

# THE OPIOID RESPONSE PROJECT

## EVALUATION REPORT 2020

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# TABLE OF CONTENTS

- EXECUTIVE SUMMARY \_\_\_\_\_ 4
- INTRODUCTION \_\_\_\_\_ 6
  - Purpose of the Report \_\_\_\_\_ 6
  - The ORP Theoretical Framework: The Collective Impact Model \_\_\_\_\_ 7
  - Overview of Evaluation Approach \_\_\_\_\_ 7
    - 1. Evaluation Framework \_\_\_\_\_ 7
    - 2. Evaluation Questions \_\_\_\_\_ 8
    - 3. Data Collection Plan, Data Sources, and Data Analysis \_\_\_\_\_ 9
- EVALUATION RESULTS \_\_\_\_\_ 10
  - Process Evaluation \_\_\_\_\_ 10
    - 1. ORP-Level Process Evaluation \_\_\_\_\_ 10
    - 2. Community Teams-Level Process Evaluation \_\_\_\_\_ 14
  - Outcome Evaluation \_\_\_\_\_ 18
    - 1. ORP-Level Outcomes \_\_\_\_\_ 18
    - 2. Community Teams-Level Outcomes \_\_\_\_\_ 21
  - Formative Evaluation \_\_\_\_\_ 22
    - 1. Successes and Facilitators \_\_\_\_\_ 22
    - 2. Challenges and Barriers \_\_\_\_\_ 24
    - 3. Lessons Learned \_\_\_\_\_ 27
- RECOMMENDATIONS \_\_\_\_\_ 29
- APPENDICES \_\_\_\_\_ 31
  - A. Data Collection Plan \_\_\_\_\_ 31
  - B. Project Documents \_\_\_\_\_ 35
  - C. Logic Model \_\_\_\_\_ 36
  - D. ORP Faculty and Staff \_\_\_\_\_ 37
  - E. ORP Activities \_\_\_\_\_ 38
  - F. Community Teams Demographics and Organizations \_\_\_\_\_ 43
  - G. Successes, Challenges, Lessons Learned \_\_\_\_\_ 45
  - H. Demographics Survey \_\_\_\_\_ 46
  - I. Team Collaboration and Sustainability Survey \_\_\_\_\_ 48
    - 1. Team Collaboration Survey \_\_\_\_\_ 48
    - 2. Sustainability Survey \_\_\_\_\_ 51
  - J. Core Team Survey \_\_\_\_\_ 52
    - 1. Individual Collaboration Survey \_\_\_\_\_ 52
    - 2. Individual Capacity Building Survey \_\_\_\_\_ 55
    - 3. Team Capacity Building Survey \_\_\_\_\_ 57

4. Satisfaction Survey	58
K. Evaluation Interviews	62
1. Community Teams Interview	62
2. ORP Team Interview	64
L. References	65

## EXECUTIVE SUMMARY

- ✓ This report presents the results of the Opioid Response Project (ORP) evaluation. Findings of the process, outcome, and formative evaluations are synthesized to reflect learnings at both the ORP- and community-team levels. The evaluation approach was guided by a logic model, evaluation questions of interest to the ORP stakeholders, and a data collection plan. Sources of data included project documents, surveys, and interviews. Recommendations are listed at the end of the report.
- ✓ Briefly, the ORP was a two-year learning collaborative designed to support ten North Carolina community teams addressing the opioid epidemic in their local communities. The specific goals of this project were to: (1) plan, deliver, and continuously refine activities in support of local community teams responding to the opioid crisis, (2) strengthen the capacity of local community teams for planning, implementing, monitoring, and sustaining their community programming, (3) strengthen collaboration and connections around the opioid response efforts, and (4) disseminate resources and findings to a larger set of stakeholders.
- ✓ The project was grounded in the *Collective Impact Model (CIM)*, with community teams participating in a systematic approach that included a series of forums, webinars, and meetings, as well as access to resources and technical assistance. In addition, the community teams completed planning and implementation worksheets to facilitate progress towards their local efforts. The ORP was led by University of North Carolina (UNC) School of Government (SOG) faculty and coordinated by nCIIMPACT Initiative. These groups served as the backbone organizations for the project.
- ✓ The community teams involved in the project were from diverse areas across the state. The size of the teams ranged from 9 to 152 participants, with representation from a wide diversity of community organizations depending on the focus of the team. The teams were coordinated by a project manager and structured to include a set of core members and affiliate community members.
- ✓ The communities chose to focus on goals surrounding increasing access to and engagement with treatment; decreasing access to opioids and preventing new substance use disorder (SUD) cases; reducing stigma and increasing awareness and knowledge of addiction, opioid use and misuse, impacts of opioid use on the community, and prevention and treatment options; improving health, safety, and recovery in their communities; increasing community collaboration and capacity; and increasing access to funding.
- ✓ ***Significant outputs were identified by the community teams*** as a result of their engagement with the ORP, including: additional opioid response programs and services in their communities, specific deliverables created as part of these programs (e.g., media campaigns), community teams with a structure and common purpose, and pursuit and/or receipt of additional funding to sustain their local efforts. Accomplishments and program outcomes at the community-team level were highlighted in their learning journeys and spotlights.

- ✓ Process evaluation indicated that *100% of community team respondents involved in the ORP were satisfied with their experience*. In addition, *100% of community team respondents stated that they would recommend this experience to others*. Of note, the most highly rated activity was *access to the faculty liaisons*, with all but one participant giving it the highest possible score.
- ✓ Based on outcome data, the community team members reported *significantly higher levels of individual and team capacity after participating in the ORP compared to before*, in all content domains (i.e., programming processes, opioid response, and communications/sharing). *100% of teams had begun or completed sustainability activities to maintain their opioid response efforts*. Finally, *significantly higher levels of collaboration both within and across teams* were reported by the teams.
- ✓ Through the formative evaluation, a number of successes, challenges, and lessons learned were identified relating to: the ORP structure, planning and administration; use of the *CIM*; engagement, collaborations, partnerships at multiple levels; implementation of local opioid response efforts; resources; data access and sharing; personal attitudes; the impact of the COVID-19 pandemic; and broader contextual considerations.
- ✓ Recommendations centered around the needs for planning, budgeting, and other resources; use of the *CIM*; community engagement; coaching and technical assistance; cross-collaboration; sustainability; the importance of community data; and opportunities to facilitate statewide change.

# INTRODUCTION

## Purpose of the Report

Recently declared a national public health emergency, the opioid epidemic has impacted communities across the United States. The effects of this epidemic are felt at an individual-, family-, and community-level. Individuals often face chronic health problems, high risk for overdose, and increased risk for homelessness. Families often experience stress due to their loved one's opioid use, and struggle to help. Impact on the community is reflected through increased demand for services including healthcare, social services, and access to the criminal justice system. While this epidemic is far reaching, North Carolina has been particularly impacted by the opioid crisis. On average, three people die every day from an opioid overdose. In 2016, four North Carolina cities ranked in the nation's top twenty highest for opioid abuse rates.

The Opioid Response Project (ORP) was designed as an intensive learning collaborative to address the opioid crisis by providing **support to ten local community teams across North Carolina**. The teams were asked to plan, implement, and evaluate local policy and practice initiatives of their choosing to respond to the opioid crisis in their respective communities. The learning collaborative was grounded in the *Collective Impact Model (CIM)*,<sup>1</sup> with community teams preparing for action through a systematic approach that included a series of forums, webinars, and meetings, as well as access to resources and technical assistance. In addition, in-between structured ORP events, the community teams completed planning and implementation worksheets and tasks to facilitate progress towards their local opioid response efforts.

Funding for this 2-year project was awarded to The University of North Carolina (UNC) School of Government (SOG) by BlueCross BlueShield of North Carolina in February 2018. The UNC SOG faculty lead the ORP initiative, and nclIMPACT Initiative coordinated the ORP. The UNC School of Pharmacy Center for Medication Optimization (CMO) group was subcontracted in June 2019 to document accomplishments, generate insights and lessons learned, and assess the overall impact of this initiative.

This report presents the results of this evaluation. Using a utilization-focused evaluation approach<sup>2</sup> and the six-step *Framework for Program Evaluation in Public Health*,<sup>3</sup> the CMO group worked with ORP stakeholders to conduct the study and prepare this report. Elements of process, formative, and outcome evaluations were integrated to address the ORP team's lines of inquiry. The goals of this evaluation were to: (1) document the progress and impact of the work accomplished by both the ORP team and the community teams; (2) produce insights and recommendations for further action; and (3) summarize the findings for the funder (external accountability).

This document is organized into five sections:

<b>1. Executive summary</b>	Provides a synopsis of the evaluation report.
<b>2. Introduction</b>	Provides information about the purpose and format of the report, a description of the <i>CIM</i> , and an overview of the evaluation methodology.
<b>3. Evaluation results</b>	Presents the results of the process, outcomes, and formative evaluations.
<b>4. Recommendations</b>	Provides a summary of continuous quality improvement and suggestions to improve future projects that utilize the <i>CIM</i> .
<b>5. Appendices</b>	Includes relevant materials from this project and evaluation.

## The ORP Theoretical Framework: The Collective Impact Model

The ORP initiative was rooted in the *CIM*. The *CIM*, developed by the Forum for Community Solutions (FSG), is a collaborative approach designed to create large-scale social change. Collective impact is defined as “the commitment of a group of important actors from different sectors to a common agenda for solving a specific problem.”<sup>1</sup> There are five major elements to collective impact as outlined in Figure 1 below. First, participants should enter the process with a shared understanding of the problem and a *common agenda* for change. A joint approach is necessary to be successful. Second, to determine if goals are being achieved, the development of *shared measures* to collect data and measure results consistently across participants is necessary. This ensures that individual actions within the collective remain aligned. Third, while participants will engage in different activities, they should be *mutually reinforcing activities* that are coordinated across participants and aligned with the common agenda. Fourth, *continuous communication* is key to build trust, assure mutual objectives, and motivate participants. Fifth, creating and managing collective impact requires the support of a *backbone organization* who can provide expertise, planning, and coordination to keep participants on track. These tenets were weaved into the content and structure for ORP.

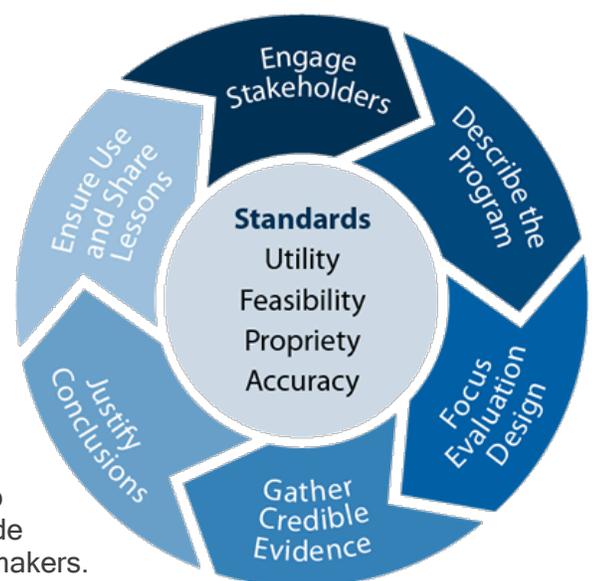
Figure 1. Collective Impact Elements



## Overview of Evaluation Approach

### 1. EVALUATION FRAMEWORK

Based on the objectives of the project (both formative and summative) and the ORP team’s culture of learning, the CMO group selected the Utilization-Focused Evaluation (U-FE) approach<sup>2</sup> as the evaluation paradigm. The value of U-FE rests with (1) its participatory nature, (2) its focus on ensuring use of evaluation data by key stakeholders, and (3) its non-prescriptive approach. Contrary to other participatory approaches which may require additional time and resources, U-FE can be implemented in a short amount of time and produce usable results. In addition, the six-step *Framework for Program Evaluation in Public Health* developed by the CDC guided the evaluation approach.<sup>3</sup> This framework was created to ensure that data gathered throughout an evaluation would provide accurate, and most importantly, useful information for decision-makers.



## 2. EVALUATION QUESTIONS

The CMO group worked collaboratively with a four member ORP subgroup, composed of the ORP project manager, one faculty project lead, and two faculty representatives, to plan and conduct the evaluation. This strategy facilitated the CMO group's understanding of the initiative, and led to the creation of the logic model, development of evaluation questions, and selection of the evaluation design and data collection plan. Once collected, the information was analyzed by the CMO group and synthesized in this report. Based on discussions with the ORP team, the following lines of inquiry guided the evaluation design:

*Table 1. Evaluation Questions*

Type of Evaluation		ORP-Level	Community Teams-Level
<i>Process Evaluation</i>	<i>Inputs</i>	Who was involved in the ORP team? What were the ORP goals? Were the resources in place sufficient to implement ORP?	Who were the community teams and who was involved? What were the teams' goals and objectives? Were the resources in place sufficient to implement the community teams' initiatives?
	<i>Activities</i>	How did the ORP team structure and implement the initiative (activities, reach, implementation)? How satisfied were the intended beneficiaries (i.e., community teams) with the ORP?	What strategies did the community teams use to reach their goals and objectives?
	<i>Outputs</i>	What outputs resulted from the ORP?	What outputs resulted from working as community teams to respond to the opioid crisis?
<i>Outcome Evaluation</i>		Was the ORP project team effective at reaching their intended outcomes (as defined in the logic model)?	Were the community teams effective at reaching their intended outcomes?
<i>Formative Evaluation</i>		What were some of the ORP team's successes, challenges, and lessons learned related to the project?	What were some of the community teams' successes, challenges, and lessons learned?

### 3. DATA COLLECTION PLAN, DATA SOURCES, AND DATA ANALYSIS

To address these questions, the CMO group created a data collection plan (Appendix A), that outlined evaluation indicators, sources of evidence, measures and surveys, timeline, and analysis. Briefly, this evaluation was informed by multiple data sources, including existing project documents, surveys, information from interviews with ORP team members, and data from interviews with representatives from each community team. Data were collected throughout the duration of the project.



**Project Documents.** The project documents used in this evaluation are listed in Appendix B. Review of these documents was used to understand diverse aspects of the project. In addition to understanding the community teams and their respective efforts, the CMO group synthesized information from team rosters, spotlights, action plans, project manager meeting notes, and learning journeys into individual community team profiles. Information in these profiles were used to understand inputs (i.e., the composition of the community teams, and their goals/objectives, resources, and strategies), as well as outputs for the community teams process evaluation. They also contained data relevant to the outcome and formative evaluations at the community team level. Once abstracted

into the categories of interest and organized into individual community profiles, the information was aggregated across community teams and combined with the results of the community teams interviews for overall reporting.

**Surveys.** Surveys included the *Team Collaboration and Sustainability Survey*, the *Core Team Survey*, and the *Demographics Survey* for all team members. All surveys are included in Appendices H-J. Quantitative survey data were analyzed using SPSS. Frequencies, means, paired t-tests, and Wilcoxon signed-ranked tests on relevant items were conducted. Qualitative survey data was examined and grouped into themes.



