KERSHAW AND LEE COUNTIES

OPIOID USE DISORDER TREATMENT CASCADE OF CARE

Data from Kershaw and Lee counties were grouped together to ensure confidentiality.

114

People Have Died from Opioid Drug Overdose in Kershaw and Lee Counties from 2015-2022*

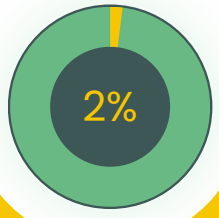
Treatment for Opioid Use Disorder Works but is Underutilized.

The evidence is clear that treatment for opioid use disorder can facilitate recovery, improve individual and family well being, and dramatically reduce the chance of overdose and death. However, most people in South Carolina who have an opioid use disorder are not receiving any treatment for their condition.

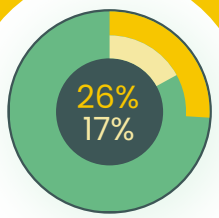
PERCENT OF SC MEDICAID ENROLLEES AGED 18-64 WHO WERE DIAGNOSED, TREATED, AND RETAINED IN CARE IN KERSHAW AND LEE COUNTIES IN 2021

1 Diagnosing Opioid Use Disorder

Of Medicaid enrollees in Kershaw and Lee Counties aged 18-64, 2% were diagnosed with opioid use disorder in 2021. It is estimated that at least 3% of Kershaw and Lee Counties Medicaid enrollees have opioid use disorder, but most are undiagnosed.



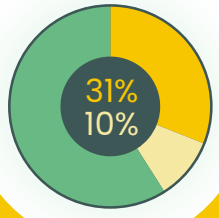
2 Psychosocial Treatment



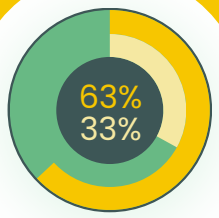
Of Medicaid enrollees in Kershaw and Lee Counties aged 18-64 with an opioid use disorder, 26% had one or more psychosocial treatment sessions within 14 days of diagnosis, and 17% had two or more sessions within 34 days of their initial session.

3 Medication

Of Medicaid enrollees in Kershaw and Lee Counties aged 18-64 with opioid use disorder, 31% received buprenorphine and 10% received methadone in the 34 days following diagnosis.



4 Retention in Treatment



Of Medicaid enrollees in Kershaw and Lee Counties aged 18-64, 63% who initiated medication for opioid use disorder continued it for 90 days and 33% of those who initiated psychosocial treatment for opioid use disorder continued it for 90 days.

The Data

The estimates presented in this county profile reflect the population of non-elderly adult Medicaid enrollees aged 18-64 in South Carolina in 2021.

Detailed information regarding the study population and the methods used to create these estimates can be found on our website.

Support and Resources

South Carolina Center of Excellence in Addiction provides:

- Technical Assistance
- Training and Education
- Data Analysis

South Carolina's Guide to Approved Uses for Investing Opioid Settlement Funds provides information of how you can implement approved strategies for spending opioid settlement funds in your county.

*Opioid overdose deaths represent the total number of deaths involving both legal and illegal opioids.
Source: South Carolina Department of Public Health

SOUTH CAROLINA CENTER of EXCELLENCE in ADDICTION

LEARN MORE AT ADDICTIONCENTEROFEXCELLENCE.SC.GOV/DATA

Created by the Center for Applied Research and Evaluation and the Big Data Health Science Center at the University of South Carolina. This work was made possible with the generous support of the South Carolina Opioid Recovery Fund.

SOUTH CAROLINA

OPIOID USE DISORDER TREATMENT CASCADE OF CARE

1 OUT OF 5

or 20% of Medicaid enrollees in South Carolina aged 18-64 with opioid use disorder **received treatment** in a timely manner in 2021.

