment

Appendix C

Qualitative Needs Assessment of Opioid Recovery Fund Usage in South Carolina

This report was produced by the Center for Addiction and Mental Health Research at Clemson University on behalf of the South Carolina Center of Excellence in Addiction.

Introduction

Background

As a recipient of the \$50 billion opioid settlement funds distributed nationwide, the state of South Carolina is estimated to receive over \$360 million to be allocated through 2040 (National Opioid Settlement, 2022). The South Carolina Opioid Recovery Fund (SCORF) Board was created in 2022 as the designated authority to administer and distribute funds across the state. As of February 2024, approximately \$111.9 million has been paid out to the South Carolina Geopolitical Subfund, with \$18.7 million in disbursements to state subdivisions to date. As of November 2024, all but eight of South Carolina's 46 counties have submitted applications for SCORF funding ("South Carolina Opioid Recovery Fund Recipients," 2024).

As a member of the South Carolina Center of Excellence in Addiction (CoE), the Center for Addiction and Mental Health Research (CAMHR) at Clemson University was tasked with conducting a qualitative Needs Assessment of South Carolina agencies and organizations implementing abatement strategies through SCORF funding. Participants were either referred by the CoE or selected from a publicly available list of SCORF grantees published online by the SCORF Board. Interviews with participants were conducted online via video conferencing software and included nine open-ended questions. The final interview list was comprised of 21 diverse agencies and organizations representing 18 counties. The stakeholders were located across the four regions of the state (i.e. Upstate, Low country, Midlands, and Pee Dee) included leadership from county administration, county coalitions, recovery community organizations, local substance abuse authorities (301s), and law enforcement.

Purpose

The purpose of this Needs Assessment was to better understand how agencies and organizations across the state of South Carolina use or plan to use opioid recovery funds, and what abatement-related needs, successes, and challenges they face. The purpose of gathering this information was to inform policy and programmatic efforts, including the types of resources that may be offered to ensure effective implementation of abatement strategies in the state. We furthermore assessed ways to improve awareness of and connections to existing resources. A secondary purpose of this project was to provide information to stakeholders throughout the state about the resources and Technical Assistance (TA) available through the CoE.

Methodology

Recruitment

A total of 28 agencies and organizations were selected by the CoE team to represent the four main regions of South Carolina. An initial email was sent to one or more representatives of each agency or organization with an interview request and overview of the study's purpose. If no response was given within two weeks, a second follow-up email was sent. Representatives who agreed to participate were promptly scheduled for a 45-minute interview with one of two CAMHR team members.

Data Collection

We interviewed our participants using a semi-structured interview guide of 9 questions with additional probing questions (see Appendix for full list). The guide was developed by CAMHR with input from the CoE steering committee, and was intended to complement a quantitative needs assessment recently completed by the Medical University of South Carolina on behalf of the CoE (See Moreland et al., 2020). Minor revisions to questions were made during the first few interviews to increase interview efficiency and quality. The final interview guide is available under the Appendices. All interviews were conducted virtually via Zoom over a period of 2 months (July 24 - September 4, 2024). Notes were taken during the interviews, and interviews were recorded to ensure accuracy. To facilitate smooth conversation, interview questions were sometimes posed in differing order. Prior to the interview, participants provided consent to record the interview and were assured confidentiality of their responses.

Demographics

The final interview list consisted of 18 counties represented by 21 agencies and organizations. The 18 counties spanned the upstate (8), low country (4), midlands (3), and Pee Dee (3). Participants from the 21 agencies and organizations were grouped by: county administrators (7), local substance abuse authorities (301) (7), county coalitions and recovery community organizations (4), and law enforcement (2). To maintain confidentiality of participants, the specific locations and institutions are not reported.

Key Findings

Overview of Funded Abatement Strategies

Of the 21 agencies/organizations interviewed, only one had not received funding due to an application technicality (the application was longer than the allowable page limit as established by the SCORF Board). Several participants did not discuss their funding history, but of those who did, about half were receiving their second year of funding while the remainder were receiving their first year of funds (see Table 3). When asked which abatement strategies were funded, some provided the Core Strategies by name either verbally or through documentation, while others either gave summaries or described the Core Strategies without giving the specific name or letter/number. For strategies not explicitly named or inferred, the CAMHR team used interview content to correctly assign Core Strategy names; however, we were unable to identify several sub-strategies. Under Table 4, we have summarized the funded abatement strategies, marking the unidentified sub-strategies as "unspecified."

