Dear Friends,

On behalf of our team, I am pleased to present the Fiscal Year 2019 Annual Report for the Center for Health and Human Services Research (CHHSR). Since we published our last Annual Report, our team has gained a new member and we have made progress in several important areas of research. We have continued to provide technical assistance and have collaborated with partner agencies on overdose prevention and important health promotion initiatives, several of which are highlighted in this report.

As CHHSR is embedded in a practice agency, we are uniquely situated to leverage and integrate expertise housed by both practice and research, resulting in research and quality improvement projects that are both relevant to the work of practitioners and directly informed by their experiences. Partnering with practitioners enables CHHSR staff to better understand local contexts, address pressing questions of direct service staff and identify clinically significant implications of our work. In other words, we are able to produce research and products that are more useful to practice because they are rooted in the agency’s needs. Examples of such projects featured in this report include: the development of technical assistance products for practitioners working with justice-involved individuals with opioid use disorder, evaluating short-term service-related outcomes of opioid overdose survivors receiving community-based withdrawal management services and assessing symptom trajectories for mental health clients.

Our work would not be possible without the support of practitioners, trade associations, academic partners and funders. We are grateful to work with so many staff and organizations committed to harnessing the power of science to achieve their missions. As in past years, we continued to work with our partners to disseminate new knowledge, ameliorate tough social problems, create new products to support staff delivery of evidence-based care and support student training in research. Moving forward, the CHHSR will continue its commitment to collaborate with our partners to engage in research that empowers children, adults and families to live healthy, safe and productive lives.

Building a stronger community.....one life at a time.

Sincerely,

Kimberly Sperber, Ph.D.
Director
Stephanie Howes has worked at the Engagement Center as a Case Manager since the program began in 2018. Stephanie serves as the liaison between Engagement Center staff, clients and the CHHSR for the implementation of the SOR-GPRA project. In this role, Stephanie works closely with CHHSR staff to ensure successful implementation of SOR-GPRA assessments. This involves in-depth questionnaires and repeated assessments.

Stephanie and her team are an invaluable source of information and have helped develop best-practices for conducting informed consent and GPRA assessments in this context. Lessons learned from this partnership will be translated to other ongoing SAMHSA supported projects and research that may be conducted in clinically managed withdrawal-management settings. Highlighting the work of Stephanie and her team is one small way to demonstrate the value of researcher-practitioner partnerships.

Ultimately, her team’s work and participation in this partnership is designed to continuously and systematically improve long-term health outcomes for men and women who may be experiencing homelessness, addiction and are at a high risk of opioid overdose death in Greater Cincinnati. We’d like to extend our thanks and best wishes to Stephanie and her crew!

Stephanie has worked for Talbert House while pursuing a Master of Social Work degree from the University of Cincinnati. She has domestic and international social work experience and a great career ahead of her.

**A State Opiate Response Project: Improving Longitudinal Assessments of Opioid Overdose Survivors Receiving Clinically Managed Withdrawal Management Services**

In May 2018, Talbert House opened the Engagement Center to better serve the Hamilton County public and the needs of adults eligible for clinically managed withdrawal management services. These services are funded in large part by SAMHSA, through the support of the Hamilton County Mental Health and Recovery Services Board, and have in-depth reporting requirements including service outcomes (Government Performance and Results Modernization Act, GPRA). Based on Ohio State Opiate Response funding in FY19 new CHHSR staff were assigned to lead and conduct GPRA assessments of all clients served by the Engagement Center. To date Cherie Carter and Joseph Calvert have cooperated with Engagement Center staff to screen, enroll, assess and track all clients who were eligible for GPRA assessments. This has resulted in more than 340 unique clients screened, including men (72%) and women (28%) who have reported wide-ranging opioid and other drug exposures that have contributed to their needs for residential withdrawal management services. The CHHSR has conducted all GPRA assessments at this location and produced internal reports characterizing group differences in access to services and service-related outcomes. We are developing best practice standards for interviewing men and women in this setting where patients experience a wide range of addiction-related symptoms and emotions that may stem from withdrawal management services, buprenorphine induction and related exposures. See our Practitioner Highlight (left) for more partnership information.

