Summary of Activity for Ohio Quick Response Teams

Developed by the Substance Use Deflection Initiative in the Ohio Criminal Justice Coordinating Center of Excellence in conjunction with teams across Ohio engaged in deflection, and community partners.

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Introduction

The Substance Use Deflection Initiative, housed in the Criminal Justice Coordinating Center of Excellence in the Department of Psychiatry at Northeast Ohio Medical University, was developed using American Rescue Plan funding from the Ohio Department of Public Safety's Office of Criminal Justice Services. The Deflection Initiative aims to provide center of excellence functions for substance use deflection and pre-arrest diversion efforts for the state of Ohio. This includes providing training and technical assistance, building learning environments, providing access to data support, and boosting program evaluation and outcomes reporting. Additionally, this includes providing centralized reporting and accountability functions to state departments through a partnership with Cordata Healthcare Innovations. Using data from the Cordata Quick Response Team Database and Research Registry portal, the Substance Use Deflection Initiative summarized quick response team (QRT) activities spanning calendar year 2022 and 2023.

Cordata History

Cordata Healthcare Innovation, LLC operates Community Navigation Software to support teams coordinating community outreach, addressing opioid overdoses, and responding to at-risk populations, including Ohio Quick Response Teams (QRTs). As part of this project, the Office of Criminal Justice Services named Cordata to help support continued work, data collection, and evaluation for quick response and other deflection efforts for the state of Ohio.

The basis for this database started in 2016, when Interact for Health, a Cincinnati-based organization that works with communities to advance health justice, developed the Funders' Response to the Opioid Epidemic (FRHE), a collaboration of private funders investing in innovative solutions to the rising rates of overdose deaths in the Greater Cincinnati region. In January of 2017, the FRHE provided funding to support QRTs (Hamilton, Clermont and Highland counties in Ohio, as well as several counties in Northern Kentucky) and allocated funds to support data collection for the QRTs. In the spring of 2017, Kelly Firesheets, Senior Program Officer at Interact, met with Gary Winzenread, CEO of Cordata Healthcare Innovation, a Cincinnati-based startup company that specializes in care coordination for complex chronic diseases. After a discussion about QRT data collection challenges, Cordata offered to provide support for the FRHE and QRTs. Cordata's development team began to attend regional trainings and ride along with QRTs to help inform their proposal of a modified version of Cordata's healthcare navigation software that could meet the needs of QRTs and provide information for an evaluation of the grants. In the summer of 2017, Treatment Alternatives for Safe Communities (TASC), was invited by FRHE to provide a training series on overdose response in the Greater Cincinnati area culminating with an event in Colerain Township training 150 attendees from Kentucky, Indiana and Ohio on QRT, Drug Abuse Response Team (DART), and other overdose response models.

In the fall of 2017, the FRHE convened 6 QRTs in the Greater Cincinnati area to discuss data and evaluation. Cordata introduced their platform, and with funding support from FRHE, those teams began to pilot the software as part of a multisite evaluation. That year, the Ohio Attorney General's (AG) Office offered $3 million in grant opportunities for QRTs in Ohio (Ohio's first statewide request for proposal specifically designed for QRT, DART, and similar interventions that are now known as "deflection"). In response, more than 10 QRTs across the state requested funding to support the operations of teams in their communities, including the use of Cordata for data collection. The proposed funding was not able to support the overwhelming number of requests and the AG's Office opted not to support data collection. Instead, the AG's Office sought assistance from the Ohio Department of Mental Health and Addiction Services (OhioMHAS) to address QRT data collection. OhioMHAS had recently been awarded $26 million through the Substance Abuse and Mental Health Services Administration (SAMHSA) Opioid State Targeted Response (STR) grant created by the 21st Century Cures Act, signed by President Obama in 2016, which allowed them to support the AG Office's request. During this time the Bureau of Justice Assistance also awarded the first round of Comprehensive Opioid Abuse Site-Based Program funding which included Hamilton County and Butler County's Quick Response Team proposals. Hamilton County named Cordata as their data collection platform in that grant; Butler County adopted Cordata during that grant term. In late 2017, Cordata Healthcare Innovations was awarded $1.5 million by Ohio Third Frontier to enhance their platform, to work closely with the University of Cincinnati (UC) to research quick response teams and promote further adoption of the QRT model in Ohio.

In 2019, further funding with Medication Assisted Treatment-Prescription Drug and Opioid Addiction (MAT-PDOA) supported team operations for several counties and additional funding expanded the use of Cordata to 17 counties across the state. In January 2020, Cordata (at the request of OhioMHAS) launched a monthly collaborative learning call for QRTs in Ohio. This provided an easy way for QRTs to network and share ideas, and leaders from sites in the state launched the Ohio Deflection Association (then the Ohio QRT Association) shortly after. In the spring of 2020, Cordata Healthcare Innovations launched the Research Registry portal in collaboration with UC and FRHE, providing a means for researchers and evaluators to access de-identified data from QRTs. Additionally, the Ohio Department of Public Safety (DPS) approached Cordata to collaborate on a state Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) grant for QRT support. The application was developed with the assistance of Kelly Firesheets and Kim Sperber (Talbert House) and was awarded in the fall. That fall, OhioMHAS also awarded Cordata State Opioid Response (SOR) funding (awarded to the state in 2018) to continue to support Ohio QRTs. In October of 2020, Hamilton County received COSSAP funding to implement the Law Enforcement Assisted Diversion (LEAD) model. Cordata supported this with further platform development, allowing LEAD and QRT to collect and document data in similar ways. That year, at the request of the Butler County ADAMHS Board, Cordata also developed a platform to

support the Butler County Drug Court and Butler/Warren/Clinton/Clermont Counties' implementation of Handle with Care.

