Opioid Abuse Advisory Committee Meeting

January 6, 2021
1:00 – 4:00 pm CT

Hosted by South Dakota Dept. of Health
Welcome & Introductions
Prescription Opioid Abuse Advisory Committee

Laura Streich, South Dakota Department of Health, Chair
Kristen Bunt, South Dakota Association of Healthcare Organizations
Sara DeCoteau, Sisseton-Wahpeton Oyate of the Lake Traverse Reservation
Maureen Deutscher, Family Representative
Chris Dietrich, MD, South Dakota State Medical Association
Margaret Hansen, South Dakota Board of Medical & Osteopathic Examiners
Amy Hartman, Volunteers of America - Dakotas
Tiffany Wolfgang, South Dakota Department of Social Services
Kristen Carter, South Dakota Pharmacists Association
Jon Schuchardt, Great Plains Indian Health Services
Kari Shanard-Koenders, South Dakota Board of Pharmacy
Senator Jim White, Huron
Brian Zeeb, South Dakota Office of Attorney General
Funding Updates

- DOH Grants (Laura Streich)
- DSS Grants (Tiffany Wolfgang)
Overview of the 2020 Annual Report

Highlights and Q&A
South Dakota’s Opioid Road Map:
Data & Surveillance

- Prescription Drug Monitoring Program Updates
- Prevalence Data Updates
- Enhanced Surveillance Activities
Prescription Drug Monitoring Program Update

Melissa DeNoon – SD Board of Pharmacy
SD PDMP UPDATE

Opioid Abuse Advisory Committee
January 6, 2021
Melissa DeNoon, R.Ph., SD PDMP Director
WHAT’S NEW AT THE SD PDMP?

- PMPi Hub sharing set up with PA, NH, PR, WY, TN (34 total)
- Statewide Gateway Integration Project
- License Integration Project
SD PATIENTS’ OPIOID PRESCRIPTIONS
OPIOID RXS AVERAGE QUANTITY AND DAYS OF SUPPLY

<table>
<thead>
<tr>
<th>Month</th>
<th>Qty / Rx</th>
<th>Days of Supply / Rx</th>
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<tbody>
<tr>
<td>Jan-20</td>
<td>62.2</td>
<td>14.2</td>
</tr>
<tr>
<td>Feb-20</td>
<td>62.1</td>
<td>14.2</td>
</tr>
<tr>
<td>Mar-20</td>
<td>63.7</td>
<td>15.0</td>
</tr>
<tr>
<td>Apr-20</td>
<td>61.9</td>
<td>16.7</td>
</tr>
<tr>
<td>May-20</td>
<td>57.8</td>
<td>15.6</td>
</tr>
<tr>
<td>Jun-20</td>
<td>55.6</td>
<td>14.8</td>
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<tr>
<td>Jul-20</td>
<td>54.6</td>
<td>14.6</td>
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<td>Aug-20</td>
<td>54.8</td>
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<tr>
<td>Sep-20</td>
<td>55.5</td>
<td>14.8</td>
</tr>
<tr>
<td>Oct-20</td>
<td>56.5</td>
<td>14.6</td>
</tr>
<tr>
<td>Nov-20</td>
<td>56.2</td>
<td>14.7</td>
</tr>
</tbody>
</table>
OPIOID RXS AVERAGE PER PATIENT METRICS

![Graph showing the average opioid prescriptions per patient over time with metrics for quantity, supply, and days of supply. The x-axis represents months from January to November 2020, and the y-axes represent the number of prescriptions and days of supply. The graph shows trends and peaks in opioid prescriptions.]
MEDDROP PROGRAM UPDATES

- 89 SD Pharmacy Site Participants
  - 81 Retail Pharmacies
  - 8 Hospitals
  - Presence in 43 SD Counties

- 12,388 lbs. Returned for Destruction as of November 2020
Prevalence Data Updates & Enhanced Surveillance Activities

