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FOUNDER/MEDICAL DIRECTOR'S MESSAGE



William Johnstone MD, JD, MBA, FACOG, FACS Founder/Medical Director

Debbie Leggett, BSBA

Chief Executive Director

2021-2022 Board of Directors

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Tides, Inc. has completed yet another year and boy what a year it was! The lives of many women struggling with substance use disorder, and their babies, have been positively touched by the efforts of Tides, Inc. in the Cape Fear region of Southeastern North Carolina. As the founder and Medical Director of Tides, Inc., I learned in February 2022 that my five year educational experience in addiction medicine had paid off! I passed the Addiction Medicine boards and am now one of the few board certified physicians in addiction medicine in the region. This allows Tides to expand its treatment spectrum as we are able to address all forms of substance use.

Tides, Inc. was approached by several government officials in Moore County, North Carolina asking that the Tides program be brought to their county and the Sandhills region. After much planning, Tides-Sandhills was born. We have hired the Executive Director and housing has been secured. Partners have been identified and are poised to begin delivering the comprehensive, community-based collaborative consortium of substance use recovery for pregnant women in this region. Funding has been received by a grant from the FirstHealth of the Carolinas Foundation and from the NC DHHS. Other private, community-based, and governmental agency funding sources have also contributed to the first year funding efforts in order to allow Tides to plan a start date in early 2023.

Our graduates continue to show remarkable resolve and dedication to their recovery. Our outcomes data indicates that our comprehensive program is allowing these women to become who they were meant to be by breaking the shackles of addiction as they discover their true inner selves. Several have embarked on an educational path in preparation for the business world while others are looking to become peer supporters and share their success and support with women suffering from substance use disorder. As the graduates leave our program, they are able to secure safe housing, obtain meaningful employment, maintain a healthy relationship with loved ones and become contributing members of society. Several of our graduates were asked to meet with New Hanover County officials to offer their perspective on the state of mental and addiction health in the county.

We are looking to secure more sustainable funding for Tides-Wilmington. We are continuing to seek funding from well-established foundations and endowments. Tides, Inc. services are provided at no cost to a population of women who would otherwise be unable to pay for their much needed housing, transportation, and recovery treatment.

We have put together a dedicated staff led by Debbie Leggett, Chief Executive Director. Debbie has become a corporate leader at Tides, Inc. She has laid the foundation for on-boarding new Executive Directors. Her corporate duties have expanded, and she is bringing her expertise to the forefront. Our Board of Directors is a full complement of community leaders that bring their dedication and expertise to the board table for the betterment of our women. One of Tides-Wilmington's first graduates has accepted the role as an ex officio member of our Board. She has been a great addition.

Our fifth year is well underway and our plans for Tides, Inc. are stacking up. The Fourth Annual Report is a glimpse of where we have been, where we are, and where we want to go. Take note of the outcomes data and the testimonials and feel free to reach out to us if you have suggestions, questions, or are interested in contributing to our participants' success in their recovery.

William M. Johnstone, Jr. MD JD MBA

Founder/Medical Director

INTRODUCTION

As Tides, Inc. completes its fourth year in operation, we continue to grow and see success in our work to help pregnant and newly postpartum women struggling with substance use disorders (SUD). We have had the pleasure of working with many women who not only recover from their substance use but also lead healthy, happy lives and create healthy families.

We have also seen our share of challenges as this population is largely overlooked, underserved, and encounter numerous barriers to treatment. For these women, substance use during pregnancy is often interconnected with poverty, lack of stable housing, social isolation, and violence in relationships. Treatment can be further complicated by mental health disorders, low self-esteem, and criminal involvement.

At the completion of this fiscal year, we had a total of 97 women admitted to the program and 55 babies born since the program began. Many women in the program had experienced physical, mental and/or sexual trauma, and abuse. Many were reared in households where at least one parent struggled with substance use, was imprisoned, or where domestic violence was prevalent.

Twenty-three percent (23%) did not graduate high school and 88% lived at poverty level, were on Medicaid, or uninsured at the time of admission. Seventy-eight percent (78%) had a criminal background and over half (52%) spent time in jail and/or prison.

Despite these hardships, many of these women were determined, hard workers and displayed great resilience over their adversities. Ninety-three percent (93%) of these women remained in the Tides program for at least six months and 31% went on to graduate.

The Tides program is one of the few resources for these women in and around the Cape Fear region. This program is a vital part of ensuring these women have access to necessary medical, mental health, sobriety and recovery services to be successful in recovery.

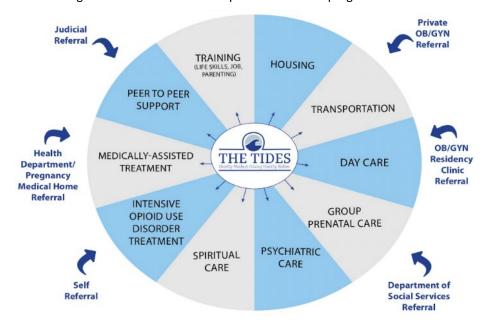
By providing wrap-around services, Tides not only provides a solid platform for sobriety in a recovery program but eliminates many barriers to treatment to accomplish our vision of helping women become *Healthy Mothers Having Healthy Babies*.



Program Model & Components

Tides, Inc. is a North Carolina nonprofit corporation which began operations in June 2018. The program offers the Cape Fear region's pregnant and newly postpartum women with SUD a coordinated system of care that treats their substance use, creates conditions for the delivery of healthy babies, and works to keep the mother-baby dyad intact. Program requirements include attending all medical and mental health care appointments, maintaining sobriety in recovery, completing required trainings, obtaining necessary community resources, and preparing for life after the program.

This section outlines the Tides program model and gives details of its components. This hub and spoke model reflect a collaborative community consortium where existing community partners integrate their services with Tides in-house services to engage women in the recovery process. This diagram outlines the various aspects of the Tides program.



Referrals

Referrals to the Tides program are primarily received by area hospitals, OB/GYN providers, the judicial court system, mental health providers, and the Department of Health & Human Services (DHHS). Once a referral is made, an assessment is scheduled to determine eligibility. A woman must be pregnant or newly postpartum (less than six months) and have a primary diagnosis of SUD to be a candidate for the program.

Housing

Since many women struggling with SUD come into the program from impoverished areas, these women frequently encounter homelessness or unsafe housing. Providing housing is a strategy implemented by Tides to eliminate socioeconomic challenges that can be detractors in the treatment process. By providing a safe, stable environment with 24/7 onsite staff, participants can focus on the program components to help build resilience and develop healthy lifestyles—ultimately strengthening the family units in the community.

The Tides Residential facility consists of two, side-by-side apartment buildings in downtown Wilmington and has six, three-bedroom apartments that accommodate 12 mothers and 12 children. At the end of FY-4, 29 mothers and 30 children had lived in the residential facility since it opened in June 2019.

