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Specifying Monitoring and Evaluation Measures for Local Overdose Prevention and Response Strategies: A Toolkit

JOSLYN LEVY & ASSOCIATES
NATIONAL ASSOCIATION OF COUNTY & CITY HEALTH OFFICIALS

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Project Team

Joslyn Levy & Associates

- Nicole Filion, *Associate*
- Tamara Dumanovsky, *Evaluation Director*
- Joslyn Levy, *Principal*

National Association of County and City Health Officials

- Lane Davis, *Senior Program Analyst, Overdose Prevention*
- Janet Brown, *Senior Research & Evaluation Specialist*

About the Team

Joslyn Levy & Associates (JLA) is an New York City-based consulting firm with expertise in quality improvement, evaluation and strategic planning. JLA's clients include local health departments, medical and behavioral health providers, nonprofit organizations and foundations. JLA's work with NACCHO involves providing evaluation technical assistance to local health departments and community-based organizations participating in two multi-cohort initiatives: Implementing Overdose Prevention Strategies at the Local Level and Comprehensive Community Approaches to Prevent Substance Misuse. In addition, JLA has conducted evaluations of the Overdose Response Strategy pilot projects and two academic detailing campaigns. For more information on Joslyn Levy & Associates, visit www.joslynlevyassociates.com.

National Association of County and City Health Officials (NACCHO) aims to improve the health of communities by strengthening and advocating for local health departments. NACCHO serves over 3,300 local health departments across the U.S. by providing cutting-edge, skill-building professional resources and programs, seeking health equity, and supporting effective local public health practice and systems. For more information on NACCHO, visit www.naccho.org.

Disclaimer

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About the Toolkit

Background

Given the persistence of the overdose crisis in the U.S., local health departments are increasingly taking the lead in implementing and coordinating community-based overdose prevention and response initiatives.

These efforts are often funded though short-term grants that include requirements for reporting and evaluation. To effectively manage these initiatives, local health departments need to develop practical measurement strategies to monitor progress, demonstrate accountability, and accurately assess their outcomes and impact over time.

While a growing number of resources address the "how-to" of implementing a range of overdose prevention and response activities, less guidance is available for how to meaningfully monitor and evaluate progress on program implementation and short-term outcomes. In an effort to address this gap, The National Association of County and City Health Officials (NACCHO) in partnership with Joslyn Levy & Associates (JLA) created this toolkit to support local health departments and their partners with developing measurement strategies for several common overdose prevention and response activities.

Purpose

This toolkit is a resource for any organization implementing or expanding overdose prevention and response strategies at the local level. It provides concrete examples to spur creative thinking about how to meaningfully monitor and evaluate program progress and short-term outcomes.

This toolkit is based on the experiences of over 40 local health departments that participated in the Implementing Overdose Prevention Strategies at the Local Level (IOPSLL, pronounced "eye-op-sull") program from 2019 to 2024 and covers the following overdose prevention and response strategies:

- Linkages to care
- Harm reduction
- Trainings: harm reduction & anti-stigma
- Surveillance and data sharing
- Community events and presentations
- Developing and sharing community resource lists and platforms

Funded by the Center for Disease Control and Prevention (CDC) and led by NACCHO, IOPSLL focused on building the capacity of health departments in areas with high overdose death rates to develop, expand, and maintain effective overdose prevention strategies. IOPSLL provided health departments approximately 18 months of funding and technical assistance to implement overdose prevention and response activities. Each health department was required to complete an evaluation of these efforts.

Recognizing the complexities and resource demands of program evaluation across these varied strategy areas, NACCHO engaged JLA to provide specialized evaluation technical assistance for the IOPSLL sites. This toolkit compiles insights and methods from IOPSLL sites' program evaluations, offering resources tailored to support local health departments and their partners in improving evaluation practices and strengthening overdose prevention efforts.

Audience and Intended Use

This toolkit is intended to be a resource for any organization that is implementing or expanding overdose prevention and response strategies. While the examples in the toolkit represent programs and activities implemented by local health departments, the guidance can be applied to any local government, clinical site, or community-based organization implementing overdose prevention and response activities.

The toolkit is designed to stimulate creative thinking about indicators and measures at different stages of program development, implementation, and expansion.

How To Use This Toolkit

DEFINING OBJECTIVES

In the earliest stages of planning, the toolkit can be used to inform conversations about evaluation and help build a shared vocabulary and understanding among project partners and other interested parties around how best to measure progress.

PLANNING

When building out a project logic model, the materials can help to focus attention on demonstrating connections between activities and outcomes by providing guidance on how these discrete components could be measured.

IMPLEMENTATION

Once evaluation questions have been developed, the toolkit can be used as a starting point for brainstorming practical considerations for data collection, including what is reportable with available data, and where there might be opportunities to collect additional data to strengthen reporting.

REFINEMENT

After programs are underway, the toolkit can be a useful tool to reference when re-assessing and refining evaluation plans based on experience to date and evolving needs and circumstances.

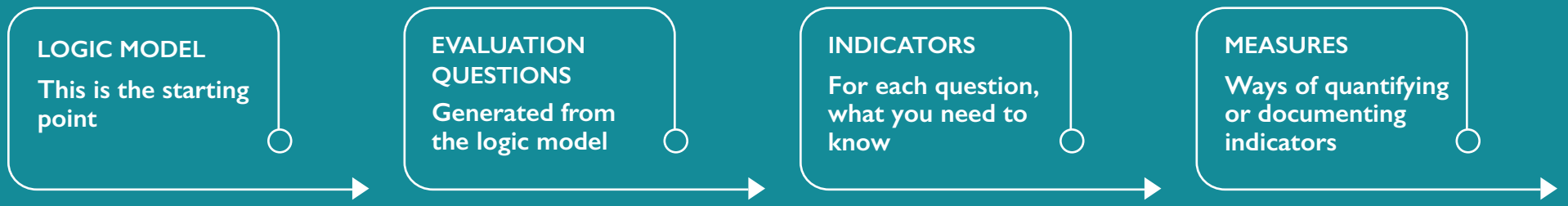
Constructing Meaningful Measures

Start with Your Project Plan and Logic Model

Building a solid measurement framework begins with articulating a clear project plan. The project plan serves as the foundation for developing a logic model. Mapping your program using a logic model helps you visualize and understand how investments (people, time, activities, and money) contribute to achieving your intended program goals. Logic models provide program staff and other interested parties with a concise outline describing the sequence of related events connecting program activities with expected results. The logic model development process can also be useful for refining implementation plans and project timelines.

Logic models also set the parameters for specifying program monitoring activities and evaluation questions. Ideally your questions will address multiple aspects of your programming and reflect the interests of the multiple parties engaged and impacted by the program. Once you have agreed on a set of questions, you can start to build a measurement framework by identifying relevant indicators and associated measures.

From Logic Model to Measurement Framework



The terms "indicators" and "measures" are often used interchangeably. For the purposes of this toolkit, an indicator is a general category or concept of what you want to measure, and a measure is quantifiable or documentable information related to an indicator.

Indicators

Indicators are *markers of progress* toward the changes you hope to make with your initiative. They are concepts that you want to be able to measure. Examples include program reach, change in knowledge, referrals to services and supports, or strength of partnerships.

Measures

Measures are *discrete values* – quantitative and qualitative – that can be used to assess progress. In general, an indicator will have more than one measure. The measures relate to outputs or outcomes from your logic model and can be quantitative (counts or rates) or qualitative (themes or descriptions).

For IOPSLL, the process of moving from logic model development to evaluation question specification to building a measurement framework was facilitated through the use of the IOPSLL Evaluation Roadmap (see page 60). The goal of the Evaluation Roadmap was to support the design of evaluations that were specific to each site's local context, aligned with their project goals, and feasible over a 15-18-month funding period.

IOPSLL Evaluation Resources

IOPSLL Evaluation Roadmap instructions:
https://www.naccho.org/uploads/full-width-images/IOPSLL-Eval-Roadmap-Instructions.docx

IOPSLL Evaluation Roadmap template:
https://naccho.org/uploads/full-width-images/IOPSLL-Eval-Roadmap-Template.docx

IOPSLL Logic model quick guide:
https://www.naccho.org/uploads/downloadable-resources/LMQuickGuide.pdf

IOPSLL Logic model template:
https://www.naccho.org/uploads/downloadable-resources/LMTemplate.pptx

Identifying Measures

The process of developing a measurement framework for program monitoring and evaluation can help you to structure your thinking and identify a set of measures that will best address your evaluation questions.

Step 1: Measure What You're Doing

Very basically, this involves counting and describing program activities. Measures may reflect the total number of individuals engaged, organizations contacted, trainings completed, or days conducting community outreach. Written descriptions or summaries can also measure activity. For example, a description of partners' experiences with the program, a summary of peer interactions with clients, or community receptivity to the initiative based on focus group discussions.

Step 2: Identify the Population(s) You Hope to Impact

The term population is used here to refer to the focus populations for your interventions, e.g., people who use drugs, community members, staff, or partners. Depending on the activity you are implementing and its intended impact, you may want to identify measures for several different populations. For any specific measure, your population could be broadly defined (anyone reached by the program, or all staff in the program) or more narrowly defined, based on a characteristic of interest (just service providers in a specific community, or only individuals enrolled in a specific program). To the extent that it is feasible, it is important to construct measures that can be disaggregated for priority populations to measure progress towards equitable service provision and outcomes. This may mean reporting outcome measures for different demographic groups or comparing activity implementation and outcomes across zip codes, for example.