Amanda Nelson - DOH
Drug Related Death Rates in South Dakota

• South Dakota had the lowest age-adjusted rate of drug overdose deaths, 2018
  • SD = 6.9 per 100,000 population
  • US = 20.7 per 100,000 population

• South Dakota had the 2nd lowest age-adjusted rate of opioid overdose deaths, 2018
  • SD = 3.5 per 100,000 population
  • US = 14.6 per 100,000 population

Data Source: CDC WONDER
Drug Related Deaths, South Dakota 2010-2019

87% increase in drug-related deaths from 2010 to 2019

Data Source: DOH Vital Statistics
Drug Related Deaths by Drug Type, South Dakota 2010-2019

- All Drugs
- Illicit Drugs (Methamphetamine included)
- All Opioids
- Prescription Opioids
- Illicit Opioids

Data Source: DOH Vital Statistics
Drug Related Deaths by Sex, Race, and Age Group, South Dakota 2010-2019

Drug Overdose Deaths by Sex, 2010-2019

Drug Overdose Deaths by Age Group, 2010-2019

Drug Overdose Deaths by Race, 2010-2019

Data Source: DOH Vital Statistics
Drug Associated Hospitalizations, South Dakota 2016-2019

Inpatient data by year of discharge. Deaths are excluded.

ICD-10-CM Codes for hospitalizations attributable to drug with potential for abuse and dependence:
F11(.1-.9), F12(.1-.9), F13(.1-.9), F14(.1-.9), F15(.1-.9), F16(.1-.9), F19(.1-.9), O99.32, P04.4, P96.1, T40(.0-.9), T42.3, T42.4, T42.6, T42.7, T43.6

Data Source: SDAHO
**State Unintentional Drug Overdose Reporting System (SUDORS)**

**SUDORS Cases: July 2019 – December 2019**
43 Unintentional or Undetermined overdose deaths

**Overdose Deaths by Drug Type (Drug(s) listed as the cause of death)**
- 44% Opioids
- 40% Amphetamine/Methamphetamine
- 14% Antidepressants/Antipsychotics
- 5% Benzodiazepines
- 5% Antihistamines
- 2% Muscle Relaxants
- 2% Anticonvulsants

**SUDORS Cases by Sex and Race, Jul-Dec 2019**

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>47%</td>
</tr>
<tr>
<td>Male</td>
<td>53%</td>
</tr>
<tr>
<td>White</td>
<td>74%</td>
</tr>
<tr>
<td>Am. Indian</td>
<td>19%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
</tr>
</tbody>
</table>

**SUDORS Cases by Age Group, Jul-Dec 2019**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percent</th>
</tr>
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<tbody>
<tr>
<td>15-24</td>
<td>16%</td>
</tr>
<tr>
<td>25-34</td>
<td>30%</td>
</tr>
<tr>
<td>35-44</td>
<td>19%</td>
</tr>
<tr>
<td>45-54</td>
<td>16%</td>
</tr>
<tr>
<td>55-64</td>
<td>9%</td>
</tr>
<tr>
<td>65+</td>
<td>9%</td>
</tr>
</tbody>
</table>

**SUDORS Case Inclusion:**
- Presence of any of the following underlying cause-of-death codes: X40-X44, Y10-Y14
- Substance types include illicit drugs, prescription and over-the-counter drugs, and dietary supplements
- Death occurred in South Dakota

**Data Source:** National Violent Death Reporting System (NVDRS)
State Unintentional Drug Overdose Reporting System (SUDORS)

SUDORS Cases: July 2019 – December 2019

- SUDORS Circumstances (n=43)
  - 49% had a known/reported substance problem
  - 21% had a known/reported mental health problem
  - 16% had a known/reported alcohol problem
  - 12% had ever received treatment for a mental health/substance problem
  - 5% were receiving treatment for mental health/substance problems at time of death

- SUDORS Overdose Specific Circumstances (n=43)
  - 72% of cases were related to substance abuse
  - 49% of cases had evidence of drug use
  - 44% had a bystander present during or shortly preceding the overdose
  - 21% of cases had a known dose(s) of naloxone administered
  - 14% had a known history of Rx or Heroin abuse
  - 9% had a known previous overdose
  - 7% had a recent emergency department visit within the last year

Note: Circumstances surrounding overdose deaths were documented in reports by coroners. Persons who died by overdose may have had multiple circumstances. It is possible that other circumstances could have been present and not diagnosed, known, or reported.

