Opioid Abuse Advisory Committee Meeting

January 6, 2021

1:00 – 4:00 pm CT

Hosted by South Dakota Dept. of Health

Avoid Opioid
PRESCRIPTION ADDICTION

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)

Avoid Opioid
PRESCRIPTION ADDICTION

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

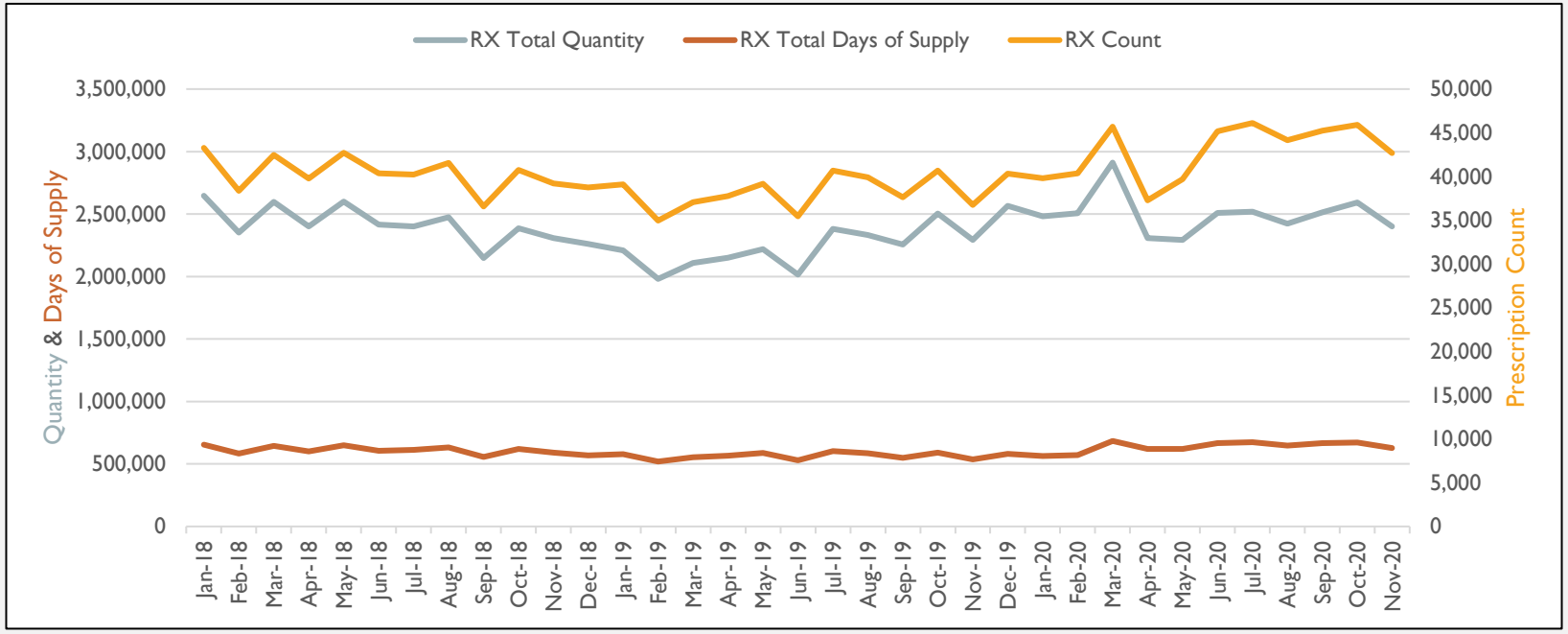
January 6, 2021

Melissa DeNoon, R.Ph., SD PDMP Director

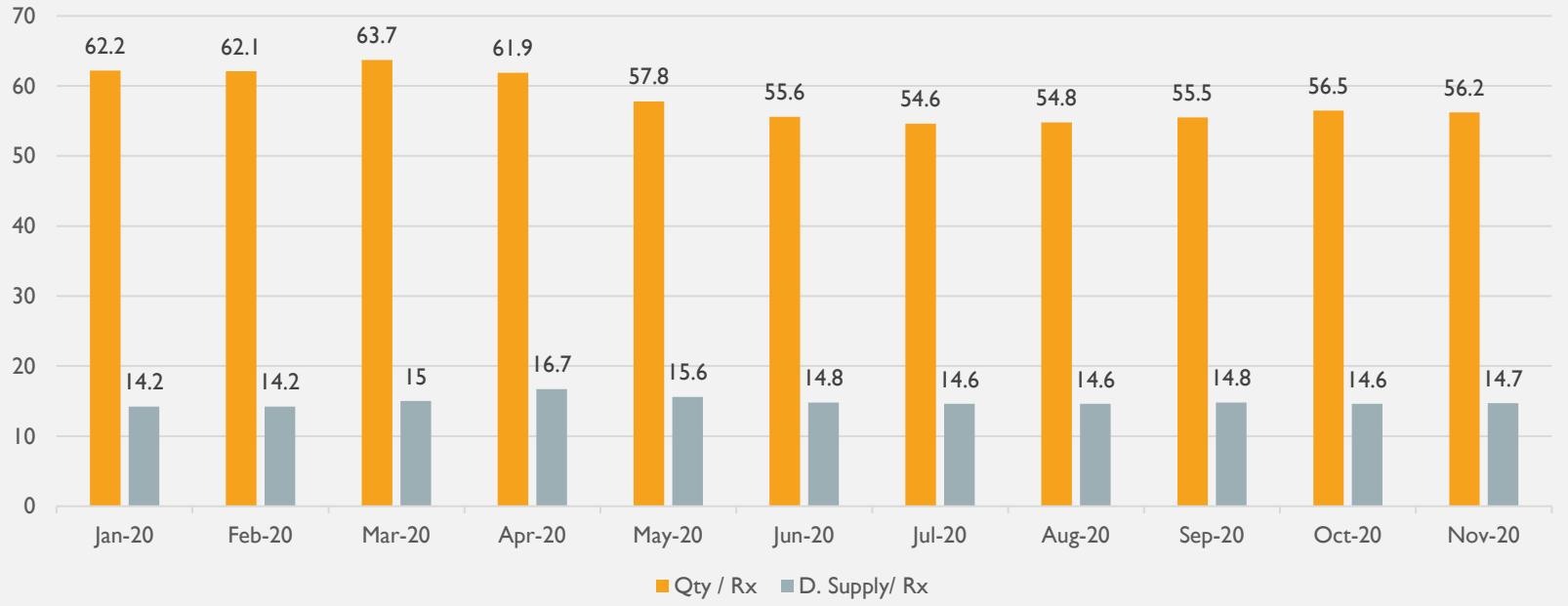
WHAT'S NEW AT THE SD PDMP?

- PMPi Hub sharing set up with PA, NH, PR, WY, TN (34 total)
- VHA Mission Act's Nationwide PDMP/EHR Integration – Sioux Falls & Black Hills VA Health Care Systems live December 8, 2020
- Statewide Gateway Integration Project
- License Integration Project

