

FORSYTH COUNTY

BOARD OF COMMISSIONERS

MEETING DATE: MAY 10, 2018

AGENDA ITEM NUMBER: 11

SUBJECT: RESOLUTION AUTHORIZING EXECUTION OF NECESSARY DOCUMENTS TO APPLY FOR A COLLECTIVE IMPACT GRANT THROUGH THE UNC SCHOOL OF GOVERNMENT, IN PARTNERSHIP WITH BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA, TO DEVELOP AND IMPLEMENT LOCAL GOVERNMENT RESPONSE TO THE OPIOID CRISIS (EMERGENCY SERVICES DEPARTMENT, DEPARTMENT OF PUBLIC HEALTH, AND DEPARTMENT OF SOCIAL SERVICES)

COUNTY MANAGER'S RECOMMENDATION OR COMMENTS: Recommend Approval

SUMMARY OF INFORMATION:

To achieve a collaborative, multi-faceted approach crucial to tackling the opioid crisis in North Carolina, the UNC School of Government is launching an intensive two-year collaborative learning model that will provide direct support to ten North Carolina communities selected to enact an integrated and innovative policy and practice response to their respective local opioid crisis.

This project, which will be coordinated by the School of Government's ncIMPACT initiative, will complement health and policy efforts at the State and local levels by working with communities that are ready to implement best practices. Local governments are the front lines of policy implementation. Using the team-oriented approach described, this project will build upon previous and ongoing efforts to address the opioid crisis.

This is a two-year project with 10 community teams selected statewide to participate. There will be five forums for collaborative learning and problem solving. There will also be ongoing local efforts with support from the School of Government to identify community challenges and promising potential solutions.

The key objectives of this effort are: identifying primary impacts of the opioid crisis, building on prior community work, and formulating programs, plans, policies, and strategies to mitigate identified impacts.

During this Project, the School of Government will provide five regional forums, faculty support throughout the process, \$10,000 to assist with hiring a project manager, \$10,000 for implementation funding, and resources for use in other communities.

A "core" team of three members must be identified by each selected community. Forsyth County's Core Team will consist of the Emergency Services Department's Mobile Integrated Health Program, the Department of Social Services, and the Department of Public Health with guidance from the County Manager's Office.

ATTACHMENTS: YES NO

SIGNATURE: _____

J. Kimberly Atkins, Jr.
COUNTY MANAGER

DATE: May 8, 2018

**RESOLUTION AUTHORIZING EXECUTION OF NECESSARY DOCUMENTS
TO APPLY FOR A COLLECTIVE IMPACT GRANT THROUGH THE UNC
SCHOOL OF GOVERNMENT, IN PARTNERSHIP WITH BLUE CROSS AND
BLUE SHIELD OF NORTH CAROLINA, TO DEVELOP AND IMPLEMENT
LOCAL GOVERNMENT RESPONSE TO THE OPIOID CRISIS
(EMERGENCY SERVICES DEPARTMENT, DEPARTMENT OF PUBLIC
HEALTH, AND DEPARTMENT OF SOCIAL SERVICES)**

WHEREAS, to achieve a collaborative multifaceted approach to tackling the opioid crisis in North Carolina, the UNC School of Government is launching an intensive two-year collaborative learning model that will provide direct support to ten North Carolina communities interested in enacting an integrated and innovative policy and practice response to their respective local opioid crisis; and

WHEREAS, the UNC School of Government, in partnership with Blue Cross and Blue Shield of North Carolina will provide up to \$20,000 to communities to work through a collective impact process to respond to the opioid crisis; and

WHEREAS, Forsyth County proposes a “core” team consisting of the Emergency Services Department, Department of Public Health, and the Department Social Services to engage with the UNC School of Government by attending forums for collaborative learning and problem solving;

NOW, THEREFORE, BE IT RESOLVED that the Forsyth County Board of Commissioners hereby authorizes the County Manager or his designee, and the Clerk to the Board to execute, on behalf of Forsyth County, the necessary documents to apply for a collective impact grant through the UNC School of Government as further described herein, subject to a pre-audit certificate thereon by the County Chief Financial Officer, where applicable and approval as to form and legality by the County Attorney.

