

Standard Operating Procedure for the ORCCA Tracker (ORCCAT) 2.0

1. Objective/Purpose of the Data Collection:

To track the Overdose Reduction Continuum of Care Approach (ORCCA) evidence-based practices (EBP) strategies HCS communities are selecting and implementing.

2. Instrument Included in Which IRB Submission

HCS Intervention 1.0 Amendment #44 – Protocol Revisions v1.10

3. Approximate Number to Be Completed for this Site

Variable, up to 264 across all 4 sites (8 per community for 33 communities across 4 sites)

4. Description of the Research Participant (i.e., who data is collected from)

These data will be collected from one individual who is a paid member of the HCS study team [Research Site (RS) staff].

5. Person(s) Responsible for Data Collection (PRDC) at the Site

RSs will designate the PRDCs. In addition, RSs will identify HCS program or research staff for each community who will be responsible for filling out the tracker for each community.

6. Time Frame for Data Collection

Once data collection begins (estimated start date: December 2020), the ORCCAT will be administered by the 15th of the following month and by the 15th of every month thereafter until the end of Wave 1.

7. Training requirements

RS staff who enter the data into the REDCap system will need to be trained on using REDCap and the survey management system. Additionally, the RS leads will need to identify and train the appropriate staff to enter data into REDCap for the ORCCAT.

8. Materials needed (e.g., scripts, consents)

- a. The ORCCAT Spreadsheet is an optional tool that sites can use to prepare for completing the ORCCAT in REDCap. Those using the ORCCAT Spreadsheet will want to have that on hand when completing the ORCCAT in REDCap.
- b. The appendices to this SOP provide instructions for completing ORCCAT in REDCap (Appendix A) and for using the optional ORCCAT Spreadsheet (Appendix B). Frequently asked questions about responding to ORCCAT items are listed in Appendix C with answers from the Continuum of Care WG. It will be helpful to have appendices on hand when completing the ORCCAT.

9. Logistics/process

- a. RSs will identify the relevant staff person for each coalition who will be responsible for completing the ORCCAT (e.g., Community Coordinators, Program Managers, or others familiar with HCS communities' day-to-day practices).

- b. Once data collection begins for the revised ORCCAT (estimated date: December 2020), it should be completed monthly. The ORCCAT should be completed by the 15th day of the next month after it is due. Sites should complete the ORCCAT for all Wave 1 communities until the end of Wave 1.
- c. To aid in completing the ORCCAT, communities may use the ORCCAT Spreadsheet on an ongoing basis. Use of the ORCCAT Spreadsheet is optional. See the Appendix B for ORCCAT Spreadsheet guidance.
- d. The ORCCAT REDCap instrument includes features to facilitate data entry, including the display of the previous month's responses and programming that skips users to relevant items based on responses. See Appendix A for more details on these features and guidance on responding to selected fields.

10. Appendix

Appendix A: Instructions for Completing ORCCAT with Guidance for Selected Fields

Appendix B: Instructions for Using the Optional ORCCAT Spreadsheet

Appendix C: FAQs

APPENDIX A:

Instructions for Completing ORCCAT with Guidance for Selected Fields

ORCCAT is designed to track the ORCCA EBP strategies HCS communities are selecting and implementing.

NOTE: academic detailing work should be reported in the Training and Technical Assistance Tracker (TTAT), not the ORCCAT.

Organizational structure-The ORCCAT REDCap instrument is organized by menu and EBP strategy.

You will start by entering a strategy from the coalition-approved action plan, then complete each field for that strategy. You will have the option to create additional strategy entries at the end of each menu section. The instrument includes response prompts that explain when and how to enter additional strategies.

ORCCAT Specifications

The ORCCAT specifications file (i.e., a Word document that lists all ORCCAT items with skip logic annotation) is maintained by the DCC programming team. The ORCCAT specifications file can be accessed on the HCS Portal (see the ORCCAT 2 UAT folder on the [Data Capture Workgroup page](#)).