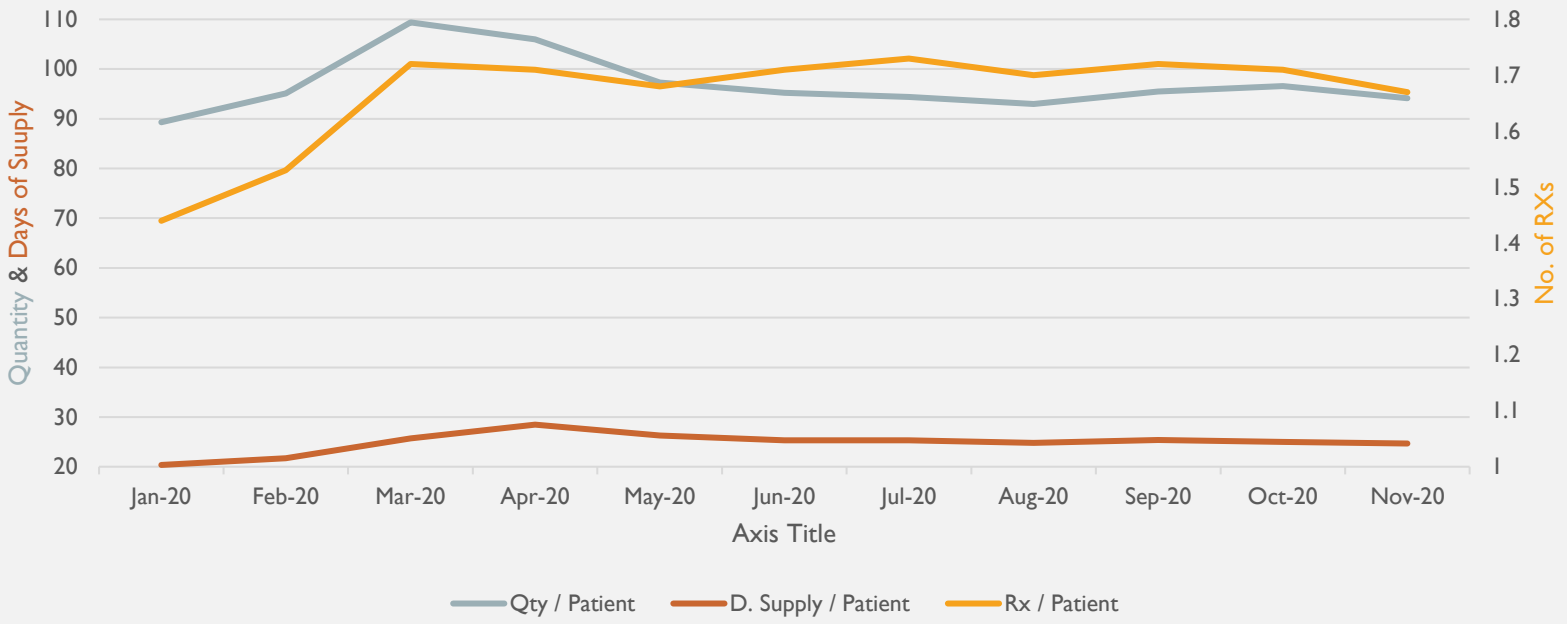
SD PATIENTS' OPIOID PRESCRIPTIONS



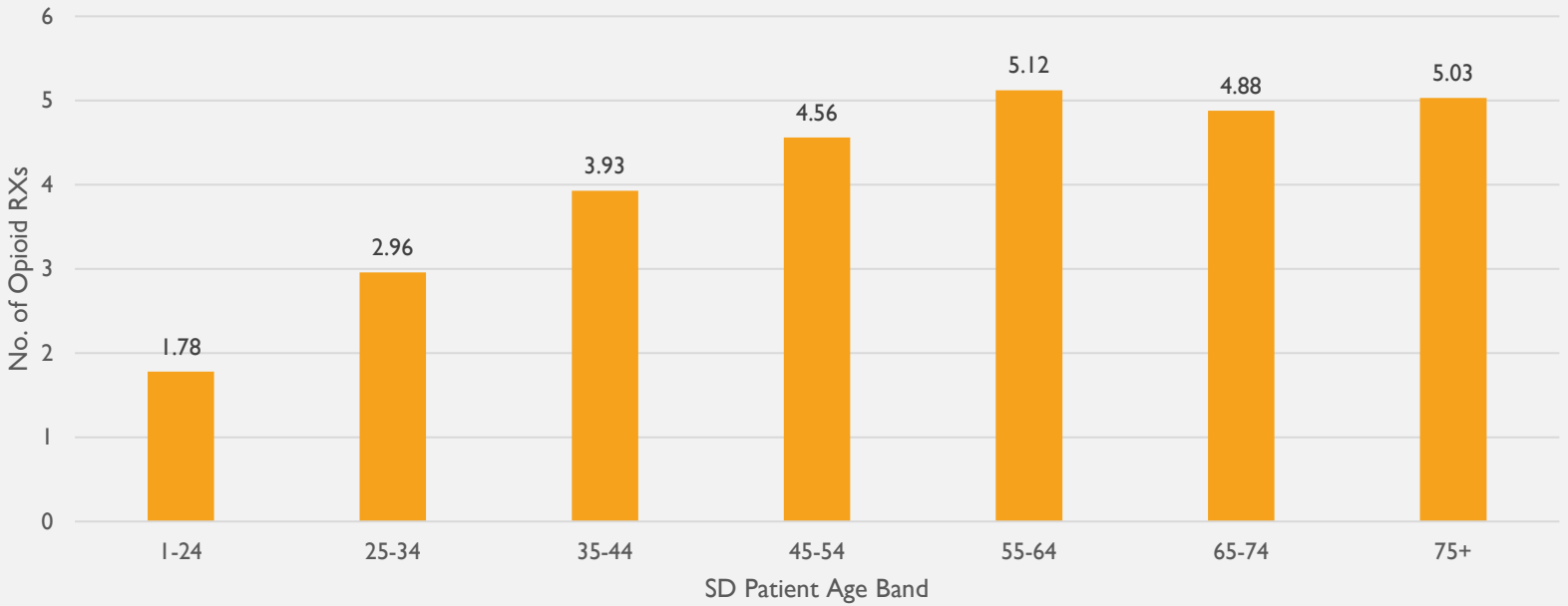
OPIOID RXS AVERAGE QUANTITY AND DAYS OF SUPPLY



