Strengthening the Local Response to the Opioid Epidemic

HORRY COUNTY, SC
Horry County’s Efforts to Fight the Opioid Crisis

- Drug Court - Horry County (2005) and was later expanded to Georgetown County (2011).

- Jail Diversion Program - Horry County Sheriff’s Office in 2008 began a program to divert pre-sentenced and post-sentenced offender populations with addictions into proven model of change.

- Heroin Coalition – In late 2016 a Law Enforcement effort to address the large increase in county-wide opioid related overdoses resulted in a community/government partnership to fight the increasing epidemic.

- The South Carolina Overdose Prevention Act, in 2015 the South Carolina Department of Health and Environmental Control (DHEC) implemented the Law Enforcement Officer Naloxone, or LEON Program.

- Horry County and Georgetown County commissioned a study to examine the opioid crisis in our area and identify resources to aid in the counties efforts to address the crisis. The comprehensive forty-three page report details the size of the opioid crisis in the area and provides suggestions to combat the epidemic.
WHERE WE STARTED

- 2004 - Study Committee formed to researched alternative jail diversion models to help abate future capital expansion.
- Exemplary national model found in Kentucky-The Healing Place.
- Sheriff’s Office applied for CDBG program grant in 2008, received grant for 2009.
- Replication of the Kentucky program model Program began in July, 2009.
Program

- The program was developed to divert pre-sentenced and post-sentenced offender populations into proven model of change.
- Evoke a change in global functioning and modify offender beliefs, thinking, and behavior.
- Provide transition/reentry services as required to reintegrate offenders into the Horry County community.

GOALS
- Reduction in Recidivism
- Enhance Public Safety
- Demonstrate Costs Savings
- Reduce Future Capital Expenditures for Detention Services
- Enhance Community Economic, Social and Living Environment
The mission is accomplished through a three phase model:

**Phase I - Orientation**
Early Recovery (term 6 mos. to 1yr. in jail) - This phase involves a therapeutic community concept that teaches and requires evidence of responsibility, accountability, change in criminal thinking, relapse prevention skills, positive social interaction and healthy functioning in the community.

**Phase II – Transition**
Middle Recovery (term 6 mos. to 1 yr. in transitional housing) - Participants move to transitional housing on probation while continuing in the community model by working on life skills development, reestablish bonds with their families, address issues of employment, education, transportation, vocational training, legal issues, and transitional planning to permanent housing. In order to advance from Phase II to Phase III negative hair follicle test required, stable employment and proof permanent housing is required.
Phase III - Long-Term Recovery

Participants transition to permanent housing, employment, a healthy, holistic lifestyle and community reintegration. In order to successfully complete entire program (Phase III and beyond) - negative hair follicle test required, stable employment, no new felonies, and permanent housing verified.

July of 2015 - Collaborated with SC Department of Corrections to receive returning offenders from SCDC Youthful Offender Program in to the Horry County Jail Diversion/Reentry Program 12-18 months prior to release. Both parties entered into a MOA for the purpose of reducing the recidivism of Youthful Offenders under the parole supervision of SCDC through effective community-based reentry programming that targets the criminogenic risks and assets of Youthful Offenders, focusing on substance abuse treatment needs. Currently receiving funds from SCDC for each inmate in the program, which funds the majority of the existing Jail Diversion / Reentry program.
In 2018, AA and NA meetings within the detention center had 2,500 inmates in attendance.

In 1985, the Horry County Council passed County Ordinance 6-85 formally establishing the Horry County Commission on Alcohol and Drug Abuse (HCCADA) and designating it as the single county authority for alcohol and drug abuse programming. In the spring of 2000, the HCCADA became Shoreline Behavioral Health Services. In 2019, Shoreline began offering Certified Peer Mentoring to inmates, 8 hours a week. Two Peer Mentors meet with the inmates individually and in groups to share the resources available to them and to offer a treatment plan, while incarcerated and upon release.

New Directions operates four homeless shelters in Myrtle Beach, SC and provides counseling to inmates, temporary shelter, basic necessities, and connections to resources, empowering them to enter recovery programs upon release.

The Veteran’s Administration provides a counselor to the detention center one day a week. The counselor works with veteran inmates to place them in to treatment programs upon release and has been able to get inmates released into programs as a condition of their release.
Heroin Coalition

• Was established in 2016 to standardized protocols to address responses to an increase in heroin overdose calls.

• Expanded to three separate sub-committees: Law Enforcement, Education and Treatment in order to provide a more expansive approach to fight the increasing epidemic.

• Over the past two and a half years, several Town Hall Meetings, Awareness Symposiums, and Heroin Epidemic meetings have been hosted through the county, bringing the topic of the heroin epidemic in our communities to the forefront of one of the most critical issues facing us today.

• The 15th Judicial Circuit Solicitor’s Office assembled the available resources under a Heroin Coalition website that provides a one-stop-shop for treatment, education.

