

Cuyahoga County Overdose Data to Action Initiative (OD2A)



Executive Summary Year One Evaluation Report September 1, 2019 – August 31, 2020



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The Begun Center for Violence Prevention Research and Education, Jack, Joseph and Morton Mandel School of Applied Social Sciences, Case Western Reserve University promotes social justice and community development by conducting applied, community-based and interdisciplinary research on the causes and prevention of violence, and by educating and training social workers, teachers, law enforcement and other professionals in the principles of effective violence prevention. The Center also develops and evaluates the impact of evidence-based best practices in violence prevention and intervention, and seeks to understand the influence of mental health, substance use, youth development and related issues on violent behavior and public health.

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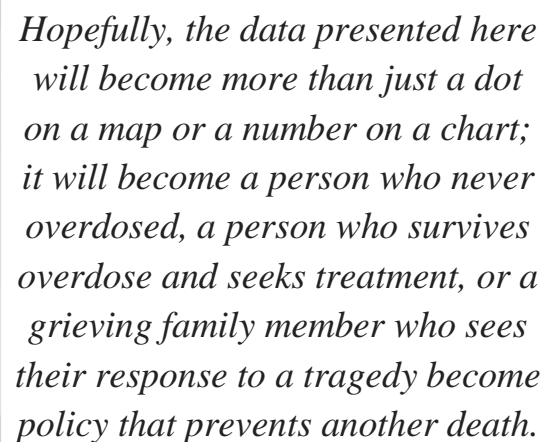
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The Begun Center for Violence Prevention Research and Education (Begun Center) at Case Western Reserve University serves as the evaluator for the Cuyahoga County Board of Health (CCBH) *Cuyahoga County Overdose Data to Action (OD2A) Initiative* funded by the Centers for Disease Control and Prevention (CDC) (CDC-RFA-CE19-1904). The overarching purpose of OD2A is to obtain high quality, comprehensive and timely data on overdose morbidity and mortality and to use those data to inform prevention and response efforts.

While the data collected and presented within this report are extensive, it is important to remember the very human element of this project and not get lost in the numbers. People experimenting with or misusing opioids, and especially those suffering from opioid use disorder (OUD), often face countless barriers: comorbidity with mental illness, stigma associated with drug use, lack of health insurance, homelessness, lack of a support system, and the inability to seek help and treatment for a disease that is often treated like criminal behavior. Additionally, agencies working to support these individuals have their own challenges: working in silos with minimal external support; a lack of funding, insurance coverage for patients and clients, availability of beds, staff, and naloxone; and a general unwillingness of other stakeholders to share data. With each patient denied insurance coverage, each person lost to follow-up because they have no cell phone or mailing address, each time an agency in one jurisdiction fails to connect those in another, a human life is put at risk.

The OD2A project in Cuyahoga County has worked during Year One to manage and overcome these challenges. Fourteen agencies came together to openly share data, collaboratively seek solutions to connect silos within the county (e.g., bridging jurisdictions, joining law enforcement with social workers, developing tools to bring systems together and establish linkages to care), and implement evidence-based solutions connecting people at risk to viable solutions.



Hopefully, the data presented here will become more than just a dot on a map or a number on a chart; it will become a person who never overdosed, a person who survives overdose and seeks treatment, or a grieving family member who sees their response to a tragedy become policy that prevents another death.

This report summarizes and evaluates OD2A Year One partner agency program activities (September 1, 2019 - August 31, 2020). These activities are centered on six consecutively numbered strategies identified by the CDC as Strategies Three through Eight. While outcome measures have been established to provide quantitative data benchmarks for measuring success of each strategy, qualitative data also is collected via partner agencies' self-reports as a means to gauging implementation progress, documenting more fully activity barriers, and recording innovative ideas.

The OD2A team is composed of staff from CCBH, the Cuyahoga County Medical Examiner's Office (CCMEO) and the Begun Center. The OD2A team was able to achieve multiple milestones in Year One relating to ***Implementing Innovative Surveillance to Support Interventions - Strategy Three***. Key datasets for surveillance activities were developed by focusing on collecting and integrating diverse datasets from both public and private sources. CCBH executed two Data Use Agreements (DUA) with the Ohio Department of Health (ODH) which provided access to Vital Statistics (VS) and EpiCenter data. CCBH has been able to link VS death certificate data to EpiCenter and CCMEO drug-related overdose fatalities data using probabilistic matching methodology. CCBH also monitors emergency department (ED) visits due to suspected overdoses using EpiCenter data. **If the number of overdose visits that occur in a 24-hour period exceeds the expected value, CCBH receives an alert.** CCBH has developed a procedure to respond to these alerts and notifies OD2A partners and other stakeholders within one business day. This process was enhanced by comparing these alerts to CCMEO alerts. CCMEO releases alerts when they observe a spike in overdose deaths. Mutual notification is now occurring between CCBH and CCMEO to facilitate detection of overlap, potential seasonal patterns, etc.

