



Bureau of Justice Assistance (BJA)-Supported
Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP)

Data-Driven Strategies to

Improve Outreach and Treatment Access: Ross County Health District Partnership Project

The Ross County Health District (RCHD) is one of the six local communities funded by the Bureau of Justice Assistance Partnership to Support Data-Driven Responses Demonstration Project. Ross County is located in the Appalachian region of southern Ohio. RCHD conducted analysis and collected input from community service agencies, peer recovery supporters, law enforcement, and health care providers reported to identify their targeted program activities. This publication outlines the analysis and resulting data-driven strategies developed by the RCHD project.

Planning and Analysis

All Partnership sites were required to participate in a planning phase to collect and analyze data to shape their response activities. Early RCHD stakeholder meetings identified improving rapid access to treatment as the key area of focus for the Partnerships project. With limited data available to formally develop a response, RCHD implemented the following data collection activities to support its analysis:

- Conduct in-depth interviews with all providers in the region to document treatment options, capacity, and insurance/payment methods.
- Collect data on service barriers and needs for high-risk populations (e.g., individuals who experienced nonfatal overdoses; those with criminal justice system involvement) through surveys.
- Collect data on provider responsiveness and service wait times through mock service requests.

These data, as well as other data from existing sources, were analyzed by RCHD and presented to the stakeholder group. Stakeholder discussions resulted in three programmatic activities: implementing public awareness and substance abuse education campaign; expanding community outreach and overdose support; and developing a data warehouse for collecting and sharing substance abuse and overdose response data.

Partnerships Demonstration Project

The goal of the Partnerships project is to facilitate collaborative analysis of local and state public health and safety data that support targeted implementation of public health, public safety, and behavioral health strategies that prevent and reduce overdose deaths. Grantees are required to form organizational structures to support cross-sector collaboration, including an executive leadership group, a data-focused group, and a stakeholder group to guide data analysis and prioritize responses.

Activity 1: Public awareness and education campaign

Data from treatment provider interviews and an Ohio University–Chillicothe study on local perceptions of peer recovery services in the community found misconceptions about peers in the general population. In addition, stigma around substance use is a known challenge in the community, with grievances reported around previous harm-reduction and naloxone messaging. Data from the high-risk population surveys found experiencing stigma from providers was a frequently reported barrier to treatment. Based on these data, the stakeholders decided to implement a multifaceted public awareness and educational campaign as a program activity. The campaign has three main goals:

- Expand awareness, education, and utilization of peer recovery support (PRS) services
- Provide education to reduce stigma
- Increase awareness of community treatment and resource options

Information will be shared via billboards, junior portable billboards, flyers, mailer cards, and convenience store ads, as well as social media and partner websites. There will be a series of community and professional events to engage public and professional sectors, including resource table events targeted to high-overdose locations; several roundtable events with local law enforcement and local treatment providers to raise awareness of peer recovery supports; and an educational community conference.

Evaluating the Campaign

RCHD plans to evaluate the public awareness/perception of peer recovery supports through a community survey and pre-/post-surveys at training and roundtable events.

Activity 2: Expand community outreach, overdose response, and treatment supports

Data collected from the mock-service request and treatment partners interviews, as well as existing outreach team data, highlighted the need to expand outreach and recovery support services. Overdose incident data from the Overdose Detection and Mapping Application Program (ODMAP) was analyzed to identify overdose hot spots. These analyses found the locations centered around several Chillicothe and Ross County Public Library (CRCPL) locations; notably, these areas are also outside the traditional service area for other community outreach programs. Data from the county's Post Overdose Response Team (PORT) indicated that law enforcement responds to 80 percent of overdose incidents in the county. Qualitative data from stakeholders indicated the need for a position in the public safety sector dedicated to providing connections to local treatment services and community resources, such as a licensed social worker. Based on these data, the stakeholder group decided to embed a peer recovery support specialist in the community and a licensed social worker in the Chillicothe Police Department.

The new peer recovery support (PRS) staff member is embedded in the county public libraries. In addition to overdose outreach, the peer provides support to vulnerable patrons, connecting them to services and resources such as legal assistance or housing services. Weekly drop-in hours are provided at several library locations. The PRS is connected with the larger peer network in the community and is provided with informal supervision by Ross County Community Action.