Issues and Suggestions on SCORF Application Logistics

Nearly all participants directly referenced use of the SCORF website (scorf.sc.gov) when seeking information about SCORF. A smaller number of individuals also sought information

through monthly scheduled SCORF Coffee Chat office hours, which are staffed by the SCORF program administrator, or through direct contact with the program administrator. Overall, participants expressed general satisfaction in the accessibility of information; however, some expressed frustration regarding a lack of advanced SCORF Board meeting notice and a few expressed confusion about reporting requirements. Participants who commented on SCORF application completion logistics noted employing a coordinated strategy among local partnering organizations, with some leveraging the assistance of a designated grant writer. However, the majority of participants did not explicitly comment on application completion methods. Only a few participants representing county administration discussed having a designated approval board for receiving and deciding upon community bids for funded projects to be incorporated into official SCORF applications. Designated approval boards were mentioned in the form of a formal group, an informal group, or a specific individual serving as the approval board decision maker.

Strengths and Barriers in Implementation

Participants were asked to describe strengths and barriers to implementing abatement strategies in their communities.

Strengths

In asking about implementation strengths, one major theme emerged: strong partnerships with stakeholders. Participants reported having very good relationships and buy-in from the community, local organizations/agencies, and businesses. These partnerships, particularly with behavioral healthcare and treatment facilities, were described as key to the successful implementation of abatement strategies.

“Within the county, we have a lot of pre-existing long-term collaborative relationships with multiple community partners... People are pretty welcoming for us to come and share information. And so, I think those partnerships and collaborative relationships that were in place help us to be very successful when we want to implement these strategies”

However, some participants highlighted a lack of buy-in from certain agencies regarding the use of harm reduction. Moreover, while strong relationships with stakeholders were a major strength in implementation, there was some discussion regarding a lack of coordination during joint decision-making processes. Participants reported difficulty engaging each entity for their insights and ensuring all partners were on the same page and in agreement.

“We do have relationships with pretty much all the organizations involved, so that’s not going to be an issue. It’s just the coordinating... we do have coordinators who will be bringing out the stakeholders involved... so all of that’s going to be coming up real soon.”

Barriers

As previously mentioned, resistance to harm reduction was discussed as a major barrier to opioid abatement strategy implementation. Syringe Exchange Programs were described by some to be the only impasse while others described distrust in harm reduction as a whole. Distrust was reported to span across the community as a whole as well as among law

enforcement and school administration. Other major themes included workforce shortages and lack of access to treatment.

“And to be honest with you, ever since Covid, the lack of workforce... because every single key stakeholder is stretched to the max. And they’d love to be able to do more, but everyone’s struggling with workforce. And I know you’ve heard that from a thousand other places, and we’re no different. I was not able to utilize a lot of my SCORF funding, because we couldn’t hire people because we couldn’t locate workforce development to come in and fill these positions”

Staffing barriers were reported primarily among addiction and mental health treatment providers, but social workers and case coordinators were also cited as having shortages. Lack of access to treatment was reportedly due to clients having no insurance or funds to pay for services, limited capacity within treatment facilities, and an overall lack of local treatment options. The lack of access to treatment was often discussed in tandem with workforce shortages, and both were described as the greatest barriers to expanding the implementation of abatement strategies.

Another noteworthy barrier was data management and reporting concerns. Some participants experienced difficulty keeping up with reporting requirements and preventing duplication in their counts of services provided or people served. Others expressed a desire for a more advanced data management system with greater capability for analyzing outcomes. This was especially apparent among some of the local substance abuse authority (301) representatives, who described dissatisfaction with the capabilities of CareLogic, the statewide designated software.

Community-Related Trends

Participants were asked to describe the needs of their community, relationships with stakeholders, and community action planning related to implementation of abatement strategies.

Community Needs

When asked about their community needs, many participants recounted the three previously discussed barriers of harm reduction resistance, workforce shortages, and lack of treatment access. Additionally, other themes of greater education, funding, and collaboration emerged. The most commonly cited community need was more educational opportunities for the general public, law enforcement, and schools. Participants believed this education should include an overview of the opioid crisis, the science of addiction, and the stigma associated with substance use, which correspond to the earlier theme of harm reduction resistance.

