



Cuyahoga County Overdose Data to Action Initiative

Year Three Evaluation Summary: September 1, 2021 – August 31, 2022



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Cuyahoga County
Overdose Data to Action (OD2A Initiative)
Summary Report - Year Three Evaluation (February 2023)

Acknowledgements

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Executive Summary

In 2021, Cuyahoga County recorded the second-highest number of drug-related fatalities in history. The Overdose Data to Action Initiative strives to understand the barriers and facilitators that exist within the county to address this opioid epidemic, while also helping to strengthen relationships among the community and funded partner agencies. The twelve partnering agencies who received funding under this grant have collaborated to increase the understanding of data on overdose morbidity and mortality, all while centering their work around the individuals they serve.

During Year Three of this grant data sharing increased among agencies, awareness campaigns and training courses enhanced knowledge and linkage to care improved. The highlights provide a snapshot into the work being done to facilitate change among Cuyahoga County.

YEAR THREE HIGHLIGHTS

- Cuyahoga County Board of Health distributed 5,800 Link2Care cards to agencies;
- Metro Health's Academic Detailing significantly decreased identified key outcomes;
- Thrive increased their linkage to services by five times and initiated a community-based PRS program;
- The DOEIP was published in July 2022 and found that the Hispanic population experienced the highest rate of unintentional drug overdose deaths, a 32% increase from 2019 to 2020;
- Cuyahoga County Board of Health's media campaign, Harm Reduction Outreach, helped to spread awareness and inform the community of drug toxicity and using alone;
- Distribution of Naloxone Kits, through Project DAWN, increased to approximately 19,200 in 2022 compared to 4,239 in 2019.
- Evidence-based treatment services for OUD increased over 100% since baseline.
- Collaborations between Cleveland EMS and Cleveland Division of Police strengthened data sharing to assist in intervention efforts;
- The number of opioid/benzodiazepine prescriptions and opioid pills prescribed have decreased by 56% & 33% respectively since Year One of the grant;
- Woodrow linked 86% of individuals encountered in the ED to treatment and hired a patient navigator to assist clients in recovery;
- MetroHealth's Quick Response team increased their outreach attempts from previous years;
- Cuyahoga County Board of Health surveillance team developed a method for access to patient location information based on ZIP code;
- Cuyahoga County Medical Examiner Office and the Cuyahoga County Board of Health enhanced their Overdose Fatality Review by participating in a mentor site visit;
- 208 medical providers at MetroHealth went through peer-review regarding prescribing habits and;
- Cleveland State University enhanced their website- registering 107 treatment agencies and 545 treatment services.

Introduction

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 (CCOD2A) Initiative** funded by the Centers for Disease Control and Prevention (CDC) (5-NU17CE925005-02-00). 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.

This report provides a summary of the activities for the CCOD2A Initiative during Year Three (September 1, 2021 - August 31, 2022), focusing on the outcomes and achievements of twelve partner agencies. Activities are centered on strategies identified by the CDC. **Strategy Three** focuses on surveillance and **Strategies Four** through **Eight** address prevention and intervention efforts. A copy the full evaluation report for Year Three is available by contacting Michelle Riske-Morris, Ph.D., J.D, Senior Research Associate, Begun Center for Violence Prevention Education and Research at michelle.morris-riske@case.edu (email) or (216) 368-4741 (telephone).

In addition to the Begun Center and the Cuyahoga County Board of Health, there are ten partner agencies: the ADAMHS Board of Cuyahoga County, Cuyahoga County Medical Examiner's Office, Center for Health Affairs, The Centers (formally Circle Health Services), Cleveland Department of Police Fusion Center, Cleveland State University, MetroHealth, St. Vincent Charity Medical Center, Thrive Peer Support, and The Woodrow Project. In Year Three, technical assistance was also provided by the CDC Foundation.



The following is a list of acronyms used to identify partner agencies.

ADAMHSB	Alcohol Drug Addiction and Mental Health Services
Begun Center	Begun Center for Violence Prevention Research and Education
CCBH	Cuyahoga County Board of Health
CCMEO	Cuyahoga County Medical Examiner's Office
CDP	Cleveland Division of Police
CHA	Center for Health Affairs
Centers	Centers for Families and Children
CSU	Cleveland State University
ESC-NEO	Educational Service Center of Northeast Ohio
MetroHealth	MetroHealth Medical Center
NaRCAD	National Resource Center for Academic Detailing

PAXIS
SVCMC
Thrive
Woodrow

PAXIS Institute
St. Vincent Charity Medical Center
Thrive Behavioral Health Center
The Woodrow Project

CCOD2A Impact on the Community

The number of lives touched by the opioid epidemic includes those experiencing OUD, their family and friends, first responders, healthcare workers, and many more. A survey administered in the spring of 2022 revealed that an overwhelming number of staff from partner agencies believe that the CCOD2A Initiative has improved care for patients with opioid use disorder (OUD), increased the availability of information on the opioid crisis in Cuyahoga County, including collaboration among County agencies, and improved access to resources for patients. The evaluation continued to expand in Year Three to examine how individuals and agencies play a role in combatting the rise of fatal and nonfatal overdoses.