The OD2A team also recognized that a key, real-time data source available for purposes of public health surveillance is overdose incident response data from public safety entities, including law enforcement (LE) and Emergency Medical Services (EMS). **Countywide EMS data on nonfatal overdose incidents is not currently available for the OD2A Initiative and creates a gap in understanding the burden that nonfatal overdoses create in Cuyahoga County.** Access to EMS data would provide a better understanding of the burden nonfatal overdoses present related to opioid misuse and would serve as a significant source of surveillance information to enhance efforts by identifying at-risk populations for targeted programming and response efforts. Through records requests from the City of Cleveland as well as drug overdose incident data from two local police jurisdictions (Parma and Lakewood), a Public Safety Pilot Data (PSPD) project was undertaken in Year One to assess how this data could be used to enhance surveillance efforts. Public safety data provides: 1) demographics on overdose victims; 2) identification of multiple overdose victims; 3) identification of high burden areas and/or locations where multiple overdoses occur; 4) identification of persons in need of treatment programs; and 5) potential drug trends. Although these initial records requests and processes are not ideal for long-term information sharing and analysis, the PSPD demonstrated the value of public safety overdose data for public health surveillance.

For purposes of intervention, the PSPD project also was valuable in identifying Cleveland residents who experienced a nonfatal overdose. **Access to overdose incident data is the primary means by which Quick Response Teams (QRT) can identify and visit overdose victims.** Although Cleveland EMS data is not currently available to assist the MetroHealth QRT,

overdose figures from one year of PSPD shows Cleveland Division of Police (CDP) responded to 2,559 incidents and Cleveland EMS (CEMS) responded to 5,695. Some of these responses included both CEMS and CDP personnel and some were responses without the other agency. This initial inquiry helped to identify that: (a) EMS responses through the public records requests were limited to date, time and location of the incident with no individual identifiers (i.e. name and home address) that are needed for QRT purposes; and (b) CDP overdose incident reports contained significant detail that would not only satisfy QRT purposes, but also contained many other useful variables that could help OD2A data surveillance activities (e.g., naloxone administration and number of doses, suspected drug type, ingestion method). This review supports using CDP data as a basis for initiating MetroHealth QRT responses in the City of Cleveland, which is part of the OD2A Initiative Strategy 8, in the hope of including identified CEMS data next year should this data become accessible.

CCBH is currently developing the Drug Overdose Integrated Epidemiologic Profile (DOIEP) that will serve as a valuable tool for state, regional, and local entities when determining allocations for opioid prevention and care resources, planning programs, and when evaluating programs and policies. The DOIEP will describe the burden of the opioid crisis on Cuyahoga County residents in terms of socio-demographic, geographic, and behavioral characteristics of persons who may suffer from OUD. **Merging and mapping locations where overdoses most frequently occur, including naloxone administration, provides important surveillance data.** Results were recently shared with the Family and Children First Council (FCFC) to assist in the identification of high-risk school districts and K-12 schools where FCFC could direct resources for prevention programming.

To enhance the sharing and dissemination of information to partner agencies and key stakeholders, CCBH and the Begun Center began detailed planning and development for a public-facing dashboard in July 2020, as well as the development of quarterly data briefs/infographics on surveillance activities. Various data sources are being explored for these dissemination activities, including: (1) opioid prescribing; (2) drug use, misuse, and substance use disorder, and treatment; (3) nonfatal overdose hospitalizations and ED visits; and (4) drug overdose mortality. Using different platforms to disseminate surveillance data can foster greater understanding of drug use in specific areas (e.g., it can provide greater insight into what drug types impact specific demographic groups). Dissemination of the dashboard and data briefs/infographics will occur in Year Two. The OD2A team also intends to build and expand its surveillance activities for Strategy 3, especially access to public safety overdose incident data. The PSPD project will be used to demonstrate the value of information that is available and how it can be used to benefit surveillance and treatment efforts.