Priority Populations

The CDC defines priority populations as those who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

This language is excerpted from the National Diabetes Prevention Program Coverage Toolkit: (coveragetoolkit.org/health-equity/priority-populations)

Step 3: Consider What You Want to Compare and Identify Standardized Measures

Rates, percentages, and ratios are ways of standardizing your data. Standardized measures help to inform comparisons between groups and analyses of trends over time. For example, if you are working with three community organizations, you may ask them to use the same set of data elements and collect and report data in the same way. This will allow you to combine, or aggregate, the data across the three sites (counts) and to compare activities between the three organizations (rates).

Step 4: Determine What You Want to Track Over Time

Start by considering what trends you expect to see. For some activities, the goal may be to have consistent engagement over time, whereas for others, the goal may be to see an increase or decrease. You could understand trends by looking at month-to-month change, change from baseline, or progress toward reaching a benchmark.

Criteria for Assessing Measures

Once you identify an initial set of measures for your overdose prevention and response activity, the criteria below can be useful to assess the quality of the measures and identify those that will be most useful and feasible. These criteria can also be helpful in establishing a shared understanding among staff and partners for why certain measures were selected and articulating each measure's relevance to your program monitoring and evaluation plans.

- **Relevance to Evaluation Questions**
  The degree to which a measure helps to address pre-defined evaluation questions.
- **Value within a Set of Measures**
  The degree to which a single measure adds meaning to a set of measures.
- **Availability of Data**
  The degree to which data are accessible for use as part of the evaluation.
- **Data Quality**
  The degree to which information collected will be complete, reliable, and valid.
- **Investment of Resources**
  The resources (e.g., funds, personnel, time) needed for data collection, analysis, and use of data or findings.
- **Burden of Data Collection on Participants**
  The degree to which data collection imposes burden on participants, whether personal, emotional, or financial.
- **Cultural Appropriateness and Relevance**
  The degree to which a measure is culturally appropriate and relevant in terms of content or focus and related data collection activities.
- **Opportunity to Detect Unexpected or Unintended Findings**
  The degree to which a measure (or set of measures) allows for documentation of unexpected or unintended aspects of the program.

This list is excerpted from a more detailed checklist developed by the Evaluation Center at Western Michigan University. For more detail on any of these concepts, and to see the full list, see their checklist: "Criteria for Selection of High-Performing Indicators." Note that the checklist uses the term 'indicators' for what we discuss here as 'measures.'

Common Data Sources

When specifying monitoring and evaluation indicators and measures, consider multiple data sources. Start with those that are already available to both you and your partners before embarking on new data collection efforts. Often data that are already routinely collected for programmatic purposes can be used for monitoring and evaluation as well. Once you are clear on existing data sources, you will determine new data that needs to be collected.

Below are some examples of data sources to consider when building your measurement framework. A strong measurement framework will include both quantitative and qualitative data, and examples of both are provided. Quantitative data is anything that can be counted, whereas qualitative data is descriptive, referring to things that can be observed but not counted.

Data and Information Collected in the Course of Regular Program Activities and Project Management

These data are used to develop output and outcome measures that reflect all components of your project's activities and are responsive to your overall evaluation objectives. This could include data collected by partner organizations in addition to your own data.

- **Programmatic data:** e.g., outreach and visit logs, case management data, and partner referral data
- **Administrative data:** e.g., meeting notes and attendance sheets
- **Data from media outlets:** e.g., social media posts website comments, and media coverage

Questions to Ask When Choosing Data Sources

When choosing data sources for your implementation and evaluation measures, consider the following questions:

- **What data are you already collecting or can access as part of routine program processes?**
- **How much staff time will be needed for data collection outside of normal program process? Do we have the right expertise?**
- **What data might our partner organizations have access to that we could leverage?**

Data Collected for Program Monitoring and Evaluation

These data can be used to get a more in-depth understanding of programmatic activities and impacts, and supplement and contextualize programmatic data with narrative information about experiences, behaviors, or opinions of a specific group.

- **Project-specific surveys:** e.g. training surveys, participant experience surveys, and staff or partner surveys
- **Interviews and focus groups:** e.g., community listening sessions, participant interviews, and partner focus groups
- **Formal and informal feedback:** e.g. discussions with staff or partners, participants' stories, and quote boards

National, State, and County Surveillance and Community Survey Data

These data can be used to understand population trends, community context, and to estimate priority populations and potential impact.

Population and surveillance data

- CDC Drug Overdose Surveillance and Epidemiology (DOSE)
- CDC National Syndromic Surveillance Program (NSSP)
- CDC Wide-ranging Online Data for Epidemiologic Research (WONDER)
- Overdose Detection Mapping Application (ODMAP)
- Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)
- National and State Vital Records Systems
- State Unintentional Drug Overdose Reporting System (SUDORS)
- U.S. Census

Survey data

- Behavioral Risk Factor Surveillance System (BRFSS)
- National Survey on Drug Use and Health (NSDUH)
- Youth Risk Behavior Surveillance System (YRBSS)
- Local needs assessments and community health surveys

Sample Measures

What the Sample Measures Address

The sample measures address 13 common overdose prevention and response activities funded through IOPSLL, organized under six strategy areas. The measures included in the toolkit do not constitute a comprehensive inventory of all possible measures; instead, they are meant to be a starting point to support you in constructing implementation and evaluation measures that are responsive to your local context and your evaluation priorities. Reviewing these indicators may spark ideas for indicators and measures you had not previously considered or help to name something you wish to measure.

Developing This Toolkit

The idea for developing this toolkit grew out of the evaluation planning and implementation undertaken by sites funded through IOPSLL and the shared recognition that program evaluation is a time- and knowledge-intensive activity that can be challenging for many local health departments.

The information included in this toolkit is based on the Evaluation Roadmaps developed by the IOPSLL sites.

Although the sites' measures and evaluation approaches were quite varied given the differences in individual program design, stage of implementation, and local context, some commonalities in monitoring and evaluation indicators were identified for a limited number of strategies and activities.

Using the Sample Measures

The sample measures tables are grouped into sections by strategy and program or activity. Because this toolkit is intended to support local health departments and community organizations that need to produce evaluation results in a short period of time, the measures focus on what is reportable 6-18 months into program or activity implementation.

How Each Section Works

Each section includes a brief overview of the strategy and IOPSLL programs or activities included within it. Each program or activity is followed by a table of possible indicators and associated measures and one or two examples of how IOPSLL sites tailored the indicators and measures to monitor implementation and short-term outcomes to fit their local community context, program design, and stage of implementation.

Structure of the Sample Measures Tables

The sample measures tables are structured around the recommended steps in the 'Identifying Measures' section of the toolkit– measuring program activity, defining the population, and constructing summary measures. The tables are laid using the 'indicator categories' listed in the table above to encourage you to think about measuring different aspects of each program or activity.

Indicator Category	Examples of Counts		Examples of Rates and Summary Measures
	Measuring Program Activity	Defining the Population	
Example of indicator category	Step #1 Start by measuring what you're doing	Step #2 Identify priority populations	Step #3 Consider what comparisons you want to Step #4 Decide what you want to track over time

Overdose Prevention and Response Strategies and Indicators in the Toolkit

Strategy	Programs or Activities	Indicator Categories
Linkage to Care Programs	• Post-overdose outreach programs • Case management and peer support programs	• Reach • Engagement • Referrals • Linkages to supportive services • Follow up on program participant outcomes • Program participant experience • Team experience • Partner experience
Harm Reduction	• Overdose education and Naloxone distribution • Naloxone boxes • Harm reduction vending machines	• Reach • Distribution • Utilization • Experience • Training survey completion • Learning
Trainings: Harm Reduction and Anti-Stigma	• Trainings for professionals and organizations • Community trainings	• Reach/training completion • Engagement • Learning • Application of training • Perceptions of training • Resource distribution
Surveillance & Data Sharing	• Data sharing • Data dashboards • Establishing spike alert system	• Data sources • Partner engagement/partnerships • Distribution • Utility • Utilization • Assessment of spike alert threshold • Response
Community Events & Presentations	• Tables at health fairs • Presentations to community groups	• Reach • Engagement • Feedback
Developing & Distributing Community Resource Lists	• Printed resource lists for partner organizations • Online community referral platforms	• Development • Reach • Distribution • Utilization • Experience

Linkages to Care

Linkage to care initiatives are coordinated systems and practices for assisting individuals with accessing care or services. There are a broad range of linkage to care models that support individuals who recently experienced an overdose and people who use drugs in connecting to supports and services. Some programs limit their involvement with individuals to the initial contact and referral, while other models offer continuing support with peer recovery specialists after the initial engagement. Referrals and linkages generally include harm reduction supports, treatment services and other general social services supports.

This toolkit focuses on two types of initiatives:

1. **Post-overdose outreach models**
2. **Case management/peer support models**

1. Post-Overdose Outreach

Post-overdose outreach programs aim to link individuals who have recently experienced an overdose with relevant services and resources. Examples of the programs funded through IOPSLL include:

Peer recovery specialists in a hospital setting to support warm hand-offs to services and supports post-overdose

Text-based outreach and linkage to care services for Emergency Medical Services (EMS)-treated overdose survivors, witnesses, and individuals in the social networks of people who died of an overdose

A fire department led model that employs a multi-disciplinary team, including a peer recovery specialist, to conduct outreach to individuals that recently experienced an overdose

An EMS-led post-overdose outreach model with peer recovery specialists

The indicators and measures in the following table reflect the breadth and diversity of post-overdose outreach program approaches employed by the local health departments participating in IOPSLL.

