

THE WAKE COUNTY DRUG OVERDOSE PREVENTION AND TOBACCO USE INITIATIVE

QUARTERLY PROGRESS REPORT

1/1/18 – 3/31/18

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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).

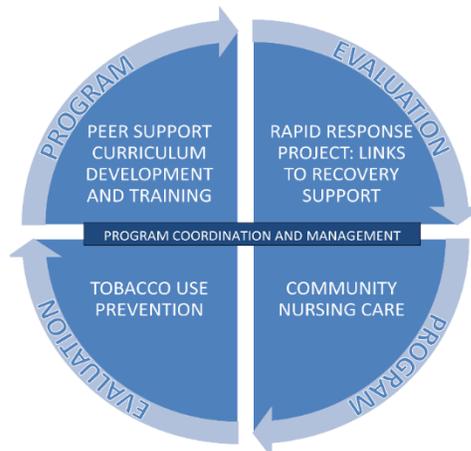
Key Activities

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 to 3).

Figure 1



PROGRESS

Implementation of the fully-resourced initiative is underway and program development ongoing. Although population level outcomes can not yet be determined, this report provides preliminary data for outputs of the program from January 1, 2018 through March 31, 2018. Significant accomplishments to date are highlighted below, with more detailed accounting in Tables 3 and 4. Further analysis will be provided in the annual report later this year.

- Injury and Drug prevention staff positions hired in January and February 2018
- Injury and Drug Prevention Nurse's scope of work finalized June 2018, necessary training identified, and evaluation of client needs in progress
- 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
- Rapid Response Team activated and client referrals to recovery support services underway
- Naloxone kits made more widely available to community through EMS

