

**FORSYTH COUNTY  
BOARD OF COMMISSIONERS**

**Briefing**

**Draft**

8

MEETING DATE: APRIL 2, 2020

AGENDA ITEM NUMBER: \_\_\_\_\_

**SUBJECT: RESOLUTION AUTHORIZING EXECUTION OF A CONTRACT BETWEEN FORSYTH COUNTY AND THE TWIN CITY HARM REDUCTION COLLECTIVE TO PROVIDE SERVICES FOR THE DEPARTMENT OF PUBLIC HEALTH, COMMUNITY LINKAGES TO CARE FOR OVERDOSE PREVENTION AND RESPONSE PROGRAM (FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH)**

**COUNTY MANAGER'S RECOMMENDATION OR COMMENTS:**

**SUMMARY OF INFORMATION:**

The North Carolina Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch awarded Forsyth County, through its Department of Public Health, a Community Linkages to Care for Overdose Prevention and Response grant. The grant guidelines only allowed local health departments or districts to apply. The grant funding is for 33 months in the amount up to \$275,000.

The Forsyth County Department of Public Health seeks to contract with The Twin City Harm Reduction Collective to fulfill the terms of the grant award by expanding the harm reduction services in Forsyth County. The Twin City Harm Reduction Collective exchanges clean needles for dirty needles and provides dirty needle disposal, sterile supplies to prevent infection, peer support to help navigate those with addiction to treatment, naloxone distribution, education and STI/HIV/HEP C testing.

The total contract amount is for \$261,018 paid over four fiscal years as follows:

FY 20 December 1, 2019 – June 30, 2020, \$47,458

FY 21 July 1, 2020 – June 30, 2021, \$94,915

FY 22 July 1, 2021 – June 30, 2022, \$94,915

FY 23 July 1, 2022 – August 31, 2022, \$23,730

ATTACHMENTS:  YES  NO

SIGNATURE: \_\_\_\_\_

COUNTY MANAGER

DATE: \_\_\_\_\_

**RESOLUTION AUTHORIZING EXECUTION OF A CONTRACT BETWEEN  
FORSYTH COUNTY AND THE TWIN CITY HARM REDUCTION COLLECTIVE  
TO PROVIDE SERVICES FOR THE DEPARTMENT OF PUBLIC HEALTH,  
COMMUNITY LINKAGES TO CARE FOR OVERDOSE  
PREVENTION AND RESPONSE PROGRAM  
(FORSYTH COUNTY DEPARTMENT OF PUBLIC HEALTH)**

**WHEREAS** on November 8, 2019, North Carolina Department Health and Human Services awarded the Department of Public Health the Community Linkages to Care for Overdose Prevention and Response grant in the amount of \$275,000 over 33 months;

**WHEREAS** in an effort to improve the health and lives of the addicted individuals and reduce substance abuse, The Twin City Harm Reduction Collective exchanges clean needles for dirty needles and provides dirty needle disposal, sterile supplies to prevent infection, peer support to help navigate those with addiction to treatment, naloxone distribution, education and STI/HIV/HEP C testing;

**WHEREAS** from the Community Linkages grant funds, the County will reimburse The Twin City Harm Reduction Collective for its services; and

**WHEREAS** it is the recommendation of the County Manager, Assistant County Manager, and the Public Health Director that the County enter into an agreement with The Twin City Harm Reduction Collective to fulfill the terms of the grant by expanding harm reduction efforts surrounding opioids and other substances;

**NOW, THEREFORE, BE IT RESOLVED**, by the Forsyth County Board of Commissioners that the Chairman or County Manager and the Clerk to the Board are hereby authorized to execute, on behalf of Forsyth County, a contract with The Twin City Harm Reduction Collective, which is attached hereto and incorporated herein by reference, in an amount not to exceed \$261,018, subject to a pre-audit certificate thereon by the County Chief Financial Officer, where applicable, and approval to form and legality by the County Attorney.

Adopted this 2<sup>nd</sup> day of April 2020.

**STATE OF NORTH CAROLINA**

**AGREEMENT**

**FORSYTH COUNTY**

THIS AGREEMENT, made and effective this 1<sup>st</sup> day of December, 2019, by and between Forsyth County, North Carolina (the "County"), and The Twin City Harm Reduction Collective (the "Provider");

For the purpose and subject to the terms and conditions hereinafter set forth, the County and the Provider hereby agree as follows:

1. **Services.** Provider shall:
  - a) Operate a needle and hypodermic syringe program authorized by NCGS §90-113.27.
  - b) Provide the scope work described in the State of North Carolina RFA #371 grant application submitted to the State Division of Public Health, Injury and Prevention Branch, attached as exhibit A, unless amended in writing and approved by the County.
  - c) Submit performance measure activity reports to the County monthly and due no later than the 10th day of each month. A report must include all of these components:
    - i) Summary of implemented activities, accomplishments, and work to reduce drug poisoning and overdose;
    - ii) List of engaged partners for each major activity with key collaborations highlighted;
    - iii) Details of how priority populations, such as those with lived experience, those directly impacted by drug use, and people who currently use drugs, have been engaged in the planning, implementation, and/or evaluation of activities to reduce overdose;
    - iv) Complete data for metrics specific to the chosen strategy or strategies as outlined in the RFA #371 grant application scope of work and NCGS §90-113.27;
    - v) Summary of lessons learned, including a description of challenges that have been overcome and any potential challenges that are anticipated;
    - vi) Summary of sustainability efforts or plans to continue the work as outlined;
    - vii) Developed or adopted policies, protocols, educational materials, presentations, training materials, and related outputs as attachments to demonstrate evidence of implemented activities;
    - viii) List of overdose prevention coalition meeting participants and which sector each participant represented (sign-in sheets), and meeting summaries (minutes or notes with action items) from each meeting.
  - d) Obtain pre approval on language for all materials intended for the public (digital or printed) by submitting the materials to the County to review before publication

to ensure no stigmatizing messaging and consistent messaging across local health departments/districts.

- e) Ensure that all activities are evidence-based, culturally sensitive, and at an appropriate academic level to accommodate stakeholders of varying harm reduction and overdose prevention backgrounds.
- f) Ensure that all trainings are conducted by appropriately trained individuals with experience in harm reduction principles, community outreach, and naloxone administration.
- g) Administer pre-test and post-test evaluation surveys to training and presentation participants to assess knowledge gains and effectiveness of trainings or presentations
- h) Submit a budget for each fiscal year for approval by the County. Any amendments to the budget must be approved in writing. Funds may not be used for:
  - i) Syringes, hypodermic needles, cookers, fentanyl test strips, or medications including naloxone;
  - ii) Clinical care or any direct medical service;
  - iii) Prescription drug take-back programs including medication drop-boxes, take-back events, or disposal of medications;
  - iv) Purchasing vehicles or paying down existing mortgages and/or other loans;
  - v) Capital expenses, new construction or renovation of facilities, or equipment;
  - vi) For any type of research;
  - vii) For match funding on other federal awards or duplicate expenses covered by other federal sources;
  - viii) For lobbying (publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body).
- i) Submit supporting documentation for each invoiced item submitted to the County for reimbursement

**2. Term.** The services of the Provider shall begin on December 1st, 2019, and, unless sooner terminated by mutual consent or as hereinafter provided, shall be provided until August, 31, 2022; provided that the County shall have the right to terminate this Agreement, without cause, upon 30 days' notice in writing to the other party, or upon 7 days written notice if the Provider breaches the Agreement.

**3. Compensation.** As full compensation for the Provider's services, the County agrees to pay the Provider the sum of \$261,018 payable in installments. The Provider shall bill the County monthly for services rendered during the preceding 30 days. The County shall pay all such bills within the following 15 days provided all elements of the Agreement are satisfactorily met. Total payments under this agreement shall not exceed \$47,458 during the County fiscal year 20; \$94,915 during the County fiscal year 21; \$94,915 during the county fiscal year 22 and \$23,730 during the County fiscal year 23.

**4. Independent Contractor.** The Provider shall operate as an independent contractor, and the County shall not be responsible for any of the Provider's acts or omissions.

The Provider, its employees, and subcontractors shall not be treated as an employee with respect to the services performed hereunder for federal or state tax, unemployment or workers' compensation purposes. Neither federal, state, nor payroll tax of any kind shall be withheld or paid by the County on behalf of the Provider or the employees of the Provider. The Provider is fully responsible for the payment of any and all taxes arising from the payment of monies under this Agreement. The Provider shall comply with the North Carolina Workers' Compensation Act and shall ensure that its subcontractors also comply. The Provider shall not be treated as an employee with respect to the services performed hereunder for purposes of eligibility for, or participation in, any employee pension, health, or other fringe benefit plan of the County. The Provider has no authority to enter into contracts or agreements on behalf of the County. The County shall not be liable to the Provider for any expenses paid or incurred by the Provider unless otherwise agreed in writing. The Provider shall supply, at its sole expense, all equipment, tools, materials, and/or supplies required to provide contracted services unless otherwise agreed in writing.

**5. Indemnification.** The Provider agrees to indemnify, defend, and hold the County harmless from and against any and all claims, expenses (including attorney fees), costs or liability for acts or omissions of the Provider relating to this Agreement or services provided pursuant to it.

**6. Insurance.** The Provider shall maintain, at its sole expense, insurance coverage as required by the Forsyth County Risk Manager.

**7. County Property.** Provider agrees that it shall be responsible for the proper custody and care of any property furnished to it by the County for use in connection with the performance of this contract and will reimburse the County for loss of, or damage to, such property. Any information, data, documents, studies, or reports given to or prepared or assembled by the Provider under this Agreement shall be kept confidential and not divulged or made available to any individual or organization without prior written approval of the County.

