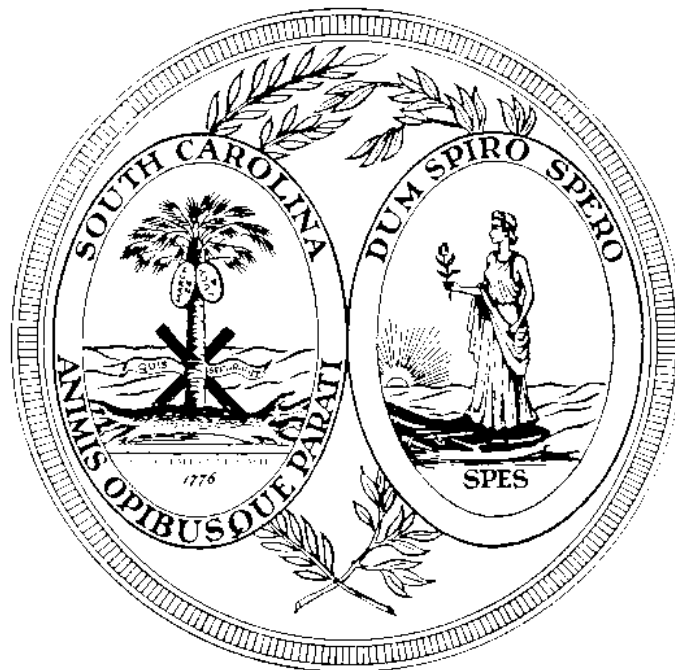


South Carolina
DAODAS
Department of Alcohol and Other Drug Abuse Services



**FY23 County Plan / Substance Abuse
Prevention and Treatment
Block Grant Application**

Part 1

Part One

FISCAL YEAR 2022 EXECUTIVE SUMMARY

Instructions:

List your accomplishments and challenges to show progress associated with FY22's priorities and their goal(s), linked strategies, associated performance indicators, and specified target outcomes. After addressing progress associated with each FY22 priority, talk about how the SABG priority populations were served through FY22's priorities and their outcomes. Discuss how new funding awarded through a budget request(s) stated in the FY22 plan impacted the implementation and outcome for the designated priority. Use cited qualitative and quantitative data gathered as part of the evaluation efforts.

Question:

- 1. List your greatest accomplishments and challenges related to the priorities set in your agency's FY22 county plan.**

Answer:

We are extremely proud of the commitment and dedication shown by our agency leadership and staff to be one of only a few alcohol and drug abuse commission agencies in the state that did not close down or discontinue services during the COVID-19 Pandemic. Staff continued to work from the office and serve clients throughout this time, even at the peak of the epidemic. The agency's executive leadership team worked diligently to maintain services to our patients and clients, and was supported during this critical time by not only the existing management infrastructure, but also the Florence County Coalition (FCC) and the CPBHS Board of Directors, who ensured that the agency's priorities continued to be based on a continuous, comprehensive and proven needs assessment process.

The first half of fiscal year 2022 continued to present challenges in dealing with the COVID-19 pandemic. It continued to affect many aspects of our services at Circle Park from prolonged loss of admissions, financial challenges, staff morale, pandemic fatigue, staff turnover and community awareness of issues surrounding substance use disorders. In the third quarter of FY22 during the peak of the Omicron variant, 34% of our staff were diagnosed with COVID, which greatly impeded the effectiveness of providing services during this time period, but we persevered, and no services stopped. There was also a significant reduction in new patient admissions and participation in follow-up and counseling services.

In FY22, the agency focused on several priority areas, including the ongoing infusion of Medication Assisted Therapy (MAT) as an integral part of our priority service areas. Our DAODAS funded MAT services have grown to provide services to, on average, 75 patients a month. These services are supported by a full-time, on-site nurse practitioner, MAT coordinator/counselor and peer support specialist. This allows for a coordinated referral system for individual and group counseling as well as readily available Narcan distribution. As a part of

MAT services, we continue to partner with a local MAT provider and screen all patients for services at intake/assessment for MAT services. With DAODAS funding in recent years, we have been able to add and maintain Peer Support Specialists (PSS) providing two full-time staff that are utilized to provide personalized, non-traditional services to patients. The peer support specialists have become an integral part to our services by engaging patients in the programs, helping retain patients in services, and re-engaging patients who had stopped receiving services. The direct service time that PSS provide to care for our patients has increased 43% since our first full year in FY20. In FY22, the peer support specialists will provide over 60 hours of service per month, nearly 750 hours for the year, and expect that number to continue to climb in FY23.

In FY22, we received a grant from MUSC to implement the FastTrack program in a local hospital's emergency department to provide peer support navigators (PSN) onsite in the local ED to assist in transitioning patients to needed services, such as medication assisted treatment (MAT) as well as other treatment services. In the emergency department, after a screening is conducted with the SBIRT tool, if medical personnel identify a patient that is in need of further assessment for substance abuse treatment services, that patient is then triaged to the peer support navigator onsite for further evaluation. In an average month, we have total of ~40 patients that are referred to the peer support navigators through the SBIRT intervention tool. Of those 40, about 25% are "willing" to engage in treatment services. We average 10% of those patients participate in traditional services or the MAT program.

Also, we have continued to prioritize increased communication and collaboration with new and traditional referral sources to increase assessments/admissions for all programs. However, this remained challenging due to many of our referral partners continuing to face staffing shortages and limited community engagement to any health services challenges due to the pandemic restrictions still being in place the first half of the fiscal year.

Pregnant and postpartum women, IV drug users, HIV early intervention services, criminal justice system referrals, underage drinking, primary substance abuse prevention, and services to uninsured and under insured patients were prioritized for services, which were enhanced by the utilization of telehealth services and expanded hours of operation for walk-ins. The use of telehealth services has declined from the height of the pandemic, but continues to be utilized when needed, to enable the agency to reach as many patients as possible and reduce the loss of operating revenue and overall traditional patient access to services.

In FY22, we continue to place great emphasis on one of our most critical and underserved populations, pregnant and postpartum women and their children. Our women's residential treatment facility underwent major staff changes during FY22, with 2 key staff members retiring, the Director of Residential Services and the Coordinator of Residential Treatment Services. We have filled both positions with qualified staff. The new Director of Residential Services served as a director of a large, long-term care facility in the Florence community for over 35 years. Her experience as a director has included oversight and management of a 163-bed long term care facility and over 125 employees. She was responsible for ongoing compliance with all required licensures, laws and regulations and ensuring all accreditation requirements are met; supervision of the staff to ensure that required policies and procedures were followed which governed every

aspect of operations of the facility; and responsible for the oversight of all surveys conducted by authorized inspection agencies. The new Coordinator of Residential Services was promoted from within. She has served as a residential assistant and peer support specialist for Circle Park for over 4 years. She is currently pursuing her bachelor's degree in social work at Walden University.

The Chrysalis Center (CC) has experienced an increase in women reporting prescription drugs/opiates as a primary substance of choice, which is reflective of the ongoing opioid crisis. In FY 22, 50% of the women admitted report opioids as a primary substance of choice. The average monthly census this fiscal year has been around 12 women, but the census for the childcare facility has remained low since we are unable to take school aged children due to the pandemic restrictions. This inability to bill for children's services has greatly threatened the Chrysalis Center's ability to continue to receive and house children in the near future. Approximately 30% of admissions are from Florence County and the greater Pee Dee area with the remainder coming from across the state. This clearly demonstrates the critical need for services to pregnant and postpartum women, which now is a priority focus for the Chrysalis Center.

This year, the Pregnant and Postpartum Women's Award that we received in October 2017 ends in September 2022. These grant funds have greatly supported and ensured the sustainability of the Chrysalis Center for the last 5 years. In April 2022, Circle Park prepared and submitted the next five-year award application. Successful grantee applicants will be notified September 2022. This grant focuses on the next phase of the women's recovery, by focusing on outpatient services and transitions back into their communities. These grant funds only supplement the resources needed at the Chrysalis Center to provide the necessary services needed to pregnant and postpartum women in SC, and they are desperately needed to bridge the gap in services. If the new PPW grant is not received, there will be far-reaching changes that must be made in the services provided by the Chrysalis Center in the months to come, potentially even threatening its ability to remain open.

Additional challenges presented in FY22 included engaging the community through public events, community presentations, coalition-based activities, and school programming which traditionally have been one of the agencies major strengths. We continued to prioritize the distribution and availability of Narcan, Detera bags and Medication Assisted Treatment (MAT), and remove barriers to services through remaining open to the public for group and individual counseling during normal business hours, utilizing telehealth in all service areas, assisting with patient transportation needs through available grant funding (SORII funds) as well as continuing admissions to the Chrysalis Center.

SPF STEP 1: NEEDS ASSESSMENT

Instructions:

Utilize specific data relevant for your service area such as the organization's 2021 County-Level Profile on Substance Use-Related Indicators, opioid data found on the:

- *Just Plain Killers website (<http://justplainkillers.com/data/>);*
- *SC Communities That Care (CTC) 2020 Survey (<https://ncweb.pire.org> – type “CTC” in search bar);*
- *Child Well-Being Data County Profiles (Children's Trust of South Carolina) (<https://scchildren.org/resources/kids-count-south-carolina/child-well-being-data-county-profiles/>);*
- *County Health Ranking and Roadmaps (Robert Wood Johnson Foundation) (<https://www.countyhealthrankings.org/app/south-carolina/2021/overview>);*
- *U.S. Census Quick Facts (Census Bureau) (<https://www.census.gov/quickfacts/fact/table/SC/PST045219>); and*
- *2020 Prevention Outcomes Annual Report (<https://ncweb.pire.org> – type “Outcomes Report” in search bar).*

Data sources such as these can help show and focus substance use/misuse problems and related behaviors. Also, it is permissible and encouraged that the agency's own data sources be used. Be sure to include data from qualitative and quantitative data sources.

- ***Quantitative data*** *is expressed in numerical terms, counted, or compared on a scale. This data helps to answer the question “how many?” and can give perspective about the breadth of an issue (e.g., “how many people are affected?”) When we see statistics about the percentage of people who smoke, binge drink, or are arrested for possession of methamphetamine, we are seeing quantitative data.*
- ***Qualitative data*** *is non-numerical data rich in detail and description. This data is usually presented in narrative form, such as information obtained from focus groups, key informant interviews, and/or observational data collection. Qualitative methods can help make sense of quantitative/numerical data by texture about a situation and can help us understand why there is an increase or a decrease in the consequence, problem, root cause, or local condition.*

[Source: Community Assessment Primer: Describing Your Community, Collecting Data, Analyzing the Issues and Establishing a Road Map for Change, Community Anti-Drug Coalitions of America National Coalition Institute, Published 2007, Revised 2009, 2018; https://www.cadca.org/sites/default/files/resource/files/community_assessment.pdf, Pages 21-26]

The focus is to show where “the needle” could and should move. Finally, discuss any unmet service needs and critical gaps from your data analysis.

The following must be addressed in your response:

- *Social determinants of health as they relate to these disorders (Education Access and Quality, Health Care Access and Quality, Neighborhood and Built Environment, Social and Community Context, Economic Stability)*
- *Adverse childhood experiences as they relate to these disorders*
- *Risks and protective factors as they relate to these disorders*
- *Populations most impacted by these disorders*
- *Demographic characteristics of the population(s) of focus, including cultural and racial/ethnic considerations*
- *Analysis of the data gathered indicating the needs/issues demonstrated in priority populations, specifically women who are pregnant and have a substance use disorder, and individuals engaging in intravenous drug use*

Questions:

1. Using quantitative and qualitative data, describe your county's needs as they relate to alcohol use disorder.

Answer:

Conditions into which people are born and in which they live their lives have a profound effect on their health and wellbeing. The most vulnerable populations often have the most challenging factors such as education, income level, and environment. All these things must be considered when providing treatment to achieve better health outcomes in these populations. In Florence County some of these factors include (source: 2021 County Health Rankings for SC)

- 12% of the people under the age of 65 are without insurance/uninsured
 - Black Americans are more likely to be uninsured than White Americans.
 - In 2018, 9.7% of Black Americans did not have health insurance. Among White Americans, this rate was 5.4%.
- 15% of adults age 25 and over have not completed high school
- 2.9% unemployment rate
- 24% of children under the age of 18 live in poverty
- 68% of children are eligible for free or reduced-price lunch
- 38% of children live in single-parent households
- There are 560 violent crimes per 100,000 people

Several biological, social, environmental, psychological, and genetic factors are associated with substance abuse. These factors can include gender, race and ethnicity, age, income level, educational attainment, and sexual orientation. Substance abuse is also strongly influenced by interpersonal, household, and community dynamics. Family, social networks, and peer pressure are key influencers of substance abuse among adolescents. Some of the key risk factors that can contribute to the risk of alcohol abuse or and alcohol use disorder include family and home life, school and peers, trauma, work and income and mental health. Parents and older siblings who drink can greatly influence the drinking habits of children. If children are exposed to alcohol use and abuse early in life, they are more likely to struggle with substance abuse later in life. NIAAA states that adults age 26 and above who started drinking prior to age 15, are 5 times more likely to experience alcohol use disorders later in life. School environments may be a risk and/or a protective factor. Being involved in school

can be a protective factor but being exposed to negative peer pressure can increase alcohol use rates. Community factors include favorable attitudes in the community towards underage alcohol use and the easy availability of alcohol. Traumatic experiences contribute significantly to the development of alcohol use disorders. PTSD has been linked to early onset of drinking and increased consumption. People may turn to alcohol to attempt to cope with lingering symptoms of trauma.

Alcohol continues to be the primary drug of choice that we continue to see a devastating amount of damage done to families and communities. At CPBHS, alcohol remains one of our primary sources of admission with 26.5% of overall admission presenting with alcohol as the primary drug they are seeking services for.

Florence Alcohol data source 2021 SC County Profiles of Alcohol and Other Drug Abuse Data – rankings out of 46 counties

6 th for Alcohol hospitalization	10 th for DUI Crashes
32 nd for Binge Drinking	30 th for Heavy Drinking

According to the 2022 County Health Ranking and Roadmaps from Robert Wood Johnson Foundation, alcohol impaired driving deaths for Florence County has risen almost 40% over the last 5 years – from 28% in 2018 to 39% in 2022. Also, 45% of all fatal collisions in Florence County in 2019 were involving an alcohol impaired driver (source: SC Traffic Collision Fact Book 2019).

In Florence County, the buy rate or alcohol compliance checks has declined in recent years. The 2020 buy rate was only 3.7%, after only 10 buys at 271 location that sell or serve alcohol. (Source: SC Prevention Outcome Reports)

On the Florence County 2020 CTC Survey the following data was reported:

- youth that report that it is very easy or easy to obtain alcohol - 30%
- youth that have drank alcohol in the last 30 days - 20.5%
- youth that have drank alcohol in their lifetime - 35%
- age of first use is 12 or younger for those who have used alcohol - 28%
- perception of risk of harm of drinking alcohol - 91%

With the CTC Survey data, we see the ease of obtaining alcohol products in Florence County continues to decline due to our consistent use of compliance checks. However, we have seen a drastic rise in 30-day use, lifetime use and age of first use from 2018. In 2018, we reported that we felt that those numbers were exceptionally low due to the young age of the overwhelming majority of the students that participated in the survey. A large portion of the participants were in the 9th grade. We do believe that the 2020 survey reflects a more broad and accurate representation of youth in Florence County. In addition, we are pleased to report all of the numbers improved from the current baseline year of 2016. The most recent CTC Survey was conducted in 2022, however that data has not been analyzed yet. We look forward to reporting those numbers in the near future.

2. Using quantitative and qualitative data, describe your county's needs as they relate to tobacco use disorder.

Answer:

A broad range of social, environmental, psychological, and genetic factors have been associated with tobacco use, including gender, race and ethnicity, age, income level, educational attainment, and geographic location. In Florence County some of these social factors that affect substance use issues include (source: 2021 County Health Rankings for SC)

- 12% of the people under the age of 65 are without insurance/uninsured
 - Black Americans are more likely to be uninsured than White Americans.
 - In 2018, 9.7% of Black Americans did not have health insurance. Among White Americans, this rate was 5.4%.
- 15% of adults age 25 and over have not completed high school
- 2.9% unemployment rate
- 24% of children under the age of 18 live in poverty
- 68% of children are eligible for free or reduced-price lunch
- 38% of children live in single-parent households
- There are 560 violent crimes per 100,000 people

In the past 10 years, in the US, we have had rapidly changing patterns of tobacco use among youth and young adults. According to the U.S. Surgeon General, e-cigarettes have emerged as the most frequently used tobacco product among youth in the United States, surpassing conventional cigarettes. Although overall smoking prevalence has decreased in the U.S. over the past decade, socio-economic disparities related to cigarette smoking still persist. Young people with lower educational attainment, living below the U.S. federal poverty level, and having poor physical health status had a higher smoking prevalence. Compared to youth who had bachelor or graduate degrees, youth without four-year college education were significantly more likely to smoke cigarettes and the lower the education, the higher likelihood of smoking. Generally, we find more male smokers than female smokers. Non-Hispanic white youth were significantly more likely to be smokers compared to other racial/ethnic youth. Youth who previously smoked electronic cigarettes were more likely to become current smokers.

Motivation to begin and to continue smoking is strongly influenced by the social environment, although genetic factors are also known to play a role. Smoke-free protections, tobacco prices and taxes, and the implementation of effective tobacco prevention programs all influence tobacco use. Among adolescents and young adults, in particular, tobacco use is influenced by:

- The use of tobacco and approval of tobacco use by peers or siblings
- Smoking by parents or guardians
- Accessibility of tobacco products
- Exposure to tobacco use promotional campaigns

Though the traditional use of tobacco products such as cigarettes and chewing tobacco, has declined over the years among Florence County youth, and youth nationwide, vaping trends continue to rise at alarming rates. According to recent data collected among preteens and

teens, vaping has reached a crisis point, and it threatens to undo years of public health efforts that had led to this decline in nicotine use. The rise of e-cigarettes and vaping has raised concerns that another generation may become dependent on nicotine.

A national survey of 42,531 eighth–12th graders finds that 25.4% of high-school seniors have vaped nicotine in the last month, while 20.2% of 10th graders and 9% of eighth-graders have done so. All of these figures have grown dramatically since 2017, the survey found, with past-month nicotine vaping skyrocketing 131% among 12th-graders in just two years.

In recent months, we have had many requests from Florence County leaders and educators for presentations on the dangers of vaping, particularly at middle schools across the county. Vaping has become one of the most troubling issues for middle school teachers and administrators. Even though, many of the youth that are using the electronic nicotine delivery systems, they are not actually using a nicotine product, they are often exposed to other harmful consequences as a result of vaping. And often we hear from the school administrators that parents just do not know or understand what their young person is experimenting with in the vaping craze. Parents should be concerned because:

- Vaping increases the risk of teens developing an addiction to nicotine.
- Vaping exposes children and teens to harmful metals and toxic chemicals found in e-cigarettes.
- A mysterious, vaping-related illness is on the rise: e-cigarette or vaping product use-associated lung injury (EVALI).

Prevention staff are working throughout the county on the dangers, laws and consequences of underage tobacco and vaping use through presentations at health fairs, community festivals, school presentations, PSA's, newspaper articles, civic clubs, parents, law enforcement officers, media outlets, school resource officers, and school administration and staff.