SUDORS Case Inclusion:
- Presence of any of the following underlying cause-of-death codes: X40-X44, Y10-Y14
- Substance types include illicit drugs, prescription and over-the-counter drugs, and dietary supplements
- Death occurred in South Dakota

Data Source: National Violent Death Reporting System (NVDRS)
Avoid Opioid Media Update

- Overview by Holly Riker, Hot Pink Ink.
Marketing Objectives 2020 - 2021

Inform, Educate, & Build Awareness

Primary Messaging

• Awareness around what opioids are and the risks involved (increased risk related to COVID)
• Promote treatment & related services (MAT, Care Coordination, Resource Hotline)
• Destigmatize opioid misuse & addiction (encourage friends & family to reach out)
• Promote safety & pro-active measures (Naloxone, Dispose Rx, Lockboxes)

Media Mix

• Statewide Broadcast TV & Radio
• Industry Trade Publications
• Social Media / Multiple Platforms
• Website
• Collateral Support Materials
January – May 2020

SD Testimonials

• Statewide (18-64)
• 6,052 spots
• 98.4% reach
• 11.6 frequency
Broadcast TV & Radio 2020 - 2021

October 2020 – April 2021

Care Coordination

- Statewide (18-64)
- 7,815 spots
- 98.6% reach
- 16.7 frequency
Industry Trade Publications 2020 - 2021

SD Medicine

MAT & Care Coordination

- 2,000 subscribers
- Reaches licensed physicians in SD
Nursing Publications

Dakota Nurse Connection

- Mailed to every licensed nurse of every degree in ND and SD
- Published quarterly

South Dakota Nurse

- Mailed to members of the SD Nurses Association (450)
- Emailed to RNs, LPNs, Specialty & Advance Practice Nurses (16,000+)
- Published quarterly
Social Media 2020

January – June

1. SD Testimonials
2. Resource Hotline
3. What are Opioids / Who’s at Risk
4. MAT
5. Care Coordination
6. Remove the Risk / Clean Out Medicine Cabinet
7. Dispose Rx
8. Peer Support
Social Media 2020

July – December

1. SD Testimonials (YouTube)
2. Remove the Risk / Clean Out Medicine Cabinet
3. Remove the Risk / Lockboxes
4. Care Coordination
5. Providers: OUD Treatment, Training, Guidelines
6. MAT
7. Resource Hotline (+Snapchat)
8. COVID Increased Risk for OUD (+Snapchat)
9. Overdose Warning Signs / Naloxone (+Snapchat)
10. Takeback Day
11. Alternative Ways to Manage Pain
12. Peer Support
13. What are Opioids / Who’s at Risk
Social Media 2020

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1. SD Testimonials (YouTube)
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11. Alternative Ways to Manage Pain
12. Peer Support
13. What are Opioids / Who’s at Risk
Website Activity: Facebook & Snapchat

August Highlights:

Objective:
- Build awareness of the Resource Hotline

Audience:
- Facebook - Statewide 18+
- Snapchat – Statewide 13+

Strategy:
- 3 Facebook Posts + 1 Snapchat Ad

Results:
- Increased visits to the Resource Hotline page
  400% in one month
Website Activity: Pharmacy Section