**8. Notice.** All notices permitted or required to be given by one party to the other party shall be addressed and delivered in writing as follows:

For the County:  
Tony Lo Giudice, Assistant Public Health Director  
799 Highland Avenue Winston Salem, NC 27101  
logiudam@forsyth.cc

For the Provider:

Rachel Thornely, Program Director  
639 S. Green Street Winston Salem, NC 27101  
raerae0578@gmail.com

**9. Assignment.** The Provider may not assign its obligations under this Agreement unless it has received prior written approval from the County, which may be withheld at the sole discretion of the County.

**10. Waiver.** No action or failure to act by the County shall constitute a waiver of any of its rights or remedies or as approval or acquiescence in a breach thereunder, except as may be specifically agreed in writing.

**11. Governing Law.** This Agreement shall be governed by North Carolina law, except that provisions regarding conflicts of laws shall not apply. The venue for any legal proceeding shall be in Forsyth County, North Carolina.

**12. Nonappropriation.** Notwithstanding anything to the contrary herein, in the event that public funds are unavailable and not appropriated for the performance of the County's obligations under this Agreement, then this Agreement shall automatically expire without penalty to the County 30 days after written notice of the unavailability and non-appropriation of public funds. In the event of a change in the County's statutory authority, mandate, or mandated functions by state or federal legislative or regulatory actions, which adversely affects the County's authority or duty to continue its obligations under this Agreement, then this Agreement shall automatically terminate without penalty to the County 30 days after written notice of such limitation or change in the County's legal authority or duty.

**13. Survival of Provisions.** All obligations arising prior to termination of this Agreement and all provisions of this Agreement allocating responsibility or liability between the parties shall survive the completion of services and termination of this Agreement.

**14. Modification.** This Agreement may only be modified in writing and signed by both the Provider and by the County Manager or other authorized County official.

**15. Conflict with Attachments.** In the event of any conflict between the provisions in this Agreement and any provisions in an attachment thereto, the provisions in this Agreement shall take precedence over any provision in an Attachment.

**16. Miscellaneous.** The Provider shall comply with all applicable laws and regulations including but not limited to federal, state and local laws regarding business permits, certificates, and licenses that may be required to carry out the services to be performed under this Agreement and all federal immigration laws in its hiring and contracting practices. Provider and its subcontractors shall comply with Article 2 of Chapter 64 of the North Carolina General Statutes relating to the required use of the

federal E-Verify program to verify the work authorization of newly hired employees. Failure of the Provider to comply with this provision or failure of its subcontractors to comply could render this contract void under North Carolina law. Provider hereby certifies that it is not on the North Carolina State Treasurer's lists of persons engaging in business activities in Sudan (Darfur), Iran, or boycotting Israel, prepared pursuant to NCGS §§ 147-86.43, 147-86.58, and 147-86.81, nor will Provider utilize for this Agreement any subcontractor on such lists. This agreement is intended for the benefit of the County and the Provider and not for any other party. If any provision of this Agreement shall be unenforceable, the remainder of the Agreement shall be enforceable to the extent allowed by law.

IN WITNESS WHEREOF, the authorized officials of the County and the Provider have set their hands and seals as of the day and year first above written.

FORSYTH COUNTY, NORTH CAROLINA

(SEAL)

By: \_\_\_\_\_  
J. Dudley Watts, Jr, County Manager

Date: \_\_\_\_\_

ATTEST:

\_\_\_\_\_  
Ashleigh M. Sloop, Clerk to the Board

By: \_\_\_\_\_  
Joshua Swift, Public Health Director

Date: \_\_\_\_\_

Date: \_\_\_\_\_

PROVIDER

(SEAL)