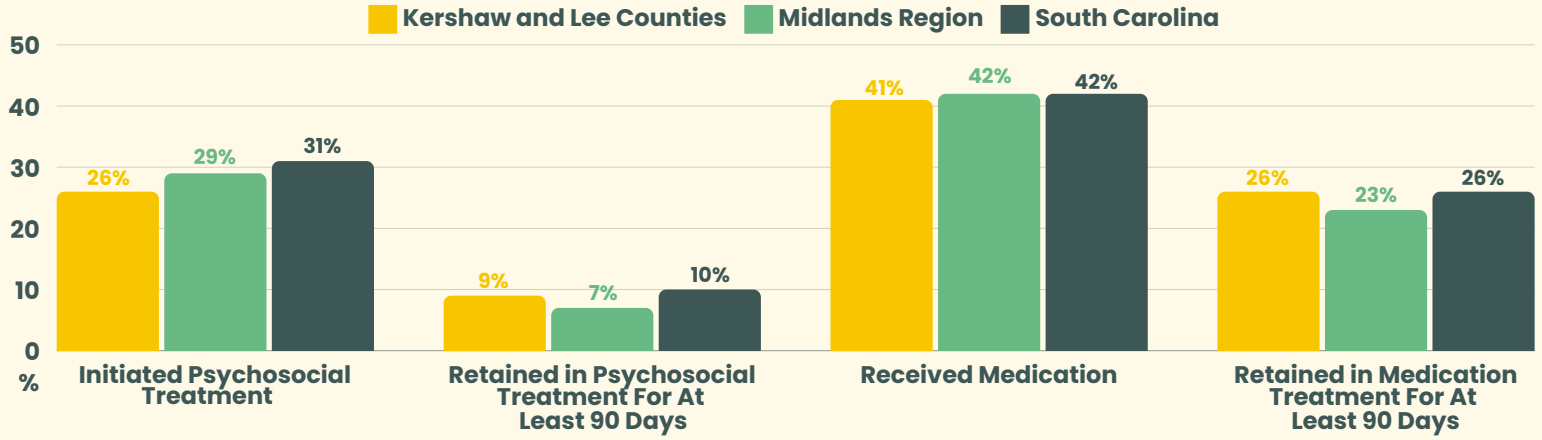
Cascade of Care Framework

Promoted by the National Institute on Drug Abuse and the Centers for Disease Control and Prevention, the Cascade of Care framework can help structure local and state efforts to combat the opioid epidemic by identifying key targets, interventions, and quality indicators across populations and settings to reduce deaths. *

Kershaw and Lee Counties Compared to South Carolina

Data from Kershaw and Lee counties were grouped together to ensure confidentiality.

Estimated Percentage of Medicaid Enrollees Aged 18-64 Diagnosed with Opioid Use Disorder Who Met Selected Cascade Targets



Strategies to Strengthen the Cascade in Kershaw and Lee Counties

Diagnosis

- Implement screenings in health care settings and use evidence-based standardized approaches to identify opioid use disorder
- Implement evidence-based early intervention programs in schools
- Encourage interventions by first responders to connect at-risk individuals to behavioral health services and supports (e.g. pre-arrest diversion programs, post-overdose response teams)

Psychosocial Treatment Initiation

- Build effective referral systems and warm handoff programs guided by the principle that there is "no wrong door" to initiate treatment
- Decrease barriers to treatment by increasing telehealth options and mobile methadone programs
- Implement harm reduction programs to reduce health and safety issues associated with drug use (syringe services and naloxone distribution programs)

Medication Receipt

- Expand treatment capacity by increasing the number of health care providers willing to prescribe buprenorphine
- Build and strengthen collaborative referral relationships between opioid treatment programs and other treatment providers
- Develop programs in jails to provide opioid use disorder treatment medications for individuals who need it

Treatment Retention

- Provide services to address barriers to remaining in treatment, such as transportation, childcare, and housing
- Ensure care is patient centered and continue shared decision-making practices with patients around treatment initiation and retention
- Implement treatment programs that include the use of health IT (e.g. tele health, online programs)

Learn more about the data, strategies for improvement, and technical assistance

addictioncenterofexcellence.sc.gov/data

County and state data displayed represent South Carolina's non-elderly adult Medicaid enrollees aged 18-64 from 2021. Percentages are estimates based on the data and do not reflect exact counts. State regions are based on the South Carolina Department of Public Health Regions. These data reflect trends in opioid use disorder diagnosis and treatment receipt during the COVID-19 pandemic, which may differ significantly from such trends during the non-pandemic period.

SOUTH CAROLINA CENTER of EXCELLENCE in ADDICTION

*Source: Williams, A. R. et al. (2019) 'Development of a Cascade of Care for responding to the opioid epidemic', The American Journal of Drug and Alcohol Abuse, 45(1), pp. 1–10. doi: 10.1080/00952990.2018.1546862.

Created by the Center for Applied Research and Evaluation and the Big Data Health Science Center at the University of South Carolina. This work was made possible with the generous support of the South Carolina Opioid Recovery Fund.