OPIOID RXS AVERAGE PER PATIENT METRICS



AVERAGE OPIOID DISPENSATIONS BY AGE BAND JAN TO NOV 2020



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

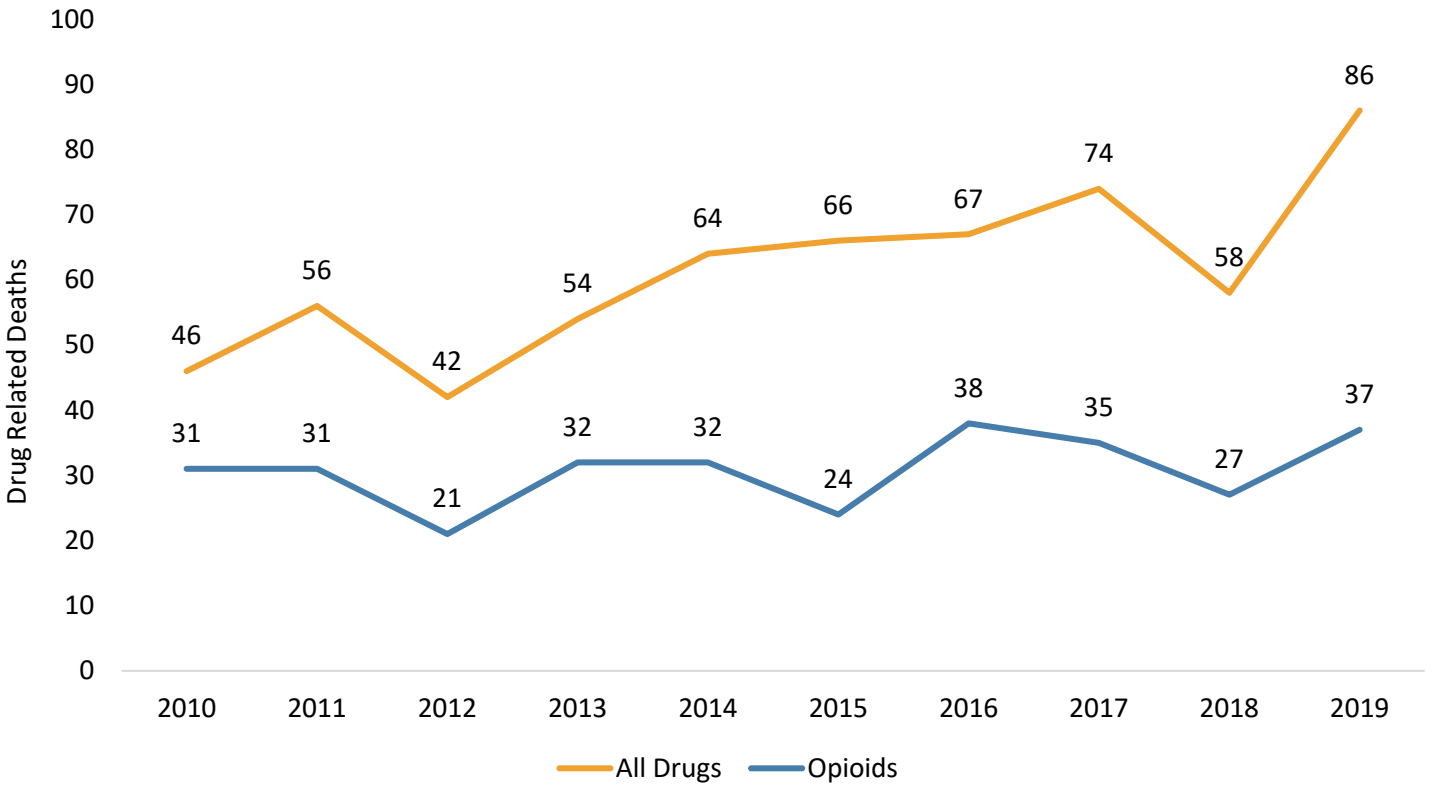
Amanda Nelson - DOH

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

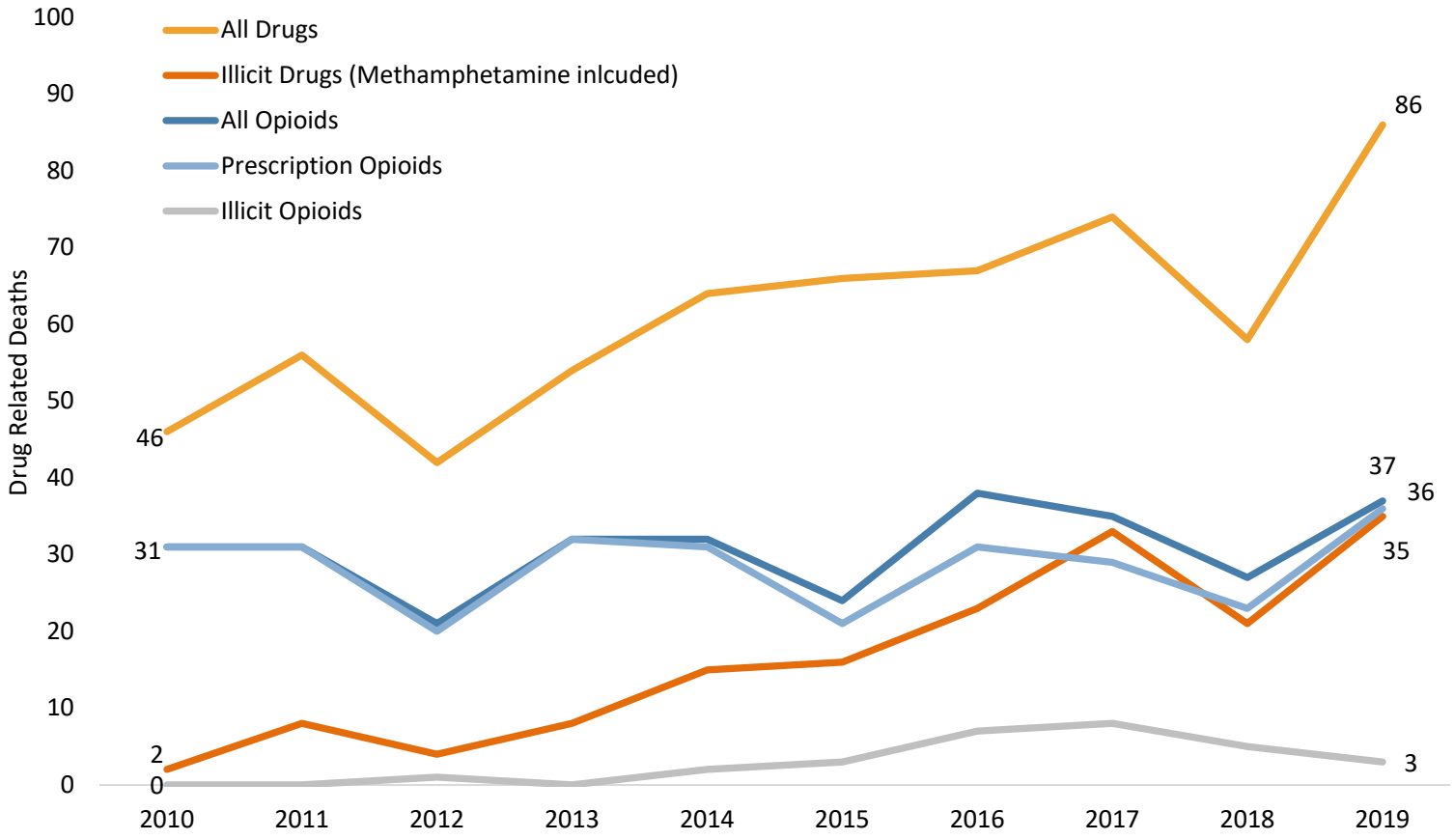
Drug Related Deaths, South Dakota 2010-2019



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

Data Source: DOH Vital Statistics

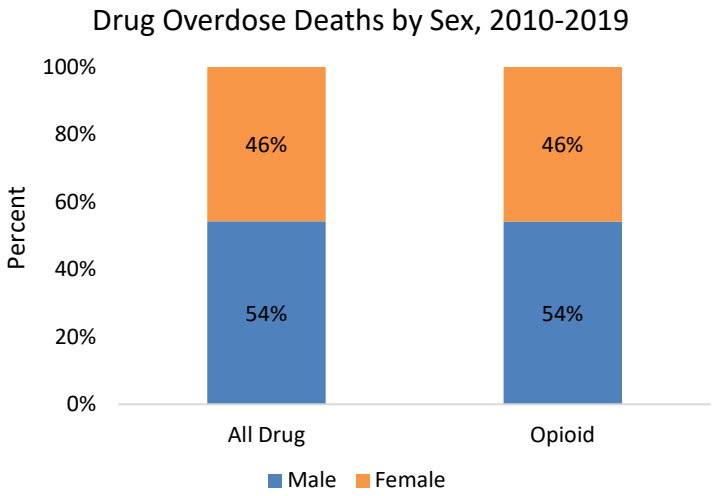
Drug Related Deaths by Drug Type, South Dakota 2010-2019