In Florence County, our needs assessment data includes:

- Tobacco Compliance Check (TCC) buy rate – Over recent years, tobacco compliance rates were consistently low. In FY18, 7.1% and in FY19 5.7% and in FY20 0%. No tobacco compliance checks were conducted in FY21 and FY22 to date due to the pandemic restrictions.
- The Florence Synar Youth Access to Tobacco Survey has remained consistently low over the years ranging, with most years no tobacco buys occurring for a rate of 0%.
- 2020 CTC Survey data
 - Cigarettes:
 - 48.5% report that it is very easy or easy to obtain tobacco products
 - 2.8% report that they have smoked cigarettes in the last 30 days
 - 11.1% report that they have smoked cigarettes in their lifetime
 - 4.9% age of first use is 12 or younger for those who have used cigarettes -
 - 84.5% perception of risk of harm of smoking

Vaping:

- 57.6% report that it is very easy or easy to obtain vape products
- 17.9% report that they have vaped in the last 30 days
- 30.1% report that they have vaped in their lifetime
- 70.8% perception of risk of harm of vaping
- perception of risk of harm of vaping

In recent meetings with local law enforcement partners, it has been agreed that TCC will resume prior to the end of FY22. We have discussed with law enforcement starting aggressively checking the alarmingly increasing numbers of local vape shops for compliance, with compliance checks of alcohol and tobacco gearing back up since pandemic restrictions have greatly relaxed, vape shops will be one of these main areas of focus for law enforcement throughout the county.

In FY21, 65% of CPBHS's admissions present with tobacco addiction as a secondary diagnosis/problem. And 67% of our patient are current smokers.
(Source: FY21 DAODAS Patient Substance Use Profiles)

3. Using quantitative and qualitative data, describe your county's needs as they relate to opioid use disorder.

Answer:

The 3 primary social determinates of health when referring to opioid use prevention and disorders are: employment, education and housing. The Minnesota Department of Health website has reported recently on the how the COVID-19 pandemic shows the correlation of social health determinants with those who are most impacted by COVID-19 and how this relates to those with opioid use disorders. The same populations already at risk for opioid use disorders are also the people most impacted by COVID-19.

- The seclusion that was created by pandemic restrictions such as social distancing, isolation and quarantining made it very difficult for those who were in recovery or trying to move towards recovery.
- The loss of jobs or reductions in pay creates stress in the family and the family dynamics are shaken. Use rates sharply increase when family dynamics are strained.
- The impact of no face-to-face assessment, counseling, treatment, or recovery services place stressed on those seeking these services. Group counseling and substance-free group activities ceased. Social distancing and isolation may have been helpful in curbing virus transmission, but they became huge factors for substance misuse and abuse.

Counties with the lowest levels of social capital have the highest overdose rates. Poverty and substance use, reinforced by untreated mental health disorders and lack of stable housing, are correlated with opioid use. In Florence County some of these factors include (source: 2021County Health Rankings for SC)

- 12% of the people under the age of 65 are without insurance/uninsured
- 15% of adults age 25 and over have not completed high school
- 2.9% unemployment rate
- 24% of children under the age of 18 live in poverty
- 38% of children live in single-parent households

- There are 560 violent crimes per 100,000 people
- Drug overdose deaths total 87 in 2021
- 12 per 100,000 – drug overdose mortality rate
 - 3 times higher for whites than black
 - 9 for black, 33 for whites

Non-minority populations are also at greater risk for substance misuse. A landmark study by Case and Deaton found that among Whites, mortality rates for ages 45-54 from 1999-2013 increased dramatically, largely driven by an increase in drug overdose deaths. Researchers have concluded that these were “deaths of despair” caused by the deterioration of social and economic well-being with each successive generation.

Although the causes of the opioid crisis are multifaceted and linked to social disadvantage, the overprescribing of prescription opioids played a central role. And Florence County ranks second in SC for distribution of prescription opiates.

Education is a gateway to employment opportunities, and education has been shown to be a protective factor in drug overdose deaths, with the highest rates among those who did not finish high school and lowest among those who finished college. However, opioid use disorders present barriers to education and thus for better jobs and income. Those with drug possession convictions are often barred from accessing federal student loans and have difficulties obtaining college grants and scholarships. In addition, those in recovery that pursue higher education may find universities and community colleges to be challenging social environments in which the social environment, and lack of abstinence, is difficult.

According to the National Survey on Drug Use and Health, those who earn under \$20,000 per year are more than three times as likely to have used heroin in the past year compared with those who earn more than \$50,000 per year. Evidence suggests that improving the overall state of the economy and improving employment opportunities is likely to have a positive impact on the opioid crisis and help in recidivism rates of substance use disorders/opioid use disorder. Studies have shown that employment is a strong protective factor for a person during and after treatment. Those who are employed are much more likely to complete treatment and have a good chance at a positive and strong recovery.

Lack of adequate housing is a risk factor for opioid misuse and drug overdose deaths, and evidence suggests that this insecurity has been increasing over time. Low-income households are more likely to sacrifice other necessities to pay rent. Those in low-income housing often face the stress of unstable situations like evictions, lack of food, unemployment, etc. Homelessness is increasingly be seen as a crisis in many communities with these rates being higher than they have in decades. While there are many causes of homelessness, addiction and mental health rank as two of the main reason.

Data for the past 4 years from the Just Plain Killers website for Florence County is as follows:

<u>SOURCE: Just Plain Killers website</u>	<u>2020</u>	<u>2019</u>	<u>2018</u>	<u>2017</u>
Total drug overdose deaths	52	28	37	31
Deaths involving prescription drugs	46	22	30	25
Deaths involving opioids	44	24	26	26
Deaths involving heroin	3	3	6	3
Deaths involving Cocaine	13	9	15	8
Deaths involving fentanyl	36	17	11	9
Deaths involving psychostimulants	15	NA	NA	NA
Opioid prescriptions dispensed	1083	1148	1182	1301
Stimulants dispensed	357	361	349	343
Benzodiazepines dispense	532	535	545	593
Naloxone administration via EMS	12	11	13	14
Hospital data				
Drug related overdoses	109	108	111	109
Opioid-related overdoses	20	15	17	18
Newborns identified with neonatal abstinence syndrome	10	13	16	8
State-funded treatment data				
Patient with an opioid use disorder	274	355	372	316
Number of patients with an opioid use disorder (Medicaid)	631	602	440	363
Infectious disease data				
Incidence of Hep C cases	123	153	186	173
Incidence of HIV cases	0	26	NA	25

Florence Alcohol data source 2021 SC County Profiles of Alcohol and Other Drug Abuse Data – Rankings out of 46 counties

9 th for Opioid hospitalization	2 nd for Opioid Prescription Dispensed
12 th for Opioid overdose deaths	37 th for EMS Naloxone administration

Florence County ranks near the top of key state statistical data for opioid prescriptions, related admissions to services and opioid-related emergency room discharges. Though Florence County had seen a steady decline prior to the COVID pandemic in drug overdose deaths. In FY20 there was a sharp increase from 28 to 52 deaths, an 85% increase. We knew at the height of the pandemic our county was reporting many overdoses. We expect that

number will continue to be high for FY22. Also, in 2020, Florence County experienced a drastic increase in overdose deaths involving prescription drugs (90%), opioids (83%), cocaine (44%) and fentanyl (112%).

Florence County suffers from an inherent challenge in being the medical hub of the Pee Dee Region and as such we are ranked 2nd in the state for opioids dispensed according to the 2021 SC County Profiles report. We rank 7th in the state overall of opioids issues, 9th for opioid hospitalizations and 12th for opioid overdose deaths. Florence County has experienced an upward trend in patients reporting an opioid use disorder receiving services at CPBHS.

As an agency, Circle Park experienced 287 admissions to services with opioid use as a primary or secondary substance of choice in FY21. Currently to date in FY22, 149 patients have been admitted to services with an opioid use as the primary and secondary disorder, average of 17 per month, with an expected total of approximately 204 by the end of the fiscal year. Of the overall admissions to the agency for services to date, in FY21, opioids were reported as the primary or secondary substance of use in 32% of admissions.

According to the County Health Ranking and Roadmaps (Robert Wood Johnson Foundation), the mortality rate is almost 4 times as higher for whites than African Americans/black to die from a drug overdose. And our admission records at CPBHS are reflective of this national trend.

Florence County ranks in the lower quarter of the state's for naloxone distribution. Even more troubling is the information gathered from key community stakeholders, law enforcement officers and first responders in regards to the overwhelming issues in Florence County with opioid misuse and its related fentanyl epidemic. Countywide law enforcement partners report that seizures of illegal/unknown pills, such as those laced with heroin and fentanyl, continue to grow and are directly correlated to increased opioid use rates in the county. The Florence County Coroner also states that there has been a significant rise in opioid misuse related deaths. In fact, he states that, on average he sees one death per week that opioid use was a causal factor in some way. Also, DAODAS identified the Florence County area as one of the state hotspots during the pandemic with a dramatic rise in overdoses in our area.

As a result of the consistently high opioid misuse in our community, the need for MAT services is a priority. In FY22 to date, we have averaged a monthly census of approximately 75 patients currently receiving MAT services through the agency. The Omicron variant surge suppressed MAT participation the first 3 months of 2022. However, the most recent month recorded showed a 33% increase in new MAT patients for the month of April 2022, indicating that numbers and admission may be on the rise again.

MAT patients have been bridged to individual and group counseling services, as well as referrals to the Chrysalis Center. With 32% of our admissions being opioid related as primary or secondary substance, the demand for these services remains high and their continuance is essential to address the issues involved with opioid misuse in Florence County. Peer support has played an invaluable role in not only assisting with the initiation of

MAT, but bridging patients to treatment services and supporting their ongoing recovery efforts. Each of these three resources, MAT, traditional treatment services and peer support services, are individually important and effective in their own right, but collectively serve as the foundation for a high-quality, cost effective and successful approach to the opioid epidemic.

The Chrysalis Center has experienced an increase in women reporting prescription drugs/opiates as a primary substance of choice, which is reflective of the overall increase that we have seen the community at large. In FY 21, 50% of the women admitted have reported opioids as a primary substance of choice. This has in large part fueled the average monthly census of 12 women, demonstrating an increased demand for the Chrysalis Center inpatient services.

Approximately 30% of admissions are from Florence County and the greater Pee Dee area with the remainder coming from across the state. This clearly demonstrates the critical need for services to pregnant and postpartum women, which remains a priority focus for the Chrysalis Center. Since receiving the PPW grant award in 2017, the percentage of pregnant and first year postpartum women receiving services has averaged from 25% - 40%. Florence County ranks 12th in the state for infant mortality rate with 144 deaths in 2021, and African Americans are more than twice as likely that Caucasian to experience infant mortality.

The pandemic posed a particularly strong barrier to admissions at the Chrysalis Center. Since this is a statewide program and travel from your home area, family, safety and comfortable surroundings is necessary, people are much more reluctant to leave what they feel may be a safe, secure and supportive environment. One of the challenges facing the women when they come to the Chrysalis Center is how much more structured, scheduled and disciplined the environment is in residential care, as opposed to what they had been used to. Pandemic protocols took that to a higher level making potential patients more reluctant to enter residential care, or to stay once they experienced the restrictive and structured residential environment. There was also an emotional barrier in that people in general were less comfortable leaving family, friends and loved ones during the pandemic to enter a new environment. In light of these overwhelming constraints brought on by the pandemic, we still have met our goal of a 20% increase of pregnant and postpartum women for FY21. Also, we are using tele-communication resources, increased calls to family, and sharing the importance of health and safety protocols in response the pandemic to ease potential patients concerns. Also, the traditional referral sources were greatly reduced due to the reduction in their operating hours and capabilities, or simply working from home and unable to coordinate referrals.

As a direct result of providing specific and prenatal services to a higher percentage of pregnant and postpartum women, costs of services continue to rise placing an even higher strain on current financial resources. The most challenging issue facing the Chrysalis Center today is that base funding and patient fees no longer cover the program's expenditures. Our community surveys and collaborative partner interviews have identified a significant need to raise awareness in regards to issues surrounding opioids and other prescription drugs as well at the services available through MAT and Chrysalis Center.

As a priority population for our agency, we anticipate to aggressively continue to work for pregnant and postpartum women with substance use disorders. In FY23 we anticipate that there will be increased admissions for pregnant or first year postpartum women with substance use disorders. Peer Support Specialist continue to be a very valuable part of the treatment and rehabilitative process at the CC with 100% of the women participating with PSS. All of the pregnant women inquiring about services receive information about the effects of alcohol and other drugs on the fetus, HIV and TB, and other related risk behaviors, referrals source for prenatal care, local and statewide community support group information, local and statewide housing information.

Obviously, as with all services, the pandemic was a unique barrier to individuals pursuing and engaging MAT services. Several MAT providers that have entered the Florence market in recent months, offered less stringent access to receiving MAT medication. This competitive environment at times lessens the overall quality of MAT services as provided by the competition and makes our services less attractive to a segment of potential consumers. We will continue to aggressively raise the community's and patients' awareness of our MAT services through media sources, peer support and referring agencies. We will also make the best use of our expanded hours of MAT delivery of services and transportation resources. In spite of the restrictions and limitations brought on by the pandemic, the demand for MAT services still remained high. In addition, we continue to see a noticeable percentage of IV drug users presenting at admission.

As income decreases, the likelihood of premature death increases and we see this in Florence County with which we see in Florence County with an infant mortality rate of 12 per 100,000 births, with a black infant is twice as likely to die.

- The environment in which an individual lives may impact future generations.
- Stress related to disparities has a direct link to health, and often results from overlapping factors.
- Growing evidence highlights the negative impact of stress on both children and adults across the lifespan. Commonly referred to as allostatic load, chronic exposure to social and environmental stressors often results in biological “wear-and-tear” that's places individuals at higher health risk.

4. Using quantitative and qualitative data, describe any additional substance use disorders that are impacting your county.

Answer:

Marijuana is one of the least studied of the top drugs that are used in our society, however since the move to legalize marijuana more studies are being done. The links to risk and protective factors are not as strong and clear like alcohol and tobacco, so often marijuana is included when discussing the risk and protective factors, and social determinants related to other substance misuse.

Often, young people use marijuana to help with depression or anxiety, and that can often exacerbate and worsen their symptoms. Same as with other substances, biological, social,

environmental, psychological, and genetic factors are involved including gender, race and ethnicity, age, income level, educational attainment, and sexual orientation. Marijuana use, as it most substance misuse is also strongly influenced by interpersonal, household, and community dynamics. Family, social networks, and peer pressure are key influencers of substance abuse among adolescents. And many turn to marijuana use to cope with lingering symptoms of some traumatic event in their life.

Over the course of the last three to five years, we have seen an emerging trend in the Florence area, similar to that of trends nationwide. Even though alcohol remains the number one drug of choice for youth in Florence County, marijuana is an increasing trend in use and a lowering perception of risk and an increase in attitudes towards more favorable about use. In Florence County, only 52.8% of youth report a risk of harm of using marijuana, and only 57.1% disapprove of using marijuana, both numbers drastically lower than in the 2018 CTC. AET data focuses on alcohol related violations, however, one of the most common violations combined with alcohol violations, or when conducting AET activities, is simple possession of marijuana (SPOM). In FY 21, marijuana ranked third in admissions with almost 50% of our overall admissions presenting with marijuana as the primary or secondary drug they are seeking services for.

The practice of using vaping devices to consume marijuana or cannabis products is becoming increasingly widespread. Recent data shows that more than one-fifth of high school seniors have reported vaping marijuana in the past year. At the same time, one of the ingredients present in many marijuana vapes has been linked to a wave of illnesses and deaths impacting people of all ages across the U.S.

Though traditional survey data for youth has not been available during the pandemic, key stakeholders including law enforcement, school personnel, faith-based leaders, parents, and behavioral professionals have voiced their concerns about how the pandemic has influenced youth to turn towards substances such as marijuana to deal with the pandemic driven issues.

Through communication with key stakeholders in the community, it is obvious there is a tremendous amount of confusion with not only the level of health and behavioral consequences involved with today's marijuana; but also, the growing levels of support for its legalization. Not only has the pandemic increased the likelihood of youth initiation and/or increasing their use of marijuana, it has allowed many marijuana advocates and supporters to make end roads and political and cultural gains in support of its use and legalization. There is a critical need to educate and raise awareness in the community of the issues involved with marijuana and ensure that the lessening of the perception of risk of its use as well as its legalization messaging are exposed and confronted.

In 2020, on the CTC Survey,

- youth that report that it is very easy or easy to obtain marijuana—52.5% (FY18- 27%)
- youth that have misused marijuana in the last 30 days – 17.9% (FY18 16%)
- youth that have used marijuana in their lifetime – 30.1% (FY18 20%)
- perception of risk of harm of smoking marijuana – 52.8% (FY18 - 82%)

In FY 21, Marijuana ranked second in admissions with 49% (438 total patients) of CPBHS's overall admissions presenting with marijuana as the primary or secondary drug they are seeking services for.

- Admissions for marijuana:

Year	Admissions	Change from Baseline (2018)	Change from previous year
FY18	122	NA	NA
FY19	225	85% increase	85% increase
FY20	202	65.5% increase	10% decrease
FY21	438	259% increase	116% increase

SPF STEP 2: CAPACITY

Instructions:

Discuss the capabilities of your organizational service continuum (internal and external), highlighting service gaps and unmet needs not addressed by current capabilities, as well as discussing capacity-building requirements to meet the identified needs in the previous section.

Discuss where unmet service needs and gaps fit with capacity-building efforts, making sure to discuss how the county authority intends to address what was identified. Where appropriate, describe the capacity to address needs of priority populations.

The following must be addressed in this section of the plan:

- *Overview of agency's current capacity – internal and external – to include staffing, training, and external capacity elements such as MOAs/MOUs, description of formal/informal partnerships, contractual services in place, and other forms of outreach.*
- *Unmet service needs and gaps not addressed by current capabilities and capacity-building requirements to meet the identified needs.*
- *Discussion of the current service system's attention to the following SABG priority populations and service areas:*
 - *pregnant women*
 - *persons who inject drugs*
 - *women with dependent children*
 - *persons at risk for tuberculosis*
 - *individuals in need of primary substance use prevention*
 - *Early intervention services for HIV/AIDS*
- *Discussion of the unmet service needs and critical gaps in the current system regarding diverse racial and ethnic minorities to include:*
 - *People of color and indigenous and Native American persons*
 - *Asian Americans and Pacific Islanders*
 - *Members of religious minorities*
 - *Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons*
 - *Persons with disabilities*
 - *Persons who live in rural areas*
 - *Persons otherwise adversely affected by persistent poverty or inequality (must be included)*

Questions:

1. PREVENTION:

Discuss the internal and external prevention capabilities as part of your organizational services. Include the following:

- **Overview of current capacity – internal and external**
- **Unmet service needs/gaps**
- **Plan to build your agency’s capacity to meet the above stated unmet service needs and gaps**
- **Current capacity to address SABG priority populations and service areas**
- **Capacity to address unmet service needs regarding diverse racial and ethnic minorities**

Answer:

Overall prevention efforts are driven and overseen by a 25-member Coalition made up of collaborative partners that was established in 1992. The Florence County Coalition has embraced the SPF planning model and process, and this has allowed its core principals to be integrated into all areas of programming and strategies. In recent years, the county's needs assessment data has reflected a decrease in overall substance use by youth with the exception of marijuana use, and an increase in prescription drug use with a lowering of age of first use. There is great concern that due to the pandemic and increased levels of isolation, depression, anxiety, stress, loneliness and disappointment that youth substance use rates have started to increase.