In early 2021, Cordata further tailored their platform to accommodate the Franklin County SAFER Station, a sub awardee of Ohio DPS's COSSAP grant. Later that year, OhioMHAS expanded Cordata Healthcare Innovations' contract to include coverage for any Ohio QRT. This expansion included a software pilot for Crisis Intervention Team (CIT) programs to begin data collection in collaboration with Northeast Ohio Medical University's Criminal Justice Coordinating Center of Excellence. In spring of the following year, Cordata released the Ohio Community Response Dashboard (Dashboard) which allows anyone to review data produced by multiple programs at the same time. In the summer of 2023, Cordata worked with Operation BRIDGE and the Ohio Deflection Association to develop a Community Events reporting form to support ODA's Day of Deflection activities, as well as local outreach related to BRIDGE events. In Fall of 2023, Cordata added a quick response (QR) code referral system to accommodate real-time referrals at the request of Ohio's Help to End Addiction Long-term or HEALing Communities Study. Innovations such as these have streamlined referrals, linkages to treatment, and case management for teams using the platform.

Quick Response Team Activities Summary

In our preliminary assessment of the data, we used information from the Cordata Quick Response Team Database and materials from Homeland Security Solutions, Inc (HSSI), an entity providing assessment, training, and technical assistance to quick response teams. This included presentation materials, a quick response team contacts list from HSSI, and aggregate and de-duplicated data from the Cordata Quick Response Team Database collected through the Research Registry. The following variables were selected: age, sex, race, ethnicity, number of referrals to teams, completed interactions by teams, outcomes for unique interactions, and documented overdoses by occurrence. Variable definitions used below come from the Cordata Research Registry Code Book, Data Dictionary, and QRT User Guide. Initial data points for review were chosen based on standard measures regularly reported in Cordata and HSSI presentations about the field of deflection, quick response teams, and their efforts in Ohio. Similar data points are available on the Dashboard. The data from 2022 and 2023 was analyzed as is, meaning no editing took place to adjust incorrect dates, or to locate missing data. It is not recommended to infer relationships between the two years since standardization of processes across QRTs, and variations in the usage of the software make this unreliable for direct comparisons. QRTs and their growth and development are still in flux and a closer review of the data would offer greater direction on favorable outcomes for individuals experiencing issues with substance use.

Prior to the start of this collaborative project with the Substance Use Deflection Initiative and Cordata Healthcare Innovation, LLC, forty-three teams had accessed the Cordata Quick Response Team platform and were actively using the Community Navigation

Software. The project objective was to increase the number of QRTs using Cordata's Community Navigation Software by fifteen during the project period (10/1/2022 – 9/30/2024). According to data provided from an HSSI scan of overdose response efforts, there were fifty active quick response teams in the state and 88% of those were using the Cordata QRT platform. Upon the close of CY 2023, Cordata had exceeded the goal, onboarding a total of sixteen additional teams to the platform during CY 2022 and CY 2023, for a total of fifty-nine teams with access to the software.

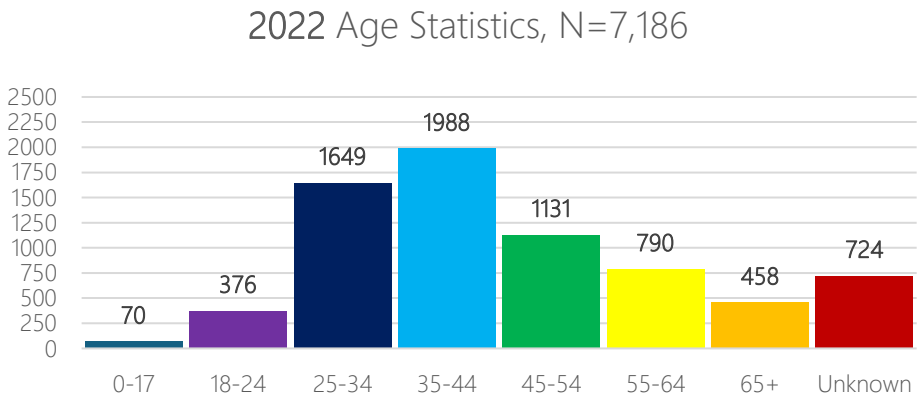
At the writing of this report, the Substance Use Deflection Initiative is undertaking a comprehensive inventory of communities using various models to divert and deflect individuals experiencing issues with substance use. This inventory will further refine our understanding of how teams form, develop processes, function, and sustain and support their work through data collection, as well as the software supporting those efforts such as the Cordata QRT platform. The Dashboard denotes forty-nine Active teams, eleven On Hold teams, and five Terminated Teams. Active is defined as having a new inbound referral or interaction in the last 30 days or activity in the system in the last 60 days. Terminated is defined as no new referrals in the last six months or when a team self-reports a change in status or discontinued use of the platform. On hold is defined as a team who has been trained to use the software and does not fit into the Active or Terminated definitions.

