Partnerships Initiative Final Consensus: Data Collaboration Delivers More Effective Responses for Communities Battling Substance Misuse

Catching Up With COSSAP, August 2022

When the six sites that formed Partnerships to Support Data-driven Responses to Emerging Drug Threats, a COSSAP demonstration project designed to promote collaborative data sharing and more efficient community responses to substance misuse, convened online for a final time August 16–17, 2022, they spoke with one voice—one that embodied the very purpose of the project.

The sites reported that when data about drug use and its consequences are collected from multiple sources and synthesized to better identify trends and populations to target and then used strategically to inform collaborative, real-time responses to substance misuse on the ground, those responses are simply better—quicker, more efficient, more impactful. To a person, meeting participants spoke with genuine hope about how their communities had, if not reversed ongoing overdose rates, at least obtained a much better understanding of their substance use problems and how to address them.

For example:

- Cook County Health (CCH) in Illinois, a countywide health service provider, reported that its Partnerships grant enabled the county to make better referrals to treatment services for probationers and to identify the emergence of xylazine, a central nervous system depressant, in its drug market.
- Paterson, New Jersey, used its Partnerships grant to generate technological advances that resulted in almost 900 quality treatment referrals in the past year.
- Pueblo County, Colorado, was able to coordinate data collection and evaluation to improve the work of its Quick Response Team (QRT) and created a focus group specifically to address the treatment needs of parents and pregnant women.

- The Oneida County Health Department in upstate New York provided project partners with a weekly report that tracks reported overdoses and naloxone administrations, which caused engagement with the county's opioid task force to "explode," according to the project coordinator.

In perhaps the ultimate demonstration of success for a demonstration project, several sites reported that they were able to leverage the success of their Partnerships projects to obtain grants from other sources in order to ensure the sustainability of their substance use responses.

Project coordinators for the sites acknowledged challenges that sometimes slowed their progress—transitions in leadership, gaining buy-in from key stakeholders, and concluding data sharing agreements were the most common—but concluded that they were far outweighed by the lasting value and positive impacts the partnerships generated.

"I am a big believer that partnerships are at the core of all we do. Outcomes are better if we work together," said Dr. Mallory O'Brien, Senior Researcher for the Bureau of Justice Assistance (BJA) and Public Health and Safety Consultant for the Centers for Disease Control and Prevention (CDC), who cohosted the online meeting. "On behalf of BJA and CDC, thank you for all you have done."

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The Partnerships initiative began in 2019 with the selection of the following six sites for funding:

City of Paterson, NJ	Pueblo County, CO
Cook County, Il	Ross County, OH
Oneida County, NY	Salt Lake County, UT

The initiative, supported by BJA funding, was rooted in the conviction that establishing cross-sector partnerships that promote collaboration and enhance information sharing is a critical component in any community's successful approach to combating the opioid epidemic. These multidisciplinary collaborations facilitate the sharing of timely and accurate data and enable public safety, public health, and behavioral health agencies to leverage their distinct and complementary roles and capabilities to respond effectively to substance misuse.

Following a methodical six-month planning process, during which sites identified and convened local public health and public safety stakeholders and established steering committees to oversee information sharing and decision-making protocols, the sites began data collection and analysis that focused on determining root causes of substance use and tailored rapid responses at the street level.

The August online convening represented a final opportunity, at the conclusion of three years of funding, for the sites to report on their progress toward achieving programmatic goals. While several project coordinators conceded that stakeholder buy-in was often slow in coming and efforts to complete data sharing agreements even more so, their accounts were uniformly enthusiastic

and forward-looking. All of them were convinced that the upgrades to their rapid response efforts prompted by the Partnerships initiative would be sustained into the future.

