THE WAKE COUNTY DRUG OVERDOSE PREVENTION AND TOBACCO USE INITIATIVE

QUARTERLY PROGRESS REPORT #3

7/1/18-9/30/18

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Revised 11/20/18

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PROGRAM DESCRIPTION

Background

From 2010 to 2014, injury surveillance data showed an alarming increase in heroin overdose deaths in Wake County. In late 2015, Wake County Human Services (WCHS) and the Wake County Sheriff's Office (WCSO) jointly convened a community coalition in response to the opioid overdose problem. The Wake County Drug Overdose Prevention Coalition (Coalition) represents the cornerstone for the county's strategic thinking and long-range planning on the opioid issue that took place in 2016 and 2017. Its work led to a three-year, $950,000 allocation of ABC funds from the Wake County Board of Commissioners to create the Wake County Drug Overdose Prevention and Tobacco Use Initiative (Initiative).

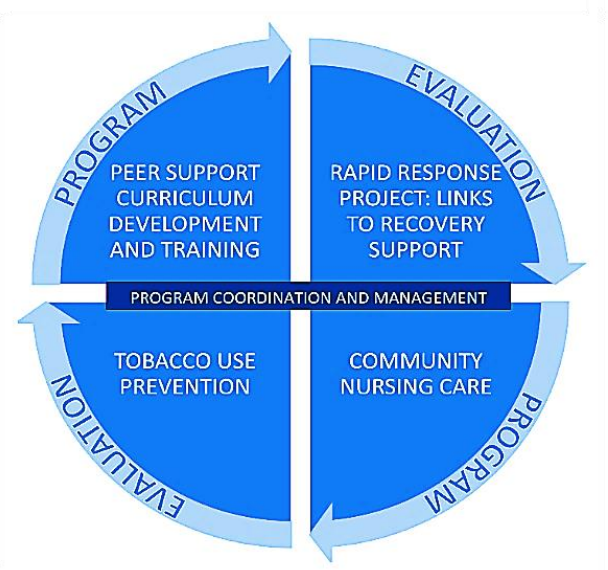
Key Activities

The Initiative is both multi-agency and interdisciplinary by design, and leverages resources found in the larger Wake County community. Figure 1 illustrates the programmatic components of the Initiative. At the center lies overall coordination and program management for the Initiative. The four quadrants represent the areas where the key capacity-building, prevention and treatment activities occur. They are:

- Peer Support Recovery-Focused Curriculum Development and Training
- Rapid Response Project linking individuals to recovery support services
- Injury and Drug Prevention Community Nursing Care
- Tobacco Use Prevention and Support

For details on each area's key activities, see Table 1. Program Evaluation touches and cycles through all areas to ensure adherence to program standards. The purpose of evaluation is to gain insight into this program's effectiveness by determining if the activities and objectives were achieved and by assessing the impact on participants' lives. This Initiative will be evaluated using the CDC Evaluation Framework. For more details on this framework, see Appendices 1-3.

Figure 1



PROGRESS

Implementation of the fully-resourced initiative is underway and program development is ongoing. Although population level outcomes cannot yet be determined, this report provides preliminary data for outputs of the program from January 1, 2018 through September 30, 2018. Significant accomplishments to date are highlighted below (bullets are listed cumulatively, with accomplishments from previous quarters in gray text and the current quarter in black text), with more detailed accounting in Tables 3 and 4. Progress for October 1, 2018 through December 31, 2018 and further analysis will be included in the annual report later this year.

- January 2018: Contracts in place for development of a Peer Support Recovery Focused Curriculum and a rapid response team with Wake Emergency Medical Services to link persons with substance use disorders to recovery support services
- January and February 2018: Injury and Drug prevention staff positions hired
- March 2018: Naloxone kits made more widely available to community through EMS
- April 2018: Rapid Response Team activated and client referrals to recovery support services underway
- April 2018: Recovery Communities of North Carolina (RCNC) Certified Peer Support Specialists (CPSS) identified
- June 2018: Injury and Drug Prevention Nurse's scope of work finalized, necessary training identified, and evaluation of client needs in progress
- June 2018: Established client referral pathways (See Appendix 4)
- June 2018: 132 referrals were incoming to the Rapid Response program; 89 referrals were outgoing from the Rapid Response program to community resources (see Table 4)
- **August 2018: Developed referral pathway for high risk women of childbearing age for high risk OB referrals to WakeMed and Women's Health/Family Planning clinics at WCHS**
- **September 2018: Contract awarded to Poe Center to train youth ambassadors in tobacco prevention (to begin Fall 2018)**
- **As of September 30, 2018, 30% (99 to 129) increase in referrals to CPSS from Quarter 2 to Quarter 3**