September Launch

- Standing Order in effect October 1
- Most Visited Page in October
- SD User Pageviews (thru 12/29/20)
  - Pharmacy Landing Page: 1,022
  - Become a Participating Pharmacy: 116
  - Naloxone Quarterly Report: 63
- PDF Downloads
  - Statewide Standing Order: 71
  - Eligibility Assessment: 43
  - Naloxone Reimbursement: 32
Website Activity: DEA Takeback Day

October Highlights:

- Promoted October 1-24
- Social media posts reached 252,223 people
- DSS distributed a press release on October 22nd
- A total of 214 website pageviews occurred between October 22 and 24
Website Activity: Visits Continue to Climb

November Highlights:

- Steady traffic increases over the last year
- January – November 2019
  - 10,514 visits
- January – November 2020
  - 20,554 visits
- As brand awareness builds
  - Continue to add new content
  - Update services & tools
  - Expand resources
Looking forward…
Continue to build awareness & expand resources…

Check out the new print materials library:
https://www.avoidopioidsd.com/take-action/print-materials/
Project Spotlight: Implementation of Enhanced Recovery Support Services

- Introduction by Stacy Krall – DSS Division of Behavioral Health
- Presentations by team leads from Oxford House Inc. and Bethany Christian Services
OXFORD HOUSE INC.

SELF-RUN, SELF-SUPPORTED
ADDICTION RECOVERY HOMES

Oxford House, Inc., 1010 Wayne Ave, #300, Silver Spring, MD 20910
phone: 301-587-2916 – fax: 301-589-0302
website: www.oxfordhouse.org – email: info@oxfordhouse.org
Evidence-based: Nationally Recognized

Included in SAMSHA's National Registry of Evidence-based Programs and Practices
Origin...

- Oxford House started with one house in Silver Spring, Maryland in 1975.

- They have since spread throughout the world and there are now over 3,000 houses. There are currently 4 houses in South Dakota.

- People can live in an Oxford House as long as they are drug and alcohol free and contribute to House solidarity which includes an equal amount of the household expenses.

- Stability in houses is a result of residents moving out when they believe it is the “right thing to do”.

- Houses are available to both men and women, and women/men with children.
Oxford Houses Are Based On Three Core Principles:

- Each house must be Democratically run
- The house membership is responsible for all household expenses
- The house must immediately expel any member who returns to using drugs and alcohol
● Admitting the problem is the First step in Drug and Alcohol Rehabilitation. Programs such as Alcoholics Anonymous and Narcotics Anonymous offer initial support.

● Some individuals choose detoxification or a 28-day Rehabilitation -- if they can find or afford these services.

● In many cases, individuals detoxify in criminal custody.
What Makes Oxford House Different?

- Oxford House uses 9 traditions for success
- The house is democratically self-run
- The house membership is responsible for all household expenses
- The house must *immediately* expel any member who uses alcohol or drugs.
Oxford House and MAT/MAR

- Oxford House believes there are many roads to recovery
- On average 45% of residents identify as OUD
- All houses are trained on MAT/MAR
- All houses have Naloxone and are trained to administer
How To Get Into An Oxford House

Oxford House
Self Help for Sobriety Without Relapse

VACANCIES
Watch the Oxford House 60 Minutes Video

2011 Annual Convention
Registration Program
Info for Neighbors
How to Apply
Newsletter

DONATE NOW THROUGH Network for Good
Determine The City Where You Want To GO
Application

- Fill out application (found at www.oxfordhouse.org)
- Call a house to set-up an interview
- Show up on time for interview
- Be open and honest during interview
- Acceptance = 80% yes vote by members
- If accepted, new member may move in immediately
### Vacancy Website

- [oxfordvacancies.com](http://oxfordvacancies.com)