Transportation

Tides offers transportation to all women and children in the program for essential appointments. This is an important component since most women entering the program do not have a valid driver's license or adequate and consistent transportation resources. Transportation is provided by utilizing the program's 15-passenger van, Medicaid Transport, bus passes and third party transportation vendors

such as Uber Health® (HIPAA compliant platform).

While in the program, one of the goals is for women to regain their driver's license.

Case Management

Tides provides case management to coordinate all aspects of the program to help women navigate their recovery plan, communicate with program partners, and meet their requirements and goals. The Tides' case management team consists of an in-house Case Manager, Executive Director, Transitional Living Manager and Executive Assistant to facilitate continuity of care. This team also communicates with community partners such as Coastal Horizons Center, Novant Health-NHRMC Labor & Delivery and Emergency Department, Novant Health Coastal OB/GYN, and NHC DHHS to further provide continuity of care. This team builds relationships and encourages, guides, and directs women throughout their time in the program. This team consistently assesses progress, hurdles, goals, and/or emerging needs.

Prenatal/Postpartum Care

Prenatal care is provided at Novant Health Coastal OB/GYN

clinic. To provide consistency for the women in the program, a designated Family Nurse Practitioner (FNP) oversees and cares for all Tides patients throughout their pregnancy and postpartum visit. Also, since substance use during pregnancy creates a high-risk pregnancy, these



women also receive care and consultation at Atlantic Fetal Medicine.

Medication Assisted Treatment (MAT)

Since opioids are extremely harmful to an unborn fetus, women in the Tides program who struggle with an opioid use disorder (OUD) are introduced to a much safer alternative medication when they enter the program. Tides' Medication Assisted Treatment (MAT) program prescribes
Buprenorphine to diminish the desire for opioids. This medication binds to the same receptors in the brain as opioids to keep women from experiencing withdrawal symptoms or strong cravings for opioids. This greatly decreases the risk for relapse and increases the chances of having a healthy baby. The MAT program is managed by the FNP at the Novant Health Coastal OB/GYN clinic or if alternative medication is needed, by our partner, Coastal Horizons Center.

Mental Health/Recovery Counseling

Tides participants also work with Coastal Horizons Center to receive recovery and counseling services. Once a woman is admitted to the Tides program, she completes an assessment for mental health and recovery needs. Once an assessment is

completed, appropriate mental health and recovery services are arranged for the participant.

To provide consistency in care, a designated Licensed Clinical Social Worker (LCSW) coordinates services for all Tides participants at Coastal Horizons Center. This coordinator works closely with their mental health providers and meets with Tides' in-house case management team on a bi-weekly basis to provide continuity of care.

Peer Support

A Certified Peer Support Specialist (CPSS) is also provided, as needed, for Tides participants. CPSS provide a unique layer of care. They have personal experience with substance use, parenting during recovery, and overcoming adversity. Their role is to relate to the women, empower them to achieve their hopes, dreams, and goals, and walk with them through their personal recovery journey. Tides has two graduates on staff who are CPSS and Coastal Horizons also provides peer support services.

Childcare

As a participant's baby reaches six months old, Tides prepares mothers to re-enter the work force. As they do, the case management team assists with obtaining a childcare voucher from DHHS, if applicable. They also help in locating an appropriate daycare facility and arranging transportation.

Spiritual Care

Tides offers various optional groups for those interested in a spiritual component to their recovery. Participants can be transported to 828 Church on Sundays to attend the service and take part in events. Participants can also be transported to Celebrate Recovery® and Embrace Grace (Single Mother's group) both held at local churches.



Training

Tides believes training and exposure to information and empowerment is one of the best tools to facilitate change. The *Restoration & Resilience Training Program* does just that. With a number of different training opportunities, women learn new life skills, parenting skills, and how to replace old habits with new ones. Tides offers training courses in-person, virtually, and through community partners. Even though Covid-19 greatly impacted in-person training for the last two years, Tides has slowly returned to in-person training with many of these community partners. Listed in this section are many of these training opportunities.

Intensive Outpatient Program

All participants are required to complete Coastal Horizons Center's Intensive Outpatient Program (IOP). To reduce stigma and build a healthy support system, a separate IOP group was designed specifically for pregnant & postpartum

women. This 12week program meets three days a week and covers topics such as communication skills, brain chemistry, codependency,



boundaries, emotional regulation, mental health, values, generational patterns, gratitude, respect, relapse prevention, and self-care. Once a participant graduates from IOP, they continue their recovery by meeting twice a month with an individual counselor or in a Mom's Post-IOP group.

Smoking Cessation

Smoking cessation continues to be an ongoing struggle for participants. While most women express the desire to quit during their admission process, 79% of Tides participants were smokers when they entered the program. An increase in vaping as opposed to cigarette smoking was seen in 2022 compared to past years.

Tides works to educate women about the harmful effects of first and second hand smoke. All women are required to complete the course *You Can Quit Smoking While Pregnant*. This training is specific to their situation while pregnant and gives direction and support to reduce usage as they plan to quit smoking for themselves and their baby.

Parenting Training

All participants are required to complete the Triple P (Positive Parenting Program) training course. Most participants complete the eight module, online course. However, if a participant has an open Child Protective Services (CPS) case, they may be mandated to take the inperson class at New Hanover County Smart Start. Tides also works with InJoy, a comprehensive education network of DVDs, online eClasses and tutorials centered around pregnancy, birth, and mother/baby care. Participants log into their personal portal and take interactive training courses

with pre and post testing. Tides is able to track progress and assist participants as they move through the curriculum.

Nutrition Training

All participants are required to complete the *Practical Nutrition for Moms and Families* course. This five-week course is offered once a quarter and taught by a registered dietician nutritionist from East Carolina University's Brody School of Medicine. The course is focused on mindful eating, food journaling, weight management, healthy eating patterns, and stretching a budget.

Job Readiness Training

Tides has partnered with StepUp Wilmington to provide participants with a hands-on job training course. Their five day training course assists participants in résumé writing, goal setting, and preparing for job interviews. After completing the course, each participant is assigned a Talent Manager to assist with locating suitable employment and navigating the hiring process.

Budgeting & Financial Management

Participants take the Ramsey+ budgeting and financial management training. This training gives 365 days of online access to this world-renowned financial planning platform and teaches participants how to take control of their money and reduce debt. Videos, podcasts, and online sessions guide participants through each step of the system.

Life Skills Training

Various life skills training is offered to participants. This training includes time management, organization skills, healthy relationships, and self-empowerment. Every participant is given a Reminder Binder® upon admission and instructed on how to track important reminders, appointments, training, and goals.