In recent years, the agency has utilized ECHO/SOR funds and strategies as the core of its prevention efforts to address opioid use in the community. Pre-pandemic, these efforts were highlighted by an aggressive media campaign to deliver messages centered on the consequences of opioid use, the need to eradicate expired/unused medications, easy access/availability of drop boxes and Detera bags, and community educational and awareness events for medical personnel, health providers, parents and other community partners. Due to the challenges of not being able to fully engage the community, we have focused on enhancing our media education and awareness campaigns, providing tele-messages through video vignettes, social media messages, increased Detera bag distribution, the establishment of a 24/7 digital message board sharing prevention-based messages at the second busiest intersection in the Florence community. These funds and strategies have served well in recent years, however with that funding being cut and the changes taking place, this plan will have to be rethought. Our local law enforcement agencies have worked well with us to identify and respond to hotspots within the county.

The most recent CTC (2020) data available at this time from local high schools, demonstrates the continuing trend of decreasing monthly and lifetime use rates for alcohol, tobacco and other drugs with the exception of marijuana consistently holding its traditional use rates, and an increase in prescription drug use by youth. Even though the pandemic has not allowed us to directly survey local high school students, key community stakeholders have shared, as well as being supported by national trends data, that overall drug use rates have fallen during the pandemic, but several particular areas remain of great concern. We have to accept that

we are currently dealing with some level of the unknown in regard to youth use rates and vital needs assessment data due to the inability to obtain timely survey data. Most concerning is that the lack of prevention programming and messaging may have had an adverse impact on youth rates, and we may have to move into a reactive, instead of proactive, approach to address prevention in the near future.

We continue to address substance use prevention by youth through media and awareness campaigns that focus on the most effective tools available. Staff are trained several times a year on social media trends and how to market prevention messages and this is utilized in our message delivery. During the pandemic, when we could not directly engage with students at school and the vast majority of school-based events had been cancelled, we created a series of video vignettes based on evidence-based curriculums that are shared with schools and individuals through technology. We continue to utilize long-standing community partnerships and key stakeholders to share information and keep the issues involved with underage substance use at the forefront of the communities' concerns

The challenge to provide evidence-based programming and fully effective prevention messages were difficult to make available the first part of FY22. Until we move to some sense of normalcy and past the pandemic restrictions to where our traditional engagement of youth and the community as a whole is returned. Thankfully we have started to see things returning to pre-pandemic status. Starting in March of 2022, when pandemic restrictions begin to relax, we have seen a wave of invitations to come into schools to discuss various substance abuse prevention issues, including alcohol, vaping, marijuana and special events such as prom. We will continue to explore unique and innovative ways to provide prevention programming, particularly through the use of technology to identify and address service gaps and unmet needs.

Traditionally underage drinking has been the most serious substance use disorder facing Florence Community youth. Though traditional survey data for youth has not been available during the pandemic, key stakeholders including law enforcement, school personnel, faith-based leaders, parents, and behavioral professionals have voiced their concerns about how the pandemic has influenced youth to turn towards substances such as alcohol to deal with the pandemic driven issues.

In an effort to address these concerns about the rising rates of underage drinking in our community and recognizing that there will be slow return to directly engaging youth within the school system and parents and the community as a whole, with community education and awareness events, we feel it is critically important at this time to initiate an aggressive media awareness campaign in regards to the dangers and consequences of underage drinking. This strategy will draw from the coalition's experience with media campaign to successfully address a number of substance abuse issues in our community and include the use of social media, billboard, email alerts, web banners, and TV and radio ads. This will allow us to ensure that the issue of underage alcohol use will remain in the forefront of behavioral choices facing youth as well as their parents regardless of the availability of providing prevention programs and messages directly to youth in school, school-based events, or community events.

Through communication with key stakeholders in the community, it is obvious there is a tremendous amount of confusion with not only the level of health and behavioral consequences involved with today's marijuana; but also, the growing levels of support for its legalization. Not only has the pandemic increased the likelihood of youth initiation and/or increasing their use of marijuana, but it has also allowed many marijuana advocates and supporters to make end roads and political and cultural gains in support of its use and legalization. There is a critical need to educate and raise awareness in the community of the issues involved with marijuana and ensure that the lessening of the perception of risk of its use as well as its legalization messaging are exposed and confronted. Traditionally underage drinking has been the most serious substance use disorder facing Florence Community youth; however, we are seeing a substantial rise in the use rates for marijuana.

In an effort to address the concerns about the rising rates of marijuana use in our community and recognizing that there will be slow return to directly engaging youth within the school system and parents and the community as a whole with community education and awareness events, we feel it is critically important at this time to initiate an aggressive media awareness campaign in regard to the dangers and consequences of marijuana use. This strategy will draw from the coalition's experience with media campaign to successfully address a number of substance abuse issues in our community and include the use of social media, billboards, email alerts, web banners, geofencing and TV and radio ads. The goal of increasing the community's perception of risk will allow us to ensure that the issue of increased marijuana use will remain in the forefront of behavioral choices facing youth as well as their parents regardless of the availability of providing prevention program and message directly to youth in school, school-based events, or community events.

2. INTERVENTION:

Discuss the internal and external intervention capabilities as part of your organizational services. Include the following:

- **Overview of current capacity – internal and external**
- **Unmet service needs/gaps**
- **Plan to build your agency's capacity to meet the above stated unmet service needs and gaps**
- **Current capacity to address SABG priority populations and service areas**
- **Capacity to address unmet service needs regarding diverse racial and ethnic minorities**

Answer:

A critical piece of the agency's core services continues to be its traditional intervention services. These services provided by highly qualified professional counselors licensed and credentialed by SCAADAC. Circle Park works very closely with SCDAODAS on all programmatic levels to ensure the fidelity of its efforts and provide an effective continuum of care to its patients. Specific services include Pre-Trial Intervention/PTI, (PRI) ASAM-American Society of Addiction Medicine Level 0.5 programs, and Alcohol and Drug Safety Action Program (ADSAP). These programs remain a very successful part of the agency's

efforts and are based on strong collaborative partnerships with the county's judicial system to include the solicitor's office, adult and juvenile drug court, family court, probate court and law enforcement. The guiding principle of our services is to provide them to the community regardless of race, ethnic and cultural backgrounds or sexual orientation. This is provided through a diverse staff, reflective of our community, trained in cultural competency and supporting the principals of Recovery-Oriented Systems of Care (ROSC). This approach ensures that each patient's needs will be attended to regardless of his or her cultural, racial, sexual orientation, and ethnic attributes.

Also, Trauma Informed Care (TIC) has been infused across all service areas in the agency as well as throughout all staff and support services. A TIC Committee meets quarterly to review patient and staff surveys and make appropriate recommendations to executive management for changes that would enhance and secure a safe and productive environment for patient and staff. This group also is charged with the responsibility of reporting their recommendations to the Quality Assurance and Improvement Committee and preparing a formal plan forwarded to DAODAS annually.

We continue to strive to provide the optimum core intervention services possible, but the pandemic has created new challenges in securing that goal. Our intervention programs are closely coordinated with traditional, judicial referral sources that have been greatly affected by the pandemic. Several of these key referral sources were closed for an extended period and have yet to return to full capacity, which has diminished our typical referral numbers. In an effort to minimize this disruption, we work towards increasing and enhancing our availability of services to include more time options for groups/classes as well as a new walk-in schedule that greatly limits the time from first call or referral to when intake/assessment is initiated.

3. TREATMENT:

Discuss the internal and external treatment capabilities as part of your organizational services. Include the following:

- **Overview of current capacity – internal and external**
- **Unmet service needs/gaps**
- **Plan to build your agency's capacity to meet the above stated unmet service needs and gaps**
- **Current capacity to address SABG priority populations and service areas**
- **Capacity to address unmet service needs regarding diverse racial and ethnic minorities**

Answer:

The ASAM Criteria is the most widely used and comprehensive set of guidelines for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions. It is the foundation of our addiction treatment system. As a treatment provider, The ASAM Criteria provides a holistic approach for determining individualized and outcome-driven treatment plans for patients. Our treatment services ensure patients receive the most appropriate and direct care to address their needs. The modalities utilized

include ASAM Level 1 programs (Outpatient Services), ASAM level 2.1 (Intensive Outpatient Services) and ASAM level 3.5 and 3.7 (Inpatient Services at Chrysalis Center).

During the intake/assessment process, patients are screened for high-risk indicators for HIV/AIDS, tuberculosis and other infectious diseases. If indicated, the patient is provided referral and testing resources to address the issue. Individual counseling, as well as an array of group counseling services, are provided by a cadre of 10 Masters level counselors with an emphasis on their licensures and certifications. Counseling services are provided between 8:00 AM and 8:30 PM, Monday through Friday, to ensure their availability to meet a wide range of patients' needs. Women may be screened for pregnancy to ensure prenatal care resources are provided as indicated and allows us to identify pregnant and postpartum women early in the process to ensure they receive critically needed services including referrals to the Chrysalis Center. The agency's services at the Chrysalis Center continue to focus on pregnant and postpartum women and increasing this critical and underserved population's admissions to services. The Chrysalis Center currently experiences approximately 75 admissions a year with approximately two-thirds of those being pregnant or first-year postpartum. As with our intervention services, we work towards increasing and enhancing our availability of services to include more time options for groups/classes as well as a new walk-in schedule that greatly limits the time from first call or referral to when intake/assessment is initiated. Due to the pandemic creating a barrier for many potential patients to visit our facility onsite, we initiated telephonic services for individual counseling sessions. This has helped us to minimize the disruption to services and overall patient participation and admission numbers. We also utilized DAODAS-funded SOR dollars to assist with outpatient services and medication assisted treatment, as well as transportation needs. We will continue to utilize all resources available to reduce the barriers to access including the implementation of a new walk-in schedule, extending hours of operation, the use of available technology, and reducing transportation barriers.

The pandemic brought a marketed increase in opioid deaths, overdoses and opioid related visits to local emergency rooms, as is reflected in the data for Florence County. This has put an even greater importance on our ongoing medication assisted treatment (MAT) program and the need to ensure that our referral systems are operating at a high capacity and that the community is aware of the availability of this resource. The MAT program continues to experience a steady influx of patient admissions. Currently, we have 103 patients receiving MAT services. We expect this number to increase as the pandemic restrictions relax. Our program continues to be unique in that it requires patients to participate in counseling, peer support services, and medication management whereas several of our local competitive providers require a less successful outcome-based approach in their MAT programs.

The pandemic has also created a fatigue factor with staff, as they have remained onsite and provided our full array of services without disruption since the pandemic's onset over one year ago. In response, as an agency, we have prioritized and emphasized the importance of self-care and have attempted to provide any resources available to assist the staff in ensuring they are physically, mentally and emotionally healthy as possible.

For the MAT program, the nurse practitioner provides the necessary medication management for patients and ensure an effective referral process to treatment services. The licensed and certified MAT counselor provides daily oversight of all medication assisted treatment (MAT) activities to include individual and group counseling, referrals and utilization of peer support services as well as compliance with program standards. This counselor prioritizes ensuring that the MAT program encompasses the three steps of medication, counseling and peer support in order for patients to participate. The Peer Support Specialist augments the services provided by the nurse practitioner and the MAT counselor through sharing their own lived experiences and practical guidance helping MAT patients to develop their own goals, create strategies for self-empowerment and taking concrete steps toward building a successful recovery for themselves.

4. RECOVERY:

Discuss the internal and external recovery capabilities as part of your organizational services. Include the following:

- **Overview of current capacity – internal and external**
- **Unmet service needs/gaps**
- **Plan to build your agency’s capacity to meet the above stated unmet service needs and gaps**
- **Current capacity to address SABG priority populations and service areas**
- **Capacity to address unmet service needs regarding diverse racial and ethnic minorities**

Answer:

Those individuals seeking recovery support are also assisted through the services of onsite peer support and educational literature to connect with local support groups and the resources available through Faces and Voices of Recovery (FAVOR) South Carolina. This approach allows the agency to ensure a bridge of services, whether under our roof or not, is made available to patients to support their overall wellbeing and recovery regardless of if they are receiving traditional inpatient services or residential services at the Chrysalis Center. Peer Support Specialists have become an essential tool in enhancing the success of Medication Assisted Treatment (MAT) through engaging patients and ensuring that they are bridged to counseling services as well as their medical appointments. Peer Support Specialists' encouragement and support of patients through their lived experiences and expertise that professional training cannot replicate allows them to be an invaluable member of the recovery process. The wrap around services provided by the peer support specialist is an integral and essential piece of the continuum of effective services to ensure the success of both traditional and MAT services. Peer support specialists have become a very critical piece of our services both at the Chrysalis Center and at our outpatient services. We currently have two DAODAS-funded Peer Support Specialist who are fully engaged in all of our services, and they have demonstrated the need to increase our peer support services through adding additional specialists. They conduct their services not only onsite, but aggressively use telephonic services to ensure that they are accessible to our patients and the recovery process.

Trauma Informed Care (TIC) has also been utilized in supporting the recovery process by engaging patients whether active or post active in services to continue to provide their feedback on how our programs can be enhanced and improved in support of patients' recovery. This provides a voice for patients and an opportunity to remain engaged for longer periods of time with agency services.

SUMMARY

In summary, through our needs assessment process and analysis of our current capacity there are 3 service gaps and unmet needs in our county that we ask be considered for priority funding. They are as follows:

1. Chrysalis Center

Circle Park continues to prioritize the availability of services for the critically underserved population of women and children, particularly those that are pregnant and in the first year of postpartum. The most challenging issues facing the Chrysalis Center is that base funding and patient fees no longer cover the program's expenditures. As a direct result of providing services to a higher percentage of pregnant and postpartum women, as well as a growing number of admissions without a pay source, costs of services continue to rise placing an even higher financial strain on current financial resources. A few examples of these would be increased costs for extended hours for onsite medical staff, increased staffing for resident assistants, increased food costs, increased transportation costs, and increased clothing and personal supplies for the women and children who often arrive at the Chrysalis Center with nothing. At this time, we are respectfully requesting base funding of \$300,000 to meet a programmatic expenditures deficit. This has been even more of an issue in recent months as it has been more challenging to meet the census goals which have resulted in less patient reimbursement and fees for service revenues while expenses and costs of operation have continued to grow. This critically needed additional funding would not only ensure that the Chrysalis Center can continue to provide priority services to women and their children, but ensure that pregnant and postpartum women can continue to remain a priority for admissions.

Budget Category	Amount
Base funding for operational expenses	\$300,000
Total	\$300,000

2. Medication Assisted Treatment (MAT)

The pandemic brought a marketed increase in opioid deaths, overdoses and opioid related visits to local emergency rooms. This has put an even greater importance on our ongoing medication assisted treatment program and the need to ensure that our referral systems are operating at a high capacity and that the community is aware of the availability of this resource. Also, Peer Support Specialist have become an integral part

of our MAT program and essential tool in enhancing the success of MAT patients. We request \$295,000 to maintain and expand our current MAT services in Florence County.

A Nurse Practitioner will provide the necessary medication management for patients and ensure an effective referral process to treatment services. The MAT counselor will provide daily oversight of all Medication Assisted Treatment activities to include individual and group counseling, referrals and utilization of peer support services as well as compliance with program standards. The MAT counselor will prioritize ensuring that the MAT program encompasses the three steps of medication, counseling and peer support in order for patients to participate. The three Peer Support Specialists will augment the services provided by the traditional outpatient counseling services and counselors through sharing their own lived experiences and practical guidance helping these patients to develop their own goals, create strategies for self-empowerment and taking concrete steps toward building a successful recovery.

Budget Category	Amount
Nurse Practitioner @ 50% (Salary:\$50,000 + Fringe:\$19,000)	\$69,000
Counselor@ 100% (Salary: \$55,000 + Fringe: \$21,000)	\$76,000
Peer support specialist	
Peer Support Specialist @100% (Salary: \$36,000 + Fringe:\$14,000)	\$50,000
Peer Support Specialist @100% (Salary: \$36,000 + Fringe:\$14,000)	\$50,000
Peer Support Specialist @100% (Salary: \$36,000 + Fringe:\$14,000)	\$50,000
Total	\$295,000

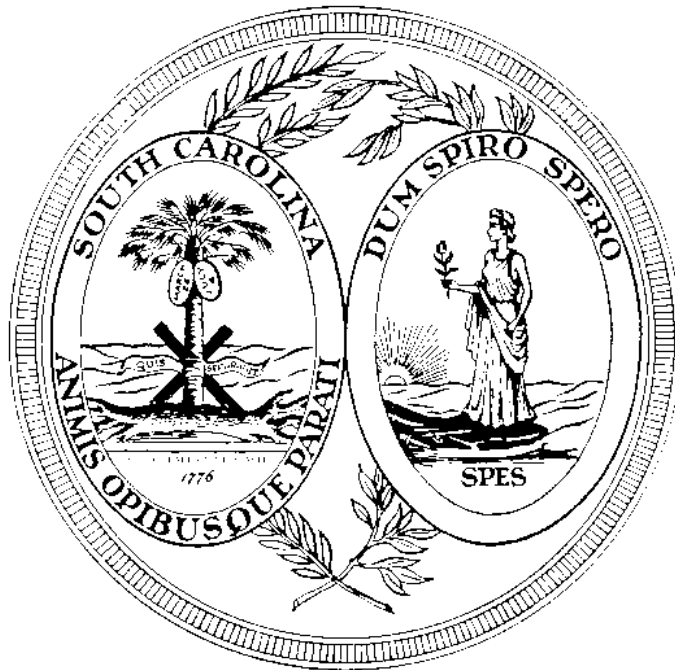
3. Media

Traditionally underage drinking has been the most serious substance use disorder facing Florence Community youth. Extensive Florence County Coalition strategies have effectively lowered 30 day use rates over the past 25 years, but there is a great concern that due to the pandemic and increased levels of isolation, depression, anxiety, stress, loneliness and disappointment that youth underage drinking rates have started to increase. Though traditional survey data for youth has not been available during the pandemic, key stakeholders including law enforcement, school personnel, faith-based leaders, parents, and behavioral professionals have voiced their concerns about how the pandemic has influenced youth to turn towards substances such as alcohol to deal with the pandemic driven issues.

In an effort to address these concerns about the rising rates of underage drinking in our community, and recognizing that there will be slow return to directly engaging youth within the school system and parents and the community as a whole, with community education and awareness events, we feel it is critically important at this time to initiate an aggressive media awareness campaign in regards to the dangers and consequences of underage drinking. This strategy will draw from the coalition’s experience with media campaign to successfully address a number of substance abuse issues in our community and include the use of social media, billboard, email alerts, web banners, and TV and radio ads. This will allow us to ensure that the issue of underage alcohol use will remain in the forefront of behavioral choices facing youth as well as their parents regardless of the availability of providing prevention program and message directly to youth in school, school-based events, or community events.

Budget Category	Amount
Localized media campaign to address underage drinking	\$50,000
Total	\$50,000

South Carolina
DAODAS
Department of Alcohol and Other Drug Abuse Services



**FY23 County Plan / Substance Abuse
Prevention and Treatment
Block Grant Application**

Part 2

Overview and Requirements:

In accordance with the S.C. Code of Laws, Title 61, Chapter 12, each county alcohol and drug abuse authority must submit a county plan yearly in accordance with DAODAS guidelines (*S.C. Code Ann. Sections 61-12-10, 61-12-20*). If an alcohol and drug abuse authority has a service catchment area involving more than one county, an individual plan for each county does not have to be developed. Rather, the county authority is to submit one plan that reflects and incorporates identified needs associated with its respective counties, making sure to distinguish where a need is germane to a specific county.