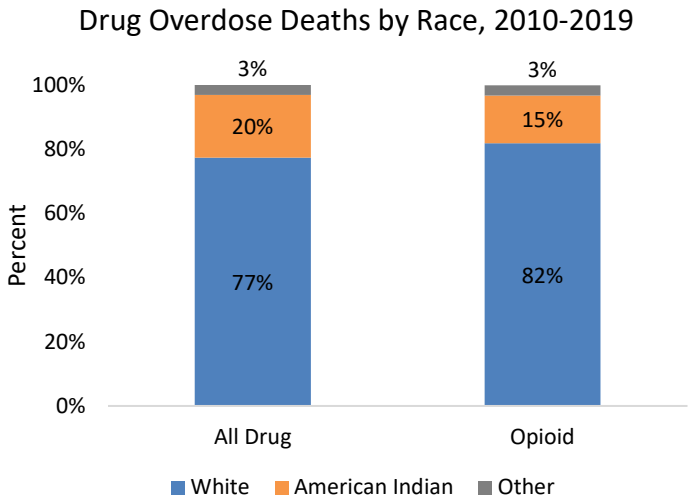


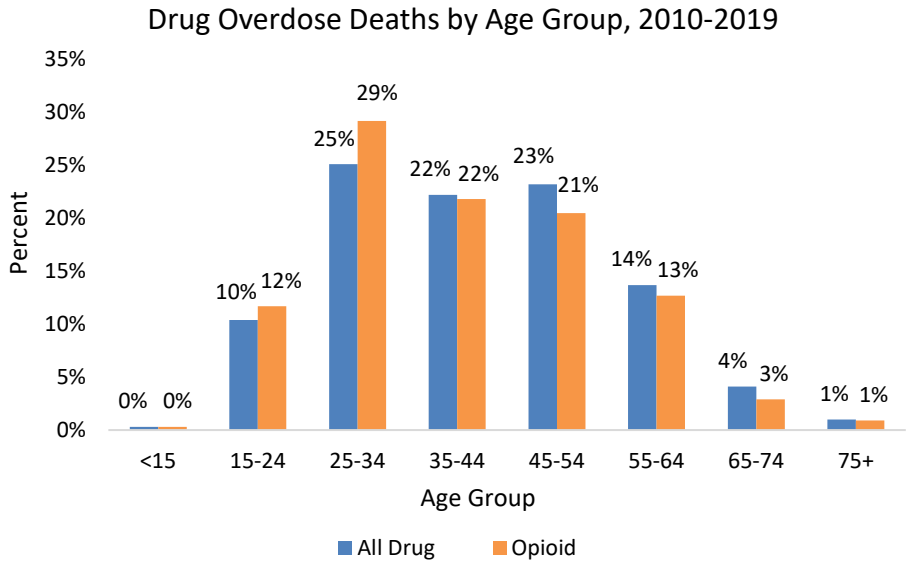
Data Source: DOH Vital Statistics

SOUTH DAKOTA DEPARTMENT OF HEALTH

Drug Related Deaths by Sex, Race, and Age Group, South Dakota 2010-2019



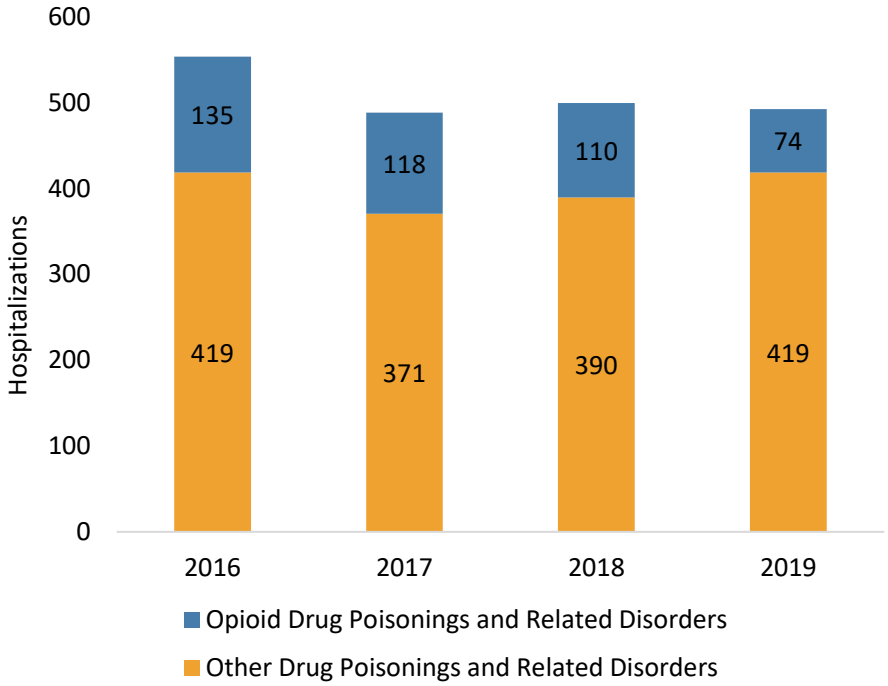


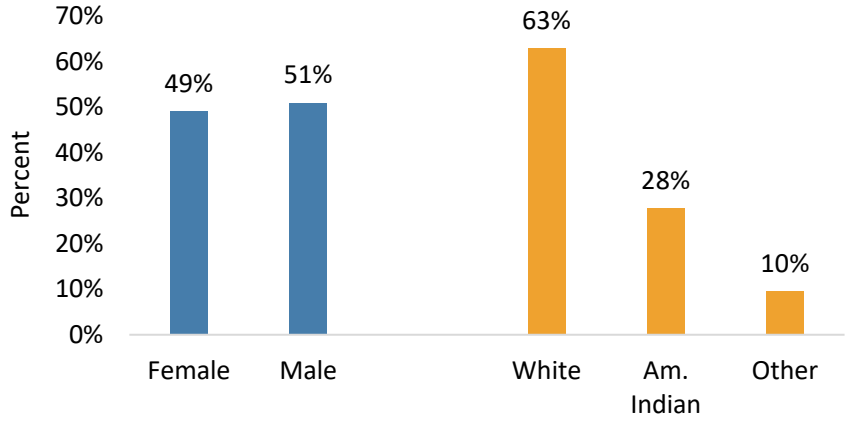


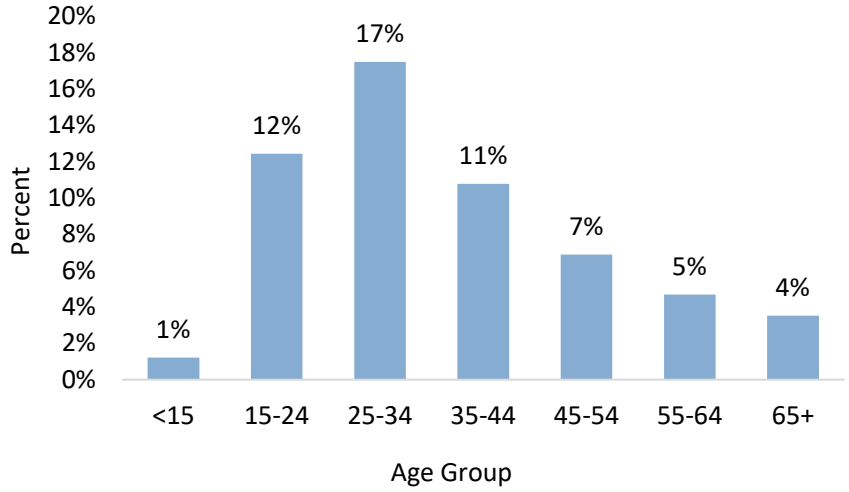
Data Source: DOH Vital Statistics

SOUTH DAKOTA DEPARTMENT OF HEALTH

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

SOUTH DAKOTA DEPARTMENT OF HEALTH

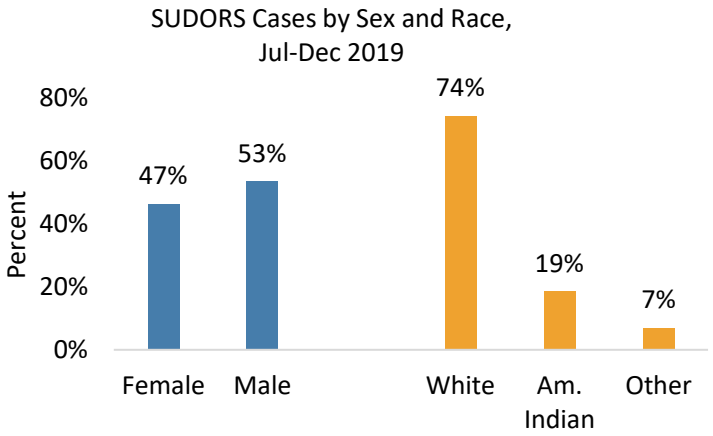
State Unintentional Drug Overdose Reporting System (SUDORS)

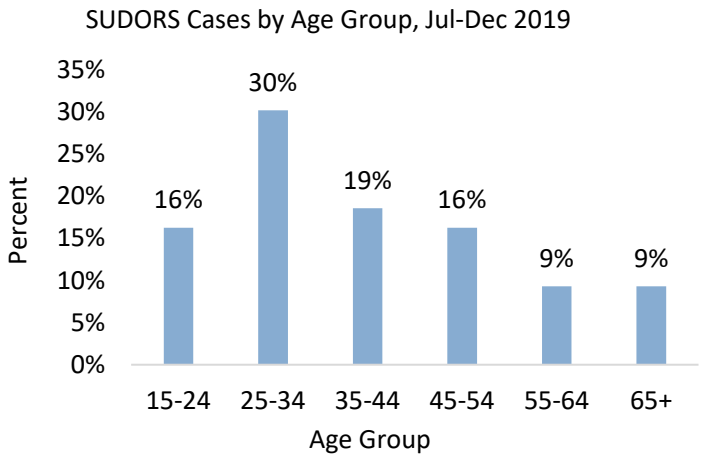
SUDORS Cases: July 2019 – December 2019

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 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)

SOUTH DAKOTA DEPARTMENT OF HEALTH

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.

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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

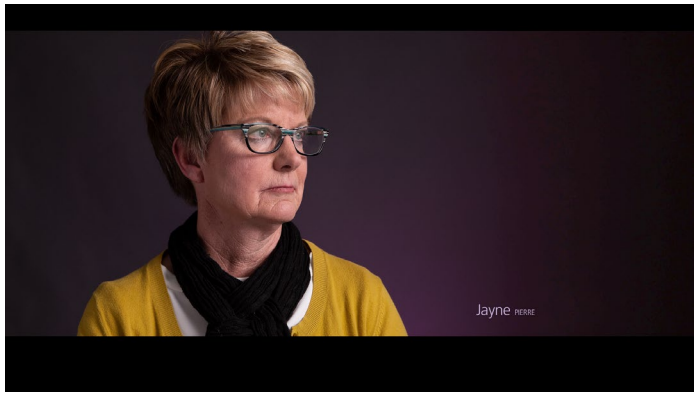
Primary Messaging

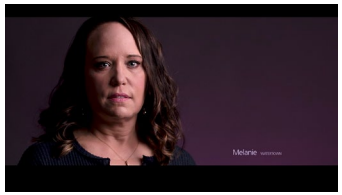
- Awareness around what opioids are and the risks involved (increased risk related to COVID)
- Promote treatment & related services (MAT, Care Coordination, Resource Hotline)
- Destigmatize opioid misuse & addiction (encourage friends & family to reach out)
- Promote safety & pro-active measures (Naloxone,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

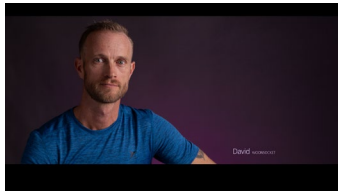
Media Mix

- Statewide Broadcast TV & Radio
- Industry Trade Publications
- Social Media / Multiple Platforms
- Website
- Collateral Support Materials

Broadcast TV & Radio 2020 - 2021





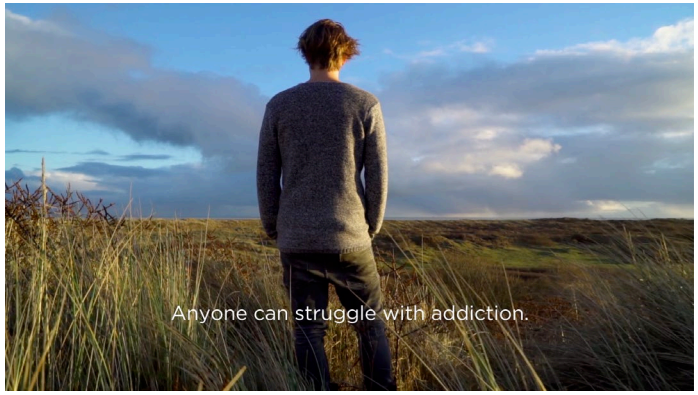


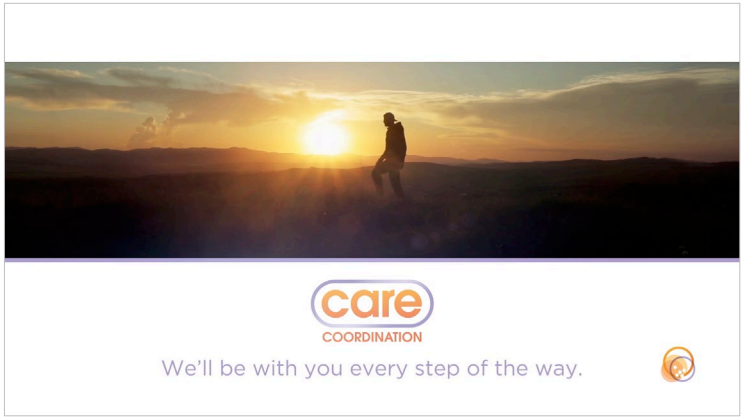
January – May 2020

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

Industry Trade Publications 2020 - 2021

Nursing Publications

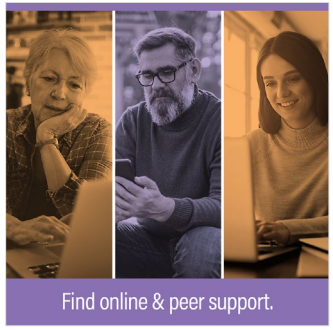
Dakota Nurse Connection

- 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

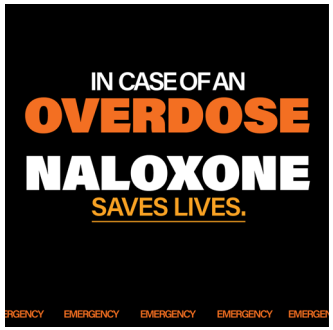
Social Media 2020



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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Website Activity: Facebook & Snapchat

August Highlights:

Objective:

- Build awareness of the Resource Hotline

Audience:

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

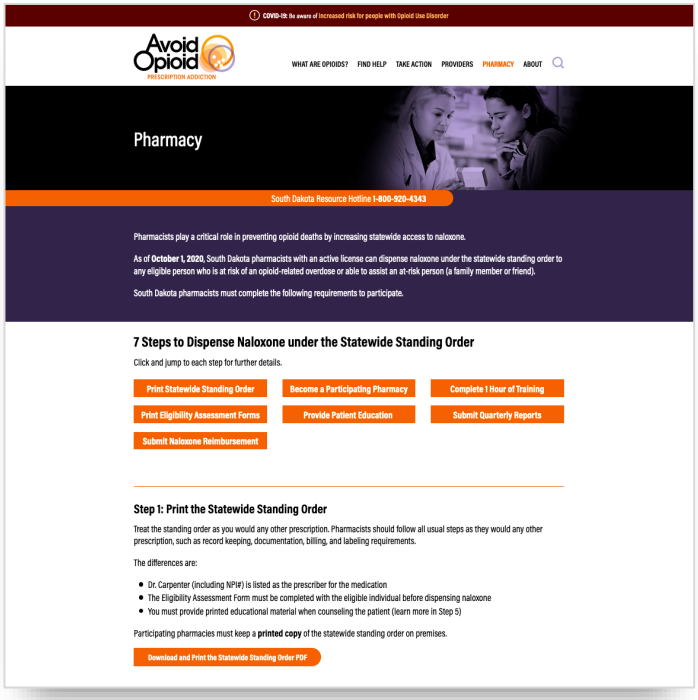
Strategy:

- 3 Facebook Posts + 1 Snapchat Ad

Results:

- Increased visits to the Resource Hotline page 400% in one month

Website Activity: Pharmacy Section



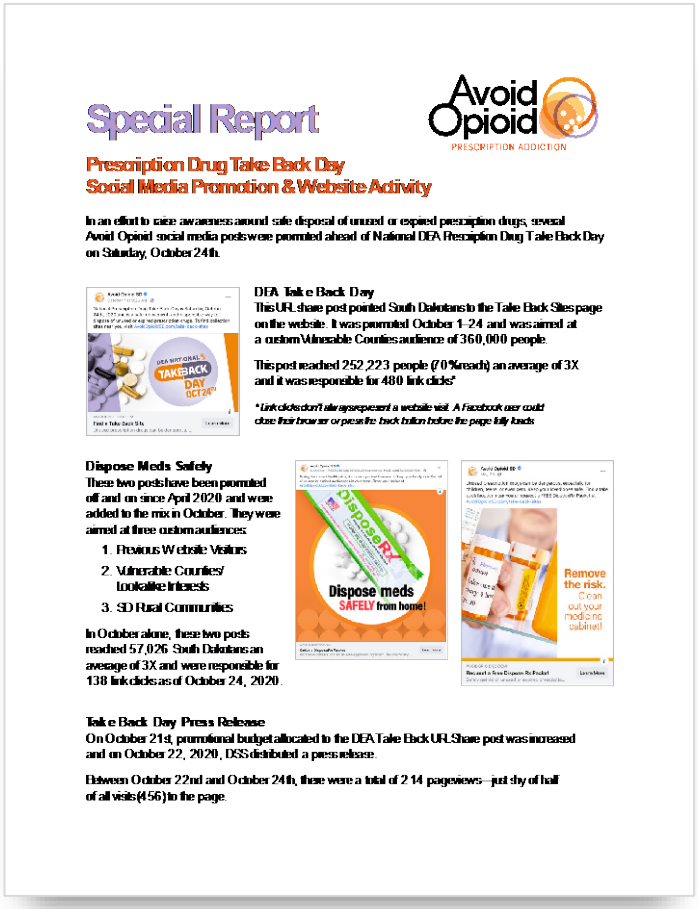
September Launch

- 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



Special Report

Avoid Opioid
PRESCRIPTION ADDICTION

Prescription Drug Take Back Day
Social Media Promotion & Website Activity

In an effort to raise awareness around safe disposal of unused or expired prescription drugs, several Avoid Opioid social media posts were promoted ahead of National DEA Prescription Drug Take Back Day on Saturday, October 24th.

DEA Take Back Day
This URL share post pointed South Dakotans to the Take Back Sites page on the website. It was promoted October 1-24 and was aimed at a custom Vulnerable Counties audience of 360,000 people.

This post reached 252,223 people (70% reach) an average of 3X and it was responsible for 480 link clicks*

*Link clicks don't always represent a website visit. A Facebook user could close their browser or press the back button before the page fully loads

Dispose Meds Safely
These two posts have been promoted off and on since April 2020 and were added to the mix in October. They were aimed at three custom audiences:

1. Previous Website Visitors
2. Vulnerable Counties/ lookalike Interests
3. SD Rural Communities

In October alone, these two posts reached 57,026 South Dakotans an average of 3X and were responsible for 138 link clicks as of October 24, 2020.

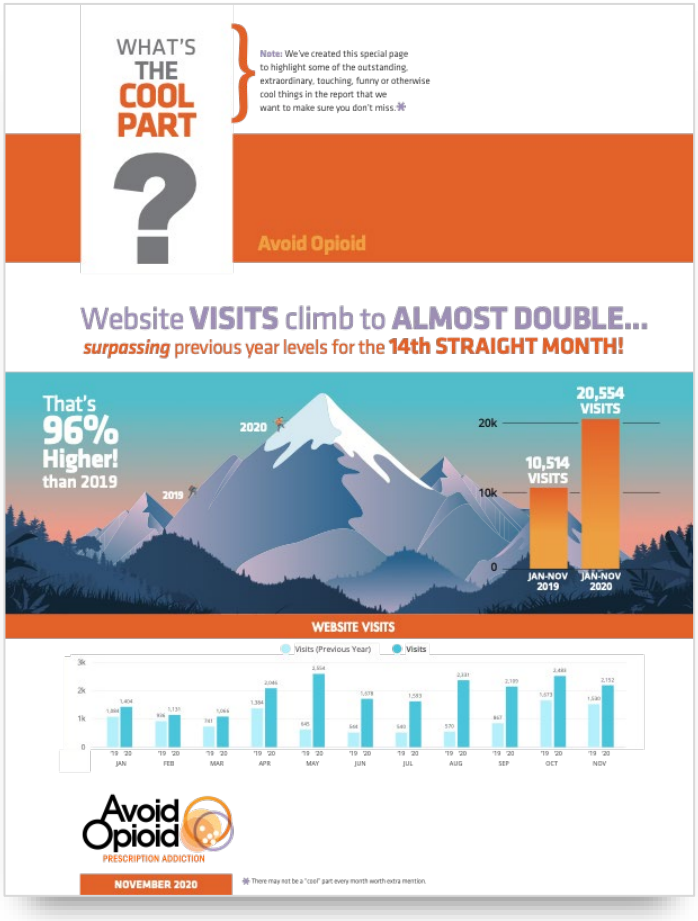
Take Back Day Press Release
On October 21st, promotional budget allocated to the DEA Take Back URL Share post was increased and on October 22, 2020, DSS distributed a press release.

Between October 22nd and October 24th, there were a total of 214 pageviews—just shy of half of all visits (456) to the page.

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

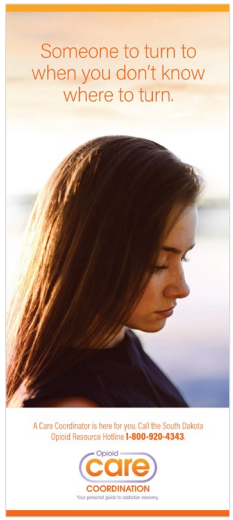


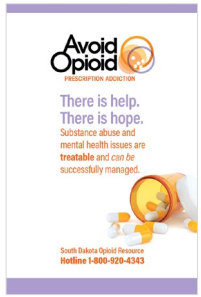
November Highlights:

- 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.

19

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

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

Our membership

- 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?