**Depression Screening (PHQ-9) and Symptom Distress Outcomes Among Community Based Mental Health Clients in Greater Cincinnati, 2015 to 2019**

In FY19, CHHSR worked with Talbert House service directors to evaluate changes in adult behavioral health outcomes that may have been associated with PHQ-9 screening and other screening requirements implemented by the agency in recent years. We designed a retrospective cohort study to examine group differences in screening outcomes and symptom trajectories from 2015 to 2019. We abstracted >16,000 records including client demographic and screening data collected from Talbert House outpatient clinics in Greater Cincinnati.

Records included scores from the PHQ-9, Ohio Consumer Outcomes Scales, the Brief Addiction Monitor and other screening instruments. The study compared mild to severe symptoms of depression detected using PHQ-9 and analyzed differences among men and women. Preliminary analyses have included PHQ-9 scores for each client’s first administration during the 2015-2016 service periods and comparisons of depression severity by client sex and race. Distributions of scores are ordinarily ranked according to depression severity, with higher scores representing greater severity. Preliminary results indicate scores are not evenly distributed across groups; male scores are slightly positively skewed, while female scores are negatively skewed towards increased depression severity. Relatively few client scores qualify for the No Depression category, regardless of race or sex. However, 13.5% (White) and 16.2% (Black) of male clients’ scores fall into this category compared to 5.8% (White) and 8.7% (Black) of female clients’ scores. Additionally, a greater proportion of female clients fall into higher depression severity categories. For example, 62.1% of White female clients and 61.7% of Black female clients scored high enough to reach the Moderate, Moderately Severe or Severe categories. In contrast, 45.1% of White male
MAJOR PROJECTS (CONTINUED)

Ohio Community Corrections Association (OCCA)

The Ohio Community Corrections Association (OCCA) is a professional organization that was incorporated in 1973 to represent Ohio’s community corrections facilities. Members of OCCA operate halfway houses and community based correctional facilities (CBCFs) in urban and rural communities across Ohio. Member agencies also provide residential and non-residential services to criminal justice-involved individuals including both those returning from prison and those who are sanctioned in the community in lieu of prison. OCCA is committed to assessing the needs of every individual and delivering tailored evidence-based programming that has been proven to reduce recidivism in a structured, secure environment.

In recent years, the clients served are presenting with higher, more complex needs, so OCCA members have expanded their capacity to meet those needs. OCCA agencies provide an effective alternative to jails and prisons as clients receive cognitive behavioral and chemical dependency treatment, workforce development services, housing assistance and other supportive services. The Association supports members’ efforts through a mission centered on training in best practices and advocacy for policies that reduce recidivism and continue to make a difference in community corrections.

clients’ scores and 47.0% of Black male clients’ scores fell into these categories. Ordinal logistic regression modeling reveals that these differences are statistically significant. Female clients’ scores are twice as likely as those of male clients to fall in a higher depression severity category, holding race constant ($p < 0.001; \text{SE} = 0.075$).

The effect of race on depression severity classification failed to achieve statistical significance in all of our regression models. In testing for interaction effects, our investigation did not provide evidence that the effect of sex on depression severity ranking is moderated by race. Consequently, Black female clients’ scores are no more likely than those of White female clients to fall into a higher depression category.

Preliminary longitudinal analyses indicate clients retained in treatment (as indicated by $\geq 3$ measurement occasions), move on average from a Moderately Severe to Moderate depression score. Preliminary cross-sectional results are represented in Figure 1.

Next steps include development of quality improvement recommendations using the HEDIS standards as benchmarks for improvement. Supplemental multivariable cross-sectional and longitudinal analyses may be conducted to inform disparities in depression symptoms experienced by Black and White women living in greater Cincinnati. Supplemental exploratory analyses have indicated nearly all clients with a PHQ-9 score also had a Lethality Assessment in their record (96.7%). We explored interrelationships with symptom distress scores (OCO subscale) and addiction scores (BAM subscale), however, these measures may not be included in final analyses. We are developing recommendations for improving administration of these and other measures across Talbert House service locations.

