

Purpose

The State of the County's Health (SOTCH) report provides information on health concerns identified in the 2016 Community Health Needs Assessment (CHNA)¹ and updates actions taken to address them. The three top priority areas addressed in this report² are:

- Access to Health Insurance
- Access to Health Services
- Mental Health and Substance Use Disorders

Major causes of morbidity and mortality, changes affecting health concerns, emerging disease issues and new health initiatives are also

presented in this report. Numerous community groups are involved in ongoing efforts to address CHNA priorities through interventions, strategies and new initiatives (see "Community Partners" listed for each of the following interventions as well as "New Initiatives"). These organizations provide an opportunity for community members to participate in ongoing efforts.

Overview of Major Morbidity and Mortality

TABLE 1: 2016 LEADING CAUSES OF DEATH, NUMBER AND RATE PER 100,000 WAKE COUNTY

Ranking	Leading Cause of Death 2016	Number of Deaths 2016 ³	Death Rate 2016 ⁴	Number of Deaths 2012-16 ⁵	Unadjusted Death Rate 2012-16 ⁶	Age-Adjusted Death Rate 2012-16 ⁷
	Total Deaths-All Causes	5,558	531.0	25,412	509.0	632.0
1	Cancer – All Sites	1,253	119.7	6,126	122.7	146.3
2	Heart Disease	1,020	97.4	4,845	97.0	122.8
3	Cerebrovascular Disease	293	28.0	1,445	28.9	38.2
4	All Other Unintentional Injuries	277	26.5	1,103	20.2	23.1
5	Chronic Lower Respiratory Diseases	244	23.3	1,010	22.1	29.3

Cancer, cardiovascular disease and sexually transmitted diseases (STDs) are major causes of morbidity in Wake County. For 2011-2015, the North Carolina Central Cancer Registry recorded the number of new cases (incidence) in Wake County for the following types:

- 4,265 breast cancer
- 2,172 lung/bronchus cancer
- 2,558 prostate cancer
- 1,392 colon/rectum cancer⁸

¹ 2016 Wake County Community Health Needs Assessment. <http://bit.ly/2CmwYWS>. Accessed 2/26/18.

² Transportation was also listed as a priority, but is not included in this report because Wake County has a comprehensive transit plan (see <http://bit.ly/2GKWLpT>)

³ Source: <http://www.schs.state.nc.us/interactive/query/lcd/lcd.cfm>. 3/1/18.

⁴ Unadjusted death rates. Rates calculated using July 1, 2016 Population Estimates by Age, Race and Sex. <http://bit.ly/1RxnWrW>. Accessed 2/26/18.

⁵ 2012-2016 Race-Sex-Specific Age-Adjusted Death Rates per County. <http://bit.ly/1RxnWrW>. Accessed 2/26/18.

⁶ Death Counts and Crude Death Rates per 100,000 Population for Leading Causes of Death, by Age Groups NC 2012-2016. <http://bit.ly/2GIqaAY>. Accessed 2/26/18.

⁷ 2012-2016 Race-Sex-Specific Age-Adjusted Death Rates per County. <http://bit.ly/2GIqaAY>. Accessed 2/26/18.

⁸ Source: Preliminary 2012-2016 Cancer Incidence Rates by County for Selected Sites, per 100,000 Population, Age-Adjusted to the 2000 US Census. <http://bit.ly/2CIES2N>. Accessed 2/26/18.

In the 2016 Behavioral Risk Factor Surveillance System (BRFSS) Survey, 68 (7.3%) of 809 respondents in the *NC Association of Local Health Directors Region 7*⁹ reported a history of any cardiovascular diseases (heart attack, coronary heart disease or stroke.)¹⁰

Of the reportable STDs, chlamydia continues to be the disease with the highest morbidity in Wake County. There were 5,514 chlamydia cases, 1,626 gonorrhea cases, 251 syphilis (primary, secondary and early latent) cases and 173 HIV/AIDS cases in 2016.¹¹

Community Health Needs Assessment Priorities and Updates

NOTE: A ✓ INDICATES ACTIVITIES RELATED TO THAT STRATEGY HAVE BEEN COMPLETED.