Continuing Education Training

To encourage continued education, if a participant did not complete high school, Tides will cover the cost of continuing education courses and testing to receive their diploma/GED. Also, if a woman has graduated from high school and desires to pursue a post-secondary education while in the program, Tides will cover the cost of registration fees and assist them in preparing for financial aid.

Program Data

This section outlines population data gathered at the time of admission and provides an analysis to determine trends and changes over time for this population. These analyses assist in strategic and program planning as Tides continues to grow its footprint and services in the Cape Fear region. See Appendix B: Aggregate Data.

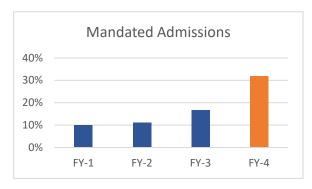
Admissions

Since Tides began, the program has admitted a total of 97 women. During FY-4, The Tides program assessed 32 women, admitted 22, and referred the other applicants to resources more appropriate for their situation. A total of 31 women were active in the program throughout the year including 9 women who were still in the program at the end of FY-3.

For the first time in Tides' history, more participants admitted to the program in FY-4 needed residential services (59%) than those needing outpatient services alone (41%).



This coincides with the number of admissions that were mandated by DSS/CPS. Each of the three prior years, on average, 13% of the women were mandated to enter a residential program like Tides. This year, that number more than doubled to 32%.



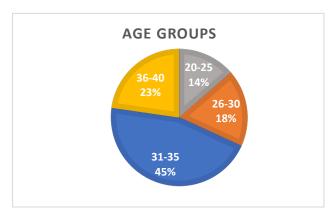
These women came into the program postpartum with little to no prenatal care and minimal sobriety prior to the delivery of their baby. In order to have any custody of their newborn, they were required to take part in a residential program like Tides where mother and baby would be under the complete supervision of residential staff.

Demographics

During FY-4, 86% of admissions were Caucasian, 5% were African American, and 9% were Multi-Racial. Seventy-seven percent (77%) were New Hanover County residents. Brunswick county residents accounted for 18% of the participants and Pender County residents accounted for 5% of the participants in the Tides program.

Most of the women came from impoverished areas and either had Medicaid for their health insurance or were uninsured (86%). However, this number decreased by 8% from previous years. Fourteen percent (14%) of admissions were insured by private insurance.

In all three previous years, the 26-30 year-old age group dominated admissions. In FY-4, 45% of admissions were between the ages of 31-35 years old. With an increase of 23% over last year, this was the largest age group category and is the first time this older age group has dominated those entering the program. The 36-40 year-old age group followed with 23%. Together, 68% of Tides' admissions were older than 30 years old.



Education

Many women in the program grew up with numerous, negative Social Determinants of Health such as unstable housing, poverty, violence, and trauma in the home. This can translate to early substance use that can greatly affect their desire and ability to complete their education.

Of the women admitted in FY-4, 18% did not complete their high school education, a decrease from 33% last year. Eighteen percent (18%) attended college and 23% had a college degree. This is the highest number of admissions with a college education in Tides' history.

Employment

In FY-4, **73%** of the women admitted into the program were unemployed. Some were due to pregnancy and some due to a criminal history. Criminal history, especially past felonies, can impact these women from gaining stable employment.

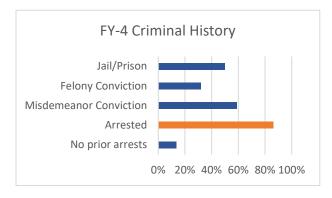
While in Tides, participants attend job readiness classes and are coached in proper techniques to handle questions from prospective employers relating to their criminal background.

It is a goal of Tides for all women to have stable employment before they leave the program.

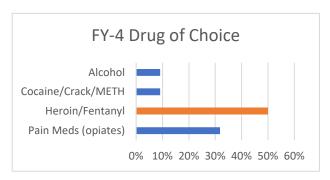
Substance Use & Criminal History

Often times, substance use and criminal activity go hand-inhand. Of the women admitted to the program in FY-4, 86% had prior arrests with 36% being arrested more than 5 times.

Fifty-nine percent (59%) were convicted of at least one misdemeanor and 32% were convicted of at least one felony. Fifty percent (50%) spent time in jail and/or prison prior to admission.



Of the women admitted, **55%** had a history of heavy substance use, and for the first time, many women actually stated Fentanyl as their drug of choice.



This confirms the prevalence and availability of Fentanyl in our region with 50% using Fentanyl and/or Heroin more than any other substance.

Family Dynamics

Many women struggling with substance use often have little or no custody of their children.

In working to keep the mother-baby dyad intact, Tides not only focuses on babies born to women while in the Tides program, but also assists to reunify mothers with their children in the foster care system.



During FY-4, 68% of the women admitted to the program had at least one child prior to their admission and 64% had only partial or no custody.

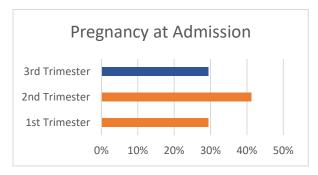
These children had open CPS cases and were placed in kindship custody or in foster care.

A program that allows mothers to regain custody and have safe housing throughout the process, is a valuable commodity to the community. It can drastically change the future for these women and children!



Pregnancy

In FY-4, 77% of the women admitted were pregnant and 23% were newly postpartum.



Of those pregnant, **71%** entered the program before the third trimester. Twenty-nine percent **(29%)** were admitted in the first trimester, which is an **8%** increase over last year. Forty-one percent **(41%)** were in their second trimester.

These figures indicate that women are seeking prenatal care and/or treatment options earlier in their pregnancy therefore being referred to the program earlier. It also indicates that knowledge of the Tides program is becoming more widespread.

Tides' goal is to admit women into the program as early in their pregnancy as possible.

The program's most successful women enter the program at least four months before delivery and stay an average of nine months after the birth of their baby.

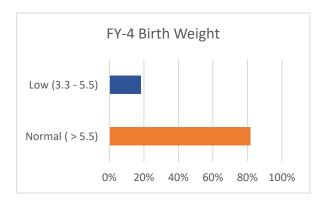
This timeframe allows women to focus on creating a strong foundation in recovery prior to the birth of their baby.

During their pregnancy, they work to develop new habits, strengthen organization skills, and begin to build healthy relationships. They also have time to complete IOP and the Understanding Pregnancy, Birth and Newborn courses to prepare for motherhood.

After the baby's birth, they continue to build on their already established sobriety skills as they adjust to motherhood, complete parenting, budgeting, and life skills courses, and focus on employment, graduation, and life after the Tides program.

Babies of Tides

During FY-4, 11 babies were born for a total of 55 babies born to the women in the Tides program since the program began.



During FY-4, **91%** of the babies born were between **36-41** weeks gestation. Of those births, **82%** were born at a normal birth weight (> 5.5 lbs.) and only **18%** were born in the low birth weight (3.3 - 5.5 lbs.) category.