This year MetroHealth Medical Center (MetroHealth) has been collaborating with the Centers for Health Affairs (CHA) to enhance the utilization of Ohio's ***Prescription Drug Monitoring***

Program (PDMP) – Strategy 4. MetroHealth uses PDMP data to improve its current prescriber peer-review model for identifying high volume prescribing activity to trigger proactive reports to providers. To identify high-volume prescribers, MetroHealth uses reports generated from its electronic health records management system (EPIC) and Ohio’s Automated Rx Reporting System (OARRS) data, Ohio’s version of PDMP. Each provider is reviewed in comparison to others in the same department or specialty. This allows MetroHealth to identify and educate outlying high-volume prescribers. Providers are required by law to review OARRS prior to prescribing opioids. **In Year One there was an overall 2% increase in the number of MetroHealth providers who checked the PDMP prior to issuing an opioid prescription.** However, when examining provider reviews of the PDMP at least once during the month prior to issuing an opioid prescription, there was a 5% decrease. The reason for this decline is currently being explored. It is possible that some providers check the PDMP initially when issuing an opioid prescription for a client but then for subsequent prescriptions to the same client neglect to re-examine the PDMP or note that it was done in EPIC. Another objective is to increase the use of the PDMP over time by providers. In an analysis of providers where data was available for baseline and Year One, a paired-samples *t*-test revealed a *significant difference* between mean levels of PDMP checks prior to issuing an opioid prescription, which shows that prescribers checked PDMP more often when issuing an opioid prescription in Year One than at baseline.

CHA is developing a toolkit to enhance utilization of OARRS (PDMP) data based on best practices that can be replicated in other health systems. MetroHealth is providing technical assistance to CHA on the toolkit design. During Year One, CHA focused on developing an educational portal which will allow healthcare systems to access information. One best practice model currently being incorporated into the toolkit is MetroHealth’s peer review model. Doctors with the highest prescribing volume are identified and then 10 patients are reviewed for each identified provider. The results are brought to the MetroHealth peer review committee for discussion and identification of which medical providers would benefit from the peer review process.

MetroHealth is also continuing its work on the design of prescriber report cards. MetroHealth is creating prescriber report cards for medical providers that identify patients with more than one controlled substance prescription. The report card provides information to providers explaining the purpose of the report, CDC guidelines for opioid prescribing, a summary of OARRS data, an index of drug categories, and additional provider resources. **In Year One, MetroHealth issued prescriber report cards to all ED and internal medicine providers.**

Integration of State and Local Prevention and Response Efforts - Strategy Five concentrates on enhancing prevention and response efforts by increasing linkages between state and local resources and entities. The agencies involved in this strategy are the Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County (ADAMHSB), CCMEQ, MetroHealth,

PAXIS, and the Educational Service Center of Northeast Ohio (ESC-NEO). **During Year One, the CCMEO and ADAMHSB reestablished the Overdose Fatality Reviews (OFRs).** The target number of OFRs to complete in Year One was eight and the committee completed 14. Although COVID-19 prevented the ADAMHSB from conducting interviews with family members of decedents, the OUD Specialist was able to pilot interview questions by completing mock interviews allowing finalization of the interview template. Seven recommendations came out of OFR activities in Year One: (1) increase eligibility for drug court participation; (2) engage with domestic violence shelters and homeless shelters to provide naloxone kits, fentanyl test strips and follow-up with other needs; (3) support the Ohio Board of Pharmacy in updating OARRS risk scores; (4) engage with hospital EDs and the QRT to identify individuals who have had more than one nonfatal overdose in less than a year so that QRT can provide outreach to these high-risk individuals; (5) identify and provide mental health/bereavement support services to family/friends of a decedent who dies by suicide; (6) have QRT work with MetroHealth to identify patients who leave the ED after a nonfatal overdose-related incident against medical advice and conduct outreach; and (7) enhance SUD treatment for opioid-dependent individuals in jail.

PAXIS and the ESC-NEO worked to expand the PAXGBG (Good Behavior Game) into public schools located within high-risk neighborhoods. PAXGBG is an evidence-based environmental intervention that teaches young students, preschool to 5th grade, self-regulation, self-control, and self-management. Cuyahoga County school district rankings by number of resident drug-related overdose deaths and the geographical distribution of these deaths was completed in Year One. From 2016 to 2019 there were a total of 1,925 drug-related overdose deaths by residence city according to public records data available from the CCMEO. Through this project, school districts in these hotspot areas will be targeted for PAXGBG implementation. The ESC-NEO was the designated location for teacher trainings but, due to the pandemic, some trainings were canceled or rescheduled. To overcome these obstacles, PAXIS began providing virtual trainings.