Below are summaries of the sites' projects:

In Cook County, the Partnerships project was led by CCH, a countywide health service provider. During the planning phase, CCH quantified the risk of fatal overdoses among a part of Cook County's community detention population; based on its analyses, CCH implemented the following activities, among others:

- A one-time data linkage between the Cook County Medical Examiner's Office and the Cook County Adult Probation Department (APD) that examined the risk of fatal overdoses among adult probationers to inform intervention planning

- A qualitative study by the Illinois Criminal Justice Information Authority and the Cook County Adult Probation Research Department on barriers to housing, treatment, and other community resources for probationers in recovery

- Collaboration with the medical examiner's office to receive forensic overdose data to (1) detect emerging drug overdose threats, (2) identify clusters by spatiotemporal mapping, and (3) identify vulnerable populations within Cook County

Dr. Keiki Hinami, Director of Applied Research for the Center for Health Equity and Innovation at CCH, said the Partnerships grant was instrumental in helping the county overcome data collection challenges—despite Cook County's status as the second-most populous county in the United States.

Particularly successful was the linkage with the APD, which resulted in the education of staff members on making proper referrals to services for probationers. "Probation officers are not clinicians," Dr. Hinami said. "This became an important tool for APD to make effective referrals" and to help clients maintain health care coverage when their Medicaid coverage had run out.

Even better was the collaboration with the medical examiner's office on overdose data, which created an electronic feed between a laboratory performing toxicology screening and project partners. Its data helped identify the recent emergence in the Cook County drug

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market of xylazine, a central nervous system depressant that can slow breathing, heart rate, and blood pressure to dangerously low levels and is less responsive to naloxone than opioids. "That proved enormously useful," said Dr. Hinami.

In Ross County, in the Appalachian region of southern Ohio, the Partnerships project was led by the Ross County Health District. After the district analyzed data related to treatment provider capacity and barriers to treatment, the project:

- Developed a data warehouse to store and analyze cross-sector substance use and overdose-related data that can track clients and expand referral processes.
- Implemented a public education campaign designed to increase public awareness of treatment and telehealth services, as well as peer recovery support services, and to reduce stigma.
- Funded peer recovery support specialist and community social worker positions to provide wraparound services and remove barriers to treatment services.
- Deployed iPads to expand data collection and support access to substance use disorder (SUD) and peer recovery telehealth services.

Reviewing the project's record, Kelly Dennis, Director of Health Promotion and Quality Improvement for the Ross County Health District, said the Partnerships grant was "exactly what we were looking for" in 2019 in that it aligned "perfectly" with a strategic mapping project the district had started the year before, intended to fuse data from multiple agencies to drive more effective responses to substance misuse.

The resulting data dashboard uses Research Electronic Data Capture (REDCap), a web-based application developed by Vanderbilt University to capture data for clinical research and create databases and projects, as well as data from the Overdose Detection Mapping Application Program (ODMAP) and EpiCenter, and shares them with stakeholders in a user-friendly way. The analytics have been particularly beneficial for the district's QRT.

Another "huge" part of the project, Mr. Dennis said, was its positive impact on the district's peer recovery support

system, which has grown significantly in the last three years. "Peers have been the true champions of our data collection," he said. "We really wanted to make sure their services were successful." Ross County used the Partnerships grant to fund a peer recovery supporter and a licensed social worker within the police department; to support the rapid responses based on their success, the district will continue to fund their work after the Partnerships grant ends.

The Partnerships project in the City of Paterson, the third-largest city in New Jersey, was led by the Paterson Police Department (PPD). Following an analysis of overdose and treatment data that prompted the PPD to designate a high-risk corridor in the city where a disproportionate number of overdoses were occurring—two streets in the city accounted for fully 22 percent of overdoses—the project implemented two activities:

- Funding a community partner to provide an education and outreach campaign in the high-risk corridor designed to reduce stigma and raise awareness of community treatment and recovery resources, including medication-assisted treatment (MAT)
- Collaboration with the city's Department of Public Safety to facilitate overdose data collection and analysis to support overdose outreach activities

Andrea Ramalho, Senior Program Manager of Alternative Public Safety Strategies for the PPD, said the Partnerships grant came at an opportune time—"we needed a new tool to invigorate outdated treatment options in the city"—and supported the work of Paterson's Coalition for Opioid Assessment Response and its operational partner, the Opioid Response Team, as well as a new computer-generated dispatch system, RealFix, that connects individuals with opioid addiction to MAT.

"Partners were not talking to each other [before], but they are now. The COSSAP grant has been challenging, but completely rewarding," Ms. Ramalho said. "We're making quality referrals, using updated science and more quality treatment providers now. We've made between 800 and 900 referrals since last year."