Cross-agency Technical Assistance For Community Correctional Service Providers: Implementing Best Practices In Opioid Overdose Prevention and Addiction Treatment

In FY19, we gathered feedback from Ohio community corrections providers via staff surveys to identify and fill existing gaps in technical assistance resources related to safely and effectively dealing with the opioid epidemic. Survey responses from 36 agencies across Ohio were used to identify and prioritize training topics and to determine the format and venue for disseminating technical assistance products. CHHSR staff then created and delivered a series of in-person trainings and webinars related to evidence-based treatment of opioid use disorder, identifying and responding to overdose risk through structured overdose prevention interventions, using urinalysis results in the behavior change process and providing basic introductory training to staff on the nature and impact of the opioid epidemic at the local and national level.
From Fall 2018 to Summer 2019 the CHHSR has trained three cohorts of graduate students from Master of Public Health (MPH) programs and Criminal Justice Programs (BS, PhD). The MPH students were enrolled for practicum credit hours at the University of Cincinnati College of Medicine. The Criminal Justice student was enrolled for credit hours at the University of Cincinnati School of Criminal Justice. Students gained 100 to 400 hours of experience per semester on core competencies for public health professionals or criminal justice professionals.

**Kaitlyn Hulten**  
*Undergraduate Intern (UC)*

Kaitlyn Hulten began working at the research center as an intern during the Fall 2018 semester and remained through the Spring 2019 semester. Kaitlyn’s work was presented at the 2019 annual undergraduate research conference sponsored by CECH at the University of Cincinnati. Kaitlyn’s presentation was titled “The Prevalence of Adverse Events Reported by Staff in Halfway Houses.” Following her presentation, Kaitlyn graduated from UC in May 2019 with a degree in criminal justice and a minor in communications. She is currently in her first year at University of Akron School of Law.

**Philip Rocci and Nimarpreet Sekhon**  
*Graduate Interns (UC)*

The Fall 2018 and Spring 2019 MPH Prevention and Policy cohort included Phil Rocci and Nimarpreet Sekhon. Phil extended his 2018 practicum hours to continue analyzing longitudinal cohort data during the Spring 2019 semester. Phil prepared to present his work publicly and at the annual Kentucky Public Health Association conference in Covington Kentucky. The poster presentation was titled “Analyzing change in educational outcomes among individuals exposed to video-based opioid overdose prevention programs in Southern Ohio correctional facilities.” This presentation included preliminary outcomes findings from the study, which concluded data collection in February 2019. Phil has continued to be included in manuscript development and related presentations scheduled for this fall. Nimar’s practicum experience was limited to the Fall 2018 semester when she contributed to literature reviews and qualitative methods employed in PEER-OPs (Post-Entry-Exit and -Recovery Opioid Overdose Prevention Programs) focus group analyses. After her CHHSR internship, Nimar shifted her area of focus to hearing loss and related public health policies. After graduation she moved with her family to California. She recently completed a manuscript, under review, titled “Prevalence of hearing loss among noise-exposed workers within the services sector, 2006-2015.”
FUNDING

The graph below shows new funding awarded during FY2019. Funding amounts do not reflect continuation of FY2018 funds from previous awards.

FY 2019 Funders:
- Hamilton County Mental Health and Recovery Services Board, State Opioid Response (SOR) Grant
- Ohio Office of Criminal Justice Services (OCJS), Edward Byrne Memorial Justice Assistance Grant (JAG) Program
- Foundation for Talbert House


PUBLICATIONS


PROFESSIONAL PRESENTATIONS


Rocci, P., & Vissman, A.T. (2019, April). Analyzing change in educational outcomes among individuals exposed to video-based opioid overdose prevention programs in southern Ohio correctional facilities. Presented at the annual meeting of the Kentucky Public Health Association, Covington, KY.
Members of the CHHSR accepted an invitation to present this fall at the annual Appalachian Translational Research Network (ATRN) Health Summit, in Columbus, Ohio. Dr. Vissman and Dr. Calvert were panelists presenting on Monday, October 14th in Break Out Session One – 1:45-2:45pm. The title of the first presentation was “Educational outcomes from a standardized overdose prevention intervention in southern Ohio community correctional facilities.” The presentation included differences in overdose exposures and other characteristics among men and women enrolled in the PEER-OPs cohort study and preliminary pre-discharge educational outcomes.

