

State of Ohio

Senate Agriculture and Natural Resources

Committee Budget Hearings

Cordata Healthcare Innovations, Inc.

May 14, 2025

Chairman Schaffer, Vice Chairman Koehler, Ranking Member Hicks-Hudson, and all esteemed members of the Committee thank you for the opportunity to provide this public testimony.

My name is Gary Winzenread, and I am the President and CEO of Cordata Healthcare Innovations, based in Cincinnati, Ohio. We have been blessed to be involved with the Ohio's QRTs, which stands for Quick Response Teams, for the past 8 years. Today, Cordata provides training, methods, evaluation and technology in support of QRTs and other "deflection" teams across the state, to enable more efficient operations, support continuous improvement and to collect data on program efficacy. Our teammates are deeply embedded in the work, and the communities we serve. For more than 5 years, we have served as the system of record for Ohio's Quick Response Teams, providing data to teams, the Ohio Deflection Association, and the state (some of the data you've heard today came from Cordata!).

You've already heard compelling testimony from our colleagues in law enforcement – the people who do this hard work, day in and day out. They are the experts and stars of this show, and so I will keep my commentary focused on complimenting their testimonies.

I am here today with some of our partners in support of the budget amendment that provides funding for Ohio's Quick Response Teams. We are proud to be a part of Ohio's efforts in developing deflection initiatives and the results we have created. As we are a growing Ohio-based business, we have expanded into more than a dozen states, where we provide training, mentoring, technology and evaluation, all based on the success we have been a part of here at home. Our public safety leaders have been willing to push for practical and innovative solutions to reduce the supply of and the demand for dangerous drugs. You've already heard how Ohio's Quick Response Teams provide necessary support for individuals, families and the community.

Now, I know you're looking at a tight budget, and you're probably hesitant to take on any additional expense – even something relatively small. Let me use some data to explain why this is a smart public safety investment with large impact for Ohio.

As Dan Meloy testified, the instantiation of QRTs came from an analysis of public safety runs that showed that a relatively small number people, families, at certain addresses, were the source of repeat calls for service. His analysis showed that these families tended to be struggling with addiction, mental health issues and domestic violence. We suspected that the same recursive pattern exists for healthcare providers, mostly that people with addiction and mental health issues have high numbers of costly emergency department visits. We decided to find a place where the data and relationship existed that would allow us to test this theory. We have been working with the Montgomery County QRT for about five years. This work includes a partnership with a data sciences company that has interfaced all the medical record data from the three major hospital systems in the area, as well as criminal justice data from the city of Dayton and county. At our request, they recently did an interesting evaluation of the QRT in Montgomery County.

The premise was, for every person our deflection teams had contacted and engaged, could we look at the healthcare and criminal justice costs the 12 months before first contact and compare that total to the healthcare and criminal justice costs for the 12 months after?

The results, just published in late 2024, and more completely described in my written testimony, are astounding.

Most importantly of all the results, death rates went down. These programs save lives, period.

The data also showed a strong correlation to reduced arrests, fewer interactions with law enforcement, fewer and less violent crime in these populations. There is no doubt these programs also make communities safer.

Most importantly in relation to this conversation, Healthcare billable costs went down by between \$17,000 per person per year to over \$40,000 per person per year. Only 10% of this population are commercially insured – the remaining 90% are Medicaid and Medicare recipients or uninsured . . . so over 90% of these savings are directly or indirectly tax dollars, including Ohio Medicaid. If we accomplished similar results by investing in diversion across the state of Ohio, this data says the state would likely save more than a half a billion dollars in Medicaid expense alone, without reducing enrollment.

For almost 10 years, this work has been supported through competitive federal grants. Through the collaboration of field teams, Cordata and the State, in the past 5 years this work has brought more than \$15 million in federal grant dollars to the state. However, we

can't continue to leave the safety of Ohio's communities to the whims of federal government funding; it's time for Ohio to invest in public safety, and to continue to support this valuable effort. It saves more money than it costs, and it creates a safer Ohio. How many budget amendments will you hear today that can make that claim and back it up with 5 years of data? We have proven it in the field by using federal funds. We need you to ensure the seamless sustainability of this work in our communities.

Thank you for the opportunity to testify today.

Gary Winzenread

President and CEO

Cordata Healthcare Innovations, Inc.

Enhancing Overdose Response through Data-Driven Innovation.

Public Health - Dayton & Montgomery's Recovery Outreach Team, a Quick Response Team (QRT), in partnership with Ascend Innovations and Cordata Healthcare Innovations, conducted an analysis to explore the impact of QRT engagement on clients' interactions with local healthcare and criminal justice systems. The analysis included 3,050 individuals who were referred to the QRT between August 2018 and April 2022. Of those referrals, half (n=1,550) had at least one contact with the QRT. The QRT clients were mostly male (59%) and white (72%). Most individuals that engaged with the QRT were insured by Medicaid (65%) or Medicare (17.51%). Nearly 6% were uninsured.