- ♦ The *Demographics Survey* was an individual survey completed by community team members designed to better understand the characteristics of the community teams (e.g., gender, ethnicity, race, age). This survey was completed after the final project forum in August 2020. The survey response rate was 22.6% ( $N=132/584$ ).
- ♦ The *Team Collaboration and Sustainability* survey assessed each team's level of collaboration with other teams, as well as efforts towards sustainability. This survey was completed by each community team (one survey per team) in July 2020. The survey response rate was 100% ( $N=10/10$ ).
- ♦ The *Core Team Survey* was an individual survey completed by core members of each team designed to assess satisfaction with ORP activities, capacity building at both the individual and team levels, and collaboration changes within community teams. This survey was completed after the final project forum in August 2020. The survey response rate was 32.8% ( $N=21/64$ ).



**Interviews:** Information was gathered from a sample of the ORP team members ( $N=5$  out of 13 total team members), and from the community team project managers and other representatives ( $N=14$ , across 10 interviews) through semi-structured interviews. The ORP team interviews were conducted in July 2020. Community teams interviews were conducted after the final project forum in August 2020. Both sets of interviews were facilitated by two members of the CMO group and lasted between 30 and 60 minutes. The ORP team interviews were designed to understand successes, challenges, resources, results, and lessons learned related to the ORP initiative. The community teams interviews provided insights into successes, challenges, resources, results, and lessons learned related to both their engagement in the ORP process and the work they accomplished in their respective communities. Both sets of interviews also contained information relevant to outputs and outcomes. Both interview guides are included in Appendix K. ORP team interview and community teams interview information were analyzed separately utilizing NVivo software. Grounded in content analysis, information was extracted into relevant categories and summarized across interviewees.

# EVALUATION RESULTS

## Process Evaluation

This process evaluation aimed to describe implementation of the project at both the ORP and community teams-level. Rooted in the logic model (Appendix C), and guided by the process evaluation questions listed in Table 1, this section describes the inputs (team composition, goals/objectives, and resources), activities (types of activities, reach, implementation, and satisfaction for the ORP-level; types of strategies for the community teams-level), and outputs, organized by level (ORP vs. community teams).

### 1. ORP-LEVEL PROCESS EVALUATION

#### *Who was involved in the ORP Team?*

The ORP team was composed of faculty and staff from the University of North Carolina School of Government (UNC SOG) as well as from the nclIMPACT Initiative. nclIMPACT Initiative is an initiative housed within the UNC SOG aimed to help local communities use data and evidence to improve conditions and inform decision making. UNC SOG and nclIMPACT Initiative served as the **backbone organizations** supporting the community teams throughout the ORP, with SOG faculty leading and nclIMPACT Initiative coordinating the project. In addition to participation on the project team, a subset of team members also engaged in the project core team and/or served as faculty liaisons.

The **ORP team** was comprised of 15 faculty and staff members who had diverse expertise, including: in local and state government management and law, public health law, mental health law, substance abuse law, and child welfare law; organizational change and development; human resources management; project and program management; communications; and registration and client services (Appendix D). A subset of five faculty and staff members from the overall team participated as part of the **ORP core team**.

Eight faculty members from the ORP team also served as **faculty liaisons** to the ten community teams. Faculty liaisons acted as a designated point of contact for their respective community team(s) and supported the teams by encouraging progress, identifying needs and connecting them with resources, and strengthening the relationship between the community teams and the SOG.

In addition to their responsibilities on the ORP team, four team members participated in the **evaluation group** to facilitate the incorporation of feedback, data collection, and understanding of the project overall.

#### *What were the ORP goals?*

The ORP team set the overarching goal of the Opioid Response Project to **support and enhance the local community efforts to respond to the opioid crisis**. The specific goals of this project were to:

- 1 Plan, deliver, and continuously refine activities in support of local community teams responding to the opioid crisis
- 2 Strengthen the capacity of local community teams for planning, implementing, monitoring, and sustaining their community programming
- 3 Strengthen collaboration and connections around the opioid response efforts
- 4 Disseminate resources and findings to a larger set of stakeholders

## *Were the resources sufficient to implement the project?*

When asked about the resources used and needed to plan and implement the ORP, the ORP team interviewees focused on both the financial and personnel resources used throughout this project.



**Financial resources:** Because the original funds were not sufficient, additional funding was obtained from BCBS which facilitated completion of the project. The ORP team interviewees identified the need to better outline the resources needed at the outset of the project. With the additional funding, the ORP team was able to provide further supports (e.g., travel scholarships, project management funding) and achieve milestones and project requirements (e.g., project evaluation). Although ultimately, the project was completed as planned, interviewees noted that access to additional resources would have allowed them to reimburse faculty for their time and provide more intensive technical assistance to communities.

**Personnel resources:** In addition to financial resources, personnel resources were cited as being essential to complete the ORP. ORP team members, internal SOG experts, and external experts all supported the execution of the project. SOG faculty provided in-kind time for development and execution of project materials and served as faculty liaisons to support the community teams. The project also benefited from a dedicated project manager as well as support from the SOG program manager, marketing, and IT personnel. External experts including content experts and a communications contractor also contributed. Although faculty were willing to be engaged, this project required large demands on their time above and beyond their normal duties. While personnel resources were sufficient, additional funding should have been allocated to compensate for their time.



## *How did the ORP team structure and implement the initiative (activities, reach, and implementation)?*

Briefly, the project was structured around five regional forums which took place across the state of North Carolina. During forums, the community teams were guided through the *CIM*, set goals, developed plans for implementation and sustainability, collaborated across fields and jurisdictions, and learned from experts on opioids. In between forums, community team members completed project worksheets, further developed and executed on their opioid response action plans, engaged in webinars and faculty liaison calls, and participated in community teams meetings. In addition, the community teams project managers, funded by the ORP grant, attended monthly calls with the ORP team to report on progress, share learnings, and discuss ORP updates. Materials, resources, and supports were provided by the UNC SOG continually throughout the project. Reach information (i.e., attendance, completion rates, and usage rates) are included in Appendix E, that also details each activity.

Of note, although the project was initially designed to be a 2-year initiative, it was extended to August 2020 due to external circumstances outside of the project team's control (i.e., COVID-19). This extension was necessary to allow the community teams' members to attend to more urgent pandemic-

related priorities. In addition, although the ORP team had a high-level timeline for these activities, it was adjusted throughout the project based on external constraints (e.g., Forum 1 was delayed from September to November due to Hurricane Florence) and the need to refine and tailor ORP offerings based on insights gained after each event. Appendix E highlights this continuous quality improvement process. By the end of the project, the ORP team completed all expected deliverables and more.

### *How satisfied were the community team members with their ORP engagement?*

Based on the quantitative results from the *Core Team Survey* (satisfaction items), **100% of community teams respondents involved in ORP activities agreed being satisfied**. More specifically, 75% ( $N=16/20$ ) of community team members who completed the survey “strongly” agreed being satisfied with all of the ORP activities (mean  $\geq 5.5$ ), with the additional 25% reporting “moderate” agreement (mean  $\geq 3.5$ ). None of the respondents reported slightly agreeing, slightly disagreeing, moderately disagreeing, or strongly disagreeing that they were satisfied. This trend was observed across the different types of activities, including forums, webinars, project manager conference calls, materials provided, faculty liaison meetings, and worksheets. Of note, the most highly rated activity was **access to the faculty liaisons**, with all but one participant giving it the highest possible score.

Further exploration of the satisfaction items revealed that **all of the ORP activities were highly rated for providing useful information, meeting community teams’ expectations, being worthwhile to participate in, and being beneficial to advance the work of the community teams** (Means (SDs) across activities  $\geq 5.4$  ( $<.89$ ),  $N=20$ ). As evidenced by the data below, faculty liaison meetings had the highest ratings.

**Table 2. Satisfaction with ORP Activities**

Satisfaction with ORP activities	N	Mean (SD)	% of satisfied participants ( $\geq 3.5$ )
Satisfaction with forums	20	5.66 (.70)	100%
Satisfaction with webinars	16	5.50 (.76)	100%
Satisfaction with project manager conference calls	9	5.69 (.61)	100%
Satisfaction with materials provided	19	5.64 (.49)	100%
Satisfaction with faculty liaison meetings	8	5.88 (.35)	100%
Satisfaction with worksheets provided	19	5.55 (.64)	100%
Overall satisfaction	20	5.63 (.56)	100%

Note. Survey on a 6-point scale, ranging from “strongly disagree” to “strongly agree”

**Table 3. Satisfaction with ORP Activities by Item**

Satisfaction Items	Forums		Webinars		Project Manager Calls		Materials		Faculty Liaison Meetings		Worksheets	
	N	Mean (SD)	N	Mean (SD)	N	Mean (SD)	N	Mean (SD)	N	Mean (SD)	N	Mean (SD)
Provided me with useful information	20	5.70 (.66)	16	5.56 (.63)	9	5.78 (.44)	19	5.68 (.48)	8	5.88 (.35)	19	5.58 (.61)
Met my expectations	20	5.65 (.75)	16	5.56 (.73)	9	5.67 (.71)	19	5.58 (.61)	8	5.88 (.35)	19	5.58 (.61)
Were worthwhile to participate in	20	5.60 (.82)	16	5.44 (.89)	9	5.67 (.71)	19	5.68 (.48)	8	5.88 (.35)	19	5.47 (.84)
Were beneficial to advance the work of my ORP community team	20	5.70 (.66)	16	5.44 (.89)	9	5.67 (.71)	19	5.63 (.50)	8	5.88 (.35)	19	5.58 (.61)

**What respondents liked best about the ORP**

- ◆ Ability to build their own teams and develop collaborative relationships with other groups from across the state
- ◆ Resources (e.g., worksheets) and forums were particularly helpful to understand the collective impact process
- ◆ The opportunity to learn from other teams and topic experts
- ◆ Structure and guidance that was provided by the UNC SOG faculty and faculty liaisons

**What respondents wished had been done differently**

- ◆ Increased team engagement from the outset and help with orienting new members
- ◆ Having more time to complete the project and collaborate with other groups
- ◆ Having a calendar of project activities (i.e., forum and webinar dates) ahead of time to facilitate consistent attendance

**What respondents recommend for future projects**

- ◆ Having additional opportunities to be strategically connected to teams with similar goals and initiatives
- ◆ Additional coordination across participating teams in support of statewide change
- ◆ An improved team selection process, with teams who are in the early planning stage potentially benefitting more from participating in this process

When asked to reflect on their experience with ORP, **100% of community teams respondents (N= 18) stated that they would recommend this experience to others.** Being involved in this project allowed them to get a broader perspective of the opioid crisis; afforded them the opportunity to network and collaborate with teams across the state working on similar initiatives; facilitated their own team building, and unity in their communities; and allowed them to benefit from having a backbone organization, and the support, structure, and expertise provided by the SOG.

***What outputs resulted from the ORP?***

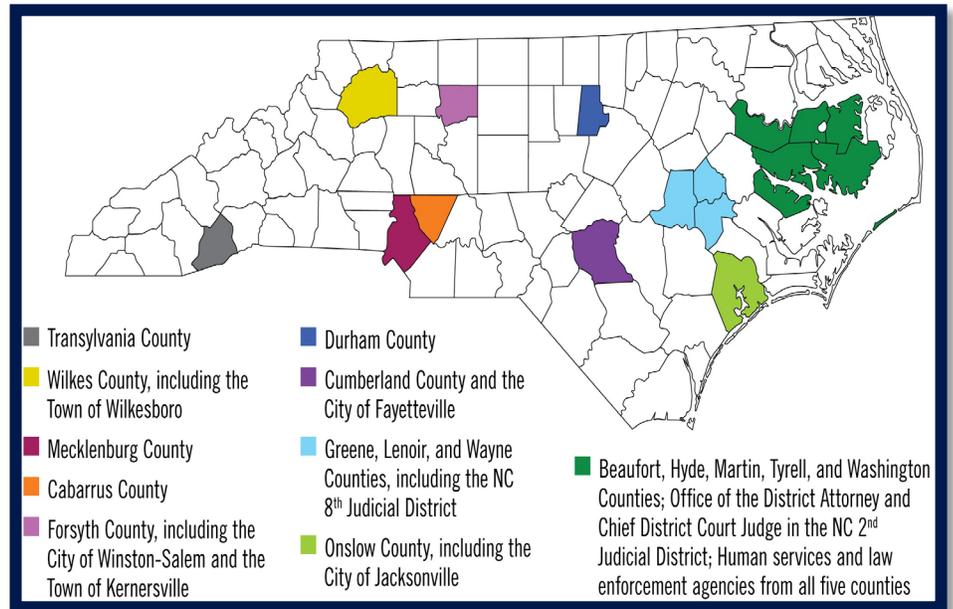
**Table 4. Program, Evaluation, and Dissemination and Communication Outputs**

Program Outputs	Evaluation Outputs	Dissemination and Communication Outputs
<ul style="list-style-type: none"> <li>• Forums (5)</li> <li>• Webinars (6)</li> <li>• Conference Calls with Community Teams Project Managers (16)</li> <li>• ORP Team Meetings (31)</li> <li>• Faculty Liaisons Point of Contacts (111)</li> <li>• Project Worksheets (team building; brainstorming; stakeholder identification; vision, goals, and objectives) (39)</li> <li>• Action Plans (10)</li> <li>• Learning Journeys (10)</li> <li>• Community Teams Videos (10)</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluation Plan</li> <li>• Evaluation Report</li> <li>• <i>C/M</i> Lessons Learned</li> </ul>	<ul style="list-style-type: none"> <li>• Online Resources Library</li> <li>• Monthly Digest and Newsletter</li> <li>• Community Spotlights (10)</li> </ul>

## 2. COMMUNITY TEAMS-LEVEL PROCESS EVALUATION

### *Who were the community teams and who was involved?*

The 10 community teams included (see Map): (1) the Transylvania Opioid Response Team in Transylvania County, (2) Healthy Wilkes: Community Opioid Prevention and Education Team in Wilkes County, (3) the Mecklenburg County Opioid Task Force in Mecklenburg County, (4) the Cabarrus Mental Health Advisory Board in Cabarrus County, (5) the Forsyth Opioid Project Team in Forsyth County, (6) Durham Joins Together to Save Lives in Durham County, (7) the Cumberland-Fayetteville Opioid Response Team (C-FORT) in Cumberland County, (8) the 8<sup>th</sup> District Opioid Crisis Team representing Greene, Lenoir, and Wayne Counties, (9) the Strategic Opioid Advanced Response (SOAR) Team in Onslow County, and (10) the 2<sup>nd</sup> Judicial District Opioid Coalition representing Beaufort, Hyde, Martin, Tyrell, and Washington Counties.



Through an open application process, a panel of ORP project team members selected ten community teams to participate in the ORP based on: geographical, economic, and demographic diversity; prior experience with opioid mitigation efforts (a diversity of experience levels were intentionally sought across teams); the magnitude of the crisis in their community; identification of a core team composed of three individuals from different local government(s) and/or organizations; and demonstration of community commitment through at least three letters of support. Any community interested in engaging in the project to “enact an integrated and innovative policy and practice response to their local opioid crises” was provided an opportunity to apply.