Post Overdose Outreach Programs: Examples of Indicators and Measures

Indicator Category	Examples of Counts		Examples of Rates and Summary Measures
	Measuring Program Activity	Defining the Population	
Reach	• Number of overdose incidents with at least one initial outreach attempt • Number of initial outreach attempts • Number of unique individuals with one or more overdose incidents • Number of individuals seen by peer/coordinator in the emergency room	• Number of overdoses in your community • Number of overdoses with Emergency Medical Services (EMS) response • Number of people who experienced an overdose with complete contact information (e.g., address, phone number) • Number of overdoses seen in the emergency room	• Increase in the percentage of emergency medical services responses to overdose with an initial outreach attempt, change month to month • Average number of outreach attempts by peer per overdose incident, by month • Among overdose incidents seen in the emergency room, the percentage engaged by a peer within 24 hours, by month
Engagement	• Number of initial outreach attempts that resulted in engagement • Number of individuals completing an initial visit • Number of individuals in the emergency room that accepted information/resources • Number of overdose survivors that respond to initial text message	• Number of overdoses known to the post-overdose outreach team • Number of individuals engaged by team • Number of overdose cases in the emergency room	• Among individuals referred to the outreach team, the percentage who engaged with the team on the initial outreach attempt, quarterly • Number of individuals seen by a peer in the emergency room, change month-to-month • Percent of emergency room overdose cases seen by a peer, month-to-month trend
Referrals	• Number of referrals, by type • Number of individuals receiving referrals, by type • Number of patients discharged from the emergency room with a scheduled or drop-in appointment with a service provider	• Active program caseload • New clients at initial engagement • Clients identified eligible for specific referrals • Number of overdoses seen by the peer/coordinator in the emergency room	• Number of individuals referred to supportive services, by service type, month-to-month trends • Change in the number of referrals made to partner organizations over time, by organization • Among individuals seen by a peer in the emergency room, the percentage discharged with an appointment with an out-patient service provider, quarterly
Linkages to supportive services	• Number of individuals who accessed services, by type and by service provider	• Active program caseload • Number of clients referred to services, by type and by service provider	• Among individuals with a post-overdose outreach response, number actively engaging with harm reduction services at partner organization each month • Among individuals referred to treatment services, the number and percent who accessed treatment, quarterly
Team experience	• Team members' perceptions of program effectiveness • Team members' experiences with program design and client engagement	• Post-overdose outreach team members • First responders • Peers/case managers	• Summary of staff experiences with the program, noting changes in participant engagement over time
Partner experience	• Partner experience of program effectiveness • Partner perception of barriers and facilitators to client engagement	• Emergency medical services staff • First responders • Community Based Organization staff • Hospital staff	• Number of partners actively engaged in partner meetings where the program is discussed, quarterly • Key themes that emerged from informal interviews with partners to elicit feedback on their experiences with the program over time

Post Overdose Outreach Programs: Examples from Local Health Departments

Establishing a Post-Overdose Outreach Program in a Small, Rural County

Background

IOPSLL supported the development and launch of a post-overdose response team (PORT) in a small, rural community. The program is a partnership among Emergency Medical Services (EMS), the local health department, and a peer recovery support specialist, and is designed to reach individuals experiencing an overdose and their families within 72 hours of the event. The team provides continuing support through follow-up outreach and visits.

Evaluation Approach

Their primary interest for the IOPSLL evaluation was understanding the extent to which the PORT was able to reach and engage individuals and families post-overdose. To address this, and to understand early program implementation efforts, they used indicators of reach, distribution, referrals, and follow-up. These measures were reported monthly to track trends over time.

Using the Data

Using these monthly data points, the local health department was able to assess program reach and engagement month to month. They looked for changes in the percent of successful initial contacts over time, specifically looking to identify any disparities in successful initial contacts by race and ethnicity and by housing status. They also used their data to establish a baseline for tracking both referrals made and client engagement at the standard follow-up intervals.

Selected Indicators & Measures

Reach:

- Number and percent of PORT-eligible contacts attempted, by demographics
- Number and percent of PORT-eligible contacts made, by demographics
- Successful contacts as a percent of attempts

Distribution:

- Number and percent of PORT-eligible contacts accepting a support bag (including Narcan)
- Number and percent of PORT-eligible family members requesting information about available supports and services

Referrals:

- Number of referrals provided, by referral type
- Number of individuals reffered to harm reduction and supportive services
- Number of individuals reffered to treatment

Follow-Up:

- Number of clients reached at follow-up, by follow up interval (15-, 30-, 60-days, etc.)
- Number and percent of clients self-reporting drug use at follow-up
- Aggregate results of an informal 'Stage of Change' assessment at follow-up

Post Overdose Outreach Programs: Examples from Local Health Departments

Expanding Coverage for An Emergency Medical Services (EMS)-Led Post-Overdose Outreach Team in a Small City

Background

In response to increasing overdose fatalities, EMS first responders in a small city on the East Coast established an integrated mobile community health team to respond to overdose calls and a crisis response team to focus on follow-up after an overdose. The local health department supported this effort by providing tools for program implementation, bringing together multiple agencies, facilitating data sharing through a care coordination platform, and supporting data analysis.

Evaluation Approach

As part of their program evaluation, this site was interested in understanding if the additional coverage provided by the integrated community health team and the crisis response team resulted in more outreach post-overdose and greater engagement. To address this and monitor progress during implementation, they used indicators of reach, engagement, referrals, and expansion. Measures were collected and reported monthly to monitor progress and to track trends over time.

Using the Data

Using these monthly data points, the local health department was able to monitor program expansion by looking at program reach, which they defined as change over time in the percent of overdose cases with at least one outreach attempt. They also began to assess outcomes by tracking patterns in engagement and referrals.

Selected Indicators & Measures

Reach:

- Number of overdoses known to first responders
- Number of outreach attempts
- Percent of overdose cases with at least one outreach attempt

Engagement:

- Number of cases where individual was contacted through outreach
- Number of cases where information was left at the door
- Number of cases where information was left with a family member
- Number of cases unable to locate

Referrals:

- Number and type of referral to supports
- Number and type of services provided during outreach attempt

Expansion:

- Description of expansion of coverage (increased hours, increased staff, etc.) assessment at follow-up

2. Case Management and Peer Support

The case management and peer support programs funded through IOPSLL were generally provided by community-based organizations partnering with local health departments. They made referrals and provided case management and supportive services for people who use drugs and those with substance use disorders. Referrals and supportive services included harm reduction services, wrap-around social and behavioral health services, and substance use treatment. There were a number of different models across IOPSLL sites, including:


On-site linkage to care programs with peer support specialists


Peer recovery specialists embedded in homeless shelters


Hospital-based peer support service provision


Case management with individuals with criminal legal system involvement


Resource navigator and case management services for individuals with substance use disorder entering the community post-incarceration


Recovery coach case management services in a transitional housing setting

The indicators and measures in the following table reflect the breadth and diversity of case management and peer support program approaches employed by the local health departments participating in IOPSLL.

Case Management and Peer Support Programs: Examples of Indicators and Measures

Indicator Category	Examples of Counts		Examples of Rates and Summary Measures
	Measuring Program Activity	Defining the Population	
Reach	• Number of individuals offered case management services, by referral or outreach sources • Number of individuals seen by peer or case manager • Number of new participants enrolled in the program	• Number of individuals referred to the program • Number of individuals contacted via outreach efforts	• Of individuals contacted at outreach, change proportion of people accepting case management services over time • Of individuals referred to the program, the percent seen by a peer within 48 hours of referral • New enrollees as percent of monthly caseload
Engagement	• Number of initial outreach attempts that resulted in engagement • Number of individuals enrolled in short- and long-term case management, by referral source	• Number of initial visits completed • Number of individuals accepting case management or peer support services	• Among individuals enrolled in case management/peer support services, percent that maintain engagement at least once a month • Quarterly change in percentage of individuals enrolled in short-term case management services after initial visit is completed
Referrals	• Number of referrals, by type • Number of individuals receiving referrals, by type	• Active program caseload • Number of new program participants at initial engagement • Program participants identified eligible for specific referrals	• Among the individuals referred to treatment services, the number and percent that accessed treatment, quarterly • Among individuals receiving peer support, percentage actively engaging with services each month
Linkages to supportive services	• Number of program participants who accessed services, by type and by service provider • Number of program participants actively engaged with services, by type and by service provider	• Active program caseload • Number of clients referred to services, by type and by service provider	• Monthly trends in the number of individuals receiving peer support who are referred supportive services • Change in the number of referrals made to partner organizations over time
Follow up on program participant outcomes	• Number of participants contacted at 30-day follow-up, 60-day, etc. • Number of participants actively engaged with peer/case manager at each follow-up • Number of participants whose needs for supportive services were met, by type • Number of participants completing the program	• Active program caseload • Number of participants that peer or case manager attempted to contact • Program participants with needs for supportive services identified, by type	• Month-to-month trend in the percentage of individuals active in the program at the 30-day follow up • Average length of engagement for individuals in the program • Percent of individuals completing the program
Program participant experience	• Participants' perceptions of program supports and services • Participants' experiences of interactions with case managers, peers	• All participants active in the program • All participants at time of 'graduation' or case closure • Subset of caseload by specific characteristics or timeframe	• Among participants interviewed or contacted, percentage that shared a positive experience • Summary of participants' perceptions of the program supports, noting differences by demographics of interest, compiled annually
Staff experience	• Staff perceptions of program effectiveness • Staff experiences with program design • Staff experiences with participant engagement	• All staff • All staff that engage with participants • Peers/case managers	• Summary of staff experiences with the program, noting changes in participant engagement over time, compiled every six months

Partner experience	• Partner experience of program effectiveness
	• Partner perception of barriers and facilitators to participant engagement
		• Partners involved in any part of the program, including:
		  • Emergency medical response staff
		  • First responders
		  • Community-based-organization staff
		  • Hospital staff
			• Percentage of partners actively engaged in partner meetings where the program is discussed, quarterly
			• Key themes that emerged from informal interviews with partners to elicit feedback on their experiences with the program over time

Case Management and Peer Support Programs: Examples from Local Health Departments

Using Standardized Measures to Compare Case Management Service Provision at Two Organizations

Background

A local health department expanded their peer navigation services for priority populations by partnering with two community-based organizations (CBOs), one working with justice-involved populations, and one working with American Indian and Alaska Native populations. The program design involved a single peer encounter with individuals using substance to provide referrals to overdose prevention services and supports. To facilitate consistent data collection and reporting, the local health department developed a 'service encounter reporting' template for the peers to complete each month.