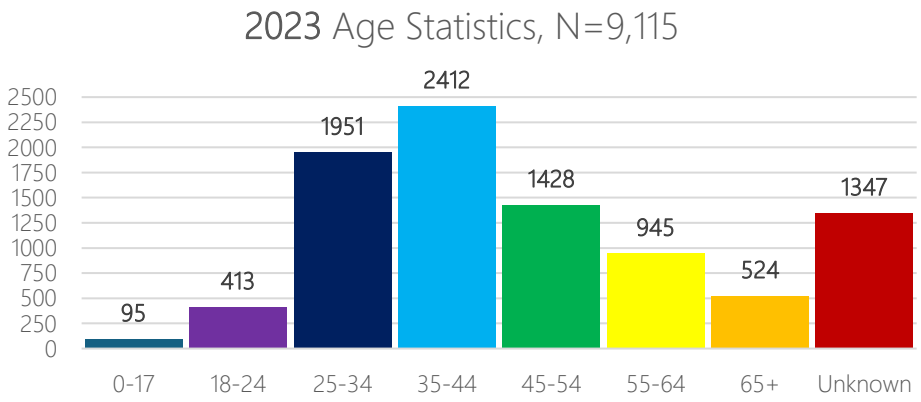
Of note, the Substance Use Deflection Initiative does not have access to all deflection data housed in Cordata for the State of Ohio. For example, Franklin County's SAFER Station or teams who identify as LEAD are not included in this analysis. Additionally, use of Cordata's system is voluntary in Ohio; teams using other systems of data collection and tracking are not represented here.

Demographics

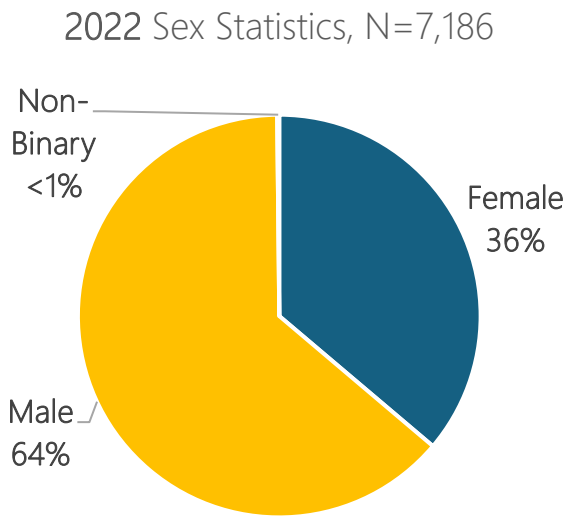
All demographic graphs for 2023 come from data retrieved from the Research Registry for calendar year 2023. Results were then de-duplicated to reflect unique individuals. The total number of individuals recorded in the database for 2023 is 9,115. The demographics for 2022 use the same method of analysis. The total number of individuals recorded in the database for 2022 is 7,186.

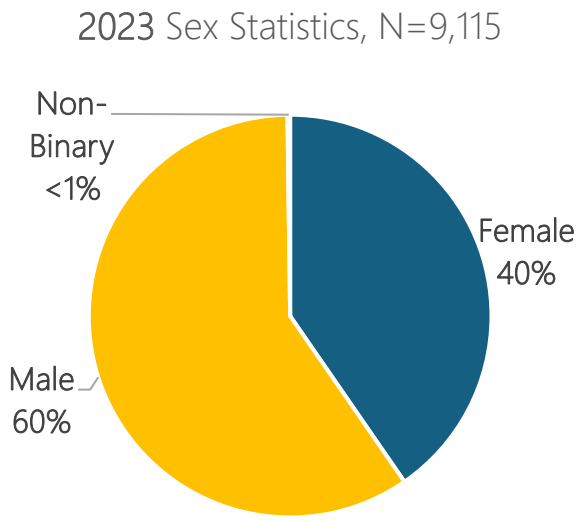
Please note that age bands are defined as follows: 0-17, 18-24, 25-34, 35-44, 45-54, 55-65, 65+, and Unknown. Unknown could not be defined for the purposes of this report. The Research Registry Code Book V1.2 indicates that age is an optional field, while the QRT User's Guide states that it is a required field. Cordata made updates to the requirements of this field and discrepancies in the data may be due to this change. Additionally, the Data Dictionary and User Guide both instruct teams to enter unknown birthdates as 01/01/1900. However, it appears that 01/01/1900 is being captured, at least in part, in the 65+ age band from data pulled from the Research Registry. Age remains a required field for data entry but can be bypassed by entering 01/01/1900.