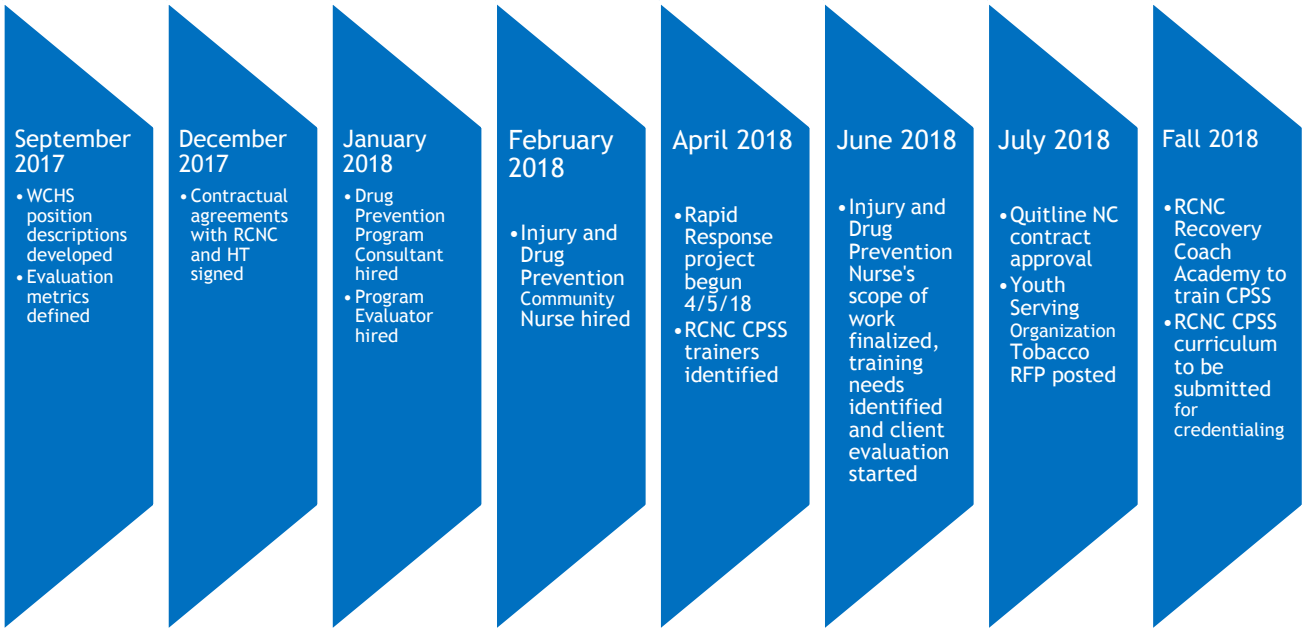
Table 1 describes the Initiative's key activities by program area:

TABLE 1: ACTIVITIES BY PROGRAM AREA			
PROGRAM AREA	**STAFF RESPONSIBLE/AGENCY**	**KEY ACTIVITIES**	**KEY PARTNERSHIP(S)**
Coordination and Management	Injury and Drug Prevention Consultant (WCHS)	• Management of the implementation and coordination of the Wake County Drug Overdose Prevention and Tobacco Use Initiative • Facilitation of the Wake County Drug Overdose Prevention Coalition • Oversight for contractual agreements with Initiative partners	Initiative staff from WCHS, Healing Transitions, Recovery Communities of North Carolina (RCNC), NC Harm Reduction Coalition and Wake EMS, Tobacco prevention partners
Training	Executive Director (RCNC)	• Development of a Peer Support Recovery Focused Curriculum • Identifying/training/registering with UNC Behavioral Healthcare Resource Program at least 4 individuals to provide the curriculum • Providing training to a minimum of 24 individuals within 3 years	UNC Behavioral Healthcare Resource Program (BHRP)
Rapid Response System—Link to Recovery Support (see Appendix 4)	Recovery Engagement Coordinator, Certified Peer Support Specialists (CPSS) (HT) Advance Practice Paramedics (APPs) (Wake EMS)	• Peer navigator assistance to individuals who come to the attention of law enforcement, EMS, the NC Harm Reduction Syringe Exchange Program and the WCHS health clinics due to their opioid use and its consequences • Linkage to recovery support resources	Initiative staff from WCHS, Healing Transitions, RCNC, NC Harm Reduction Coalition and Wake EMS
Community Nursing Care	Injury and Drug Prevention Community Nurse (WCHS)	• Nursing assessments and referral process for linkages to behavioral health and wrap around services • Wound treatment • Coordination of resources for naloxone distribution	Healing Transitions, NC Harm Reduction Coalition, WCHS staff
Tobacco Use Prevention	Smoking Cessation and Nicotine Replacement Therapy (NRT) Counselors (Quit line Staff)	• Providing counseling and Nicotine Replacement Therapy (NRT) for registered/eligible QuitlineNC callers	Region 7 Tobacco Prevention Control Manager (based at WCHS) with NC Public Health Foundation and QuitlineNC
	Poe Center for Health Education	• Training a minimum of 20 Wake County youth on substance use and tobacco use prevention	Initiative staff from WCHS, Tobacco Contracted Partners
Program Evaluation	Program Evaluator (Contract)	• Develops a written evaluation plan for each component of the Initiative • Provides monitoring of program objectives with quarterly reports, annual written summary reports and a project final report	Initiative staff from WCHS, Healing Transitions, RCNC, NC Harm Reduction Coalition and Wake EMS