• Partnered with Coastal Carolina University’s video production team and produced 18 PSAs

• Established drop off sites for prescription drugs by placing prescription drug drop boxes at eleven law enforcement locations and one pharmacy within Horry and Georgetown Counties. Thousands of pounds of prescription drugs have be disposed of since placing the drop boxes within our communities.
The Heroin Coalition partnered with Coastal Carolina University’s video production team and produced 18 PSAs featuring recovering addicts, family members of addicts and county officials who speak from experience about the effects of the heroin crisis along the Grand Strand.
South Carolina Project:
After the South Carolina Overdose Prevention Act became law in 2015, DHEC, in collaboration with the Fifth Circuit Solicitor's Office and DAODAS, created the Law Enforcement Officer Naloxone (LEON) program, which focuses on law enforcement officers who are frequently the first emergency responders to arrive on scene and response time is critical to saving lives. LEON's goal is to provide comprehensive training to law enforcement agencies across South Carolina that focuses on identification, treatment and reporting of drug overdoses attributed to opioids.
The opioid study was conducted from April 19, 2018 to August 30, 2018. It was funded by Horry and Georgetown Counties and healthcare providers ($95,000).

The study allowed the local governments and healthcare partners to take an in depth look at the greater community and to better understand the devastating costs of this epidemic to the families with members from all walks of life suffering from this crisis, but also to recognize the costs to the community at large. The study’s purpose was to further the stakeholders commitment and develop a community implementation plan focused on meeting the community’s needs relative to heroin/opioid abuse.
RECOMMENDATIONS

It is recommended that Horry and Georgetown County create a joint budget that will support the coordination and provision of current services among the medical community, criminal justice system, academic community, public and private treatment providers, public school system, churches, half-way/recovery houses, zoning offices, and all other entities who are directly and indirectly involved with addressing the opioid crisis.

Adequate funding and coordinated efforts should be used to: create an educational curriculum; provide intensive public education via face to face and PSA’s; identify and collaborate with a provider to create mobile intake/referral/fast track/limited treatment unit reducing the number of individuals that frequent the emergency rooms while providing easier access to resources; assist with or establish a transportation component; establish/identify a provider(s) that can provide detox services; identify and collaborate with a provider that will establish a local inpatient treatment facility (60-day minimum); establish, monitor, and enforce regulations for Half-Way/Recovery Houses; provide programs and trainings relative to best practices; assist with developing and writing policies/procedures; provide oversite and support for the continuum; establish a method for receiving, investigating, and addressing complaints relative to services and needs; expand naloxone access and decrease response rates of first responders while decreasing death rates; expand MAT access and monitoring; potentially establishing MAT programs in detention facilities; expand peer support services to include schools, detention facilities, churches, family support, law enforcement, etc.; support law enforcement’s efforts to “enforce” and provide information for mapping; enhance community police programs and school-based programs; work with the Solicitor’s Office on prosecution efforts while also expanding forgiveness programs; create program evaluations and surveys to assist in providing continuous improvement; increase efforts to support family members, caregivers, and friends; promote healthy local partnerships by hosting joint meetings; research, encourage, and assure best practices; ensure that programs are monitored, expanded where needed, and support all pathways to recovery; review and propose legislation while ensuring that county and city ordinances relative to addressing the epidemic are consistent.
January 4, 2019: 7 fatal drug overdoses reported in Myrtle Beach area in 4 days, coroner says – “Coroner believes victims are overdosing on combination of heroin and other drugs”.

February 7, 2019: Proposed bill aims to stop overdose epidemic in South Carolina – “A bill in the South Carolina House Judiciary Committee aims to stop the overdose epidemic in the state by charging those who distribute drugs resulting in an overdose, with manslaughter”.

June 20, 2019: Overdose deaths on the rise in Horry County – “Overdose deaths are on the rise in Horry County. Coroner Robert Edge said there have been around five so far in June”.

August 3, 2019: We are definitely seeing an increase: Drug overdose reports spike in Myrtle Beach – “In July, Myrtle Beach police had 30 incident reports involving drug overdoses, according to city data. That is up from 13 reports in July 2018. In June, there were 25 reports up from 19 in June 2018.”
Moving Forward

Create a Addictions Intervention Unit for pretrial inmates at the detention center. Provide detox through our medical department and then move into the Intervention Unit and be case managed up to the point of release through existing local partnerships.

Seek federal and state funding to construct and staff a free inpatient drug treatment facility that provides medically monitored and clinically managed treatment for adults who are withdrawing from alcohol or other drugs. Provide transitional care by providing 24-hour medically monitored treatment services to adults who require continuous therapeutic care in recovery from chemical dependency.
It has been said, “In every crisis lies the seed of opportunity”, the opioid crisis presents an invaluable opportunity for city, county, state and federal officials to partner across jurisdictional lines to break the cycles of addiction, overdose, and death that have taken hold in so many corners of this nation.