“We’ve come a great distance in acceptance of things like naloxone... there are still some people who don’t buy into the need for that, but the majority do. But there are also other progressive steps that we could potentially take but the community is not necessarily ready for it yet [when you’re looking at the continuum of harm reduction]. I think a huge area of need is for people to be better educated in harm reduction”

Other community needs included funding for resources in general, workforce expansion, and program sustainability. Finally, several participants desired greater collaboration between stakeholders, though this varied by stakeholder type. Some wanted to partner with universities, some with peer support services, and others with treatment providers.

Stakeholder Partnerships

As discussed previously under implementation strengths, participants reported having strong partnerships with community stakeholders. When asked more directly, this response was reiterated with the exception of a few participants who described their community relationships as in need of further development. These issues were largely attributed to not yet having capacity to build these relationships.

“The hospital is going to be a huge resource that we need to build partnerships with. [Name Removed] is another agency in our community that works with alcohol and drug abuse problems, so we need to partner with them as well... There’s a gap with the religious area that we want to figure out a way to partner with the church community. The schools... I think we need to get resources into the schools. We don’t have anybody on our staff that can start building these relationships; we just don’t have the capability.”

Several participants are still developing their strategic plan with foundational stakeholders before inviting more partners to submit applications. Of agencies and organizations with strong stakeholder relationships, they primarily cited relationships with treatment providers, prevention organizations, housing initiatives, coroner's office, fire departments, law enforcement, healthcare providers, faith communities, schools, and county detention centers.

Community Action Planning

Due to time constraints in our interviews, not every participant was asked if they had a substance use community action plan. Of those asked, four participants had substance use community action plans in place and ten participants did not. Among those that did not have substance use community action plans, four expressed their interest in creating one and four described having other types of community action plans that were not primarily or explicitly focused on addressing substance or opioid use.

Technical Assistance Needs

After explaining the TA services offer by the CoE, participants were asked to describe their abatement-related needs.

While two themes of technical assistance (TA) needs emerged, most responses ranged by topic. The first theme was data collection and analysis, which echoed their discussion of implementation barriers. Some participants described uncertainty regarding using the right measures, and were concerned about their ability to report accurate outcomes properly. Others voiced a greater need to track and analyze success in order to demonstrate the effectiveness of targeted intervention or substance use programming.

“...But because I think we have so many strategies, it would be nice to be able to have some technical assistance of ‘how do you actually measure that environmental strategy; how do you actually measure, you know, this type of strategy and then measure whether or not it actually had an effect and not that you showed up and did something.’”

The second theme was the need for assistance with the SCORF application process. Some desired help designing evidence-based strategies while others wanted assistance with the actual application. Moreover, several participants expressed the need for their grant writer(s) to receive more direct training on the SCORF application process.

Other TA needs mentioned at least twice included building treatment capacity, implementing prevention programming, and implementing incarceration-based treatment. TA needs mentioned once each included action plan development, needs assessment guidance, designing and implementing warm handoffs, assistance with organizational change and leadership development, and resources for family members of individuals with substance use disorders (SUDs).

Project ECHO

After explaining the concept and purpose of Project ECHO, participants were asked whether they had attended in the past and to suggest topics they would find value in.

Similar to the community action plan question, time constraints limited our discussion of Project ECHO. Several participants did discuss either currently attending or having attended in the past, but most reported sporadic rather than regular bi-weekly attendance. Only a few reasons were given for the minimal attendance and included scheduling conflicts, commitment to other ECHO programs, or lack of interest in a featured topic. When asked about topic suggestions, the following ideas were shared:

- Community buy-in
- Working with universities
- Data collection for local needs; measuring the impact (2)
- Understanding how to submit successful SCORF applications
- Identifying invalid applications submitted to local approval boards prior to SCORF submission
- Rural community outreach
- Partnering with other counties
- Getting ahead of the warm handoff
- Getting released and going back to same pressures, family and friend group
- Family disease/impact/recovery.... resources/support for survivor's guilt
- Nuts and bolts about best practices and lessons learned
- Coordinated community action planning
- Implementing and learning the importance of the Sequential Intercept Model (SIM) to improve overdose response.
- Detention Centers – what they are doing/not doing – finding other grant funding

Appendix D

Qualitative Respondent Data

Table 1. Participating South Carolina Regions.

N = 18		Frequency	Percent
SC Region	Upstate	8	44%
	Low Country	4	22%
	Midlands	3	17%
	Pee Dee	3	17%

Table 2. Participating South Carolina Respondent Types.