CCBH and the Begun Center analyzed and ranked zip code-level data to identify locations that would benefit from increased distribution of naloxone. To increase the distribution of naloxone, Project DAWN kits were provided at a number of locations in Cuyahoga County, including CEMS, Cuyahoga County Corrections Center, Hispanic Urban Minority Alcoholism Drug Abuse Outreach Program (Hispanic UMADAOP) (with the CHS Syringe Services Program), Circle Health Services, CCBH, Cleveland Department of Public Health's Thomas McCafferty Health Center, and Project DAWN Expanded Mobile Unit. A total of 4,804 kits were provided in Year One. MetroHealth also facilitated naloxone training for 955 lay responders and 48 law enforcement officers. An additional 34 trainings were held for community provider agencies, educating a total of 202 staff participants.

As part of Cuyahoga County's OD2A Initiative, the Quarterly Implementation Roundtable (QIR) was created to connect opioid epidemic leadership at the state and county level. In addition to CCBH, ODH and the boards of public health of Franklin (Columbus) and Hamilton (Cincinnati) counties are included within the QIR. Its purpose is to focus on critical issues impacting surveillance, prevention and evaluation related to the agencies' respective work at the state and local levels, including prevention efficacy, barrier analysis, best practice dissemination, surveillance coordination (common data dashboards), and data sharing to enhance statewide and regional activities.

Although the goal of the QIR was to meet quarterly, COVID-19 impacted the ability of the leadership to meet. In an attempt to share information, successes and best practices, **the Begun Center developed cross-site partnerships with the evaluators from the other Ohio grantees in Franklin and Hamilton counties.** These meetings have resulted in the cross-site sharing of assessment tools, surveys, research articles, and project workplans.

CCBH partnered with Radio One and iHeart Radio in the summer of 2020 to create public awareness and spread a message of recovery to the African American community in Cuyahoga County. The campaign directed persons to either the mobile crisis hotline number at the ADAMHSB or to *drughelp.care*. Radio One reported 252,542 social media views and 873 post reactions (i.e., likes, comments, shares). For iHeart radio, 458 active web sessions were recorded, reaching 46% of the Northeast Ohio market adults between the ages of 25-54 (approximately 345,200 people).

Partner agencies involved in *Establishing Linkages to Care – Strategy 6* achieved many of their OD2A short-term and intermediate objectives. Thrive utilizes a Center for Medicare and Medicaid evidence-based 24/7 peer-to-peer support model that employs trained peer recovery supporters. Through the OD2A Initiative, Thrive provides services to the St. Vincent Charity Medical Center (SVCMC) ED. Woodrow uses a peer recovery supporter on-call model called Project SOAR (Supporting Opiate Addiction and Recovery), which provides services in the Cleveland Clinic Lakewood ED and Cleveland Clinic Lutheran Hospital ED. Both peer recovery programs provide awareness and connection to OUD treatment and other medical and/or social services in the community for individuals (or their family or friends) who have experienced an overdose. **In Year One, Thrive and Woodrow collectively connected with 408 individuals. Of the individuals encountered, 92% engaged in peer support services, and 70% of those referred were linked with community treatment.** Both programs are able to provide transportation to individuals for treatment services. It is unknown at this time whether there were other individuals who experienced an overdose and came to the EDs but were not reached by peer recovery supporters. This additional data would allow more insight into people who may not have consented or were otherwise overlooked for treatment intervention.

Circle Health Services (CHS) has expanded its outreach services within its Syringe Services Program (SSP) by providing better linkages to care for the drug-using community who visit their mobile sites. Care Coordinators work with SSP program participants to provide referrals for treatment and linkages for basic needs. **In Year One, CHS saw a 65% increase in the number of clients who engaged with Care Coordinators and were referred for treatment services.** CHS data collected for the OD2A Initiative demonstrates the importance of linking individuals to care. In the last year, slightly more than a quarter of individuals encountered by the SSP reported experiencing an overdose (26%, n = 2,455). Although it is unknown whether those individuals responding have overdosed more than once or are providing the same response to this question multiple times, the data demonstrates a high prevalence of nonfatal overdoses among this population. In addition to asking individuals if they have previously overdosed, CHS also asks individuals if they went to the ED. Since individuals may frequent the SSP more than once, an individual could be asked these questions on multiple occasions. From September 1, 2019 to August 31, 2020, of those individuals who reported experiencing an overdose, 72% reported going to the ED following the overdose.

