INTERACT FOR HEALTH

Quick Response Team Evaluation

Request for Applications ▪ Deadline 5 p.m. Oct. 19, 2018

OVERVIEW

The opioid epidemic is a top public health issue for communities across the nation. Overdose deaths in the United States killed 63,632 Americans in 2016.[1] Our region is at the center of the epidemic. Ohio, Kentucky and Indiana have been greatly affected. Ohio has the second highest overdose death rate in the country while Kentucky ranks fifth and Indiana ranks 15th.[2]

Interact for Health serves as a catalyst by promoting health equity through grants, education, research, policy and engagement. To amplify the impact of our work, Interact for Health focuses on three strategic priorities: reducing tobacco use, addressing the opioid epidemic and ensuring that children have access to health care through school-based health centers. We are an independent foundation that serves 20 counties in Ohio, Kentucky and Indiana.

Interact for Health has invested in various opioid response strategies since 2012, in both urban and rural communities across our region. Currently, Interact for Health is investing in harm-reduction strategies including syringe-access services, regional alignment, recovery supports and pre-arrest diversion. This includes $903,500 (to date) for Quick Response Teams funded by Interact for Health and through the Funders' Response to the Heroin Epidemic, a collaborative that brings together local funders to address the opioid epidemic.

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[1] Moribidity and Mortality Weekly. (2018, March 29). Retrieved June 6, 2018, from www.cdc.gov/media/releases/2018/p0329-drug-overdose-deaths.html.

[2] Overdose Mortality by State. (2018, January 10). Retrieved Sept. 6, 2018, from www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm.

PROJECT BACKGROUND

A **Quick Response Team (QRT)** is a "naloxone-plus" model of pre-arrest diversion. Pre-arrest diversion is a community-oriented policing model that allows law enforcement officers (or other system representatives) to divert people out of the criminal justice system and into appropriate treatment or social services systems to address root causes of their behavior. QRTs are a relatively new model that provide an integrated overdose response to help connect high-risk overdose survivors to treatment and recovery services. A QRT includes first responders (law enforcement, fire and EMS), addiction treatment providers and peer mentors – people in recovery from addiction. The team works collaboratively to identify overdose survivors and conducts proactive outreach to connect them to care and recovery, as well as additional services such as housing, mental health care, transportation and medical care. To date, Interact for Health is not aware of any comprehensive evaluations of the QRT model.

A QRT focuses on the window of opportunity after an opioid overdose when people with a substance use disorder are potentially open to intervention. Members of the QRT visit the home of a person who recently overdosed and offer support services to the individual and that person's family. QRT members encourage the person to seek treatment, and work to remove barriers and obstacles that may come up as the survivor engages in treatment.

Colerain Township developed the region's first QRT in 2015 to improve its response to overdoses and facilitate better connections to treatment. QRTs have been adopted throughout Ohio and in neighboring states. Greater Cincinnati has more than 10 QRTs.

SCOPE OF SERVICES

Interact for Health seeks proposals from experienced evaluators to measure the effectiveness of QRTs in Greater Cincinnati at the model, team and client levels. The evaluator will be responsible for conducting a multi-year, multi-site process and outcome evaluation that will assess both the intermediate and long-term outcomes of the QRT initiative. Teams that are Interact for Health grantees are required to input common data measures into the Cordata software system and each grant has a process and outcome evaluation plan.

Below is a list of evaluation questions that Interact for Health has an interest in answering. However, Interact for Health recognizes that it may not be realistic to answer all the questions within the scope of this project. The evaluator will work with Interact for Health to select the final evaluation questions. Please note that the model level questions must be answered within the scope of this project.

Model-level questions

- To what extent do QRTs reduce overdose fatality rates in the region?
- Are QRTs effective at reducing overdose recidivism for clients who have been contacted by a team?
- What is innovative about QRTs that stands out from other pre-arrest diversion models?
- Are QRTs a cost-effective strategy for addressing opioid use disorder?