Evaluation Approach

The primary interest for the IOPSLL evaluation was to track the number of individuals engaged by each of the CBOs during the funding period and to understand the types of referrals offered to clients. To measure progress and understand similarities and differences in the utilization of peer navigation services between the two priority populations, the local health department monitored measures of reach, engagement, and referral for each CBO on a monthly basis.

Using the Data

Using these monthly data points, the local health department was able to compare differences in client engagement and referrals for the two community-based organizations and their priority populations and assess trends over time for overall program reach, including the types of services and supports provided.

Selected Indicators & Measures

Reach:

- Number of encounters per agency, per month
- Number of encounters by location of service
- Demographics of participants that interacted with the program

Engagement:

Number and percent of clients who were provided the following services and supports:

- Peer supports
- Family supports
- Transportation
- Naloxone kits
- Fentanyl testing kits
- Community resource list
- Education materials about Medications for Opioid Use Disorder (MOUD), detox, naloxone, and substance use counseling

Referrals:

Number and percent of clients who were referred to the following services:

- Substance use disorder services
- MOUD program
- Warm hand-off to out-patient service provider

Case Management and Peer Support Programs: Examples from Local Health Departments

Expanding Peer Navigation Services in Two Homeless Shelters

Background

An urban health department implemented a "shelter to recovery" program that embedded peer recovery specialists in two local homeless shelters to promote linkages to care, including treatment, harm reduction, medications for opioid use disorder (MOUD), and recovery support services.

Evaluation Approach

For their IOPSLL evaluation, the local health department and their partners were interested in understanding if the model of embedding peers in a homeless shelter was effective in connecting individuals who use drugs to harm reduction and treatment services, and the extent to which clients engaged with the peers over time. They tracked monthly indicators of reach, referrals, linkages to care, and follow up.

Using the Data

Using these monthly data points, the local health department was able to monitor program implementation and track program reach, defined as the number of shelter guests that completed a peer engagement intake form. To assess levels of engagement, they looked at monthly trends in the percentage of new shelter guests engaging with peer services at different follow-up intervals.

Selected Indicators & Measures

Reach:

- Number of shelter guests engaged by a peer recovery specialist each week
- Number of shelter guests that complete a peer engagement intake form

Referrals and Linkages to Care:

Of the shelter guests that completed an intake form:

- Number and percent referred to harm reduction services at time of initial intake
- Number and percent admitted to a treatment facility
- Number and percent that accepted MOUD
- Number and percent already on MOUD at time of intake
- Monthly percentage of new shelter guests engaging with peer services

Follow-Up Among Shelter Guests That Completed an Initial Intake:

- Number and percent reached at 30, 60, 90-day, 6-month and 12-month follow-up
- De-duplicated count of shelter guests with at least 1 follow-up at 6 months

Harm Reduction

Harm reduction is a set of practical strategies and ideas aimed at reducing the negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs (harmreduction.org). For the purposes of this toolkit, the harm reduction activities included are limited to those that focus on distribution of harm reduction supplies, such as naloxone, safe smoking kits, and fentanyl test strips.

In this toolkit, we will highlight indicators and measures related to three specific harm reduction supply distribution activities:

1. **Overdose Education and Naloxone Distribution (OEND)**
2. **Naloxone Boxes**
3. **Harm Reduction Vending Machines (HRVM)**

1. Overdose Education and Naloxone Distribution (OEND)

Overdose education and naloxone distribution (OEND) programs involve structured trainings to provide education on how to recognize and respond to an individual experiencing an overdose. These programs also distribute the opioid overdose reversal medication naloxone to training participants. The content and format of OEND programs vary depending on the setting and the focus population, which might be emergency medical service providers, community-based organizations, or people who use drugs. Programs also vary in their approach to capturing participant outcomes. Some utilize a post-training survey that asks participants to rate their self-efficacy and knowledge around naloxone use, while others take a less formal approach.

The indicators and measures in the following table reflect some of the measurement approaches employed by the local health departments that were implementing OEND as part of their IOPSLL funding.

OEND Programs: Examples of Indicators and Measures

Indicator Category	Examples of Counts		Examples of Rates and Summary Measures
	Measuring Program Activity	Defining the Population	
Reach	• Number of trainings held, by location and population of interest • Number of people attending the training, by organization, drug use status, or other relevant characteristics • Number of new naloxone distribution sites added	• Number of organizations/locations offered or requesting OEND training • Number of expected or anticipated training attendees, by location and population of interest • Number of organizations/locations eligible as distribution site (e.g., schools, CBOs, bars, restaurants)	• Of the locations identified as possible OEND training sites, the number and percent that agreed to host a training • Increase in the number of OEND distribution sites over time • Increase over time in the number of people from priority populations attending the trainings
Distribution	• Number of naloxone kits distributed, by training • Number of individuals receiving naloxone kits post-training • Number of individuals from priority populations receiving naloxone kits • Number of businesses/organizations distributing naloxone kits post-training, by type and location	• Number of trainings • Training attendees • Number of individuals from priority populations attending training • Number of businesses/organizations eligible as distribution site (e.g., bars, restaurants, CBOs, government agencies, schools, etc.)	• Among individuals who completed the training, the percent that received naloxone kits, by training • Monthly trends in the number of naloxone kits distributed at each training over time • Increase in the number of businesses eligible as distribution sites that sign up to distribute naloxone post-training
Utilization	• Notifications of naloxone usage by QR code • Number of individuals requesting additional naloxone kits • Number of businesses/organizations requesting additional naloxone kits	• Number of individuals trained • Number of businesses/organizations with staff trained	• Monthly trends in number of times the QR code was accessed compared to the number of naloxone kits distributed that month • Quarterly change in the number of individuals requesting naloxone kits after the initial OEND training compared to the previous year

Training survey completion	• Number of attendees who completed:
	  • Pre-training survey
	  • Post-training survey
	  • Both the pre- and post-training survey
		• Number of individuals who attended the training	• Across all trainings held during the grant period, the number and percentage of attendees who completed both the pre- and post-training surveys

Learning	• Knowledge, awareness, skills, attitudes, confidence scores from pre- and post-training surveys • Number of participants reporting the correct responses to knowledge questions on a post-training survey • Number reporting a willingness or intention to make a change • Informal discussions about learnings from the training	• Number of training participants • Number of participants who completed a pre- and post-training evaluation • Number of participants who completed the post-training evaluation	• Among training participants that responded to the pre- and post-session survey, the percentage with an increase in 'knowledge' score • Average change in 'awareness' score from pre- to post-session surveys • Number of training attendees that engaged with the training sticky note and shared responses for "one thing I learned from this training is…"

OEND Programs: Examples from Local Health Departments

Community Overdose Education and Naloxone Distribution in an Urban Northeast Town

Background

An urban health department regularly offered overdose education and naloxone distribution (OEND) for people who use drugs as part of their street outreach and wanted to expand the trainings to new zip codes in their community.

Evaluation Approach

Their primary interest for the IOPSLL evaluation was understanding the extent to which they were able to reach new segments of the population with the trainings and how participants applied the training in their communities. To address this, they monitored their training efforts using the indicators of reach, distribution, learning, and experience and looked at trends in new locations and outcomes on a monthly basis.

Using the Data

Using these monthly data points, the local health department was able to review the community trainings and determine the extent to which the training attendees represented their populations of interest. They then used this information to identify locations for additional trainings. The local health department was also able to compare attendee experience across the different training locations and confirm that the key messages used in the training resonated with attendees in the new locations.

Selected Indicators & Measures

Reach:

- Number of trainings held by location and population of interest

Distribution:

- Number of naloxone kits distributed, by training

Learning:

- Post-training survey completion rate and results, by training

Experience:

- Informal follow-up with a subset of attendees one-month post-training to understand any changes they've made since the training

2. Naloxone Boxes

Naloxone boxes (e.g., Naloxboxes) contain naloxone and are generally mounted to an exterior wall in a visible, public location to allow for 24/7 access to naloxone. Unlike Harm Reduction Vending Machines, they are typically not electric and function similarly to an automated external defibrillator (AED) box.

The indicators and measures in the following table highlight examples that local health departments that participated in IOPSLL leveraged for their evaluations.

Naloxone Box Implementation: Examples of Indicators and Measures

Indicator Category	Examples of Counts		Examples of Rates and Summary Measures
	Measuring Program Activity	Defining the Population	
Reach	• Number of naloxone boxes placed, by location • Number of individuals trained at each location • Requests for new naloxone boxes, by type of organization	• Number of businesses offered a naloxone box • Requests for new naloxone boxes, by type of organization	• Monthly trends in the number of individuals trained at each location • Number of new naloxone box placements, by quarter
Utilization	• Frequency of naloxone box refills, by location	• Number of naloxone boxes placed	• Number and percent of naloxone boxes refilled at least once a week • Average number of times each of the naloxone boxes are refilled each month
Experience	• Interactions with community members and their receptivity to naloxone boxes • Staff/partner reported experience with naloxone boxes	• Number of organizations contacted • Number of partner organizations offered/ accepted naloxone boxes	• Summary of staff conversations with the community related to the naloxone boxes

Naloxone Box Implementation: Examples from Local Health Departments

Capturing Community Experience with Naloxone Box Installations

Background

A rural health department had a goal of installing eight naloxone boxes at key community locations to increase access to naloxone in more areas of their county.