Priority Area # 1: Access to Health Insurance

Objective: Decrease the percentage of uninsured individuals in Wake County by 3% annually

Environmental Change Intervention 1.1

Intervention

1.1 Work with key stakeholders to distribute marketplace health insurance enrollment information to the uninsured.

Community Partners

Lead Agency: Capital Care Collaborative (CCC)
Other Agencies: Advance Community Health, Alliance Medical Ministry, Benson Area Medical Center, Dress for Success, Duke Raleigh Hospital, Get Covered Wake! Collaborative, The Hispanic Family Center, Johnston County Health Department, Legal Aid of NC, Martin St. Baptist Church, MDC, Inc., Saint Augustine's University, UNC REX Healthcare, United Way of the Greater Triangle, Urban Ministries of Wake County, Wake County Human Services, Wake County Medical Society Community Health Foundation's Steering Committee, WakeMed Health & Hospitals

Strategy

1.1 Distribute marketplace health insurance information to 10,000 people each year.

Update(s)

- 1.1
- Wake County Medical Society Community Health Foundation's (WCMSHF) CCC program received funding for a Health Insurance Marketplace (HIM) Coordinator position (September-February 2018). This position coordinated and led monthly Get Covered Wake! Collaborative meetings which consisted of key community partners offering Marketplace navigation assistance in the community. The CCC HIM Coordinator managed a Marketplace Health Insurance phone-a-thon at WRAL that included 23 assisters from 8 partner organizations. This event engaged 711 consumers. Information was provided to partner organizations through WCMSHF's Steering Committee to distribute to individuals.
 - WakeMed Health & Hospitals, Duke Raleigh Hospital and UNC REX Healthcare all supported the United Way of the Greater Triangle Premium Health Program. Through this partnership, PremiumHelp.Org has helped more than 1,000 Triangle citizens gain access to healthcare through payment of health insurance premiums for qualifying low-income families enrolled in the Affordable Care Act (ACA) marketplace.

⁹Region includes Edgecombe, Franklin, Granville, Halifax, Johnston, Nash, Wake, Vance, Warren, Wilson counties.

¹⁰2016 BRFSS Survey Results: Local Health Director Region 7 Demographics, Chronic Health Conditions. <http://bit.ly/2CJjewu>. Accessed 2/20/18.

¹¹2016 North Carolina HIV/STD Hepatitis Surveillance Report. <http://bit.ly/2EVcv9u>. Accessed 2/26/18.

Community Health Needs Assessment Priorities and Updates

Priority Area # 1: Access to Health Insurance

Objective: Decrease the percentage of uninsured individuals in Wake County by 3% annually

Environmental Change Intervention 1.1

- Update(s)** 1.1
- A representative of United Way of the Greater Triangle's Premium Help Program attended Open Enrollment events in Wake County and distributed promotional materials to approximately 1,000 people after they had already enrolled in the ACA.
 - UNC REX Healthcare :
 - Expanded the health education library online at rexhealth.com to provide free, comprehensive health information
 - Added a feature to its primary care network website that provides insurance information under each page so patients can easily find partners.

Environmental Change Intervention 1.2

- Intervention** 1.2 Offer Open Enrollment events during the ACA Open Enrollment periods.
- Community Partners** **Lead Agency:** Capital Care Collaborative
Other Agencies: Advance Community Health, Alliance Medical Ministry, Benson Area Medical Center, Dress for Success, Get Covered Wake! Collaborative, The Hispanic Family Center, Johnston County Health Department, Legal Aid of NC, Martin St. Baptist Church, MDC, Inc., Saint Augustine's University, Urban Ministries of Wake County, UNC REX Healthcare, Wake County Human Services, Wake County Medical Society Community Health Foundation's Steering Committee
- Strategy** ✓ 1.2a Coordinate and hold 15 Open Enrollment events each year during the Open Enrollment Period.
- Update(s)** 1.2a
- Get Covered Wake! Collaborative partners (Advance Community Health, Capital Care Collaborative, Legal Aid of NC and MDC, Inc. coordinated 13 Open Enrollment events during Open Enrollment 5 (the fifth year of the ACA) in Wake County with an average of 78 consumers served per event. In addition, there were approximately 40 1:1 appointments/week at the Wake County Human Services Sunnybrook and Swinburne locations during open enrollment 5.
 - UNC REX Healthcare connected patients to Open Enrollment navigators who provided health literacy information. More than 15 information sessions were hosted throughout Wake County during the Open Enrollment Period.
- Strategy** 1.2b Coordinate and hold 2-3 events each year during the Special Enrollment Period.
- Update(s)** 1.2b
- Capital Care Collaborative's Health Insurance Marketplace Coordinator scheduled outreach events on 3/21/18, and has partnered with WCHS and other community partners to schedule appointments for consumers during the Special Enrollment Period.