The size of the teams ranged from 9 to 152 participants, with representation from a wide diversity of community organizations depending on the focus of the team. The teams were coordinated by a project manager, partially funded through the ORP, and structured to include a set of core members and affiliate community members. Based on demographics information, the majority of community team members were females (67%), white (75%), and above 45 years of age (60%), with more than half educated with a master’s degree or above. Appendix F summarizes the demographics across participating teams.

Of the organizations that were represented across the teams (Appendix F), the majority were either mental health/behavioral health/substance abuse providers (20%), governmental county and city organizations (16%), or public health departments and organizations (e.g., county health departments, public health departments) (12%). Court systems, fire rescue/emergency medical services (EMS), law enforcement, large medical centers/health systems, and universities were also well represented (ranging between 5% and 8% of participating agencies). Finally, included in lower numbers were harm reduction coalitions, healthcare providers (e.g., physicians, pharmacists), schools, social services, the military, and others (e.g., churches).

## *What were the community teams' goals and objectives? What strategies did they use to reach their goals and objectives?*

Table 5 summarizes goals across community teams. It also provides examples of teams' objectives and examples of the strategies the community teams employed to meet their goals and objectives.

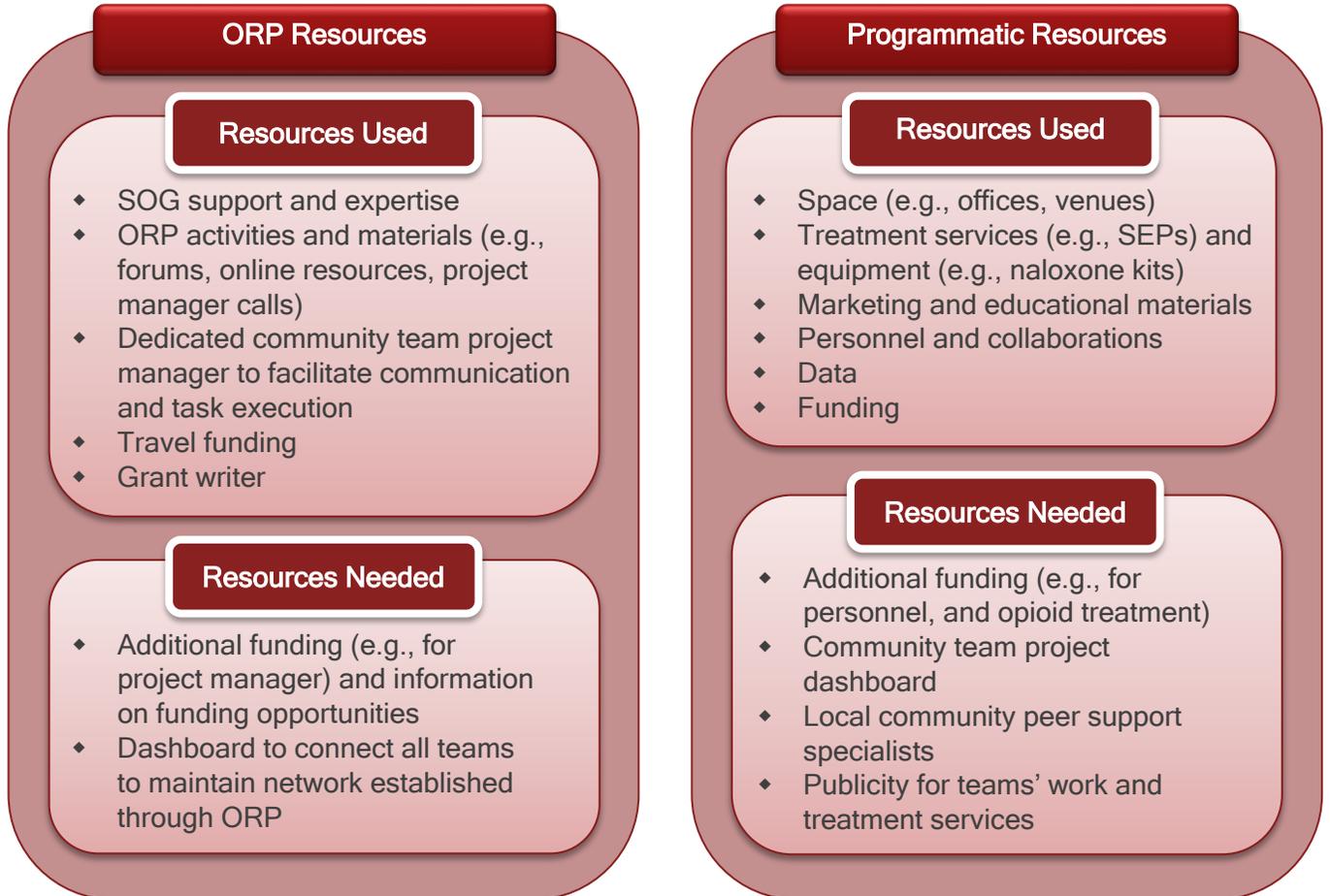
*Table 5. Community Teams Goals, Objectives, and Program Strategies*

Goals (Across Teams)	Examples of Objectives	Examples of Programmatic Strategies
<ul style="list-style-type: none"> <li>• Increase access to and engagement with treatment (e.g., “Accessible treatment for all,” “Improve engagement and care for persons identified with or at risk of substance use disorder”)</li> <li>• Decrease access to opioids and prevent new SUD cases (e.g., “Decrease flow of prescription and illicit drugs.”)</li> <li>• Reduce stigma and increase awareness and knowledge of addiction, opioid use and misuse, impacts on the community, and prevention and treatment options (e.g., “Increase community awareness and eliminate stigma,” “Raise awareness about opioid use and impacts in X County through information and education programs.”)</li> <li>• Improve health, safety, and recovery (e.g., “Improve health and recovery,” “Build a more resilient community by increasing healthy stress management and enhancing nurturing relationships within families and public serving.”)</li> <li>• Increase collaboration and capacity (e.g., “To create a community-supported, sustainable network to address and reduce adverse effects of illicit drug use through harm reduction strategies.”)</li> <li>• Increase access to funding (e.g., “Increase access to funding to support, enhance, and create opioid-related programs through community partnerships.”)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase treatment providers, treatment programs, and harm reduction programs (e.g., “Increase the number of Syringe Exchange Program sites from 1 to 2 by February 2019.”)</li> <li>• Increase treatment engagement and use, reduce number of overdoses and overdose deaths (e.g., “Reduce the number of overdoses and overdose deaths within the community.”)</li> <li>• Increase participation in education opportunities around stigma, addiction, treatment options, and development of PSAs (e.g., “Provide 2 educational opportunities by May 2020.”)</li> <li>• Create a supportive community to support health and recovery (e.g., “Increase community reach and number of populations served by expanding organization/agency and youth prevention education, and recovery ready community programs through community partnerships.”)</li> <li>• Expand community engagement and partnerships (e.g., “Increase community partnerships by 25% by May 2020”)</li> <li>• Increase grant submissions (e.g., “Increase grant submissions for opioid-related programs by 25% by May 2020.”)</li> </ul>	<ul style="list-style-type: none"> <li>• Create and deliver new programs, pathways, and resources to engage individuals in treatment</li> <li>• Develop educational materials and hold trainings to decrease stigma</li> <li>• Increase involvement and build relationships with community stakeholders</li> <li>• Pursue additional funding for resources and supplies</li> </ul>

\*Goals, objectives, and strategies were derived from the community teams action plans

## *Were the resources sufficient to implement the community teams' initiatives?*

Community teams indicated the resources they utilized to implement their initiatives in their action plans. Additionally, resources that were helpful to engage in the ORP, and additional resources that would have been beneficial were highlighted through the community teams interview and document review (e.g., community teams profiles).



## *What outputs resulted from the community teams' initiatives?*

### Opioid Response Programs

**Additional community-based opioid crisis response programs and services.** The most significant output of the ORP cited during interviews with both the ORP and community team members (also highlighted in the community profiles) was the community programming that was implemented as a result of the project. Community teams developed new content, programs, services, and processes to address the opioid crisis. Establishment of treatment facilities and programs (e.g., MAT in jails, EMS providing Subutex, syringe exchange programs, post overdose interventions), distribution of treatment and prevention items (e.g., Narcan kits, medication lock boxes), management of drug take back events, creation of successful PSAs are but a few examples that were cited.

### Team Structure

**Opportunity for developing communication, planning, and structure within teams.** Based on the results of the community teams interviews, the ORP was an effective strategy to facilitate improved communication among community team members. It also provided an opportunity to create and structure community teams. Interviewees reported that this project brought organization to their teams and allowed everyone to develop a common understanding of the teams' focus and future directions. It also helped clarify the structure of the teams' leadership, work groups, and subgroups.

### Funding

**Pursuit and receipt of additional funding.** All ten teams reported pursuing and/or receiving additional grant funding due to their involvement in the ORP. Having to identify needs, develop an action plan, and establish relationships as part of the ORP led to strong grant applications. These federal and local grants were written to pursue a variety of strategies, such as syringe exchange efforts, harm reduction, post overdose visits, MAT, peer support, and outreach. Future funding for staff and materials was deemed necessary to continue working toward these opioid response efforts.

### Community Outputs

**Development of specific outputs as part of community-based programs and services.** Community teams reported creating a number of outputs as part of their programming. For instance, several teams developed messages, resource guides, and other materials to be shared with their communities through avenues such as local tv stations, bus wraps, public service announcements, media campaigns, and social media. One team mentioned having over 138,000 views within the last month on their ads created as part of a media campaign. Another conducted a needs assessment and produced data highlighting stigma as a challenge in their community. A third built EMS take home naloxone kits.

## Outcome Evaluation

### 1. ORP-LEVEL OUTCOMES

The outcome evaluation was designed to assess the impact of the work accomplished by both the ORP team and the community teams. Guided by the goals articulated for both the ORP and community teams, and by the evaluation questions of interest, this section documents evidence of accomplishments and impact.

#### *Was the ORP effective at strengthening capacity of community teams for planning, implementing, and monitoring opioid response efforts?*

**Table 6. Individual Capacity Building Survey Descriptives**

Content Domains	Pre-ORP Score (Mean(SD))	Post-ORP Score (Mean(SD))
Planning, implementation, and evaluation	4.12 (1.18)	5.79 (.32)
Opioid policy, program, and landscape	4.49 (1.07)	5.67 (.28)
Communications and relations	5.75 (.94)	5.75 (.27)
Overall individual capacity	4.43 (.95)	5.06 (.26)

$p=.000$ ). Further analysis revealed that this increase in knowledge and skills was significant in all three content domains: (1) planning, implementation, and evaluation processes ( $t(20)=6.48, p=.000$ ), (2) opioid response policies, programs, and landscape ( $t(20)=5.26, p=.000$ ), and (3) communications and relations ( $t(20)=5.12, p=.000$ ). These content domains represent the knowledge and skills targeted by the ORP activities. Post ORP mean scores were above 5.5 for all areas of individual capacity (Table 6 above).

**Team Capacity.** When asked about capacity of their respective community teams, survey participants ( $N=20$ ) also *reported significantly higher team capacity to plan, implement, and evaluate their opioid initiative after participating in the ORP* ( $t(19)=6.52, p=.000$ ). Similar to individual capacity, participants reported that their teams had significantly higher levels of skills in: (1) planning ( $t(19)=7.11, p=.000$ ), (2) implementation and monitoring ( $t(19)=4.85, p=.000$ ), and (3) sharing results ( $t(19)=4.19, p=.000$ ). Post ORP mean scores were above 5.0 for all areas of team capacity (Table 7).

**Individual Capacity.** To assess capacity of community teams (as part of the *Core Team Survey*), 21 core team members completed questions about their own individual abilities as well as abilities of their respective teams. Survey participants were asked to rate 18 individual and 11 team capacity items on a 6-point scale from “strongly disagree” to “strongly agree” both pre- and post- the ORP (Appendix J). Based on the overall score, respondents ( $N=21$ ) reported *significantly higher levels of individual capacity after participating in the ORP compared to before* ( $t(20)=6.53,$

**Table 7. Team Capacity Building Survey Descriptives**

Content Domains	Pre-ORP Score (Mean(SD))	Post-ORP Score (Mean(SD))
Program planning	4.44 (.78)	5.71 (.39)
Program implementation and monitoring	4.43 (1.07)	5.68 (.24)
Results sharing	4.45 (1.31)	5.65 (.29)
Overall team capacity	4.42 (.85)	5.70 (.38)

## Was the ORP effective at strengthening opioid response efforts?

### Across Community Teams

**Across community teams:** In the *Team Collaboration and Sustainability Survey*, community teams were asked to rate their relationships with the other community teams involved in the ORP both prior and after the project (see Appendix I). A Wilcoxon signed-rank test showed that on average, **community teams reported significantly higher levels of collaboration with other community teams at the end of the project compared to the beginning** ( $Z=-2.81$ ,  $p=.005$ ). Of note, while collaboration significantly increased from pre- to post-, the mean post score = 2.20 on a 5-point Likert scale ranging from “networking” to “collaboration”, no team reported a mean score higher than 3.0 (cooperation) by the end of the project. In other words, as a result of the ORP, community teams were able to create “networking” (i.e., formal or information connections between individuals and groups) relationships with other community teams with whom they had no prior relationships prior to the ORP.

Further evidence of this *increased collaboration across community teams* was highlighted during both the ORP and community teams interviews. The ability to meet with other community teams to increase collaboration and understand the work being done across the state was found to be beneficial. Community teams were able to engage in discussions with a variety of stakeholders from other communities (e.g., law enforcement, county manager, people from the courts, people from the health department) to understand how they were addressing problems. This diversity allowed them to reach beyond their own discipline. Interviewees also found it beneficial to make connections with communities that were similar to their own.

### Within Community Teams

**Within community teams (and with other organizations in their communities).** As part of the *Core Team Survey*, individual team members were also asked to rate the relationships between their organization and the other organizations represented on their community team prior to and after engagement with the ORP (Appendix J.1). A Wilcoxon signed-rank test showed that overall, survey respondents ( $N=21$ ) reported **significantly higher levels of collaboration between their own organizations and other community organizations within the team** at the end of the project compared to the beginning ( $Z=-3.92$ ,  $p=.000$ ). Mean scores prior to the ORP were 3.21, on a 5-point Likert scale ranging from “networking” to “collaboration”. Following their participation in the ORP, mean scores were above 4.42, supporting a significant increase in collaboration, from “cooperation” to “coordination.” Community organizations were able to formalize their relationships and work towards a common mission with other organizations on the team.

In addition, 33% ( $N=7$ ) of core team members who completed the survey **created new relationships with organizations within their community that were not represented on their community teams** as a result of implementing their local opioid response initiatives. On average, core team members cited 3.14 new relationships. Overall, across respondents, 9.09% of these relationships were described as “networking” ( $N=2$ ), 22.72% as cooperation ( $N=5$ ), 22.72% as “coordination” ( $N=5$ ), and 45.45% as “collaboration” ( $N=10$ ).