Through the combined County Plan / Substance Abuse Prevention and Treatment Block Grant (SABG) application, DAODAS will provide funding to support each local agency in the provision of primary prevention, intervention, treatment, and recovery services throughout the state. The strategic plans presented in the application are required to follow the strategic prevention (or planning) framework (SPF) and must address the elements outlined in the instructions provided. The creation of the county plans provides DAODAS with a foundation for developing the state's Behavioral Health Assessment Plan, which is part of DAODAS' federal SABG application. Therefore, these distinct plans – county and state – demonstrate the need for and support of service delivery across a continuum that is supported by federal and state funds.

Submission Requirements:

The complete plan needs to be uploaded into the designated folder in Box Enterprise no later than **Friday, April 29, 2022**. The complete plan must include the following elements:

1. Signed Cover Page (template provided by DAODAS on March 15, 2022)
2. Part One: Executive Summary and SPF Steps 1 and 2 (template provided by DAODAS on March 1, 2022)
3. Part Two: SPF Steps 3, 4, and 5 (template provided by DAODAS on March 15, 2022)
4. Agency Budget (template provided by DAODAS on March 15, 2022)

Tips:

Only use the FY23 templates provided to complete the FY23 County Plan / Substance Abuse Prevention and Treatment Block Grant Application.

The FY23 templates are Microsoft Word documents and should be completed in Microsoft Word.

The FY23 County Plan / Substance Abuse Prevention and Treatment Block Grant Application is built on the SPF model's five steps and two overarching principles. An introductory toolkit can be accessed as a PDF from the South Carolina Prevention/Evaluation website (<https://ncweb.pire.org/>). Once on the site, type "SPF" in the search bar to access the link to the PDF, *A Guide to SAMHSA's Strategic Prevention (Planning) Framework*.

Once again, county authorities serving multiple counties are to submit one plan/application that reflects and incorporates identified needs associated with their respective counties, making sure to distinguish when a need is relevant to a specific county.

Capture proposed efforts for the upcoming state fiscal year only – July 1, 2022, through June 30, 2023.

Part Two

Planning/Implementation/Evaluation: Below are the priority service plan tables for county authorities to complete. The designated priorities stem from needs assessment analysis shared in the submitted South Carolina FY2022 Substance Abuse Block Grant Behavioral Health Assessment and Plan. The tables are to be completed using the provided Resource Document along with what you discussed in Part One's SPF Step 1, Needs Assessment.

Each table cell should be completed as follows:

- **Need Statement:** A brief need statement directly linking to the provided priority. The statement is to reflect and tie in with the preceding Needs Assessment section by using specific qualitative and quantitative data [with sources cited] that supports the specified priority.
- **Goal:** The Resource Document contains the goals that were taken from the South Carolina FY2022 Substance Abuse Block Grant Behavioral Health Assessment and Plan. Therefore, you can copy the corresponding goal to its specific priority.
- **Strategies:** The Resource Document contains strategy lists that correspond to the provided priorities that were taken from the South Carolina FY2022 Substance Abuse Block Grant Behavioral Health Assessment and Plan. Therefore, you can copy the corresponding strategies that will be implemented during SFY 2023 to address the corresponding goal. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.
- **Target Populations:** The Resource Document contains a list(s) of potential target populations. Therefore, copy the target populations that will be impacted through your selected strategies.
- **Process Objectives:** For each previously selected strategy, please copy and complete the corresponding process objective(s) from the provided Resource Document. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.
- **Performance Measures:** The Resource Document shows the link between a process objective and a performance measure written in a provided format. Therefore, a performance measure must correspond with each selected linked strategy and process objective. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.
- **Outcome Measures:** For each previously selected goal, strategy or strategies, process objective(s), and performance measures, a corresponding long-term outcome objective(s) needs to be developed based on an example provided in the Resource Document(s). Strategies and their corresponding process objectives and performance measures and outcome objectives must be county specific for county authorities that serve a multi-county area.

Priority Prevention Service Plan Table

I | Priority Substance – Alcohol

Brief Need Statement: (Tie in with the preceding Needs Assessment section by using specific qualitative and quantitative data [with sources cited] that helped identify this specific priority.)

Alcohol continues to be the primary drug of choice that we continue to see a devastating amount of damage done to families and communities. At CPBHS, alcohol remains one of our primary sources of admission with 26.5% of overall admission presenting with alcohol as the primary drug they are seeking services for.

Florence Alcohol data source 2021 SC County Profiles of Alcohol and Other Drug Abuse Data – rank out of 46 counties

Alcohol hospitalization – 6	DUI Crashes - 10
Binge Drinking – 32	Heavy Drinking – 30

We have seen impaired driving rates increase over the last few years and Florence County is back in the top 10 counties for DUI crashes in our state.

- Alcohol impaired driving deaths for Florence County has risen almost 40% over the last 5 years – from 28% in 2018 to 39% in 2022, according to the 2022 County Health Ranking and Roadmaps (Robert Wood Johnson Foundation),
- 45% of all fatal collisions in Florence County in 2019 were involving an alcohol impaired driver (source: SC Traffic Collision Fact Book 2019).

According to the SC Prevention Outcome Reports – the buy rate or alcohol compliance checks has declined in recent years. The 2020 buy rate was only 3.7%, after only 10 buys at 271 location that sell or serve alcohol.

On the Florence County 2020 CTC Survey the following data was reported:

- youth that report that it is very easy or easy to obtain alcohol - 30%
- youth that have drank alcohol in the last 30 days - 20.5%
- youth that have drank alcohol in their lifetime - 35%
- age of first use is 12 or younger for those who have used alcohol - 28%
- perception of risk of harm of drinking alcohol - 91%

With the CTC Survey numbers, we see the ease of obtaining alcohol products in Florence County continues to decline due to our consistent use of compliance check. However, we have seen a drastic rise in 30-day use, lifetime use and age of first use from 2018. In 2018, we reported that we felt that those numbers were exceptionally low due to the young age of the overwhelming majority of the students that participated in the survey. A large portion of the participants were in the 9th grade. We do believe that the 2020 survey reflects a more broad and accurate representation of youth in Florence County. In addition, we are pleased to report all of the numbers improved from the current baseline year of 2016. The most recent CTC Survey was conducted in 2022, however that data has not been analyzed yet. We look forward to reporting those numbers in the near future.

Goal 1: To reduce underage drinking and access to alcohol in Florence County.

Strategies: CSAP Category/Strategies:

Information Dissemination:

Speaking Engagements
Health Fairs and Other Health Promotion
Brochures, Factsheets, Newsletters and handouts
Social Media Campaigns
Print Media Campaigns
Radio and TV Public Service Announcements
Town Hall Meetings (In-person and virtual)
AET Casual Contacts

Education:

Educational Services-Multi-session evidence-based program(s) for youth

Environmental:

Alcohol compliance checks
Merchant Education
Bar Checks/Fake ID Sweeps

Community-Based Process:

Youth Board/Coalition Meetings
Multi-Agency Coordination/Collaboration/Coalition Meetings
Community and Volunteer Training/Technical Assistance for Partner Agencies
Needs Assessment

Target Population

<input checked="" type="checkbox"/> Adults	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Business and Industry	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Civic Groups/Coalitions	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> College Students	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Elementary School Students	<input checked="" type="checkbox"/> Information Dissemination <input checked="" type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input type="checkbox"/> Employee Groups	<input type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral

<input checked="" type="checkbox"/> General Population	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Health Professionals	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> High School Students	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Law Enforcement	<input type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Media	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Middle/Jr High School Students	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input type="checkbox"/> Older Adults	<input type="checkbox"/> Information Dissemination <input type="checkbox"/> Education

		<input type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
	<input checked="" type="checkbox"/> Parents/Families	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
	<input checked="" type="checkbox"/> Persons with Substance Use Disorders	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
	<input type="checkbox"/> Prevention/Treatment Professionals	<input type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
	<input checked="" type="checkbox"/> Retailers/Merchants/Servers	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
	<input checked="" type="checkbox"/> Teachers/Administrators/Counselors	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
	<input checked="" type="checkbox"/> Homeowners Assoc	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives

		___ Problem Identification and Referral
	<input checked="" type="checkbox"/> Pregnant Women/Teens	<input checked="" type="checkbox"/> Information Dissemination ___ Education ___ Environmental <input checked="" type="checkbox"/> Community-Based Process ___ Alternatives ___ Problem Identification and Referral
	<input checked="" type="checkbox"/> Religious Groups	<input checked="" type="checkbox"/> Information Dissemination ___ Education ___ Environmental <input checked="" type="checkbox"/> Community-Based Process ___ Alternatives ___ Problem Identification and Referral
	<input checked="" type="checkbox"/> Social Service Providers	<input checked="" type="checkbox"/> Information Dissemination ___ Education ___ Environmental <input checked="" type="checkbox"/> Community-Based Process ___ Alternatives ___ Problem Identification and Referral
	<input checked="" type="checkbox"/> Voluntary/Fraternal Community Services	<input checked="" type="checkbox"/> Information Dissemination ___ Education ___ Environmental <input checked="" type="checkbox"/> Community-Based Process ___ Alternatives ___ Problem Identification and Referral

Process Objectives:

(For each chosen strategy under the service continuum area, please select and complete the corresponding process objective(s) from the provided Resource Document. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.)

Information Dissemination:

Objective Name: Information Dissemination-Speaking Engagements-Underage Drinking.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of underage alcohol use through speaking engagements.

Objective Name: Information Dissemination-Health Fairs/Other Health Promotion Events-Underage Drinking.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of underage alcohol use through health fairs and other health promotion events.

Objective Name: Information Dissemination- Brochures, Factsheets, Newsletters and handouts- Underage Drinking.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of underage alcohol use through Brochures, Factsheets, Newsletters and handouts.

Objective Name: Information Dissemination- Social Media Campaigns-Underage Drinking.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of underage alcohol through implementation of a social media campaign. Print Media Campaign

Objective Name: Information Dissemination- Print Media Campaigns-Underage Drinking.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of underage alcohol through implementation of a print media campaign (billboards, newspapers, digital message boards, etc.).

Objective Name: Information Dissemination- Radio and TV Public Service Announcements-Underage Drinking.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of underage alcohol through implementation of Radio and TV Public Service Announcements.

Objective Name: Information Dissemination- Town Hall Meetings-Underage Drinking.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of underage alcohol through implementation of Town Hall Meetings-(in-person and virtual).

Objective Name: Information Dissemination- AET Casual Contacts-Underage Drinking.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of underage alcohol through AET Casual Contacts.

Education:

Objective Name: Education- Multi-session evidence-based programs for youth -Underage Drinking.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide All Stars Program to middle school students to address favorable attitudes, beliefs; change in behaviors/use related to alcohol use

Environmental:

Objective Name: Environmental- Alcohol Compliance Checks -Underage Drinking.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, conduct alcohol compliance checks on a monthly basis to reduce youth retail access to alcohol in Florence County.

Objective Name: Environmental- Merchant Education -Underage Drinking.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, conduct PREP training classes on a monthly basis to alcohol in Florence County.

Community-Based Process:

Objective Name: Community-Based Process-Multi-Agency Coordination/Collaboration/Coalition Meetings-Underage Drinking.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, hold coalition meetings in Florence County to collaborate with agency representations to reduce underage alcohol use.

Objective Name: Community-Based Process-Community and Volunteer Training/Technical Assistance for Partner Agencies-Underage Drinking.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide community/volunteer training and technical assistance opportunities for partner agencies in Florence County to equip agency representations with the skills to implement strategies to reduce underage alcohol use.

Objective Name: Community-Based Process-Needs Assessment-Underage Drinking.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide needs assessment planning events with partner agencies in Florence County to monitor data and community needs related to reducing underage alcohol use.

Performance Measures: (For each process objective under the service continuum area, please follow

the example provided in the Resource Document to compose a linked performance measure. Make sure that strategies and their corresponding process objectives and performance measures are county specific if this county authority serves a multi-county area.)

Information Dissemination:

Speaking Engagements

By June 30, 2023, Circle Park BHS will provide 10 speaking engagements on the dangers of underage drinking to reach 200 citizens in Florence County.

Health Fairs/Other Health Promotion Events

By June 30, 2023, Circle Park BHS will participate in 10 health promotion events on the dangers of underage drinking to reach 1000 citizens in Florence County.

Brochures, Factsheets, Newsletters and handouts

By June 30, 2023, Circle Park BHS will provide 1000 brochures and factsheets on the dangers of underage drinking to reach 1000 citizens or youth or parents in Florence County.

Social Media Campaigns

By June 30, 2023, Circle Park BHS will post weekly on Facebook and Instagram, for a total of at least 50 posts for the year, on the dangers of underage drinking to reach over 40,000 viewers parent/youth/adult/citizens in Florence County.

Print Media Campaigns

By June 30, 2023, Circle Park BHS will place ads in local magazines and newspapers, for a total of at least 3 posts for the year, on the dangers of underage drinking to reach 10,000 parent/youth/adult/citizens in Florence County.

Radio and TV Public Service Announcements

By June 30, 2023, Circle Park BHS will place ads on local radio stations, for a total of at least 1 ad on local radio ad for the year, on the dangers of underage drinking to reach 25000 parent/youth/adult/citizens in Florence County

Town Hall Meetings

By June 30, 2023, Circle Park BHS will host 1 town hall meeting on the dangers of underage drinking to reach 300 parent/youth/adult/citizens in Florence County.

AET Casual Contacts

By June 30, 2023, Circle Park BHS will make 150 casual contacts 300 parent/youth/adult/citizens on the dangers of underage drinking in Florence County.

Education:

Multi-session programs for youth

By June 30, 2023, Circle Park BHS will implement RIDDE for 10 sessions in the Fall of 2022 and spring of 2023 at 1 school to target the dangers of underage drinking to reach 100 3rd grade students in Florence County.

By June 30, 2023, Circle Park BHS will implement the ALL STARS program for 10 sessions in the Spring of 2023 at 1 school to target the dangers of underage drinking to reach 30 middle school students in Florence County.

Environmental:

Alcohol Compliance Checks

By June 30, 2023, Circle Park BHS will work with local law enforcement to conduct 10 compliance checks per month for a total of 120 for the year to target retailers to reduce access to alcohol to reduce the dangers of underage drinking in Florence County

Merchant Education

By June 30, 2023, Circle Park BHS will conduct the PREP merchant education class on a bi-monthly basis to reach at least 25 merchants on the importance of not selling alcohol to minors and to reduce the dangers of underage drinking in Florence County

Bar Checks/Fake ID Sweeps

By June 30, 2023, Circle Park BHS will work with local law enforcement to conduct 4 Bar checks/fake ID sweeps per quarter for a total of 20 visitors for the year to target on-premise retailers to reduce access to alcohol to reduce the dangers of underage drinking in Florence County

Community-Based Process:

Multi-Agency Coordination/Collaboration/Coalition Meetings

By June 30, 2023, Circle Park BHS will conduct at least 6 Coalition meetings for the Florence County Coalition for Alcohol and Other Drug Abuse Prevention.

By June 30, 2023, Circle Park BHS will attend at least 24 collaboration meetings for the Florence County Coalition for Alcohol and Other Drug Abuse Prevention.

Community and Volunteer Training/Technical Assistance for Partner Agencies

By June 30, 2023, Circle Park BHS will conduct at least 2 AET trainings for local law enforcement to build skills for the prevention of underage alcohol related issues.

Needs Assessment

By June 30, 2023, Circle Park BHS will conduct at least 100 community surveys to local Florence citizens to gather data on perception of harm and risk, and perception of underage drinking issues in the Florence Community.

Outcome Objectives: (For each previously selected goal, strategy or strategies, process objective(s), and performance measures, please follow the example in the Resource Document to compose a linked long-term outcome objective. Strategies and their corresponding process objectives and performance measures and outcome objectives must be county specific for county authorities that serve a multi-county area.)

By June 30, 2023, in Florence County, Circle Park BHS will:

- FY23 Projected Outcome
 - Decrease those who report easy access to alcohol among Florence County high school students by 3% points to 27% or less (measure by the CTC Survey, 2022)
 - Decrease past month alcohol use (30-day use) among Florence County high school students by 3% points to 17.5% or less (measured by the CTC Survey, 2022)

- Increase those who report a moderate or high risk of harm of underage drinking among Florence County high school students by 3% points to 94% or more (measured by the CTC Survey, 2022)
- Decrease retail access to alcohol (underage alcohol buy-rate) for Florence County by 2 % points to 5% or less (measured by AET county data yearly).
- FY 20 CTC results including:
 - 30% of youth report that it is very easy or easy to obtain alcohol products Outcome: change of 56% to 30% - decrease of 86% from 2018
 - 20.5% report that they have drank alcohol in the last 30 days
Outcome: change of 23% to 20.5% - decrease of 12%
 - 91% believe there is a moderate or high risk of harm of drinking alcohol underage
Outcome: change of 76% to 91% increase of 20%.
- FY 18 CTC results including:
 - 32.2% of youth report that it is very easy or easy to obtain alcohol products – target 2-3% reduction. Outcome: change of 56.4 to 32.2 – which is a decrease of 43% from 2016
 - 5% report that they have drank alcohol in the last 30 days – target 2-3% reduction. Outcome: change of 23.3% to 5% - which is a decrease of 78% from 2016
 - 81.5% believe there is a moderate or high risk of harm of drinking alcohol underage (binge use)- target 2-3% increase. Outcome: change of 76.1% to 81.5% - which is an increase of 7% from 2016

Goal 2: To reduce alcohol-related traffic crashes in Florence County.

Strategies: CSAP Category/Strategies:

Information Dissemination:

Health Fairs and Other Health Promotion
Brochures, Factsheets, Newsletters and handouts
Social Media Campaigns

Environmental:

Public Safety Checkpoints

Community-Based Process:

Multi-Agency Coordination/Collaboration/Coalition Meetings
Community and Volunteer Training/Technical Assistance for Partner Agencies
Systematic Planning
Needs Assessment

Target Population

<input checked="" type="checkbox"/> Adults	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Civic Groups/Coalitions	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> College Students	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> General Population	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Health Professionals	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> High School Students	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Law Enforcement	<input type="checkbox"/> Information Dissemination

	<input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Media	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Middle/Jr High School Students	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Parents/Families	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Persons with Substance Use Disorders	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Retailers/Merchants/Servers	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral

Process Objectives:

Information Dissemination:

Objective Name: Information Dissemination-Health Fairs/Other Health Promotion Events-Impaired Driving.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of impaired driving through health fairs and other health promotion events.

Objective Name: Information Dissemination- Brochures, Factsheets, Newsletters and handouts-Impaired Driving.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of impaired driving use through Brochures, Factsheets, Newsletters and handouts.

Objective Name: Information Dissemination- Social Media Campaigns-Impaired Driving.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of impaired driving through implementation of a social media campaign. Print Media Campaign

Environmental:

Objective Name: Environmental- Public Safety Checkpoints – Impaired Driving.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, conduct public safety checkpoints on a quarterly basis to reduce impaired driving crashes in Florence County.

Community-Based Process:

Objective Name: Community-Based Process-Multi-Agency Coordination/Collaboration/Coalition Meetings-Impaired Driving.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, hold coalition meetings in Florence County to collaborate with agency representations to reduce impaired driving crashes.

Objective Name: Community-Based Process-Community and Volunteer Training/Technical Assistance for Partner Agencies-Impaired Driving.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide community/volunteer training and technical assistance opportunities for partner agencies in Florence County to equip agency representations with the skills to implement strategies to reduce impaired driving crashes.