Adopted this 10th day of May 2018.

FORSYTH COUNTY GRANT APPLICATION SUBMISSION

Please describe your community. For example, you could tell us about its demographics; its rural, urban, or suburban character; or its dominant industries. There are no wrong answers here – feel free to include whatever seems important to you.

Forsyth is an urban county with a population of 376,320, approximately 23,759 of those are Veterans. There are 28,792 companies and 6 colleges and universities in the county. The median age is 38 and racial and ethnic composition is diverse. The county's land area measures approximately 408 square miles. Winston-Salem/Forsyth County Schools (WSFCS) serves nearly 54,000 students and is the 4th largest school system in NC. There are two major healthcare systems: Novant Healthcare and Wake Forest Baptist Medical Center. Both systems serve people from numerous counties throughout the state. The county is also home to Wake Forest School of Medicine, an established leader in medical education and research. According to the county health assessment, the top three priority areas are Chronic Disease, Infant Mortality and Mental Health, which were selected based on years of potential life lost and magnitude of the issues. These were chosen prior to the opioid epidemic impacting the county.

Please describe the magnitude of the opioid crisis in your community.

Forsyth County had the largest increase among urban counties in opioid-related deaths between 2005 and 2015, according to a report released by the governor's office in 2017. The county went from 13 deaths in 2005 to 53 in 2015, a more than fourfold increase. According to EMS data, 2017 suspected overdoses are even higher. It is impacting the county in numerous ways including: a rise in children in DSS custody, increase in infections from intravenous drug use which is impacting the hospitals in the county as well as public health, increase in 9-1-1 calls for all first responder agencies (fire/police,/EMS) due to overdoses, and increase in criminal activity leading to a rise in the jail population. Baptist hospital reported increases in septicemia as well as having to replace infected heart valves in what would normally be a healthy heart had IV drug use not been present. Schools have reported missed school days and poor performance from students as a result of their parent's addiction.

Please describe your community's prior or ongoing experiences with opioid crisis mitigation efforts, if any.

Forsyth County has taken an active role in trying to tackle the opioid crisis. In March, the county's EMS agency started a task force designed to work collectively to improve access to treatment, prevent silos and duplication of efforts, and to educate the community about addiction and the efforts throughout the county. The task force has grown from about 30 members to over 170 members currently with representation from over 60 agencies as well as family members, people in recovery, and the faith community. Due to the size, the task force saw the need to divide into smaller subcommittees to tackle the work to be done. Public Health working with EMS Community Paramedics and harm reduction coalition expanded testing at syringe exchanges for Hepatitis, HIV/AIDS, and other STDs. EMS began using

community paramedics as part of a rapid response team that works with law enforcement and mobile crisis to help connect people to treatment. Baptist ED added peers to deal with addiction issues.

Please identify your core team below. If your community's application includes multiple local governments, or multiple departments within a local government, the members of the core team should reflect those different organizations. (Please include name, organization, and job title for each; there is no need to include contact information at this time.)

Core team member #1 Tara Tucker
Core team member #2 Anthony "Tony" Lo Giudice
Core team member #3 John Thacker

Please list preliminary partners or key stakeholders that you would consider asking to join your community team if your application is selected. Include name, organization, and job title for each person to the extent they are known. (There is no need to include contact information at this time.)

Batista, Chris	Salem Academy and College	Chief & Director of Public Safety
Belcher, Chris	Winston-Salem FD	Captain
Bowman, Thomas	FCSO	
Boyles, Darrell	ARCA (Inpatient Treatment)	
Brown, Bryan	Forsyth Tech Comm College	Campus Police
Brown, Monica	Downtown Health Plaza	Outreach Nurse
Bruce, Bryon	DEA	Diversion Investigator Supervisor
Caldwell, Kevin	Probation & Parole	Probation Officer
Carpenter, Kelly	Green St. Methodist	Pastor
Clark-Jackson, Mary	Goodwill	Community Outreach Worker
Cook, Sherri	Department of Corrections	Judicial District Manager
Cox, Terry	Baptist Hospital ED	Peer Specialist
Culhane, Katie	Cardinal Innovations MCO	Community Engagement Specialist
Davis, Gary	UNC School of the Arts PD	Captain
Davis, Glenn	FaithHealth	Chaplain
Denny, Jeff, MD	Baptist & Northwest Comm.Care	High Risk OB Physician