Survey results were further substantiated by the ORP and community teams interview data. **Building relationships and collaborations within their communities** was frequently emphasized as an outcome. Community team members shared that the ORP encouraged them to have conversations with other community stakeholders. This allowed them to breakdown silos, engage and re-engage stakeholders at all levels (e.g., law enforcement, EMS, the health department) in their communities, develop new relationships and improve existing ones. Some interviewees reported their community teams grew in number of participants as people were able to become involved. Additionally, the project allowed them to formalize their coalitions and develop a strong collaboration with their teams to better provide for their communities. These relationships allowed quick adjustments to community needs and facilitated application to future funding.

## Was the ORP effective at strengthening capacity of community teams for sustaining opioid response efforts?

Results from both the individual and team capacity surveys (sustainability items) (in the *Core Team Survey*) indicated significantly higher capacity at both levels to sustain the initiative after ORP compared to before (individual capacity-sustainability ( $t(20)=3.40$ ,  $p=.001$ ; team capacity-sustainability ( $t(19)=3.94$ ,  $p=.000$ )) (Table 8).

Table 8. Individual and Team Capacity - Sustainability

Content Domains	Pre-ORP Score (Mean(SD))	Post-ORP Score (Mean(SD))
Sustainability (individual level)	4.38 (5.57)	5.57 (.60)
Sustainability (team level)	4.25 (1.29)	5.30 (.92)

Additional evidence was obtained through the *Team Collaboration and Sustainability Survey* that was completed by each team (Appendix I). By the end of the ORP, **100% of teams reported beginning or completing activities toward sustainability of their opioid response efforts**. More specifically, 90% ( $N=9/10$ ) of community teams reported completing sustainability activities ( $Mean \geq 2.5$ ), with the additional 10% reporting starting sustainability activities ( $Mean \geq 2.0$ ). Across community teams, the highest rated activities for completion were: demonstrating sufficient progress to justify my community team's existence, and establishing shared values that are reflected in the community team's priorities, strategies, and day-to-day operations (Table 9). Of note, teams reported lowest scores on items around future funding.

Table 9. Completion Rates of Sustainability Activities Across the Community Teams

Sustainability Activities	N	Mean (SD)	% not yet started	% in the early stages	% well established or completed
Identifying funding to continue my community team's work beyond the Opioid Response Project.	10	2.60 (.52)	0%	40%	60%
Establishing access to a variety of funding sources beyond traditional funding such as in-kind contributions, fundraising events, or membership dues.	9*	1.67 (.71)	44.4%	44.4%	11.1%
Engaging in work that addresses a significant community need and is worthy of continuing support.	10	2.90 (.32)	0%	10%	90%
Demonstrating sufficient progress to justify my community team's existence.	10	3.00 (0)	0%	0%	100%
Establishing shared values that are reflected in the community team's priorities, strategies, and day-to-day operations.	10	3.00 (0)	0%	0%	100%
Establishing a leadership team that is committed, keeps its focus, resolves conflicts, and carries out the work.	10	2.80 (.42)	0%	20%	80%
Involving and engaging other individuals and organizational members who value and support the community team's work and speak on its behalf.	10	2.80 (.42)	0%	20%	80%
Building respect and credibility of my community team through its values, members, and work, enabling it to influence others.	10	2.90 (.32)	0%	10%	90%

Note. Survey on a 3-point scale, "not yet started," "in the early stages," and "well established or completed." \*One team indicated "unsure how to do this," and was not included in the analyses.

When asked to *share additional information about sustainability*, community team members believed it to be facilitated by community partnerships built through the ORP and applications for additional funding. ORP team members also credited facilitation of engagement of stakeholders and the creation of common agendas within respective community teams to the ability for the community teams to pursue and secure additional funding.

In addition to funding, the community teams interviewees also discussed sustainability of the *CIM*. Future use was reported by some with opioid work, as well as application to other initiatives. Others pointed out that the model was not as applicable for future projects, and one discussed transitioning to an alternate but similar model (i.e., results-based accountability) because they had initially started with this process.

## 2. COMMUNITY TEAMS-LEVEL OUTCOMES

### *Were the community teams effective at reaching their intended outcomes?*

This information was originally intended to be gathered by having the community teams incorporate progress data into their action plans. Unfortunately, due to COVID and efforts by the ORP team to reduce burden on the teams, these data were not added to the existing documentation. In an effort to remedy this lack of information, the evaluation group reviewed the interviews and community profiles to pull examples showcasing impact at the community level.

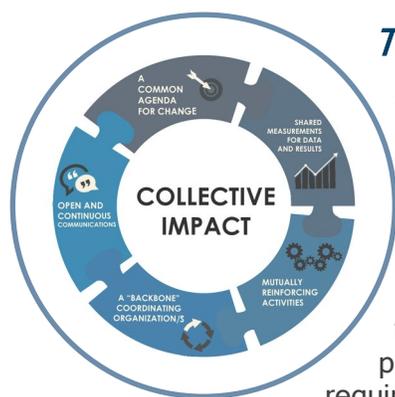
Community teams reported that they were successfully able to develop programs to increase access to treatment as well as education and awareness in their communities. Through use of educational materials and media campaigns interviewees reported they were able to increase awareness of community members. One team was able to distribute over 2,500 educational materials to the community. Through this education, community members (e.g., doctors, nurses) had a better understanding of the role of stigma, harm reduction, and harm reduction efforts. In addition, teams shared that there was also an increased understanding of treatment (e.g., Medication Assisted Treatment (MAT)), and increased access to and use of treatment. One team reported an increased use of their community MAT clinic due to the involvement of their community team. Through their work, one community team thus reported a decrease in overdoses in their emergency department over the past two years.

## Formative Evaluation

Through participation in interviews, the ORP and community team members shared their successes, challenges, and lessons learned. Their insights are detailed below and outlined in Appendix G.

### 1. SUCCESSES AND FACILITATORS

Both ORP and community team members shared successes related to the ORP structure and *Collective Impact* process and emphasized the importance of collaborations. ORP team members also specifically highlighted dissemination as a success, while community team members reported the ORP as an opportunity to learn, collaborate, and share data. Overall, the community teams reported the experience as highly rewarding.



#### *The ORP structure and use of the Collective Impact Model perceived as being highly facilitative:*

Aspects of the *setup, planning, and administration of the ORP* were highlighted by the ORP interviewees as successful. First, the application process and enrollment criteria allowed the ORP team to identify community groups expected to be successful, and ones who may need more help. Second, the time spent developing forum topics and agenda items around the *CIM* was worthwhile to facilitate operationalization and execution of the process, while ensuring that the teams would work together. Third, requirements set prior to the start of the project (e.g., community teams must submit deliverables before funds are released, and community teams should have a project manager) worked well. Finally, having the SOG and nClMPACT Initiative as the backbone organizations, and the staff at SOG (i.e., project management, program management, registration coordination, marketing) providing support facilitated the successful administration of the ORP.

The community teams interviewees also reported success in *learning and applying the CIM*. Use of the *CIM* helped with team development and creation of team structures. Furthermore, ORP activities (e.g., forums, worksheets, team building, action planning, sustainability discussions, project manager conference calls) facilitated successful goal setting, action planning, consideration of data and outcomes, and sustainability planning (e.g., “It became our living document, our guide for all the work that we continue to do. I think that really worked well, to be able to have the templates from the School of Government, and their forums that really kept us together, and helped us see that other teams were going through, primarily the same experiences we were.”). These activities also provided structure and clarity, facilitated milestones accomplishments, and ensured accountability. One interviewee also appreciated having a central location to access all project work (i.e., Sakai).

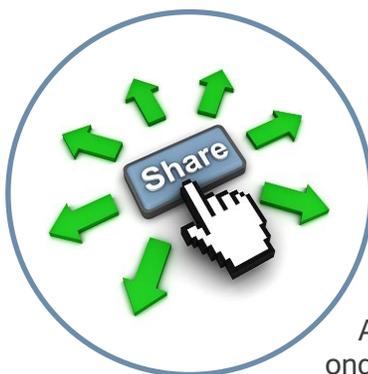
The *project supports were also highlighted as being particularly helpful* by both the ORP and community teams. The support personnel (e.g., faculty in-kind time, as well as project management, program management, marketing, evaluation, and IT expertise) involved in the project was recognized as essential by the ORP team. The expertise and diverse backgrounds of the SOG members involved were also greatly appreciated by the community teams. Faculty and external experts (e.g., Key Performance Indicator (KPI) expert) serving as facilitators and liaisons were reported to be helpful in guiding the teams. In addition, having a dedicated community team project manager was perceived as very beneficial (by both ORP and the community teams) to facilitate communication and execution of tasks. The community teams also reported valuing the relationships they had developed with the ORP team members. They felt that their feedback was heard and acted upon by the SOG team, and that their relationships with SOG would facilitate future work. Finally, access to travel scholarships through additional funding was identified as critical to encourage forum attendance by both the ORP and community teams.

### ***The ORP useful to enhance collaboration among multiple stakeholders:***

*Within and outside SOG:* Per the ORP team interviews, the project broke down silos and brought together experts within the SOG to allow for cross-discipline collaboration around the opioid crisis. The ORP team was also able to engage with other collaborators more broadly across UNC and the state of North Carolina.



*Within and across community teams:* Both the ORP and community teams members highlighted increased collaboration within and across the community teams as a success. Through involvement in the forums and project manager meetings, and by intentionally pairing community teams to work together, the ORP interviewees believed that collaboration was facilitated both within and across community teams (e.g., “I feel like we made a difference by building this community of teams throughout the state who can learn from each other and contact each other now and in the future, that we’ve built this network, and they can call on each other for different forms of support and share resources into the future, and not just during this project.”). This sentiment was echoed by the community teams. Through project activities (e.g., forums), community teams were able to discuss their strategies across communities, share resources and supports from their own communities, and reduce duplicative efforts across teams. In addition, the teams were able to successfully engage multidisciplinary stakeholders, gain buy-in, and strengthen connections within their own communities. The ORP allowed communities to work collaboratively with each other towards goals, community initiatives, and funding opportunities.



### ***ORP insights successfully disseminated to increase awareness and involvement of additional stakeholders:***

One ORP interviewee discussed the opportunities the project brought to sharing experiences beyond the ten community teams. Through involvement of state agencies in forums, additional stakeholders increased their understanding of the actions of the local community teams which allowed the opportunity to influence funding and policy at a state level. Additionally, a monthly project newsletter facilitated the dissemination of ongoing project updates broadly to approximately one thousand people.

### ***The ORP as an opportunity for the community teams to increase their knowledge and expand their local opioid crisis response efforts:***

Participation in the ORP allowed community members to gain a better understanding of harm reduction, post overdose response, syringe exchanges, and MAT. The community teams also reported successes with the development and execution of programs within their communities. Interviewees discussed implementing or supporting diverse opioid response efforts (e.g., harm reduction efforts, syringe exchange programs, naloxone distribution, MAT access, peer support specialists, and trainings on resiliency, updating drug court policies). In addition to focusing on specific programs and policies, several teams also targeted marketing and media campaigns to share resources, highlight available services, and reduce opioid use stigma in their communities.

### ***Facilitated access and sharing of data among community stakeholders:***

Community teams reported that the relationships they built through the ORP facilitated their access to data. They were able to share data (e.g., monthly community overdose data) with community collaborators such as EMS and law enforcement to monitor the opioid epidemic in their communities. This new ability to share data facilitated integration of up-to-date information into their programming (“So sharing data has been a success just because you had to build that trust in advance, so people trust us and will send it to us from there.”).



### ***Continued progress despite COVID-19:***

While the community teams reported that the COVID-19 pandemic impacted their work and priorities, they also reported being able to continue making some progress during the pandemic. They were able to adapt and continue executing on the programs and services that were in place prior to the pandemic. The ability to shift to virtual meetings also facilitated continued collaboration on the opioid crisis response efforts. Furthermore, at least three teams reported that the connections and trust established through the ORP facilitated their pandemic response (“Absolutely. And again, when you have developed trust relationships with people, when you know who you’re going to call in an event that just cuts through so much, I mean, it just cuts through so much. And so, these relationships have strengthened our community in so many ways.”). For instance, one team reported utilizing these relationships to facilitate a collaborative response to COVID-19 testing within the county.

## **2. CHALLENGES AND BARRIERS**

Although both the ORP and community teams interviewees identified successes with the ORP set up and structure, they also identified related challenges. Both groups also expressed challenges with ensuring consistent engagement, creating effective team dynamics, limited resources, and continued progress in the midst of a pandemic. Additionally, the community teams emphasized the need to work together to impact change at the state level, as well as cultural and policy barriers.

### ***ORP planning and cadence of activities development as opportunities for improvement:***

ORP project team interviewees identified a number of challenges with planning, developing, and administering the ORP. First, the project was developed quickly, which did not allow for optimal planning and communication at the outset. This led to some initial challenges integrating the ORP with ongoing efforts in the communities. Second, expectations and goals of the project were not clearly outlined for the community teams. This created confusion about the focus of the project (i.e., teams were expecting to spend more time on opioid specific content than the *CIM*). Third, as the content for the project was developed, there was an ongoing challenge among the ORP team to determine how much focus should be placed on the *collective impact* process versus opioid specific subject matter. Fourth, the content of project (e.g., forums) was developed rapidly throughout the project, which led to a lack of alignment and consistent language across the project, and created additional confusion for the community teams (e.g., surrounding KPIs). Finally, the interviewees identified challenges providing timely resources, help, and support to community teams who needed them (e.g., intensive technical assistance).

Community teams also perceived challenges with the ORP process. Interviewees mentioned that, at times, the ORP process did not appear well defined (“But sometimes it felt like some of the things they were having us do were re-creating the same thing. It felt like we were always almost starting over. A year and a half in, or over a year in, we’re talking about key performance indicators. That should have really been at the beginning.”). They reported a lack of logical process flow (e.g., need to introduce KPIs earlier on) and redundancies within the process (e.g., similar topics at forums, re-creating “homework” assignments). They also expressed frustrations learning Sakai and taking the time to upload assignments.

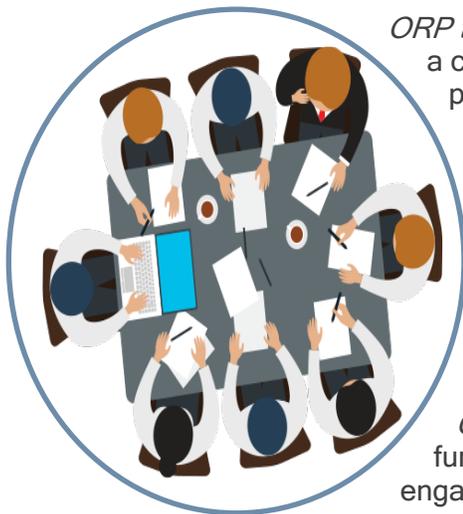


### ***Consistent team engagement in the ORP activities identified as a barrier:***

Time constraints, conflicting schedules, and cost made it challenging to have a consistent core group at forums throughout the project. The lack of consistent involvement across forums, as well as at community meetings, made it difficult to keep all team members up to date on prior decisions and continue with future decision making and planning. (“The difficult thing for us was that not the same people attended each forum so that we filled out X at forum one, then at forum two, although the information went out to everybody asking for feedback, but forum two is like why is this our vision and mission? Well, because this is what was developed at forum one, I’m sorry, you weren’t able to attend. Is there something you would like to change? No, I just don’t understand. So that kind of thing was difficult.”).