Evaluation Approach

Their primary interest for the IOPSLL evaluation was understanding the community's receptivity to having naloxone boxes installed, among those who utilized the naloxone boxes, and in the community more generally. The local health department used indicators of reach, utilization, and experience to monitor naloxone box placement roll-out and address their evaluation question.

Using the Data

For this local health department, consistently collecting and reporting on these measures helped them to make the case for installing naloxone boxes in the community to policy makers, community members and other interested parties.

Selected Indicators & Measures

Reach:

- Naloxone box placements by location

Utilization:

- Number of naloxone kits accessed by location
- Frequency and number of naloxone box refills by location

Experience:

- Informal feedback on receptivity to naloxone boxes from members of the community

Naloxone Box Implementation: Examples from Local Health Departments

Monitoring Naloxone Box Placement and Usage By Community

Background

One health department had the goal of installing naloxone boxes in business locations as a way of improving naloxone accessibility and promoting acceptance in the community.

Evaluation Approach

Their IOPSLL evaluation focused on understanding what types of organizations accepted naloxone boxes and how often they were utilized, including any differences by type of organization. They measured this by tracking indicators of reach and utilization by month.

Using the Data

For this local health department, consistently collecting and reporting on these measures helped them to make the case for installing naloxone boxes in the community to policy makers, community members and other interested parties.

Selected Indicators & Measures

Reach:

- Number of businesses contacted, by type
- Number of businesses accepting naloxone boxes
- Percent of business accepting naloxone boxes

Utilization:

- Number of naloxone doses accessed via naloxone boxes, by location
- New requests for naloxone boxes, by organization type

3. Harm Reduction Vending Machines

Harm reduction vending machines (HRVMs) provide easy access to a range of risk reduction supplies. Supplies may include sterile drug use equipment, naloxone, drug testing supplies, safer sex supplies and HIV and Hepatitis C self-testing kits. Data collection from those utilizing HRVMs is generally limited, reflecting the model's emphasis on anonymity and easy access. HRVM technology does allow for opt-in data sharing which can provide more detail on who is accessing the machines and how often, a valuable supplement to standard measures of reach and utilization.

The following table highlights examples of indicators and measures local health departments that participated in IOPSLL leveraged for their evaluations of HRVMs.

Harm Reduction Vending Machines: Examples of Indicators and Measures

Indicator Category	Examples of Counts		Examples of Rates and Summary Measures
	Measuring Program Activity	Defining the Population	
Reach	• Number of harm reduction vending machines (HRVM), by location • Number of times HRVMs are accessed	• Number of HRVMs	• Monthly trends in HRVM usage, by location
Utilization	• Number of items dispensed, by type and location • Frequency of HRVM use, by day of the week and time of day • Number of refills, by item type and location • Changes made to inventory over time	• HRVMs, by location	• Monthly trends of items distributed by the HRVMs, by location • Of all of the items in the HRVM, the percent that need to be refilled daily, weekly, and monthly by HRVM location
Experience	• User satisfaction with HRVM • Use of naloxone accessed through HRVM • Staff/partner reported experience with HRVM	• Clients utilizing HRVMs, by location • Harm reduction program staff and partners	• Summary of conversations with HRVM users about their experience and satisfaction • Among HRVM users who received a 'pop up' question, percent who responded favorably to the question • Summary of HRVM users' responses to each 'pop up' question

Harm Reduction Vending Machines: Examples from Local Health Departments

Understanding Participant and Community Experience with a Harm Reduction Vending Machine

Background

A local health department in a mid-western state worked to install a harm reduction vending machine in a local library.

Evaluation Approach

Their primary interest for the IOPSLL evaluation was understanding the utilization of the vending machine over time and the experiences of individuals accessing it. They also wanted to understand the broader community's perceptions of having the vending machine available. To measure this, they focused on capturing indicators of utilization and experience.

Using the Data

By monitoring weekly trends in utilization, the local health department was able to determine which supplies were being accessed most and adapt their standing order for supplies to meet the demand. The local health department is continuing to monitor survey responses monthly to confirm that clients are having a positive experience with the supplies that are available to them via the vending machine. A next step may be using the data on utilization and experience with the vending machines to advocate for additional vending machines in the community.

Selected Indicators & Measures

Utilization:

- Number of supplies distributed, by type (e.g., Fentanyl Test Strips (FTS) naloxone, CPR face shields, etc.)

Experience:

- Informal feedback from staff and the public on perceptions of vending machine
- Number of survey responses via QR code
- Results and learnings from the survey

Trainings: Harm Reduction and Anti-Stigma

Harm reduction and anti-stigma trainings generally aim to improve understanding of harm reduction approaches and principles by addressing the challenges and stigmatization of people who use drugs. These trainings provide knowledge, language, and strategies that community members can use when interacting with or speaking about people who use drugs. Common content for these trainings includes harm reduction and related principles, syringe service programs (SSPs), harm reduction interventions, stigma reduction strategies, examples of tangible destigmatizing language, stories from people who use or used drugs, and sharing information on local resources and other general social services supports.

Through IOPSLL, local health departments offered harm reduction and anti-stigma trainings in two different formats:

1. **Trainings for professionals and organizations**
2. **Trainings open to all community members**

1. Trainings for Professionals and Organizations

The IOPSLL sites that conducted anti-stigma and harm reduction trainings for professionals and organizations ranged in focus and depth. Some examples include:

- One-time anti-stigma/harm reduction education workshop with county fire departments and Emergency Medical Services (EMS) staff
- A series of anti-stigma trainings with local police departments
- A series of anti-stigma/harm reduction trainings for staff at a local media outlet
- Anti-stigma workshops for healthcare providers offered for each work shift
- A harm reduction train-the-trainer series for community-based organization staff

The indicators and measures in the following table reflect some of the measures used by the local health departments participating in IOPSLL for monitoring and evaluating trainings with professionals and organizations.

Trainings for Professionals and Organizations: Examples of Indicators and Measures

Indicator Category	Examples of Counts		Examples of Rates and Summary Measures
	Measuring Program Activity	Defining the Population	
Reach and Training Completion	• Number of training sessions completed, by organization type • For each training session, number of individuals who complete the training, by title and other demographics of interest	• Number of training sessions offered, by organization type • Number of staff in the organization • Number of individuals registered for the training by demographics of interest • Number of organizations in the community, by type (e.g., fire, police, hospitals, schools, etc.)	• Number and percentage of staff within an organization attending training • Increase in the number of training sessions held by organizations representing or serving priority populations

Training Survey Completion	• Number of participants completing:
	  • Pre-training survey
	  • Post-training survey
	  • Both the pre- and post-training survey
		• Number of individuals who attended the training	• Number and percentage of attendees that completed both the pre- and post-training survey, by training or organization

Engagement	• Number of participants who were satisfied with the training • Number of participants who would recommend the training to others • Number of attendees who reported the training was relevant to what they do • Responses to open-ended survey questions • Informal discussions about training content • Staff observations of attendees' receptivity during the training	• Number of training participants • Number of participants that completed both the pre- and post-training survey • Number of participants that completed the post-training survey	• Among training participants that responded to the post-training survey, the percentage that reported they were satisfied with the training • Summary of staff observations during training and descriptions of staff conversations with training participants throughout the day
Learning	• Knowledge, awareness, skills, attitudes, confidence scores from pre- and post-training surveys • Number of participants reporting the correct responses to knowledge questions on a post-training survey • Number of participants reporting a willingness or intention to make a change • Informal discussions about learnings from the training	• Number of training participants • Number of participants who completed a pre- and post-training evaluation • Number of participants who completed the post-training evaluation	• Among training participants who responded to both the pre- and post-session survey, the percentage who had a change in knowledge score • Number of attendees who filled out the open-ended question prompts about "willingness to make a change" after the training
Application of Training	• Number of training participants that reported making a change as a result of the training • Responses to open-ended question about how the training informed attendees' work • Informal discussions about changes made following the training • Staff observations of participants applying new skills/knowledge during the training	• Number of individuals that responded to follow-up request a few weeks or months after the training	• Among training attendees that responded to the follow-up survey one-month post training, the number and percent that reported making a change as a result of the training

Trainings for Professional and Organizations: Examples from Local Health Departments

Reaching Agency Saturation for an Anti-Stigma Training with Law Enforcement, Fire and Emergency Medical Services (EMS) Staff

Background

A local health department partnered with first responders (law enforcement, fire, and emergency medial services staff) to conduct a series of anti-stigma trainings with the goal of training all first responders in the community. In addition to in-person trainings, a video option was offered to accommodate the different schedules of the first responders.

Evaluation Approach

Both training formats included a pre- and post-training evaluation survey to assess the extent to which participants reported an increased understanding of the stigma facing individuals who use drugs. Their measurement framework for tracking progress on training roll-out and evaluating their anti-stigma training efforts included indicators of reach, saturation, survey completion, and learning.

Using the Data

By tracking these data points over time, the local health department was able to monitor progress toward achieving their goal of training all first responders in the community. Maintaining separate measures by agency and training format, allowed them to compare responses among trainees at the three agencies and identify any differences between the in-person and video formats.