Team-level questions

- Are there elements of a QRT that are necessary to create an effective team (length of time to respond to an overdose, training of teams, structure of teams, staffing, policies and procedures)?
  – How do these elements vary by community (rural vs. urban vs. suburban)?
- Have QRTs reduced first responder fatigue among participating jurisdictions?
- In what ways have QRTs changed public perception of opioid use disorder?

Client-level questions

- To what extent do QRTs increase the likelihood that a client enters a treatment program?
- Do QRTs improve a client's ability to achieve long-term recovery?
- Have QRTs improved clients' perception of law enforcement?

The evaluator will work with Interact for Health's vice president of research and evaluation and the opioid team evaluation officer to produce a comprehensive regional evaluation report.

Deliverables and other requirements include:

- Implement the initiative evaluation using an equity lens throughout, ensuring that reducing disparities is a focus of site-selection criteria, data collection, analysis and sharing evaluation information.
- Work with Interact for Health to identify selection criteria and select QRTs for participation (up to six teams).
- Work with Interact for Health to narrow evaluation questions from the list provided.
- Create a detailed plan for answering the evaluation questions.
- Analyze data collected by participating QRTs in the Cordata software system.
- Work with Interact for Health and QRTs to identify and collect additional data necessary to answer evaluation questions in a way that is minimally disruptive to the ongoing implementation of QRT services.
- Communicate regularly with Interact for Health staff for updates and support.
- Provide monthly informal updates (either on the phone or in person) and produce annual reports providing preliminary findings and progress.
- Produce a final report summarizing all evaluation findings.
- Collaborate with Interact on creating and making study findings available to the community and QRT practitioners. Applicants should plan to collaborate with Interact staff on

three to four community presentations and two to three conference presentations about the findings of this evaluation.

- Work with Interact for Health to develop a plan for external dissemination. **Please note that all external dissemination of findings will be managed by Interact for Health.**

PROPOSAL REQUIREMENTS

The proposal packet can:

- be up to 10 pages long, single-spaced;
- use a type font not smaller than 12 points; and
- have margins of not less than 1 inch.

Proposals must include the following:

- An outline of a plan for meeting the services listed above, including the proposed approach for addressing evaluation questions, key activities and deliverables. Include a timeline for completion of the work to cover 2019 to 2021.
- Qualifications of the team for this project and any subcontractors or other vendors that will be engaged in this work. Include diversity of staff and their experience working with diverse communities including people struggling with addiction.
- The applicant's experience and capabilities, including past or current experience completing in-depth process and outcome evaluations, especially evaluations of programs that involve cross-sector collaborations in a community setting.
- The applicant's experience sharing research findings in language that is understandable to the general public.
- The applicant's experience and knowledge working in suburban, rural and urban communities.
- An overview of any anticipated challenges and how the team for this project will manage any challenges. Please include how the evaluation will work to address the burden to the QRTs inherent in the process.
- A proposed budget not to exceed $380,000.
- A list of three references.

COMMITMENT TO EQUITY, DIVERSITY AND INCLUSION

Interact for Health provides funding and technical assistance to 20 counties in Greater Cincinnati with diverse communities and is committed to expanding diversity (e.g., race, ethnicity, gender and gender identity, sexual orientation) among our vendors and consultants. Interact for Health values working with agencies that have experience working in diverse communities and whose potential staffing is representative of Greater Cincinnati's diverse population.

BUDGET

The proposed three-year budget (2019-2021) should not exceed $380,000. Applicants must submit a proposal that includes a specific timeline and budget for 2019-2021. Interact for Health does not pay administrative or indirect costs. All project expenses should be included in the budget.

TIMELINE

Proposals should be sent to Michelle Lydenberg, Evaluation Officer, at mlydenberg@interactforhealth.org. Proposals will be accepted until **5 p.m. Friday, Oct. 19, 2018**.

Interact for Health will make a selection by Nov. 7, 2018. Interact would like to begin working on outlining the evaluation project in November 2018.

Please direct any questions to Jennifer Chubinski, Vice President of Research and Evaluation, at jchubinski@intearctforhealth.org, or Michelle Lydenberg, Evaluation Officer, at mlydenberg@interactforhealth.org.