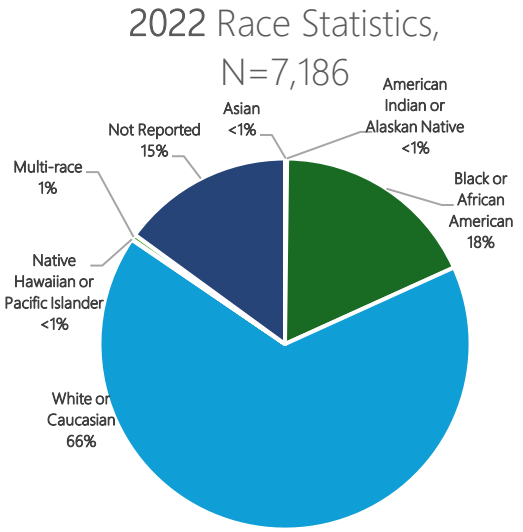


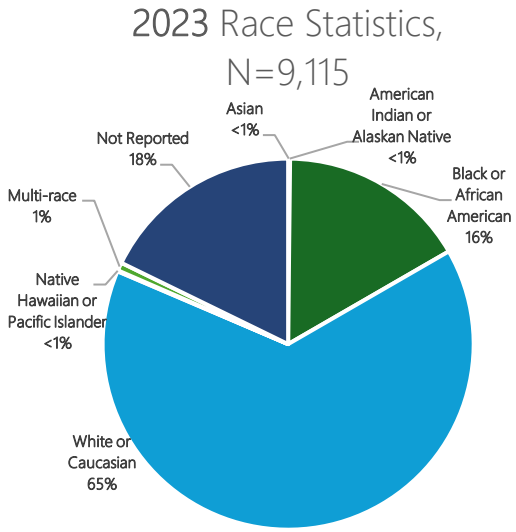
For the variable referring to gender, options include Female, Male, and Other. The system states gender but options are related to biological sex. With respect, and for the purposes of this report, Other is reclassified as Non-Binary. Gender (Sex) is a required field for data entry.



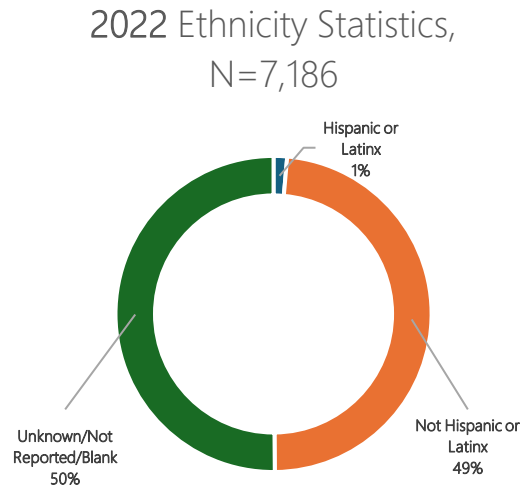


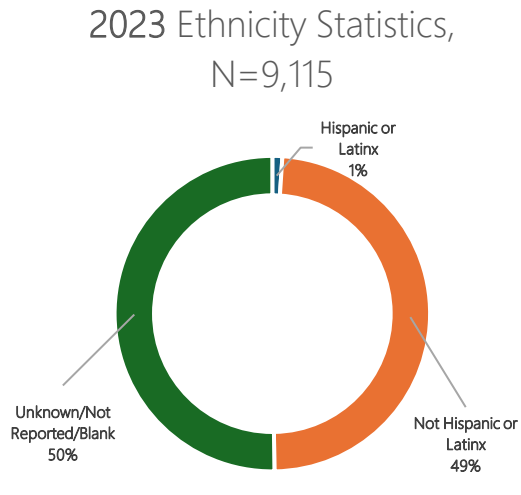
Under race, options include Asian, American Indian or Alaska Native, Black or African American, Multi-racial, Native Hawaiian or Pacific Islander, White, and Not Reported. Anyone listed as a single race was counted under that race category. Anyone with multiple races and anyone marked as Multi-racial was counted under Multi-racial. Not Reported includes races that were identified as Not Reported and any other race selected, as these do not appear to be self-reported statements from individuals. Race is not a required field for data entry.





Under ethnicity, options include Hispanic or Latino, Not Hispanic or Latino, Not Reported, and Unknown. Unknown includes Not Reported and blank entries. Ethnicity is not a required field for data entry.





We are aware that there are some variations on how teams report on select variables such as gender (sex), race, and ethnicity; some are based on self-reports, identification cards, assumptions, or other sources. For many reasons not discussed here, individuals in duress are not always willing to report specifics on their identity.