Implementation Process

Program implementation began in September 2017. Figure 2 details the implementation timeline:

Figure 2—FY 18 Implementation Timeline



Goals and Objectives

The goals and objectives in Table 2 are consistent with the goals of the NC Opioid Action Plan 2017-2021 but are specific for the Wake County Drug Overdose Prevention and Tobacco Use Initiative.

TABLE 2: GOALS AND OBJECTIVES FOR THE INITIATIVE

GOAL 1	CREATE A COORDINATED INFRASTRUCTURE FOR DRUG MISUSE AND TOBACCO USE PREVENTION/TREATMENT/RECOVERY SUPPORT SERVICES
Objective	
1.1	By end of FY 2018, hire a full time Injury and Drug Prevention Consultant to provide project management for the Initiative and the Coalition.
1.2a	By end of FY 2018, contract with an agency for development of a Peer Support Recovery Focused Curriculum.
1.2b	By end of FY 2019, use RCNC's existing Recovery Coach Academy as the Peer Support Recovery Focused Curriculum
1.3	By end of FY 2018, contract with an agency for development of a team with Wake Emergency Medical Services to link persons with substance use disorders to recovery support services.
1.4	By end of FY 2019, contract with a youth-serving agency to train youth ambassadors in substance use and tobacco prevention.
1.5	By end of FY 2019, contract with Quitline NC to provide smoking cessation services to eligible callers in Wake County.
GOAL 2	**INCREASE AVAILABILITY FOR PEER SUPPORT RECOVERY TRAINING**

Objective	
2.1	By end of FY 2019, complete and have credentialed a Peer Support Recovery Focused Curriculum.
2.2	By end of FY 2019, identify, train, and register at least 4 individuals to provide CPSS training.
2.3	By end of FY 2019, train 24 individuals using a recovery focused curriculum.
2.4	By end of FY 2020, train a minimum of 20 youth as youth ambassadors to provide community education on substance use and tobacco prevention.
2.5	By end of FY 2020, trained youth ambassadors will educate a minimum of 15 community groups (five per fiscal year) on substance use and tobacco prevention.
GOAL 3	**EXPAND ACCESS TO TREATMENT AND RECOVERY ORIENTED SYSTEMS OF CARE**
Objective	
3.1	By end of FY 2020, determine if the number of EMS opioid-related encounters has decreased.
3.2	By end of FY 2020, increase the number of clients with substance use disorders from Wake EMS, NC Harm Reduction Coalition, WCHS Child Welfare and WCHS Injury and Drug Prevention Nurse (IDPCN) linked to certified peer support specialists (CPSS).
3.3	By end of FY 2020, increase the number of clients from Wake EMS, NC Harm Reduction Coalition, WCHS Child Welfare and WCHS IDCPN linked to recovery support services.
3.4	By end of FY 2020, increase the number of clients referred for Needle Exchange Program (NEP) services by the Injury and Drug Prevention Community Nurse (IDPCN).
3.5	By end of FY 2020, increase the number of clients receiving wound care (related to needle injections).
3.6	By end of FY 2020, increase number of clients receiving Twinrix (Hepatitis A and B) immunizations from the IDCPN.
3.7	By end of FY 2020, increase Number of clients screened for HIV, Hepatitis C, Syphilis, Gonorrhea and Chlamydia by the IDPCN.
3.8	By end of FY 2020, increase number of clients diagnosed with HIV, Hepatitis C, Syphilis, Gonorrhea and Chlamydia by the IDPCN.
3.9	By end of FY 2020, increase number of HIV and Hepatitis C clients referred to Bridge Counselor by the IDPCN.
3.10	By end of FY 2020, increase number of clients treated for Syphilis, Gonorrhea and Chlamydia by the IDPCN.
3.11	By end of FY 2020, increase number of women of child-bearing age screened for pregnancy by the IDPCN.
3.12	By end of FY 2020, increase number of women identified as pregnant by the IDPCN.
3.13	By end of FY 2020, increase number of pregnant women referred for pregnancy care by the IDPCN.
3.14	By end of FY 2020, increase number of clients referred to food resources by the IDPCN.
3.15	By end of FY 2020, increase number of clients referred to primary care by the IDPCN.
GOAL 4	**INCREASE COMMUNITY AWARENESS ON THE PREVENTION OF SUBSTANCE MISUSE AND TOBACCO USE**
Objective	
4.1	By end of FY 2020, increase the number of registered callers to Quitline NC
4.2	By end of FY 2020, increase the number of those registered callers served through public/private partnership with Quitline NC.
GOAL 5	**MAKE NALOXONE WIDELY AVAILABLE**
Objective	
5.1	By end of FY 2020, increase the number of clients given Narcan kits by the WCHS Injury and Drug Prevention Community Nurse.
5.2	By end of FY 2020, increase the number of Narcan kits distributed by Wake EMS.