Although one of the primary purposes of the evaluation is to examine the CCOD2A Initiative's ability to meet identified goals and outcomes, these efforts also provide insight into the collaborative way agencies are working to effect a change in how Cuyahoga County responds to the opioid epidemic. The CCOD2A includes many community-wide interventions designed to respond to community risk factors through organized efforts. Similar to the Drug-Free Communities Support Program, the CCOD2A Initiative is using local data to identify risk and protective factors and develop community strategies to reduce the use of opioids and opioid analogs (Price, 2020). Drug-free communities (DFC) were encouraged to implement a framework patterned after the Seven Strategies for Community Change (SCC) which are key for building and maintaining a healthy community (CADCA, 2010). These seven strategies include: 1) providing information, 2) enhance skills, 3) providing support, 4) enhance access and reduce barriers, 5) change consequences, 6) change physical design, and 7) modify/change policies. Similar to DFC, these strategies can be applied to the CCOD2A Initiative to demonstrate the impact it is having on bringing about a community change and response to the opioid epidemic in Cuyahoga County.

Strategy One for Community Change: Providing Information

Strategy One focuses on spreading awareness through presentations, workshops, or other data presentations (CADCA, 2010). The CCOD2A Initiative involves several activities that provide information, to state and local governmental agencies, community organizations and the public, on trends and patterns regarding the opioid epidemic and information vital to reduce the rise in nonfatal and fatal overdoses. The Initiative also directs attention to key individuals, such as prescribers and first responders, to enhance their understanding of evidence-based approaches to assist those with opioid use disorder or those who have experienced a nonfatal overdose.

Monitoring and Reporting of Key Surveillance Indicators – CCBH & Begun Center

In Year Three, the CCOD2A surveillance team continued to access data from various sources to monitor and report on key indicators, primarily disseminating findings through the [Overdose Data Dashboard](#), the [Quarterly Surveillance Bulletin](#), and the [Drug Overdose Integrated Epidemiological Profile](#) (DOIEP). Drug-related deaths in Cuyahoga County have remained high, as have suspected nonfatal overdose incidents. In 2021, the county recorded the second-highest number of drug-related fatalities in history (n = 675), an increase of 22% from 2020 (n = 553). While mortality rates rose from 2020 to 2021, the number of naloxone doses administered by EMS, and the total number of EMS events reported as suspected opioid poisonings showed virtually no change. However, hospital emergency departments (EDs) in Cuyahoga County reported a slight decrease in suspected drug overdoses from 2020 to 2021 and naloxone kits distributed through Project Dawn (Deaths Avoided with Naloxone) increased (Table 1).

Table 1

Key CCOD2A Public Health Surveillance Indicators for Cuyahoga County, Ohio, 2019-2022¹

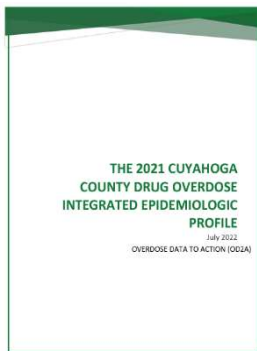
Cuyahoga County Surveillance Indicator	2019	2020	2021	2022*
Drug-Related Deaths	582	553	675	658 ^a
EMS Events with Suspected Opioid Poisoning	2,029	1,829	1,872	1,784 ^a
Emergency Department Suspected Overdoses	4,577	4,330	4,186	3,946 ^a
Project DAWN Naloxone Kits Distributed	4,239	8,347	14,386	19,200 ^a
Opioid Prescriptions (thousands)	525	484	446	442 ^a

^a2022 counts are estimated.

¹ Drug-Related Deaths: CCMEO Overdose Statistics (https://cuyahogacounty.us/docs/default-source/me-library/heroin-fentanyl-cocaine-deaths/2022/september-report.pdf?sfvrsn=cd8e89ab_1); Emergency Department Suspected Overdoses and Opioid Prescriptions: CCBH Data Dashboard (<https://www.ccbh.net/overdose-data-dashboard/>); Project DAWN Naloxone Kit Distribution source CCBH Quarterly Surveillance Bulletins (<https://ccbh.net/overdose-data-dashboard/>); EMS Events with Suspected Opioid Poisoning: HEALing Communities Study Ohio (login required) (<https://hcsOhio.osu.edu/Cuyahoga/Dashboard>)

While the distribution of naloxone is helpful and necessary, it potentially has an unintended consequence. If individuals are using naloxone to reverse an overdose and in turn avoiding contacting emergency services, this results in fewer intervention opportunities by way of public safety personnel. Friends and family who may be responsible for administering naloxone may not have the same ability, resources, or desire to encourage someone to seek treatment. A lost opportunity for public safety personnel to engage with someone who has experienced an overdose is a potential lost opportunity to help them access treatment.