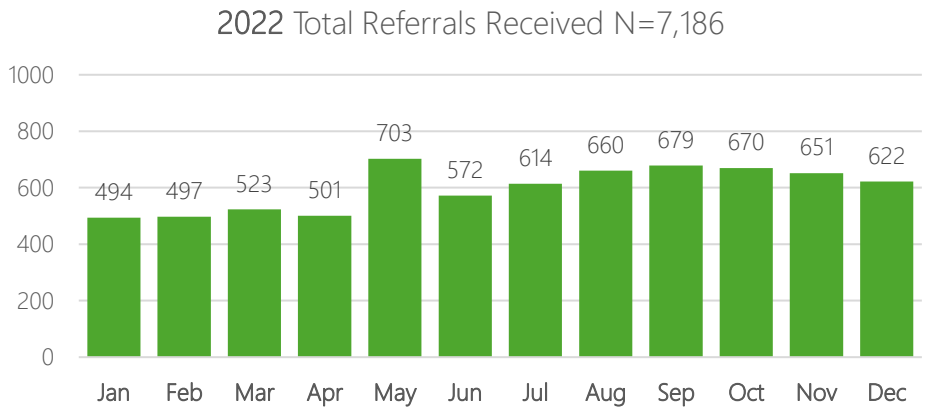
Required demographic input in the system at the initiation of a client file is limited to date of birth (which can be entered as 1/1/1900 if unknown) and gender (sex). Limited data entry requirements reduce barriers to opening an individual's file when limited information may be available from the referral source or in the field. This ease of access may benefit teams who encounter barriers when making initial contact, allowing them to begin documenting an individual's progress and refine the information in their file over time. This feature may, however, hinder data inferences that aid in targeted program evaluation, trend analysis, and proactive outreach, especially as it relates to age, gender (sex), and race. Age, while required at initiation, allows for the option to use 01/01/1900 if the birthdate is unknown. Unless teams return to enter the birthdate later, this information remains unknown. Approximately 10% of entries in 2022 and 15% of entries in 2023 had an unknown age range. Within the Cordata system, there is not a distinction between sex and gender. The Cordata Research Registry Codebook defines gender as the gender or sex assigned to the individual at birth. The Cordata Community Data Dictionary defines gender as the gender the client currently identifies with. The Cordata QRT User Guide does not define gender for users. Inconsistent or undefined definitions may impact insights that could be gleaned. Race and ethnicity are not required fields and do not consistently appear to be self-reported. 15% of race entries in 2022 and 18% of race entries in 2023 were designated not reported. 50% of ethnicity entries in both years were unknown/not reported.
Future considerations could include an alert reminding users to enter a birthdate once contact has been made, distinguishing between gender and sex for the collection of demographic variables, and building out options for gender identity to expand upon "other." Additionally, it may be helpful to establish standards to gather reliable and consistent information on race and ethnicity.

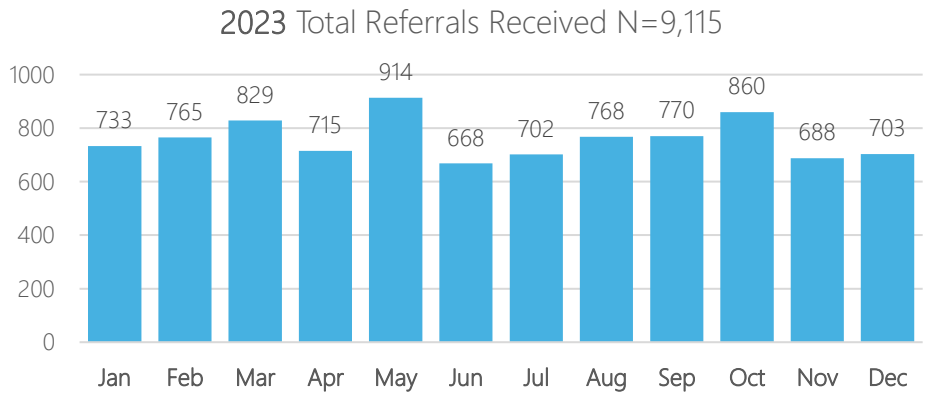
Total Referrals

The graph 2023 Total Referrals Received was developed using deduplicated Referral Date data in the Research Registry. According to the Cordata Research Registry Code Book, Referral Date should mean the date a client was referred to the response team for follow up and is identified as follows: "a referral essentially begins an episode of interaction between a response team and client." The analysis shows a steady number of referrals throughout the year. Referral Types come from a configurable list that can be individualized by team, to indicate reasons for referral and although not indicated in the graph, include Care Coordination, Diversion, OD Response (overdose), Social Contact, Social Support, or Target Intervention. The total number of referrals made to

quick response teams using the Cordata Quick Response Team Database in 2023 is 9,115.

The graph *2022 Total Referrals Received* uses the same analysis as described above. The total number of referrals made in 2022 was 7,186. This demonstrates an increase of 1,929 individuals encountered by quick response teams using the Cordata Quick Response Team Database from 2022 to 2023.