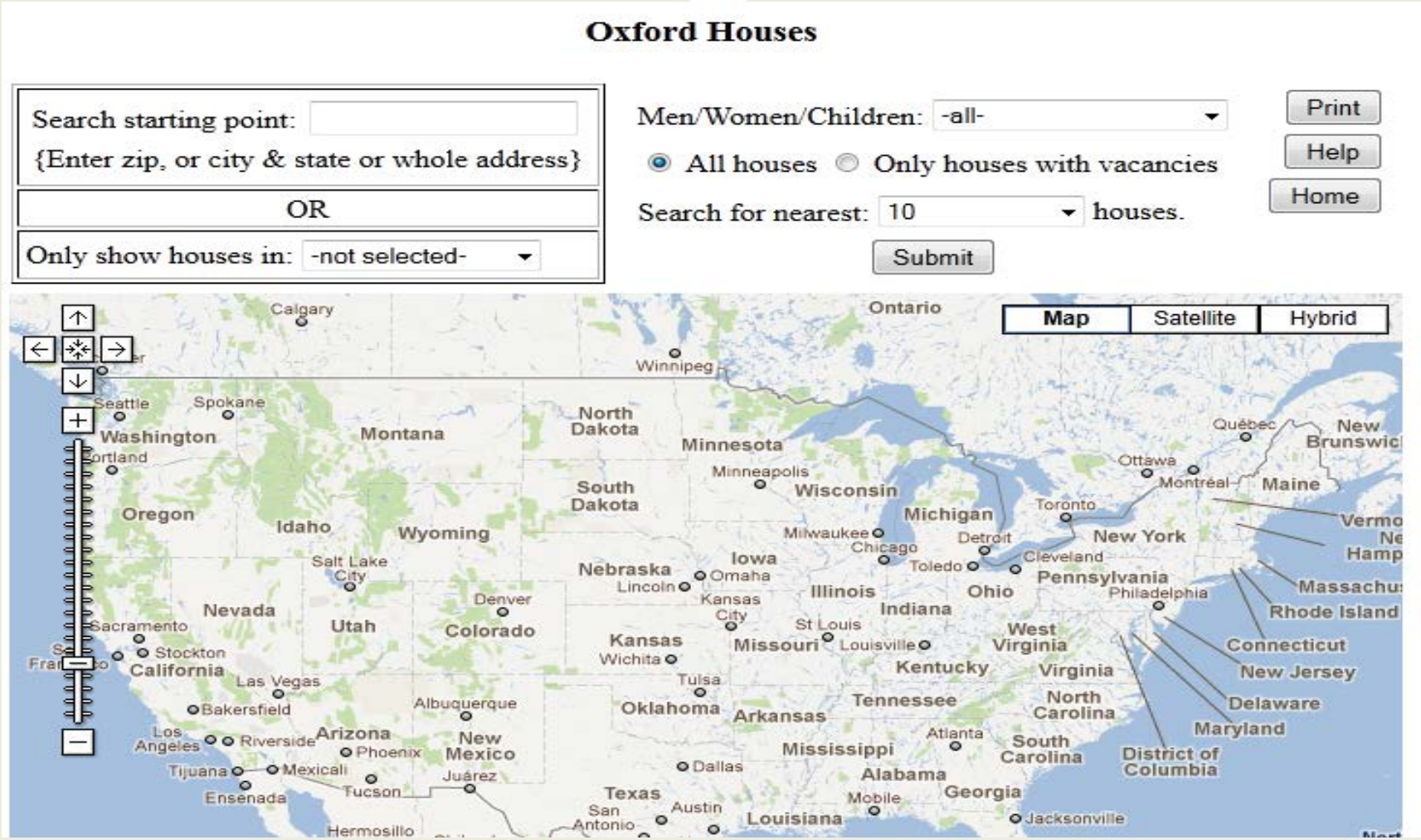
- Oxford House uses 9 traditions for success
- The house is democratically self-run
- The house membership is responsible for all household expenses
- The house must *immediately* expel any member who uses alcohol or drugs.

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

Determine The City Where You Want To GO

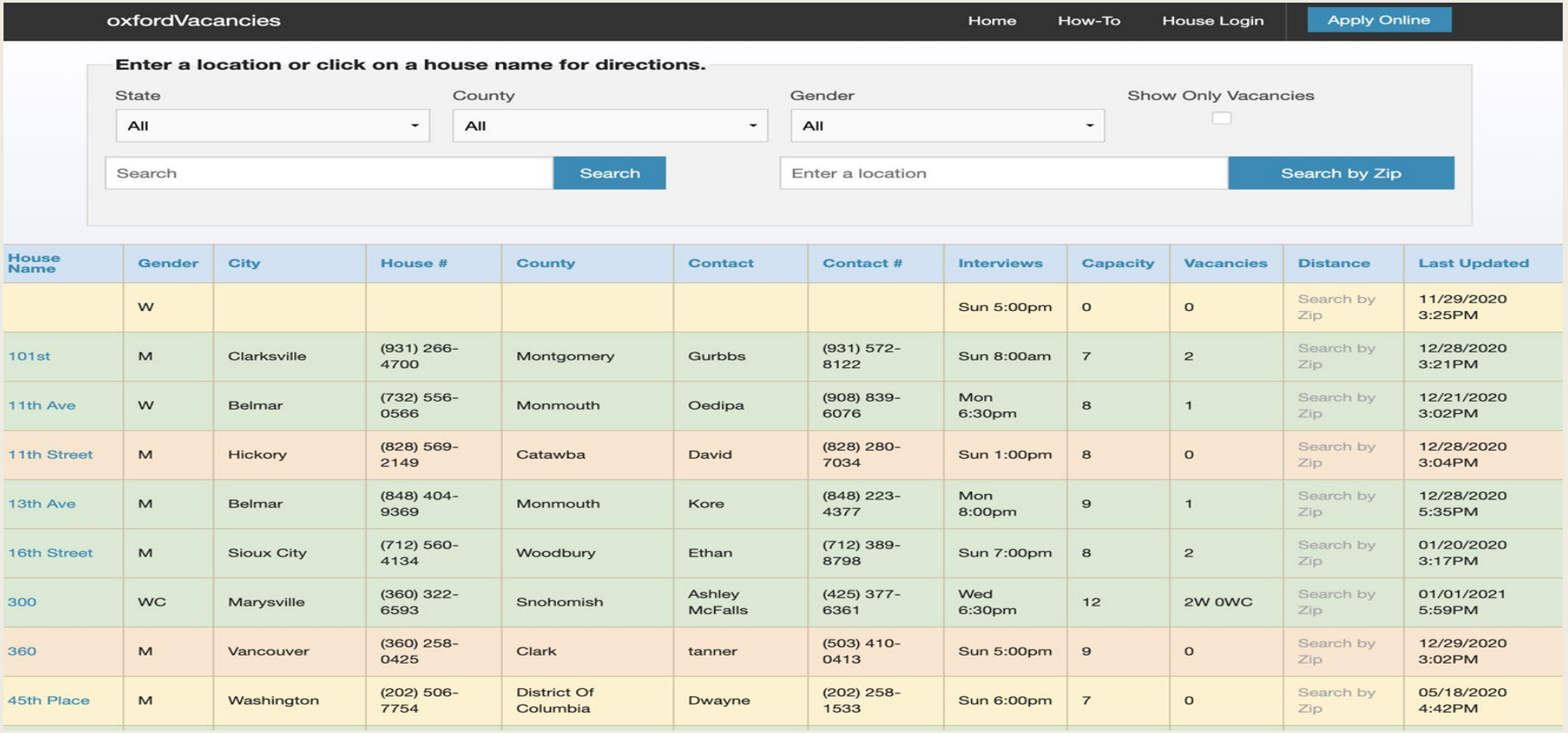


Application

- 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



House Name	Gender	City	House #	County	Contact	Contact #	Interviews	Capacity	Vacancies	Distance	Last Updated
	W						Sun 5:00pm	0	0	Search by Zip	11/29/2020 3:25PM
101st	M	Clarksville	(931) 266-4700	Montgomery	Gurbbs	(931) 572-8122	Sun 8:00am	7	2	Search by Zip	12/28/2020 3:21PM
11th Ave	W	Belmar	(732) 556-0566	Monmouth	Oedipa	(908) 839-6076	Mon 6:30pm	8	1	Search by Zip	12/21/2020 3:02PM
11th Street	M	Hickory	(828) 569-2149	Catawba	David	(828) 280-7034	Sun 1:00pm	8	0	Search by Zip	12/28/2020 3:04PM
13th Ave	M	Belmar	(848) 404-9369	Monmouth	Kore	(848) 223-4377	Mon 8:00pm	9	1	Search by Zip	12/28/2020 5:35PM
16th Street	M	Sioux City	(712) 560-4134	Woodbury	Ethan	(712) 389-8798	Sun 7:00pm	8	2	Search by Zip	01/20/2020 3:17PM
300	WC	Marysville	(360) 322-6593	Snohomish	Ashley McFalls	(425) 377-6361	Wed 6:30pm	12	2W 0WC	Search by Zip	01/01/2021 5:59PM
360	M	Vancouver	(360) 258-0425	Clark	tanner	(503) 410-0413	Sun 5:00pm	9	0	Search by Zip	12/29/2020 3:02PM
45th Place	M	Washington	(202) 506-7754	District Of Columbia	Dwayne	(202) 258-1533	Sun 6:00pm	7	0	Search by Zip	05/18/2020 4:42PM

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

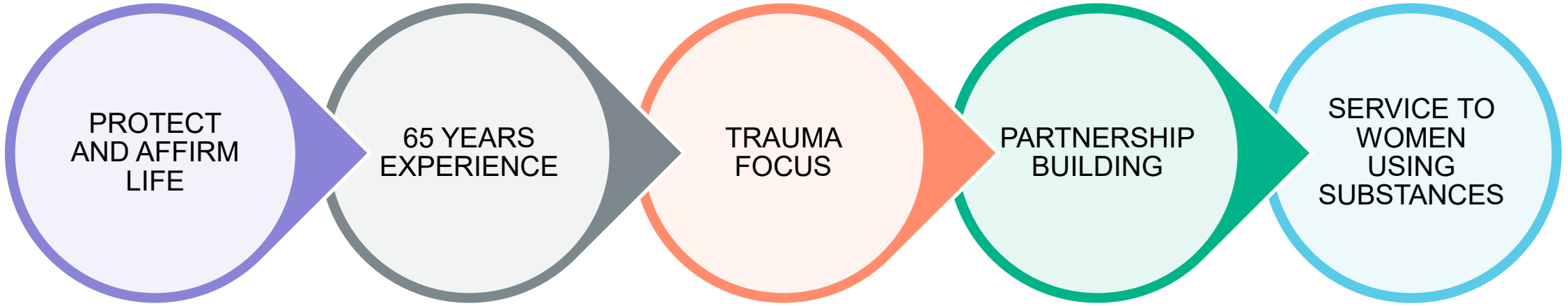
ReNew

Maternal Wraparound and Attachment Parenting Education

Serving Recovering Mothers with Newborns

Bethany®

Check in on social media
to share your interest in
Bethany and our services



Why Bethany?