In addition, per the ORP team members, some community teams struggled to maintain continuity of project managers and meet previously defined expectations (e.g., attendance at forums, completing deadlines). One suggested strategy by the interviewees was provision of more intensive supports sooner in the process.

### ***Challenges in creating effective team dynamics:***

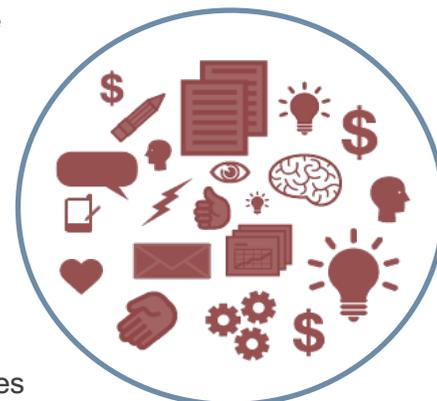


***ORP team.*** Per the ORP team, establishing ways of working and maintaining a collaborative ORP team dynamic was challenging throughout the project. The interviewees reported that working in a multi-disciplinary team with people who have differing work styles, priorities, perspectives, and expertise created some tension. Sometimes, the team struggled with respecting and valuing others’ contributions and expertise. Furthermore, it was difficult to determine how to engage faculty appropriately (e.g., “Figuring out what our decision-making protocols would be, for example. Thinking about when and how to engage other people who could be helpful to the project. We struggled with that ourselves.”).

***Community teams.*** The community teams also identified team functioning (e.g., team composition, ways of working together, member engagement, and focus) as a challenge. First, engaging and maintaining engagement of a consistent group of community members that included necessary key stakeholders, such as law enforcement, EMS, and judiciary members, was difficult. There was turnover in participants, time was often lacking, and the work of the team was not always prioritized. Second, once individuals were involved, managing different perspectives and remaining focused was not always easy. Third, lack of communication (both internally and with the rest of the community) hindered engagement and completion of tasks (e.g., “...and then communication. Like, external communication, even within our community, making sure everybody’s on the same page and then also internally, getting all our ducks in a row, herding the cats to get the projects done on time.”).

### ***Limited resources (e.g., personnel, funding, opioid response resources, data) as a challenge for both the ORP and community teams:***

Effective planning and execution of the ORP could have benefited from additional time and compensation for the SOG faculty who were involved. Overall, the time needed to dedicate to this project was a challenge for the ORP team members. For faculty, their involvement in this project was largely in addition to their core responsibilities (“So many of us were adding this on to already full plates.”). In addition, the amount of subject matter on the opioid crisis that needed to be collected as resources for the community teams also took time to curate and disseminate regularly. Although ultimately funding was sufficient to complete this project, additional monies would have been ideal to provide additional supports to the community teams and fund faculty time.

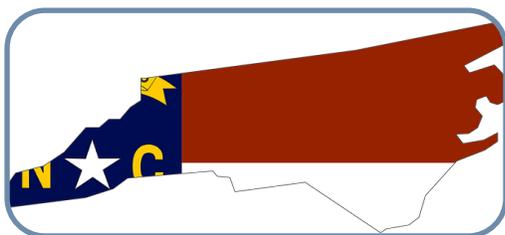


At the community teams level, interviewees identified a lack of resources related to personnel (including staff, a full-time project manager, and grant writing capabilities), as well as opioid treatment resources in their communities such as treatment facilities. In addition, community teams had difficulties accessing meaningful data. In rural communities with smaller populations, it is more challenging to demonstrate impact, since overdoses decrease by minimal numbers each year. In addition, access to real time data was often difficult, because they either do not exist or sharing is hindered by lack of cooperation and willingness from other agencies.

### ***Advent of COVID-19 as an unforeseen obstacle:***

Per the ORP and community teams interviews, advent of the pandemic delayed timelines and caused community team members to divert attention away from opioid response activities. The priorities of both groups shifted to focus on COVID-19 (e.g., contact tracing, public health responses). Community teams personnel were being reallocated to manage aspects of the COVID-19 pandemic (e.g., contact tracing, direct health care). The pandemic also disrupted community team members’ ability to meet and collaborate (e.g., “Most of their monthly meetings were in person and that was not possible anymore. We were able to help them switch to ZOOM, but it took us a little while to get there, I think maybe a month. There are some teams that have not...met since COVID.”). Making steady progress towards opioid response efforts at the local level became more difficult (e.g., previously planned events were unable to be held, facilities shut down). Of note, two community teams interviewees reported that the COVID-19 pandemic had a direct impact on the opioid crisis within their communities. Primarily, they noted an increase in opioid overdoses and opioid overdose deaths at the outset of the pandemic.

### ***Creating organized change at the state level:***



Some community teams reported that they would have appreciated the opportunity to utilize the diversity of community teams to create an impact on the opioid epidemic at the state level, rather than only focus efforts at the local level (e.g., “It was almost like it would have been a great opportunity when you’re pulling us together for forums that we’re making progress. You’re basically enacting the *CIM* among our 10 communities, and then it’s showing us how to do it at a local

level. ...It felt like you’re pulling us together each month to present things to us and give us homework assignments, but we’re not collectively impacting anything that could have a larger impact on our entire state.”). Teams shared that bringing together the diverse communities (i.e., geographic and population size) could have been leveraged to work toward a common goal that could have had a statewide impact. Of note, the intent of the ORP was to facilitate response efforts at the individual community level, it was not to coordinate statewide change.

### ***Cultural and policy barriers as community considerations:***

Community teams interviewees identified external barriers that impeded their ability to reach team goals, including: beliefs and goals of external community entities (e.g., “that’s definitely a movement of really considering treatment over having people become justice involved, that the justice system isn’t a place for people with substance use disorders necessarily”); liability issues (e.g., with placement of Narcan); and competing with other larger communities who have priority to implement similar initiatives.

### **3. LESSONS LEARNED**

Both the ORP and community team members highlighted the lessons learned around the *CIM*, the importance of working collaboratively, and the need for flexibility and a positive attitude. Having access to meaningful data was also highlighted by the community teams as essential to demonstrate impact.

#### ***The collective impact approach needs to be tailored to the needs of each project to be useful:***

Throughout the project, changes were made to improve the use of the model, including increased opportunities for discussion among and across teams, and improved explanations of how previous work (e.g., team building) fed into future work. In the future, improving community teams’ understanding of the *collective impact* approach early on and increasing supports and tools for community teams to engage in this type of project needs to be incorporated into the flow of the model. Specifically, interviewees suggested it would be helpful to be more explicit and consistent when discussing the *CIM* at the outset of the project. Starting small, explaining the process, and providing context could help community teams better understand and use the model. Additionally, it would be beneficial to plan for the provision of additional supports and tools to the community teams (e.g., for project management, individualized intensive supports, community teams liaisons, communication platform).



#### ***Clarity about project goals and support provided by the project team throughout are critical to success:***

The importance of clear communication and support from the SOG was highlighted by community team interviewees. Teams appreciated the organization and support provided by the SOG, and one interviewee indicated wanting her team to have access to SOG personnel resources (e.g., experts) that were not readily available. However, similarly to the ORP team members, the community teams expressed the desire to better understand SOG’s goal for the project. Two interviewees stated they were expecting to focus more on cross-community collaboration to enact a collective impact at the state level.

#### ***Establishing ways of working collaboratively is essential at both the project and community team levels:***

Through this project, ORP team members reported learning about working with colleagues internally and externally to the SOG. To facilitate the structure of similar projects in the future, it would be crucial to spend time outlining ways of work for project members (e.g., role clarification, decision making protocol). Interviewees also discussed the importance of establishing a common goal and vision to facilitate collaborative work among the project team.

Community team interviewees also shared the importance of working collaboratively internally and externally. Developing a well-functioning team is critical to be successful. Although it was challenging for teams to engage necessary community members and foster collaboration initially, the development of these relationships facilitated progress on ORP work. The team needs to be structured and organized yet diverse and flexible. Consistent engagement and communication were key (e.g., “I think we don't just meet to meet, I think we have really productive meetings, and I think people appreciate that and want to come back, and want to be invested, because we have that structure and organization in initiatives that are driving us.”). Incorporating different perspectives facilitated buy-in and synergy. Teams shared the value in having a project manager to facilitate engagement and organization.



In addition, collaborating across teams was beneficial in that challenges could be discussed and strategies to overcome these obstacles could be shared. One interviewee also suggested that it would be useful to intentionally pair similar communities to foster mentorship and facilitate similar work across communities.

### ***Flexibility and a positive attitude are important at the project and community team level:***

Building in flexibility into the project is essential to manage day-to-day challenges and unforeseen obstacles (e.g., hurricane, pandemic, changing priorities). In addition, because community teams tend to be unique in their levels of motivation and access to resources, each requires a tailored approach. Having a positive attitude, trusting the process, and being open-minded were also emphasized as critical attributes to succeed in this work (e.g., “I think a lot of times because this particular problem is so gut-wrenching and so heartbreaking and people want to fix it that if things aren't happening at the pace that you think they should be happening, then it's not worth your time. And that's just simply not the case. We have to plan what we're doing or it won't work,” “I think that we learned that you're never too far along in the process to revise, refresh, improve what you're doing.”).

### ***Having access to and share relevant data is critical to demonstrating impact:***

Community teams reported learning about the importance and value of collecting and sharing data. Although there were reported challenges accessing consistent and up-to-date data, there was desire to utilize information to demonstrate impact. Interviewees emphasized the ability to measure outcomes and collect community data as essential to showcase the impact of their work (e.g., “we definitely learned how much we need data, need consistent access to it, need those players that can provide data, because as the faculty pushed us to understand it, we can say we're doing all of this amazing work in the community, but if we don't have any numbers or outcomes to show them, it's just anecdotal and that's not always enough sometimes.”).

# RECOMMENDATIONS

The list of recommendations provided below is based on information from this report. These recommendations should be used to refine future endeavors similar to the ORP.

- ✓ Sufficient time needs to be allocated for overall *project planning* at the outset of the project. A planning phase should be included as part of any funded effort. The project goals, objectives, activities, and requirements should be formalized and communicated to the community teams at the beginning of the project implementation. Although it is critical to have a defined project roadmap, it is just as important to build in time to review the plan periodically, incorporate learnings, and allow for changes and modifications throughout the project.
- ✓ The *CIM needs to be tailored* to the needs of the projects and stakeholders prior to project implementation. The model should be introduced to the participants early in the process to guide framing of the work to be done (in addition to content). Project activities should build upon one another, and connections between activities should be made explicit. For instance, community teams found it challenging to integrate KPIs into their action planning retrospectively.
- ✓ Although it is often difficult to estimate an accurate budget to complete a particular project, time should be allocated to outline the *necessary resources* as funding is sought. The budget should consider cost of project activities (e.g., forums, webinars), as well as marketing and program management costs, faculty and staff time, and additional supports for the community teams. In particular, it was recommended that the teams be provided with funding for a full-time rather than part-time project manager, based on the project scope.
- ✓ Facilitating *engagement of community team members* often juggling multiple priorities in a project like the ORP was and will remain a challenge. Potential recommendations include: clearly outlining expectations of participation at the outset, sharing project requirements and an activity timeline as a condition of participation, offering additional incentives for participation, and providing customized intensive supports when engagement issues are identified. It might also be helpful to expand the ORP curriculum to include sessions on community engagement and effective team dynamics to facilitate consistent participation at the community team level.
- ✓ The supports provided by the ORP team were greatly appreciated by the community teams (e.g., online resources, individualized assistance). The assistance provided by the faculty liaisons were perceived as particularly helpful by the teams. It is recommended that in the future, *a more formal coaching or technical assistance model* that facilitates provision of regular proactive customized support to the teams be incorporated into the project implementation roadmap. Levels of assistance based on team needs should be outlined as part of the project model.
- ✓ Having *cross-collaboration opportunities* was perceived as essential by the community teams. They valued the time spent sharing information and insights with each other. The ORP team successfully adapted their plans for the forums over the course of the project to accommodate the request by the teams to spend time learning from each other. One potential strategy recommended by the teams for any future use of the *CIM* focused on pairing community teams with common agendas, goals, programs, or community size and demographics at the beginning of the project.

- ✓ A process to facilitate *sustaining the community team network* after the completion of the project should be considered. Community teams found the collaborations developed to be one of the most beneficial aspects of the project and wished to maintain contact after the project. The project team could consider continuing this collaborative through different avenues, such as holding additional meetings after the project end date, or through a project dashboard that connects the teams.
- ✓ Based on the results of the outcome evaluation, the ORP had a significant impact on achieving its intended outcomes, namely: strengthening capacity of the teams to plan, implement, and monitor local responses to the opioid crisis; increasing collaborations within and across the community teams; and enhancing the sustainability capacity of the teams. However, evaluating the results of the work accomplished by the community teams was hindered by lack of outcome data. It is critical to more strongly emphasize the *importance of monitoring and reporting data* if we are to understand the impact of initiatives like ORP at the community level. It is recommended regular data reporting mechanisms (e.g., brief reports, dashboards) be incorporated as a requirement in projects like the ORP.
- ✓ The focus of the ORP was to facilitate implementation of local community efforts to address the opioid crisis. Although the project successfully accomplished this goal, some community teams identified the desire to enact the *CIM as a cohesive state level initiative*. It is recommended that in the future, collaborations across the community teams be leveraged to work toward a common agenda across counties to facilitate statewide change.