Doub, Susan	Novant Behavioral Health	Program Manager
Eaton, Aaron	Baptist/FaithHealth	Chaplain
Fine, Lawrence	District Court	Judge
FitzJefferies, Kathy	WSFCS	Program Mgr Safe-Drug Free Schools
Foster, Joshua	Forsyth County Sheriff's Office	Captain
Frantz , Sarah	Forsyth County Public Health	
Frazier, Sharon	Forsyth County Schools	Parent Involvement Program Manager
Gordineer, Cindy	United Way	Executive Director
Gray, Henry	Winston-Salem State Univ.	Captain Patrol/Police and Public Safety
Gray, Michael	Insight Human Services	TASC Coordinator
Hall, Tiffany	Kernersville VA Health Care Center	Suicide Prevention Team
Harrelson, Martha	Novant Health	Women's Services Nurse Manager
Hay, Leonard	WSSU	Passages Program
Haynes, Lyssa	Old Vineyard (Treatment Center)	Outreach/Marketing Coordinator
Hiatt, Greg	Kernersville PD	Lieutenant - Patrol
Higginbotham, Aaron	NC ATL/CAR HIDTA	Drug Intelligence Officer
Humble, Amber	Forsyth County Stepping Up	Project Coordinator
Inman, Stacey	Cardinal Innovations	Member Engagement Manager
Isley, Victor	DSS	Children Services Director
Jenkins, Diane	DEA	Group Supervisor
Johnson, Theodore	WFUPD	Corporal
Kinder, Tracy	Forsyth County Jail	Health Services Admin.
Slater, Robert	Forsyth County Sheriff's Office	Major
Lynch, Dennis	MH/SA Advisory Group	President
McBeth, Ray	Northwest Community Care	Project Coordinator
Melly, Renee	WSPD	Lieutenant

Melton, Dean	Baptist	Director of Addiction Programs
Menefee, Lisa	District Court	Chief Judge
Miller, Holly	WSSU	Counselor
Miller, Lovette	Public Health	Epidemiologist
Murdock, Cheyanne	Forsyth Homeless Caucus	
Nadar, Dr. Michael	Baptist	Co-Director Center for Research on Substance Use and Addiction
Nance, Doug	WSPD	Capt.
Nickelson, David	Daymark Recovery	Center Director
O'Leary, Kristin	YWCA	Director of Hawley's House
O'Neill, James	Forsyth County	District Attorney
Patrick, Dana	Baptist/FaithHealth	Chaplain
Perez, Jose	Forsyth County Public Library	Peer Specialist
Pruett, Jeff	Northwest Community Care	
Reece, Lesley	VA - Salisbury and Kernersville	SW Supervisor -SUD/Employment/VJO
Richardson, Bob	Church	Associate Pastor
Rukstalis, Margaret, MD	Wake Forest Baptist	Associate Professor of Psychiatry/Behavioral Medicine and Director of the Addiction Integrated Provider Unit
Scoggin, Steve	CareNet	Director
Shavers, Donna	Monarch (Behavioral Health)	Clinical Director
Sheard, Terri	Old Vineyard (Behavioral Health)	Director
Siglar, Kerri	Sigler Law & Pheonix Rising	Attorney/Drug Court Board Chair
Spong, Chuck	Laugh Out Loud	Director
Stage, Chad	Northwest Community Care	Director of Behavioral Health -
Stormer, Derri	WFUPD	Major
Strange, Heather	FMC/Novant	ED Nurse Supervisor
Sullivan, Kathy (Kate)	Kernersville VA	

Summers, Phillip	Clinical & Translational Science Institute Baptist Community Engagement	
Summers, Tim	Kernersville PD	Chief
Tatum, Ronda	Forsyth County	Assistant County Manager
Troxler, Ava	Coalition for Drug Abuse Prevention Director	
Vernon, August	Wake Forest University	Emergency Services Manager
Wanous, Christine	Public Health	Care Management Nursing Supervisor
Watkins, Christopher "Crick", DO	Wake Forest Baptist ED	Emergency Physician
Fisher, Debbie	Clemmons UMC	PAL Facilitator