Community Health Needs Assessment Priorities and Updates

Priority Area # 1: Access to Health Insurance

Objective: Decrease the percentage of uninsured individuals in Wake County by 3% annually

Individual/Interpersonal Behavior/Environmental Change Intervention 1.3

Intervention	1.3 Develop and distribute a health literacy tool to provide education about getting and keeping health insurance and the appropriate use of health insurance.
Community Partners	Lead Agency: Wake County Human Services Other Agencies: UNC REX Healthcare, Wake County Medical Society Community Health Foundation's Steering Committee (multiple community partners)
Strategy	✓ 1.3a Develop a health literacy tool by 7/1/2018. 1.3b Provide the health literacy tool to key stakeholders to begin distribution by 8/31/2018. 1.3c Distribute the health literacy tool to 5,000 people each year.
Update(s)	1.3a <ul style="list-style-type: none">• UNC REX Healthcare developed a health literacy tool to provide education on getting and keeping health insurance and the appropriate use of health insurance. 1.3b <ul style="list-style-type: none">• UNC REX Healthcare launched a robust marketing campaign during Open Enrollment periods to help educate patients about which insurance plans allow them to continue receiving care through its health care system. This campaign encompassed radio, TV, print and online advertising. 1.3c <ul style="list-style-type: none">• UNC REX Healthcare's online educational tool had more than 21,000 page views during this marketing campaign.

Priority Area # 2: Access to Health Services

Objective: Increase access to primary and specialty care for uninsured Wake County residents by 15%.

Individual/Interpersonal Behavior/Environmental Change Intervention 2.1

Intervention	2.1 Increase the number of Wake County residents below 200% of the Federal Poverty Level (FPL) linked to primary and specialty care.
Community Partners	Lead Agency: Capital Care Collaborative and Project Access of Wake County Other Agencies: Advance Community Health, Alliance Medical Ministry, Duke Raleigh Hospital, Mariam Clinic, People's Medical Care, Shepherd's Care Medical Clinic, St. Joseph's Primary Care, UNC REX Healthcare, Urban Ministries of Wake County, Wake County Human Services, WakeMed Health & Hospitals Community Case Management Program, WakeMed Health & Hospitals
Strategy	2.1a Increase the percentage of individuals who establish a primary care home to 50% (baseline 42%) of initial primary care appointments. ✓ 2.1b Increase Project Access of Wake County enrollment by 15% over action plan period (base enrollment 2,229).

Community Health Needs Assessment Priorities and Updates

Priority Area # 2: Access to Health Services

Objective: Increase access to primary and specialty care for uninsured Wake County residents by 15%.

Individual/Interpersonal Behavior/Environmental Change Intervention 2.1

Update(s)

2.1a

- WakeMed Health & Hospitals Community Case Management Program has referred more than 800 patients to a community-based medical home over the past three years. Five hundred and twenty-two (522) of these patients (64%) now have an established medical home.
- Duke Primary Care added three primary care locations in Wake County in the last fiscal year including one practice relocation. Also, an additional urgent care location was opened in Wake County in 2017.
- Duke Raleigh Hospital:
 - ◊ Continues to provide in-kind lab services to Urban Ministries Open Door Clinic to facilitate the care for those who lack adequate income, insurance coverage, and other means to health services.
 - ◊ Continues to provide in-kind diabetes education to clients of Alliance Medical Ministry.
- Wake County Medical Society Community Health Foundation's (WCMSCHF) CapitalCare Collaborative and Project Access of Wake County programs identify and receive referrals for individuals needing a primary care home. Data for 2017 is currently being calculated to report out.
- UNC REX Healthcare
 - ◊ Provides in-kind laboratory medical services for the more than 2,500 uninsured patients at Alliance Medical Ministry.
 - ◊ Added 12 primary care providers to the UNC Physicians Network (UNC PN), in the last 12 months.
 - ◊ Opened a fifth urgent care, REX Express Care, in Raleigh in late 2016 to provide a convenient, lower cost option to emergent care.
 - ◊ Opened a new medical office building in Holly Springs, which brought new and expanded services to southern Wake County, and UNC REX Healthcare will break ground on a Holly Springs Hospital in summer 2018.
 - ◊ Leveraged resources and technologies to expand its "Find A Doctor" program to make it easier for patients to find a doctor close to home.
 - ◊ Researched new telehealth services to provide patients better access.