Objective Name: Community-Based Process-Needs Assessment- Impaired Driving

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide needs assessment planning events with partner agencies in Florence County to monitor data and community needs related to reducing impaired driving use.

Performance Measures:

Information Dissemination:

Health Fairs/Other Health Promotion Events

By June 30, 2023, Circle Park BHS will participate in 3 health promotion events on the dangers of Impaired Driving to reach 1000 citizens in Florence County.

Brochures, Factsheets, Newsletters and handouts

By June 30, 2023, Circle Park BHS will provide 1000 brochures and factsheets on the dangers of Impaired Driving to reach 1000 citizens or youth or parents in Florence County.

Social Media Campaigns

By June 30, 2023, Circle Park BHS will post weekly on Facebook and Instagram, for a total of at least 50 posts for the year, on the dangers of Impaired Driving to reach 40,000 parent/youth/adult/citizens in Florence County.

Environmental:

Public Safety Checkpoints

By June 30, 2023, Circle Park BHS will work with local law enforcement to conduct at least 1 public Safety Checkpoints per quarter, for a total of 4 for the year reduce the dangers of impaired driving in Florence County

Community-Based Process:

Multi-Agency Coordination/Collaboration/Coalition Meetings

By June 30, 2023, Circle Park BHS will conduct at least 6 Coalition meetings for the Florence County Coalition for Alcohol and Other Drug Abuse Prevention.

By June 30, 2023, Circle Park BHS will attend at least 24 collaboration meetings for the Florence County Coalition for Alcohol and Other Drug Abuse Prevention.

Community and Volunteer Training/Technical Assistance for Partner Agencies

By June 30, 2023, Circle Park BHS will conduct at least 1 AET training on public safety checkpoints for local law enforcement to build skills for the prevention of impaired driving related issues.

Needs Assessment-

By June 30, 2023, Circle Park BHS will conduct at least 100 community surveys to local Florence citizens to gather data on perception of harm and risk, and perception of impaired driving issues in the Florence Community.

Outcome Objectives: (For each previously selected goal, strategy or strategies, process objective(s), and performance measures, please follow the example in the Resource Document to compose a linked long-term outcome objective. Strategies and their corresponding process objectives and performance measures and outcome objectives must be county specific for county authorities that serve a multi-county area.)

Reduce the prevalence of alcohol related crashes in Florence County by 5% by June 30, 2023 (measured by SCDPS and FARS data yearly).

Priority Prevention Service Plan Table

2 Priority Substance – Tobacco

Brief Need Statement: (Tie in with the preceding Needs Assessment section by using specific qualitative and quantitative data [with sources cited] that helped identify this specific priority.)

Though the traditional use of tobacco products such as cigarettes and chewing tobacco, has declined over the years among Florence County youth, and youth nationwide, vaping trends continue to rise at alarming rates.

According to a recent data collected among preteens and teens, vaping has reached a crisis point, and it threatens to undo years of public health efforts that had led to this decline in nicotine use. Parents should be concerned because:

- Vaping increases the risk of teens developing an addiction to nicotine.
- Vaping exposes children and teens to harmful metals and toxic chemicals found in e-cigarettes.
- A mysterious, vaping-related illness is on the rise: e-cigarette or vaping product use-associated lung injury (EVALI).

The rise of e-cigarettes and vaping has raised concerns that another generation may become dependent on nicotine. A national survey of 42,531 eighth–12th graders finds that 25.4% of high-school seniors have vaped nicotine in the last month, while 20.2% of 10th graders and 9% of eighth graders have done so. All of these figures have grown dramatically since 2017, the survey found, with past-month nicotine vaping skyrocketing 131% among 12th-graders in just two years.

In Florence County, our needs assessment data includes:

- Key individual interviews: These stakeholders share that the vaping issue has become their priority substance use concern for youth that they are involved with. Vaping is now the number one requested community topic for education and awareness campaigns in our community.
- Tobacco Compliance Check (TCC) buy rate – Over recent years, tobacco compliance rates were consistently low. In FY18, 7.1% and in FY19, 5.7% and in FY20, 0%. No tobacco compliance checks were conducted in FY21 and FY22 to date due to the pandemic restrictions.
- The Florence Synar Youth Access to Tobacco Survey has remained consistently low over the years ranging, with most years no tobacco buys occurring for a rate of 0%.
- 2020 CTC Survey data

Cigarettes:

- 48.5% report that it is very easy or easy to obtain tobacco products
- 2.8% report that they have smoked cigarettes in the last 30 days
- 11.1% report that they have smoked cigarettes in their lifetime
- 4.9% - Tobacco - Age at First Use is 12 or younger, among those who have ever used
- 79.9% believe there is a moderate or high risk of harm if smoking cigarettes

Vaping:

- 57.6% report that it is very easy or easy to obtain vape products
- 17.9% report that they have vaped in the last 30 days
- 30.1% report that they have vaped in their lifetime
- 70.8% believe there is a moderate or high risk of harm if vaping

Goal: (Under the service continuum area, paste all the applicable Goals taken from the provided Resource Document that you will address.)

To reduce underage tobacco/nicotine use and access to tobacco/nicotine products in Florence County.

Strategies: (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

Strategies: CSAP Category/Strategies:

Education:

Educational Services-Multi-session evidence-based program(s) for youth – RIDDE and ALL STARS

Environmental:

Tobacco compliance checks

Merchant Education

Synar Study

Community-Based Process:

Multi-Agency Coordination/Collaboration/Coalition Meetings

Community and Volunteer Training/Technical Assistance for Partner Agencies

Needs Assessment

Target Population (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

<input checked="" type="checkbox"/> Adults	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Business and Industry	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Civic Groups/Coalitions	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral

<input checked="" type="checkbox"/> College Students	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral	
<input checked="" type="checkbox"/> Elementary School Students	<input checked="" type="checkbox"/> Information Dissemination <input checked="" type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral	
<input checked="" type="checkbox"/> General Population	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral	
<input checked="" type="checkbox"/> Health Professionals	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral	
<input checked="" type="checkbox"/> High School Students	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral	
<input checked="" type="checkbox"/> Law Enforcement	<input type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral	
<input checked="" type="checkbox"/> Media	<input checked="" type="checkbox"/> Information Dissemination	

	<input type="checkbox"/> Education <input type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Middle/Jr High School Students	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Parents/Families	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Persons with Substance Use Disorders	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Retailers/Merchants/Servers	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Teachers/Administrators/Counselors	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Homeowners Assoc	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental

	<input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Pregnant Women/Teens	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Religious Groups	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Social Service Providers	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Voluntary/Fraternal Community Services	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral

Process Objectives: (For each chosen strategy under the service continuum area, please select and complete the corresponding process objective(s) from the provided Resource Document. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.)

Information Dissemination:

Objective Name: Information Dissemination-Speaking Engagements-Tobacco/Nicotine Use.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of underage tobacco use through speaking engagements.

Objective Name: Information Dissemination- Health Fairs/Other Health Promotion Events- Tobacco/Nicotine Use.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of underage tobacco use through health fairs and other health promotion events.

Objective Name: Information Dissemination- Brochures, Factsheets, Newsletters and handouts- Tobacco/Nicotine Use.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of underage tobacco use through Brochures, Factsheets, Newsletters and handouts.

Objective Name: Information Dissemination- Social Media Campaigns-Tobacco/Nicotine Use.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of underage tobacco through implementation of a social media campaign. Print Media Campaign

Objective Name: Information Dissemination- Print Media Campaigns-Tobacco/Nicotine Use.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of underage tobacco through implementation of a print media campaign (billboards, newspapers, digital message boards, etc.).

Objective Name: Information Dissemination- Radio and TV Public Service Announcements- Tobacco/Nicotine Use.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of underage tobacco through implementation of Radio and TV Public Service Announcements.

Objective Name: Information Dissemination- Town Hall Meetings-Tobacco/Nicotine Use.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of underage tobacco through implementation of Town Hall Meetings-(in-person and virtual).

Education:

Objective Name: Education- Multi-session evidence-based programs for youth -Tobacco/Nicotine Use.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description:

Throughout the fiscal year, provide RIDDE to 3rd grade elementary school students to address favorable attitudes, beliefs; change in behaviors/use related to tobacco/nicotine use.

Throughout the fiscal year, provide ALL STARS to middle school students to address favorable attitudes, beliefs; change in behaviors/use related to tobacco/nicotine use.

Environmental:

Objective Name: Environmental- Tobacco Compliance Checks -Underage Tobacco Use

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, conduct tobacco compliance checks on a monthly basis to reduce youth retail access to tobacco in Florence County.

Objective Name: Environmental- Merchant Education -Underage Tobacco Use.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, conduct PREP training classes on a bi-monthly basis to tobacco retailers to reduce access to tobacco/nicotine products in Florence County.

Objective Name: Environmental- Synar Study -Underage Tobacco Use

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Conduct the annual Synar study by visiting the assigned outlets to reduce youth retail access to tobacco in Florence County.

Objective Name: Community-Based Process-Multi-Agency Coordination/Collaboration/Coalition Meetings-Tobacco/Nicotine Use

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, hold coalition meetings in Florence County to collaborate with agency representations to reduce tobacco/nicotine use.

Objective Name: Community-Based Process-Needs Assessment-Tobacco/Nicotine Use

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide needs assessment planning events with partner agencies in Florence County to monitor data and community needs related to reducing tobacco/nicotine use.

Performance Measures: (For each process objective under the service continuum area, please follow the example provided in the Resource Document to compose a linked performance measure. Make sure that strategies and their corresponding process objectives and performance measures are county specific if this county authority serves a multi-county area.)

Information Dissemination:

Speaking Engagements

By June 30, 2023, Circle Park BHS will provide 10 speaking engagements on the dangers of tobacco/nicotine use to reach 200 citizens in Florence County.

Health Fairs/Other Health Promotion Events

By June 30, 2023, Circle Park BHS will participate in 10 health promotion events on the dangers of tobacco/nicotine use to reach 1000 citizens in Florence County.

Brochures, Factsheets, Newsletters and handouts

By June 30, 2023, Circle Park BHS will provide 1000 brochures and factsheets on the dangers of tobacco/nicotine use to reach 1000 citizens or youth or parents in Florence County.

Social Media Campaigns

By June 30, 2023, Circle Park BHS will post weekly on Facebook and Instagram, for a total of at least 50 posts for the year, on the dangers of tobacco/nicotine use to reach over 40,000 viewers parent/youth/adult/citizens in Florence County.

Print Media Campaigns

By June 30, 2023, Circle Park BHS will place ads in local magazines and newspapers, for a total of at least 3 posts for the year, on the dangers of tobacco/nicotine use to reach 10,000 parent/youth/adult/citizens in Florence County.

Radio and TV Public Service Announcements

By June 30, 2023, Circle Park BHS will place ads on local radio stations, for a total of at least 1 ad on local radio ad for the year, on the dangers of tobacco/nicotine use to reach 25000 parent/youth/adult/citizens in Florence County

Town Hall Meetings

By June 30, 2023, Circle Park BHS will host 1 town hall meeting on the dangers of tobacco/nicotine use to reach 300 parent/youth/adult/citizens in Florence County.

Education:

Multi-session programs for youth

By June 30, 2023, Circle Park BHS will implement RIDDE for 10 sessions in the Fall of 2022 and spring of 2023 at 1 school to target the dangers of tobacco/nicotine use to reach 100 3rd grade students in Florence County.

By June 30, 2023, Circle Park BHS will implement the ALL STARS program for 10 sessions in the Spring of 2023 at 1 school to target the dangers of tobacco/nicotine use to reach 30 middle school students in Florence County.

Environmental:

Tobacco Compliance Checks

By June 30, 2023, Circle Park BHS will work with local law enforcement to conduct 10 compliance checks per quarter for a total of 40 for the year to target retailers to reduce access to tobacco/nicotine products to reduce the dangers of tobacco/nicotine use in Florence County

Merchant Education

By June 30, 2023, Circle Park BHS will conduct the PREP merchant education class on a bi-monthly basis to reach at least 25 merchants on the importance of not dangers of tobacco/nicotine use selling tobacco to minors and to reduce the dangers of Tobacco/Nicotine Use in Florence County

Community-Based Process:

Multi-Agency Coordination/Collaboration/Coalition Meetings

By June 30, 2023, Circle Park BHS will conduct at least 6 Coalition meetings for the Florence County Coalition for Tobacco and Other Drug Abuse Prevention.

By June 30, 2023, Circle Park BHS will attend at least 24 collaboration meetings for the Florence County Coalition for Tobacco and Other Drug Abuse Prevention.

Needs Assessment

By June 30, 2023, Circle Park BHS will conduct at least 100 community surveys to local Florence citizens to gather data on perception of harm and risk, and perception of underage tobacco issues in the Florence Community.

Outcome Objectives: (For each previously selected goal, strategy or strategies, process objective(s), and performance measures, please follow the example in the Resource Document to compose a linked long-term outcome objective. Strategies and their corresponding process objectives and performance measures and outcome objectives must be county specific for county authorities that serve a multi-county area.)

By June 30, 2023, in Florence County, Circle Park BHS will:

Tobacco

- Decrease those who report easy access to tobacco products among Florence County high school students by 3% points to 45.5% or less (measure by the CTC Survey, 2022)
- Maintain past month tobacco use (30-day use) among Florence County high school students of 3% or less (measured by the CTC Survey, 2022)
- Decrease those who report that they have used tobacco products in their lifetime among Florence County high school students by 2% points to 9% or less (measure by the CTC Survey, 2022)
- Increase those who report a moderate or high risk of harm of underage tobacco use among Florence County high school students by 3% points to 82.9% or more (measured by the CTC Survey, 2022)
- Maintain a retail access to tobacco/nicotine products (underage tobacco buy-rate) for Florence County of 5% or less (measured by county data yearly).

VAPE

- Decrease those who report easy access to vape products among Florence County high school students by 3% points to 54.6% or less (measure by the CTC Survey, 2022)

- Decrease past month vaping use (30-day use) among Florence County high school students by 2% points to 15.9% or less (measured by the CTC Survey, 2022)
- Decrease those who report that they have vaped in their lifetime among Florence County high school students by 3% points to 27.1% or less (measure by the CTC Survey, 2022)
- Increase those who report a moderate or high risk of harm of underage vape use among Florence County high school students by 3% points to 73.8% or more (measured by the CTC Survey, 2022)

- 2020 CTC Survey data
 - Cigarettes:
 - 48.5% report that it is very easy or easy to obtain tobacco products
 - 2.8% report that they have smoked cigarettes in the last 30 days
 - 11% report that they have smoked cigarettes in their lifetime
 - 79.9% believe there is a moderate or high risk of harm if smoking cigarettes
 - Vaping:
 - 57.6% report that it is very easy or easy to obtain vape products
 - 17.9% report that they have vaped in the last 30 days
 - 30.1% report that they have vaped in their lifetime
 - 70.8% believe there is a moderate or high risk of harm if vaping
- 2018 CTC Survey data
 - 34.3% of youth report that it is very easy or easy to obtain tobacco products – target outcome 2-3% reduction. Outcome: change of 62.9 to 34.3 – a decrease of 45% from 2016
 - 1.8% report that they have smoked cigarettes in the last 30 days – target outcome 2-3% reduction. Outcome: change of 11.7% to 1.8% - a decrease of 84.6% from 2016
 - 8.5% report that they have vaped in the last 30 days – target outcome 2-3% reduction. Outcome: change of 15.2% to 8.5% - a decrease of 44% from 2016
 - 87.1% believe is a moderate or high risk of harm of smoking cigarettes – target 2-3% reduction. Outcome: change of 79.7% to 87.1% - a change of 28% from 2016

Priority Prevention Service Plan Table

3 | Priority Substance – Opioids

Brief Need Statement: (Tie in with the preceding Needs Assessment section by using specific qualitative and quantitative data [with sources cited] that helped identify this specific priority.)

Data for the past 4 years from the Just Plain Killers website for Florence County is as follows:

SOURCE: Just Plain Killers website	2020	2019	2018	2017
Total drug overdose deaths	52	28	37	31
Deaths involving prescription drugs	46	22	30	25
Deaths involving opioids	44	24	26	26
Deaths involving heroin	3	3	6	3
Deaths involving Cocaine	13	9	15	8
Deaths involving fentanyl	36	17	11	9
Deaths involving psychostimulants	15	NA	NA	NA
Opioid prescriptions dispensed	1083	1148	1182	1301
Stimulants dispensed	357	361	349	343
Benzodiazepines dispense	532	535	545	593
Naloxone administration via EMS	12	11	13	14
Hospital data				
Drug related overdoses	109	108	111	109
Opioid-related overdoses	20	15	17	18
Newborns identified with neonatal abstinence syndrome	10	13	16	8
State-funded treatment data				
Patient with an opioid use disorder	274	355	372	316
Number of patients with an opioid use disorder (Medicaid)	631	602	440	363
Infectious disease data				
Incidence of Hep C cases	123	153	186	173
Incidence of HIV cases	0	26	NA	25

Florence data source 2021 SC County Profiles of Alcohol and Other Drug Abuse Data – Ranking out of 46 counties

9 th for Opioid hospitalization	2 nd for Opioid Prescription Dispense
12 th for Opioid overdose deaths	37 th for EMS Naloxone administration

Florence County ranks near the top of key state statistical data for opioid prescriptions, related admissions to services and opioid-related emergency room discharges. Though Florence County had seen a steady decline prior to the COVID pandemic in drug overdose deaths. In FY20 there was a sharp increase from 28 to 52 deaths, an 85% increase. We

knew at the height of the pandemic our county was reporting many overdoses. We expect that number will continue to be high for FY22. Also, in 2020, Florence County experienced a drastic increase in overdose deaths involving prescription drugs (90%), opioids (83%), cocaine (44%) and fentanyl (112%).

Florence County suffers from an inherent challenge in being the medical hub of the Pee Dee Region and as such we are ranked 2nd in the state for opioids dispensed according to the 2021 SC County Profiles report. We rank 7th in the state overall of opioids issues, 9th for opioid hospitalizations and 12th for opioid overdose deaths. Florence County has experienced an upward trend in patients reporting an opioid use disorder receiving services at CPBHS.

As an agency, Circle Park experienced 287 admissions to services with opioid use as a primary or secondary substance of choice in FY21. Currently to date in FY22, 149 patients have been admitted to services with an opioid use as the primary and secondary disorder, average of 17 per month, with an expected total of approximately 204 by the end of the fiscal year. Of the overall admissions to the agency for services to date, in FY21, opioids were reported as the primary or secondary substance of use in 32% of admissions.

According to the County Health Ranking and Roadmaps (Robert Wood Johnson Foundation), the mortality rate is almost 4 times as higher for whites than African Americans/black to die from a drug overdose. And our admission records at CPBHS are reflective of this national trend.

Florence County ranks in the lower quarter of the state's for naloxone distribution. Even more troubling is the information gathered from key community stakeholders, law enforcement officers and first responders in regards to the overwhelming issues in Florence County with opioid misuse and its related fentanyl epidemic. Countywide law enforcement partners report that seizures of illegal/unknown pills, such as those laced with heroin and fentanyl, continue to grow and are directly correlated to increased opioid use rates in the county. The Florence County Coroner also states that there has been a significant rise in opioid misuse related deaths. In fact, he states that, on average he sees one death per week that opioid use was a causal factor in some way. Also, DAODAS identified the Florence County area as one of the state hotspots during the pandemic with a dramatic rise in overdoses in our area.