Drug Overdose Integrated Epidemiological Profile (DOIEP)



The [2021 DOIEP](#) was published in July of 2022. The assessments of the epidemiology of the overdose crisis in the county, as outlined in the DOIEP, is an essential component of overdose prevention, as it provides educational information to effectively guide prevention and care activities for diverse organizations. The profile also provides education and insight to healthcare providers, first responders, policymakers, and other

The DOIEP combines multiple data sources to create a comprehensive picture of the drug overdose burden in Cuyahoga County.

stakeholders, including the public. One important finding is that the Hispanic population in Cuyahoga County experienced the highest rate of unintentional drug overdose deaths (UDODs) in both 2020 and 2021. This population also experienced a **32% increase** in UDODs from 2019 to 2020 (2021 DOIEP).

Media Campaigns to Populations at High-risk for Overdose – CCBH

Over the past 3 years, emphasis on increasing media awareness regarding overdoses has been a focus of the CCOD2A Initiative. This past year, the CCBH created a *Harm Reduction Outreach Campaign* containing two messages aimed at harm reduction and drug supply toxicity, and two messages regarding supporting recovery. A Facebook interview with the Cuyahoga County Chief Medical Examiner, Dr. Thomas Gilson also was conducted highlighting the work of the CCMEO and how our drug OD deaths

A small workgroup is developing a media campaign around harm and stigma reduction and increase awareness of drug supply toxicity and dangers of using alone. A workgroup comprised of representation from MetroHealth, The Centers, and CCBH collaborated to create an overview of harm reduction for communities and presented the information at a city managers and mayors meeting in February 2022.

are significantly affecting communities of color. CCBH participated in Overdose Awareness Day events, Project Noelle Overdose Awareness Day Candlelight Vigil and Stella Maris Planting Awareness, providing free naloxone and resources at these events. Analytics indicate that these media campaigns are spreading awareness about available harm reduction services and the dangers of using alone.

Identify Educational Needs for Hospitals and Treatment Centers relating to Treatment for OUD, SUD and Polysubstance Use - CHA

The mission of the Center for Health Affairs (CHA) includes focusing efforts on areas that benefit from a regional approach. As a part of the Northeast Ohio Hospital Opioid Consortium, CHA works to create educational programs and resources for nurses and frontline staff, and high-level providers such as primary care physicians, advanced practice nurses and physician assistants.

CHA is focused on a qualitative data collection and analysis approach based on key informant stakeholders from throughout their member community to identify training needs and gaps.

CHA partnered with MetroHealth to identify education and training needs for medical providers. In Year Three, CHA initiated a qualitative data collection focus to identify what resources and educational materials would assist hospitals and treatment centers in improving treatment for individuals with OUD and SUD. Twenty-two key informant interviews were completed that aided in identifying gaps in opioid and polysubstance education for clinicians, social workers, and addiction treatment managers. Once the interviews are analyzed, additional resource development will be determined and reported on in Year Four.

Vanderbilt University Center for Advanced Mobile Platform as an Educational Resource Tool – CHA

During Year Three, CHA also implemented QuizTime as an innovative framework to engage clinicians. Created by the Vanderbilt University Center for Advanced Mobile Healthcare Learning (CAHML), QuizTime is an online learning system consisting of highly relevant and practical content delivered on a regular schedule (for example, one question a day, or per week, etc.) using a web-app quizzing platform. The Tennessee Department of Health/ONE Tennessee has developed several opioid education modules that were adapted for the CHA educational portal, “NEO Opioid Overdose Prevention Education” module, launched in May of 2022. During the latter part of Year Three, 17 clinicians engaged the CHA QuizTime application, all completed at least 80% of the module and 12 completed the course. As QuizTime allows users to set their own pace for receiving questions, some users were still in the process of completing the module at the end of Year Three. General course information can be found at:

<https://quiztimehealth.com/content/northeast-ohio-opioid-overdose-prevention-education> .

Expand PAR Card, Enhance Self Care (Compassion Fatigue) Awareness and Training, Cross Train Public Safety Forces to Raise Awareness of New Partnerships, Programs, and Challenges Regarding the Local Opioid Epidemic – CCBH, ADAMHSB & Begun Center

The Begun Center continued partnering with the Ohio Department of Public Safety (DPS) Office of First Responder Wellness to deliver online training sessions focused on self-care (also referred to as compassion fatigue) training. Begun Center staff expanded the definition and scope of potential recipients of this training to include community agency staff and peer support personnel who engage on a regular basis with opioid overdose victims, referred to as “secondary first responders.” The training focuses on increasing first responder awareness of the importance of self-care to identify potential impacts of job-related stress on an individual’s physical, emotional, mental, spiritual, and behavioral health. Link2Care cards continue to be distributed by CCBH to several different agencies. ***In Year Three CCBH distributed 5,800 cards to agencies.***

Forty-five individuals attended “Self-Care” Sessions and 19 completed surveys rating the sessions as an average 9.42 out of 10 when asked if they would recommend these sessions to others in their field.