2.1b

- WCHMSCHF's Project Access of Wake County program served 3,101 enrollees in 2017. This is a 38% increase from the base enrollment.
- Duke Raleigh Hospital, UNC REX Healthcare, WakeMed Health & Hospitals and American Anesthesiology of NC provide reduced cost and/or donated care to Project ACCESS enrollees.
- WakeMed Health & Hospitals actively refers patients to Project Access through an established memorandum of understanding. In addition, WakeMed Health & Hospitals works with shared patients to determine eligibility, identify charitable and health insurance programs, then assists patients with enrolling in these programs.
- Duke Raleigh Hospital continues to provide donated care to Project Access for Wake County clients.

Community Health Needs Assessment Priorities and Updates

Priority Area # 2: Access to Health Services

Objective: Increase access to primary and specialty care for uninsured Wake County residents by 15%.

Individual/Interpersonal Behavior/Environmental Change Intervention 2.2

Intervention

2.2 Increase access and reduce barriers to health and social services by implementing screening for social determinants of health.

Community Partners

Lead Agency: Wake County Medical Society Community Health Foundation (WCMSCHF) Steering Committee's Community-Wide Action Plan. Action Plan partners include: Advance Community Health, Alliance Behavioral Healthcare, Alliance Medical Ministry, CapitalCare Collaborative, Care Share Health Alliance, Duke Raleigh Hospital, Project Access of Johnston & Harnett Counties, Project Access of Wake County, Raleigh Partnership to End Homelessness, UNC REX Healthcare, United Health Care Community Engagement, Urban Ministries of Wake County, WakeMed Health & Hospitals
Other Agencies: WCMSCHF's Steering Committee partners include: Advance Community Health, Alliance Behavioral Healthcare, Alliance Medical Ministry, CapitalCare Collaborative, Care Share Health Alliance, Community Care of Wake & Johnston Counties, CommWell Health, Duke Raleigh Hospital, John Rex Endowment, Johnston County Department of Social Services, Johnston County Public Health Department, Johnston Health, Legal Aid of NC, Johnston Emergency Services, NC Office of Minority Health, Project Access of Wake County, Raleigh Partnership to End Homelessness, Resources for Seniors, Inc., Right at Home, Southlight Healthcare, Inc, Transitions Life Care, Triangle Family Services, UNC REX Healthcare, Urban Ministries of Wake County, Wake County EMS, Wake County Human Services (WCHS), WakeMed Health & Hospitals, WakeMed Foundation, Wake Smiles

Strategy

- ✓ 2.2a By June 1, 2017, develop at least 3 standard screening domains to measure social service needs for high risk patients to be used by providers and social service organizations in Wake County.
- ✓ 2.2b By December 31, 2017, identify clinical sites in Wake and Johnston Counties that will participate in the screening and referral process.
- ✓ 2.2c By June 30, 2018, collect, track, and report screenings and referrals for clinical sites participating in the screening and referral process.

Update(s)

- 2.2a
- WCMSCHF's Steering Committee agreed on three standard screening domains – 1) housing, 2) food security, and 3) interpersonal violence.
 - WakeMed Health & Hospitals Physician Practices Primary Care conducts a "Social Determinants of Health" survey with patients during their annual well visit as well as with all patients enrolled in the WakeMed Health & Hospitals Community Case Management Program.
 - Duke Raleigh Hospital is part of the workgroup convened by Wake County Medical Society Community Health Foundation to increase access and reduce barriers to health and social services by implementing screening for social determinants of health.
 - UNC REX's primary care network routinely asks patients questions about social determinants such as financial and transportation barriers as well as food and housing insecurities.
 - WCHS is piloting a questionnaire in the Child Health Clinic that captures data on the social determinants of health. The questionnaire will roll out to all clinics by the end of the year.

Community Health Needs Assessment Priorities and Updates

Priority Area # 2: Access to Health Services

Objective: Increase access to primary and specialty care for uninsured Wake County residents by 15%.