On the Florence County 2020 CTC Survey the following data was reported:

- youth that report that it is very easy or easy to obtain RX drugs – 35.4%
 - 25% to 35.4% was a 40% increase from 2018
- youth that have misused RX drugs in the last 30 days – 3.9%
 - 2.6% to 3.9% was a 50% increase from 2018
- youth that have misused RX drugs in their lifetime – 11.5%
 - 6.7% to 11.5% was a 71% increase from 2018
 -

Goal: (Under the service continuum area, paste all the applicable Goals taken from the provided Resource Document that you will address.)

Goal: To decrease the use/misuse of opioids/prescription drugs in Florence County.

Strategies: (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

Information Dissemination:

- Speaking Engagements
- Health Fairs and Other Health Promotion
- Brochures, Factsheets, Newsletters and handouts
- Social Media Campaigns
- Print Media Campaigns
- Radio and TV Public Service Announcements
- Town Hall Meetings (In-person and virtual)
- Media promoting Take Back Days
- Media promoting Permanent Drop Boxes
- Media promoting Deterra Distribution

Education:

Educational Services-Multi-session evidence-based program(s) for youth – Operation Prevention

Environmental:

- Take Back Days
- Permanent Drop Boxes
- Deterra Distribution

Community-Based Process:

- Multi-Agency Coordination/Collaboration/Coalition Meetings
- Community and Volunteer Training/Technical Assistance for Partner Agencies
- Systematic Planning
- Needs Assessment

Target Population (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

Target Population	Strategy
<input checked="" type="checkbox"/> Adults	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Business and Industry	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Civic Groups/Coalitions	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education

	<input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> College Students	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> General Population	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input type="checkbox"/> Health Professionals	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> High School Students	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Law Enforcement	<input type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input type="checkbox"/> Media	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral

<input checked="" type="checkbox"/> Middle/Jr High School Students	<input checked="" type="checkbox"/> Information Dissemination <input checked="" type="checkbox"/> Education <input type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Older Adults	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Parents/Families	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Persons with Substance Use Disorders	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Prevention/Treatment Professionals	<input type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Retailers/Merchants/Servers	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Teachers/ Administrators/ Counselors	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process

	<input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Economically Disadvantaged	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Elected Officials	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Fire Professionals	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Homeowners Association	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Local Municipal Associations	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Neighborhood Associations	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
	<input checked="" type="checkbox"/> Information Dissemination

<input checked="" type="checkbox"/> Pregnant Women and teens	<input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Professional Trade Associations	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Religious Groups	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Social Service providers	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Voluntary/Fraternal Community Services	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input checked="" type="checkbox"/> Environmental <input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral

Process Objectives: (For each chosen strategy under the service continuum area, please select and complete the corresponding process objective(s) from the provided Resource Document. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.)

Information Dissemination: Examples

Objective Name: Information Dissemination-Speaking Engagements-Opioid/Prescription Drug Misuse

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of opioid/prescription drug misuse through speaking engagements.

Objective Name: Information Dissemination-Health Fairs/Other Health Promotion Events- Opioid/Prescription Drug Misuse

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of opioid/prescription drug misuse through health fairs and other health promotion events.

Objective Name: Information Dissemination- Brochures, Factsheets, Newsletters and handouts- Opioid/Prescription Drug Misuse

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of opioid/prescription drug misuse through Brochures, Factsheets, Newsletters and handouts.

Objective Name: Information Dissemination- Social Media Campaigns- Opioid/Prescription Drug Misuse

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of opioid/prescription drug misuse through implementation of a social media campaign.

Objective Name: Information Dissemination- Print Media Campaign- Opioid/Prescription Drug Misuse

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of opioid/prescription drug misuse through implementation of a print media campaign (billboards, newspapers, digital message boards, etc.).

Objective Name: Information Dissemination- Radio and TV Public Service Announcements- Opioid/Prescription Drug Misuse

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of opioid/prescription drug misuse through implementation of Radio and TV Public Service Announcements.

Objective Name: Information Dissemination- Town Hall Meetings- Opioid/Prescription Drug Misuse

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of opioid/prescription drug misuse through implementation of Town Hall Meetings- (in-person and virtual).

Objective Name: Information Dissemination- Media promoting Take Back Days-
Opioid/Prescription Drug Misuse

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on plans to conduct prescription drug take back days for safe disposal via various media outlets.

Objective Name: Information Dissemination- Media promoting permanent drop boxes-
Opioid/Prescription Drug Misuse

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the permanent drop box locations for proper medication disposal via various media outlets.

Objective Name: Information Dissemination- Media promoting Deterra Distribution
Opioid/Prescription Drug Misuse

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on plans to conduct Deterra distribution for proper medication disposal via various media outlets.

Education

Objective Name: Education- Multi-session evidence-based programs for youth- Opioid/Prescription Drug Misuse

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide Operation Prevention to middle school students to address favorable attitudes, beliefs; change in behaviors/use related to opioid/prescription drug misuse, etc.

Environmental:

Objective Name: Environmental-Take Back Days- Opioid/Prescription Drug Misuse

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County the opportunity to properly dispose of opioid/prescription drugs through implementation Take Back Days to collect unwanted/unused medication.

Objective Name: Environmental-Permanent Drop Boxes- Opioid/Prescription Drug Misuse

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide new permanent drop box locations for the citizens of Florence County to properly dispose of opioid/prescription drugs at the permanent drop box locations to collect unwanted/unused medication.

Objective Name: Environmental-Deterra Distribution- Opioid/Prescription Drug Misuse

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County the opportunity to properly dispose of opioid/prescription drugs through distribution of Deterra bags to promote safe disposal of unwanted/unused medication.

Community-Based Process: Examples

Objective Name: Community-Based Process-Multi-Agency Coordination/Collaboration/Coalition Meetings- Opioid/Prescription Drug Misuse

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, hold coalition meetings in Florence County to collaborate with agency representations to reduce opioid/prescription drug misuse.

Objective Name: Community-Based Process-Community and Volunteer Training/Technical Assistance for Partner Agencies- Opioid/Prescription Drug Misuse

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide community/volunteer training and technical assistance opportunities for partner agencies in Florence County to equip agency representations with the skills to implement strategies to reduce opioid/prescription drug misuse

Objective Name: Community-Based Process-Systematic Planning- Opioid/Prescription Drug Misuse

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide systematic planning events with partner agencies in Florence County to reduce opioid/prescription drug misuse.

Objective Name: Community-Based Process-Needs Assessment- Opioid/Prescription Drug Misuse

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide needs assessment planning events with partner agencies in Florence County to monitor data and community needs related to reducing opioid/prescription drug misuse.

Performance Measures: (For each process objective under the service continuum area, please follow the example provided in the Resource Document to compose a linked performance measure. Make sure that strategies and their corresponding process objectives and performance measures are county specific if this county authority serves a multi-county area.)

Information Dissemination:

Speaking Engagements

By June 30, 2023, Circle Park BHS will provide 5 speaking engagements on the dangers of Opioid/Prescription Drug Misuse to reach 100 citizens in Florence County.

Health Fairs/Other Health Promotion Events

By June 30, 2023, Circle Park BHS will participate in 3 health promotion events on the dangers of Opioid/Prescription Drug Misuse to reach 1000 citizens in Florence County.

Brochures, Factsheets, Newsletters and handouts

By June 30, 2023, Circle Park BHS will provide 1000 brochures and factsheets on the dangers of Opioid/Prescription Drug Misuse to reach 1000 citizens or youth or parents in Florence County.

Social Media Campaigns

By June 30, 2023, Circle Park BHS will post weekly on Facebook and Instagram, for a total of at least 50 posts for the year, on the dangers of Opioid/Prescription Drug Misuse to reach 40,000 parent/youth/adult/citizens in Florence County.

Print Media Campaigns

By June 30, 2023, Circle Park BHS will place ads in local magazines and newspapers, for a total of at least 3 posts for the year, on the dangers of Opioid/Prescription Drug Misuse to reach 10,000 parent/youth/adult/ citizens in Florence County.

Radio and TV Public Service Announcements

By June 30, 2023, Circle Park BHS will place ads on local radio stations, for a total of at least 1 ad on local radio ad for the year, on the dangers of Opioid/Prescription Drug Misuse to reach 25000 parent/youth/adult/ citizens in Florence County

Town Hall Meetings

By June 30, 2023, Circle Park BHS will host 1 town hall meeting on the dangers of Opioid/Prescription Drug Misuse to reach 300 parent/youth/adult/citizens in Florence County.

Education:

Multi-session programs for youth

By June 30, 2023, Circle Park BHS will implement the Operation Prevention program in the Fall of 2022 at 1 school to target the dangers of Opioid/Prescription Drug Misuse to reach 30 middle school students in Florence County.

Environmental:

Take Back Days

By June 30, 2023, Circle Park BHS will work with local law enforcement to conduct 2 Drug Take Back Days, in October 2022 and April 2023 to reduce the dangers of Opioid/Prescription Drug Misuse in Florence County.

Deterra Distribution

By June 30, 2023, Circle Park BHS will distribute 1000 Deterra drug deactivation bags to reduce the dangers of Opioid/Prescription Drug Misuse in Florence County

Community-Based Process:

Multi-Agency Coordination/Collaboration/Coalition Meetings

By June 30, 2023, Circle Park BHS will conduct at least 6 Coalition meetings for the Florence County Coalition for Alcohol and Other Drug Abuse Prevention.

By June 30, 2023, Circle Park BHS will attend at least 24 collaboration meetings for the Florence County Coalition for Alcohol and Other Drug Abuse Prevention.

Community and Volunteer Training/Technical Assistance for Partner Agencies

By June 30, 2023, Circle Park BHS will conduct at least 1 DITEP trainings for local law enforcement to build skills to reduce the dangers of opioid/prescription drug misuse in Florence County.

Needs Assessment

By June 30, 2023, Circle Park BHS will conduct at least 100 community surveys to local Florence citizens to gather data on perception of harm and risk, and perception of Opioid/Prescription Drug Misuse issues in the Florence Community.

Outcome Objectives: (For each previously selected goal, strategy or strategies, process objective(s), and performance measures, please follow the example in the Resource Document to compose a linked long-term outcome objective. Strategies and their corresponding process objectives and performance measures and outcome objectives must be county specific for county authorities that serve a multi-county area.)

By June 30, 2023, in Florence County, Circle Park BHS will:

- Increase the number of patients with an opioid use disorder from state provider from 274 to 300 or more (JPK)
- Increase the number of patients with an opioid use disorder from Medicaid from 631 to 650 or more (JPK)
- Decrease the number of total drug overdose deaths from 52 to 45 or less (JPK)
- Decrease the number of deaths involving: RX drugs, opioids, heroin, cocaine, fentanyl by 10% (JPK)
 - In 2020, all overdose deaths reported increased, heroin (3) and cocaine (13). But Fentanyl (36) deaths have increased in staggering numbers, over 110% from the previous year and a drastic increase of 300% from the baseline measure taken in 2014.
 - In 2020, deaths from opioids (44) and prescription drugs (46) are also drastically increase from the previous year, with a 83% in opioids and 109% for RX drugs.
- FY23 Projected Outcome
 - Decrease those who report easy access to RX drugs among Florence County high school students by 5% points to 30% or less (measure by the CTC Survey, 2022)
 - Decrease past month RX drugs use (30-day use) among Florence County high school students by 1% points to 2.9% or less (measured by the CTC Survey, 2022)
 - Decrease those who have misused RX drugs in their lifetime by 2% points to 9% or less (measured by the CTC Survey, 2022)

Priority Prevention Service Plan Table

4 Priority Substance – Marijuana

Brief Need Statement: (Tie in with the preceding Needs Assessment section by using specific qualitative and quantitative data [with sources cited] that helped identify this specific priority.)

Marijuana is one of the least studied of the top drugs that are used in our society, however since the move to legalize marijuana more studies are being done. The links to risk and protective factors are not as strong and clear like alcohol and tobacco, so often marijuana is included when discussing the risk and protective factors, and social determinants related to other substance misuse.

Often, young people use marijuana to help with depression or anxiety, and that can often exacerbate and worsen their symptoms. Same as with other substances, biological, social, environmental, psychological, and genetic factors are involved including gender, race and ethnicity, age, income level, educational attainment, and sexual orientation. Marijuana use, as it most substance misuse is also strongly influenced by interpersonal, household, and community dynamics. Family, social networks, and peer pressure are key influencers of substance abuse among adolescents. And many turn to marijuana use to cope with lingering symptoms of some traumatic event in their life.

Over the course of the last three to five years, we have seen an emerging trend in the Florence area, similar to that of trends nationwide. Even though alcohol remains the number one drug of choice for youth in Florence County, marijuana is an increasing trend in use and a lowering perception of risk and an increase in attitudes towards more favorable about use. In Florence County, only 52.8% of youth report a risk of harm of using marijuana, and only 57.1% disapprove of using marijuana, both numbers drastically lower than in the 2018 CTC. AET data focuses on alcohol related violations, however, one of the most common violations combined with alcohol violations, or when conducting AET activities, is simple possession of marijuana (SPOM). In FY 21, marijuana ranked third in admissions with almost 50% of our overall admissions presenting with marijuana as the primary or secondary drug they are seeking services for.

The practice of using vaping devices to consume marijuana or cannabis products is becoming increasingly widespread. Recent data shows that more than one-fifth of high school seniors have reported vaping marijuana in the past year. At the same time, one of the ingredients present in many marijuana vapes has been linked to a wave of illnesses and deaths impacting people of all ages across the U.S.

Though traditional survey data for youth has not been available during the pandemic, key stakeholders including law enforcement, school personnel, faith-based leaders, parents, and behavioral professionals have voiced their concerns about how the pandemic has influenced youth to turn towards substances such as marijuana to deal with the pandemic driven issues.

Through communication with key stakeholders in the community, it is obvious there is a tremendous amount of confusion with not only the level of health and behavioral

consequences involved with today’s marijuana; but also, the growing levels of support for its legalization. Not only has the pandemic increased the likelihood of youth initiation and/or increasing their use of marijuana, it has allowed many marijuana advocates and supporters to make end roads and political and cultural gains in support of its use and legalization. There is a critical need to educate and raise awareness in the community of the issues involved with marijuana and ensure that the lessening of the perception of risk of its use as well as its legalization messaging are exposed and confronted.

In 2020, on the CTC Survey,

- youth that report that it is very easy or easy to obtain marijuana–52.5% (FY18- 27%)
- youth that have misused marijuana in the last 30 days – 17.9% (FY18 16%)
- youth that have used marijuana in their lifetime – 30.1% (FY18 20%)
- perception of risk of harm of smoking marijuana – 52.8% (FY18 - 82%)

In FY 21, Marijuana ranked second in admissions with 49% (438 total patients) of CPBHS's overall admissions presenting with marijuana as the primary or secondary drug they are seeking services for.

- Admissions for marijuana:

Year	Admissions	Change from Baseline (2018)	Change from previous year
FY18	122	NA	NA
FY19	225	85% increase	85% increase
FY20	202	65.5% increase	10% decrease
FY21	438	259% increase	116% increase

Goal: (Under the service continuum area, paste all the applicable Goals taken from the provided Resource Document that you will address.)

Decrease marijuana use in Florence County.

Strategies: (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

CSAP Category/Strategies:

Information Dissemination:

- Speaking Engagements
- Health Fairs and Other Health Promotion
- Brochures, Factsheets, Newsletters and handouts
- Social Media Campaigns
- Print Media Campaigns
- Radio and TV Public Service Announcements
- Town Hall Meetings (In-person and virtual)

Community-Based Process:

- Multi-Agency Coordination/Collaboration/Coalition Meetings
- Community and Volunteer Training/Technical Assistance for Partner Agencies
- Needs Assessment

Target Population (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

<input checked="" type="checkbox"/> Adults	<input checked="" type="checkbox"/> Information Dissemination
	<input type="checkbox"/> Education
	<input type="checkbox"/> Environmental

	<input checked="" type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Civic Groups/Coalitions	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> College Students	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> General Populations	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> High School Students	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Middle School Students	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral
<input checked="" type="checkbox"/> Parents/Families	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education

		<input type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral	
	<input checked="" type="checkbox"/> Teachers/Administrators/ Counselors	<input checked="" type="checkbox"/> Information Dissemination <input type="checkbox"/> Education <input type="checkbox"/> Environmental <input type="checkbox"/> Community-Based Process <input type="checkbox"/> Alternatives <input type="checkbox"/> Problem Identification and Referral	

Process Objectives: (For each chosen strategy under the service continuum area, please select and complete the corresponding process objective(s) from the provided Resource Document. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.)

Information Dissemination:

Objective Name: Information Dissemination-Speaking Engagements-Marijuana.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of marijuana use through speaking engagements.

Objective Name: Information Dissemination-Health Fairs/Other Health Promotion Events-Marijuana.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of marijuana use through health fairs and other health promotion events.

Objective Name: Information Dissemination- Brochures, Factsheets, Newsletters and handouts-Marijuana.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of marijuana use through Brochures, Factsheets, Newsletters and handouts.

Objective Name: Information Dissemination- Social Media Campaigns-Marijuana.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of marijuana through implementation of a social media campaign.
Print Media Campaign

Objective Name: Information Dissemination- Print Media Campaigns-Marijuana.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of marijuana through implementation of a print media campaign (billboards, newspapers, digital message boards, etc.).

Objective Name: Information Dissemination- Radio and TV Public Service Announcements-Marijuana.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of marijuana through implementation of Radio and TV Public Service Announcements.

Objective Name: Information Dissemination- Town Hall Meetings-Marijuana.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide the citizens of Florence County information on the dangers of marijuana through implementation of Town Hall Meetings-(in-person and virtual).

Community-Based Process:

Objective Name: Community-Based Process-Multi-Agency Coordination/Collaboration/Coalition Meetings-Marijuana.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, hold coalition meetings in Florence County to collaborate with agency representations to reduce marijuana use.

Objective Name: Community-Based Process-Needs Assessment-Marijuana.

Start Date: 7/1/2022

End Date: 6/30/2023

Objective Description: Throughout the fiscal year, provide needs assessment planning events with partner agencies in Florence County to monitor data and community needs related to reducing marijuana use.

Performance Measures: (For each process objective under the service continuum area, please follow the example provided in the Resource Document to compose a linked performance measure. Make sure that strategies and their corresponding process objectives and performance measures are county specific if this county authority serves a multi-county area.)

Information Dissemination:

Speaking Engagements

By June 30, 2023, Circle Park BHS will provide 5 speaking engagements on the dangers of marijuana to reach 100 citizens in Florence County.

Health Fairs/Other Health Promotion Events

By June 30, 2023, Circle Park BHS will participate in 3 health promotion events on the dangers of marijuana to reach 1000 citizens in Florence County.

Brochures, Factsheets, Newsletters and handouts

By June 30, 2023, Circle Park BHS will provide 1000 brochures and factsheets on the dangers of marijuana to reach 1000 citizens or youth or parents in Florence County.

Social Media Campaigns

By June 30, 2023, Circle Park BHS will post weekly on Facebook and Instagram, for a total of at least 50 posts for the year, on the dangers of marijuana to reach 40,000 parent/youth/adult/citizens in Florence County.

Print Media Campaigns

By June 30, 2023, Circle Park BHS will place ads in local magazines and newspapers, for a total of at least 3 posts for the year, on the dangers of marijuana to reach 10,000 parent/youth/adult/ citizens in Florence County.