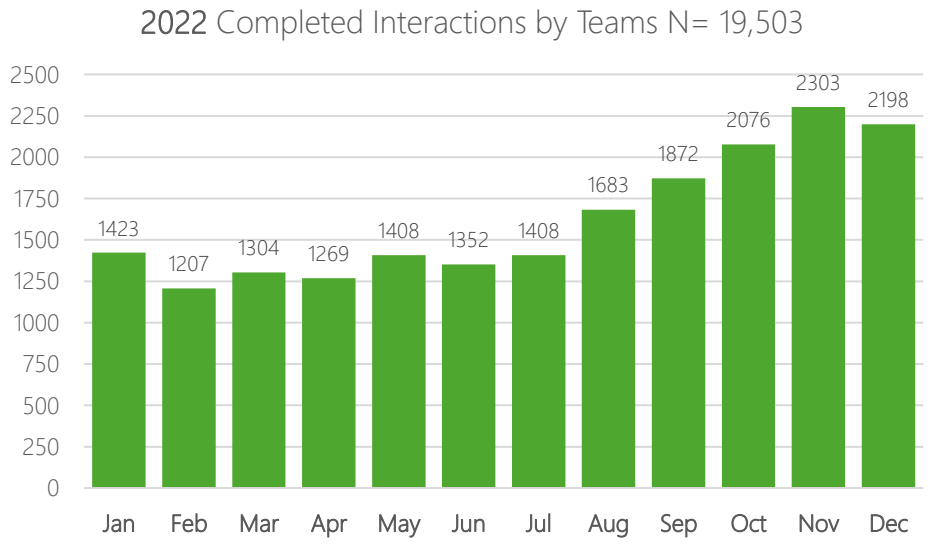
In exploring referral type, it may benefit those working in the data to better understand how the list is configured. Understanding what options are available, how teams are oriented to and select from options, if there are limitations to options, and how frequently those options are made available across the platform may better inform analysis and subsequent insights.

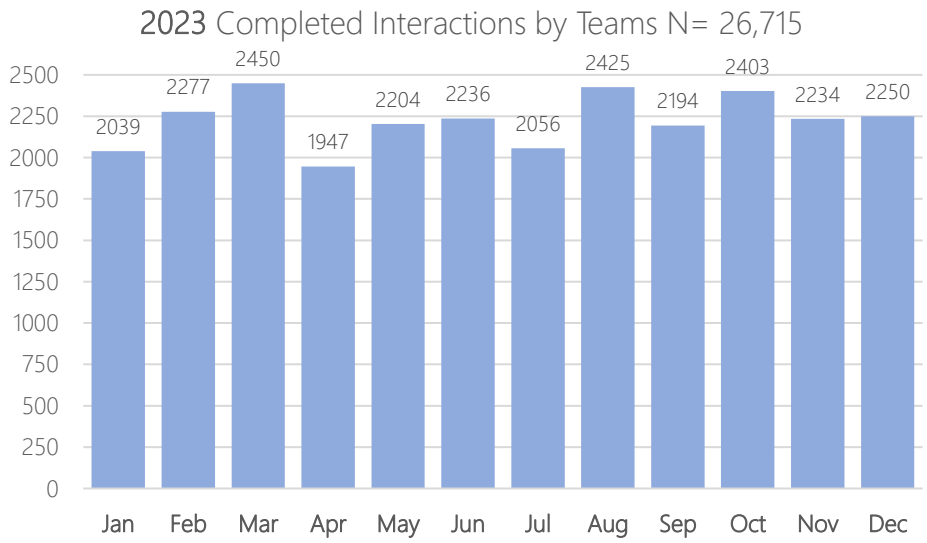
Future considerations for analysis could include a breakdown of referral types, referral sources, and initial versus repeat referrals. Referral types are individualized by team based on a configurable list and can be tailored to team process and function. Additional analysis of referral types may offer insight into trends in the field of deflection

and at what points individuals with substance use disorders intercept with teams. Analysis of referral sources can provide insight into trends and gaps with community relationships. Initial versus repeat referral analysis can increase understanding of service utilization.

Completed Interactions

The graph *2023 Completed Interactions by Teams* shows all quick response team interactions for calendar year 2023. According to the Cordata codebook, interactions with individuals occur when an outreach attempt is made, regardless of success. There are frequently multiple interactions with an individual before a treatment decision is reached. Interactions may occur with the person experiencing issues with substance use, their household members, significant others, or family members. In 2023, 26,715 interactions were documented by quick response teams using the Cordata Quick Response Team Database. Notably, the majority of interactions in 2023 appear to come from southwest Ohio with Hamilton County Court Outreach, Hamilton County QRT, Montgomery County PHDMC QRT, The Hopeline-SW Ohio and the Hopeline Continuing Care- SW Ohio accounting for approximately 85% of interactions. Lucas County DART is the outlier, making up for approximately 8% of the interactions.
The graph *2022 Completed Interactions by Teams* shows all quick response team interactions for calendar year 2022. 19,503 Interactions were documented by quick response teams using the database for that year. This shows an increase of 7,212 interactions between 2022 and 2023 as additional teams were onboarded. Notably, the majority of interactions in 2023 appear to come from Southwest Ohio with Hamilton County QRT, Montgomery County PHDMC QRT, and The Hopeline-SW Ohio accounting for approximately 75% of interactions. Lucas County DART and Wood County Addiction Response Collaborative in Northwest Ohio are the outliers, making up for approximately 8% of the interactions.





The geographic concentration of Cordata use is notable. It appears that teams close to the birthplace of Cordata and/or teams who were early adopters of Cordata are high utilizers of the platform. The difference in utilization makes it difficult to make generalizations or inferences about those utilizing the platform or QRT efforts generally for the state of Ohio. Further assessment of data collection in areas of low utilization or no utilization would be beneficial to better understand how teams understand or use the system to its fullest capacity, prioritize data collection, or have developed systems and processes to streamline input.