Individual/Interpersonal Behavior/Environmental Change Intervention 2.2

- Update(s)**
- 2.2b
 - WCMSCHF's Implementation Team for "Increase Access and Reduce Barriers to Health and Social Services" (made up of multiple community partners) is working on a pilot to implement screening and referral in primary care practices in Wake County. There are currently five Wake County primary care practices in the pilot. Additional practices are being identified.
 - 2.2c
 - Advance Community Health (ACH) has the PRAPARE (Protocol for Assessing Patient's Assets, Risks and Experiences) tool from Blue Cross Blue Shield of NC. ACH has included it in its electronic health record and has begun to screen patients in its Healthcare for the Homeless (HCH) program. Advance's goal in 2018 is to screen at least 50% of its uninsured patients as a part of their new patient visit, or annual physical.

Priority Area # 3: Mental Health and Substance Use Disorders (formerly Abuse Disorders)

Objective: During fiscal years 2017-2020, expand access to treatment and recovery oriented systems of care to those with substance use disorders by implementing strategies of the Wake County Human Services Integrated Program for Prevention of Drug Overdose and Tobacco Use.

Organizational/Policy Intervention 3.1

- Intervention** 3.1 Develop an evidence-based peer support training program.
- Community Partners** **Lead Agency:** Recovery Communities of North Carolina (RCNC)
Other Agencies: Healing Transitions, UNC REX Healthcare, Wake County Human Services
- Strategy** ✓ 3.1a During FY 18, develop a Wake County based peer support training program by providing contractual funding to a behavioral health agency with the capacity to develop the program.
- Update(s)** 3.1a
 - As of January 2018, Recovery Communities of North Carolina has entered into a contractual agreement with WCHS to develop a training program for certified peer support specialists.

Individual/Interpersonal Behavior Intervention 3.2

- Intervention** 3.2 Increase the number of Certified Peer Support Specialists in Wake County.
- Community Partners** **Lead Agency:** Healing Transitions
Other Agencies: UNC REX Healthcare, Wake County Human Services, WakeMed Health & Hospitals
- Strategy** ✓ 3.2a Employ 2.0 FTEs Certified Peer Support Specialists, funded by Wake County Drug Overdose Prevention Coalition to link those with substance use disorders to resources and recovery oriented systems of care.

Community Health Needs Assessment Priorities and Updates

Priority Area # 3: Mental Health and Substance Use Disorders (formerly Abuse Disorders)

Objective: During fiscal years 2017-2020, expand access to treatment and recovery oriented systems of care to those with substance use disorders by implementing strategies of the Wake County Human Services Integrated Program for Prevention of Drug Overdose and Tobacco Use.

Individual/Interpersonal Behavior Intervention 3.2

Update(s)

3.2a

- As of January 2018, Healing Transitions hired two full-time certified peer support specialists.
- WakeMed Health & Hospitals' Community Case Management Program links patients needing substance use disorder support services to community-based agencies such as Alcoholics Anonymous/Narcotics Anonymous and Southlight Healthcare.
- UNC REX Healthcare created a new Behavioral Health Liaison position to help patients and families navigate complex healthcare issues facing this population.

Individual/Interpersonal Behavior Intervention 3.3

Intervention

3.3 Provide nursing care for those identified with substance use disorders.

Community Partners

Lead Agency: Wake County Human Services

Other Agencies: Healing Transitions, North Carolina Harm Reduction Coalition, Recovery Communities of North Carolina

Strategy

✓ 3.3a During FY 18, hire 1.0 FTE Wake County Human Services nurse to provide direct clinical care, coordinate integrated behavioral and physical assessments and assure linkage to care for clients with substance use disorders served in WCHS clinics and community-based services.

Update(s)

3.3a

- As of February 2018, Wake County Human Services hired a full-time nurse.

Changes Affecting Health Concerns

New Management

On February 12, 2018, the Wake County Board of Commissioners announced David Ellis as the new County Manager. Ellis had been a deputy county manager since February 2015, overseeing Community Services, Environmental Services, Human Services, Cooperative Extension, Capital Area Workforce Development, and Soil and Water Conservation. He intends to work with County

staff and local partners in these key focus areas:

- housing affordability,
- community health and
- economic vitality.

Changes Affecting Health Concerns

Technology Advancements

Beginning in 2018, Wake County began adopting a series of technological innovations that will benefit county employees. When employees log on to the network each day, they are directed to an individualized homepage on the new employee-facing intranet, the WIRE (**W**ake **I**nformation and **R**esources for **E**mployees). The WIRE will enhance productivity and keep staff informed via links to the employee directory, news stories, blog posts, upcoming events, videos and tutorials. One significant feature of the WIRE, *Wakespaces*, takes actions that employees regularly perform (like entering time sheets, putting in help desk requests and looking up policies and procedures) and groups them together in an easy-to-find format.