Radio and TV Public Service Announcements

By June 30, 2023, Circle Park BHS will place ads on local radio stations, for a total of at least 1 ad on local radio ad for the year, on the dangers of marijuana to reach 25000 parent/youth/adult/ citizens in Florence County

Town Hall Meetings

By June 30, 2023, Circle Park BHS will host 1 town hall meeting on the dangers of marijuana to reach 300 parent/youth/adult/citizens in Florence County.

Community-Based Process:

Multi-Agency Coordination/Collaboration/Coalition Meetings

By June 30, 2023, Circle Park BHS will conduct at least 6 Coalition meetings for the Florence County Coalition for Alcohol and Other Drug Abuse Prevention.

By June 30, 2023, Circle Park BHS will attend at least 24 collaboration meetings for the Florence County Coalition for Alcohol and Other Drug Abuse Prevention.

Needs Assessment

By June 30, 2023, Circle Park BHS will conduct at least 100 community surveys to local Florence citizens to gather data on perception of harm and risk, and perception of marijuana issues in the Florence Community.

Outcome Objectives: (For each previously selected goal, strategy or strategies, process objective(s), and performance measures, please follow the example in the Resource Document to compose a linked long-term outcome objective. Strategies and their corresponding process objectives and performance measures and outcome objectives must be county specific for county authorities that serve a multi-county area.)

By June 30, 2023, in Florence County, Circle Park BHS will:

- Decrease past month marijuana use (30-day use) among Florence County high school students by 3% points to 11% or less (measured by the CTC Survey, 2022)
- Increase those who report a moderate or high risk of harm of marijuana use among Florence County high school students by 3% points to 55% or more (measured by the CTC Survey, 2022)

In 2020, on the CTC Survey,

- youth that report that it is very easy or easy to obtain marijuana – 52.5%
- youth that have misused marijuana in the last 30 days – 14.4%
- youth that have used marijuana in their lifetime - 25%
- age of first use is 12 or younger for those who have used marijuana – 4.6%
- perception of risk of harm of smoking marijuana – 52%

In FY 21, Marijuana ranked second in admissions with 49% (438 total patients) of CPBHS's overall admissions presenting with marijuana as the primary or secondary drug they are seeking services for.

Admissions for marijuana:

Year	Admissions	Change from Baseline (2018)	Change from previous year
FY18	122	NA	NA
FY19	225	85% increase	85% increase
FY20	202	65.5% increase	10% decrease
FY21	438	259% increase	116% increase

Priority Treatment Service Plan Table

I **Priority Population**– Pregnant women and women with dependent children (**required for Block Grant**)

Brief Need Statement: (Tie in with the preceding Needs Assessment section by using specific qualitative and quantitative data [with sources cited] that helped identify this specific priority.)

As a priority population for South Carolina, pregnant women and women with dependent children are a priority population that we serve in Florence County. In Florence County, as a part of providing services to this population, CPBHS operates the Chrysalis Center, a 16 bed inpatient women’s treatment facility. Over the year, the women that we have served at the Chrysalis Center come to us with various substance abuse issues, but often they reflect what the most pressing crisis is in the community.

In recent years, the Chrysalis Center (CC) has experienced an increase in women reporting prescription drugs/opiates as a primary substance of choice, which is reflective of the overall increase that we have seen the community at large. In FY22, 50% of the women admitted report opioids as a primary substance of choice. This has in large part, fueled the average monthly census from 12 women, demonstrating an increased demand for the Chrysalis Center inpatient services. Approximately 30% of admissions are from Florence County and the greater Pee Dee area with the remainder coming from across the state. Florence County ranks 12th in the state for infant mortality rate with 144 deaths in 2021, and African Americans are more than twice as likely that Caucasian to experience infant mortality.

Since receiving the PPW grant award in 2017, the percentage of pregnant and first year postpartum women receiving services has averaged from 25% - 40%. As a direct result of providing specific and prenatal services to a higher percentage of pregnant and postpartum women, costs of services continue to dramatically rise placing an even higher financial strain on current financial resources. The most challenging issue facing the Chrysalis Center today is that base funding and patient fees no longer cover the program's expenditures.

In Florence County

	2018			2019		
	Total	White	Black	Total	White	Black
Babies Born with low birthweight	12.9%	8.3%	17.5%	12.5%	8.3%	16.3%
Babies born to mother with less than adequate prenatal care	28.7%	22.1%	34.2%	33.2%	26.6%	39.7 %
	2016-2018			2017-2019		
Infant mortality rate for 3 year period – total population	10.5	7.8	12.7	12.8	9.4	15.5

In Florence County these statistics are significantly higher than the state averages for babies born with low birthweights, and to mother with inadequate prenatal care. And as you can see Black babies are twice as likely to be born with these factors, which in turn makes them twice as likely to die a premature death.

Goal: (Under the service continuum area, paste all the applicable Goals taken from the provided Resource Document that you will address.)

To provide **substance use disorder** treatment services to **pregnant women and women with dependent children**.

Strategies: (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

As the foundation of our addiction treatment system, The **American Society of Addiction Medicine (ASAM) Levels of Care** is the most widely used and comprehensive set of guidelines for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions.. Adolescent and adult treatment plans are developed through a multidimensional patient assessment over five broad levels of treatment that are based on the degree of direct medical management provided, the structure, safety and security provided, and the intensity of treatment services provided. The ASAM Levels of Care are the strategies used to determine the appropriate treatment for our patients. The ASAM levels of care used for pregnant women and women with dependent children include:

- Early Intervention
- Outpatient Services
- Intensive Outpatient
- Partial Hospitalization
- Clinically Managed Low-Intensity Residential
- Clinically Managed Population-Specific High-Intensity Residential (Adults Only)
- Clinically Managed Medium-Intensity Residential
- Medically Monitored High-Intensity Inpatient
- Medically Monitored Intensive Inpatient
- Peer Support
- Case Management
- Medication-Assisted Treatment
- Alternative Services

Target Population (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

- Pregnant women and women with dependent children (**required for Block Grant**)

Process Objectives: (For each chosen strategy under the service continuum area, please select and complete the corresponding process objective(s) from the provided Resource Document. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.)

Objective 1: Improve **access** to comprehensive admission-related services (e.g., assessment, screening, interim services) for pregnant women and women with dependent children to determine appropriate level of treatment service.

Objective 2: Improve treatment **engagement** of pregnant women and women with dependent children.

Objective 3: Improve treatment **retention** of pregnant women and women with dependent children.

Objective 4 (Quality): Improve **efficacy** of treatment services.

Performance Measures: (For each process objective under the service continuum area, please follow the example provided in the Resource Document to compose a linked performance measure. Make sure that strategies and their corresponding process objectives and performance measures are county specific if this county authority serves a multi-county area.)

Objective 1: Improve **access** to comprehensive admission-related services (e.g., assessment, screening, interim services) for pregnant women and women with dependent children to determine appropriate level of treatment service.

Performance Measure 1: Over this plan year, the Chrysalis Center will provide access to comprehensive admission-related services to at least 75 **pregnant women and women with dependent children** (FY22-84, FY21-107)

Objective 2: Improve treatment **engagement** of pregnant women and women with dependent children.

Performance Measure 1: Increase access for pregnant women and women with dependent children to a continuum of treatment services in Florence County from 28.5% to 35% or more. (FY22 – 28.5%, FY21 – 21.4%)

Objective 3: Improve treatment **retention** of pregnant women and women with dependent children.

Performance Measure 1: Maintain connection of 100% of women participate in peer support services at the Chrysalis Center.

Performance Measure 2: Extend community outreach by establishing partnerships with 2 additional community partners.

Objective 4 (Quality): Improve **efficacy** of treatment services.

Performance Measure 1: Increase from 3% to 5% the number of follow-up surveys conducted with patients 90 days after discharge from treatment on the social determinants of health (housing, employment, substance use, recidivism, access to food, health, etc.).

Performance Measure 2: Decrease in homelessness of 10%.

Performance Measure 3: Increase in employment of 10%.

Outcome Objectives: (For each previously selected goal, strategy or strategies, process objective(s), and performance measures, please follow the example in the Resource Document to compose a linked long-term outcome objective. Strategies and their corresponding process objectives and performance measures and outcome objectives must be county specific for county authorities that serve a multi-county area.)

The long-term outcome objective is to:

- Reduce the number of babies born with low birthweights in Florence County by 5% each year for the next five years.
- Reduce the number of babies born to a mother with less than adequate prenatal care in Florence County by 5% each year for the next five years.
- Reduce the infant mortality rate in Florence County by 5% each year for the next five years.

Priority Treatment Service Plan Table

2 Priority Population – Intravenous Drug Users (IVDU) (required for Block Grant)

Brief Need Statement: (Tie in with the preceding Needs Assessment section by using specific qualitative and quantitative data [with sources cited] that helped identify this specific priority.)

A deadly consequence of the opioid crisis is increased incidence of blood-borne infections, including hepatitis, HIV, and other bacterial and fungal infections. These infections are primarily spread through using and sharing contaminated injection drug equipment, unsanitary conditions and low vaccination rates among at-risk populations. These infections have been increasingly impacting Americans in rural and suburban areas, as well as in urban parts of the United States. Therefore **one of the priority populations that we serve are intravenous drug users (IVDU)** who self-inject recreational drugs, including heroin, methamphetamine and prescription opioids. (Source: Florence County Carelogic Reports)

- From July 1, 2020, to June 30, 2021 (FY21), there were a total of 97 IVDUs indicated at admission.
- From July 1, 2021 to March 31, 2022 (FY22) there were a total of 40 IVDUs indicated at admission, and average 4-5 patients per month.

Data for the past 4 years from the Just Plain Killers website for Florence County is as follows:

SOURCE: Just Plain Killers website	2020	2019	2018	2017
Total drug overdose deaths	52	28	37	31
Deaths involving prescription drugs	46	22	30	25
Deaths involving heroin	3	3	6	3
Deaths involving fentanyl	36	17	11	9
<u>Hospital data</u>				
Drug related overdoses	109	108	111	109
Opioid-related overdoses	20	15	17	18
<u>State-funded treatment data</u>				
Patient with an opioid use disorder	274	355	372	316
Number of patients with an opioid use disorder (Medicaid)	631	602	440	363
<u>Infectious disease data</u>				
Incidence of Hep C cases	123	153	186	173
Incidence of HIV cases	0	26	NA	25

Florence Alcohol data source 2021 SC County Profiles of Alcohol and Other Drug Abuse Data – Rank out of 46 counties

Opioid hospitalization – 9	Opioid Prescription Dispensed - 2
Opioid overdose deaths – 12	EMS Naloxone administration - 37

Florence County ranks at or near the top of key state statistical data for opioid prescriptions, related admissions to services and opioid-related emergency room discharges. Though Florence County had seen a steady decline over the last few years in drug overdose deaths, in FY20 there was a sharp increase from 28 to 52 deaths, an 85% increase. We had been informed at the height of the pandemic our county was reporting many overdoses.

Also, in 2020, Florence County experienced a drastic increase in overdose deaths involving prescription drugs (90%), opioids (83%), cocaine (44%) and fentanyl (112%).

Goal: (Under the service continuum area, paste all the applicable Goals taken from the provided Resource Document that you will address.)

To provide **substance use disorder** treatment services to **persons who inject drugs**.

Strategies: (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

As the foundation of our addiction treatment system, The **American Society of Addiction Medicine (ASAM) Levels of Care** is the most widely used and comprehensive set of guidelines for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions.. Adolescent and adult treatment plans are developed through a multidimensional patient assessment over five broad levels of treatment that are based on the degree of direct medical management provided, the structure, safety and security provided, and the intensity of treatment services provided. The ASAM Levels of Care are the strategies used to determine the appropriate treatment for our patients. The ASAM levels of care used for IVDU patients include:

- Early Intervention
- Outpatient Services
- Intensive Outpatient
- Clinically Managed Low-Intensity Residential
- Clinically Managed Population-Specific High-Intensity Residential (Adults Only)
- Clinically Managed Medium-Intensity Residential
- Medically Monitored High-Intensity Inpatient
- Medically Monitored Intensive Inpatient
- Peer Support
- Case Management
- Medication-Assisted Treatment

Target Population (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

- **Intravenous drug users (IVDUs) (required for Block Grant)**

Process Objectives: (For each chosen strategy under the service continuum area, please select and complete the corresponding process objective(s) from the provided Resource Document. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.)

- **Objective 1:** Improve access to comprehensive **assessment** to persons who inject drugs to determine appropriate treatment level of service.
- **Objective 2:** Improve treatment **engagement** of persons who inject drugs.
- **Objective 3:** Improve treatment **retention** of persons who inject drugs.
- **Objective 4 (Quality):** Improve **efficacy** of treatment services.

Performance Measures: (For each process objective under the service continuum area, please follow the example provided in the Resource Document to compose a linked performance measure. Make sure that strategies and their corresponding process objectives and performance measures are county

specific if this county authority serves a multi-county area.)

Objective 1: Improve access to comprehensive **assessment** to persons who inject drugs to determine appropriate treatment level of service.

Performance Measure 1: Over this plan year, Circle Park BHS will provide access to comprehensive admission-related services to at least 1716 citizens in Florence County.

- FY21 – 1426
- FY22 - ~130 per month, or 1560 for the year
- FY23 – 10% increase 1716

Objective 2: Improve treatment **engagement** of persons who inject drugs.

Performance Measure 1: Increase access to a continuum of quality treatment services for persons who inject drugs in Florence County from by 10% to 60 patients or more.

- FY21 – 97, average 8 per month
- FY 22 - 40 to date, average of 4.5 per month
- FY23 – 60 for the year, a 10% increase

Performance Measure 2: Increase number of persons who inject drugs and are receiving medication-assisted treatment services by 10%.

- FY21 – 97, average 8 per month
- FY 22 - 40 to date, average of 4.5 per month
- FY23 – 60 for the year, a 10% increase

Performance Measure 3: Reduce the time from initial assessment to start of treatment services from 16 days to 8 days.

- (FY21: 25 days, FY22: 16 days, FY23: 8 days)

Objective 3: Improve treatment **retention** of persons who inject drugs.

Performance Measure 1: Increase successful completion of treatment episode for persons who inject drugs in Florence County from 12.5% to 15% or more.

Performance Measure 2: Increase transportation services from an average of 20 per month to 22 per month, or 264 patients.

- FY21 287
- FY 22 180 to date, average of 20 per month
- FY23 288, ~22 per month, a 10% increase

Performance Measure 3: Increase connection of individuals receiving treatment services to community partners (as measured in increase in Case Management Services and/or Peer Support Services in CareLogic) from 85 patients to 93 patients.

Performance Measure 4: Establish or increase community outreach by establishing partnership with 2 (*number*) additional community partners.

Performance Measure 5: Increase peer support services by an average of 6 hours hours/month, for a total of at least 816 hours for the year.

- FY 21 total hours 723, average of 60 per month
- FY 22 to date 559, 62 of hours per month

Objective 4 (Quality): Improve **efficacy** of treatment services.

Performance Measure 1: Increase from 3% to 5% the number of follow-up surveys conducted with patients 90 days after discharge from treatment on the social determinants of health (housing, employment, substance use, recidivism, access to food, health, etc.).

Performance Measure 2: Decrease in homelessness of 10%.

- FY21-12 average 1 per month
- FY22 to date 9, average 1 per month

Performance Measure 3: Increase in employment of 10%.

- Unemployment:
 - FY21- 296, average 25 per month
 - FY22 to date 313, average 35 per month
- Employed full or part time:
 - FY21-430, average 36 per month,
 - FY22 to date 357, 40 per month

Performance Measure 4: Decrease in return to use of 13.5%

Outcome Objectives: (For each previously selected goal, strategy or strategies, process objective(s), and performance measures, please follow the example in the Resource Document to compose a linked long-term outcome objective. Strategies and their corresponding process objectives and performance measures and outcome objectives must be county specific for county authorities that serve a multi-county area.)

By June 30, 2023, in Florence County, Circle Park BHS will:

- Increase the number of patients with an opioid use disorder from state provider from 274 to 300 or more (JPK)
- Increase the number of patients with an opioid use disorder from Medicaid from 631 to 650 or more (JPK)
- Decrease the number of total drug overdose deaths from 52 to 35 or less (JPK)
- Decrease the number of deaths involving: RX drugs, opioids, heroin, cocaine, fentanyl by 10% (JPK)
 - In 2020, all overdose deaths reported increased, heroin (3) and cocaine (13). But Fentanyl (36) deaths have increased in staggering numbers, over 110% from the previous year and a drastic increase of 300% from the baseline measure taken in 2014.
 - In 2020, deaths from opioids (44) and prescription drugs (46) are also drastically increase from the previous year, with a 83% in opioids and 109% for RX drugs.

Priority Treatment Service Plan Table

3 | **Priority Population** – Individuals involved in the criminal or juvenile justice system **(required for Block Grant)**

Brief Need Statement: (Tie in with the preceding Needs Assessment section by using specific qualitative and quantitative data [with sources cited] that helped identify this specific priority.)

Involvement in the criminal justice system often results from illegal drug-seeking behavior and participation in illegal activities related to substance abuse. Treating these offenders provides a unique opportunity to decrease substance abuse and reduce associated criminal behavior. Treating a drug-abusing offender is an opportunity to simultaneously improve both public health and safety. Integrating treatment protocols into the criminal justice system provides an opportunity for the individuals, who would not come to treatment on their own, to improve their outcomes and decrease their rates of reincarceration.

CPBHS has experienced a long and supportive relationship with the local judicial system to include the solicitors office, family court and probate court. This referral system has consistently provided a steady stream of admission to our services over the years. Due to the COVID-19 pandemic, these numbers were noticeably reduced due to the judicial systems office closures, enforcement activities throughout the county and engagement with program participants. However, since March of 2022, we have started to see these number rebound. The solicitor’s office and other judicial partners are beginning to return to a more traditional schedule of court sessions court sessions, which has lead to an increase to cased being heard and in turn increase referrals to our agency.

On average, CPBHS held at least one PTI/PRI class per month that was easily filled with referrals from the solicitor’s office. When the pandemic began, referrals noticeably decreased which for the time being was not an issue because we were only able to provide for smaller groups to assure for social distancing. Since we have started to return to a more traditional, pre-COVID number of referrals our PTI/PRI groups are beginning to average 15 per month per class.

The reduced numbers influence by the pandemic have most noticeably effected ADASP admissions and class participation. ADSAP admission are a large percentage of overall agency admissions to services and as enforcement activities continue to increase in our community, we anticipate that these numbers will continue to rise.

We have also seen an increase in admission from patients residing in neighboring counties that are seeking services in a more timely manner. Our ability to continue to provide all services on consistent schedule have led patients to see services with our agency so they can enter and complete them in a more timely manner than they would be able to in their home county.

The agency prioritizes its relationship with the judicial system and all efforts are made to ensure consistent communication is conducted with the respective referral resources and that the needs of the judicial system are met in a high quality, timely and consistent manner.

FY 22 patient numbers those in criminal justice system

Goal: (Under the service continuum area, paste all the applicable Goals taken from the provided Resource Document that you will address.)

To provide **substance use disorder** treatment services to **individuals with substance use disorders involved in the criminal or juvenile justice systems**.