# APPENDICES

## A. Data Collection Plan

Evaluation Objective: Evaluate ORP, its implementation, and its effectiveness at reaching its intended goals			
Evaluation Question	Indicators	Sources of Evidence	Analysis
<i>Process Evaluation</i>			
<i>ORP Level</i>			
Who was involved in the ORP team? (Inputs)	<ul style="list-style-type: none"> <li>ORP team description</li> </ul>	<ul style="list-style-type: none"> <li>Opioid Project Description</li> <li>ORP Resources Library</li> <li>Ground Rules for Opioid Project Team</li> </ul>	<ul style="list-style-type: none"> <li>Doc Review</li> </ul>
What were the ORP goals? (Inputs)	<ul style="list-style-type: none"> <li>Description of goals</li> </ul>	<ul style="list-style-type: none"> <li>Opioid Project Description</li> <li>ORP Logic Model</li> </ul>	<ul style="list-style-type: none"> <li>Doc Review</li> </ul>
Were the resources in place sufficient to complete the work? (Inputs)	<ul style="list-style-type: none"> <li>Difference between resources allocated vs needed resources</li> </ul>	<ul style="list-style-type: none"> <li>Opioid Project Description</li> <li>ORP Logic Model</li> </ul>	<ul style="list-style-type: none"> <li>Doc Review</li> </ul>
		<ul style="list-style-type: none"> <li>ORP Team Interviews</li> </ul>	<ul style="list-style-type: none"> <li>Content Analysis</li> </ul>
How did the ORP team structure and implement the initiative? (Activities, Implementation)	<ul style="list-style-type: none"> <li>Implementation fidelity/CQI</li> </ul>	<ul style="list-style-type: none"> <li>Opioid Project Description</li> <li>ORP Logic Model</li> <li>ORP Broad Plan</li> <li>Opioid Project Timeline</li> <li>ORP Liaison Roles and Worksheets</li> <li>Liaison Contact Tracking Tool</li> </ul>	<ul style="list-style-type: none"> <li>Doc Review</li> </ul>
		<ul style="list-style-type: none"> <li>CQI Tracker (part of Opioid Project Timeline, added column)</li> </ul>	

What was the reach? (Activities)	<ul style="list-style-type: none"> <li>• Number of teams/Number of team members</li> <li>• Attendance %</li> <li>• Dissemination #</li> </ul>	<ul style="list-style-type: none"> <li>• Opioid Community Team Rosters</li> <li>• Attendance records at forums, webinars, monthly project managers meetings (meeting notes)</li> <li>• Newsletter, monthly digest, and other communication dissemination #/types</li> </ul>	<ul style="list-style-type: none"> <li>• Quant descriptive analysis</li> </ul>
How satisfied were the intended beneficiaries (i.e., community teams) with the ORP? (Activities)	<ul style="list-style-type: none"> <li>• Satisfaction levels</li> </ul>	<ul style="list-style-type: none"> <li>• Satisfaction Survey Results</li> </ul>	<ul style="list-style-type: none"> <li>• Quant descriptive analysis</li> </ul>
What outputs resulted from the ORP? (Outputs)	<ul style="list-style-type: none"> <li>• Description of outputs (types and numbers)</li> </ul>	<ul style="list-style-type: none"> <li>• ORP Logic Model</li> <li>• Outputs Matrix</li> <li>• ORP Team Interviews</li> <li>• Community Teams Interviews</li> </ul>	<ul style="list-style-type: none"> <li>• Doc Review</li> </ul>
<i>Community Teams Level</i>			
Who were the community team and who was involved? (Inputs)	<ul style="list-style-type: none"> <li>• Number of team members/Agencies represented</li> </ul>	<ul style="list-style-type: none"> <li>• Opioid Core Team Members</li> </ul>	<ul style="list-style-type: none"> <li>• Quant descriptive analysis</li> </ul>
	<ul style="list-style-type: none"> <li>• Participant Demographics</li> </ul>	<ul style="list-style-type: none"> <li>• Demographics Survey Results</li> </ul>	<ul style="list-style-type: none"> <li>• Quant descriptive analysis</li> </ul>
What were the teams' goals and objectives? (Inputs)	<ul style="list-style-type: none"> <li>• Goals (specific and across)</li> </ul>	<ul style="list-style-type: none"> <li>• Shared Vision Worksheet</li> <li>• Action Plans (originals)</li> <li>• Modified Action Plan</li> <li>• Learning Journeys</li> </ul>	<ul style="list-style-type: none"> <li>• Doc Review</li> </ul>
		<ul style="list-style-type: none"> <li>• Problem Identification Worksheet</li> <li>• Modified Action Plan</li> <li>• Learning Journeys</li> </ul>	<ul style="list-style-type: none"> <li>• Doc Review</li> </ul>

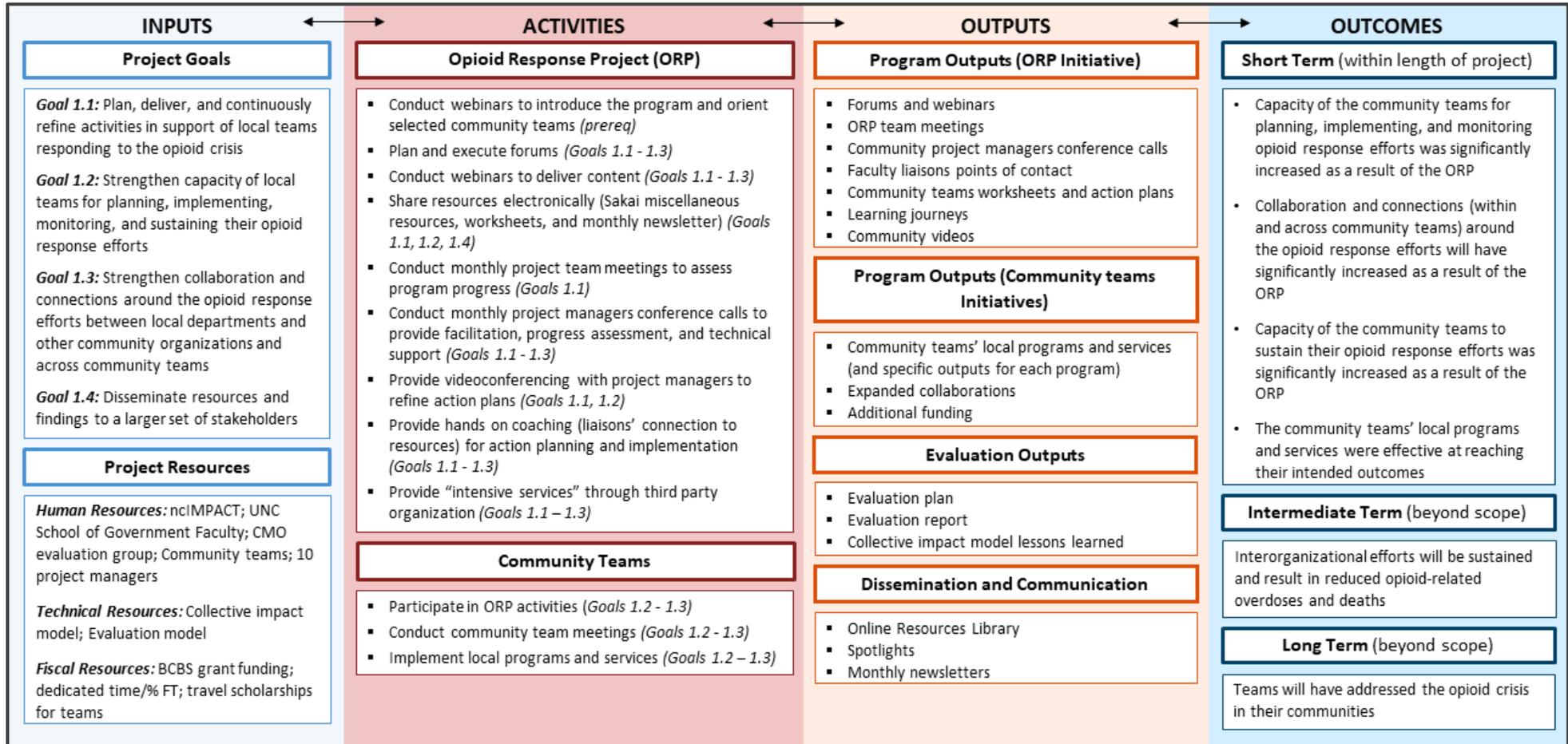
Were the resources in place sufficient to implement the community teams' initiatives? (Inputs)	<ul style="list-style-type: none"> <li>Differences between resources allocated vs resources needed (specific and across)</li> </ul>	<ul style="list-style-type: none"> <li>Community Teams Interviews</li> </ul>	<ul style="list-style-type: none"> <li>Content Analysis</li> </ul>
What strategies did the community teams use to reach their goals and objectives? (Activities)	<ul style="list-style-type: none"> <li>Completion of deliverables (specific and across)</li> </ul>	<ul style="list-style-type: none"> <li>Team Ground Rules</li> <li>Brainstorming Summary</li> <li>Problem Identification</li> <li>Stakeholder ID Grid</li> <li>Shared Vision Worksheet</li> <li>Action Plan</li> <li>Learning Journeys</li> </ul>	<ul style="list-style-type: none"> <li>Doc Review</li> </ul>
What outputs resulted from working as community teams to respond to the opioid crisis? (Outputs)	<ul style="list-style-type: none"> <li>Progress and outputs on action plans (specific and across)</li> </ul>	<ul style="list-style-type: none"> <li>Modified Action Plan</li> <li>Learning Journeys</li> <li>Liaison Contact Tracking Tool</li> </ul>	<ul style="list-style-type: none"> <li>Doc Review</li> </ul>
<i>Outcome Evaluation</i>			
<i>ORP Level</i>			
Was the ORP Project team effective at strengthening capacity of local teams for planning, implementing, and monitoring opioid response efforts?	<ul style="list-style-type: none"> <li>Significant changes in planning/implementing capacity</li> <li>Community teams outputs and outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Capacity Survey Results (retrospective pre-post) (individual and team)</li> <li>Learning Journeys</li> </ul>	<ul style="list-style-type: none"> <li>Quant descriptive analysis</li> <li>Doc Review</li> </ul>
Was the ORP Project team effective at strengthening collaboration and connections between local departments and other community organizations and across community teams around the opioid response efforts?	<ul style="list-style-type: none"> <li>Significant changes in partnering relationships</li> </ul>	<ul style="list-style-type: none"> <li>Collaboration Survey Results (retrospective pre-post) (among agencies within and outside teams, among teams)</li> </ul>	<ul style="list-style-type: none"> <li>Quant descriptive analysis</li> <li>Doc Review</li> </ul>
Was the ORP effective at strengthening capacity of local teams to build sustainability of opioid response efforts?	<ul style="list-style-type: none"> <li>Evidence supporting sustainability</li> </ul>	<ul style="list-style-type: none"> <li>Sustainability Survey Results (retrospective pre-post)</li> </ul>	<ul style="list-style-type: none"> <li>Quant descriptive analysis</li> <li>Doc Review</li> </ul>
<i>Community Teams Level</i>			

Were the community teams effective at reaching their intended outcomes?	<ul style="list-style-type: none"> <li>Community teams outcomes</li> </ul>	<ul style="list-style-type: none"> <li>Modified Action Plan</li> <li>Learning Journeys</li> </ul>	<ul style="list-style-type: none"> <li>Doc Review</li> </ul>
<i>Formative Evaluation</i>			
<i>ORP Level</i>			
What were some of the ORP staff's successes/challenges/lessons learned related to the project?	<ul style="list-style-type: none"> <li>Challenges, successes, lessons learned</li> </ul>	<ul style="list-style-type: none"> <li>ORP Team Interviews</li> </ul>	<ul style="list-style-type: none"> <li>Content Analysis</li> </ul>
<i>Community Teams Level</i>			
What were some of the community teams' successes/challenges/lessons learned?	<ul style="list-style-type: none"> <li>Challenges, successes, lessons learned</li> </ul>	<ul style="list-style-type: none"> <li>Learning Journeys</li> <li>Liaison Contact Tracking Tool</li> </ul>	<ul style="list-style-type: none"> <li>Doc Review</li> </ul>
		<ul style="list-style-type: none"> <li>Community Teams Interviews</li> </ul>	<ul style="list-style-type: none"> <li>Content Analysis</li> </ul>

## B. Project Documents

Project Documents Utilized
<b>Opioid Project Description</b>
ORP Broad Plan
ORP Timeline with CQI
ORP Team Ground Rules
ORP Liaison Roles
Faculty Liaison Logs
Forum Agendas
Webinars
Project Manager Conference Call Meeting Notes
Community Teams Rosters
Community Teams Ground Rules
Community Teams Brainstorming Exercise Worksheet
Community Teams Problem Identification Exercise Worksheet
Community Teams Stakeholder Analysis Worksheet
Community Teams Visions, Goals, and Objectives Worksheet
Community Teams Action Plans
Community Teams Learning Journey
Community Teams Spotlights
ORP Online Resources Library
ORP Newsletters

## C. Logic Model



## D. ORP Faculty and Staff

Name	Position
Kimberly Nelson*	Associate Professor, Faculty Lead, Faculty Liaison
Adam Lovelady*	Associate Professor, Faculty Lead, Faculty Liaison
Emily Williamson Gangi*	Policy Engagement Director, nclIMPACT Initiative, Project Manager
Anita Brown-Graham*	Professor and Director, nclIMPACT Initiative, Faculty Liaison
Jill Moore*	Associate Professor, Faculty Liaison
David Brown	Research Director, nclIMPACT Initiative
Mark Botts	Associate Professor, Faculty Liaison
Sara DePasquale	Associate Professor, Faculty Liaison
Toogie Hampton	Program Management Team Lead, Leadership Group
Willow Jacobson	Professor of Public Administration and Government
Sonja Matanovic	Assistant Dean of Strategic Communications
Brian Newport	Registrar; Program Management Team Lead, Registration and Client Services
Patrice Roesler	Manager of Elected Official Programming, Center for Public Leadership and Governance, Faculty Liaison
Amy Wade	Director of MPA Faculty Network & Adjunct Instructor, Faculty Liaison
Jennifer Willis	Associate Dean for Development and Campaign Director

\*denotes ORP core team member

## E. ORP Activities

Project Activities	Date	Description	Reach (i.e., Attendance, usage)	Continuous Quality Improvement
Forums				
Forum 1 (at UNC Chapel Hill SOG)	Nov 1-2, 2018	<ul style="list-style-type: none"> <li>• Introduce the community teams to collective impact</li> <li>• Facilitate action planning</li> <li>• Session topics included:               <ul style="list-style-type: none"> <li>○ Establishing a common agenda</li> <li>○ Action planning</li> <li>○ Communicating measures and progress</li> </ul> </li> <li>• Other programs and actions being taken to address the opioid crisis</li> </ul>	71 participants	<ul style="list-style-type: none"> <li>• Delayed from Sep to Nov 2019 due to hurricane</li> <li>• After Forum 1, identified the need to expand the forums from 1 day to two days</li> <li>• After Forum 1, identified need to offer more intensive services for select teams who needed more than the general content provided</li> <li>• After Forum 1, recognized need to provide travel scholarships for teams who did not have an agency to pay their travel costs</li> <li>• Sought additional funding from BCBS to implement the identified needed improvements</li> </ul>
Forum 2 (in Goldsboro, NC)	Feb 20-21, 2019	<ul style="list-style-type: none"> <li>• Further refining action plans</li> <li>• Opportunities provided to share their experiences and network across teams</li> </ul>	56 participants	<ul style="list-style-type: none"> <li>• In response to participant feedback received after Forum 2, faculty liaison roles</li> </ul>