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

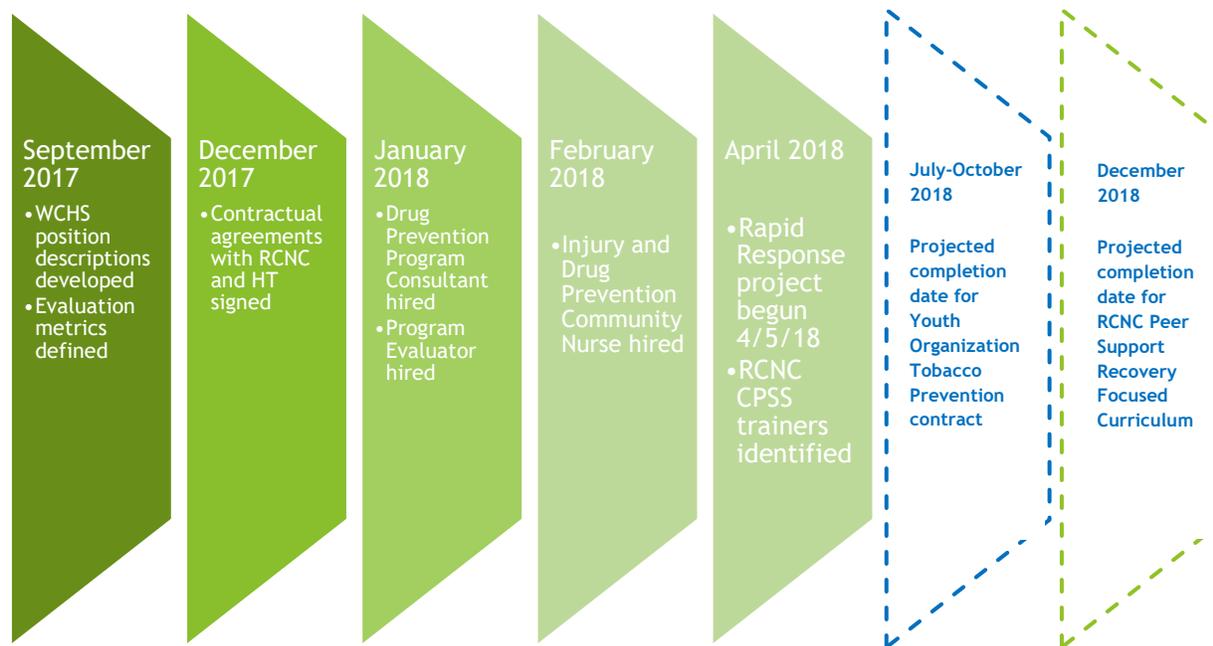
TABLE 1: ACTIVITIES BY PROGRAM AREA

AGENCY RESPONSIBLE	STAFF RESPONSIBLE	KEY ACTIVITIES	KEY PARTNERSHIP(S)
WCHS	Injury and Drug Prevention Consultant	<ul style="list-style-type: none"> Manages the implementation and coordination of the Wake County Drug Overdose Prevention and Tobacco Use Initiative Facilitates the Wake County Drug Overdose Prevention Coalition Oversees 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
WCHS	Injury and Drug Prevention Community Nurse	<ul style="list-style-type: none"> Establishes protocols, nursing assessments and referral process for linkages to behavioral health and wrap around services Utilizes evidence-based practices for wound treatment Coordinates, expands, and aligns resources for naloxone distribution 	Healing Transitions, NC Harm Reduction Coalition, WCHS staff
WCHS	Program Evaluator	<ul style="list-style-type: none"> 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
Healing Transitions	Recovery Engagement Coordinator, Certified Peer Support Specialists (CPSS)	<ul style="list-style-type: none"> Develops and pilots a rapid response system of 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 	Initiative staff from WCHS, Healing Transitions, RCNC, NC Harm Reduction Coalition and Wake EMS
Wake EMS	Advance Practice Paramedics (APPs)		
RCNC	Executive Director	<ul style="list-style-type: none"> Develops a Peer Support Recovery Focused Curriculum Identifies, trains, and registers with UNC Behavioral Healthcare Resource Program at least 4 individuals to provide the curriculum Provides the training to a minimum of 24 individuals within 3 years 	UNC Behavioral Healthcare Resource Program (BHRP)
QuitlineNC	Smoking Cessation and Nicotine Replacement Therapy (NRT) Counselors	<ul style="list-style-type: none"> Provides 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
Youth-Serving Agency (TBD)	TBD	<ul style="list-style-type: none"> Train a minimum of 20 Wake County youth on substance use and tobacco use prevention 	Initiative staff from WCHS, Tobacco Contracted Partners

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.
GOAL 2	INCREASE AVAILABILITY FOR PEER SUPPORT RECOVERY TRAINING
Objective	
2.1	By FY 2018, contract with an agency for development of a Peer Support Recovery Focused Curriculum.
2.2	By FY 2019, complete and have credentialed a Peer Support Recovery Focused Curriculum.
2.3	By FY 2019, identify, train, and register at least 4 individuals to provide CPSS training.
2.4	By FY 2019, train 24 individuals using a recovery focused curriculum.
GOAL 3	EXPAND ACCESS TO TREATMENT AND RECOVERY ORIENTED SYSTEMS OF CARE
Objective	

- 3.1 By 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.
- 3.2 By end of FY 2020, increase the number of clients with substance use disorders from EMS, NC Harm Reduction Coalition, WCHS Child Welfare and WCHS Injury and Drug Prevention Community Nurse (IDPCN) linked to certified peer support specialists.
- 3.3 By end of FY 2020, increase the number of clients from EMS, NC Harm Reduction Coalition, WCHS Child Welfare and WCHS IDPCN 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) from the IDPCN.
- 3.6 By end of FY 2020, increase number of clients receiving Twinrix (Hepatitis A and B) immunizations from the IDPCN.
- 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 2019, contract with a youth-serving agency to train youth ambassadors in substance use and tobacco prevention.
- 4.2 By end of FY 2020, train a minimum of 20 youth as youth ambassadors to provide community education on substance use and tobacco prevention.
- 4.3 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.
- 4.4 By end of FY 2020, increase the number of registered callers to QuitlineNC
- 4.5 By end of FY 2020, increase the number of those registered callers served through public/private partnership with QuitlineNC.