Two additional upgrades that are being phased in on a rolling basis are Microsoft Office 365 and Skype for Business. County employees will have more flexibility in how they conduct their daily work, since Office 365 can be used anywhere, anytime and on any device. The Office 365 suite of applications includes the 2016 versions of Word, Excel, Publisher, PowerPoint and OneNote. Microsoft Outlook will replace Lotus Notes as the county's email and calendar application. Skype for Business replaced SameTime as the County's instant messaging platform; added advantages of the Skype platform are online meetings and full integration with the other Office 365 applications.

Medicaid Transformation

Wake County Human Services is a safety net provider to approximately 40,000 residents making close to 100,000 health care visits annually. Approximately 50% of these patients are covered under Medicaid. Currently, fee-for-service reimbursement from Medicaid is the primary source of funding for WCHS healthcare operations. These dollars help to offset the cost of uncompensated care for uninsured clients who would otherwise lack access to medical care. In July 2019, Medicaid will transition from fee-for-service to a value-based care compensation model. Our ability to continue receiving Medicaid funds will require adjustment to the current business practices and service complement. To that end, we are in the process of evaluating clinical operations and services, space utilization, staffing complements, IT and data reporting capabilities. This will allow for strategic positioning to successfully make this transition.

New and Emerging Issues

The Opioid Epidemic

Drug overdoses are a major public health issue at the national, state and local levels, including Wake County. Wake County's heroin deaths and death rates have reached a plateau (30 deaths and 2.9/100,000 people in 2015 compared to 32 deaths and 3.1/100,000 people in 2016). Deaths and death rates from commonly prescribed opioids and other synthetic opioids (such as illegally manufactured fentanyl) continue to rise. Wake's deaths and rates from commonly prescribed opioids went from 20 and 2.0/100,000 in 2015 to 38 and 3.6/100,000 in 2016. Wake's deaths and

rates from other synthetic opioids went from 20 and 2.0/100,000 in 2015 to 48 and 4.6/100,000 in 2016.

New Initiatives

Opioid Action Plan

The Wake County Drug Overdose Prevention Coalition was established in November 2015, but the opioid misuse problem persists in Wake County. The Coalition serves as the cornerstone for Wake County Human Services' (WCHS) strategic thinking and long-range planning on the opioid issue, and its work led to a three-year, \$950,000 allocation of ABC funds from the Wake County Board of Commissioners to create the *WCHS Integrated Program for Prevention of Drug Overdose and Tobacco Use*. Started in FY 2018, this program will guide the county's prevention and response efforts as WCHS embarks on a **three-year action plan**. The key strategies of the action plan are to:

- Create a coordinated infrastructure
- Reduce the oversupply of prescription opioids
- Reduce the diversion and flow of illicit drugs
- Increase community awareness and prevention
- Make naloxone widely available while linking overdose survivors to care
- Explore treatment and recovery-oriented systems of care
- Measure the impact of these strategies and revise them based on results
- Provide youth peer education trainings regarding substance use
- Increase access to tobacco cessation resources via the NC Quitline

WCHS will accomplish these strategies in the following ways:

- The Drug Prevention Consultant began in January 2018, and will oversee the Drug Overdose Prevention Coalition. The consultant will help develop the infrastructure for and manage implementation of a comprehensive and coordinated plan to prevent opioid overdoses, support harm reduction strategies and collaborate with organizations that address risk taking behaviors in Wake County.
- The Community Health Nurse for Substance Use Prevention began in February 2018. The nurse will work in conjunction with contractual partners to triage client needs and collaborate with NC Harm Reduction to provide prevention services regarding needle exchange, counseling and referral.
- Through contracts with Healing Transitions and Recovery Communities of North Carolina (RCNC), staff will explore treatment and recovery services beginning in 2018. Healing Transitions has hired two Certified Peer Support Specialists (CPSS) who will work with EMS and Law Enforcement to link overdose survivors to treatment and recovery. RCNC will also provide training for an additional 24 CPSS in Wake County, allowing for 24/7 access.
- The Program Evaluator began in January 2018, and will measure the impact of these strategies and make recommendations for change based on results.
- The integrated program will coordinate Tobacco Prevention and Control efforts through contracts with NC Quitline and youth-serving agencies.

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