The ADAMHSB provides training to public safety officers to raise awareness of new partnerships, program, and challenges (including Adverse Childhood Experiences (ACES) related risk factors) and information regarding the local opioid epidemic. There were 27 CIT trainings in Year Three with 425 law enforcement employees participating.

The ADAMHS Board utilized the Simulated Scenario Village at the Cuyahoga County Community College to enhance its CIT training. The simulated training provides first responder trainees with real-time experience engaging people in overdose crisis scenarios.

In the past three years of this grant, collaboration between agencies throughout Cuyahoga County has benefited first and secondary first responders by enhancing their awareness and training regarding the local opioid epidemic. By bringing agencies together to partner and cross-train their staff, additional knowledge was gained as evidenced by the number of PAR cards distributed and trainings provided, meeting

and exceeding targets. Expanding the knowledge base of those responding first to an overdose is another way partnerships fostered through this grant-money have been beneficial to the region.

Strategy Two for Community Change: Enhance Skills

Another means to advance community change is to increase the skills of individuals, including members and staff of community and local organizations, to achieve population-level outcomes (CADCA, 2010). The CCOD2A Initiative advances several undertakings to enhance the skills of providers who prescribe opioids as well as peer recovery supporters who provide recovery support to those affected by opioid use. An additional activity is the work of the statewide Quarterly Implementation Roundtable (QIR) which was created to connect opioid epidemic leadership at the state and county level as a mechanism to learn from each other and improve statewide efforts impacting surveillance, prevention and evaluation.

Enhance PDMP Review and Reporting of High-Risk Clients – MetroHealth

The ongoing opioid overdose epidemic will require a variety of measures to bring it under control, including efforts to reduce excessive prescribing. Mandatory use laws, for prescription drug monitoring programs (PDMP) require prescribers to review patient prescription history of controlled substances prior to prescribing opioids, have emerged as a promising strategy to impact the epidemic (Brandeis University, 2017; Strickler et al., 2019). The State of Ohio Board of Pharmacy created Ohio’s PDMP, known as the Ohio Automated Rx Reporting System (OARRS). OARRS collects information on outpatient prescriptions for controlled substances and one non-controlled substance (gabapentin) dispensed by licensed pharmacies prescribers (OARRS, <https://www.ohiopmp.gov/About> . access 12/27/2022).

MetroHealth is enhancing its management of OARRS data for identifying high-risk prescribing activity to trigger proactive reports to providers. These reports included Controlled Substance Scorecards which contain information regarding the type of medication prescribed, the number of pills prescribed, the number of pills prescribed per 100 encounters, percentage of OARRS checks, percentage of co-occurring opioid and benzodiazepine prescriptions and percent of prescriptions below the 80-morphine equivalent daily dose (MEDD). In addition, in collaboration with the controlled substance peer review team, a provider education team has been formed to identify and meet with top 15 prescribers of opioids as well as the top 15 prescribers of opioids in primary care. The purpose is to review prescribing metrics, discuss laws/policies/guidelines and recommendations and educate on the tools available in the Electronic Health Record (EHR) for risk mitigation.

The team at MetroHealth formed a Provider Education Team which includes the academic detailer, database manager, a case manager, and when available, a pharmacist. The team reviews the top 15 providers and devise plans to provide feedback.

MetroHealth’s efforts have generated greater insight into the benefits of using the PDMP. Although providers’ checking of the PDMP prior to issuing an opioid prescription somewhat decreased across the last three years instead of an intended increase, from 64% at baseline to 60% in Year Three, the number of opioid prescriptions each year have decreased, 99,697 at baseline to 74,987 in Year Three representing an overall decrease of 25%. The number of opioid

pills dispensed has also declined in the last several years, 5,995,899 at baseline to 4,009,292 in Year Three, a decrease of 33%. In this last year the total number of opioid prescriptions written also decreased to 2,915 per year, an average of 243 per month, representing a 56% decrease in co-occurring prescriptions since baseline.

Develop an Academic Detailing (AD) Program for Opioid Safety and Overdose Reduction and Develop a toolkit to expand use of AD and other educational resources to additional hospitals and nontraditional settings – MetroHealth & CHA

MetroHealth and CHA collaborated to develop: (1) an AD program for opioid safety and overdose reduction; and (2) create a toolkit to expand the use of AD to additional hospitals and nontraditional settings. These two activities are presented together as there is significant overlap in both the evaluation short-term and intermediate outcomes.