A statistical testing method was used to compare clients' system encounters before and after they engaged with the QRT (pre- and post-testing).

KEY TAKEAWAYS

Making an impact on individuals struggling with substance use.

- ✓ **Reduced Death Rates**
QRTs save lives based on analysis of coroners' case records.
- ✓ **Healthcare**
QRTs reduce Emergency Department use across all diagnoses and behavioral health specific diagnoses.
- ✓ **Criminal Justice**
QRTs reduce non-drug related arrests. Clients who engaged in the QRT had a reduction in violent crime (new charges).
- ✓ **Medicaid**
QRT clients had significantly lower hospital-related Medicaid billings than those who didn't engage with QRT.
- ✓ **Mental Health**
Approximately 5% of overdoses documented by the QRT are "intentional overdoses."

QRT reduces healthcare & criminal justice interactions.

QRT clients saw **reductions in hospital utilization & charges**.

- ✓ **Significant reductions in healthcare charges** when comparing the year before they were referred to QRT with the year after their referral. The more contacts a client had with QRT, the more their total charges dropped (see table below on the right).
- ✓ **Reductions in arrests** that were non-drug related.

QRT clients saw **reductions in criminal justice interactions**.

- ✓ **Fewer Emergency Department visits** in the 6 months after receiving support than in the 6 months prior to connecting with QRT.
- ✓ **Fewer new charges for violent crimes** in the 6 months after their QRT engagement than in the 6 months prior to connecting with QRT.

TOTAL INTERACTIONS WITH LOCAL SYSTEMS FOR THE POPULATION OF STUDY*

QRT Contacts	Before QRT	After QRT	Change
0	37,583	35,188	-6.4%
1	21,958	15,562	-29.13%
2	8,181	4,410	-46.1%
3+	7,923	3,711	-53.16%

*Local systems include law enforcement, jail bookings, and hospital interactions.

AVERAGE TOTAL CHARGES ASSOCIATED WITH HOSPITAL EMERGENCY DEPARTMENT ENCOUNTERS

QRT Contacts	Before QRT	After QRT	Change
0	\$38,174	\$37,363	-2.12%
1	\$33,592	\$24,283	-27.7%
2	\$43,393	\$21,767	-49.81%
3+	\$48,991	\$27,173	-44.5%

*Note: Charges data displayed above reflects the 12 month period before and after QRT interactions.

Illustrating the Value of Improved Care Coordination.

See how enhancing care coordination can make an impact on the lives of our community members through the lens of one individual's journey.



Case Study: Jane Doe, 48

"Jane," was referred to the QRT after an overdose encounter with local law enforcement. In the year before she was connected with QRT, Jane had been **arrested several times**, was **in and out of the local jail**, and had more than **50 hospital encounters**. The QRT was able to successfully contact Jane, and she completed an intake into treatment.

AFTER INTERACTING WITH THE QRT:

- ✓ 14 successful contacts in 64 days (78% success rate)
- ✓ Majority of referrals from local police department, the rest through community sources
- ✓ Successful intake into treatment
- ✓ Decrease in jail encounters (2 v. 5 before)
- ✓ Most contact via phone calls, also hospital & professional
- ✓ One successful family / friend contact
- ✓ Twice referred to community recovery resources & recovery support meetings
- ✓ Decrease in hospital encounters (12 after v. 56 before)

INVESTING TO DRIVE OUTCOMES

Supporting Quick Response Teams in Ohio

Based on these results, here are ways to support QRTs and expand the impact of this work:

1 Provide funding & support to QRTs

QRT has big potential for impact, but QRTs still struggle to find consistent funding. Many QRTs are grant-funded; communities need a consistent source of funding to sustain this important work. In addition to funding, QRTs need coaching and training, support for data collection, and assistance evaluating and reporting on their work.

2 Invest in systems & networks that increase referrals to QRTs

Even one contact can make a difference; the more individuals who are referred to QRTs, the more lives can be saved. Today, many referral activities are manual and cumbersome; however, several communities (including Montgomery County) have implemented creative systems to streamline referrals. By investing in and scaling those communities' solutions, QRTs can provide support to more people.

3 Support enhanced data collection & analysis

Montgomery County is unique in its ability to conduct this analysis; however, every community needs high quality information to drive decision-making and program development. Communities should continue to support the existing data infrastructure for QRTs and explore pilot projects that expand the footprint of data available to the state and to local teams. Communities may consider data collection efforts that explore the overlap between mental health issues and addiction.

GET IN TOUCH

Interested in
Learning More?

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