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In Salt Lake County, Utah, the Salt Lake County Health Department led the implementation of the following activities:

- Construction of the Social Determinants of Health Integrated Virtual Exchange (SD-HIVE), a data warehouse with a master person index (MPI), to promote data sharing and linkages across the county. SD-HIVE's analytics detect hot spots and trends, harmonize county agency service delivery, evaluate interventions, and provide data for visualization on internal and external dashboards.
- A paid internship program for certified peer support specialists at behavioral health and social services agencies across the county.
- A peer mentor position for individuals who experience a nonfatal overdose in hospital emergency departments, through a partnership between Salt Lake County Behavioral Services and Salt Lake County Criminal Justice Services.

Beth Graham, Associate Director for Human Services for the county, said the data dashboard represented a critical effort to overcome siloing of substance use responses in Salt Lake County: "Many agencies had a singular approach to treatment; the concept of sharing data and having common goals hadn't happened. This is a collective effort now to coordinate efforts."

Specifically, Jeffrey Eason, Bureau Manager for the Salt Lake County Health Department, said the MPI enables the county to adjust data it receives from partners, transform them for analysis, and present them to stakeholders in a secure fashion. The successful implementation of the dashboard, in turn, hinged on the conclusion of a data sharing agreement backed by the state department of health and the work of the county's information technology (IT) department to create matching algorithms for all incoming data.

"This model has been talked about for years—I'm really proud of the [IT] team to be able to get this product out," Mr. Eason said. "Community members likely have touch points with several community services. [The dashboard] has created a multi-agency format that has gotten vital records mortality data, jail booking data from the sheriff's office, and criminal justice service probation data—and we'll get more data in the future. We'll be able to create internal dashboards to enable more efficient responses."

In Pueblo County, the Partnerships project was led by the Pueblo Department of Public Health and Environment (PDPHE). After collecting and analyzing data from law enforcement agencies, hospitals and behavioral health providers, emergency services, the Department of Human Services, harm reduction providers, and coroners' offices, the project:

- Enhanced data sharing and analysis from the above community partners and others, which were used to create a public-facing dashboard.
- Supported data collection from community homeless services via the coordinated entry homeless management information system in order to identify vulnerable residents with SUDs and connect them to resources and peer support.
- Implemented peer support services to support continuity of care for individuals released from incarceration.
- Implemented a QRT through the Pueblo Fire Department that includes peer support specialists.

Olivia Leyva, a health promotion specialist with the PDPHE, noted the difficulties providers had had in getting individuals into treatment throughout the county, which suffers from high poverty rates. Through the Partnerships grant, the QRT was able to coordinate data collection and evaluation and a focus group was created specifically to address the needs of parents and pregnant individuals.

"The dashboard highlights the great partnerships we have—building trust among community partners and bringing new partners to the table," Ms. Leyva said. The Partnerships project has since been leveraged to obtain further grant funding to hire peer specialists and for naloxone training for first responders.

Finally, in Oneida County, project leader Oneida County Health Department analyzed data from ODMAP, a local health hub, syringe programs, naloxone administration programs, the New York State Department of Health Electronic Syndromic Surveillance System, and medical examiner toxicology reports and drug-related death data. The resulting project focused on expanding the public-facing dashboard that tracks to drug overdoses and other trends; enlarging peer overdose outreach activities; establishing an overdose fatality review board; and initiating a fentanyl test-strip project.

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Lisa Worden, a project director with the Oneida County Health Department, said that following enthusiastic buy-in from stakeholder leadership, OCHD began providing project partners with a weekly report (above) that tracks reported overdoses and naloxone administrations.

"That got the partners really interested," Ms. Worden said. "From that point, our opioid task force began to explode in engagement. The project also made outreach more systematic for law enforcement, by using peers to identify and find people, then conduct assessments for needs that extend beyond substance use."

Consequently, the county now employs a street engagement team that makes referrals to low-threshold treatment and is funded by grants from the National Association of County and City Health Officials and the CDC.

BJA's
Comprehensive Opioid, Stimulant, and Substance Abuse Program

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