Skip logic- The REDCap instrument includes programming that skips users to relevant items based on responses. This skip logic includes allowing users to end the survey if a community does not have at least one coalition-approved action plan, or if there are no changes to any of the previous month's responses. Note that if there are any changes to report to the previous month's entries, the instrument will prompt you to indicate which menus have changes that need to be documented. Based on your response, the instrument will skip you to the appropriate menu(s), and all items for the menu(s) will need to be answered.

Previous response feature- Each month, your previous month's responses will appear in the instrument for reference. Note that only the previous month's responses are visible. So, for example, if you start the survey in month 1 and report no changes to last month's entries in month 2, then no previous responses will be visible in the month 3 instrument. However, REDCap does allow you to open and download or print completed instruments, so in the example scenario, you could use this feature if you need to view month 1 responses.

Prepopulate instrument external module (activated 1/7/21)- The prepopulate module pre-loads forms with previously submitted answers. Answers from the last time data were entered into the form are prepopulated. The pre-populate feature is configured to work when the form is marked as complete. **If you are entering data for more than one month at a time, be sure to enter different dates in the date field at the top of the form.**

Field-Specific Instructions

This section of the SOP provides instructions for selected ORCCAT fields to support consistent reporting.

- **Changes to last month's ORCCAT entries**

- If there are any changes to report to any of the previous month's responses, select "yes." Then, the instrument will prompt you to indicate which menus have changes that need to be documented.
- NOTE: All data fields count—if there are any changes to any of the ORCCAT data fields, including open-ended fields, select "yes" to document changes.

- **Fast-track (Menu 1 only)**

- If an OEND strategy was both (a) fast-tracked and (b) selected in Phase 4 and implemented (or will be) in Phase 5, create separate strategy entries for the fast-tracked strategy and the "standard CTH process" version of the strategy. Separate entries are required to capture key implementation details (e.g., implementation start date) for each effort. You will have the option to create an additional strategy entry at the end of each menu section.
- NOTE: The Sector and Venue guidelines below for creating additional strategy entries also apply to fast-track strategies.

- **Sector**

- As noted in the REDCap instrument, select only one sector for each strategy. You will need to create a new strategy entry if the same strategy is being implemented in more than one sector. For example, if a community is implementing Active OEND for high risk populations in the healthcare sector and in the criminal justice sector, this would be captured in two separate strategy entries. You will have the option to create an additional strategy entry at the end of each menu section.
- NOTE: "Behavioral health" should be selected as the sector for the following venues: Addiction Treatment and Recovery Facilities- Medical, Addiction Treatment and Recovery Facilities- Non-Medical, Mental/Behavioral Health Treatment Facilities- Medical, Mental/Behavioral Health Treatment Facilities-Non-Medical, and Naloxone Boxes unless they are specifically placed in a healthcare or CJ setting. The medical/ non-medical distinction refers to whether any medical services are provided at the agency (e.g., conducting a medical, psychiatric, and medication history, vitals, a basic exam, and can manage at least mild medical concerns on-site).
- NOTE: There are only three choices for sector (behavioral health, healthcare, and criminal justice). No "other" option is available. If a venue is not healthcare or criminal justice, select behavioral health.

- **Venue**

- As noted in the REDCap instrument, select only one venue for each strategy. You will need to create a new strategy entry if the same strategy is being implemented in multiple venues. For example, if a community is implementing Active OEND for high risk populations in SSPs and criminal justice settings, this would be captured in two separate strategy entries. You will have the option to create an additional strategy entry at the end of each menu section.
- NOTE: For naloxone box strategies that do not fit into any of the drop-down menu items for venue, select "other" and enter the location (e.g., "libraries.").