N = 21		Frequency	Percent
Agency Type	County Admin	7	35%
	Substance Use Authority (301)	7	35%
	County Coalition/RCO	4	20%
	Law Enforcement	2	10%

Table 3. Participants by Funding Year.

N = 18		Frequency	Percent
Funding History	No funding	1	10%
	Year 1	4	40%
	Year 2	5	50%

Table 4. Reported SCORF Core Strategies and Sub-strategies.

Strategy	Frequency
A. Naloxone or Other DA-Approved Drug to Reverse Opioid Overdoses	12
<u>Sub-strategy</u>	
Unspecified.	3
1. Expand training for first responders, schools, community support groups, and families.	5
2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.	4
B. Medication-Assisted Treatment (MAT) Distribution and Other Opioid-Related Treatment	9
<u>Sub-strategy</u>	
Unspecified.	4
1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service.	2
2. Provide education to school-based and youth-focused programs that discourage or prevent misuse.	1

4. Provide treatment and recovery support services, such as: residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allows or integrates medication with other support services.	2
C. Pregnant and Postpartum Women	3
<u>Sub-strategy</u>	
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder (OUD) and other Substance Use Disorder (SUD)/Mental Health disorders for uninsured individuals for up to 12 months postpartum.	2
3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.	1
D. Expanding Treatment for Neonatal Abstinence Syndrome	1
<u>Sub-strategy</u>	
3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.	1
E. Expansion of Warm Handoff Programs and Recovery Services	10
<u>Sub-strategy</u>	
Unspecified.	4
2. Expand warm hand-off services to transition to recovery services.	1
4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare.	3
5. Hire additional social workers or other behavioral health workers to facilitate the expansions of warm handoff programs and recovery services.	2
F. Treatment for Incarcerated Population	6
<u>Sub-strategy</u>	
1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system.	5
2. Increase funding for jails to provide treatment to inmates with OUD.	1
G. Prevention Programs	15
<u>Sub-strategy</u>	
Unspecified.	1
1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco).	4
2. Funding for evidence-based prevention programs in schools.	3
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing).	2
4. Funding for community drug disposal programs.	3
5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.	2
H. Expanding Syringe Service Programs	3
<u>Sub-strategy</u>	

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes, and linkage to care and treatment of infectious diseases.	3
I. Evidence-Based Data Collection and Research Analyzing the Effectiveness of the Abatement Strategies within the State	4
J. First Responders	3
<u>Sub-strategy</u>	
Unspecified.	1
1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.	1
2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.	1
K. Leadership, Planning, and Coordination	3
<u>Sub-strategy</u>	
1. Statewide, regional, local, or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.	2
2. A dashboard to:	1
a. Share reports, recommendations, or plans to spend opioid settlement funds,	
b. Show how opioid settlement funds have been spent,	
c. Report program or strategy outcomes, or	
d. Track, share, or visualize key opioid or health-related indicators and supports as identified through collaborative statewide, regional, local, or community processes.	
L. Training	1
<u>Sub-strategy</u>	
Unspecified.	1
M. Research	0

Appendix E

Qualitative Interview Guide

- 1) What is your role as related to the SCORF Funding?
- 2) Has your organization applied for monies from the SCORF Guaranteed Political Subdivision (GPS) SubFund?
 - a. Was your application for SCORF Guaranteed Political Subdivision SubFund successful?
 - b. What abatement strategies or approved uses did you apply for?
 - c. Are you planning to apply for additional funds? If not, why?
- 3) If you have begun implementing abatement strategies, what have been the strengths and barriers of implementation and sustainability?
- 4) In your experience, what does your community need in order to advance its implementation of opioid prevention and response efforts?
- 5) Would your organization be interested in receiving technical assistance?
 - a. What areas?
 - b. What format?
- 6) How do you currently seek or receive information about SCORF, opioid abatement strategies, and resources to address addiction in your community?
- 7) How would you describe your relationship with the community stakeholders?
 - a. What would be the best way for you or the COE to connect them with resources?
- 8) Do you have a comprehensive community action plan to address substance use?
 - a. If not, would you be interested in assistance from the COE in creating one?
- 9) Are you aware of the COE Project ECHO training?
 - a. If not, would you be interested in joining?
 - b. What topics would you like to see covered?

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