PROCESS PERFORMANCE MEASURES

Tables 3 and 4 present data for the metrics that measure objectives described in Table 2. More than one metric may be used to measure each objective. The data evaluation team is responsible for performance metrics repository and data collection (for questions please contact Edie Alfano-Sobsey at edie.alfanosobsey@wakegov.com or Ramsay Hoke at ramsay.hoke@wakegov.com). Additional information on the process for metric development can be found in Appendix 3.

TABLE 3: IMPLEMENTATION GOALS
(1) CREATE A COORDINATED INFRASTRUCTURE FOR DRUG MISUSE AND TOBACCO USE PREVENTION/TREATMENT/RECOVERY SUPPORT SERVICES
(2) INCREASE AVAILABILITY FOR PEER SUPPORT RECOVERY TRAINING

AGENCY/STAFF RESPONSIBLE	METRIC	OBJECTIVE		STATUS
WCHS Injury and Drug Prevention Consultant	Hire a full time Injury and Drug Prevention Consultant to provide project management for the Initiative and the Coalition	1.1		Met
WCHS Injury and Drug Prevention Consultant, RCNC	Contract with an agency for development of a Peer Support Recovery Focused Curriculum	1.2a		Met
WCHS Injury and Drug Prevention Consultant, RCNC	Use RCNC's existing Recovery Coach Academy as the Peer Support Recovery Focused Curriculum in Fall 2018	1.2b		In process
WCHS Injury and Drug Prevention Coordinator, Rapid Response Team (HT and Wake EMS)	Contract with an agency for development of a team with Wake Emergency Medical Services to link persons with substance use disorders to recovery support services.	1.3		Established
WCHS Injury and Drug Prevention Consultant, TBD	Contract with a youth-serving agency to train youth ambassadors in tobacco use prevention.	1.4		In process
WCHS Injury and Drug Prevention Consultant, TBD	Contract with a Quitline NC to provide smoking cessation services to eligible callers in Wake County.	1.5		Established
RCNC	Complete and have credentialed a Peer Support Recovery Focused Curriculum by Spring 2019	2.1		In process
RCNC	At least 4 individuals identified/trained/registered to provide CPSS training	2.2		Met
RCNC	Minimum of 24 individuals trained in a recovery focused curriculum	2.3		Not started
TBD	Minimum of 20 youth trained as youth ambassadors to provide community education on substance use and tobacco prevention	2.4		Not started
TBD	Trained youth ambassadors will educate a minimum of 15 community groups (five per fiscal year) on substance use and tobacco prevention	2.5		Not started