The academic detailing program at MetroHealth was developed to assist in reducing the frequency prescriptions containing opioids for chronic prescribers. While the adoption of educational programs is relatively new, there is promising data to suggest that provider education effectively reduces the number of opioids prescribed (Kulbokas, Hanson, Smart, et al., 2021). To examine the effectiveness of academic detailing, thirteen months of PDMP data were analyzed for prescribers who completed academic detailing. The four key variables that were analyzed were 1) the rate of OARRS checks by prescriptions written, 2) the number of opioid pills prescribed, 3) the number of opioid prescriptions written, and 4) the number of opioid/benzodiazepine prescriptions written. Preliminary outcomes for AD suggest it is having an impact for MetroHealth providers. ***There were significant decreases across three key outcomes: the number of opioid pills prescribed, the number of opioid prescriptions written, and the number of benzodiazepine/opioid prescriptions written.*** An increase in the number of times a provider checked OARRS before issuing a prescription was not found. This finding is similar to overall provider behavior with respect to OARRS checks in that providers overall are not increasing their checking of OARRS. MetroHealth is in the process of addressing this measure.

MetroHealth also seeks to identify and promote alternative treatments to opioid prescribing. A total of 71 ED physicians attended training on alternative pain management in Year Three, for a total 88 providers during the Initiative. In Year Three, 68 ED clients were referred for alternative pain management, an increase of 89% from Year One. Physicians at MetroHealth have the ability to request a consultation of a patient chart to other departments or specialties. One of the consults that a physician can recommend is CON309, which requests that the patient be seen by a pain management specialist, so that alternative pain management options can be explored in lieu of opioid therapy. In year three of the CCOD2A grant, there were 60 consults for pain management specialists ordered by physicians.

During this past year CHA continued to provide web-based access to a range of opioid training materials and resource guides via various outlets, including the Northeast Ohio Hospital Consortium. A presentation, referred to as “BrightTALK”, was offered which covered all aspects of the AD program and the availability of training and technical assistance through CHA and MetroHealth to assist organizations in developing and implementing AD in their agencies.

CHA also explored innovative ways to promote training and launched a Prescribing Clinicians Course as part of their educational portal.

Development of Workforce Program to Support and Encourage Individuals to Become Peer Recovery Supporters - Thrive

In the 1990's, Peer Recovery Support Services (PRSS) emerged from fields both in and out of addiction. The state of Ohio Department of Mental Health and Addiction Services recognizes the important role of a PRSS model and has created a certification program to train individuals to become a peer recovery supporter (PRS). Individuals in recovery walk beside individuals starting their own recovery journey, using their lived experience to help engage, connect, and facilitate linkage to both treatment and social services resources. Benefits of this type of treatment show that PRSS can provide structured services while emotionally meeting and supporting an individual's needs; addressing a gap that historically was void in previous types of treatment models. Studies show that PRSS are valuable to both the recipient and to the individual providing the services, under the "helper-therapy principle"; however, those benefits are seemingly less studied (Salzer et al, 2013). In Year Three Thrive, initiated a new program to encourage individuals to become peer recovery supporters. Thrive enrolled five candidates into its internship program, out of which four completed the 16-hour e-based and Ohio Mental Health and Addiction Services (OMHAS) training, and one of these candidates completed the Ohio Peer Recovery Supporter Certification exam. One candidate who did not complete the training cited transportation issues as a barrier to completing the training.

Implement OD2A Quarterly Implementation Roundtable – CCBH

As part of Ohio's OD2A Initiative, the Quarterly Implementation Roundtable (QIR) was created to connect opioid epidemic leadership at the state and county level. CCBH, the Ohio Department of Health (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 at the state and local levels, including prevention efficacy, barrier analysis, best practice dissemination, surveillance coordination (common data dashboards) and data sharing that will enhance statewide and regional activities. Subcommittees also were formed this year focusing on prevention, surveillance, evaluation and grants/administration. Topics of interest include how to best utilize and communicate findings from the state to the counties and the counties to the state (e.g., surveillance data and overdose fatality review training) and cross-cutting efforts across the Surveillance and Prevention subcommittees.

Each year the evaluators from the Begun Center attempt to measure the perceived collective impact of the QIR initiative by distributing an online survey to QIR members, using a survey, adapted from Collective Impact for Public Health Practice, Global Health and Education Projects Inc. (2018). On average respondents (six surveys completed) in 2022 agreed that the collaborative is highly functioning in some areas (e.g., members support each other, leaders are responsive to change, the collaborative supports others points of view, and internal communication uses multiple platforms) but not as high functioning in other areas. The exceptions in 2022 were the same as the exceptions reported in 2021: the development of an

action plan to outline how identified problems within communities will be addressed and results being measured using the same metrics or indicators. There were also indications from some members that the collaborative fails to involve community members when identifying priority areas of need. Members are also queried regarding sharing, access to and integration of state and local surveillance data. The majority of the respondents believe the OD2A Initiative has led to the identification and use of data dashboards. Specific barriers identified were a lack of timely data for unintentional overdose deaths in 2019 and 2020, stretched capacity/hiring delays/staff transitions, longer than anticipated timeline to facilitate new partnerships, and inability to obtain data from the state due to access barriers, unclear processes, capacity/time limitations.