GRANT INFO

North Carolina Local Governments and the Opioid Crisis: A Collective Impact Approach to Making Policy and Changing Lives

Responding to the Opioid Crisis

Program Basics

To achieve the collaborative, multi-faceted approach so crucial to tackling the opioid crisis in North Carolina, the School of Government proposes pairing faculty specialists with teams from ten communities across the state over a two-year period. These teams will be selected through a competitive, [application-based process](#).

Each participating community will engage in five peer-learning forums conducted across the state and coordinated by the School. In these sessions, participants will investigate and develop inter-departmental, intergovernmental, and intersectoral efforts for responding to the opioid crisis in their local communities; learn from the successes and challenges of other jurisdictions; and receive hands-on coaching and technical support from School faculty. In addition to this direct faculty input, the School will produce a publication and a web resource containing model policies and practices to help guide local governments unable to take part in the forums. This multi-pronged effort is in line with other successful efforts to address this public health crisis. For example, the Governing Institute, in its booklet, *Confronting a Crisis: A Practical Guide for Policy Makers to Mitigate the Opioid Epidemic*, which was created with information, feedback, and support from the Blue Cross Blue Shield Association of America, recommends establishing cross-agency partnerships and convening community stakeholder groups on a regular basis.¹

Once communities are selected to participate, each community team will complete exercises designed to bring members together and to start the process of identifying critical opioid-related issues in their community. These exercises will also provide baseline information to School instructors to better shape the trajectory of the program.

Between forums, each community team will meet, identify policy responses, and take actions to implement those responses. A community project manager (see immediately below) will help convene the team, manage the project, and track progress. Community teams will have access to community implementation funds to help them move from talk to action. School of Government faculty will lead coaching check-ins with each team, providing technical assistance to help the team work through specific issues. The coaching process will have the additional benefit of helping School faculty identify critical issues and refine the creation of the online resource (described below).

Engaging in Community-Based Work and Choosing a Community Project Manager

In addition to participating in the forums, each community team will meet monthly over the course of the program to develop and implement a cogent strategy that (1) leverages existing assets and activities and (2) increases the effectiveness of the local government response to the opioid crisis. Community-based work will be supported by a community project manager and technical assistance from the School of Government.

As part of the program, each community team will hire a community project manager. The School of Government will provide each team \$10,000 to assist with the hiring or funding of the position. The individual selected might be a local government staff person, an employee of a local nonprofit, an

independent contractor, or some other professional skilled in project management and facilitation. Ideal candidates will be

- local to the community and familiar with project stakeholders and other community leadership;
- experienced in facilitation and able to provide consultative guidance on the policy and action implementation process;
- able to serve in a project management capacity, e.g., by scheduling meetings and ensuring that tasks are completed on time; and
- respected and trusted by members of the community team.

The community project manager will be called upon to handle a variety of roles, including facilitator, communication coordinator, liaison to the School, and record keeper.

Community project managers will work approximately five to ten hours each week. A project manager's job will involve:

- ensuring that action steps are taken to achieve opiate crisis mitigation goals developed by the community team during the forums,
- convening and facilitating monthly meetings with the community team to support implementation efforts,
- working with the community team and the School of Government project team (see below),
- helping to foster collaboration opportunities with other community teams and connecting the local team to statewide resources and other best practices to advance the team's important work,
- participating in monthly community project manager calls with the School,
- maintaining records for the community team about progress toward goals, and
- working with the community team to identify performance measures for the team's initiatives and collecting data to evaluate those measures over time.