Future analysis could include outcomes associated by comparing scheduled and unscheduled contacts, 1st contacts and follow up contacts, and methods of interaction (in person, phone, etc.). Understanding how people respond to engagement can inform future intervention development.

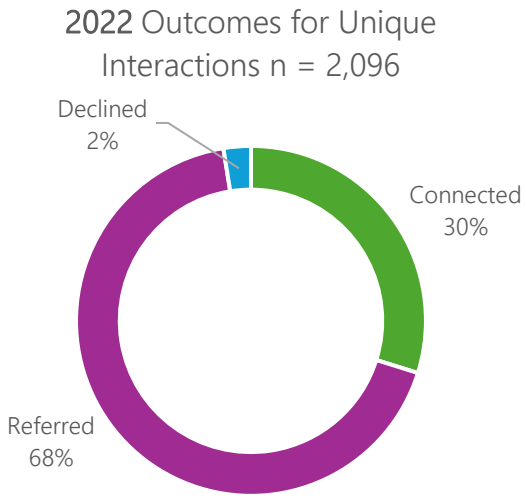
Outcomes for Unique Interactions

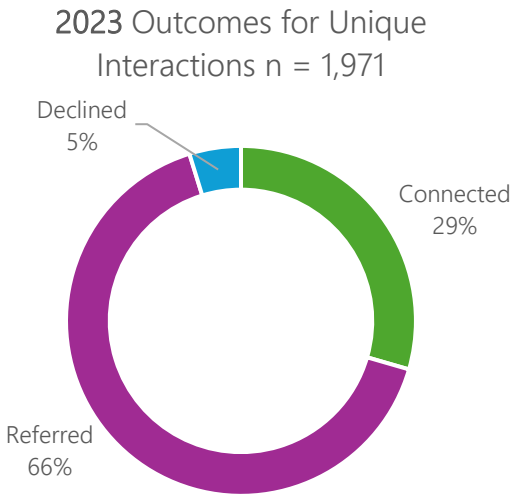
In presentation materials used to introduce or report on quick response efforts in Ohio, data on interaction outcomes includes dispositions related to treatment and support services. In our analysis, we elected to separate and report on treatment outcomes. This was due to the availability of information related to dispositions and the reliability of the statement *deflected to treatment and support services* given that teams define this differently across Ohio, which is discussed later in this report.

The graph *2023 Outcomes for Unique Interactions* shows the treatment related results of quick response team interactions for calendar year 2023. Results were de-duplicated to reflect unique individuals. Options are Referred, Connected, or Declined. According to the Cordata User Guide, Referred indicates a treatment program or facility has been

identified for the client, but treatment has not begun. Connected indicates the client is eligible and has begun treatment either by being admitted or attending the first session. Declined indicates the client has decided that they do not need or will not accept the referral to treatment. In 2023, 1,971 treatment related outcomes were documented.

The graph for *2022 Outcomes for Unique Interactions* shows treatment related results of interactions for calendar year 2022. In 2022, 2,096 treatment related outcomes were documented by QRTs using the Cordata Quick Response Team Database. This demonstrates a decrease of 125 documented results from 2022 to 2023.





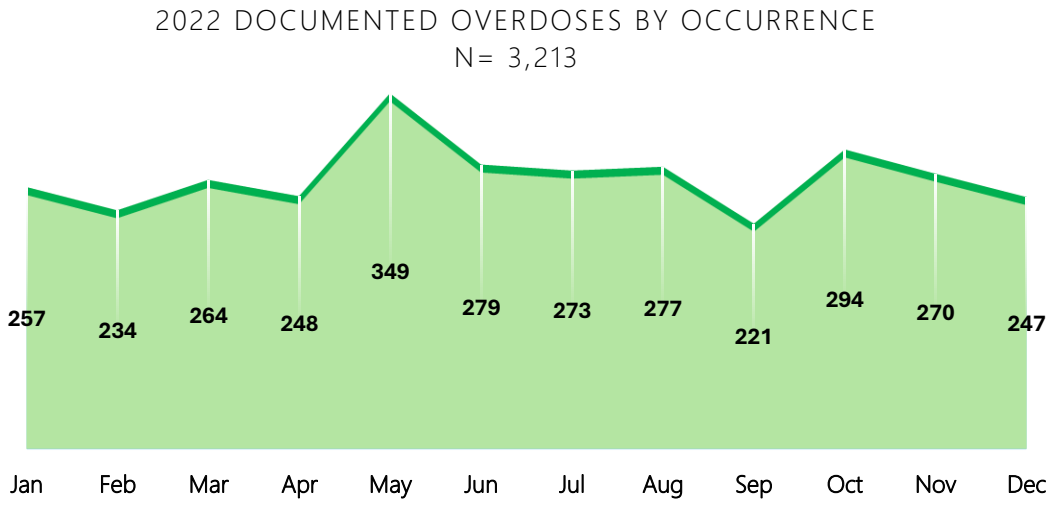
Teams would benefit from stronger definitions related to dispositions. Referral is used to describe both how individuals are initially linked to the quick response *and* as an indicator that treatment has been identified for a client. Furthermore, a gray area exists in the distinction of referral and connected. Connected is defined as *client has been admitted to or attended their first session*. Anecdotally, teams have been observed using both "referred" and "connected" when describing a transitional space such as a client scheduling an appointment and waiting to attend. This may be interpreted by some as being "admitted to treatment" and may include any of the following: completing a phone screen, having an assessment scheduled, having "identified a program" as resources were provided, or an action was taken toward a chosen program. Before we can make firm, reliable statements about what the data is telling us we need to have confidence that teams are using the same language, and they are engaging with the system based on clear guidelines.