- **High-risk populations**
 - The response options for this field are the high-risk groups *within* the OUD population, as outlined in the ORCCA.
 - For each strategy, select all the high-risk populations the strategy is intended to reach.
 - NOTE: This field only applies to Menus 1 and 2. Research sites agreed to exclude this field from Menu 3.
- **Explicit and Intentional Effort to Reach Special Populations**
 - Special population groups include homeless persons, non-English speaking persons and/or immigrants, people involved in transactional sex, pregnant and post-partum women, racial and ethnic minorities, and veterans.
 - Select “yes” only if the strategy is intentionally designed to reach special populations *and* the focus on special populations is explicit in the action plan or implementation plan. For example, the Active OEND at high-risk venues strategy is implemented in partnership with bilingual community health educators in emergency departments to better reach Spanish-speaking community members, and this intentional effort to reach special population groups is explicitly noted in the action or implementation plan.
 - NOTE: implementing a strategy in a venue that serves a diverse population, such as emergency departments, is not sufficient for selecting “yes.” To select “yes”, there must be an intentional and explicit tactic for reaching special populations documenting in the action or implementation plan.
- **Action plan approval date**
 - The month and year the original action plan was approved by the HCS designated coalition.
- **Implementation start date**
 - The month and year in which the first activity occurred to implement the EBP strategy (e.g., meeting with the service organization to initiate strategy implementation, putting together job descriptions, bringing partners together, etc.).
- **Brief strategy description**
 - Brief description of the strategy that specifies what’s being done. For example, “Hamilton County Jail-Video to inform of OEND option at intake and then deployment of education at X time point and given 2 naloxone [HCS funds or other] at release.”
 - NOTE: This field only appears if an implementation plan has been developed for the strategy *and* implementation has started for the strategy (except for Menu 1 fast-track strategies, which only requires that implementation has started). If an implementation plan has not been developed for the strategy, include a brief description of the strategy in the open-text field before providing the explanation for why not plan was developed. If implementation has not started for the strategy, include a brief description of the strategy in the open-text field before providing the explanation for why implementation has not started.
- **Number of partner organizations/practices**
 - Partner organizations are organizations involved in implementing the EBP strategy but not necessarily in delivering services to individuals directly. One partner organization may have multiple sites, and in other cases, multiple partner organizations may be working together to deliver a strategy at a single site.

- Example of a single partner organization and multiple fixed physical locations: A coalition partners with CVS pharmacy (Number of partner organizations/practices=1) to implement OEND self-request at pharmacies in 3 stores (Number of fixed physical locations = 3).
 - Example of multiple partner organizations but one fixed physical location: The public health department is a Project DAWN site in a community, and a church is being established as a secondary site that will be providing OEND. This strategy has two partner organizations (public health department and the church) and one physical location (the church).
 - NOTE: The ORCCAT is organized by EBP strategy, and some partner organizations may be implementing more than one strategy. Therefore, the partner organization column cannot be summed to determine the total number of unique partner organizations/practices a coalition is working with.
- **Number of fixed physical locations**
 - “Physical locations” are locations where services will be/are being delivered directly to individuals meant to benefit from the EBP strategy. This ORCCAT field captures both physical locations that will be delivering services to individuals (i.e., those in the planning stage) *and* physical locations where individuals are receiving services.
 - NOTE: The ORCCAT is organized by EBP strategy, and more than one EBP service may be delivered at a single physical location. Therefore, the fixed physical location column cannot be summed to determine the total number of unique fixed locations.
- **Number of fixed physical locations delivering services to individuals meant to benefit from the strategy (Menus 1 & 2 only)**
 - This field captures the number of fixed physical locations that have moved from planning to active implementation (i.e., delivering services to individuals). Locations that are counted in this field would constitute the organizations/locations from which the research site will attempt to obtain reach data (recognizing that some organizations may be unable to provide reach data).
 - Because implementation within communities is a process that takes time, it may be that the number of locations delivering services to individuals is fewer than the total number of fixed physical locations (see above), particularly if new physical locations are added over time. The ORCCAT will ask whether services are not being delivered to individuals at all physical locations because new physical locations are in the start-up phase. The ORCCAT also includes an open-text field to document any other reasons services are not being delivered to individuals at all physical locations. For example, there may be staffing-related barriers, challenges in getting MOUs signed, delays as organizations deal with COVID, etc.
 - When indicating the number of physical locations delivering services to individuals, apply the menu- and strategy-specific criteria below. For example, only count a physical location as implementing active OEND if that location is distributing naloxone units to individuals.