<table>
<thead>
<tr>
<th>House Name</th>
<th>Gender</th>
<th>City</th>
<th>House #</th>
<th>County</th>
<th>Contact</th>
<th>Contact #</th>
<th>Interviews</th>
<th>Capacity</th>
<th>Vacancies</th>
<th>Distance</th>
<th>Last Updated</th>
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</thead>
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<tr>
<td>101st</td>
<td>M</td>
<td>Clarksville</td>
<td>(931) 266-4700</td>
<td>Montgomery</td>
<td>Gurbbs</td>
<td>(931) 572-8122</td>
<td>Sun 5:00pm</td>
<td>0</td>
<td>0</td>
<td>Search by Zip</td>
<td>11/29/2020 3:26PM</td>
</tr>
<tr>
<td>11th Ave</td>
<td>W</td>
<td>Belmar</td>
<td>(732) 556-0566</td>
<td>Monmouth</td>
<td>Oedipa</td>
<td>(908) 839-6076</td>
<td>Sun 8:00am</td>
<td>7</td>
<td>2</td>
<td>Search by Zip</td>
<td>12/29/2020 3:21PM</td>
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<tr>
<td>11th Street</td>
<td>M</td>
<td>Hickory</td>
<td>(828) 589-2140</td>
<td>Catawba</td>
<td>David</td>
<td>(828) 280-7034</td>
<td>Sun 1:00pm</td>
<td>8</td>
<td>1</td>
<td>Search by Zip</td>
<td>12/21/2020 3:02PM</td>
</tr>
<tr>
<td>13th Ave</td>
<td>M</td>
<td>Belmar</td>
<td>(848) 404-9369</td>
<td>Monmouth</td>
<td>Kore</td>
<td>(848) 223-4377</td>
<td>Mon 8:00pm</td>
<td>9</td>
<td>1</td>
<td>Search by Zip</td>
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<tr>
<td>16th Street</td>
<td>M</td>
<td>Sioux City</td>
<td>(712) 580-4134</td>
<td>Woodbury</td>
<td>Ethan</td>
<td>(712) 389-8798</td>
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<tr>
<td>300</td>
<td>WC</td>
<td>Marysville</td>
<td>(360) 322-6993</td>
<td>Snohomish</td>
<td>Ashley Mcfalls</td>
<td>(425) 377-6351</td>
<td>Wed 6:30pm</td>
<td>12</td>
<td>2W OWC</td>
<td>Search by Zip</td>
<td>01/01/2021 5:56PM</td>
</tr>
<tr>
<td>360</td>
<td>M</td>
<td>Vancouver</td>
<td>(360) 258-0425</td>
<td>Clark</td>
<td>Tanner</td>
<td>(503) 410-0413</td>
<td>Sun 5:00pm</td>
<td>9</td>
<td>0</td>
<td>Search by Zip</td>
<td>12/29/2020 3:02PM</td>
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<tr>
<td>45th Place</td>
<td>M</td>
<td>Washington</td>
<td>(202) 506-7754</td>
<td>District Of Columbia</td>
<td>Dwayne</td>
<td>(202) 258-1553</td>
<td>Sun 6:00pm</td>
<td>7</td>
<td>0</td>
<td>Search by Zip</td>
<td>05/18/2020 4:42PM</td>
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</tbody>
</table>
Where are Oxford Houses Located?

Group Home Living in Friendly Neighborhoods

- Oxford Houses are situated in prosperous, friendly neighborhoods throughout the nation.

- Houses located in 48 states including Washington, DC. Worldwide in Australia, Canada, Ghana and the United Kingdom.
Clients Become Vested

- The Members of Oxford House have an interest in insuring the house is run smoothly.
- Each Oxford House is run by elected officers.

The Officers

- President
- Treasurer
- Secretary
- Comptroller
- Chore-Coordinator
FUTURE EXPANSION IN SOUTH DAKOTA

WHERE WILL THE EXPANSION COVER

- New Oxford Houses will continue to be opened across South Dakota
- Each Outreach Worker will open houses in his/her region
- Cities we are actively looking to expand to are Rapid City, Aberdeen, Piere, Yankton
Oxford House is the Solution

- State Investment to fund Oxford House expenses contributes to making people productive citizens, reduces homelessness and prevents relapse.