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 METRICS

Table 3 presents 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: WAKE COUNTY DRUG OVERDOSE PREVENTION AND TOBACCO USE INITIATIVE—PROGRAM OBJECTIVE METRICS				
January 1, 2018 – March 31, 2018				
OBJECTIVE*	METRIC	AGENCY/STAFF RESPONSIBLE	TIME PERIOD	DATA
GOAL 1: CREATE A COORDINATED INFRASTRUCTURE FOR DRUG MISUSE AND TOBACCO USE PREVENTION/TREATMENT/RECOVERY SUPPORT SERVICES				
1.1	Hire a full time Injury and Drug Prevention Consultant to provide project management for the Initiative and the Coalition	WCHS Injury and Drug Prevention Consultant	NA	Met
GOAL 2: INCREASE AVAILABILITY FOR PEER SUPPORT RECOVERY TRAINING				
2.1	Contract with an agency for development of a Peer Support Recovery Focused Curriculum.	WCHS Injury and Drug Prevention Consultant, RCNC	NA	Met
2.2	Complete and have credentialed a Peer Support Recovery Focused Curriculum.	RCNC	NA	In process
2.3	At least 4 individuals identified/trained/registered to provide CPSS training	RCNC	1/1-3/31/18	4
2.4	Minimum of 24 individuals trained in a recovery focused curriculum	RCNC	NA	Not started
GOAL 3: EXPAND ACCESS TO TREATMENT AND RECOVERY ORIENTED SYSTEMS OF CARE				
3.1	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.	WCHS Injury and Drug Prevention Coordinator, Rapid Response Team (HT and Wake EMS)	NA	Established
3.2	Substance Use Encounters by Advance Practice Paramedics (APP)	Rapid Response Team	1/1-3/31/18	144
3.2	Number of Opiate-Based Overdoses receiving Narcan	Rapid Response Team	1/1-3/31/18	96
3.2	Number of Opiate-Based Overdoses, no Narcan Administered	Rapid Response Team	1/1-3/31/18	47
3.2	Opiate-based Overdoses but no EMS transport	Rapid Response Team	1/1-3/31/18	39
3.2	Number of Narcan Administrations with no EMS transport but received APP/HT follow-up	Rapid Response Team	1/1-3/31/18	12
3.2	Number of clients from EMS, NC Harm Reduction Coalition, WCHS Child Welfare and WCHS IDPCN Prevention Nurse linked to certified peer support specialists (CPSS)	Rapid Response Team	1/1-3/31/18	12
3.3	Number of clients referred to recovery support services by type (ALL)	Rapid Response Team	1/1-3/31/18	33
	Healing Transitions		1/1-3/31/18	16
	Wake EMS		1/1-3/31/18	12
	Family/Friend		1/1-3/31/18	4
	Individual		1/1-3/31/18	1

	NC Harm Reduction		1/1-3/31/18	0
	WCHS Child Welfare		1/1-3/31/18	0
	WCHS IDPCN		1/1-3/31/18	0
3.4	Number of clients referred for Needle Exchange Program (NEP) services	WCHS Injury and Drug Prevention Community Nurse (IDPCN)	NA	Not started
3.5	Number of clients receiving wound care related to needle injections	WCHS IDPCN	NA	Not started
3.6	Number of clients receiving Twinrix (Hepatitis A and B) immunizations	WCHS IDPCN	NA	Not started
3.7	Number of clients screened for HIV, Hepatitis C, Syphilis, Gonorrhea and Chlamydia by IDPCN	WCHS IDPCN	NA	Not started
3.8	Number of clients diagnosed with HIV, Hepatitis C, Syphilis, Gonorrhea and Chlamydia by IDPCN	WCHS IDPCN	NA	Not started
3.9	Number of HIV and Hepatitis C clients referred to Bridge Counselor by IDPCN	WCHS IDPCN	NA	Not started
3.10	Number of clients treated for Syphilis, Gonorrhea and Chlamydia by IDPCN	WCHS IDPCN	NA	Not started
3.11	Number of women of child-bearing age screened for pregnancy by IDPCN	WCHS IDPCN	NA	Not started
3.12	Number of women identified as pregnant by IDPCN	WCHS IDPCN	NA	Not started
3.13	Number of pregnant women referred for pregnancy care by IDPCN	WCHS IDPCN	NA	Not started
3.14	Number of clients referred to food resources by IDPCN	WCHS IDPCN	NA	Not started
3.15	Number of clients referred to primary care by IDPCN	WCHS IDPCN	NA	Not started
GOAL 4: INCREASE COMMUNITY AWARENESS ON THE PREVENTION OF SUBSTANCE MISUSE AND TOBACCO USE				
4.1	Contract with a youth-serving agency to train youth ambassadors in tobacco use prevention.	WCHS Injury and Drug Prevention Consultant, TBD	NA	In process
4.2	Minimum of 20 youth trained as youth ambassadors to provide community education on substance use and tobacco prevention	TBD	NA	Not started
4.3	Trained youth ambassadors will educate a minimum of 15 community groups (five per fiscal year) on substance use and tobacco prevention	TBD	NA	Not started
4.4	Number of registered callers to QuitlineNC	QuitlineNC	1/1-3/31/18	242
4.5	Number of those registered callers served through public/private partnership with QuitlineNC	TBD	NA	Not started
GOAL 5: MAKE NALOXONE WIDELY AVAILABLE				
5.1	Number of clients given Narcan kits by IDPCN	WCHS IDPCN	NA	Not started
5.2	Narcan kits distributed by Wake EMS	Wake EMS	1/1-3/31/18	54

*--The full list of objectives is found on pages 5-6.

