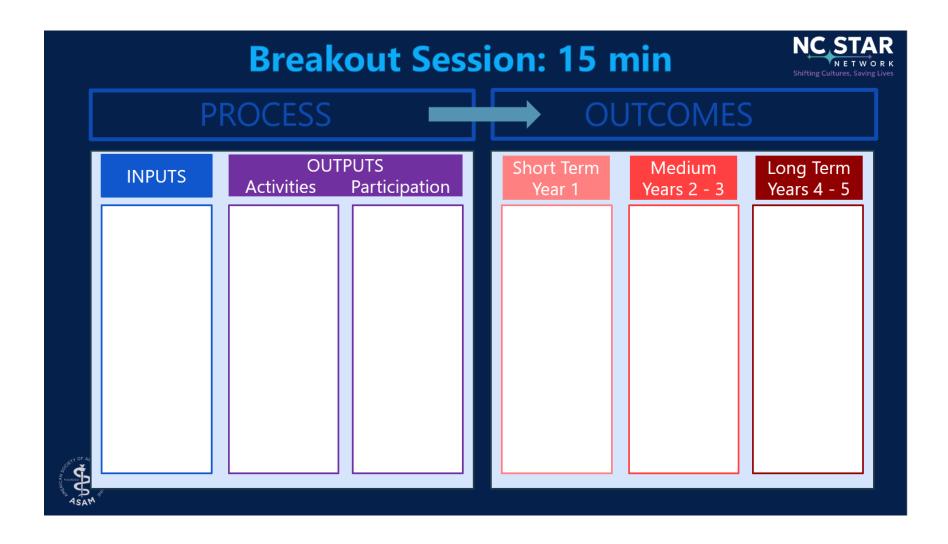
Using the NC STAR Network logic model as a guide, consider what implementation would look like in your setting.



NC STAR Network Implementation



PROCESS

OUTCOMES

INPUTS

OUTPUTS

Activities

Participation

Funding NC DHHS

Partners

NCCHCA FQHCs Community clinics

Guidelines **Bipartisan Policy**

Report

HUBS MAHEC

ECU UNC

Infrastructure

MOUD Demographics Spoke Engagement **Hub Development** Media Operations

Engagement in Care SBIRT

MOUD Initiation

Spoke Education Plan Referral Network

Retention

Best Practices Hub Education Plan

Harm Reduction

Naloxone SSPs

Media Team Data Team Spoke Team **Hub Team** Operations Team

Spoke Team Data Team

Media Team Data Team

Spoke Team Clinical Team **Hub Team** Spoke Team

Clinical Team

Data Team

Data Team Clinical Team

Medium

3 Hubs **Evaluation Plan** Assess underserved Website Maintain 15 spokes

Incentive for SBIRT

150 pts w/MOUD at spokes 150 pts w/MOUD at Hubs

Assess retention

Distribute SSP info Measure nalox. R/x

Website for clinicians Implement strategies for underserved 15 clinics Rx. MOUD

Assess Screening Assess Engagement

500 intakes - Hubs 300 intakes - Spokes Referral Network established

best practice protocols Inc. retention 10%

10% Sites refer to SSPs 50% pts w/ Nalox Rx

Long Term Years 4 - 5

Website for clinicians and patients Inc underserved accessing t/x 15%

Inc Screening 10% Inc Engagement 10%

At least 5 community clinics prescribing MOUD in each region

Inc retention 20%

50% sites refer to SSPs 70% pts w/ Nalox. Rx