Collective Impact: The Crucial Program Component

The opioid crisis is complicated. Its potential impacts are broad and far-reaching, it has no single root cause, and it is not confined by geographic boundaries or socio-economic classes. To succeed, any attempts to mitigate the damages inflicted by this scourge cannot be made in isolation. Instead, they must be guided by the principle of collective impact, which has been defined as “the commitment of a group of important actors from different sectors to a common agenda for solving a specific social problem.”²

There are five elements necessary to achieve collective impact.³ The first requires that participants working toward a specific goal share a common agenda for change. They do not have to begin their collaboration with a shared understanding of the solution(s) needed to achieve their goal, but they should come into the process knowing that a joint effort is necessary to be successful. Second, to evaluate whether goals are achieved, shared measures must be developed to track progress. Each participant in the collective action will undertake different efforts to reach the shared goals. Third, while each actor's role is different, their activities should be mutually reinforcing—that is, coordinated with the activities of other participants and aligned with the common agenda and pre-established measures of success. Fourth, throughout the process, continuous communication is essential to building trust and motivating participants. Finally, to keep the process moving forward, there must be a backbone organization, described as “a separate organization dedicated to coordinating the various dimensions and collaborators involved in the initiative.”⁴ The backbone organization provides expertise, planning, and coordination to keep the participants on task and offers advice and support during the initiative.

Figure 1. The Five Elements of Collective Impact



Keywords:

Collective impact

The common agenda element of collective impact is the easiest one to achieve. Many collaborative efforts begin with a common agenda but, unfortunately, most do not have the other four key elements for success in place and, therefore, most fall short of their goals. This will not happen with the School of Government’s opioid mitigation program. The School will serve as the backbone organization for participants, ensuring that all of the elements of collective impact are achieved, “distinguish[ing] this work from other types of collaborative efforts.”⁵

To this end, faculty from the School will

1. guide participants’ visions and strategies;
2. support the aligned activities of the community teams and ensure that they are consistent with the shared agenda (i.e., are mutually reinforcing);
3. work with the teams to establish shared measurement practices;
4. build up public goodwill for the project;
5. advance policy developed in collaboration with participants;
6. mobilize funding to achieve established goals; and
7. keep the lines of communications open and flowing among all participants.

Forums and Resources

The School of Government program will feature five forums. Each community team must be prepared to attend all five sessions. At the first forum, which will be held at the School of Government, community team members will begin to develop strategic implementation plans based on a needs assessment. Faculty from the School of Government will facilitate the process of developing the strategic plans and provide expertise on best practices, leadership, collaboration, and the legal implications of policy proposals suggested by the teams. The School will offer assistance to ensure that participating communities engage in data-driven decision-making, which employs careful and rigorous analysis to inform policy choices. With the School’s help, each community will tailor its work to the local demographic and geographic parameters of the problem, examining the reach of the opioid challenge and the effectiveness of current responsive efforts.

Four additional forums will be held at different locations across the state (in the western, piedmont, central, and eastern regions). Each of these follow-up forums will include a general session, topical breakouts, and collaborative discussions. Issues that have arisen for multiple teams during the time period between forums will receive special attention. The forums will promote iterative progress, as participating teams seek to accomplish goals in advance of the next forum and obtain new information and strategies in the current session. Outside experts will be brought in to participate in the forums as necessary.

The fifth and final forum will be held over a two-day period. Day one will be open to the public, allowing non-participating communities to learn about the program and to determine how strategies developed by participants could be pursued in their own regions. To accomplish this, faculty from the School of Government will explain the program and members of the community teams will discuss their experiences through interactive panels. Day two will be open only to community teams and will be

designed to provide guidance to the community networks created through the program process, so as to sustain program efforts into the future.

Based on research being conducted by the School on best practices around the country, efforts currently underway in North Carolina, and the scope of the problem; input from the participating communities throughout the scope of the project (and perhaps even beyond); and the content of forum discussions; School faculty members will create a draft resource for local governments responding to the opioid crisis. Intended as a guide for communities wishing to implement strategic initiatives similar to those initiated during the program forums, the resource will be updated as the participating teams encounter and ultimately overcome challenges in their efforts to mitigate the damages caused by opioid use in their communities. This draft will be published as a web resource and will be made widely available to communities not participating in the program.

Ultimately, School faculty will finalize the online resource, incorporating the topics and solutions brought up and developed during the program coaching sessions and forums, as well as any points of interest raised and addressed after the technical end of the program. A hard-copy version will also be produced.