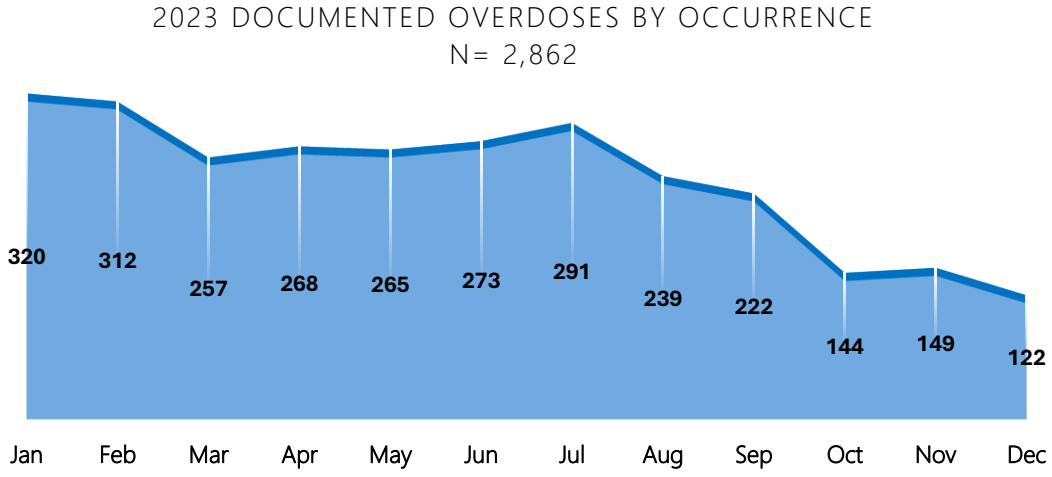
In addition to treatment, connection along the deflection continuum including harm reduction and other supports and services is of value and may demonstrate defined impacts of interventions and their importance. For future analysis, it may be beneficial to define and isolate the differences between the harm reduction and other support service points of contact and dispositions.

Documented Overdoses by Occurrence

The graph *2023 Documented Overdoses by Occurrence* shows data pulled from the Cordata Quick Response Team database for all of 2023. Results were then de-duplicated to ensure that only unique individuals were represented. This represents 2,862 individuals whose overdose was recorded in the system. The total number of overdose occurrences in this system is 3,439. For further context, the difference in these totals represents individuals who had multiple overdoses recorded.

The graph *2022 Documented Overdoses by Occurrence* uses the same analysis as the prior year. This represents 3,213 individuals whose overdose was recorded in the system. The total number of recorded overdoses in this system is 4,024. This demonstrates a decrease of 351 individuals with a recorded overdose and a decrease of 585 total overdose records submitted by teams using the Cordata Quick Response Team Database from 2022 to 2023.





Please note: Overdoses can be both fatal and non-fatal; this graph does not distinguish between these outcomes. Additionally, not all overdoses are recorded in the platform, therefore, we chose to show unique occurrences to get a better sense of the size of the population served by teams working in the deflection space and using the Cordata Quick Response Team database. As of April 8, 2024, rule 3701-3-16 of the Ohio Administrative Code requires emergency departments to report non-fatal drug overdoses as a health condition. The rule defines a drug overdose as a nonfatal poisoning. Changes to this rule will begin Ohio's data collection on non-fatal overdose encounters. In the future, researchers will be able to make greater use of the data being collected for individuals referred to teams.

Summary

Currently, Cordata's Quick Response Team Database serves as a tool for 49 teams in the state of Ohio representing 34 counties. Since the inception of the project, Cordata has exceeded their onboarding goal, introducing the database to 16 new teams around the state. In reviewing broad variables, the Substance Use Deflection Initiative has outlined current high level quick response team data, identified strengths for broader application, and explored opportunities to strengthen and advance the system.

Cordata offers a data collection tool rich in features and customizable to teams. Ease of initial access at the start of a referral allows for functionality in the field-based work that is a hallmark of deflection. The extensive and expansive use of the platform seen in southwestern Ohio teams speaks to the value it can offer to QRTs. Teams using the system to its robust capacity could serve as models for those who are new to or underutilizing the database.

Language continues to be an ongoing topic around deflection as cross-systems collaboration means each sector brings its own language. Similarly, with the database, before firm reliable statements can be made, there needs to be confidence that teams are using the same language based on clear guidelines. Additionally, to make reliable inferences around trends, we need to ensure that teams are engaging with the system with consistency.

This work demonstrates an opportunity for continued data analysis and evaluation that can result in meaningful targeted resources, supports, and practices. However, it is difficult to gain full understanding of statewide efforts without including teams using other methods of data collection. An analysis looking at a smaller group of teams over a longer period including dispositions and outcomes may provide more meaningful information.