TABLE 4: CLIENT-FOCUSED GOALS (3) EXPAND ACCESS TO TREATMENT AND RECOVERY (4) PREVENT SUBSTANCE USE/TOBACCO USE (5) MAKE NALOXONE MORE WIDELY AVAILABLE						
AGENCY	OBJ	METRIC	CY 2018			TOTAL
			Q1	Q2	Q3	
WAKE EMS	3.1	Advance Practice Paramedic (APP) Encounters for Substance Use	144	157	238	539
	3.1	Opiate Overdose (OD) Receiving Narcan	96	110	120	326
	3.1	Opiate OD No Narcan	47	25	28	100
	3.1	Narcan Administrations by EMS with APP/Healing Transitions Follow-up	0	58	118	176
	3.1	Opiate OD with Narcan but no EMS transport	39	52	73	164
INCOMING REFERRALS TO CERTIFIED PEER SUPPORT SPECIALISTS (CPSS) (See Appendix 4)	3.2	Healing Transitions (HT)	16	34	8	58
	3.2	Wake EMS	12	59	118	189
	3.2	Family or Friend	4	5	3	12
	3.2	Individual Self-Referral	1	0	0	1
	3.2	NC Harm Reduction Coalition	0	1	0	1
	3.2	WCHS Injury and Drug Prevention Community Nurse (IDPCN)	0	0	0	0
	3.2	WCHS Child Welfare	0	0	0	0
		TOTAL LINKED TO CPSS	33	99	129	261
OUTGOING REFERRALS FROM CPSS (See Appendix 4)	3.3	Primary Care	2	1	0	3
	3.3	Mutual-aid support groups	1	3	2	6
	3.3	Residential Living	1	1	2	4
	3.3	Suboxone Only Medication Assisted Treatment	1	2	2	5
	3.3	NC Harm Reduction Coalition	0	17	15	32
	3.3	WCHS IDPCN	0	0	2	2
	3.3	Formal Substance Use Disorder (SUD) Treatment	14	46	26	86
		TOTAL REFERRED BY CPSS	19	70	49	138
INJURY AND DRUG PREVENTION NURSE (IDPCN)	3.4	Referred for Needle Exchange services	0	2	2	4
	3.5	Received wound care	0	0	2	2
	3.6	Received Hepatitis A/B immunizations	0	0	0	0
	3.7	Screened for HIV, Hepatitis C, Syphilis, Gonorrhea and Chlamydia	0	0	0	0
	3.8	Diagnosed with HIV, Hepatitis C, Syphilis, Gonorrhea and Chlamydia	0	0	0	0
	3.9	Treated for Syphilis, Gonorrhea and Chlamydia	0	0	0	0
	3.10	HIV/Hep C clients referred to Bridge Counseling	0	0	0	0
	3.11	Women of child-bearing age screened for pregnancy	0	0	0	0
	3.12	Positive for pregnancy	0	1	2	3
	3.13	Referred to pregnancy care	0	1	2	3
	3.14	Referred to food resources	0	0	1	1
	3.15	Referred to primary care	0	0	4	4
		TOTAL REFERRALS BY IDPCN	0	4	13	17
QUITLINE NC	4.1	Number of registered callers	242	215	206	663
	4.2	Callers served by public/private partnership	0	0	0	0
NALOXONE AVAILABILITY	5.1	Naloxone kits distributed by Injury and Drug Prevention Nurse	0	0	0	0
	5.2	Naloxone kits distributed by EMS	54	61	131	246
		TOTAL KITS DISTRIBUTED	54	61	131	246

SUCCESSES AND CHALLENGES

The data evaluation team followed up with staff in each program area on any successes and challenges, and Table 5 shows the staff's feedback. Successes and challenges are listed cumulatively by quarter; bullets in gray text occurred in previous quarters, while bullets in black text are from the current quarter.

TABLE 5: SUCCESSES AND CHALLENGES

PROGRAM AREA	STAFF RESPONSIBLE	SUCCESSES	CHALLENGES
Coordination and Management	Injury and Drug Prevention Consultant (WCHS)	Q1—1/1/18-3/31/18 • Position hired January 2018 • Wake County recovery court was aligned with the Initiative and became a part of WCHS Public Health in January 2018 • Increased Substance Use Initiative and tobacco use awareness through community presentations • Coalition thriving after 2 ½ years in existence Q2—4/1/18-6/30/18 • Billboard campaign to educate community about naloxone resources—May/June 2018 • Increased media coverage (all 3 networks) and naloxone distribution	Q1—1/1/18-3/31/18 • Bringing schools/faith community/fire department to Coalition • Managing naloxone kit supply/demand for uninsured clients Q2—4/1/18-6/30/18 • Naloxone kit uptake in the community **Q3- 7/1/18-9/30/18** • **EMS has a limited supply of Naloxone for distribution to overdose survivors**
Training	Executive Director (RCNC)	Q1—1/1/18-3/31/18 • 2 CPSS completed recovery coach training in January 2018 • Curriculum currently being developed with positive feedback from CPSS **Q3-7/1/18-9/30/18** • **Recovery Coach Academy training will be held in October 2018** • **Recovery focused curriculum training scheduled in February 2019**	Q2—4/1/18-6/30/18 • Schedule delay of recovery-focused curriculum submission for credentialing/training, due to staff changes
Rapid Response—Link to	Rapid Responder Coordinator, Certified Peer Support	Q1—1/1/18-3/31/18	Q1—1/1/18-3/31/18