Community-based referrals for treatment for these three linkage programs saw the majority of individuals being referred for either detox or inpatient hospitalization. **With the increases in the number of individuals encountered by peer support programs and the SSP, agency capacity to provide treatment will likely become an increasing issue for Cuyahoga County.**

Through the OD2A Initiative, SVCMC began providing Screening, Brief Intervention and Referral to Treatment (SBIRT) to patients in its Health Care Center (HCC) (primary and specialty care clinic) and to one floor of the inpatient of its Medical Center. SVCMC provides referrals and linkages to care using the SBIRT tool for individuals whose SBIRT screening score indicates a Substance Use Disorder. SVCMC's program began in April 2020. The program start was delayed due to personnel furloughs, as well as a decrease in the patient census due to COVID-19 restrictions, such as moratoriums on elective surgeries. Despite these setbacks, **SVCMC connected with 130 clients and a majority (74%, n = 96) engaged in the program.** Of those engaged, 97% received a referral for community treatment and 40% were linked with community treatment.

MetroHealth's ExAM program is a case management system that helps to identify and assess inmates incarcerated at the Cuyahoga County Corrections Center who may have OUD. The ExAM program provides Medication Assisted Treatment (MAT) treatment and direct patient care during incarceration, including the administration of buprenorphine and monitoring for medication adherence. **MetroHealth's ExAM Program encountered 514 incarcerated individuals during the first year. Of those encountered, 95% engaged in the program.** Linkage to community-based MAT was also tracked for individuals once they were released from jail, which showed that 98% of those released were linked with treatment.

Cleveland State University (CSU) is working to enhance the *drughelp.care* resource linkage tool to determine if web-based technology effectively reaches and links participants to treatment services. A new version of the web app was launched in March 2020; it is designed to be better suited for laypeople as the older version was more for professional use. The new app is also more modern, user friendly, and flexible. CSU worked this past year to contact new and existing agencies to update and register on *drughelp.care*. Although there are still many agencies who need to be registered on the web app, CSU was able to register 77 agencies, reporting 391 active services. From January to August 2020, the percent of agencies that updated services on the web app increased by 11%. The number of unique users accessing the *drughelp.care* website is measured using the IP address. The number of users has remained fairly steady, with a decrease in August 2020, following a significant increase in the number of users in July 2020.

Building on their efforts to enhance utilization of the PDMP, MetroHealth and CHA also spent time and energy this past year to enhance ***Providers and Health Support Systems Support - Strategy 7*** to increase opioid safety prescriber practices. Although delivery of an Academic Detailing (AD) program was delayed in Year One due to COVID-19, MetroHealth and CHA are collaborating with the Department of Veterans Affairs for information on their program. MetroHealth and CHA are also working to develop additional educational resources on AD strategies and alternative pain management. MetroHealth provided two trainings for providers on alternative pain management, and 36 MetroHealth ED clients were linked to alternative pain management in Year One (i.e., Nitrous Oxide Therapy).

CHA has made significant progress on the development of the toolkit, tentatively titled, *OD2A Opioid Mitigation Toolkit*. It was decided that the toolkit would be comprised of the peer review model process developed by MetroHealth, AD information, and additional educational resource information for hospitals and providers. The additional sources will include information for pharmacists, a collection of local resources, an opioid information provider course, and a seminar page for posting partner and CHA webinars.

MetroHealth is also working to increase the number of medical providers in the ED with a DEA waiver. To be eligible for a DEA waiver, a provider must receive training on MAT. Providers can then refer individuals in need of treatment services to MAT. **Two of three outcomes for expanding MAT capacity in the ED at MetroHealth were achieved with MetroHealth training 25 providers on MAT and all receiving a DEA waiver.** MetroHealth is continuing to refer clients to MAT from the ED. In Year One, 89 clients from the ED were linked with MAT. MetroHealth already has achieved 90% of its three-year target in Year One.

In collaboration with the CDP, MetroHealth and the Begun Center, staff made significant progress in the collection, utilization and dissemination of nonfatal and fatal overdose data

available from public safety sources for the MetroHealth Quick Response Team (QRT), thereby increasing Cuyahoga County's *Partnerships with Public Safety and First Responders - Strategy 8*. Through a Public Safety Pilot Data (PSPD) project the Begun Center staff worked with Parma and Lakewood Police Departments to obtain nonfatal overdose incident information. Data analysis demonstrated its utility in identifying locations and individuals who have had more than one overdose incident. This data collection effort was then expanded to include incident location data from both the CDP and CEMS. The Begun Center staff also obtained location information for incidents identified as "sudden illness" from CDP and "overdose/poisoning" from CEMS. **Incident-based data can be used to identify clusters of overdose incidents by location, as well as provide some initial insight into individuals with multiple overdose events.** This data is helpful for surveillance, as well as assisting QRT or other prevention, education and intervention directives.