Strategies: (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

As the foundation of our addiction treatment system, The **American Society of Addiction Medicine (ASAM) Levels of Care** is the most widely used and comprehensive set of guidelines for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions. Adolescent and adult treatment plans are developed through a multidimensional patient assessment over five broad levels of treatment that are based on the degree of direct medical management provided, the structure, safety and security provided, and the intensity of treatment services provided. The ASAM Levels of Care are the strategies used to determine the appropriate treatment for our patients. The ASAM levels of care used for Individuals involved in the criminal or juvenile justice system include:

- Early Intervention
- Outpatient Services
- Intensive Outpatient
- Clinically Managed Low-Intensity Residential
- Clinically Managed Population-Specific High-Intensity Residential (Adults Only)
- Clinically Managed Medium-Intensity Residential
- Medically Monitored High-Intensity Inpatient
- Medically Monitored Intensive Inpatient
- Peer Support
- Case Management
- Medication-Assisted Treatment
- Alternative Services

Target Population (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

- Individuals involved in the criminal or juvenile justice system (**required for Block Grant**)

Process Objectives: (For each chosen strategy under the service continuum area, please select and complete the corresponding process objective(s) from the provided Resource Document. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.)

- **Objective 1:** Improve **access** to comprehensive admission-related services (e.g., assessment, screening, interim services) for patients involved in the criminal or juvenile justice systems to determine appropriate level of treatment service.
- **Objective 2:** Improve treatment **engagement** of individuals involved in the criminal or juvenile justice systems.
- **Objective 3:** Improve treatment **retention** of individuals involved in the criminal or juvenile justice systems.
- **Objective 4 (Quality):** Improve **efficacy** of treatment services.
-

Performance Measures: (For each process objective under the service continuum area, please follow the example provided in the Resource Document to compose a linked performance measure. Make sure that strategies and their corresponding process objectives and performance measures are county specific if this county authority serves a multi-county area.)

Objective 1: Improve access to comprehensive **assessment** to individuals involved in the criminal or juvenile justice system to determine appropriate treatment level of service.

Performance Measure 1: Over this plan year, Circle Park BHS will provide access to comprehensive admission-related services to at least 1716 citizens in Florence County.

- FY21 – 1426
- FY22 - ~130 per month, or 1560 for the year
- FY23 – 10% increase 1716

Objective 2: Improve treatment **engagement** of individuals involved in the criminal or juvenile justice systems.

Performance Measure 1: Increase access for individuals involved in the criminal or juvenile justice systems to a continuum of quality treatment services in Florence County from 6% to 10% or more.

Performance Measure 2: Increase number of individuals involved in the criminal or juvenile justice systems who are receiving substance use disorder treatment services by 10%.

- FY22 to date 75, average of 8 per month
- FY23 82, a 10% increase

Performance Measure 3: Decrease the time from initial assessment to start of treatment services for individuals involved in the criminal or juvenile justice system from 16 days to days to 8 days.

- (FY21: 25 days, FY22: 16 days, FY23: 8 days)

Objective 3: Improve treatment **retention** of individuals involved in the criminal or juvenile justice systems.

Performance Measure 1: Increase transportation services from an average of 20 per month to 22 per month, or 264 patients.

- FY21 287
- FY 22 180 to date, average of 20 per month
- FY23 288, ~22 per month, a 10% increase

Performance Measure 2: Increase connection of individuals receiving treatment services to community partners (as measured in increase in Case Management Services and/or Peer Support Services in CareLogic) from 85 patients to 93 patients.

Performance Measure 3: Establish or increase community outreach by establishing partnerships with 2 (*number*) additional community partners.

Performance Measure 4: Increase peer support services by an average of 6 hours hours/month, for a total of at least 816 hours for the year.

- FY 21 total hours 723, average of 60 per month
- FY 22 to date 559, 62 of hours per month

Objective 4 (Quality): Improve **efficacy** of treatment services.

Performance Measure 1: Increase from 3% to 5% the number of follow-up surveys conducted with patients 90 days after discharge from treatment on the social determinants of health (housing, employment, substance use, recidivism, access to food, health, etc.).

Performance Measure 2: Decrease in homelessness of 10%.

- FY21-12 average 1 per month
- FY22 to date 9, average 1 per month

Performance Measure 3: Increase in employment of 10%.

- Unemployment:
 - FY21- 296, average 25 per month
 - FY22 to date 313, average 35 per month
- Employed full or part time:
 - FY21-430, average 36 per month,
 - FY22 to date 357, 40 per month

Performance Measure 4: Decrease in return to use of 13.5%

Outcome Objectives: (For each previously selected goal, strategy or strategies, process objective(s), and performance measures, please follow the example in the Resource Document to compose a linked long-term outcome objective. Strategies and their corresponding process objectives and performance measures and outcome objectives must be county specific for county authorities that serve a multi-county area.)

- Increase new patient admission through the judicial referral process

Priority Treatment Service Plan Table

4	Priority Population – Individuals with tuberculosis or at risk for TB(required for Block Grant)
----------	--------------------------------------------------------------------------------------------------------

Brief Need Statement: (Tie in with the preceding Needs Assessment section by using specific qualitative and quantitative data [with sources cited] that helped identify this specific priority.)

Tuberculosis (TB) is preventable and treatable. Controlling and ending TB requires a dual approach of maintaining and strengthening current TB control priorities, while increasing efforts to identify and treat latent TB infection, especially in populations at increased risk of TB disease. As a community healthcare provider, we play an important role in controlling and hopefully one day ending TB. It is incumbent for us to educate, test and refer as needed to reduce and eliminate TB infections within Florence County. In 2021, confirmed TB cases for Florence County 2021 was less than 5 cases, with SC having 87 reported cases for the year.

TB disproportionately affects some groups depending on various demographic, health, and social factors. In 2020, the majority of persons with TB disease in the United States identified as

- Non-Hispanic Asian persons; 35.8%,
- Hispanic persons; 29.7%,
- Non-Hispanic Black persons; 19.6%, or
- Non-Hispanic White persons; 11.0%.

Source: [TB by Race/Ethnicity: 1993–2020](#)

Persons with medical conditions and weakened immune systems are often at risk for being diagnosed with TB; particularly people with substance abuse issues, HIV infection, low body weight and many other chronic diseases. As a behavioral health services provider, we provide services to many vulnerable populations that are at a higher risk of being exposed to TB.

Goal: (Under the service continuum area, paste all the applicable Goals taken from the provided Resource Document that you will address.)

To provide services to those who are at high risk of tuberculosis; and identify and refer cases to SC DHEC as needed.

Strategies: (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

As the foundation of our addiction treatment system, The **American Society of Addiction Medicine (ASAM) Levels of Care** is the most widely used and comprehensive set of guidelines for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions..

Adolescent and adult treatment plans are developed through a multidimensional patient assessment over five broad levels of treatment that are based on the degree of direct medical management provided, the structure, safety and security provided, and the intensity of treatment services provided. The ASAM Levels of Care are the strategies used to determine the appropriate treatment for our patients. The ASAM levels of care used for IVDU patients include:

- Early Intervention
- Outpatient Services
- Intensive Outpatient
- Clinically Managed Low-Intensity Residential
- Clinically Managed Population-Specific High-Intensity Residential (Adults Only)
- Clinically Managed Medium-Intensity Residential
- Medically Monitored High-Intensity Inpatient

- Medically Monitored Intensive Inpatient
- Peer Support
- Case Management
- Medication-Assisted Treatment
- Alternative Services

Target Population (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

- Individuals with tuberculosis (**required for Block Grant**)

Process Objectives: (For each chosen strategy under the service continuum area, please select and complete the corresponding process objective(s) from the provided Resource Document. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.)

- **Objective 1:** Improve **access** to comprehensive admission-related services (e.g., assessment, screening, interim services) for patients who are at risk of tuberculosis or who have been diagnosed with TB to determine appropriate level of treatment service.
- **Objective 2:** Improve treatment **engagement** of individuals who are at risk of tuberculosis or who have been diagnosed with TB.
- **Objective 3:** Improve treatment **retention** of individuals who are at risk of tuberculosis or who have been diagnosed with TB.
- **Objective 4 (Quality):** Improve **efficacy** of treatment services.

Performance Measures: (For each process objective under the service continuum area, please follow the example provided in the Resource Document to compose a linked performance measure. Make sure that strategies and their corresponding process objectives and performance measures are county specific if this county authority serves a multi-county area.)

Objective 1: Improve **access** to comprehensive admission-related services (e.g., assessment, screening, interim services) for patients who are at risk of tuberculosis or who have been diagnosed with TB to determine appropriate level of treatment service.

Performance Measure 1: Over this plan year, Circle Park BHS will provide access to comprehensive admission-related services to at least 1716 citizens in Florence County.

- FY21 – 1426
- FY22 - ~130 per month, or 1560 for the year
- FY23 – 10% increase 1716

Objective 2: Improve treatment **engagement** of individuals who are at risk of tuberculosis or who have been diagnosed with TB.

Performance Measure 1: Increase access for individuals who are at risk of tuberculosis or who have been diagnosed with TB to a continuum of quality treatment services in Florence County by 10% or more.

Performance Measure 2: Increase number of individuals who are at risk of tuberculosis or who have been diagnosed with TB who are receiving substance use disorder treatment services by 10%.

Performance Measure 3: Decrease the time from initial assessment to start of treatment services from 16 days to days to 8 days.

- (FY21: 25 days, FY22: 16 days, FY23: 8 days)

Objective 3: Improve treatment **retention** of individuals who are at risk of tuberculosis or who have been diagnosed with TB.

Performance Measure 1: Increase successful completion of treatment episodes for individuals who are at risk of tuberculosis or who have been diagnosed with TB. in Florence County from 27% to 30%

- FY21 – 21%
- FY22 – 27%

Performance Measure 2: Increase transportation services from an average of 20 per month to 22 per month, or 264 patients.

- FY21 287
- FY 22 180 to date, average of 20 per month
- FY23 288, ~22 per month, a 10% increase

Performance Measure 3: Increase connection of individuals who are at risk of tuberculosis or who have been diagnosed with TB to community partners (as measured in increase in Case Management Services and/or Peer Support Services in CareLogic) from 65 (*number*) patients to 72 patients.

Performance Measure 4: Establish or increase community outreach by establishing partnerships with 2 (*number*) additional community partners.

Performance Measure 5: Increase peer support services by an average of 6 hours hours/month, for a total of at least 816 hours for the year.

- FY 21 total hours 723, average of 60 per month
- FY 22 to date 559, 62 of hours per month

Objective 4 (Quality): Improve **efficacy** of treatment services.

Performance Measure 1: Increase from 3% to 5% the number of follow-up surveys conducted with patients 90 days after discharge from treatment on the social determinants of health (housing, employment, substance use, recidivism, access to food, health, etc.).

Performance Measure 2: Decrease in homelessness of 10%.

- FY21-12 average 1 per month
- FY22 to date 9, average 1 per month

Performance Measure 3: Increase in employment of 10%.

- Unemployment:
 - FY21- 296, average 25 per month FY22 to date 313, average 35 per month
- Employed full or part time:
 - FY21-430, average 36 per month, FY22 to date 357, 40 per month

Performance Measure 4: Decrease in return to use of 13.5%

Outcome Objectives: (For each previously selected goal, strategy or strategies, process objective(s), and performance measures, please follow the example in the Resource Document to compose a linked long-term outcome objective. Strategies and their corresponding process objectives and performance measures and outcome objectives must be county specific for county authorities that serve a multi-county area.)

In 2021, the confirmed TB cases for Florence County 2021 was less than 5 cases, so with such a small number the long-term goal is to keep the number of reported TB cases less than 5 for 2022 and 2023. Most of our patient population is at risk for TB, and we will continue to provide services to those with TB and those at risk for TB.

Priority Treatment Service Plan Table

5 | **Priority population**– Uninsured/Underserved

Brief Need Statement: (Tie in with the preceding Needs Assessment section by using specific qualitative and quantitative data [with sources cited] that helped identify this specific priority.)

Even though Florence County serves as the hub of the Pee Dee with its medical and behavioral health resources, much of the county is very rural and suffers from many of the common risk factors that serve as a barrier to residents seeking services. The stigma associated with not being able to pay for services often leads to their behavioral health needs going unmet. This population tends to have higher substance abuse rates than the general population. According to the National Library of Medicine, the uninsured residents of the county in need of services are more likely to be minorities, be in poorer mental and physical health, and are more likely to suffer from co-occurring disorders.

It is critically important that this underserved population have the barrier of the unavailability of the pay source be removed in order for them to have access to and receive the full array of services and support that is available to those that do possess a valid pay source.

Efforts will be made to increase community awareness of services being available for the uninsured or those without a valid pay source to assist in removing the stigma and barriers to allow more open access to all patients.

Number of uninsured clients served by CPBHS – (Source: Carelogic reports, Florence County)

- FY21: 264 - ~18.5% of our total population for FY21.

National Library of Medicine

- Among those who are uninsured, 72 percent were past-year users of alcohol or drugs.
- Among past-year alcohol users, 12 percent met criteria for alcohol dependence
- Among past-year drug users, 21 percent met dependence criteria.
- 87% of the uninsured young adults with alcohol or drug dependence did not receive any substance abuse treatment services in the previous year.
- In the uninsured substance-dependent group, women, blacks, and His-panics were less likely than men and whites to use substance abuse services.
- Among those with substance dependence, uninsured persons were more likely than privately insured persons to receive substance abuse services from the self-help or human service (nonmedical) sector.
- Those who are uninsured report poorer physical and mental health. They also are more likely to have a serious psychiatric problem, including substance abuse or dependence. Uninsured persons are significantly less likely to receive mental health services, especially from specialized professionals.

Goal: (Under the service continuum area, paste all the applicable Goals taken from the provided Resource Document that you will address.)

To reduce financial barriers associated with access to treatment services for **substance use disorders** for **uninsured population**.

Strategies: (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

As the foundation of our addiction treatment system, The **American Society of Addiction Medicine (ASAM) Levels of Care** is the most widely used and comprehensive set of guidelines for placement, continued stay, transfer, or discharge of patients with addiction and co-occurring conditions.. Adolescent and adult treatment plans are developed through a multidimensional patient assessment over five broad levels of treatment that are based on the degree of direct medical management provided, the structure, safety and security provided, and the intensity of treatment services provided. The ASAM Levels of Care are the strategies used to determine the appropriate treatment for our patients. The ASAM levels of care used for IVDU patients include:

- Early Intervention
- Outpatient Services
- Intensive Outpatient
- Clinically Managed Low-Intensity Residential
- Clinically Managed Population-Specific High-Intensity Residential (Adults Only)
- Clinically Managed Medium-Intensity Residential
- Medically Monitored High-Intensity Inpatient
- Medically Monitored Intensive Inpatient
- Peer Support
- Case Management
- Medication-Assisted Treatment

Target Population (Under the service continuum area, paste all the applicable Target Populations taken from the provided Resource Document that you plan to impact through selected strategies).

- Uninsured/Underserved populations

Process Objectives: (For each chosen strategy under the service continuum area, please select and complete the corresponding process objective(s) from the provided Resource Document. Strategies and their corresponding process objectives and performance measures must be county specific for county authorities that serve a multi-county area.)

- **Objective 1:** Improve access to comprehensive **assessment** to persons who are uninsured to determine appropriate treatment level of service.
- **Objective 2:** Improve treatment **engagement** of persons who are uninsured.
- **Objective 3:** Improve treatment **retention** of persons who are uninsured.
- **Objective 4 (Quality):** Improve **efficacy** of treatment services.

Performance Measures: (For each process objective under the service continuum area, please follow the example provided in the Resource Document to compose a linked performance measure. Make sure that strategies and their corresponding process objectives and performance measures are county specific if this county authority serves a multi-county area.)

Objective 1: Improve **access** to comprehensive admission-related services (e.g., assessment, screening, interim services) to uninsured patients to determine appropriate level of treatment service.

Performance Measure 1: Over this plan year, Circle Park BHS will provide access to comprehensive admission-related services to at least 1716 citizens in Florence County.

- FY21 – 1426

- FY22 - ~130 per month, or 1560 for the year
- FY23 – 10% increase 1716

Objective 2: Improve treatment **engagement** of uninsured patients.

Performance Measure 1: Increase access for uninsured patients to a continuum of treatment services in Florence County from 13.6% to 15% or more.

Performance Measure 2: Increase access for uninsured patients who are diagnosed with a substance use disorder by 10%.

- (FY21: 264, FY22 est: 213, FY23: 234)

Performance Measure 3: Reduce the time from initial assessment to start of treatment services from 16 days to 8 days.

- (FY21: 25 days, FY22: 16 days, FY23: 8 days)

Objective 3: Improve treatment **retention** of uninsured patients.

Performance Measure 1: Increase successful completion of treatment episodes by uninsured patients in Florence County from 3% to 5%.

Performance Measure 2: Increase transportation services from an average of 20 per month to 22 per month, or 264 patients.

- FY21 287
- FY 22 180 to date, average of 20 per month
- FY23 288, ~22 per month, a 10% increase

Performance Measure 3: Increase connection of patients to community partners (as measured in increase in Case Management Services and/or Peer Support Services in CareLogic) from 85 patients to 93 patients

Performance Measure 4: Expand community outreach by establishing partnerships with 2 additional community partners.

Performance Measure 5: Increase peer support services by an average of 6 hours hours/month, for a total of at least 816 hours for the year.

- FY 21 total hours 723, average of 60 per month
- FY 22 to date 559, 62 of hours per month

Objective 4 (Quality): Improve **efficacy** of treatment services.

Performance Measure 1: Increase from 3% to 5% the number of follow-up surveys conducted with patients 90 days after discharge from treatment on the social determinants of health (housing, employment, substance use, recidivism, access to food, health, etc.).

Performance Measure 2: Decrease in homelessness of 10%.

- FY21-12 average 1 per month
- FY22 to date 9, average 1 per month

Performance Measure 3: Increase in employment of 10%.

- Unemployment:
 - FY21- 296, average 25 per month
 - FY22 to date 313, average 35 per month
- Employed full or part time:
 - FY21-430, average 36 per month,
 - FY22 to date 357, 40 per month

Performance Measure 4: Decrease in return to use of 13.5%

Outcome Objectives: (For each previously selected goal, strategy or strategies, process objective(s), and performance measures, please follow the example in the Resource Document to compose a linked long-term outcome objective. Strategies and their corresponding process objectives and performance measures and outcome objectives must be county specific for county authorities that serve a multi-county area.)

- Increase access to services for uninsured patients.

Florence County Commission on Alcohol and Drug Abuse

dba

Circle Park Behavioral Health Services

This FY23 County Strategic Plan has been reviewed, accepted,
approved for submission, and attested by:

Clyde Nance, CEO

Authorized Designee, County Alcohol and Drug Abuse Authority

and

Joe McMillan, Board Chair

Board Chair or Another Authorizing Executive

On

May 11, 2022

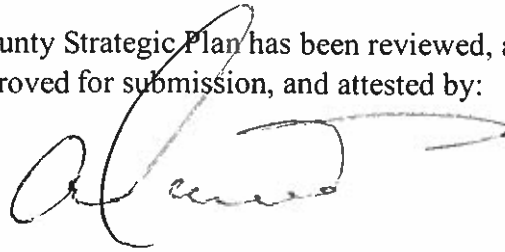
Date

Florence County Commission on Alcohol and Drug Abuse

dba

Circle Park Behavioral Health Services

This FY23 County Strategic Plan has been reviewed, accepted,
approved for submission, and attested by:



Clyde Nance, CEO

Authorized Designee, County Alcohol and Drug Abuse Authority

and



Joe McMillan, Board Chair

Board Chair or Another Authorizing Executive

On

May 11, 2022

Date