Hospital Length of Stay

As women enter the program and become healthier in their pregnancy, one statistic tracked is the length of stay for their infant in the hospital.

Due to MAT prescribed to eliminate opioid cravings for mothers with OUD, most babies born in Tides (98%) are diagnosed with Neonatal Abstinence Syndrome (NAS) at birth. However, only 2% have been positive for substances other than the mother's prescribed medication.

During the first year of the program, the average length of stay for an infant was **9.6** days. Tides is happy to report that this has now been reduced to **6** days during FY-4!



For the infants requiring additional assistance, the average length of stay in NICU decreased from 14 days last year to 9 days for FY-4.

Reducing an infant's hospital stay by 3.6 days and NICU by 5 days is an important statistic that demonstrates how the Tides program is reducing medical costs in the community.

Program Outcomes

In this section, program results are assessed by reviewing overall program outcomes. Data is tracked to measure the length of time in the program, number of graduates and the health and wellness of graduates, and their children after the program.

The Tides staff, along with its Board of Directors and community partners, work together to achieve a condition of well-being for these women and their babies during and after the program. The overall goal is to facilitate change in these women while in the program and prepare them for life outside of the program as functioning women in society rearing healthy families.

Program Longevity

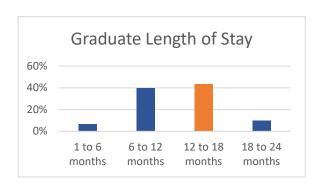
Although Tides works diligently to help every woman that walks through its doors, not all women complete the program. The sad truth is that not every woman is ready to make the changes necessary to become healthy so she can have a healthy baby and truly change the trajectory of her life and the lives of her children.

Of the **31** women active in the program during FY-4, **55**% were released for non-compliance. The majority of those women were released in the first five months of the program. Thirty-one percent (**31**%) stayed in the program six months or more. Tides' hope is that during that time, seeds of encouragement, determination, and resilience were planted in their hearts and minds as they continue to battle with their substance use.

Number of Graduates

During FY-4, The Tides program graduated 4 women for a total of 30 graduates since the program began.

Over half (58%) of the graduates stayed in the program for 12-24 months. This statistic shows not only the determination of these women, but the length of time it took for many to reinforce changes in all aspects of their lives and prepare for life after graduation.



Their determination and tenacity for long-term recovery was evident in their relationships, mentoring, counseling, and positive habitual change.

Many times, these women expressed their amazement at who they are today as opposed to who they were when they entered the program. See Appendix A: Testimonies.

At Tides, it is never about one facet of recovery but rather many areas of change that in turn, change the whole person.

Tides works to make personal connections with each woman and child. We work to facilitate internal change in these women, which in turn, changes their lives and the lives of their children for generations to come.



A few graduates and their children at a holiday gathering

Post Program Health & Wellness

To measure the health and wellness of women and their children after the program, graduates are surveyed annually to analyze outcomes in three categories that help define their success.

This year's survey was voluntary, anonymous, and results reflected self-reported information. Ten (10) graduates completed the survey and 70% had graduated more than 12 months prior to survey completion. This is an important statistic as it demonstrates the longevity of these women's recovery and life change.

Graduate Outcomes

 SOBRIETY AND CONTINUED RECOVERY: Percentage of women with previous substance use disorder continuing to maintain sobriety and follow a recovery plan.

The majority of the graduates surveyed (80%) are still involved in a MAT program and have continued with their counseling and recovery program. Seventy percent (70%) attend recovery meetings and 100% have continued to maintain their sobriety.

MOTHER-CHILD DYAD INTACT: Percentage of women whose children remain outside the foster care system.

One hundred percent (100%) of the graduate respondents who delivered a baby while in the Tides program have full custody of that child. Of the survey respondents, only one reports having new CPS involvement since completing the program. That case was closed without involvement in the foster care system.

Tides' goal is not only to assist women in maintaining custody of the baby born to them while in the Tides program, but to also work towards reunification of previous children in the foster care system.

Of the graduates surveyed, 9 women were either pregnant with their first child or did not have custody of any children when they entered Tides.

Currently, those same 9 women have custody of 17 children between the babies born during or after Tides and regaining custody of their children who had previously been in the foster care system!

 HEALTHY DEVELOPING BABIES: Percentage of children who attend all scheduled well-check doctor visits and percentage of children not readmitted to the hospital.

Of the babies delivered while in the Tides program, 100% of survey respondents reported that their child had attended all well baby visits. Only two had been readmitted to the hospital for brief stays due to Respiratory Syncytial Virus (RSV). No mothers reported developmental delays.

Graduate Employment

Although graduates are rearing young families, **70%** of respondents have at least part-time employment. Twenty percent (**20%**) are stay-at-home mothers, and one is a full-time student.

This is almost a complete reversal of the **71%** unemployment rate at admission for all women entering the program.

Peer Support Specialist Training

Once graduates have maintained their sobriety for a year, they are eligible to become a Certified Peer Support Specialist (CPSS). Tides covers the cost of the certification program for any graduate willing to work with the women of Tides after being certified.

At the time of this report, two of the graduates have completed their certification to become Certified Peer Support Specialists.

Graduate Incentive Program

Most women find the greatest success by remaining in the program for at least 12 months. In 2021, to encourage participants to remain in the program, Tides created an incentive that provided a laptop at graduation after being in the program for at least one year.

Not only is this a huge accomplishment, but Tides believes this equips them to have a better understanding of technology. They have tools to manage finances, increase organization, manage their family's health records, and more. So far, four women have received their laptops for graduation!

Tides' Newest Graduate-Camie Smith

"I have to say... I am SO proud of myself."



"I want to thank the women at Tides for helping me become a better woman and a better mother for my children.

> It took a lot, and it wasn't easy, but I did it!"

Financial Overview

Income

In FY-4, the Tides program's largest funder continued to be **New Hanover County Government** at \$350,000. Without their ongoing support and commitment, Tides would not be operational. Budgeted Income was \$459,000 which started the year with a deficit of -\$106,816.

Throughout the year, Tides applied for grants and corporate funding and are so thankful for those that supported our mission.

Novant Health-NHRMC granted Tides \$100,000 for Tides' Residential Facility. This donation allowed Tides to keep all apartments operational throughout the year.

The **New Hanover County ABC Board** sponsored the *Restoration and Resilience Training Program* with \$70,000 for a second year. This has been a tremendous help in funding participant training, Certified Peer Support Specialist training, continuing education funding and more. In the Financial Statement below, only a portion of the expenditures are represented in the Training category. The remainder is represented in Administrative Costs.