Strategy Three for Community Change: Providing Support

Arguably one of the strongest impacts the CCOD2A Initiative is having is the outreach to individuals with opioid use and substance use disorders, many of whom have experienced a nonfatal overdose. The Initiative is enhancing opportunities to support these individuals and encourage their participation in treatment and other services that reduce their risk of future overdose and enhance harm reduction efforts. These efforts include outreach through peer recovery services, quick response teams (QRT), medication assisted treatment (MAT) for at-risk populations, syringe exchange program (SSP) and Screening Brief Intervention Referral and Treatment (SBIRT) in primary care operations.

Expand Project SOAR to Lutheran and Lakewood Hospitals and Expand Thrive ED – Woodrow and Thrive

Addiction professionals acknowledge the importance of treatment that enables engagement and helps an individual with skills needed for overcoming substance addiction. The OD2A project is working to expand peer recovery supporters (PRS) to assist more individuals in need of treatment services and link them to care. Historically substance use disorders have been treated through intensive professional treatment; however, as the field has shifted towards a model that emphasizes a continuum of care, PRS are becoming valuable assets to help individuals actively engage in their recovery (Bassuk et al, 2014). The core functions of ED-based peer recovery services are the integration of peer support within ED settings, identification of patients with opioid use disorder (OUD) in the ED, engagement of patients with peer support and facilitating linkage with treatment and other recovery services (McGuire et al, 2019). During the last three years, Thrive and Woodrow have been able to link 58% and 86% of the individuals they have encountered with treatment, respectively.

Thrive PRS connect directly with individuals (or their family or friends), if they agreed to speak with the PRS, who present in the ED with a behavioral health diagnosis (particularly OUD), at SVCMC to ensure awareness of and connection to treatment and other medical and/or social services in the community. In Year Three, Thrive PRS encountered 628 clients at the SVCMC ED, out of which 89% engaged with the PRS, 83% were referred to treatment services, and 64% were known to have linked with those services. *Thrive changed workflows to triage peers at the time of admission so that “peers are now assessed at presentation and if applicable will go directly to Rosary Hall if detox was the main reason for presentation at the emergency department. This new workflow frees up space in the emergency department for peers who have emergent medical needs and want resources/referrals for their SUD.”* The majority of clients (with known demographic information) were non-Hispanic, Black males, with average age of 43 years. Detoxification and inpatient treatment remained the most commonly linked treatment services, and a vast majority of clients were referred to Thrive’s community-based PRS and other social services. Thrive provided transportation to 55% of the clients who were referred to treatment. The status of treatment linkage remained unknown for about a fifth of the clients referred to treatment. Leaving the ED before linkage and COVID-19 infection were the most commonly reported barriers to treatment linkage. Clients were asked substances used. Many clients reported using alcohol (36%, n=227), cocaine (24%, n=152) and opioids (23%, n=146). Although 43% of the clients only reported using one substance (n=271), many clients did report using two (18%, n=116) or three substances (8%, n=53).

Starting in Year Two, Thrive PRS also started working with clients presenting at MetroHealth Parma and MetroHealth Broadway outpatient clinics in addition to those presenting at the ED for community-based peer support. In Year Three, Thrive encountered 41 clients in the MHP and 30 clients in the MHB locations, compared to 145 clients in MHP and 52 clients in MHB in Year Two. Similar to clients in Year Two, this cohort of 71 clients included those who were already linked with treatment when they were encountered by Thrive PRS. Only 30% engaged with their PRS compared to 51% in Year Two. PRS spent an average of 48.9 (SD=35.9) minutes with their PRS.

Woodrow PRS uses an on-call model called Project SOAR (Supporting Opiate Addiction and Recovery). Project SOAR provides services in the Cleveland Clinic Lakewood and Cleveland Clinic Lutheran Hospital EDs. Woodrow continues to provide peer support services virtually. The hospitals have iPads programmed to call a Project SOAR phone that is in-service 24 hours, seven days per week. Individuals who agree to speak to Woodrow staff are then connected directly with a PRS. In Year Three Woodrow linked 87% of the clients encountered into treatment services. Linkage to treatment remains high with over 80% of clients encountered linking with treatment services across all three years. Woodrow clients are predominantly

Woodrow reported “the emergency departments do not test for synthetic opiates. Because of this, there are some treatment providers who will not accept patients who have negative drug screens.” However, by building rapport and trust with treatment providers Woodrow’s peer supporters were able to help enroll patients in treatment programs despite negative drug screening test results.

non-Hispanic white males, with an average age of 39 years. Detoxification and inpatient treatment remain the most commonly linked treatment services. Transportation was provided to 17% of those referred to treatment.