				<p>were created to provide more feedback to teams about their work and provide additional support</p> <ul style="list-style-type: none"> <li>• Several teams identified the need to seek additional funding to support their work, so grant writing assistance was provided to the teams who chose to accept the offer</li> </ul>
Forum 3 (in Winston-Salem, NC)	Sept 9-10, 2019	<ul style="list-style-type: none"> <li>• Developing performance measures</li> <li>• Engaging stakeholders</li> <li>• Understanding confidentiality</li> <li>• Topical break-out sessions (e.g., building and maintaining political support) were included</li> <li>• Additional support was provided for project managers on facilitation</li> </ul>	63 participants	<ul style="list-style-type: none"> <li>• Recognized some team project managers needed help facilitating meetings, and offered a special training for project managers at Forum 3 on facilitation and effective meetings that was favorably received</li> </ul>
Forum 4 (in Charlotte, NC)	Feb 24-25, 2020	<ul style="list-style-type: none"> <li>• Sustainability of teams' collective impact</li> <li>• Naloxone considerations</li> <li>• Topical break-out strategy discussions (e.g., public education campaigns)</li> </ul>	74 participants	<ul style="list-style-type: none"> <li>• In response to participants requesting more statewide efforts, designed sessions at Forum 4 around the strategies the teams were pursuing and invited state agency stakeholders to attend and find ways to collaborate, learn about local experiences to inform statewide policies and programs, and</li> </ul>

				provide resources to support the local teams
Forum 5 (held virtually)	Aug 6 -7, 2020	<ul style="list-style-type: none"> <li>• Conclusion of the ORP</li> <li>• Day one (open to the public) introduced project to a broader audience <ul style="list-style-type: none"> <li>○ Discussion of the project</li> <li>○ Recognizing the community teams</li> <li>○ Opioid crisis</li> <li>○ Topical breakout sessions (e.g., shared measures and data, naloxone access, etc.) were included</li> </ul> </li> <li>• Day two (community team members only) focused on sustaining efforts and celebrating community team successes</li> </ul>	<p>Day 1 (open to public): 171</p> <p>Day 2 (community team members only): 107</p>	<ul style="list-style-type: none"> <li>• Forum 5 was postponed from May to Aug 2020 due to COVID-19 pandemic</li> <li>• Overall timeline and evaluation timeline adjusted at this time as well</li> <li>• As a result of COVID-19 impact, provided ZOOM meeting support for local teams that did not have the technology or skills required to meet remotely</li> </ul>
Webinars				
Interest webinar	March 6, 2018	<ul style="list-style-type: none"> <li>• ORP hosted a webinar for interested applicants prior to the start of the project.</li> </ul>	54 counties 199 individuals	
Opioid Response Project Kickoff Webinar	May 17, 2018	<ul style="list-style-type: none"> <li>• Webinar to introduce participants to the project and collective impact</li> <li>• Focused on team building, problem identification, and stakeholder analysis</li> </ul>	All 10 teams represented 40 individuals	
Opioid Data for Local Governments in North Carolina Webinar	Oct 10, 2018	<ul style="list-style-type: none"> <li>• Webinar to introduce the role of data in addressing complex societal problems such as the opioid crisis</li> <li>• Explored the sources of opioid data available to local governments from the State of North Carolina</li> <li>• Highlighted how Henderson County is using data in its response to the opioid crisis.</li> </ul>	189 participants	
Expanding Treatment Options Webinar	June 20, 2019	<ul style="list-style-type: none"> <li>• Webinar to introduce treatment options for opioid use disorder, including medication-assisted treatment</li> <li>• Explored efforts in communities in Lenoir County and Wilkes County to expand and improve treatment options</li> </ul>	238 individuals	

Community Outreach and Education Webinar	July 18, 2019	<ul style="list-style-type: none"> <li>• Webinar to address key considerations for community outreach relating to opioids</li> <li>• Highlighted media resources available through the new “More Powerful NC” campaign</li> <li>• Explored outreach efforts in Mecklenburg County and Onslow County</li> </ul>	238 individuals	
Syringe Exchange Programs Webinar	Aug 15, 2019	<ul style="list-style-type: none"> <li>• Webinar to introduce policies and practices behind syringe exchange programs</li> <li>• Explored experiences with syringe exchange programs in two North Carolina communities</li> </ul>	238 individuals	
Meetings				
ORP Team Meetings	Monthly (31 meetings total)	<ul style="list-style-type: none"> <li>• ORP team monthly project meetings</li> <li>• Focused on discussing progress, upcoming activities and events, and any challenges/barriers that needed to be addressed</li> </ul>	Attendance not collected	
Monthly project managers conference call	Monthly meetings (16 meetings total)	<ul style="list-style-type: none"> <li>• Monthly project manager conference calls with the ten community teams</li> <li>• Calls facilitated by the ORP project manager and focused on updates, challenges, solutions, and next steps</li> </ul>	Attendance ranged from 7 - 14 individuals ( <i>Mean</i> = 10.9); 88.13% of teams represented across 16 calls	
Videoconferencing to refine action plans	Summer 2019	<ul style="list-style-type: none"> <li>• Faculty lead organized video conference meeting with each team to discuss their individualized action plans.</li> <li>• Two faculty members facilitate these meetings, and faculty liaisons were invited to attend</li> </ul>	10 teams	
Videoconferencing to discuss Key Performance Indicators (KPIs)	Fall 2019	<ul style="list-style-type: none"> <li>• Faculty lead organized video conference meetings with each team to discuss KPIs</li> <li>• Faculty lead and KPI expert facilitated these meetings, and faculty liaisons were invited to attend</li> </ul>	10 teams	
Faculty Liaison Point of Contacts (via phone, email, in person)	May 2019 - July 2020	<ul style="list-style-type: none"> <li>• Liaisons were assigned to each team in May 2019</li> <li>• Liaisons checked-in with their community teams approximately monthly via email, phone call/video, or in person</li> </ul>	On average there were 12.33 contacts per team	

			(Range 6 - 20 per team)	
Site visits to community teams	May - Aug 2019; Oct 2019 - Jan 2020	<ul style="list-style-type: none"> <li>Each faculty liaison conducted a minimum of one site visit with their respective team(s)</li> </ul>	10 teams	
Dissemination of Resources				
Develop and distribute newsletter	Sep 14, 2019 - ongoing	<ul style="list-style-type: none"> <li>Newsletters focused on providing updates on the ORP and timely resources</li> <li>Sent out via email approximately monthly</li> </ul>	First newsletter distributed to 975 people; 40% open rate and 9% click links	<ul style="list-style-type: none"> <li>Communications contractor was identified in July 2019</li> </ul>
Miscellaneous Resources	Ongoing through duration of ORP	<ul style="list-style-type: none"> <li>Online resources provided to the community teams through the Sakai platform (e.g., articles, webinars, videos, etc.)</li> </ul>	35 resources	
Worksheets	Ongoing through duration of ORP	<ul style="list-style-type: none"> <li>Worksheets provided to the community teams to facilitate their team building, action planning, and strategy execution (e.g., team ground rules, brainstorming exercise, problem identification exercise, stakeholder analysis, vision, goals, and objectives, action plan)</li> </ul>	29 resources	

## F. Community Teams Demographics and Organizations

Demographic Description	Percentage (%)	N
<b>Gender (N=132)</b>		
Female	66.7	88
Male	33.3	44
<b>Ethnicity (N=132)</b>		
Hispanic or Latino/a	3.0	4
Not Hispanic or Latino/a	97.0	128
<b>Race (N=132)</b>		
American Indian or Alaska native	0.8	1
Asian	3.0	4
Black or African American	18.9	25
White	75.0	99
Multi-racial	1.5	2
Other	0.8	1
<b>Age (N=132)</b>		
Between 18 and 24	2.3	3
Between 25 and 34	9.8	13
Between 35 and 44	28.0	37
Between 45 and 54	26.5	35
Between 55 and 64	24.2	32
65 and over	9.1	12
<b>Education (N=132)</b>		
High School/GED	20.5	27
Associate's Degree	20.5	27
Bachelor's Degree	41.7	55
Master's Degree	53.0	70
Doctorate	15.9	21
Other	7.5	10

Organization Type	Percentage (%)	N
Court System	6.81	9
Fire Rescue/EMS	7.58	10
Government	15.91	21
Harm Reduction	1.52	2
Health Care Providers	3.79	5
Law Enforcement	5.30	7
Medical Center/Health System	6.06	8
Mental Health/Behavioral Health/Substance Use Provider	20.45	27
Military	1.51	2
Other (i.e., church, community based non-profit organization, DoD Medical Research, self-employed)	5.30	7
Public Health	12.12	19
Schools	0.76	1
Social Services	3.79	5
University	6.81	9

## G. Successes, Challenges, Lessons Learned

	ORP Team Members	Community Team Members
Successes	<ul style="list-style-type: none"> <li>• Setting up, planning, and administration of the ORP (e.g., application process, planning for forums, establishing requirements)</li> <li>• Project supports (e.g., faculty in-kind time, project management, program management, marketing, external supports, etc.)</li> <li>• ORP team collaboration within the SOG and other external collaborators</li> <li>• Creating community team level collaboration both within and across teams</li> <li>• Sharing experiences and disseminating findings</li> </ul>	<ul style="list-style-type: none"> <li>• Learning and applying the <i>CIM</i> through project activities facilitated teams' work</li> <li>• Project resources and support provided from SOG were helpful (e.g., forums, webinars, action planning, project manager calls, team liaison meetings)</li> <li>• Collaborative relationships were built across community teams and within local communities</li> <li>• Teams increased their knowledge and expanded their local opioid crisis response efforts (e.g., better understanding of harm reduction; development and execution of programs)</li> <li>• Teams obtained access to data to opioid epidemic in their communities</li> <li>• Teams continued to progress through the challenges of the COVID-19 pandemic</li> </ul>
Challenges	<ul style="list-style-type: none"> <li>• Setting up, planning, and administration of the ORP (e.g., outlining goals and expectations, cadence of activities)</li> <li>• Maintaining consistent engagement of community teams</li> <li>• Creating effective team dynamics</li> <li>• Limited resources (e.g., time, funding)</li> <li>• COVID-19 delayed project timeline, caused shift in personnel's priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Perception of the ORP process and understanding flow of activities</li> <li>• Consistent engagement in ORP activities (e.g., forums) and community team activities</li> <li>• Creating effective ways of work and positive team functioning</li> <li>• Limited resources (e.g., personnel, funding, opioid response resources) to complete work</li> <li>• COVID-19 shifted priorities of community team members and slowed down progress</li> <li>• Desire to enact collective impact across community teams</li> <li>• Cultural and policy barriers within the communities</li> </ul>
Lessons Learned	<ul style="list-style-type: none"> <li>• The collective impact approach needs to be tailored to the needs of each project</li> <li>• Increase clarity of project goals and supports</li> <li>• Establish ways of working collaboratively internally and externally</li> <li>• Flexibility is essential to manage challenges</li> </ul>	<ul style="list-style-type: none"> <li>• Understand project structure and supports</li> <li>• Establish ways of working collaboratively internally and externally</li> <li>• Flexibility and positivity are essential to manage challenges</li> <li>• Create a well-functioning team</li> <li>• Incorporate diverse viewpoints and experiences</li> <li>• Increases access to and sharing of data to demonstrate impact</li> </ul>

## H. Demographics Survey

Please complete the following questions about yourself.

1. Name: \_\_\_\_\_
2. Email: \_\_\_\_\_
3. Please select your opioid response community team name:
  - <sup>1</sup> 2nd Judicial District Opioid Coalition (Beaufort, Hyde, Martin, Tyrrell, Washington)
  - <sup>2</sup> Cabarrus Mental Health Advisory Board (Cabarrus)
  - <sup>3</sup> Cumberland-Fayetteville Opioid Response Team (C-FORT) (Cumberland)
  - <sup>4</sup> Durham Joins Together to Save Lives (Durham)
  - <sup>5</sup> Forsyth Opioid Project Team (Forsyth)
  - <sup>6</sup> 8th District Opioid Crisis Team (Lenoir, Wayne, and Greene)
  - <sup>7</sup> Mecklenburg County Opioid Task Force (Mecklenburg)
  - <sup>8</sup> Strategic Opioid Advanced Response (SOAR) Team (Onslow)
  - <sup>9</sup> Transylvania Opioid Response Team (Transylvania)
  - <sup>10</sup> Healthy Wilkes: Community Opioid Prevention and Education Team (Wilkes)
4. How long have you been a member of this community team (in months)? \_\_\_\_\_
5. What is your role within your community team?
  - <sup>1</sup> Project Manager
  - <sup>2</sup> Core Team Member (other than project manager)
  - <sup>3</sup> Community Team Member (other than project manager or core team member)
6. How involved were you in the following Opioid Response Project activities?

ORP Activity	Not at all involved	Somewhat involved	Fully involved
Forums			
Webinars			
Project managers' conference calls			
Meetings with the faculty liaisons			
Completion of worksheets (e.g., action plan, goals and objectives, stakeholder engagement, brainstorming, etc.)			
Execution of tasks on action plan			

7. What organization do you work for? (Note: the list of organizations in this question is specific to the opioid response community team name.)
  - <sup>1</sup> Org 1
  - <sup>2</sup> Org 2
  - <sup>3</sup> Org 3

- Org 4
- Org 5
- Org 6
- Org 7
- Org 8
- Org 9
- Org 10
- Other (Please indicate) \_\_\_\_\_

8. What is your professional occupation? \_\_\_\_\_

9. Please provide your title. \_\_\_\_\_

10. What is your gender?

- Male
- Female
- Other \_\_\_\_\_

11. What is your age?

- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 65 years old or older

12. What is your ethnicity?

- Hispanic or Latino/a
- Not Hispanic or Latino/a

13. What is your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Multi-racial
- Other \_\_\_\_\_

14. What degree(s) have you completed? (select all that apply)

- High School/GED
- Associate's Degree
- Bachelor's Degree
- Master's Degree (MS, MA, etc.)
- Doctorate (PhD, PharmD, etc.)
- Other (please list all others) \_\_\_\_\_

# I. Team Collaboration and Sustainability Survey

## 1. TEAM COLLABORATION SURVEY

Please select your opioid response community team name:

- 1 2nd Judicial District Opioid Coalition (Beaufort, Hyde, Martin, Tyrrell, Washington)
- 2 Cabarrus Mental Health Advisory Board (Cabarrus)
- 3 Cumberland-Fayetteville Opioid Response Team (C-FORT) (Cumberland)
- 4 Durham Joins Together to Save Lives (Durham)
- 5 Forsyth Opioid Project Team (Forsyth)
- 6 8th District Opioid Crisis Team (Lenoir, Wayne, and Greene)
- 7 Mecklenburg County Opioid Task Force (Mecklenburg)
- 8 Strategic Opioid Advanced Response (SOAR) Team (Onslow)
- 9 Transylvania Opioid Response Team (Transylvania)
- 10 Healthy Wilkes: Community Opioid Prevention and Education Team (Wilkes)

Respondent names (please list who all is completing this survey): \_\_\_\_\_

Below you will find a list of the **other opioid response community teams** involved in the Opioid Response Project. For each team, please indicate which description below (networking, cooperation, coordination, and collaboration) best describes the relationship between your opioid response team and the other opioid response teams

1. **at the beginning of the Opioid Response Project** (within the first 3 months) and
2. **at the end of the Opioid Response Project** (within the last 3 months).