Selected Indicators & Measures

Reach and Saturation:

- Number of workshops delivered
- Number of in-person attendees, by agency
- Number of people that watched the video, by agency
- Proportion of staff that completed the workshop within each agency (law enforcement, fire, and EMS)

Training Survey Completion:

- Number of completed post-workshop evaluations, by in-person training session and video

Learning:

- Change in knowledge and understanding from pre- to post-training (one measure for each survey question)

2. Community Trainings

Local health departments also conducted community trainings to promote awareness of harm reduction and anti-stigma. Some examples include:

- A monthly community education presentation on harm reduction and anti-stigma
- An open training at a community overdose prevention summit

The indicators and measures in the following table reflect some of the measurement approaches employed by the local health departments participating in IOPSLL that conducted general community trainings.

Community Trainings: Examples of Indicators and Measures

Indicator Category	Examples of Counts		Examples of Rates and Summary Measures
	Measuring Program Activity	Defining the Population	
Reach	• Number of trainings conducted • Number of training attendees, by demographics of interest (e.g, profession, zip code, organizational affiliation) • Number of training attendees from priority populations	• Number of possible locations for the trainings (e.g., number of schools in the area, number of churches, number of community organizations in a priority zip code) • Number of participants registered for the training or event	• Of the possible locations in the community to host trainings, the number and percent that agreed to host a training on-site • Increase over time in the number of people from priority populations attending the trainings
Perceptions of Training	• Local health department staff observations of how the training went • Informal conversations with participants about the training	• Number of community members in attendance for each training • Local health department staff that attended multiple training sessions	• Summary of staff observations during training and descriptions of staff conversations with training participants throughout the day
Resource Distribution	• Number and type of resources distributed at the training • Number of visits to the website and downloads of materials post-training	• N/A	• Total number of resources, by type, distributed in a year • Increase in resource downloads following the training

Community Trainings: Examples from Local Health Departments

Tracking Training Efforts in the Community

Background

A local health department was interested in conducting community-based trainings on a number of topics including anti-stigma, harm reduction, and opioid overdose and naloxone education. They offered separate trainings for community organizations and the general public. They also trained individuals to become trainers.

Evaluation Approach

For their IOPSLL evaluation, they were interested in documenting the community reach of the various trainings and understanding if and how community partners incorporated the training content into their work at 3-month post-training. To monitor their training efforts for each topic over time, they used the indicators of reach and follow-up.

Using the Data

By tracking these data points for each training, the local health department was able to estimate the overall reach of their trainings by community partner and use the information for continued training plans. The follow-up surveys 3-month post-training will provide valuable information on how the individuals and organizations that completed the training leveraged the training for their overdose prevention and response work.

Selected Indicators & Measures

Reach for Group Trainings:

- Number of trainings held, by training topic
- Total number of attendees
- Number of attendees by organization/audience, and by training topic

Reach for Train-the-Trainer:

- Number of individuals completing the 'Train-the-Trainer' training
- Number of additional people trained by the new trainers

Follow-Up for Specific Trainings, Populations Trained:

- Number and percent of training attendees that completed a survey at 3-month post-training
- Summary of survey results

Surveillance and Data Sharing

Tracking community-level fatal and nonfatal overdoses and related data points is essential to understanding the long-term impacts of overdose prevention and response initiatives and informing future initiatives. Getting surveillance data that is reliable, meaningful, and accurate takes a considerable amount of time, effort and coordination across multiple sectors. The surveillance and data sharing work undertaken by IOPSLL sites primarily focused on engaging partners in the planning and design of overdose data and surveillance systems.

Activities included:

1. **Establishing systems for data sharing across sectors**
2. **Developing overdose data dashboards**
3. **Establishing an overdose spike alert system**

It is important to note that building out surveillance and data sharing protocols that utilize data from different agencies generally requires that Memoranda of Understanding (MOUs) and Data Use Agreements (DUAs) be in place.

1. Establishing Systems for Data Sharing Across Sectors

For the IOPSLL funding period, sites worked on establishing partnerships that supported cross-sector collaboration and data sharing with the goal of better understanding fatal and nonfatal overdose occurrences within their communities. Overdose morbidity and mortality data can come from many different sources including medical examiners reports, first responder overdose reporting, and emergency department and hospital data.

The indicators and measures in the following table can support developing an evaluation framework that captures data sharing progress.

Data Sharing Progress: Examples of Indicators and Measures

Indicator Category	Examples of Counts		Examples of Rates and Summary Measures
	Measuring Program Activity	Defining the Population	
Partner Engagement	• Summary of feedback on data elements, utility, etc. shared during coalition/partner meetings, noting any differences by sector, if relevant • Number of partner organizations utilizing the data	• Number of partner organizations contributing data	• Increase in the number of partners providing data
Utility	• Partners' perceptions of data utility • Partners' informal feedback on how they are integrating the data into their overdose prevention and response work	• Number of partners receiving real-time data or near real-time data • Number of partner organizations receiving summary data reports	• Summary of changes implemented by partners as a result of the data sharing
Response	• Description of protocols developed, or process changes made based on introduction of real-time data	• Number of partner organizations contributing data • Number of partner organizations utilizing the data	• Partner agency actions taken in response to new data (e.g., referrals to post-overdose outreach program)

2. Developing Data Dashboards

Data dashboards present data from different, but related, sources in a way that makes the information easier to understand. Dashboards often use common visualization tools such as graphs, charts, and tables, with minimal text. By displaying these visualizations on a single screen, users can directly compare and draw conclusions from the data 'at a glance,' which is not possible if the information is split across several screens or requires scrolling to view. Through IOPSLL, sites worked on:

Working with partners to identify and obtain relevant data for inclusion on a dashboard

Building data dashboards to display their community overdose prevention and response work

The indicators and measures in the following table represent some of the measurement approaches sites used to understand the implementation and utility of their data dashboard efforts.

Implementation and Utility of Data Dashboards: Examples of Indicators and Measures

Indicator Category	Examples of Counts		Examples of Rates and Summary Measures
	Measuring Program Activity	Defining the Population	
Data Sources	• Number and type of data sources included • Number and type of data elements included	• List of data sources and elements that were considered for inclusions	• Summary of inclusion/exclusion decisions made, and reasons
Partnerships	• List of additions and changes made to the dashboard based on partner input • Number of partners contributing data to the dashboard • Number of partners who use the data dashboard	• Number of partners contributing data to the dashboard	• Increase in number of partners contributing data for the dashboard • Increase in the number of partners using the dashboard regularly
Utilization	• Number of unique visitors per month • Average length of time on dashboard per visit • Feedback from partners on impact of dashboard on their awareness, understanding of overdose data trends	• Traffic to the dashboard webpage (visits, views, etc.) • Number of partners actively using the dashboard	• Increase in traffic to the dashboard webpage month to month • Description of the ways partners, community organizations, general public are using the dashboard

3. Establishing an Overdose Spike Alert System

Several IOPSLL sites made progress on establishing spike alert systems. Their efforts primarily focused on defining overdose spike alert thresholds (for example, the number of overdoses, or an increase in overdoses, within a geographic area over a set amount of time) that would trigger a spike alert notification in their communities and developing messages and methods for partner and community notification in the event of an overdose spike. Some jurisdictions have implemented a tiered community response, which involves taking different actions depending on the severity of the spike. Examples of IOPSLL site work on establishing a spike alert response included:

- Definining overdose spike alert thresholds
- Implementing a tiered community response

The indicators and measures in the following table represent some of the measurement approaches employed to understand the implementation of a spike alert system.

Effectiveness of a Spike Alert System: Examples of Indicators and Measures

Indicator Category	Examples of Counts		Examples of Rates and Summary Measures
	Measuring Program Activity	Defining the Population	
Distribution	• Number of alert notifications deployed • Number of recipients opening alerts	• Number of organizations signed up for alerts • Number of individual community members signed up for alert notifications	• Increase in number of organizations and individuals signed up to receive alert notifications over a year
Assessment of Spike Alert Threshold	• Number of alert notifications sent for each tier based on established threshold • Number of alert notifications that are not valid (not accidental overdoses) • Partner feedback on threshold level, by each tier of response	• Total number of alert notifications generated	• Distribution of alert notifications by tier • Distribution of alert notifications by geographic area • Description of changes made to thresholds based on initial performance
Response	• Partner agency actions taken in response to spike alert notifications • Summary of community spike alert notification response, including what went well and what didn't to improve future response strategies	• N/A	• Description of lessons learned by local health department and partner agencies from spike alert notification responses • Description of changes made to spike alert notification system based on lessons learned

Surveillance and Data Sharing: Examples from Local Health Departments

Data Sharing Across Partners to Support Development of a Data Dashboard and Spike Alert System

Data Sharing

A local health department was focused on improving their surveillance data collection with the goal of developing an overdose data dashboard for community partners and implementing a tiered spike alert response. Their evaluation focused on the extent to which partners were involved in the data sharing process and came to a consensus on data points for inclusion on the partner dashboard. To measure their data sharing efforts, they used the indicators of partner engagement and utility.

Selected Indicators & Measures

Partner Engagement:

- Number of agencies and partners engaged
- Number and type of data points available by agency or partner organization
- Barriers and limitations to data collection

Utility

- Partners' perceptions of data utility, including if having the data on a dashboard would be useful

Data Dashboard

The local health department also worked to streamline the process and protocols for data sharing between partners so that relevant data points could easily be pulled into a data dashboard. Once the dashboard was up and running, they started monitoring measures of dashboard utilization.

Selected Indicators & Measures

Utilization

- Unique visitors per month
- Average length of time on dashboard per visit
- Partner reports on how they are using the dashboard data

Surveillance and Data Sharing: Examples from Local Health Departments

Data Sharing Across Partners to Support Development of a Data Dashboard and Spike Alert System

Establishing a Spike Alert System

The last component of their work was developing processes and protocols for establishing a spike alert system. Once their spike alert system was established, they used indicators of distribution, assessment of spike alert threshold and response to assess the spike alert system response.