Recovery Support	Specialists (CPSS) (HT) Advance Practice Paramedics (APPs) (Wake EMS)	• Initiated Rapid Response project on April 5, 2018 • Completing Emergency Room (ER) Peer Support training • Developing phone text as a productive medium to connect with clients • Relationship building with clients' families as part of the recovery process • APPs successfully convey information to CPSS prior to residential follow up • Program in development to support CPSS workers with job-related stresses • Increase in the number of clients linked to CPSS/referred by CPSS to community recovery support services **Q3- 7/1/18-9/30/18** • **Submitted grant to DHHS to support salary for a third CPSS and funding for participant recovery support services (bus tickets, gas cards, grocery store vouchers)** • **Regular collaborative meetings with Initiative members allows for solutions for needed resources and other needs** • **Daily supervision and check-in with the Peer supports encourages positive emotional health** • **Business cell phones for peer supports allows for texting (most productive form of contact)** • **Laptops for peer supports for rapid data input in a technologically stretched organization** • **Monthly off-site supervision, in addition to daily supervision, to**	• Clients hesitant to answer door/engage with CPSS post-overdose event • Time management when not responding to overdose calls • Responding to client needs on 24/7 Q2—4/1/18-6/30/18 • Establishing treatment and recovery pathways • Limited available resources for treatment/recovery • Exponential increase in CPSS caseload • Increased need for CPSS volunteers **Q3- 7/1/18-9/30/18** • **Rapid Responders need additional CPSS to assist with clients** • **Client needs recognized by the CPSSs include: money for Medically Assisted Treatment, housing especially for females, resources available for couples and families rather than just individuals, more options for grief counseling** • **A decrease (from 70 in Q2 to 49 in Q3) in the total number in referrals from CPSS to resources and providers is noted. Reasons for this decrease will be evaluated in the 2018 annual evaluation report**

		provide an additional level of wellness checks for the CPSSs	
Community Nursing Care	Injury and Drug Prevention Community Nurse (WCHS)	Q1—1/1/18-3/31/18 • Position hired February 2018 Q2—4/1/18-6/30/18 • Developed nursing scope of practice and protocols—approved July 2018 • Completed wound care and medical case management training • Increase in referrals from HT **Q3- 7/1/18-9/30/18** • **Continued development of relationships and identify pathways for appropriate referrals to nurse** • **Developed referral pathway for high risk women of childbearing age for OB referrals to Wake Med and Women's Health/Family Planning clinics at WCHS.** • **Nurse providing some services at outreach community locations for referrals from HR, (Love Wins, Healing Transitions).**	Q1—1/1/18-3/31/18 • Defining scope of practice • Developing protocols • Training gaps Q2—4/1/18-6/30/18 • Training gaps as well as education gaps identified with medical and social services providers • Legal considerations affecting mothers—helping pregnant mother know her rights (she fears CPS will take her child away automatically) • Developing pathways for high-risk pregnant women • Providing medical services for transient populations served by Harm Reduction Coalition **Q3- 7/1/18-9/30/18** • **Ongoing challenge: Training gaps as well as education gaps identified with medical and social services providers**
Quitline NC and Youth-Serving Agency (TBD)	Quitline staff/TBD	Q2—4/1/18-6/30/18 • Youth-serving agency RFP approved June 2018 **Q3- 7/1/18-9/30/18** • **Contract awarded to The Poe Center and is in process.**	Q2—4/1/18-6/30/18 • Internal contract/RFP delays • Multiple contract reviews with internal and external partners
Program Evaluation	Program Evaluator (Contract)	Q1—1/1/18-3/31/18 • Position hired February 2018 • Establishment of a Data Team with Program Evaluation Consultant and WCHS epidemiology program Q2—4/1/18-6/30/18 • Generating progress reports on a quarterly basis **Q3- 7/1/18-9/30/18** • **Progress reports shared with WCHS**	Q1—1/1/18-3/31/18 • Developing a comprehensive evaluation plan given the diversity of activities of this Initiative

		leadership, the Initiative Core Team and the Coalition	

APPENDIX 1 EVALUATION DESIGN

CDC Evaluation Framework

The Initiative will be evaluated according to the four-standard, six-step framework set out by CDC (Figure 3). Each standard and step for the evaluation process is then briefly described.

Figure 3

The following four standards are applied to the evaluation:

- **Utility:** Evaluation results will be provided to County leadership, Coalition members and other key stakeholders on a quarterly basis, with more extensive analysis of findings on an annual basis.
- **Feasibility:** Evaluation activities are appropriately resourced—they are built-in to the framework of the Initiative.
- **Propriety:** At a fundamental level, the Initiative seeks to reach community clients at a very sensitive time and place in their lives; all evaluation activities protect client data and confidentiality in an appropriate manner.

- **Accuracy:** Evaluation findings will be valid and reliable and can be readily used by the stakeholders.