By: *Rachel Thornely*

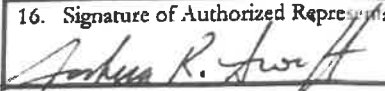
Printed Name: Rachel Thornely

Title: Program Director

Date: 1/10/2020

### 1. Application Face Sheet/Form

This form provides basic information about the applicant and the proposed project with the **Injury and Violence Prevention Branch**, including the signature of the individual authorized to sign "official documents" for the agency (Scanned signatures are acceptable). This form is the application's cover page. Signature affirms that the facts contained in the applicant's response to **RFA # A371 Part \_\_\_\_** are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency: Forsyth County Department of Public Health	
2. Name of individual with Signature Authority: Joshua Swift	
3. Mailing Address (include zip code+4): 201 North Chestnut Street Winston Salem, NC 27101-4120	
4. Address to which checks will be mailed: 201 North Chestnut Street Winston Salem, NC 27101-4120	
5. Street Address: 799 Highland Avenue Winston Salem, NC 27101-4206	
6. Contract Administrator Name: Tony Lo Giudice Title: Assistant Public Health Director	Telephone Number: 336-703-3110 Fax Number: 336-748-3292 Email Address: logiudam@forsyth.cc
7. Agency Status (check all that apply): <input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input checked="" type="checkbox"/> Local Health Department/District	
8. Agency Federal Tax ID Number: 58-6000450	9. Agency DUNS Number: 105316439
10. Agency's URL (website): <a href="https://www.co.forsyth.nc.us/PublicHealth">https://www.co.forsyth.nc.us/PublicHealth</a>	
11. Agency's Financial Reporting Year: FY20	
12. Current Service Delivery Areas (county(ies) and communities): Forsyth County	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities): Forsyth, Davie, Davidson, Davie, Yadkin Stokes, and Surry	
14. Amount of Funding Requested: \$275,000	
15. Projected Expenditures: Does applicant's state and/or federal expenditures exceed \$500,000 for applicant's current fiscal year (excluding amount requested in #14)    Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative: 	17. Date 10/24/2019



## **Proposal Summary**

In 2017, Forsyth County had 66 unintentional opioid related deaths and recent data indicates 84 deaths year to date. Ninety-five percent of the deaths were directly related to heroin, fentanyl or fentanyl analogues. Additionally, in 2017, 247 individuals were treated in emergency rooms throughout Forsyth County for opioid related diagnoses. Forsyth County Department of Public Health works closely with the harm reduction effort. In Forsyth County, there is only one operating needle exchange facility, which is operated by Twin City Harm Reduction Collective (TCHRC). In surrounding counties there are none. This proposal aims to expand TCHRCs operations to meet unmet needs of people who use drugs in Forsyth and surrounding counties (Stokes, Surry, Yadkin, Davie, and Davidson). Additionally, as part of the expansion, the grant opportunity will allow TCHRC to additionally place more focus in communities of color, LGBTQ+ communities, and other marginalized communities.

## **Organizational Readiness and Assessment of Need**

The Forsyth County Department of Public Health is available to serve more than the county's 376,000 citizens and visitors alike. The department's mission is to promote a healthy community by leveraging community engagement and partnerships.

Forsyth County had 66 unintentional opioid related deaths in 2017 and recent data indicates 84 deaths year to date. Ninety-five percent of the deaths were directly related to heroin, fentanyl or fentanyl analogues. Additionally, in 2017, 247 individuals were treated in emergency rooms throughout Forsyth County for opioid related diagnoses.<sup>1</sup>

The Forsyth County Department of Public Health (FCDPH) does not operate a harm reduction program. However, we are fortunate to have the Twin City Harm Reduction Collective (TCHRC) operating within the county. TCHRC provides fixed site and mobile delivery syringe exchange services, treatment referrals, health education, and naloxone distribution. These services are essential to our community. Over the last 10 months, FCDPH and TCHRC have worked closely under a previous grant award to expand from operating an average of nine hours per week with dwindling resources to operating all week both stationary and mobile. This effort increased their exchange clients from 100 clients to more than 600 clients in 10 months' time. This past year, not only were 700 unique participants served but a total of around 150,000 sterile syringes and accompanying injection supplies (water ampules, alcohol wipes, cookers, cottons, etc.) were provided, and 4,000+ doses of naloxone were distributed, resulting in 386 reported overdose reversals. Also, regular testing for HIV/HCV/STIs was provided and a number of people were connected to substance use disorder (SUD) treatment.

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<sup>1</sup> NCDHHS. (n.d.). Opioid Action Plan Data Forsyth Wide [Chart]. In NC Opioid Action Plan. Retrieved from <https://injuryfreenc.shinyapps.io/OpioidActionPlan/>.

In order to continue to expand their vital work, TCHRC in partnership with FCDPH needs to fund, additional paid staff members, and supplies.

The need for TCHRC's services cannot be understated when looking at data from Forsyth County. It is without a doubt that through expansion, unique individual participation will continue to increase and stronger relationships can develop with existing clients. The partnership with TCHRC and FCDPH has already demonstrated 6X increase in exchange participants over 10 months. Research has clearly indicated that needle exchange participants are five times more likely to enter drug treatment programs than non-participants. Providing more support to our local syringe exchange program will allow the program to influence more people towards a path of treatment.<sup>2</sup>

The Forsyth County Department of Public Health and Twin City Harm Reduction Collective have partnered well over the last few years. The health department has been able to provide HIV/Hepatitis/STI testing at the collective's fixed needle exchange site. This is significant because three quarters of the population tested at the exchange thus far have been Hep C positive, including many who also tested positive for chlamydia and gonorrhea. Our communicable disease team has also worked side by side with TCHRC to mitigate Hepatitis A clusters among drug users. Additionally, when applicable, both agencies work in coordination with Forsyth EMS to bring awareness, education, networking, and referrals via a countywide opioid task force.