- In such a partnership, recovering substance abusers and their communities create an opportunity to return people to mainstream living.

- As we reduce the number of relapses:
  - the cost of incarceration and homelessness drops
  - the success of long-term recovery is possible, Oxford House has a 90% success rate after 12 months.
  - the number of alcohol/drug related crimes, like family physical abuse, drops
ReNew
MATERNAL WRAPAROUND AND ATTACHMENT PARENTING EDUCATION
SERVING RECOVERING MOTHERS WITH NEWBORNS

Check in on social media to share your interest in Bethany and our services
SERVICE TO WOMEN USING SUBSTANCES

PARTNERSHIP BUILDING

TRAUMA FOCUS

65 YEARS EXPERIENCE

PROTECT AND AFFIRM LIFE

Why Bethany?
The Problem

Substance Use & Pregnancy

- 1 in 12 pregnancies
- Increased risk of death
- ½ million babies/year
- 383% increase
- Child born exposed every 15 min
START

Maternal Wrap-Around

ICM

P-CAP

Foundation for ReNew

Motivational Interviewing

TBRI
ReNew engages expectant mothers and their newborns to attain positive, life-changing behavior.

Communities achieve great impact by reducing:
- Risk associated with prenatal substance exposure
- Maternal relapse of substance abuse
- Intergenerational patterns of family disruption
- Newborns entering foster care

Mothers and children benefit by increasing:
- Health of substance-exposed infant
- Access and engagement in treatment/MAT
- Parenting skills and attachment
- Family stability
- Family resilience, self-sufficiency, and productivity
ReNew Partnerships
Desired enrollment prior to 32 weeks of pregnancy

Program Timeline
Pregnancy Verification

Substance use during pregnancy

Voluntary Enrollment

Criteria
Pre-Pregnancy
Advocacy to promote SUD awareness in the community and create networks of resources for moms in need

Prenatal
Screening, treatment referrals, case management, peer recovery supports

Birth
Screen for NAS/substance exposure, initiate Plan of Safe Care, continue recovery supports

Child

Neonatal
Ensure safety, respond to needs, initiate in-home services

Infancy & Beyond
Identify long-term child safety/wellbeing needs and community resources

Parent

Post-Partum
Respond to mom’s recovery, mental health, housing, and other needs

Prepare for termination of ReNew services: identify long-term recovery, mental health, and social supports for mom

Initiate treatment (prenatal care, SUD recovery/MAT, mental health, etc.)

Adapted from Policy and Practice Intervention Points for Children and Families (Young, 2009)
Screening Tools
Thank you for joining us

Together, we can change the world through family.
ReNew Program Overview

Purpose
Bethany’s ReNew Maternal Wraparound Program (Recovering Mothers with Newborns) is a specialized case management model that supports pregnant women with Substance Use Disorders (SUD) by empowering and equipping them for **successful recovery before and after the birth of their child.** The model’s goals are to promote treatment compliance, maternal health, improve birth outcomes, and reduce the risks and adverse complications of prenatal substance exposure for both mothers and newborns. ReNew integrates **evidence-based** models and practices across formal systems of child welfare, medical, and substance abuse treatment from pregnancy **through the first year** of the child’s life.

Staffing and Caseload
ReNew operates on a dyad staffing approach. Specialized maternal wrap-around case management and recovery support services are delivered by a Women’s Advocate and Peer Support staff (respectively). Each Women’s Advocate and Peer Support dyad carry a caseload of **30 women** including their children.