The **Cape Fear Memorial Foundation** sponsored Tides \$50,000 to offset operating expenses. **The Landfall Foundation** sponsored the purchase of training laptops with a \$4,000 grant and **Wave Transit** - **Making Waves Foundation** granted Tides seventy-five (75), 30-day bus passes (\$1,500 value) to offset transportation costs.

Tides is also grateful to all of the individuals and small business sponsors that supported our mission and continue to help Tides provide these necessary and much needed services for mothers and babies to be healthy, sober, and successful!

| Tides, Inc. Financial Statement Fiscal Year 2021-2022 | | | | |
|---|------------|--------------|--|--|
| Revenue | Actual | Budget | | |
| New Hanover County Funding | 350,000.00 | 350,000.00 | | |
| Corporate/Foundation Grants | 224,000.00 | 102,000.00 | | |
| Individual Donations | 3,280.33 | - | | |
| Other Funds | 12,089.35 | 7,000.00 | | |
| Total Revenue | 589,369.68 | 459,000.00 | | |
| | | | | |
| Administrative Costs | | | | |
| Staff/Labor | 253,538.75 | 264,546.00 | | |
| Office | 81,172.84 | 80,700.00 | | |
| Professional Fees | 6,711.45 | 9,756.00 | | |
| Total Administrative Costs | 341,423.04 | 355,002.00 | | |
| | | | | |
| Participant Costs | | | | |
| Housing | 98,830.71 | 99,900.00 | | |
| Transportation | 9,211.85 | 17,500.00 | | |
| Training/Therapy | 15,589.50 | 89,525.76 | | |
| Childcare | - | 1,200.00 | | |
| Misc. Mama/Baby Expenses | (1,846.14) | 2,688.24 | | |
| Total Participant Costs | 121,785.92 | 210,814.00 | | |
| | | | | |
| Total Expenses | 463,208.96 | 565,816.00 | | |
| Total Revenue | 126,160.72 | (106,816.00) | | |

Expenditures

Tides not only coordinates partner services but also provides a number of in-house services to round out a coordinated system of care.

Staff

The staff of Tides is one of its greatest assets. Staff members are dedicated, compassionate, and invested role models, mentors, pseudo mothers, grandmothers, and friends to the women and babies of the Tides program. Total staff payroll was \$253,538.75 and consisted of the Administrative Team and the Residential Team.

The Administrative Team consisted of the Executive Director, Case Manager, and Administrative Assistant, all full-time employees. The Residential Team consisted of a full-time Transitional Living Manager and five, part-time, Residential Managers. During FY-4, three Tides graduates began working at the residential facility and were great additions to the staff. Their insight, knowledge, and understanding of the program was extremely beneficial to the women.



Carmen Greene Transitional Living Manager

Housing

The Tides Residential Facility continues to be a costly component of the program but sets it apart from others in the region because it not only houses pregnant women and the babies born to them in Tides, but also other children where the mother has custody.

The facility consists of eight, three-bedroom apartments managed by the Residential Team. Six apartments are used for accommodating women and children. One apartment is used as office space for the Administrative Team, and one apartment is used as the Residential Manager's office. The Residential Manager's office handles all day-to-day operations and has two bedrooms equipped for women who need more supervision and assistance.

Apartment rent, utilities, repairs, maintenance, furnishing, and supplies account for \$98,830.71 of total expenditures. When adding the portion of payroll incurred for the Residential Team, the total cost to operate the Tides Residential Facility was \$238,982.46, which was 52% of total expenditures.

Transportation

Tides works with community partners to provide transportation for outpatient and residential women and children. In FY-4, the actual cost of transportation was \$9,211.85, which was 52% of the transportation budget. Medicaid Transport provided transportation at no charge for women and children with Medicaid insurance. This option was used, when applicable, for medical and recovery appointments that were scheduled in advance.

Wave Transit bus passes and Uber Health® were utilized to transport women and children to OB/GYN, primary care physician and pediatrician appointments as well as the grocery store, pharmacy, daycare, work, and other necessary appointments and responsibilities. Tides also utilized the in-house, 15-passenger van for transporting groups of women to weekly recovery and support groups, church, and community events and functions.

Mother/Baby Expenses

Tides encourages women to cover personal expenses for themselves and their babies. The case management team guides participants in obtaining Food Stamps and WIC, and utilizing community resources that provide food, diapers, clothing and more. This prepares them for the responsibility of caring for their family after the program. However, Tides covers various costs for women and children, if needed. This can include food, personal hygiene items, diapers, wipes, medication, and other necessary items.

In FY-4, the actual cost of these expenses was \$2,350.00. This was offset by participant rent payments for those in stable employment for a credit of (\$1,846.14). This is a small percentage of their average paycheck and is paid on a weekly basis. Paying rent, even a small portion, helps them become responsible and prepares them for life after the program.

Acknowledgements

The Fourth Annual Report was written by Debbie Leggett, Chief Executive Director, Tides, Inc. and submitted to the Board of Directors and Dr. William Johnstone, Founder/Medical Director of Tides, Inc. for approval.

Appreciation

New Hanover County Commissioners – We are forever indebted to the New Hanover County Commissioners and Administration. Thank you for believing in our dream of making a difference in the opioid crisis here in New Hanover County. We cannot thank you enough for stepping in to fund our vision and successes and to reduce the footprint of this epidemic in our county.

Department of Health and Human Services – To all the social workers and coordinators who work so hard to give these mothers a chance to reconcile and care for their children.

Novant Health-NHRMC- Thank you for believing in our vision and supporting us in making the Tides program a reality.

Betty H. Cameron Mother's & Children's Hospital – Thank you to all of those working in the NEST Units, Triage, Antepartum, Labor & Delivery, and all the special clinicians who work so seamlessly to provide excellent care to these women and babies.

Novant Health Coastal OB/GYN – To Denise Neal, RN, MSN, FNP and Denise McNeil along with all of the staff and residents, thank you for always providing exceptional care for these women. Your love for your job is shown through your love for these women.

Community Partners & Sponsors



























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Appendix A: Testimonies



December 2022

This is written by Maleta, a current participant in the Tides program.

Maleta lived as a resident at Tides' residential facility for 9 months and now lives on her own with her baby. She is set to graduate the Tides program next month.

Maleta came into the program very reserved, closed off and with walls built very high around her. She is such a different woman today and we could not be more proud of the woman she has become.

How do I even begin this letter of gratitude?

Being a part of this program has been such a beautiful experience. Humbling and educational. I don't know how to express how thankful I am for this program and all the wonderful people who have helped me along my journey of motherhood.

Becoming a mother is my greatest accomplishment and without the help of the Tides program I would not be the confident and well-rounded mother I am now. With the help from this program, and the recovery support I've continued to build, I have been able to achieve eighteen months sober, the longest clean time I have ever had.