TCHRC has reported seeing an increase in people coming in from surrounding counties seeking services in Winston Salem proper. The data regards the five counties adjacent to Forsyth County as having higher overdose mortality rates<sup>3</sup>, four had higher HCV rates<sup>4</sup>, and the Infectious Disease department at Baptist Hospital reported treating a significant increase of injection-related endocarditis cases coming from three of the five surrounding counties.<sup>5</sup>

Although great strides have been made in the past 10 months, FCDPH and TCHRC noted three needs for improvement. The first being coordinated expansion starting with harm reduction education outreach to neighboring counties (Stokes, Surry, Yadkin, Davie, and Davidson). The second need is a more concentrated effort on communities of color, LGBTQ+ communities, and other marginalized communities. The third, even though this will fall in line if the other two approaches are met, is the continuation of expanding the client base.

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<sup>2</sup> Hagan H, McGough JP, Thiede H, Hopkins S, Duchin J, Alexander ER., "Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors," *Journal of Substance Abuse Treatment*, vol. 19, 2000, p. 247-252.

<sup>3</sup> Injury and Violence Prevention Branch Poisoning Data. (2019, July 15). Retrieved from: <https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>

<sup>4</sup> North Carolina Disease Data Dashboard: Communicable Disease Statistics. (2019, January 11). Retrieved from <https://public.tableau.com/profile/nc.cdb#!/vizhome/NCD3NorthCarolinaDiseaseDataDashboard/DiseaseMapsandTrends>

<sup>5</sup> Barnes, E. PhD. (2019, February 20). Personal interview.

### **Project Description and Sustainability**

The primary strategy is strategy 1 Part A, "Develop and Expand Syringe Exchange Programs". Utilizing this funding, FCDPH and TCHRC will continue to work towards increased harm reduction services, education, and community engagement in Forsyth, Davie, Davidson, Stokes, Surry, and Yadkin Counties.

First, if awarded the plan is for both public health and TCHRC to start dialogue and education outreach to the surrounding counties' municipal agencies to begin to develop educational rapport. This will likely include, local sheriff's offices, public health departments, EMS, fire, governing bodies, public managers, police, and social services. The second part of the plan is once, from an education standpoint, all stakeholders are satisfied we then work with them to bring harm reduction services to their respective jurisdiction at the level of their comfort and choosing.

The third part of the project is to hire an outreach worker to focus on marginalized communities and groups. This approach will enable the team to provide expansion services to a greater number of people who use drugs.

The timeline for the project: we anticipate that once awarded it will take approximately 3-5 weeks for the county commissioners to vote to accept the award and amend the fiscal year budget. For this grant's purpose, Twin City Harm Reduction Collective will become a subcontractor to Forsyth County Department of Public Health. Forsyth County already has an existing contract that outlines TCHRC grant responsibilities, operating budget—mirroring the state's budget template format—data collection methods, program measurement, timeline, and deliverables, so contractually the process will likely be seamless with the new grant award. TCHRC believes they can hire a community worker within 3 weeks of the grant award to immediately begin the expanded community focus and the surrounding county educational component.

TCHRC has a proven track-record of increasing access to Harm Reduction supplies, support and education for people who use drugs, as well as to myriad resources they may need ranging from food to housing to treatment. Additionally, partnered with FDCDPH HIV, HCV, and STI testing is occurring at the exchanges. These kinds of Harm Reduction strategies (sterile supplies, naloxone, connection to SUD treatment, etc.) have been shown to reduce fatal and non-fatal overdoses; reduce HIV, HCV, and STI transmission rates<sup>6</sup>; decrease the number of

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<sup>6</sup> National Institutes of Health Consensus Panel, Interventions to Prevent HIV Risk Behaviors (Kensington, MD: NIH Consensus Program Information Center, February 1997), p. 6

improperly discarded syringes; decrease needle sticks to law enforcement<sup>11</sup>; and get people connected to SUD treatment efficiently and effectively.<sup>7,8</sup>

From a sustainability perspective, TCHRC will be able to maintain a minimum staffing with minor retraction based on a recent HepConnect grant award for only the next 18 months. The reason this is significant is twofold. Currently TCHRC is operating under Green Street Church, with the church serving as its fiscal agent. TCHRC, however, will soon obtain its 501c3 status and be independent of Greene Street. Once non-profit status is achieved, TCHRC will need to begin to fundraise to support operations beyond the life of the grant award. In order to fundraise effectively, expansion through the grant is necessary to prove that by increasing hours, outreach, connections, and by utilizing robust program measures this effort will help make the case the need to sustain expanded operations. Additionally, the grant will offset current expenditures, which will aid in prolonging the current model of operation.