Similar to Thrive, Woodrow also collects information from clients on their past drug use. In the past 30 days, all of the 166 clients admitted to using alcohol and/or drugs (either prescription or non-prescription). Street opioids were the most commonly used drugs (56%), followed by prescription opioids (54%). Common misused prescription opioids were fentanyl (n=50, 30%), oxycodone (n=34, 20%), hydrocodone (n=5, 3%) and buprenorphine (n=3, 2%). Of the 166 clients encountered, 50% (n=83) reported never experiencing an overdose, and 56% (n=93) never visited ED to treat an overdose. The most common location clients reported experiencing an overdose were someone else's house or a public place. Over half (54%, n=90) reported not receiving naloxone for their overdose.

In the last two years, Woodrow contacted their clients for 30-day, 90-day, six-month, and one-year follow ups, and averaged 14%-29% with respect to response rates. The most common reason for the clients to remain in recovery was wanting a better life, and associating with wrong company was the most common reason for relapse.

Provide Peer Support Services to First Responders and Frontline Workers (Thrive)

New in Year Three, Thrive developed a program to provide peer support services to first responders and frontline workers such as EMS, firefighters, law enforcement, etc. Thrive will recruit frontline workers who want to provide peer support to other frontline workers, and link them with Mental Health First Aid training. The trained frontline workers will support their colleagues in need. While this program is intended to be for first responders, peer supporters who reach out for themselves, will not be turned away. This program will be evaluated once the data collection starts in the upcoming year.

Expand Project SOAR with a Patient Navigator to assist with activities that promote recovery and independence (Woodrow)

In Year Three, Woodrow hired a patient navigator to assist their residential clients in recovery housing with services that would promote recovery and independence. The Patient Navigator identifies the needs of clients at the time of encounter, links them to appropriate services, and then completes a follow-up survey at 90 days to report on the status of clients' engagement with the Patient Navigator and progress in meeting the needs/services identified by the client. A client could be linked to more than one service. From April 2022 to August 2022, the Patient Navigator encountered 28 clients and spent an average of 37 minutes (SD=10.82 minutes) with each client. All of the clients were female with a mean age of 39 years old (SD=13.51 years). The majority of the clients self-identified as non-Hispanic (n=25, 89%) and white (n=22, 79%). At the end of Year Three, 17 clients completed the 90-day survey, and seven (41%) were engaged with the Patient Navigator. A total of 176 identified needs/ services were completed.

Provide Community-Based Peer Recovery Services for Uninsured Individuals (Thrive)

New also in Year Three Thrive received funding for a program to provide community-based PRS to uninsured clients. Thrive identifies clients who would benefit from community-based PRS and PRS specialists create and track the clients' assessment and treatment completion plans and work towards getting their clients insured. From January 2022 to August 2022, Thrive PRS encountered 102 uninsured clients. The average age of the clients is 47 years old (SD=14.94 years). The majority are non-Hispanic (n=92, 90%), white (n=57, 56%), males (n=67, 66%). Out of the 102 clients encountered by the PRS, 19 (19%) completed the assessment. The average length of service each client in the program received was 77 days (SD=56.23). At the end of Year Three, the status of one out of these 19 clients (5%) was changed from uninsured to insured status.

Outreach to Service Entities Providing Immediate Services and Harm Reduction Services (Sisters of Charities)

The Sisters of Charity (SoC) is developing a program to deliver crisis response and recovery continuum of care to individuals suffering from SUD or co-occurring disorders in Cuyahoga County. Through OD2A, SoC will provide outreach to service entities providing critical-time services and harm reduction services. They will develop a pilot team of trained professionals (e.g., social worker, PRS, and other specialties) that will conduct outreach and education, and expand linkage to care using on-site, community-based, and virtual visits. All clients encountered will be screened for SUD and co-occurring disorders and then linked to appropriate evidence-based care. SoC will start seeing clients in Year Four.

Implement Outreach to Victims of Nonfatal Overdose – Begun, CDP and MetroHealth

Survivors of opioid overdoses have a high-risk of future fatal and nonfatal overdoses (Olfson, M., Wall, M., Wang, S., Crystal, S., & Blanco, C., 2018). Post overdose intervention programs, such as Quick Response Teams (QRT), aim to reduce future risk through education and linkage to care (e.g., hospitals, addiction counseling, peer support, etc.) (Vivolo-Kantor et al, 2017). One of the challenges that post intervention programs experience is willingness to participate. Opioid users often cite shame, stigma, lack of interest, and lack of resources, as reasons for not participating in intervention programs. Each year MetroHealth's QRT increases their efforts to engage individuals, who have experienced a nonfatal overdose, or their family and friends. Information on nonfatal overdose incidents come from Cleveland Division Policy (CDP) and Cleveland EMS reports. MetroHealth staff believe that an effective aspect of the QRT program is resources to the families of the overdose victims. Family members are receptive to discussion and receiving resource information and they appear motivated to work with getting the overdose victim linked to care.