*When asked about your own community team please fill in the entire row with "NA". Please review the definitions below first.*

### Definitions

**Networking:** Formal/informal **connections** between individuals and groups. *Networks provide information, access, and sometimes credibility.*

**Cooperation:** An **informal relationship** for mutual benefit or common purpose, usually without any commonly defined mission, structure or planning. *Cooperation can include exchanging information, scheduling events together, sharing resources and altering activities as needed.*

**Coordination:** A **formal relationship** in which partners have compatible missions. *Coordination can include mutual planning, division of roles, formalized communication process, coordinated programming, exchanging information and altering activities for mutual benefit and common purpose.*

**Collaboration:** A **dynamic process** by which separate organizations come together as equal partners to achieve a common end. *The participants of the collaboration believe that by bringing together diverse interests, skills, resources and sensitivities, there will be a greater ability to understand the problem and a more effective solution is likely to emerge than any of the individuals or organizations could develop alone*



Networking

Cooperation

Coordination

Collaboration

AT THE BEGINNING of the Opioid Response Project, the relationship between my team and this other team can be best described as:						AT THE END of the Opioid Response Project, the relationship between my team and the other team can be best described as:				
No Relationship	Networking	Cooperation	Coordination	Collaboration	Opioid Response Community Teams	No Relationship	Networking	Cooperation	Coordination	Collaboration
					2 <sup>nd</sup> Judicial District Opioid Coalition (Beaufort, Hyde, Martin, Tyrrell, Washington)					
					Cabarrus Mental Health Advisory Board (Cabarrus)					
					Cumberland-Fayetteville Opioid Response Team (C-FORT) (Cumberland)					
					Durham Joins Together to Save Lives (Durham)					
					Forsyth Opioid Project Team (Forsyth)					
					8 <sup>th</sup> District Opioid Crisis Team (Lenoir, Wayne, and Greene)					

					Mecklenburg County Opioid Task Force (Mecklenburg)					
					Strategic Opioid Advanced Response (SOAR) Team (Onslow)					
					Transylvania Opioid Response Team (Transylvania)					
					Healthy Wilkes: Community Opioid Prevention & Education Team (Wilkes)					

## 2. SUSTAINABILITY SURVEY

Team name: \_\_\_\_\_

Respondent names (please list who all is completing this survey): \_\_\_\_\_

Please select the option that best describes your community team's progress on the following activities:	Not yet started	In the early stages	Well established or completed	Unsure how to do this
Identifying funding to continue my community team's work beyond the Opioid Response Project.				
Establishing access to a variety of funding sources beyond traditional funding such as in-kind contributions, fundraising events, or membership dues.				
Engaging in work that addresses a significant community need and is worthy of continuing support.				
Demonstrating sufficient progress to justify my community team's existence.				
Establishing shared values that are reflected in the community team's priorities, strategies, and day-to-day operations.				
Establishing a leadership team that is committed, keeps its focus, resolves conflicts, and carries out the work.				
Involving and engaging other individuals and organizational members who value and support the community team's work and speak on its behalf.				
Building respect and credibility of my community team through its values, members, and work, enabling it to influence others.				

What additional information would you like to share about your team's sustainability plans, challenges, and/or successes?

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What did you want to accomplish as part of the Opioid Response Project that you were NOT able to complete? Why were you unable to do so?

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## J. Core Team Survey

### 1. INDIVIDUAL COLLABORATION SURVEY

Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

**Part I: Relationships between your organization and other organizations *within* your opioid response team**

Below you will find a list of the names of the organizations that **were represented on your opioid response community team** during the Opioid Response Project. For each, please indicate which description below (networking, cooperation, coordination, and collaboration) best describes the relationship between your organization and that other organization,

1. **prior to** being invited to join the Opioid Response Project and
2. **as a result of** participating in the Opioid Response Project.

*Please review the definitions below first.*

#### Definitions

**Networking:** Formal/informal **connections** between individuals and groups. *Networks provide information, access, and sometimes credibility.*

**Cooperation:** An **informal relationship** for mutual benefit or common purpose, usually without any commonly defined mission, structure or planning. *Cooperation can include exchanging information, scheduling events together, sharing resources and altering activities as needed.*

**Coordination:** A **formal relationship** in which partners have compatible missions. *Coordination can include mutual planning, division of roles, formalized communication process, coordinated programming, exchanging information and altering activities for mutual benefit and common purpose.*

**Collaboration:** A **dynamic process** by which separate organizations come together as equal partners to achieve a common end. *The participants of the collaboration believe that by bringing together diverse interests, skills, resources and sensitivities, there will be a greater ability to understand the problem and a more effective solution is likely to emerge than any of the individuals or organizations could develop alone*



Networking

Cooperation

Coordination

Collaboration

PRIOR to the Opioid Response Project, the relationship between my organization and this other organization can be best described as....						AFTER the Opioid Response Project, the relationship between my organization and this other organization can be best described as...				
No Relationship	Networking	Cooperation	Coordination	Collaboration	Organizations*	No Relationship	Networking	Cooperation	Coordination	Collaboration
					EXAMPLE: Trillium					
					Org 1					
					Org 2					
					Org 3					
					Org 4					
					Org 5					
					Org 6					
					Org 7					
					Org 8					
					Org 9					

\*Note: The list of organizations in this question is specific to each opioid response community team name.

**PART II: Relationships between your organization and other organizations *outside* of your opioid response community team:**

As a result of participating in the Opioid Response Project did your organization create any new relationships (i.e., networking, cooperation, coordination, or collaboration; see definitions above) with organizations **not represented** on your opioid response community team? Please list below up to ten organizations. After listing, hover over the words “list organization” to drag and drop each organization to the appropriate box.

Items	
List organization 1 _____	Networking
List organization 2 _____	Cooperation
List organization 3 _____	Collaboration
List organization 4 _____	Coordination
List organization 5 _____	
List organization 6 _____	
List organization 7 _____	
List organization 8 _____	
List organization 9 _____	
List organization 10 _____	

## 2. INDIVIDUAL CAPACITY BUILDING SURVEY

Name: \_\_\_\_\_

Team Name: \_\_\_\_\_

Please select the response that best describes your opinion for each item below. Responses range from “strongly disagree to “strongly agree”.

PRIOR to participating in the Opioid Response Project, I was able to:						AFTER participating in the Opioid Response Project, I am able to:						
Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree		Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
<i>Planning, Implementation, and Evaluation Processes</i>												
						Understand the value and use of the collective impact model						
						Understand how to create a common vision and agenda for my opioid response community team						
						Understand how to develop goals based on my community team’s common vision						
						Understand how to refine and prioritize goals and objectives for my opioid response community team						
						Understand and describe the components of an action plan						
						Understand how to develop and use Key Performance Indicators (KPIs)						
						Understand how to plan for sustainability						
<i>Opioid Response Policies, Programs, and Landscape</i>												
						Understand North Carolina policies currently being used to address the opioid epidemic						



### 3. TEAM CAPACITY BUILDING SURVEY

Team Name: \_\_\_\_\_

Please select the response that best describes your opinion for each item below. Responses range from “strongly disagree to “strongly agree”.

PRIOR to participating in the Opioid Response Project, MY TEAM was able to:						AFTER participating in the Opioid Response Project, MY TEAM is able to:						
Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree		Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
						Produce ideas and problems to analyze						
						Identify and prioritize the problems most impacting the opioid epidemic in our community						
						Identify stakeholders and analyze their relationship to the opioid epidemic in our community						
						Establish a vision that meets the needs of all team members						
						Create goals and objectives that guide the team in action planning						
						Create a plan of actionable steps to address the opioid epidemic						
						Develop and use Key Performance Indicators (KPIs) for action planning						
						Share and communicate the work of our community team with other community teams						
						Monitor progress towards goals and objectives						
						Summarize data and information to showcase progress, successes, and challenges						
						Develop a plan for sustainability						

#### 4. SATISFACTION SURVEY

Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

**Part I: Please select the response that best describes your opinion for each item below. Responses range from “strongly disagree to “strongly agree”.**

1. Which of the following forums did you attend?

- Forum 1 (at UNC Chapel Hill School of Government; November 1-2, 2018)  
 Forum 2 (at Goldsboro; February 20-21, 2019)  
 Forum 3 (at Winston-Salem; September 9-10, 2019)  
 Forum 4 (at Charlotte; February 24-25, 2020)  
 Forum 5 (Virtually; August 6-7, 2020)  
 None of the above

Please rate the extent to which you agree with the following statements:	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
The forum(s):						
Provided me with useful information						
Met my expectations						
Were worthwhile to participate in						
Were beneficial to advance the work of my opioid response community team						

2. Which of the following webinars did you attend?

- Opioid Response Project Kickoff Webinar (May 17, 2018)  
 Opioid Data for Local Governments in North Carolina (October 10, 2018)  
 Expanding Treatment Options (June 20, 2019)  
 Community Outreach and Education (July 18, 2019)  
 Syringe Exchange Programs (August 15, 2019)  
 None of the above

Please rate the extent to which you agree with the following statements:	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
The webinars(s):						
Provided me with useful information						
Met my expectations						
Were worthwhile to participate in						

Were beneficial to advance the work of my opioid response community team						
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3. Did you attend the project managers' conference calls? *[This question asked of project managers only]*

<sup>1</sup>  Yes

<sup>2</sup>  No

If participant answered "Yes":

Please rate the extent to which you agree with the following statements:	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
The project managers' conference calls:						
Provided me with useful information						
Met my expectations						
Were worthwhile to participate in						
Were beneficial to advance the work of my opioid response community team						

4. Did you review the materials and online resources provided by the Opioid Response Project team through Sakai and email (e.g., collective impact resources, news and research articles, state resources, etc.)?

<sup>1</sup>  Yes

<sup>2</sup>  No

If participant answered "Yes":

Please rate the extent to which you agree with the following statements:	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
The materials and online resources provided by the Opioid Response Project team through Sakai and email (e.g., collective impact resources, news and research articles, state resources, etc.):						
Provided me with useful information						
Met my expectations						
Were worthwhile to read						
Were beneficial to advance the work of my						

opioid response community team						
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5. Did you receive assistance from your faculty liaison? *[This question asked of project managers only]*

<sup>1</sup> Yes

<sup>2</sup> No

If participant answered "Yes":

Please rate the extent to which you agree with the following statements:	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
The assistance from my faculty liaison:						
Provided me with useful information						
Met my expectations						
Was worthwhile to receive						
Were beneficial to advance the work of my opioid response community team						

6. Did you complete or review the worksheets (e.g., action plan, goals and objectives, stakeholder engagement, brainstorming, etc.):

<sup>1</sup> Yes

<sup>2</sup> No

If participant answered "Yes":

Please rate the extent to which you agree with the following statements:	Strongly Disagree	Moderately Disagree	Slightly Disagree	Slightly Agree	Moderately Agree	Strongly Agree
The worksheets (e.g., action plan, goals and objectives, stakeholder engagement, brainstorming, etc.):						
Provided me with useful information						
Met my expectations						
Were worthwhile to complete						
Were beneficial to advance the work of my opioid response community team						

**Part II: Please answer the following questions below.**

Overall, the thing I wish had been done differently during the Opioid Response Project is:

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Overall, the thing that I liked the best about participating in the Opioid Response Project was:

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Would you recommend this experience to others?

Yes \_\_\_\_\_ No \_\_\_\_\_

Why or why not?

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## K. Evaluation Interviews

### 1. COMMUNITY TEAMS INTERVIEW

Hi <name>,

Thank you for taking the time to speak with us about you and your team's experience with the Opioid Response Project. My name is XX and I am a XX at the Center for Medication Optimization. My team is working in collaboration with the UNC School of Government to better understand the Opioid Response Project and your experience engaging in it. I expect this interview to take about 45 minutes to 1 hour to complete.

We would like to record the conversation to ensure that your thoughts are accurately captured. The recording will be erased as soon as we are able to review it and make sure that our notes are complete. We will summarize the content of all the interviews for reporting and will not use any identifying information unless we specifically ask, and you agree.

Are you ok with us recording?

Do you have any questions or concerns before we start?

1. Ok, so to start tell us about you and your team's experience engaging in the Opioid Response Project.
2. What aspects of the Opioid Response Project would you say **worked well**? What **successes** did you and your team experience as part of the project?
  - a. PROMPT:
    - i. Team successes
    - ii. Success about the ORP and the activities they completed as part of the project
3. What aspects of the Opioid Response Project would you say **did not work well**? What **challenges** did you and your team experience as part of the project?
  - a. PROMPT:
    - i. Team challenges
    - ii. Challenges about the ORP and the activities they completed as part of the project
4. How has the COVID-19 pandemic impacted your community team's work?
  - a. PROMPT: How has this pandemic impacted your collaborative? (e.g., slowing work, making it more difficult to collaborate, redirecting resources, refining their strategies, etc.)
  - b. PROMPT: Did this project help your team respond to the pandemic? If so, how?
5. For you and your team, what **resulted** from engaging in the Opioid Response Project, both tangible and intangible results?
  - a. PROMPT: use of the collective impact model in the future/with other projects
  - b. PROMPT: additional funding (i.e., grants)
6. What were your top three lessons learned as a result of this experience?

7. What are your thoughts about the **resources** that were provided throughout the project (e.g., funding, project management, online resources)? Were the resources in place sufficient for your community team to complete your work?
8. Is there anything else you would like to share?

Thank you for taking the time to talk with us to help us understand your experience with the project.

## 2. ORP TEAM INTERVIEW

Hi <name>,

Thank you for taking the time to speak with me about your experience with the Opioid Response Project. I expect this interview to take about 45 minutes to 1 hour to complete.

I would like to record the conversation to ensure that your thoughts are accurately captured. The recording will be erased as soon as we are able to review it and make sure that our notes are complete. We will summarize the content of all the interviews for reporting and will not use any identifying information unless we specifically ask, and you agree.

Are you ok with us recording?

Do you have any questions or concerns before we start?

1. Ok, so to start, tell us about your experience engaging in the Opioid Response Project.
2. What aspects of the Opioid Response Project would you say **worked well**? What **successes** did you experience?
3. What aspects of the Opioid Response Project would you say **did not work well**? What **challenges** did you experience?
4. What kind of difference do you think you made by having these teams go through the Opioid Response Project?
  - a. PROMPT:
    - i. Intangible results
    - ii. Tangible results
5. What **did you learn** from being a part of the Opioid Response Project Team? How would you refine your operationalization of the collective impact model approach for future projects?
6. What are your thoughts about the **resources** that you received to plan and implement the Opioid Response Project (e.g., funding, partnerships, expertise)? Were the resources in place sufficient for you to complete your work?
7. Is there anything else you would like to share?

Thank you for taking the time to talk with us to help us understand your experience with the project.

## L. References

1. Kania J, Kramer M. Collective Impact. Stanford Social Innovation Review. [https://ssir.org/articles/entry/collective\\_impact#bio-footer](https://ssir.org/articles/entry/collective_impact#bio-footer). Published 2011.
2. Patton MQ. Utilization-focused evaluation (U-FE) checklist. *Eval Checklists Proj.* 2002.
3. Milstein B, Wetterhall SF. Framework for program evaluation in public health. 1999.