Additionally--as part of the strategy that is outside the scope of this grant--a grant award will help with program expandable stability for the next few years. Because the operations will be stably expanding, TCHRC from an innovative standpoint will look to start planning with the local medical providers and other stakeholders (EMS, housing, non-other nonprofits) to start medication assistant treatment services deriving from the exchange. The innovation planning is suggested to be a grassroots approach to enhance the harm reduction effort.

All in all, the expansion of the Twin City Harm Reduction Collective's operations aims to expand to reduce opioid related death by making naloxone more widely available; connect with marginalized communities and groups; start an education dialogue with surrounding counties; encourage participants to treatment options through peer support and education; reduce infections and the spread of disease; and strengthen existing community referral networks.

### **Evidence of Collaborations/Partnerships**

The collaborating organizations for this project are the Forsyth County Department of Public Health, Faith Health, Twin City Harm Reduction Collective (TCHRC), and Green Street Church.

The Forsyth County Department of Public Health and Twin City Harm Reduction Collective have partnered well over the last few years. The health department has been able to provide HIV/Hepatitis/STI testing at the collective's fixed needle exchange site. This is significant because three quarters of the population tested at the exchange thus far have been Hep C

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<sup>7</sup> Hagan H, McGough JP, Thiede H, Hopkins S, Duchin J, Alexander ER., "Reduced injection frequency and increased entry and retention in drug treatment associated with needle-exchange participation in Seattle drug injectors," *Journal of Substance Abuse Treatment*, vol. 19, 2000, p. 247-252.

<sup>8</sup> Oliver KJ, Friedman SR, Maynard H, Magnuson L, Des Jarlais DC. 1992. Impact of a needle exchange program on potentially infectious syringes in public places. *Journal of Acquired Immune Deficiency Syndromes* 5: 534-535.

positive, including many who also tested positive for chlamydia and gonorrhea. Our communicable disease team has also worked side by side with TCHRC to mitigate Hepatitis A clusters among drug users. Additionally, when applicable, both agencies work in coordination with Forsyth EMS and the Forsyth County's Opioid Task Force.

Additionally, TCHRC also engages with many community partners to advance the collaborative work of harm reduction. Expanding the capacity of the services offered by TCHRC increases their ability to collaborate with their community partners, including: North Carolina Harm Reduction Coalition (NCHRC), Urban Survivors Union (USU), The Shalom Project, Addiction Recovery Care Association (ARCA), Insight Human Services, and Wake Forest Baptist Health.

The Shalom Project is located in the same building as Twin City Harm Reduction Collective. This allows clients coming to the syringe exchange to subsequently receive services from the Shalom Project, which include a food bank, a free medical clinic, clothing, and meals on Wednesdays.

ARCA, Insight Human Services, and TCHRC also have an established collaboration in which TCHRC teaches classes on HIV/HCV/STI prevention, harm reduction, and overdose prevention to those in treatment at ARCA and Insight facilities. ARCA and Insight have also agreed to prioritize TCHRC clients that are seeking treatment and need to be in-patient immediately.

Additionally, interns from Wake Forest Medical School have been volunteering at the needle exchange, and we anticipate their volunteer presence to increase with a program expansion.

#### **Performance Measures/Evaluation Plan**

The evaluation metrics used by TCHRC to capture their work go beyond what the state requires. These include: number of sterile supplies for safer drug use distributed; number of naloxone kits distributed; number of clients provided with education pertaining to HIV, HCV & STD transmission; safe injection practices, and overdose prevention; number of clients provided with peer counseling; recovery coaching, and case management for current and former drug users and sex workers; number of referrals made along with number of actual linkage to treatment options; number of referrals and linkage to community resources; education outreach hours and participants; pre-post testing for knowledge retention from education events; and, number of persons testing for HIV, HCV, & STI's; number of persons linked to care who test positive for HIV, HCV & STI's.

Additionally, TCHRC will collect de-identified data which is reported in aggregate percentages annually. These include: frequency of persons visits to the program; percentage of new enrollees; number of self-reported overdoses; self-reports on naloxone kit usage if they have received one prior; and, encounters or stays in local hospitals since last visit. To annually assess program success, Twin City Harm Reduction Collective (TCHRC) also assesses external community health indicators and other publically reported metrics available from places such as the FC Sheriff Department, County Jail, and the Opioid Task Force.

The Forsyth County Department of Public Health (FCDPH) will continue to track STI tests with results from Twin City Harm Reduction Collective (TCHRC). Doing so will allow us to ensure we are getting an increased amount of tests and working towards our objective of increasing linkages to STI care.

Finally, for a qualitative approach, FCDPH has assigned its graduate student interns with George Washing University, a university researcher, and the FCDPH epidemiologist to work on

a program evaluation that identifies barriers exchange participants encounter, as well as stigma to obtaining treatment. This qualitative program evaluation began in August and will be conducted over the next 6-8 months. If barriers or stigma is identified, TCHRC and FCDPH can then apply stratified realignment based on the results.