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
<th>Qualifications/Training</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Women’s Advocate</strong></td>
<td>• Complete screenings and Comprehensive Assessment</td>
<td>• Masters level education</td>
</tr>
<tr>
<td></td>
<td>• Coordinate SUD and/or OUD treatment, prenatal care, mental health services, and</td>
<td>• Previous experience with case management and/or care coordination</td>
</tr>
<tr>
<td></td>
<td>other services</td>
<td>• Motivational Interviewing Training</td>
</tr>
<tr>
<td></td>
<td>• Coordinate Parenting Plan/Plans of Safe Care (POSC)</td>
<td>• Trust Based Relational Intervention (TBRI) Parent Education</td>
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<tr>
<td></td>
<td>• Enroll mother in parenting support groups</td>
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<tr>
<td></td>
<td>• Assess adjustment and ongoing needs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Assess benefits – WIC, insurance</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Facilitate 1:1 TBRI classes</td>
<td></td>
</tr>
<tr>
<td><strong>Peer Support</strong></td>
<td>• Recovery support services integrated into formalized SUD/OUD treatment (including</td>
<td>• Certification from accrediting peer agencies</td>
</tr>
<tr>
<td></td>
<td>any necessary MAT)</td>
<td>• Motivational Interviewing Training</td>
</tr>
<tr>
<td></td>
<td>• Recovery Education and planning</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Promote self-advocacy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Support connections to community resources</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Role model, mentor, advocate and motivator</td>
<td></td>
</tr>
</tbody>
</table>

References to EBPs and other Models
Drawing from innovative responses to MWRAP RFPs New Jersey and New York, ReNew utilizes evidence-based practices such as Motivational Interviewing to engage women in substance abuse treatment and ensure compliance with Medication-Assisted Treatment (MAT) prenatally, during pregnancy, and post-partum. ReNew also utilizes design components from the following promising practice models involving women substance use disorders and children including Sobriety Treatment and Recovery Teams (START) Program, which focuses on a similar dyad case management model for families affected by SUDs in child welfare and Compassionate engagement and home visitation strategies in Parent-Child Assistance Program (P-CAP) - a model for high-risk mothers. The following EBPs are instrumental in ReNew:

<table>
<thead>
<tr>
<th>Evidence-Based Strategies</th>
<th>Rating, Evaluating Entity</th>
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<tbody>
<tr>
<td>Motivational Interviewing for Recovery Support and Engagement in SUD treatment</td>
<td><strong>Well Supported</strong>, California Evidence-Based Clearinghouse for Child Welfare and Title IV-E Prevention Services Clearinghouse</td>
</tr>
</tbody>
</table>
Trust-Based Relational Intervention (TBRI) for Parent-Child Attachment

Promising, California Evidence-Based Clearinghouse for Child Welfare and Title IV-E Prevention Services Clearinghouse

Target Population and Referrals
Expectant mothers with SUD and/or OUD. Referrals will be accepted from providers including maternal and prenatal, Substance Abuse Treatment and/or MAT Treatment, FQHCs, Specialized Housing, Behavioral Health, Vocational/Educational Agencies, Child Protective Services, and others.

Intended Outcomes
Goal 1: Engagement in Substance Abuse Treatment and Recovery Support
• 85% Engaged in SUD Treatment (including MAT, if relevant) & Recovery Supports

Goal 2: Increased Resilience
• 80% Engagement in Mental Health Treatment after Referral

Goal 3: Family Permanency/Preservation
• 75% Parenting or Working on Reunification
• 66% Reunited within 6 Months of Entering Foster Care

Goal 4: Improved Parent and Child Wellbeing
• 90% Completed Perinatal Depression Screen & Trauma-Informed Education,
• 90% Prenatal Care Compliance

Collaboration and Leadership
Bethany has experience facilitating collaborative leadership across the domains of substance use treatment, maternal and infant health, child welfare, and criminal justice. Bethany will ensure appropriate partnerships and affiliated agreements are entered into to integrate services across various systems for this FOA.

Community Impact
ReNew provides significant return on investment to communities. For example, the cost of serving a mother and newborn for over a year in the program is only one-third the cost of foster care.

