SCBHC
South Carolina Behavioral Health Coalition

Safer Prescribing	Access to Naloxone	Access to Treatment & Recovery services	Safe Storage/Elimination of Unused Rx Drugs	Access to Illicit Substances
o Worked on letters to Specialty Provider Association & Payers, will be sending next week o Next Action: Quarterly letters to Payers o Engaging SCMA to learn about CME opportunities and propose a collaboration on Interactive Webinar Series for Chronic Pain Management	o Increase uptake of Naloxone- HHS- do analytics on naloxone dispensator geographically. Then a plan for increasing uptake in specific counties o get naloxone to inmates upon release from corrections who have history of OUD- engage SCDC & DAODAS o DHEC to analyze locations of ODS to know where access is needed	**Action Item 1: Training** <u>What are the steps/Who is Responsible?</u> • Need for SUD training to counselors, nurses, provider staff on the disease, model, addiction as a chronic disease and drug use. • Need to identify trainer or tap into current trainings at the region/local level • Workforce development is an action item that needs to happen to move towards increased collaboration across the system <u>How will we know success?</u> • Pre/post survey on training patients	• Getting education/solutions to assisted living facilities • Finding partnerships to make "safe boxes" or "lock boxes" available and distributed on take back days • Campaigning or education that reaches pediatricians to talk about safe storage with parents	**Priority 1: Education on long term effects of drugs on development of brain and developmental behaviors** • Concerns specifically with marijuana • Education on what substance use and impact on pregnancy/developing child • Look at case studies of examples of people effected by specific drugs- what is the point of access when they got introduced • What was the first introduction to the substance where and how) and what was the substance and then pathway of substances used and progression. **Priority 2: Involuntary access to substances (meaning pregnancy and children in the home- 2nd hand smoke or exposure through contact from drug residue in home/environment)** • Education is ongoing about safe storage of medications but is it effective (poison control centers- contact) • Get data on number of infants born substance exposed

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Substance Use Disorder Prevention & Treatment Workgroup
SCBHC Meeting: November 9
Chair: Sara Goldsby, DAODAS
Co-Chair: George McConnell, DMH (Morris Village)

		Action Item 2: Treatment Resources _What are the steps/Who is Responsible?_ • To work towards cross system collaboration and increase referral to OUD services, we need to map out treatment providers/services. • Reach out to HOP and other groups to help with mapping • Post best practices/projects going on around the state that can be replicated—ie GHS pilot, Pickens Project, Social Work Interns _How will we know success?_ • Creation of list • Housed on website • Track use of list **Action Item 3: Gaps in Services** _What are the steps/Who is Responsible?_		• Collect data on number of drug effected children and exposures in the community **Priority 3: Track where substances are coming through communities and what are trends in substances** • Share data with community through awareness/PSA • Educate healthcare providers on trends in synthetics, how to ask and access cause and effects **Priority 4: Identify and track emerging substances** • Synthetics, Herbal-Kratom • Look at access/ where they are coming from • Public awareness on harms and risks of any long-term effects ad concerns • Work with law enforcement on tracking substances they are seeing in the communities and collaborate with healthcare providers on what they should be screening patients for as well as personal safety. • Mapping of state showing what substances are being seen in what areas **Priority 5: Impact of Marijuana in SC**

		• After we know where to send everyone, we will work towards filling the gap and engagement in services. Stigma will also decrease as services are normalized How will we know success? • Develop retention and engagement metrics		• Does early exposure increase likelihood to experiment with other substances • Concerns with marijuana being a substitute for opioid crisis bringing its own "crisis" in the future because of lack of education on impact • Look at data of number people addicted to marijuana, number of children testing positive (what is the impact)- number of teens using and at what age is the onset. What is the impact on brain development/mental health? • Concerns with proposed marijuana dispensaries in SC- how that will impact the population?