**RFA A371 Budget Template – CLC**

**APPLICANT NAME:**

**Part:**

Budget Categories (A)		Amount(B)		Amount(C)	Narrative(D)
<p><b>*Note: This application only requires budget estimates for SFY 20 and 21. Budgets for SFY 22 and 23 will be requested later.*</b></p>		<p>SFY 20 (Max. allowed -\$50,000) (December 1, 2019-May 31, 2020) <i>6 months</i></p>		<p>SFY 21 (Max. allowed-\$100,000) (June 1, 2020-May 31, 2021) <i>12 months</i></p>	<p><b>*Note: Separate budget worksheet is required for Part A and Part B (select which "Part" from drop-down menu above)*</b></p>
		<p><b>Human Resources</b></p>			
<p><b>Salary/Wages</b></p>					
<p>(TBD), Public Health Educator II Name 2, Position title</p>		\$	1,932.00	\$	3,865.00
<p><b>Fringe Benefits</b></p>					
<p>(TBD) Public Health Educator II Name 2, Position title</p>		\$	610.00	\$	1,220.00
<p><b>Other</b></p>					
<p>Technical assistance provider Subject matter expert</p>					
<p align="right"><b>Human Resources Subtotal:</b></p>		\$	2,542.00	\$	5,085.00
<p><b>Operational Expenses</b></p>					
<p><b>Supplies and Materials</b></p>					
<p>Eligible syringe exchange supplies</p>					
<p align="right"><b>Supplies and Materials Subtotal:</b></p>		\$	-	\$	-
<p><b>Travel</b></p>					
<p align="right"><b>Travel Subtotal:</b></p>		\$	-	\$	-
<p><b>Utilities</b></p>					
<p>Gas Electricity Telephone Water Other</p>					
<p align="right"><b>Utilities Subtotal:</b></p>		\$	-	\$	-
<p><b>Staff Development</b></p>					

Conferences						
Trainings						
<b>Media and Communications</b>	<b>Staff Development Subtotal:</b>	\$ -	\$ -	\$ -		
Advertising						
Publications & reprints						
Promotional items						
	<b>Media and Communications Subtotal:</b>	\$ -	\$ -	\$ -		
Rent						
Office space						
Vehicles						
Other						
	<b>Rent Subtotal:</b>	\$ -	\$ -	\$ -		
<b>Professional Services</b>						
Legal						
IT						
Accounting						
Payroll						
	<b>Professional Services Subtotal:</b>	\$ -	\$ -	\$ -		
<b>Other</b>						
Incentives for participants						
Pre-paid cards/vouchers for participants (e.g., transportation, food)						
Short-term housing-related needs						
	<b>Other Subtotal:</b>	\$ -	\$ -	\$ -		
<b>Subcontracting</b>						
	<b>Subcontracting and Grants Subtotal:</b>	\$ 47,458.00	\$ 94,915.00	\$ 94,915.00		Contract with TCHRC: Supplies, Salary/benefit for Community outreach worker, allowable supplies, training/travel, printed education materials, payroll services, insurance coverage, allowable equipment.
	<b>Indirect Cost</b>					
	<b>Total Budgeted Expenditures for Each State</b>					
<b>Fiscal Year</b>		\$ 50,000.00	\$ 100,000.00	\$ 100,000.00		
<b>GRAND TOTAL REQUESTED</b>		\$ 150,000.00	\$ 150,000.00	\$ 150,000.00		



## Twin City Harm Reduction Collective

639 S. Green St.

Winston Salem, NC 27101

Phone (336) 529-4492

October 24, 2019

To Whom It May Concern,

This is a letter of commitment from the Twin City Harm Reduction Collective regarding the RFA #371 Proposal being submitted by the Forsyth County Department of Public Health. As the primary recipients of the funding that will potentially come from this proposal, we would like to commit to providing the services outlined in the request. Utilizing the money from this RFA, TCHRC will be able to significantly expand harm reduction services, education, and community engagement. We will be able to: double the hours that our fixed-site exchange is open; expand our delivery hours by three times as well as our delivery area to include all of Forsyth County; improve and expand services to marginalized communities by dedicating a FT outreach worker to target outreach to disproportionately-marginalized populations (black, brown, LGBTQ+, etc.); and so much more. These expanded harm reduction services offered will include, but are not limited to:

- Distribution of sterile supplies for safer drug use
- Distribution of naloxone to people at risk of overdose
- Education on HIV, HCV, and STD transmission, safe injection practices, and overdose prevention
- Peer counseling and recovery coaching for current and former drug users
- Referrals and linkage to treatment options ranging from mental health services to medication assisted treatment (methadone, Suboxone/buprenorphine, Vivitrol, etc.) and from detox to long-term inpatient treatment
- Referrals and linkage to community resources such as healthcare, food and nutritional assistance, housing resources, clothing resources, job training, and more
- Testing for HIV, HCV, and STI's
- Linkage to care for those who test positive for HIV, HCV, and STI's

TCHRC will also continue to lead community efforts to combat the opioid epidemic and advocate for policies and strategies on a local and state level that will positively affect people directly impacted by drug use, sex work, and other often-stigmatized behaviors. We have had a good relationship with the Forsyth County Department of Public Health since our inception nearly two years ago and are excited for what the future will bring. Please call me at (336) 695-6097 if you have any questions and thank you for your time and consideration.