Knowing that if I was in active addiction none of this would be possible, I continue to work with my sponsor, stay active in meetings, and build my relationship with God. I attended all of my prenatal appointments and completed all recommended and required courses for the program. I've complied with staff directions and even built a relationship with staff, which I was not expecting to like but I actually do.





My communication skills and being able to open up about my feelings is slowly becoming easier. This month, I will start my second semester at Cape Fear Community College working towards my degree in Science.

It was such an eye-opening experience to be around like-minded women all suffering from the same disease but striving every day to have the upper hand. The women I was surrounded by are strong, beautiful, capable mothers who have been through things most people do not recover from.

They all chose to be in the Tides program, and each had a role in my time there. Tides helped me rebuild my life and relationships that I thought were unmendable. My support system has grown and the relationships I have with my parents has come so far! They

showed me love and gave me resources to people who care so much about the women and children of Wilmington.

The doors of opportunity were opened all around me once I became part of this program. The idea of being a mother was overwhelming to me when I first found out I was pregnant but through the help of Tides and their huge community of friends, doctors, staff, and church, becoming a mother is the best thing I have ever done.

I will never be able to repay this program for all its generosity and support, but I do know that I will forever be telling anyone who will listen about this wonderful place

called "Tides". To plant the seed in someone else's ear who may know a young lady lost, broken, and carrying the gift of life who just needs what Tides has to offer. I hope she will have the same experience I did.



This program changes lives!



I got so mad at my dad for taking this picture.
But now that I'm in recovery, being able to look back and see myself like that!?...I'm glad he took it.

Every time any thought of doing drugs cross my mind...
I look at this picture and remind myself to never go down that path again.

My name is Camie Smith, and I am 32 years old. I started smoking weed and drinking at the age of 12. By the time I was 14, I was doing several street drugs recreationally. I smoked weed daily, drank on the weekends, and did cocaine and ecstasy with friends. I continued that cycle until I was 19 and found out I was pregnant with my first daughter. I didn't do any drug's during that pregnancy.

I found out I was pregnant with my second daughter at 22. At that time, I was prescribed Xanax and took them my entire pregnancy. My labor and delivery were difficult, and I broke my tailbone. I was given Percocet and that started my addiction to pain medication.

I continued to take pain medication with Xanax for a year before the doctor stopped prescribing them, without warning or weaning me off. I started buying it on the streets. I bought any kind of pain medication I could find to prevent myself from getting sick and because I loved the feeling it gave me. I continued this for 4 years until my little sister, who was 25 years old at the time, died from a heroin overdose. That's when I chose to change my life. For myself and for my 2 beautiful daughters.

But February 14th 2021, I relapsed again. It was my sister's birthday; I had just gotten off work and it was raining. I just remember feeling truly alone and just wanting to talk to my little sister. I knew what I was about to do. I took my daughters to their father's house, cut my phone off and went to meet my drug dealer. I got a hotel room for the night and used heroin and molly for the first time: I even used intravenously.

That was my downward spiral. I started using crack, cocaine, methamphetamines, molly, pain medication, Fentanyl, Xanax bars and basically everything but heroin, daily. I was arrested numerous times and got multiple charges. Including felony cocaine possession, possession of marijuana, marijuana paraphernalia and drug paraphernalia. I also lost custody of my children. The only time I could see them during the DSS investigation, was during supervised visitation. I knew my place was with my children, but I also didn't want to feel the pain and mourn my sister's death while sober.

In July 2021, I found out I was pregnant. I knew I was a mess, and I knew I needed help, but because I was on drugs, I completely avoided going to a doctor because I was scared of what they would say. Finally in August, I had my first OB appointment. I was seen by a doctor named Denise Neal. She told me about a program for women who are pregnant or just had a child, who have an addiction. She put me in contact with the Tides program.

I was scared, anxious and worried the first time I walked into Tides. I thought I would be looked down on and treated a certain way for being a pregnant addict. But that wasn't the case at all. I met the women in the program, and they made me feel like I was a good woman, that just needed some help, structure, and guidance. Tides set me up with their partner, Coastal Horizons to start their IOP with Sarah, 3 hours a day, 3 days a week. At first, I was inconsistent, afraid and didn't really open up. With Tides' help, I finally built some structure. I started taking my IOP seriously. I really

With the help of Tides and Sarah, I started doing well.

Unfortunately, I relapsed on New Year's 2021/2022. I failed my first drug screen while being in the Tides program. When I failed, I was completely honest with all of the women I had grown to consider my support system. It melted my heart to know these women understood and were willing to help me do whatever it took, to get me back on track. I was 100% dedicated and willing to do whatever it took to give my children the mother they needed, along with giving myself the things I needed to be happy with myself.

wanted recovery and I was finally ready to start working through my underlying issues that contributed to my addiction.

On February 10th 2022, I gave birth to my son. Seeing him through sober eyes... That feeling, melted my heart and made me whole again. I was extremely happy to know that I was in the right state of mind and in the proper position to be the mother he and my daughters needed and deserved. *I was ready to be their mother*.

September 2022 marked my one year in the Tides program!! On November 23rd 2022, I graduated the Tides program and received a laptop! I'm actually writing this testimony on my laptop. Graduating the Tides program was truly an accomplishment. I had never been in a program before, so to stay in this program for over one year and actually graduate!? That is huge for me! I feel truly blessed and fortunate enough to have made it through this program and actually graduate. It was extremely hard, and it pushed me

outside of my comfort zone, but in the end, it paid off. I will forever be grateful

for this program!

January 3^{rd} 2023, marks my one year of sobriety. I continue my mom's group through Coastal Horizons along with other classes. I intend on staying involved and setting myself up for success. I am super excited for everything to come, and I have so many plans for my future.

Thanks to the Tides program, along with Coastal Horizons. I have done so many things in the past year and I am just getting started. I have plenty I still want to accomplish and one thing this program taught me, was to continue setting realistic goals for myself and reaching them. I am humble and truly grateful for the Tides program and Coastal Horizons for my success and continued efforts in my recovery. Thank you, Debbie, and thank you Tides for EVERYTHING. I would not be the strong, resilient, passionate, graceful woman I am today if it weren't for this program. I will forever be grateful. - Camie Smith