Using the Data

By tracking the development and implementation of each component of their data sharing and surveillance systems, the local health department had comprehensive documentation of the processes, including rationale for data inclusion and an understanding of how partners might use the available data. The same partners that were involved in the dashboard discussions were also critical to evaluating their spike alert response by sharing observations and learnings post-spike alert and continuing to refine the response efforts.

Selected Indicators & Measures

Distribution:

- Number of organizations and individuals signed up for alerts
- Percent of alerts opened by recipients

Assessment of spike alert threshold:

- Number of alerts sent based on established threshold
- Number of alerts that were not valid (not accidental overdoses)

Response:

- Partner feedback on impact of sharing more real-time overdose reporting data internally

Community Events and Presentations

Hosting community events and presentations is a strategy for increasing awareness of the benefits of harm reduction and the impacts of stigma for people who use drugs.

Examples of these efforts from IOPSLL include:

1. **Convening a community overdose prevention summit**
2. **Hosting a booth at a community fair**
3. **Offering community educational presentations at libraries or schools**

The indicators and measures listed in the following table share some ideas for capturing the implementation and impact of such efforts.

Community Events and Presentations: Examples of Indicators and Measures

Indicator Category	Examples of Counts		Examples of Rates and Summary Measures
	Measuring Program Activity	Defining the Population	
Reach	• Number of individuals visiting a table at the event • Number of presentations made by organization (or audience) • Total attendance	• Total estimated attendance • Number of organizations contacted with offers for a presentation • Number of individuals signed up to attend the presentation/event	• Among event attendees, the number and percent that visited the overdose prevention table, by each event • Of those that registered for the presentation, the total number that attended, by each presentation
Engagement	• Number of individuals taking materials / information, engaging in conversation • Number of individuals accessing QR code post-event	• Number of individuals attending an event or presentation • Number of individuals visiting a table	• Among individuals visiting the overdose prevention table or attending an event, percent who engaged in a conversation, accepted materials, or signed up for the email distribution list
Feedback	• Partner feedback on the event/presentation after the event • Staff feedback on the event/presentation after the event	• Number of partners reached post-event • Staff attending the event	• Key themes that emerged from conversations with staff and partners following the event/presentation (what went well, what could be improved, and anything about the event that impacted them)

Community Events and Presentations: Examples from Local Health Departments

Quantifying Community Engagement with an Anti-Stigma Health Fair

Background

A local health department hosted an anti-stigma health fair in their community. The health fair was a tabling event and included representatives from 14 partner agencies and five health department tables. The event kicked-off an anti-stigma storytelling campaign.

Evaluation Approach

Their primary interest for evaluating the impact of the event was understanding the extent to which the attendees represented their priority populations, how engaged attendees were with different components of the health fair, and partner organizations' perceptions of the health fair, including any ideas they had about how it could be improved in the future. To measure this, they focused on the indicators of reach, distribution, engagement, and feedback.

Using the Data

By tracking this information, the local health department was able to assess the impact of the health fair, and the extent to which they were able to reach their priority populations. With the partner feedback they collected, they received a few concrete suggestions for how to improve the health fair for the next year.

Selected Indicators & Measures

Event Reach:

Number of community members registered, disaggregated by:

- The organization/group they represented
- Their gender
- The town they were from

Engagement:

- Number of community members who volunteered to participate in a communications video

Harm Reduction Supply Distribution:

- Number of naloxone kits distributed
- Number of Fentanyl Test Strips distributed

Presentation Reach:

- Number of attendees at the keynote presentation

Partner Feedback (open-ended responses to the following questions):

- Were there any comments or observations from the community that left an impression on you?
- What do you think went well?
- Do you have any recommendations for improving future health fairs?
- Please share what you and your organization are doing to reduce stigma towards people who use drugs

Developing and Sharing Community Resources Lists

Community resource lists are compiled for a variety of purposes ranging from information sharing to facilitating collaboration. For IOPSLL, sites primarily focused on developing a resource list for partner organizations to understand what services and supports were available for people who use drugs and to facilitate cross-sector collaboration among organizations working with the same population. The lists can take different forms depending on their purpose. Factors that influence their design include who the intended end-users are, the scope of services to be included, and the formats that are feasible to employ (printed pamphlet, shared on-line document, community referral platform, etc.).

The resource lists developed through IOPSLL included:

1. **Printed (or printable) community resource lists distributed to partners to facilitate client referrals**
2. **An online community resource platform to facilitate client referrals, case management, and information sharing across partner organizations**

1. Printed or Printable Community Resource Lists

Resource lists are compiled to ensure that all partner organizations are aware of the services and supports available in the community. This is often a low-barrier method for encouraging greater coordination among service providers and other organizations. The IOPSLL sites that were developing community resource lists focused their work on:


Outreach to partner organizations for inclusion in the resource list


Drafting early versions of resource lists


Sharing drafts with partners for feedback

The indicators and measures in the following table reflect these stages of implementation.

Printed Community Resource Lists: Examples of Indicators and Measures

Indicator Category	Examples of Counts		Examples of Rates and Summary Measures
	Measuring Program Activity	Defining the Population	
Development	• Description of the process of compiling resource list • Description of the extent of partner engagement in development of list • Overview of types of resources included • Number of organizations included in the resource list, by type of resource and level of partnership	• N/A	• Descriptive summary of partner engagement during the resource list development process • Description of the types of resources included, and the expansion of additional resources included based on partner input
Distribution	• Number of organizations the resource list is distributed to	• Number of organizations identified for distribution, by organization type	• Quarterly trends in the number of organizations receiving resource lists
Utilization	• Number of partner organizations that are aware of the resource list • Number of partner organizations that use the resource list to make referrals • Description of how partners used the resource list, including how it varied by type of partner	• Number of organizations receiving the resource list	• Summary of informal discussions with partner organizations related to the resource list, noting themes in partner awareness, utilization, and trends in individuals accessing new resources via resource list
Experience	• Staff experience with resource list • Partner experience with resource list • Client experience with referral process at partner organizations • Description of peer and partner identified gaps in resource list	• Organizations receiving the resource list, by type (e.g., harm reduction organizations, health centers, community centers)	• Key themes that emerged from informal interviews with staff, partners, or clients to elicit feedback on their experiences with the resource list over time • Description of gaps identified, and resources added to address those gaps

Printed Community Resource Lists: Examples from Local Health Departments

Developing and Disseminating a Community Resource List to Organizational Partners

Background

Through IOPSLL, a small health department in the Midwest developed a comprehensive community resource list of all credible and relevant organizations in their community. Partners could reference this list when providing supports and services for their clients.

Evaluation Approach

Their evaluation interest was primarily focused on understanding how the resource list was used, the utility of the resource list for community partners, and identifying any additional needs not addressed by the existing community resources. To measure this, they collected measures for the indicators of development, utility, and experience.

Using the Data

By reflecting on the process of developing the resource list and gathering information about the partners' experiences utilizing the list, the local health department was able to ensure that the resource list was as user-friendly as possible and that the resources included were applicable to their partner organizations' priority populations. Now that they have completed and distributed the resource list to their core community partners, they are considering how often the resource list should be reviewed and updated.

Selected Indicators & Measures

Development:

- Description of the process of compiling the initial resource list
- List of partners that contributed and the extent of their engagement in development of initial list
- Overview of types of resources included

Utilization:

- Description of how partners used the resource list, including how it varied by type of partner
- Success stories of partners using the resource list to link clients to services

Experience:

- Partner experience with resource list, including any gaps identified

2. Online Community Resource Platforms

Community organizations are increasingly using online platforms to facilitate referrals to services and supports. These platforms can provide near real-time information on program capacity, availability, types of services and supports offered, they can also be used to support coordination of services and referrals.

The IOPSLL sites adopting online community resource platforms were in the early stages of implementation, and this is reflected in the indicators and measures in the following table that were the focus of their evaluation efforts.

Implementing Online Community Resource Platforms: Examples of Indicators and Measures

Indicator Category	Examples of Counts		Examples of Rates and Summary Measures
	Measuring Program Activity	Defining the Population	
Reach	• Number of organizations onboarded with online community referral platform	• Number of organizations invited to participate in the online community referral platform	• Monthly trends over time showing growth of organizations completing online community referral platform onboarding process
Utilization	• Number of partner organizations using the online community referral platform to make referrals • Total number of referrals made via the online platform, by referral type • Number of individuals referred to services using the online community referral platform	• Number of organizations actively using the online community referral platform	• Increase in the number of referrals made using the online community referral platform month-to-month • Increase in the number of clients referred to specific providers over time
Experience	• Experience of staff at partner organizations with community referral platform	• All staff at partner organizations using the online community referral platform	• Key themes that emerged from informal interviews with staff at partner organizations to elicit feedback on their experiences with the online community referral platform

Implementing Online Community Resource Platforms: Examples from Local Health Departments

Implementing an Online Community Resource Referral Platform at Partner Organizations

Background

As part of IOPSLL, a local health department introduced an online community referral platform to help streamline community referrals and better serve community members with social service needs.

Evaluation Approach

The primary interest for their evaluation was to assess the roll-out and adoption of the referral platform among service provider in the community, including the extent to which partners were onboarded and utilizing the platform. To monitor these early stages of implementation, they tracked indicators of reach and utilization by partner organization.

Using the Data

By tracking monthly reach and utilization, the local health department was able to assess how the content of the platform was growing over time and identify any early patterns in adoption and engagement that could be used to inform their ongoing outreach efforts. Having a detailed evaluation of the implementation process helped to support the continuing expansion of the platform by demonstrating its reach and quantifying its impact in terms of referrals made to partnering organizations. Having the online referral platform in place will allow for more robust evaluations of the community's overdose prevention and response efforts going forward.