Sincerely,



Colin Miller  
Organizer/Educator/Co-Founder  
Twin City Harm Reduction Collective

October 23, 2019

Dear Sirs:

This letter is offered for support of and commitment to the Forsyth County Health Department's application, *RFA #371 Community Linkages to Care for Overdose Prevention and Response*.

The work that is outlined in this RFA truly represents an impressive community collaboration, involving the Twin City Harm Reduction Collective (TCHRC), Green Street United Methodist Church, The Shalom Project, the Forsyth County Health Department, and our group, Wake Forest Baptist Health's FaithHealth Division.

FaithHealth's role in supporting TCHRC entails having representation on the steering committee to help build and strengthen the program's infrastructure and seeking volunteers to aid in this most important work. Funding through the local health department will help the TCHRC to sustain their exemplary efforts, while expanding their reach to the many drug users in need of harm reduction.

Utilizing the money from this RFA, the Forsyth County Health Department and TCHRC will be able to significantly expand harm reduction services, education, and community engagement. They will be able to greatly expand the hours that their fixed-site exchange is open and also expand their mobile and peer-to-peer services. The expanded harm reduction services offered will include, but are not limited to:

- Distribution of sterile supplies for safer drug use
- Distribution of Naloxone to people at risk of overdose
- Education on HIV, HCV, and STD transmission, safe injection practices, and overdose prevention
- Peer counseling and recovery coaching for current and former drug users
- Referrals and linkage to treatment options ranging from mental health services to medication-assisted treatment (Methadone, Suboxone/Buprenorphine, Vivitrol, etc.) and from detox to long-term inpatient treatment
- Referrals and linkage to community resources such as healthcare, food and nutritional assistance, housing resources, clothing resources, job training, and more
- Testing for HIV, HCV, and STD's
- Linkage to care for those who test positive for HIV, HCV, and STD's

In the past year, we have seen this work gain credibility and reach, making us glad to be associated with such an extraordinary team of skilled and dedicated people. Their work has saved many lives and given many the hope of recovery. Thus, we are honored to continue in partnership with them and your offices.

Sincerely,



Gary R. Gunderson, MDiv, DMin  
Vice President-FaithHealth Division



## JOINT PROGRAMS IN SOCIAL WORK



Department of Social Work, Stone 269, PO Box 26170 Greensboro NC 27402-6170

October 18, 2019

Dear Review Committee:

On behalf of Guilford County Solution to the Opioid Problem Programs (GCSTOP), I am providing this letter to show our support for the **Twin City Harm Reduction Collective (TCHRC)** proposal for Part A of the Emergency Overdose: Local Mitigation to the Opioid Crisis for Local Health Departments and Districts Grant, Strategy #1 Developing and expanding SEP. This funding from NC DHHS, Injury and Violence Prevention Branch is needed in the areas that TCHRC serves to support community-based strategies to prevent fatal and non-fatal opioid overdoses, increase access and linkage to care services.

GCSTOP is a network of opiate programs including a syringe exchange program registered with the NC Department of Public Health that serves residents of Guilford County with a history of overdose or at risk of overdosing. The program was initiated with funding from the State General Assembly to Guilford County's Emergency Services Department to address the County's increasing incidence of opioid overdoses and opioid related deaths. The funding has been used to support the development and initial implementation of a Rapid Response Team intervention, open syringe exchange sites, offer harm-reduction training, and provide community overdose response education. Our organizations serve together on our local addiction prevention coalition, CURE Triad. This partnership grew and now it also includes UNC-Greensboro (where GCSTOP is housed) and Guilford County Emergency Services.

With funding from RFA A371, Twin City Harm Reduction Collective (TCHRC) hopes to expand their current SEP efforts so as to further reduce the likelihood of overdose and decrease the number of fatal overdoses. Based on the project description, we believe that adding their proposal will benefit their current and future participants and add important sustainment funding for their current and expansion efforts.

GCSTOP values the work Twin City Harm Reduction Collective (TCHRC) does to protect our community's health and appreciates our partnership to protect our community, promote healthy behaviors and prevent negative outcomes.

Sincerely,

A handwritten signature in cursive script that reads "Melissa Floyd-Pickard".

**Dr. Melissa Floyd-Pickard**  
**Professor and Chair**  
**Social Work Department at UNCG**  
**Principle Investigator on Guilford County Solution to the Opioid Problem (GCSTOP) Programs**