Six Steps of Program Evaluation

1. *Engaging Stakeholders:* this process has been occurring continuously since the inception of the Coalition in November 2015. An additional aspect of engaging stakeholders was the data evaluation team's consultation with Subject Matter Experts (SMEs) to develop the metrics to measure the Initiative's objectives; this process will be discussed more fully under the *Gathering Credible Evidence* bullet below.
2. *Program Description:* See pages 2-4.
3. *Evaluation Design:* The evaluation model used in this report is commonly referenced by the Centers for Disease Control as a *Logic Model.* A logic model (Appendix 2) includes process and outcome components. Moving sequentially by step over a three-year time span, effective processes will lead to desired outcomes. The logic model details the following components:
    - **Resources/inputs** needed to operate program
    - **Program activities** of the Initiative
    - **Outputs** accomplished by the program activities
    - **Short-term, medium-term and long-term outcomes:** describe the direct and indirect effects on the target population

    A logic model also includes the overall program goals which represent the overall mission or purpose of the program, often expressed in terms of changes in morbidity and mortality (See Appendix 2).

4. *Gather Credible Evidence:* See Appendix 3, *Process for Metric Development*
5. *Justify Conclusions:* CDC's program evaluation process sheds additional light on the importance of justifying conclusions: "conclusions become justified when analyzed and synthesized findings ("the evidence") are interpreted through the prism of values (standards that stakeholders bring) and then judged accordingly. Justification of conclusions is fundamental to utilization-focused evaluation. When agencies, communities, and other stakeholders agree that the conclusions are justified, they will be more inclined to use the evaluation results for program improvement." (https://www.cdc.gov/eval/guide/step5/index.htm, 5/9/18)
6. *Ensure use and Share Conclusions:* The progress and final evaluation reports will be shared with the Wake County Leadership and the Wake County Drug Overdose Prevention Coalition.

APPENDIX 2 LOGIC MODEL

<table>
<tr><th colspan="5">PROGRAM GOAL: REDUCE DRUG OVERDOSES AND TOBACCO USE IN WAKE COUNTY</th></tr>
<tr><th colspan="3">PROCESS/IMPLEMENTATON</th><th colspan="2">OUTCOMES/EFFECTIVENESS</th></tr>
<tr><th>RESOURCES/ INPUTS</th><th>ACTIVITIES</th><th>OUTPUTS</th><th>OUTCOMES</th><th>IMPACT</th></tr>
<tr>
<td>Three-year allocation of BOC funding
Program staff
Data Use Agreements</td>
<td>(See Table 1 for initiative-related activities)</td>
<td>(See Table 4 for initiative-related outputs)</td>
<td>Reduction of opioid-related emergency department (ED) visits
Reduction of opioid-related hospital admissions
Increased number of uninsured individuals with an opiate use disorder served by treatment programs
Increased number of clients completing SUD treatment/pathway to recovery
Increased number of clients re-entered into SUD program after relapse
Increased number referred for substance use assessment (of total number of Child Protective Services (CPS) assessments completed)
Increased number of Plans of Safe Care (PoSC) developed for infants and families for substance affected infants referred to CPS
Increased number of Certified Peer Support Specialists in Wake County
Number (%) that were opioid-related of the total number referred for substance use assessment</td>
<td>Reduction of opioid deaths and death rate
Reduction in percent of opioid deaths involving heroin or fentanyl/fentanyl analogues
Reduction of:
Acute Hepatitis C cases
HIV cases
Syphilis cases
Gonorrhea cases
Chlamydia cases
Decrease in opioid related substance use CPS assessments
Decrease in number of substance affected infants
Decrease in use of Narcan for overdoses</td>
</tr>
</table>