Menu 1 Strategy	What Counts as Service Delivery
<ul style="list-style-type: none"> • Active OEND for at-risk individuals and their social networks 	<ul style="list-style-type: none"> • naloxone units distributed to individuals

• Active OEND at high-risk venues	
• OEND by referral	• referrals or prescriptions provided to individuals
• OEND self-request	• Individuals' requests for naloxone fulfilled
• Naloxone availability for immediate use in overdose hotspots	• naloxone units added to naloxone boxes
• Capacity for first responder administration	• naloxone units distributed to first responders

Menu 2 Strategy	What Counts as Service Delivery
• Adding/expanding MOUD treatment in primary care, other general medical and behavioral health settings, and in specialty addiction/substance abuse disorder treatment settings and recovery programs	• Individuals receiving MOUD
• Adding/expanding MOUD treatment in criminal justice settings	
• Adding/expanding access to MOUD through telemedicine	• Individuals receiving MOUD
• Adding/expanding access to MOUD through interim buprenorphine or methadone or medication units	
• Linkage Programs	• Referrals to MOUD provided to individuals
• Bridging MOUD medications as linkage adjunct	• Individuals receiving at least one dose of MOUD at bridging location
• Enhancement of clinical delivery approaches that support engagement and retention	• Contact/visit/touchpoint provided to MOUD-receiving individuals
• Use of virtual retention approaches	• Virtual contact with peer or provider to enhance retention

Menu 2 Strategy	What Counts as Service Delivery
	provided to individuals in MOUD care
• Use of retention care coordinators	• Contact/visit/touchpoint provided to MOUD-receiving individuals
• Mental health and polysubstance use integration into MOUD treatment	• Mental health/polysubstance use staff seeing MOUD-receiving individuals
• Reducing barriers to housing, transportation, childcare, and accessing other community benefits for people with OUD	• Assistance/service provided to MOUD-receiving individuals

- Implementation Status (Menu 3 only)
 - Apply the following strategy-specific definitions for implementation status:

Menu 3 Strategy	Partially Implemented	Fully Implemented
• Safer opioid prescribing for acute pain across varied healthcare settings	• Educational or technical assistance materials developed and prescribers / pharmacists / health systems invited to participate	• Any prescribers / pharmacists / health systems have participated in education or technical assistance
• Safer opioid prescribing for chronic pain		
• Safer opioid dispensing		
• Prescription drug drop-box / mail-back programs	• At least one physical location has implemented the strategy (e.g., installed drop-box, promoted drug take back day)	• All physical locations have implemented the strategy (e.g., installed drop-box, promoted drug take back day)

- **Delivered by in-person mobile outreach**
 - Select “yes” if strategy implementation involves using in-person mobile outreach to deliver services (e.g., MOUD clinic on wheels, OEND mobile outreach worker, leave behind naloxone, in-person post-overdose outreach)
- **Delivered electronically and/or by mail**
 - Select “yes” if strategy implementation involves using virtual technology, such as telephone, texting, video conferencing or the mail to deliver services (e.g., telemedicine, telecounseling, mail delivery of naloxone rescue kits, post-overdose outreach by phone or text)

- **Coalition-approved change to strategy**
 - Changes may include adding or discontinuing a component of the strategy (e.g., mobile outreach), due to implementation challenges or other factors.
- **Discontinued strategy**
 - Once a strategy has been reported as discontinued, that strategy should not be entered into the ORCCAT in subsequent months.

APPENDIX B:

Instructions for Using the Optional ORCCAT Spreadsheet

The ORCCAT Spreadsheet is an optional tool. ORCCAT Spreadsheets are not submitted to the DCC. The field-specific instructions provided in Appendix A also apply to the ORCCAT Spreadsheet.