Selected Indicators & Measures

Reach:

- Number of partners onboarded to the online community referral platform
- Extent to which partners engaged with the platform, by partner (e.g. interested, enrolled, actively using, making referrals, etc.)

Utilization:

- Number of referrals made via the online platform by partner organization
- Number of clients seen by each partner organization

Experience:

- Anecdotal feedback from partner organizations one month after utilizing the platform

Additional Resources

CDC Overdose to Action (OD2A) Evaluation Profiles

https://www.cdc.gov/overdose-prevention/php/od2a/evaluation.html

These CDC profiles, created with OD2A funded jurisdictions between 2019 and 2023, contain guidance on the types of evaluation questions, indicators, data sources, and data collection methods that can be used to evaluate the following topics and activities:

- Disproportionately Affected Communities
- Academic Detailing
- Linkage to Care
- Overdose Communication Campaigns
- Naloxone Distribution
- Overdose Fatality Reviews
- Public Health Surveillance
- PDMP Data Use

National Association of County and City Health Officials (NACCHO) Overdose Prevention Toolkit

https://www.naccho.org/programs/community-health/injury-and-violence/overdose/local-health-departments-and-the-opioid-epidemic-a-toolkit

NACCHO supports local health departments in their efforts to respond to the drug crisis through the implementation of evidence-based policies and programs from the prevention and treatment of substance use disorder and its related health consequences. The linked resource is a compendium of resources relevant to overdose prevention including surveillance and data sharing, linkages to care, providers and public safety partnerships, harm reduction, and stigma reduction.

National Council for Mental Wellbeing

https://www.thenationalcouncil.org/

The National Council for Mental Wellbeing is a membership organization that drives policy and social change on behalf of more than 3,400 mental health and substance use treatment organizations. Some of the available resources for overdose prevention and response currently include:

- Findings Report: Data Support Needs from Harm Reduction Organizations. Spring/Summer 2023.
- Medication-Assisted Treatment (MAT) for Opioid Use Disorder in Jails and Prisons: A Planning and Implementation Toolkit. February 2022.
- Enhancing Harm Reduction Services in Health Departments: Harm Reduction Vending Machines. July 2023.
- Establishing Peer Support Services for Overdose Response: A Toolkit for Health Departments. March 2022.
- Overdose Response and Linkage To Care: A Roadmap for Health Departments. November 2021.

SAMHSA's Overdose Prevention and Response Toolkit

https://store.samhsa.gov/product/overdose-prevention-response-toolkit/pep23-03-00-001

This toolkit, updated in January 2024, provides guidance to a wide range of individuals on preventing and responding to an overdose. The toolkit also emphasizes that harm reduction and access to treatment are essential aspects of overdose prevention.

Rural Health Information (RHI) Hub – Evaluation Measures

https://www.ruralhealthinfo.org/toolkits/substance-abuse/about-this-toolkit

The Rural Prevention and Treatment of Substance Use Disorders Toolkit was first published on 5/12/2017 and last reviewed on 11/23/2020. Recognizing that resources for substance use disorder programs are often scarce in rural communities, and evaluation is critical for demonstrating program effectiveness and return on investment, the Toolkit includes resources specific to program evaluation planning and measurement. The RHI Hub is funded by the Federal Office of Rural Health Policy to be a national clearinghouse on rural health issues.

University of Washington – Supporting Harm Reduction Programs (SHaRP)

https://www.sharpta.uw.edu/

The SHaRP Team at University of Washington works with harm reduction programs and their partners around the United States to improve services through monitoring and evaluation, research, and more.

(Insert Site Name)

Background and Identified Gap in Services

Briefly describe the gap in services or resources that this funding will help to fill.

Project Objectives

List them here (from your workplan).

Project Description

Briefly describe your plans for addressing the gap in services you just described in the last section, separated out by the IOPSLL Strategy the work falls under. For those where you have no activity, you can leave it blank or just delete it.

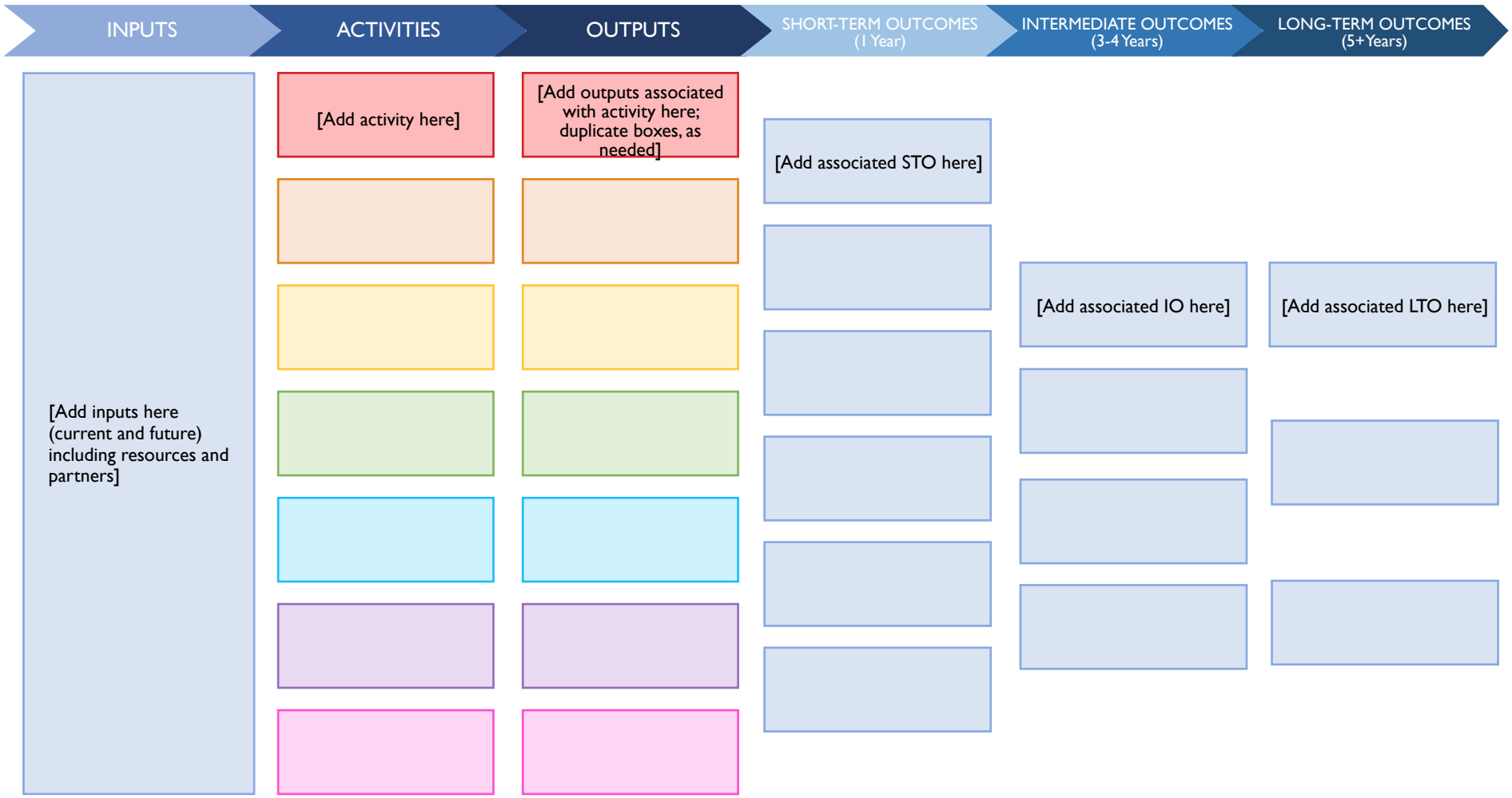
Target Population and Anticipated Project Reach

Use the space below to list the project partners involved in this work and their acronyms. You do not need to describe their role in this section.

Partnerships

Use the space below to list the project partners involved in this work and their acronyms. You do not need to describe their role in this section.

IOPSLL LOGIC MODEL: SITE NAME



IOPSLL STRATEGY	EVALUATION QUESTION	AUDIENCES	FOCUS
List the IOPSLL strategy that this set of questions will focus on.	Based on your Logic Model, list 2-3 questions for each of the Strategies you have identified. Be sure to consider the audiences for your evaluation, and what each might want the evaluation to address about your program (you should have 10-12 questions by the end of this exercise.)	List the audiences. May include project partners, funders, policymakers, and others.	List the focus. Is this a process, outcome, or impact evaluation?
	1.		
	2.		
	3.		
	4.		
	5.		
	6.		
	7.		
	8.		
	9.		
	10.		
	11.		
	12.		

EVALUATION QUESTION	INDICATORS	MEASURES OF CHANGE	DATA COLLECTION METHOD	REPORTING FREQUENCY
Select 3-5 Questions from the previous table that are central to the success of your initiative.	For each question, identify 2-3 markers of progress — either outputs or outcomes — from your Logic Model.	For each indicator, specify 1-3 measures. These can be qualitative or quantitative data points.	For each measure, list the source of the data.	How often you will report on the measure.
Question 1:	1.			
	2.			
	3.			
Question 2:	1.			
	2.			
	3.			
Question 3:	1.			
	2.			
	3.			

NACCHO[SM]

National Association of County & City Health Officials

NACCHO aims to improve the health of communities by strengthening and advocating for local health departments (LHDs). NACCHO serves over 3,300 LHDs across the U.S. by providing cutting-edge, skill-building professional resources and programs, seeking health equity, and supporting effective local public health practice and systems.

NACCHO.ORG