APPENDIX 3 PROCESS FOR METRIC DEVELOPMENT

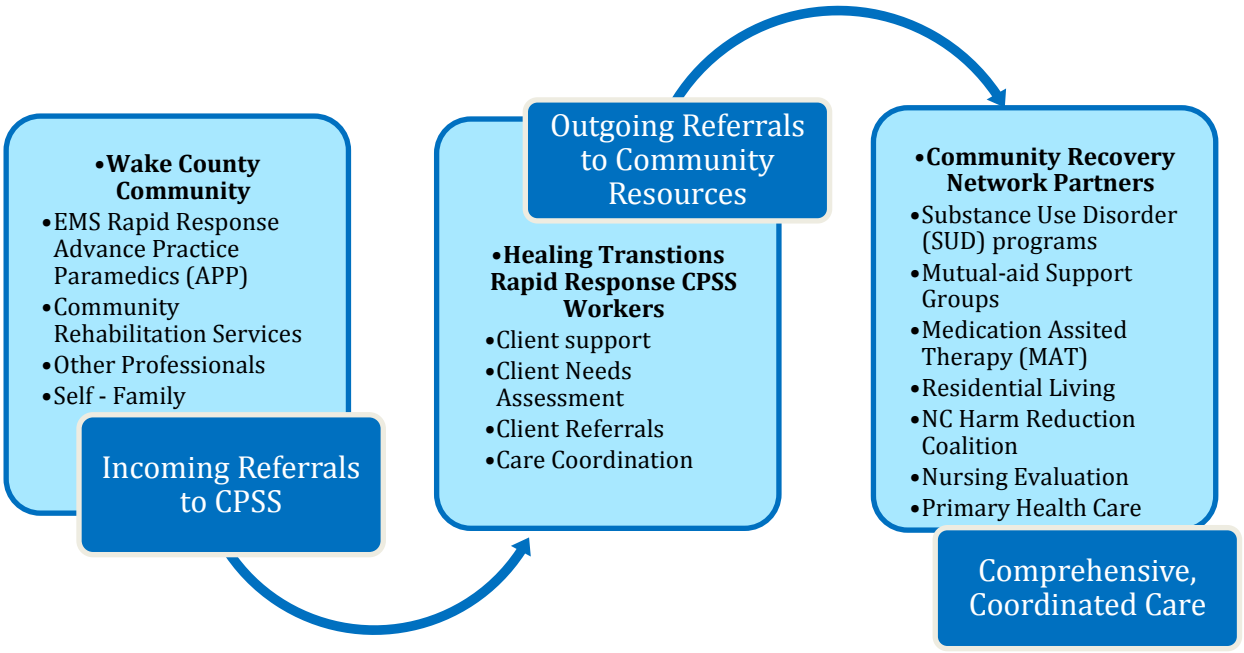
There are two basic types of indicators found in the table in Appendix 2: *Process/Implementation* and *Outcome/Effectiveness.* How each type of metric was developed, with an example of each, is described below.

Discussions with subject matter experts (SMEs) were crucial in the development of both types of metrics. Many Coalition members are leaders of their organizations as well as experts in their fields—rich sources of primary data—which a huge advantage from the outset in was answering this fundamental question: "What processes and outcomes do we need to measure, to determine if we are having an impact?" Additionally, the data evaluation team utilized its contacts at the NC Division of Public Health's Injury and Violence Prevention Branch to determine additional secondary data sources. Perhaps most importantly, the Data Evaluation Team spent ten months (July 2017-April 2018) convening staff members who conduct the everyday work to develop high quality indicators for the Initiative. They met with Wake EMS, Healing Transitions, RCNC, WCHS Division of Child Welfare, and the WCHS Division of Public Health's HIV/STD Community Outreach and Tobacco Prevention Control Programs to establish each metric's wording (with all necessary context and nuance), reporting methods/schedules/pathways and data use agreements if applicable.

For the Process/Implementation metrics, each metric began with a question in need of an answer. One example of a question that the Initiative seeks to answer is "Are we increasing the number of people linked to recovery support services as a result of the Rapid Response Team?" Since linking people to recovery support is an explicit aim of the Initiative, a "SMART" (Specific, Measurable, Attainable, Realistic and Time-bound) program objective was created. Consequently, this metric emerged: "Number of clients from Wake EMS, NC Harm Reduction Coalition, WCHS Child Welfare and WCHS Injury and Drug Prevention Community Nursing linked to certified peer support specialists, by the end of June 2018/June 2019/June 2020."

In somewhat similar fashion, the Outcome/Effectiveness metrics also began with a question. The key difference is that the Outcome/Effectiveness metrics are broader in nature and measure phenomena going on at the countywide level. Even though these measures are beyond the scope of the Initiative, stakeholders still regard them as important indicators of the overall opioid epidemic response. As an example, stakeholders want to know "are the number of unintentional heroin deaths in Wake County decreasing?" The answer will be found in this metric: "Number of Unintentional Heroin deaths in Wake County in 2017/2018/2019."

APPENDIX 4 CLIENT REFERRAL PATHWAYS



APPENDIX 5 GLOSSARY OF FREQUENTLY-USED ACRONYMS

ABC—Alcoholic Beverage Control Commission

APP—Advance Practice Paramedic

CPSS—Certified Peer Support Specialist

EMS—Emergency Medical Services

HRC—Harm Reduction Coalition

HT—Healing Transitions

IDPCN—Injury and Drug Prevention Community Nurse

MAT—Medication Assisted Therapy

NRT—Nicotine Replacement Therapy

RCNC—Recovery Communities of North Carolina

SUD—Substance Use Disorder