The ORCCAT Spreadsheet and REDCap instrument have the same fields. The ORCCAT Spreadsheet's streamlined format is designed to help sites prepare for completing the ORCCAT in REDCap. Data can be entered in the ORCCAT Spreadsheet on an ongoing basis, then referenced as needed during the monthly completion of the ORCCAT REDCap instrument. It is recommended that the Spreadsheet be saved with a file name that indicates the month & year of the file. For the next month, save the file with a new name (month & year), then update the entries as needed. TIP: Color shade updated cells so you can spot changes easily—this will facilitate REDCap data entry.

General Instructions

1. Open the ORCCAT Spreadsheet. Enable macros, if prompted to do so when the file opens.
2. Save the file to the location designated by your research site. Each community will need its own file.
3. Complete the tabs for each of the 3 menus.
 - A. The ORCCAT is organized by menu and EBP strategy. You will start by entering a strategy from the coalition-approved action plan, then complete each field for that strategy.
 - B. Follow the response prompts in the header for each field (e.g., *Select one, Select all that apply, If "Other" selected*) and the field-specific instructions provided in Appendix A.
 - C. To select a response, click on the cell. Then click on the inverted arrow next to the cell to see the response options. Click on the applicable response.
 - D. To select all that apply, responses must be entered one at a time. Select a response, click the dropdown arrow again, select the second response, and repeat until all applicable responses have been selected.

APPENDIX C:

Frequently Asked Questions

1. When the intervention is portable what venues should be selected?
 - a. Does first responder stations include police carrying nalcant on their person? Or just stocking nalcant at a physical first responder station?

Answer: For police carrying naloxone, the strategy category is: "Capacity for First Responder administration"; sector is: Criminal Justice, and Venue is "First responder stations (e.g., police and fire stations)."

2. What sector should Religious Organizations be categorized as?

Answer: Religious organizations that do not typically provide services should be classified as "Behavioral Health". For example, a church that starts to distribute naloxone or to provide flyers about MOUD would be classified as "Behavioral Health". Otherwise, the organization is assigned the sector that reflects the setting/services provided.

3. What sector should Fire Departments be categorized as?

Answer: Categorize fire departments as Healthcare and police departments as Criminal Justice.

4. If an intervention has multiple sectors and venues, can we pair them as we see fit or should we document each venue with each sector (not just the sector that matches best)?

Answer: CoC defers to IS on this. The IS response was "Document with the sector".

5. Do organizations providing referrals count as partner organizations? They are not the location of the intervention but are supporting the intervention.

Answer: Only if the referral process is one that the study has had to cultivate and support. If it is a passive referral (e.g., providing a handout with information about the organization) then this should not be counted as a partner organization.

6. What venue should we put for a mobile unit?

Answer: Other, specify: Mobile unit

7. Should street outreach go under other for venues?

Answer: Other, specify: Street outreach

8. How do we count the number of fixed locations for a mobile unit? Do we count each location the mobile unit stops or do we count the mobile unit as one location?

Answer: The number of fixed locations for a mobile unit is 1.

9. How do we count the number of fixed locations for a street outreach worker?

Answer: The number of fixed locations for a street outreach worker is 1.

10. Multiple organizations across multiple/ venues implementing same strategy (narcane distribution) but narcane is coming from one organization- are these partners or need to be listed out separately?

Answer: The organization providing the naloxone should be counted as a partner for the strategy regardless of how many strategies they are providing the naloxone for.

11. An organization is going to work with two other organizations to connect to newly released justice involved residents. The telehealth will only originate at one location but do I count the other two partner organizations as a fixed location?

Answer: It depends upon what the organizations are doing – if the strategy is limited to telehealth provided by one organization then there is one fixed location. If the other organizations are playing an active role (e.g., linkage, retention) then they may be counted as fixed locations or simply as partnering organizations.

12. When the intervention is portable what venues should be selected?

a. What is the venue for med drop boxes?

Answer: This should be based on the venue in which the med drop box is placed. A med drop box installed in a pharmacy would be “Healthcare-Pharmacy” while a med drop box installed at a police station would be “First responder stations (e.g., police and fire stations)”.

13. When an intervention is a virtual training what venue should be selected?

a. What is the venue for scope of pain trainings?