The second presentation was titled “Participant reflections on an overdose prevention curriculum addressing fentanyl in Ohio community correctional settings.” The presentation included results of focus groups conducted among men and women exposed to the PEER-OPs video content. Additional ATRN presentations and details may be found online at: 2019 ATRN Health Summit, Columbus OH. Presentations may be downloaded at OSU.box.com.
Kimberly Gentry Sberber, Ph.D., Director
Dr. Sperber received her Ph.D. in Criminal Justice from the University of Cincinnati in 2003 and has worked in the field for more than 20 years. In her role, Dr. Sperber oversees research in the areas of addiction, mental health, corrections and implementation science. She also implements, monitors and responds to Continuous Quality Improvement metrics that assess the agency’s performance in terms of process, outcomes and treatment fidelity. Her most recent research has focused on: appropriate applications of risk-based treatment dosage for criminal justice clients; identifying and addressing barriers to Medication Assisted Treatment and opioid overdose prevention in community-based programs; implementation of opioid withdrawal management services in community settings; and identifying barriers to engagement in co-parenting services for non-residential fathers and their co-parenting partners.

Aaron T. Vissman, Ph.D., MPH, Associate Director
Dr. Vissman joined the agency in February 2016 after completing his Ph.D. at Emory University. He has diverse research experience investigating public health disparities and multi-level intervention outcomes. He supervises quality and outcomes for internally and externally funded research, directs the Public Health ‘Prevention and Policy’ Internship Program and serves as grant writer and co-investigator for interdisciplinary and community-based research projects and health equity initiatives addressing HIV, HCV and mortality in justice involved populations. He teaches classes and workshops available for open registration via the ITD website including: Implementation of PEER-OPs –standardized opioid overdose prevention programs for community correctional facilities. For recorded academic lectures, see: https://med.uc.edu/eh/academics/graduate-office/seminars/

Joseph M. Calvert, Ph.D., Senior Research Associate
Dr. Calvert received his Ph.D. in Sociology from the University of Kentucky prior to joining the CHHSR in April 2019. Specializing in the area of crime and deviance, his research interests primarily lie in the etiology of criminal and deviant behavior across the life course, substance use and corrections. He is particularly interested in substance use as it relates to criminal victimization, policing practices, incarceration and the reintegration process. Dr. Calvert is developing classes that will be available for open registration via the ITD website including: Sexual Victimization in Adolescence and Adulthood; and Mass Incarceration: An Overview of Causes and Effects. He also supervises research interns at Talbert House and teaches a variety of courses, like Quantitative Sociological Analysis, for the Department of Sociology at the University of Kentucky.

Cherie Carter, M.S., Research Assistant
Cherie joined Talbert House as research intern in 2018. Prior to joining Talbert House, Cherie worked at UC’s Corrections Institute and UC’s Institute of Crime Science. She has a background in teaching and training and has experience with Core Correctional Practices, Motivational Interviewing, Trauma Informed Care, EPICS, Thinking for a Change, Continuous Quality Improvement and Cognitive Behavioral Interventions for Substance Abuse. Currently, she is managing a State Opioid Response data collection project and assists with data collection and data analysis for CHHSR. Cherie is a doctoral student in the School of Criminal Justice at the University of Cincinnati.

Jee Yearn Kim, M.A., Research Assistant
Jee Yearn Kim is a doctoral student in the School of Criminal Justice at the University of Cincinnati. Her research interests center on psychology of criminal conduct, principles of effective intervention, correctional rehabilitation and has published on violence against women and related issues. Jee Yearn assists with literature reviews and data analysis for several projects at the CHHSR. She currently is working on her dissertation and a project “Depression Screening (PHQ-9) and Symptom Distress Outcomes Among Community Based Mental Health Clients” at Talbert House.