Collaborative Success

The PRS at the library has been a tremendous success. The CRCPL advertises the service at all of its branches on a newly developed Web page on PRS services.

Integrated Services for Behavioral Health (ISBH) is funded to staff the licensed social worker (LSW) position that is functionally housed in the police department. The LSW receives referrals directly from officers, drug courts, and jail and peer recovery support staff members and serves on PORT, providing outreach to overdose survivors as part of the community response team. An added benefit of embedding the LSW with the Chillicothe Police Department is that she provides support and assistance to high-risk individuals with a wide range of needs, thus lowering the burden on officers. She also provides informal training to officers.

Building Trust With Officers

The embedded LSW meets with officers on different shifts to build trust and engage them around her role and how she can support them.

Activity 3: Enhance data collection and data sharing

One of the outcomes of the planning phase was to improve the collection and sharing of information on substance use and overdose. Historically, data has been siloed across providers and agencies in Ross County. In addition, activities during the planning phase yielded limited information on overdose outreach and recovery support efforts. To address these gaps, RCHD implemented new data-collection activities and a data warehouse to facilitate client-level data sharing. The team started with data collection for the community outreach and peer activities, with plans to expand the agencies and data sources in the future.

Data Use/Business Associate Agreements

Early on, RCHD recognized that its role in managing and analyzing shared data under this activity was different from managing its clients' data. Given the complexity of developing data use agreements, the team acquired legal consultation to ensure that they established the appropriate framework and protections to collect and share data across partners. The HIPPA legal consultant recommended using a document that was a combination of a data use agreement (DU) and a business associate agreement (BAA) because of the broad range of data sharing requirements between partners.

After the DU/BAA passed the internal review process, including approval by the governing entity, RCHD worked with local partners to put the agreements in place. Notably, because of laws around electronic data responsibilities and coverage limits for data breaches, the RCHD insurance agent took part in the review process. The release of information (ROI) for clients has separate consents for data collection and data sharing in recognition that (1) not all partners will submit identifiable data and (2) not all participants will feel comfortable sharing identifying information.

Capturing Electronic Signature

During COVID-19, it was necessary to collect electronic signatures remotely. Since many potential participants do not have email, they had to find a program that allows text and email forms.

Data-Collection Partners

- Ross County Sheriff's Office, on behalf of the Ross County Jail and Post Overdose Response Team
- Integrated Services for Behavioral Health, on behalf of the sub-awarded Chillicothe Police Department social worker
- Chillicothe & Ross County Public Library, on behalf of the sub-awarded peer recovery support specialist
- Ross County Community Action, on behalf of community peer recovery supporters, and Adena Regional Medical Center

Data Collection and Data Warehouse

RCHD had several criteria for selecting the software, including the ability to collect data via an app when an internet connection is not available, a common occurrence for outreach in rural areas. Other criteria requirements included software that was HIPPA-compliant, could provide access to stakeholders from various external partners at once, and was able to track data over time with no storage limit or capacity concerns. After research and consultation with partners, RCHD ultimately selected REDCap, which has the added benefit of aligning with the Ohio Department of Health and future Ohio University–Chillicothe evaluation efforts. Initially, the warehouse was hosted by the REDCap vendor; however, RCHD is in the process of upgrading its IT infrastructure to host its own data, which will allow expanded data collection.

New data-collection protocols were developed by the data workgroup to track overdose response, and recovery supports were implemented by the LSW, CRCPL PRS, PORT, and other community PRS. Data elements include client demographics, client contact information, outreach contacts, resource challenges, service goals, and referral tracking.

All data-collection partners (e.g., jail, hospital) can access the data system to make electronic referrals to the LSW, PRS staff members, or PORT and follow the service linkage process. The system automatically removes HIPPA identifiers if an ROI is not signed. The next steps for the data warehouse include expanding partners, adding data elements from other sectors, and sharing aggregate data on a public-facing dashboard.

Tip

Training and reviewing data collected by staff members, as well as developing a data dictionary, is important for ensuring accurate reporting.

Questions About the Ross County Partnership Project

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Visit the COSSAP Resource Center at www.cossapresources.org.

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