Answer: The ORCCAT2 SOP states: “NOTE: academic detailing work should be reported in the Training and Technical Assistance Tracker (TTAT), not the ORCCAT”. Training, in general, should be captured in the TTAT rather than the ORCCAT.

14. If there is overlap with “Non-English speaking and/or immigrants” and “Racial and ethnic minorities” is it okay to choose both or does there need to be an explicit statement about each special population.

Answer: Select both when both apply

15. VENUE - For OBAT at a hospital, would the sector be health care because that is the umbrella organization? What about the venue? – across all states

Answer: If it is not a state-licensed addiction treatment program then the Sector would be Healthcare. If it is a state-licensed addiction treatment program, then it would be “Behavioral Health”.

16. One organization is creating an app to connect individuals to services and multiple organizations in the community will be highlighted and contribute resources. Should this count as one organization (the one creating the app) or should each organization referenced by the app be counted?

Answer: One organization.

17. Should the answer to, “Is the *Active OEND for at-risk individuals* strategy being delivered by mobile outreach?” yes if it is a peer transport model?

Answer: Yes

- a. For peer transport model the venue the vehicle (therefore social service type) or is the venue the link to medication?

Answer: Social service, other (transportation)

18. How do we select the venue for quick response overdose teams with involvement from multiple agencies?

Answer: Select the venue based on the primary implementing organization (e.g., the organization receiving HCS funding or HCS resources). Partner agencies can be captured in the brief description field.

19. Under which menu should we enter a co-prescribing strategy that is a variation on the ORCCA co-prescribing strategy (e.g., training providers to co-prescribe buprenorphine and naloxone)?

Answer: This should be entered under Menu 3: Safer Prescribing.

20. Where do we capture the strategy description and discontinuation details if a strategy has an action plan approval date (ORC09j), but no implementation plan was developed for the strategy (ORC09k), then the strategy is discontinued? When we indicate no implementation plan was developed, the skip logic excludes the items that capture discontinuation details (i.e., whether the strategy has been discontinued (ORC09v), when the strategy was discontinued (ORC09x)).

Answer: The skip logic is designed to only captured discontinuation details for strategies that were implemented at some point. In this scenario, the strategy was not implemented. In ORC09x (explain why the strategy was discontinued or no implementation plan developed), provide a brief description of the strategy and briefly note the decision to not move forward with the strategy.

21. How can we capture descriptions of strategies for which no implementation plan has been developed or implementation has not started?

Answer: This brief description field only appears if an implementation plan has been developed for the strategy and implementation has started for the strategy (except for Menu 1 fast-track strategies). If an implementation plan has not been developed for the strategy, include a brief description of the strategy before providing the explanation for why not plan was developed (ORC09x). If implementation has not started for the strategy, include a brief description of the strategy before providing the explanation for why implementation has not started (ORC09m).

22. Do EHR-based interventions count as “delivered electronically and/or by mail”? Two examples:
1. We have a strategy in that involves co-prescribing naloxone with opioids. Specifically, at this health center, the idea is to have patients who are prescribed high-risk opioid prescriptions be simultaneously prescribed Narcan. To encourage that, each time a prescriber from the health center enters the high-risk opioid prescription into the EHR, a flag should pop up to say this is a high-risk opioid prescription and that Narcan should be co-prescribed to reduce the risk of fatal overdose.
 2. One of our MOUD interventions encourages use of a patient portal in the EMR for reminders and ease of communication to enhance engagement and retention.

Answer: Consider whether the person receiving the service is directly in touch with the electronic/mail system. If yes, then it counts as delivered electronically and/or by mail; otherwise, answer no. Applying this guidance, example 1 is “no” for delivered electronically and/or by mail, and example 2 is “yes.”

23. The ORCCA Menu was updated in July 2021 to include LGBTQ as a special population. How does this affect ORCCAT reporting?

Answer: If a strategy is intentionally designed to reach LGBTQ individuals *and* the focus on LGBTQ individuals is explicit in the action plan or implementation plan, select “Other” under special populations and enter “LGBTQ” when prompted to specify the special population.