SUCCESSSES AND CHALLENGES

The data evaluation team followed up with staff in each program area on any successes and challenges experienced in the first three months of the Initiative, and Table 4 shows the staff's feedback.

TABLE 4: SUCCESSSES AND CHALLENGES			
AGENCY RESPONSIBLE	STAFF RESPONSIBLE	SUCCESSSES	CHALLENGES
WCHS	Injury and Drug Prevention Consultant	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Bringing schools/faith community/fire department to Coalition Managing naloxone kit supply/demand for uninsured clients
WCHS	Injury and Drug Prevention Community Nurse	<ul style="list-style-type: none"> Position hired February 2018 Developed nursing scope of practice and protocols Completed wound care and medical case management training 	<ul style="list-style-type: none"> Defining scope of practice Developing protocols Training gaps
WCHS	Program Evaluator	<ul style="list-style-type: none"> Position hired February 2018 Establishment of a Data Team with Program Evaluation Consultant and WCHS epidemiology program 	<ul style="list-style-type: none"> Developing a comprehensive evaluation plan given the diversity of activities of this Initiative
Healing Transitions	Rapid Responder Coordinator, Certified Peer Support Specialists (CPSS)	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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
Wake EMS	Advance Practice Paramedics (APPs)	<ul style="list-style-type: none"> 2 CPSS completed recovery coach training in January 2018 Curriculum currently being developed with positive feedback from CPSS 	
RCNC	Executive Director		
Youth-Serving Agency (TBD)	TBD		

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 aforementioned 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 goal which represents 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

PROGRAM GOAL: REDUCE DRUG OVERDOSES AND TOBACCO USE IN WAKE COUNTY					
FY 2018		FY 2019		FY 2020	
PROCESS/IMPLEMENTATION			OUTCOMES/EFFECTIVENESS		
RESOURCES/INPUTS	ACTIVITIES	OUTPUTS	SHORT-TERM OUTCOMES	MEDIUM-TERM OUTCOMES	LONG-TERM OUTCOMES
Three-year allocation of BOC funding	(See Table 1 for initiative-related activities)	(See Table 3 for initiative-related outputs)	Reduction of multiple provider episodes for prescription opioids	Reduction of opioid-related emergency department (ED) visits	Reduction of opioid deaths and death rate Reduction in percent of opioid deaths involving heroin or fentanyl/fentanyl analogues
Program staff			Reduction of total number of opioid pills dispensed	Reduction of opioid-related hospital admissions	Reduction of: <ul style="list-style-type: none"> • acute Hepatitis C cases • HIV cases • Syphilis cases • Gonorrhea cases • Chlamydia cases
Data Use Agreements			Reduction of patients receiving more than an average daily dose of >90 MME of opioid analgesics	Increased number of uninsured individuals with an opiate use disorder served by treatment programs	Decrease in Opioid related substance use CPS assessments
			Reduction of prescription days any patient had at least one opioid AND at least one benzodiazepine prescription on the same day		Decrease in number of substance affected infants

RESOURCES/ INPUTS	ACTIVITIES	OUTPUTS	SHORT- TERM OUTCOMES	MEDIUM-TERM OUTCOMES	LONG- TERM OUTCOMES
				<p>Increased number of clients completing SUD treatment/pathway to recovery</p> <p>Increased number of clients re-entered into SUD program after relapse</p> <p>Increased number referred for substance use assessment (of total number of Child Protective Services (CPS) assessments completed)</p> <p>Increased number of Plans of Safe Care (PoSC) developed for infants and families for substance affected infants referred to CPS</p>	Decreased use of Narcan for overdoses
		Number (%) that were opioid-related of the total number referred for substance use assessment		Increased number of Certified Peer Support Specialists in Wake County	

Appendix 3 PROCESS FOR METRIC DEVELOPMENT

There are two basic types of indicators found in the table: *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 was a huge advantage from the outset in 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.”