Moving forward in Year Two, there will be continued refinements of data collection and analysis of incident-based overdose data. The ability to routinely collect nonfatal overdose data from public safety agencies will be a priority. The Begun Center also will work to expand the data collection efforts to include more agencies within Cuyahoga County by leveraging access to the Cuyahoga County Criminal Justice Information Sharing Data Warehouse (DW). The DW has access to incident information from 53 of the 58 jurisdictions within the county. Expanding data collection to other jurisdictions will further inform surveillance efforts and expand the geographical areas for intervention and prevention outreach.

While much of the high quality, comprehensive and timely data collected by this initiative are quantitative in form, additional programmatic evaluation by the Begun Center provides assessment of OD2A's progress as reflected in the key themes discerned from analysis of the qualitative data collected from self-reporting partner agencies. This *Project Performance Assessment* facilitated the identification of challenges and facilitators impacting OD2A success. Partner agencies were asked about their understanding of the opioid epidemic, program successes and challenges, dissemination of knowledge gained from program activities, unexpected outcomes, and innovative ideas that developed out of project activities. The primary findings from the programmatic qualitative data were organized among six key themes:

- Theme 1. Developing Organizational Capabilities for Quality Implementation** – agencies defined outcomes in alignment with their program strategies and identified potential resources for improving the quality of their programs;
- Theme 2. Improvements** – agencies identified improvements made this past year to project activities which helped them achieve program outcomes;
- Theme 3. Leveraging Resources** – agencies recognized the need for leveraging resources to enhance outreach and program success;
- Theme 4. Identifying Challenges** – agencies identified challenges to program implementation and ways to overcome them;

Theme 5. Exploring Innovative Ideas – agencies explored innovative ideas to overcome these challenges and build upon program success; and

Theme 6. Dissemination and Data Sharing Strategies – agencies developed strategies for sharing knowledge gained and lessons learned through education, conference attendance and meetings with collaborative partners.

Despite these major milestones and advancements, the OD2A Initiative participating agencies were impacted at least to some extent by the COVID-19 Pandemic. The CCMEO experienced challenges to organizational capacity due to COVID-19 deaths and spikes in opioid-related overdoses throughout Cuyahoga County. Thrive and Woodrow’s peer supporters observed a drastic decrease in ED admissions with the start of the stay at home orders in March, and SVCMC’s SBIRT efforts were limited due to a furloughed employee and a decrease in elective surgery patients during lockdown. Overall findings demonstrate that the COVID-19 pandemic made establishing cross-agency data access and sharing protocols more time-consuming than expected, and made engaging people with substance abuse treatment more complicated than anticipated. Some data collection efforts also were impacted by public safety partners shifting time and resources to respond to COVID-related priorities.

The impact of COVID-19, however, was not necessarily completely negative as it highlighted the dedication of partner agencies and their staff. The pandemic challenged them to rethink how they identified and assisted those in need of education and treatment. Partner agencies were able to achieve many of the OD2A short-term and intermediate objectives, especially linkages to care, despite COVID-19. CCBH staff smoothly shifted in-person monthly meetings with OD2A partnering agency data-collection teams and the evaluation team to a virtual format. CHS successfully maintained services, and provided treatment referral services to hundreds of clients through the SSP. As offices moved to virtual settings or temporarily closed, priorities shifted, and some plans and trainings were not able to be held. However, agencies used these setbacks as an impetus to think "outside the box" to improve their efforts and delivery of services. PAXIS and the ADAMHSB revised their trainings to a virtual format to reach teachers and first responders who otherwise would have not been able to attend in-person training during this pandemic. At-risk prisoners referred themselves to outpatient treatment. Woodrow included a new virtual delivery of peer support services to ED clients, an addition to the in-person model implemented prior to the pandemic, with almost no disruption to (and even better response to) their peer support outreach. Woodrow reported, “Through this experience we have seen compassion, empathy and support can be delivered in a purposeful manner to the participants. Additionally, we continue to have great efficacy and efficiency in placing participants in their chosen pathway to recovery.”