The reduced removal rates and improved outcomes associated with Motivational Interviewing leads to significant cost benefits in enhancing treatment engagement. Motivational Interviewing has a Benefit to Cost Ratio of $23.04 with a 56% likelihood of producing benefits that are greater than its cost.¹

$256 MI Investment
$1,554 Taxpayer savings per participant
$3,037 Long-term benefits per participant
$1,472 Indirect benefits for society & participants
$6,086 NET BENEFIT

Source: http://www.wsipp.wa.gov/BenefitCost/Program/497

For further information, contact: Donna Nicholson, LPC; Senior Director of Maternal and Infant Health; Bethany Christian Services Headquarters; dnicholson@bethany.org.

¹ http://www.wsipp.wa.gov/BenefitCost/Program/78
Project Spotlight: Statewide Standing Order & Access to Naloxone

- Program overview and status update presented by Tiffany Wolfgang, Director for the Division of Behavioral Health, DSS
Standing Order & Access to Naloxone
Accomplishments to date

• First responders trained to recognize signs of an opioid overdose
• Launched distribution system managed by DOH to equip EMS personnel statewide with NARCAN
• Enhanced record keeping in the EMS chart to capture administration and lives saved
• Developed an online, interactive training for OEND that can be accessed on demand
Overdose Education & Naloxone Distribution

Program Impact

- More than 1,500 first responders trained to date
- 4,608 Doses Purchased by State through November 2020
- 4,558 Doses Provided to Law Enforcement and EMS for Emergency Administration to date
Project Rationale & History

SAMHSA’s Opioid Overdose Prevention Toolkit – Best Practice

Strategy 1: Encourage providers, persons at high risk, family members, and others to learn how and prevent manage opioid overdose.

Strategy 3: Ensure ready access to naloxone.

Why do we need a statewide order?

- Organizations in a position to assist someone at risk for an overdose (e.g. recovery homes) do not always have a medical director or standing order in place.
- Levels access statewide for all South Dakotans in a position to assist.

Best practices used to develop the SD model

- Modeled after successful efforts in Iowa.
- Developed in partnership with the SD Board of Pharmacy to ensure policies and the order were applicable to SD pharmacists.
Requirements of the Standing Order

- **Attestation** that registered pharmacists...
  - Have received one hour of training on naloxone
  - Have read and understood the standing order

- **Data tracking** to report outcomes for state and federal audiences

- **Registration for participating pharmacies** to be used to increase public awareness of access points as they come online
What does the process look like for pharmacies?

- Pharmacy Enrollment
- 7 Steps to Dispense Naloxone under the Statewide Standing Order

1. Know & Understand the Standing Order
2. Register Online
3. Complete one hour of training
4. Determine Patient Eligibility and Document
5. Provide Patient Education
6. Report outcomes
7. Submit for reimbursement
Resources Available

- Updated web copy on Avoid Opioid
- Free Resources are available to Naloxone providers
Participating Pharmacies thus far…

- Advertisement has included communication in the South Dakota Board of Pharmacy newsletter and the launch of AvoidOpioidSD.org
- **44 enrolled Pharmacies as of end of 2020**
  - Total of 203 licensed full time, primarily retail pharmacies in the state.
  - 98 of the 203 pharmacies have their own naloxone protocol (e.g. CVS)

*Blue* – enrolled pharmacies
*Orange* – other pharmacies with a known protocol for naloxone
Next Steps

✓ **Monitor utilization** to plan for sustainability post grant funding
✓ **Refresher training** on administration and data collection
✓ **Send promotional packets** with sample materials to all pharmacies
✓ **Promote additional media** of AvoidOpioidSD.com
Impacts on Treatment resulting from COVID-19

Roundtable updates and sharing of best practices as it relates to providing care for clients during the pandemic.

Facilitated by Laura Streich.
Committee & Partner Updates

• Roundtable updates from Committee members
• Updates from other partners on shared strategies
• Next steps for updating the South Dakota Opioid Road Map

Facilitated by Laura Streich.
Public Input
Closing Remarks

Avoid Opioid
PRESCRIPTION ADDICTION
You just might save a life.

South Dakota Opioid Resource Hotline 1-800-920-4343