Appendix B: Aggregate Data

Program Data

| Assessments | FY-1 | FY-2 | FY-3 | FY-4 | FY-4% | Total | Overall % |
|----------------------------------|------|------|------|------|-------|-------|-----------|
| Total Assessments | 34 | 30 | 28 | 32 | | 124 | |
| Admitted | 30 | 27 | 18 | 22 | 69% | 97 | 78% |
| Not Admitted | 4 | 3 | 10 | 10 | 31% | 27 | 22% |
| | | | | | | | |
| Admitted: Mandated for Treatment | 3 | 3 | 3 | 7 | | 16 | 13% |

| Program Status | FY-1 | FY-2 | FY-3 | FY-4 | FY-4 % | Total | Overall % |
|---------------------|------|------|------|------|--------|-------|-----------|
| Discharged | 9 | 16 | 17 | 16 | 55% | 58 | 60% |
| Graduated | 0 | 18 | 8 | 4 | 14% | 30 | 31% |
| Currently Active | 21 | 14 | 7 | 9 | 31% | | |
| Corrected FY-2 data | | | | | | | |

| FY-1 | FY-2 | FY-3 | FY-4 | FY-4% | Total | Total |
|------|------|--------------|-------------------|------------------------|---|--------------------------------------|
| 27 | 20 | 13 | 9 | 41% | 69 | 71% |
| 3 | 9 | 5 | 13 | 59% | 30 | 31% |
| 1 | 10 | 5 | 12 | | 28 | |
| | | 27 20 3 9 | 27 20 13 3 9 5 | 27 20 13 9 3 9 5 13 | 27 20 13 9 41% 3 9 5 13 59% | 27 20 13 9 41% 69 3 9 5 13 59% 30 |

^{*}Y-1 Tides housing not open. Residents housed at partner sites. *Two Y-1 outpatients became residential in Y-2 and one Y-2 outpatient became residential in Y-3.

| Duration of Treatment (Graduates) | FY-2 | FY-3 | FY-4 | Total | Total |
|-----------------------------------|------|------|------|-------|-------|
| 1 to 6 months | 1 | 0 | 1 | 2 | 7% |
| 6 to 12 months | 8 | 2 | 2 | 12 | 40% |
| 12 to 18 months | 9 | 3 | 1 | 13 | 43% |
| 18 to 24 months | 0 | 3 | 0 | 3 | 10% |

| Time in Program Before and After Delivery (Graduates) | Avg # months y1-3 | Avg # months y1-4 |
|---|-------------------------|-------------------------|
| Pregnant | 4.3 | 4.2 |
| Postpartum | 8.8 | 8.3 |

| Duration of Treatment (Discharged) | FY-1 | FY-2 | FY-3 | FY-4 | FY-4 % | Total | Overall % |
|---|------|------|------|------|--------|-------|-----------|
| Less than one month | 1 | 2 | 4 | 2 | 13% | 9 | 16% |
| 1 to 6 months | 5 | 8 | 6 | 9 | 56% | 28 | 48% |
| 6 to 12 months | 3 | 6 | 7 | 5 | 31% | 21 | 36% |
| *Corrected FY-2 data | _ | _ | _ | • | _ | _ | |

| Pregnancy Data (at intake) | FY-1 | FY-2 | FY-3 | FY-4 | FY-4% | Total | Overall % |
|--|------|------|------|------|-------|-------|-----------|
| Pregnant | 29 | 24 | 14 | 17 | 77% | 84 | 87% |
| Postpartum | 1 | 3 | 4 | 5 | 23% | 13 | 13% |
| Pregnancy Data (at intake) | | | | | | | |
| 1st Trimester | 8 | 5 | 3 | 5 | 29% | 21 | 25% |
| 2nd Trimester | 9 | 10 | 8 | 7 | 41% | 34 | 40% |
| 3rd Trimester | 11 | 9 | 3 | 5 | 29% | 28 | 33% |
| No Data | 1 | | | | | 1 | 1% |
| Missing trimester count data on one individual in Y-1; updated date in Y-2 | | | | | | | |

Infant & Family Data

| Baby Born in Tides | FY-1 | FY-2 | FY-3 | FY-4 | FY-4% | Total | Overall % |
|--|------|------|------|------|-------|-------|-----------|
| Babies born | 12 | 24 | 8 | 11 | | 55 | |
| Babies born w/NAS | 12 | 23 | 8 | 11 | | 54 | 98% |
| Babies positive for other substances at birth (Other | | | | | | | |
| than MAT) | 1 | 0 | 0 | 2 | | 3 | 5% |
| Mothers positive for other substances at birth | | | | | | | |
| (Other than MAT) | 1 | О | 2 | 3 | | 6 | 11% |
| *One set of twins in Y-1; one set of twins in Y-2 | | | | | | | |

| Current Custody-Babies born in Tides | FY-1 | FY-2 | ` | FY-4 | FY-4% | Total | Overall % |
|--------------------------------------|------|------|---|------|-------|-------|-----------|
| Full/Partial Custody | 12 | 22 | 7 | 9 | 82% | 50 | 91% |
| CPS/DSS Custody | | 1 | 1 | 2 | 18% | 4 | 7% |
| Prior Planned Adoption | | 1 | 0 | 0 | | 1 | 2% |

| Gestation at birth (wks) | FY-1 | FY-2 | FY-3 | FY-4 | FY-4% | Total | Overall % |
|---|------|------|------|------|-------|-------|-----------|
| 20-30 | 0 | 1 | 0 | 0 | 0% | 1 | 1.8% |
| 30-35 | 3 | 4 | 0 | 1 | 9% | 8 | 14.5% |
| 36-41 | 8 | 19 | 8 | 10 | 91% | 45 | 81.8% |
| Missing Data | 1 | 0 | 0 | 0 | 0% | 1 | 1.8% |
| *Missing data from one individual in FY-1 count | | | | | | | |

| Weight Categories | FY-1 | FY-2 | FY-3 | FY-4 | FY-4% | Total | Overall % |
|----------------------|------|------|------|------|-------|-------|-----------|
| Normal (> 5.5) | 7 | 15 | 6 | 9 | 82% | 37 | 67% |
| Low (3.3 - 5.5) | 5 | 6 | 2 | 2 | 18% | 15 | 27% |
| Very Low (2.2 - 3.3) | 0 | 3 | 0 | 0 | | 3 | 5% |
| | | | | | | | |

| Hospital Stay | FY-1 | FY-2 | FY-3 | FY-4 | Average |
|------------------------|------|------|------|------|---------|
| Average Length of Stay | 9.6 | 7 | 8.4 | 6 | 7.7 |

| NICU | FY-1 | FY-2 | FY-3 | FY-4 | FY-4% | Overall % | | | |
|--|------|------|------|------|-------|-----------|--|--|--|
| # of Babies in NICU | 1 | 8 | 2 | 2 | 18% | 24% | | | |
| Withdrawal Meds Needed | 1 | 1 | 1 | 2 | 18% | 9% | | | |
| % of babies hospital stay represents 33% 92% 100% 100% | | | | | | | | | |
| Y-2 Avg NICU stay does not include non-NAS baby born at 27wks in NICU 84 days *Missing NICU data on Y-1 twins. | | | | | | | | | |

| NICU Stay | FY-1 | FY-2 | FY-3 | FY-4 | Average |
|------------------------|------|------|------|------|---------|
| Average Length of Stay | 4 | 3 | 14 | 9.5 | 7.6 |