Bethany

Substance Use & Pregnancy

1 in 12 pregnancies

Increased risk of death

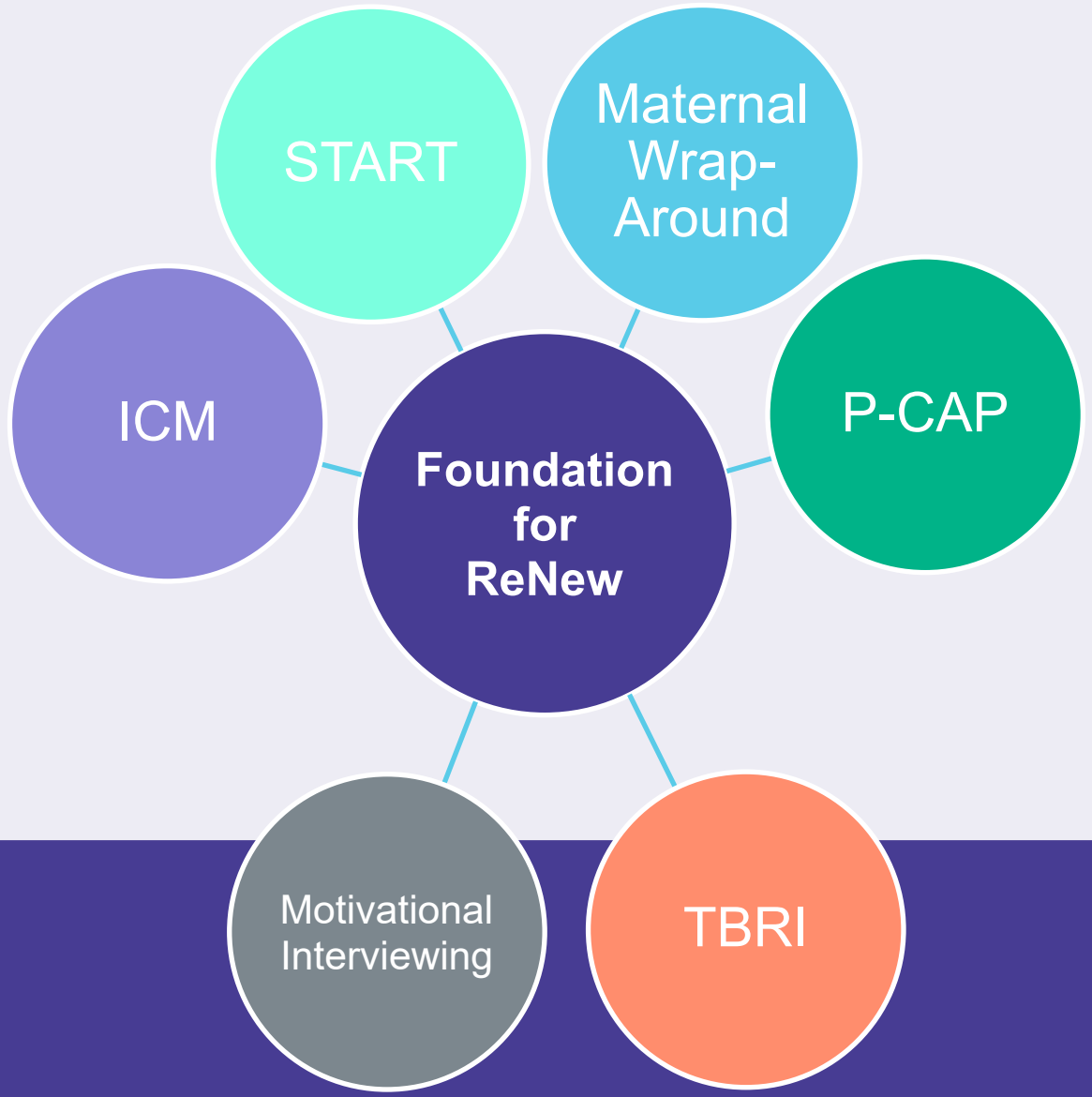
½ million babies/year

383% increase

Child born exposed every 15 min

The Problem

Bethany


START
Maternal Wrap-Around
ICM
Foundation for ReNew
P-CAP
Motivational Interviewing
TBRI

STAFF

WOMEN'S ADVOCATE & PEER SUPPORT

PEER RECOVERY SPECIALIST

SERVICE

SPECIALIZED CASE MANAGEMENT

CASELOAD

NOT TO EXCEED 30 WOMEN AND THEIR CHILDREN

SERVICE PERIOD

PRENATAL UP TO 32 WEEKS THROUGH ONE YEAR POST-DELIVERY

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

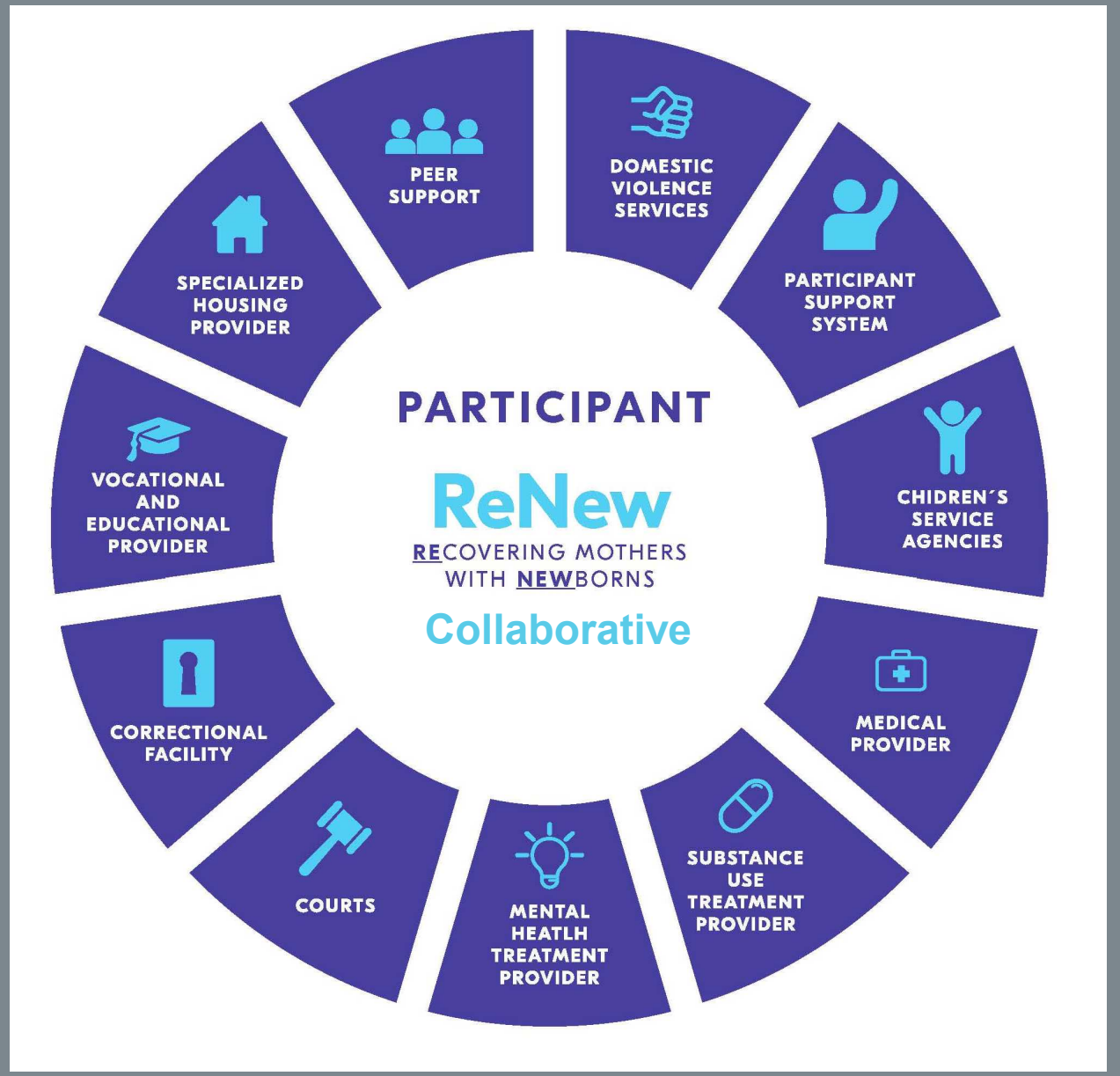
Communities achieve great impact by *reducing*:

- 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 productivty

ReNew
Partnerships



SERVICE PROVISION

Delivery--

1-year-old--

Enrollment

Desired enrollment prior to 32 weeks of pregnancy

Program Timeline

Bethany

Pregnancy Verification

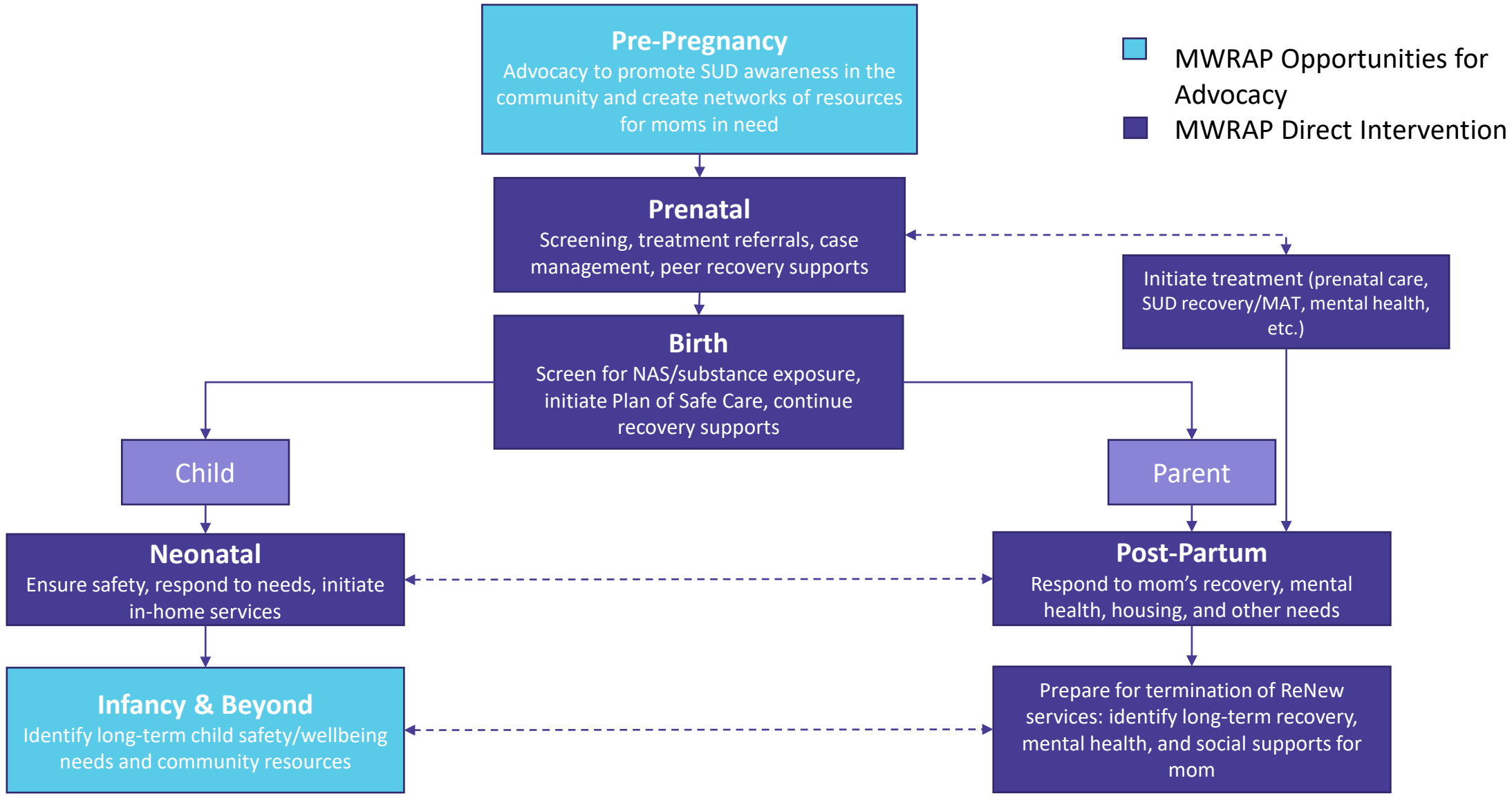
Substance use during pregnancy

Voluntary Enrollment

Criteria

Bethany

ReNew MWRAP Intervention Timeframes



Adapted from *Policy and Practice Intervention Points for Children and Families* (Young, 2009)

Screening Tools

Bethany

Thank you for joining us

Together, we can change the world through family.

Bethany

ReNew Program Overview

Purpose

Bethany's ReNew Maternal Wraparound Program (**Re**covering Mothers with **New**borns) 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.

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

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:

Evidence-Based Strategies	Rating, Evaluating Entity
Motivational Interviewing for Recovery Support and Engagement in SUD treatment	*Well Supported*, California Evidence-Based Clearinghouse for Child Welfare and Title IV-E Prevention Services Clearinghouse

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

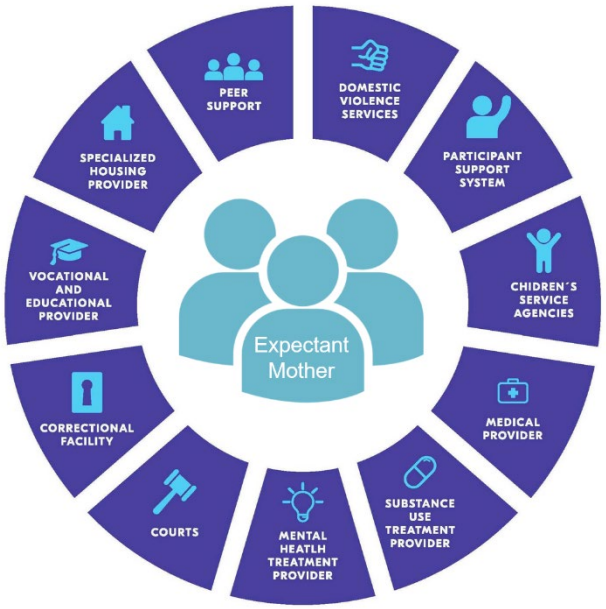
- 80% Engagement in Mental Health Treatment after Referral

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



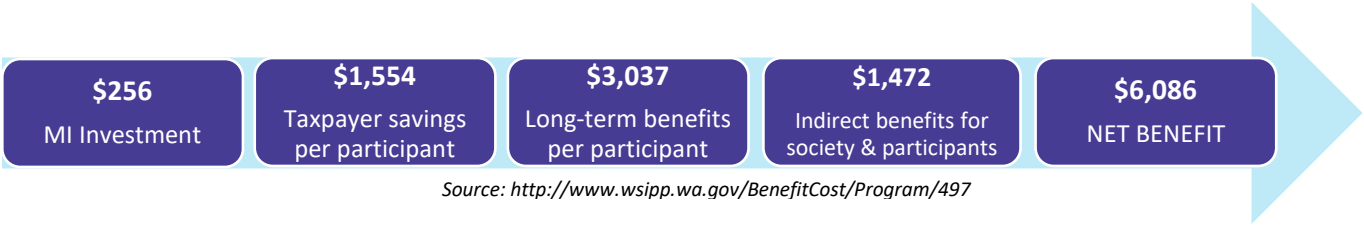
Collaboration and Leadership

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 <u>one-third</u> the cost of foster care**.

The reduced removal rates and improved outcomes associated with Motivational Interviewing leads to significant cost benefits in <u>enhancing treatment engagement</u>. 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]



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

Avoid Opioid PRESCRIPTION ADDICTION

DSS South Dakota Department of Social Services

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.

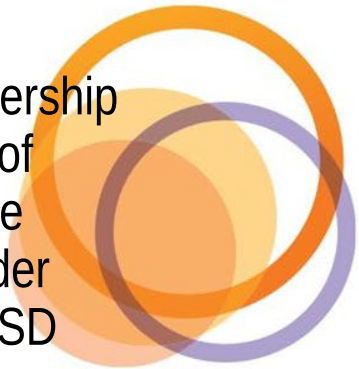
Strategy 3: Ensure ready access to naloxone.

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

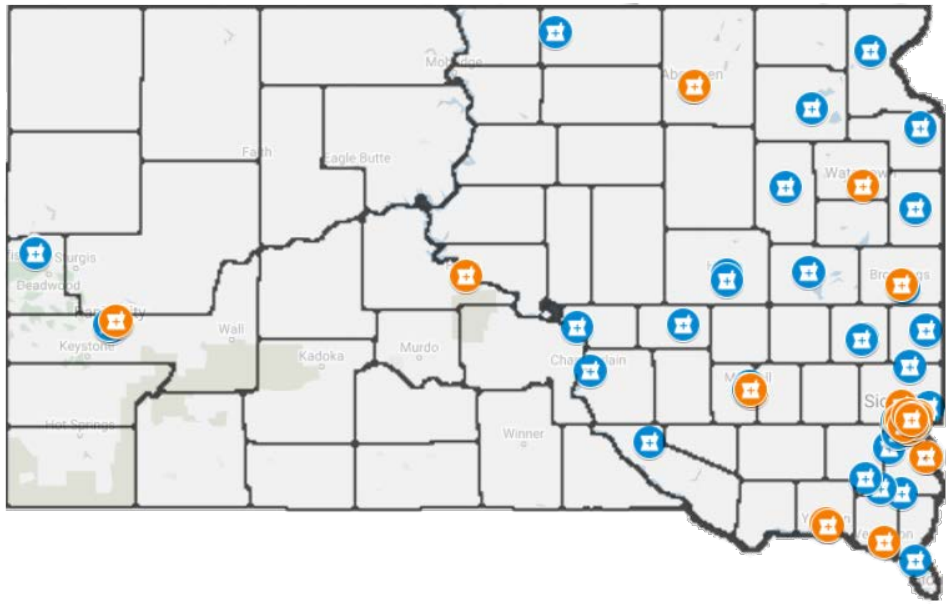
1. Know & Understand the Standing Order
2. Register Online
3. Complete one hour of training
4. Determine Patient Eligibility and Document
5. Provide Patient Education
6. Report outcomes
7. Submit for reimbursement

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.

Avoid Opioid
PRESCRIPTION ADDICTION

Public Input

Closing Remarks