| Family Size | FY-1 | FY-2 | FY-3 | FY-4 | FY-4% | Total | Overall % |
|--------------------------------|------|------|------|------|-------|-------|-----------|
| Parent(s) & Pregnancy-Infant | 5 | 6 | 6 | 7 | 32% | 24 | 25% |
| Parent(s) & 2 Children | 7 | 12 | 6 | 2 | 9% | 27 | 28% |
| Parent(s) & 3 Children | 7 | 3 | 4 | 6 | 27% | 20 | 21% |
| Parent(s) & 4 Children | 4 | 2 | 1 | 3 | 14% | 10 | 10% |
| Parent(s) & 5 Children | 1 | 2 | 1 | 3 | 14% | 7 | 7% |
| Parent(s) & 6 or more Children | 1 | 1 | | 1 | 5% | 3 | 3% |
| No Data | 5 | 1 | | | | 6 | 6% |

| Custody-Previous Children | FY-1 | FY-2 | FY-3 | FY-4 | FY-4% | Total | Overall % |
|----------------------------------|------|------|------|------|-------|-------|-----------|
| Full Custody | 10 | 8 | 3 | 1 | 5% | 22 | 23% |
| Partial Custody | 0 | 3 | 5 | 2 | 9% | 10 | 10% |
| No Custody | 11 | 10 | 4 | 12 | 55% | 37 | 38% |
| No Previous Children | 9 | 6 | 6 | 7 | 32% | 28 | 29% |
| *Missing FY-1 data | | | | | | _ | |

Participant & Demographic Data

| Race | FY-1 | FY-2 | FY-3 | FY-4 | FY-4% | Total | Overall % |
|------------------------|------|------|------|------|-------|-------|-----------|
| African American/Black | 1 | 2 | 1 | 1 | 5% | 5 | 5% |
| White/Anglo/Caucasion | 24 | 22 | 16 | 19 | 86% | 81 | 84% |
| Multiracial | 2 | | 1 | 2 | 9% | 5 | 5% |
| Native American Indian | 3 | 2 | | | | 5 | 5% |
| Hispanic/Latino | | 1 | | | | 1 | 1% |

| County of Residence | FY-1 | FY-2 | FY-3 | FY-4 | FY-4% | Total | Overall % |
|---------------------|------|------|------|------|-------|-------|-----------|
| New Hanover | 20 | 17 | 12 | 17 | 77% | 66 | 68% |
| Brunswick | 5 | 3 | 2 | 4 | 18% | 14 | 14% |
| Columbus | 1 | | | | | 1 | 1% |
| Pender | 4 | 3 | 4 | 1 | 5% | 12 | 12% |
| Onslow | | 4 | | | | 4 | 4% |

| Age Range | FY-1 | FY-2 | FY-3 | FY-4 | FY-4% | Total | Overall % |
|-----------|------|------|------|------|-------|-------|-----------|
| 20-25 | 4 | 6 | 5 | 3 | 14% | 18 | 19% |
| 26-30 | 10 | 11 | 9 | 4 | 18% | 34 | 35% |
| 31-35 | 8 | 7 | 4 | 10 | 45% | 29 | 30% |
| 36-40 | 6 | 2 | | 5 | 23% | 13 | 13% |
| > 40 | 2 | 1 | | | | 3 | 3% |

| Employment | FY-1 | FY-2 | FY-3 | FY-4 | FY-4% | Total | Overall % |
|------------|------|------|------|------|-------|-------|-----------|
| Full-Time | 2 | 4 | 2 | 2 | 9% | 10 | 10% |
| Part-Time | 3 | 2 | 3 | 4 | 18% | 12 | 12% |
| Unemployed | 24 | 16 | 13 | 16 | 73% | 69 | 71% |
| No Data | 1 | 5 | | | | 6 | 6% |

| Education | FY-1 | FY-2 | FY-3 | FY-4 | FY-4% | Total | Overall % |
|------------------|------|------|------|------|-------|-------|-----------|
| Did not Graduate | 6 | 6 | 6 | 4 | 18% | 22 | 23% |
| Diploma/GED | 11 | 9 | 7 | 9 | 41% | 36 | 37% |
| Some College | 8 | 8 | 5 | 4 | 18% | 25 | 26% |
| College Degree | 2 | 4 | 0 | 5 | 23% | 11 | 11% |
| No Data | 3 | | | | | 3 | 3% |

| Payment Source | FY-1 | FY-2 | FY-3 | FY-4 | FY-4% | Total | Overall % |
|-------------------|------|------|------|------|-------|-------|-----------|
| Private Insurance | 0 | 2 | 0 | 3 | 14% | 5 | 5% |
| Medicaid | 22 | 20 | 17 | 19 | 86% | 78 | 80.41% |
| Uninsured | 3 | 3 | 1 | | | 7 | 7.22% |
| No Data | 5 | 2 | | | | 7 | 7% |

| Drug Use History | FY-1 | FY-2 | FY-3 | FY-4 | FY-4% | Total | Overall % |
|------------------|------|------|------|------|-------|-------|-----------|
| Light | 1 | 3 | 2 | 0 | | 6 | 6% |
| Medium | 3 | 5 | 6 | 10 | 45% | 24 | 25% |
| Heavy | 20 | 19 | 10 | 12 | 55% | 61 | 63% |
| No Data | 6 | | | | | 6 | 6% |

| Drug of Choice | FY-1 | FY-2 | FY-3 | FY-4 | FY-4% | Total | Overall % |
|------------------------|------|------|------|------|-------|-------|-----------|
| Pain Meds (opiates) | 10 | 13 | 7 | 7 | 32% | 37 | 38% |
| Heroin/Fentanyl | 11 | 12 | 8 | 11 | 50% | 42 | 43% |
| Cocaine/Crack/THC/METH | 4 | 2 | 3 | 2 | 9% | 11 | 11% |
| Alcohol | | | | 2 | 9% | 2 | 2% |
| No Data | 5 | | | | | 5 | 5% |

| Criminal History | FY-1 | FY-2 | FY-3 | FY-4 | FY-4% | Total | Overall % |
|------------------------|------|------|------|------|-------|-------|-----------|
| No prior arrests | 6 | 4 | 2 | 3 | 14% | 15 | 15% |
| Arrested | 18 | 23 | 16 | 19 | 86% | 76 | 78% |
| Misdemeanor Conviction | 12 | 18 | 13 | 13 | 59% | 56 | 58% |
| Felony Conviction | 6 | 4 | 6 | 7 | 32% | 23 | 24% |
| Jail/Prison | 12 | 16 | 11 | 11 | 50% | 50 | 52% |
| No Data | 6 | | | | | 6 | 6% |