From September 2021 through August 2022, 669 outreach attempts were made by the QRT. The average age of the client is 43 years (SD=14.0). The majority of clients are male (54%). Race is predominately white (48%), 26% are Black, and race was unknown for 16% of the clients. QRT was able to engage 252 individuals in Year Three, compared to 225 in Year Two; 68 of the individuals were clients and the remaining 184 were family members, partners or roommates of the clients. Difficulties in finding these individuals persist as many of the addresses listed on

police reports are incorrect or no one is at home when staff reach out. The QRT has been able to engage an average of 64 clients each year and are able to refer more than half of them for treatment services. Out of these number of clients referred, the average number of clients who link with services is around 23%. Data provided by CPD for MetroHealth QRT also includes whether the client received Narcan at the time of overdose. For the 669 individuals MetroHealth attempted contact, 87% had Narcan administered (n=585) and 57% of these individuals were transported to the hospital (n=384).

Increase Warm Handoff to Medication Assisted Treatment (MAT) for At-Risk Populations (ExAM Program) - MetroHealth

Rates of opioid use in criminal justice populations are disproportionately high relative to the general population. The survey of Inmates in State and Federal Correctional Facilities found that 23% of state prisoners and 18% of federal prisoners report lifetime use of heroin and other opioids (Mumola & Karberg, 2007). Creating an environment conducive for recovery during community reentry is essential for treatment continuation. MetroHealth's ExAM increases warm handoffs to MAT for at-risk populations. The program provides MAT to persons incarcerated in the Cuyahoga County Corrections Center. A positive experience starting MAT in jail could lead to changes in returning citizen's recovery trajectory.

During the last three years, MetroHealth's ExAM program has been able enroll an average of 542 inmates each year, an increase by 138 from baseline. ExAM clients were predominantly non-Hispanic white males, with an average age of 36 years. Once released, many of these individuals are referred to community-based MAT; however, the program struggles with finding individuals released in order to process the referral. On average 123 individuals each year have been referred to community-based treatments. More than 95% of the individuals referred (an average of 117) are linked to community MAT programs evidencing the program's ability to increase warm handoffs for these at-risk populations.

Enhance Awareness and Outreach Efforts of Syringe Service Program – The Centers Syringe Service Programs (The Centers)

The Centers is working to enhance awareness and outreach efforts of its Syringe Service Program (SSP). The Centers provides integrated health and wellness, workforce development, and early learning and family support for community members across Cuyahoga County. While SSPs are a demonstrated effective harm reduction method in the prevention of HIV and Hepatitis, little is known about the ability of SSPs to refer and link clients with substance use disorder (SUD) or opioid use disorder (OUD) to drug treatment. Care Coordinators work with SSP program participants to provide referrals for treatment and linkages for basic needs. To enhance their outreach efforts, the Centers equipped a van for SSP, launching the service in February 2020.

The SSP is providing much needed harm reduction services in Cuyahoga County and through the CCOD2A Initiative the program is also engaging and referring clients for treatment services. In the last three years, the average number of encounters with clients is 1,844. Although this number includes clients who have visited the SSP more than once it demonstrates the ability of

the program to engage clients into treatment discussions at various times. The majority of clients were non-Hispanic (95%), white males (61%), with average age of 40 years. The majority of these clients are also receiving referrals for Project DAWN kits, providing much needed naloxone. On average 41% of the clients were referred to community treatment programs. Unfortunately, due to HIPAA and other confidentiality restrictions, The Centers is limited in its ability to determine whether clients link with treatment services.

In addition to the information captured by the Care Coordinators working at the SSP, an anonymous survey was administered on-site to SSP clients from October 2020 through March 2022, a total of 662 completed surveys. The survey gathered information about client readiness, motivation for change, and barriers to entering treatment. Clients who completed the survey must have visited the SSP at least twice and could only take the survey once. Due to the survey being anonymous, participants were not asked for demographic or any other identifying information. However, demographics were obtained for SSP clients at this time where it was indicated that the client had taken the survey. The known demographic makeup of survey respondents is representative of SSP clients as a whole for the same period of time.

Some important findings indicate that 49% of the clients (n=315) had never overdosed. For those who had overdosed, the majority said the overdose occurred at home (24%) and 12% said it occurred at a friend's house. To determine clients' reasons for not entering treatment, the survey asked what concerns clients have about engaging in treatment and what barriers they are facing related to treatment. Most clients (70%) said they were not experiencing any barriers to treatment. More than half (53%) also indicated they did not have concerns about treatment. Of those who *did* have concerns, the most common concern was "I have had a bad experience with treatment." The most common barrier to engaging with treatment was "I don't like to talk about my personal life with others." Clients were also given the opportunity to identify other reasons for not engaging with treatment. Several responses (n=28) indicated that respondents were either not ready for treatment, worried that treatment will not be effective, or have tried treatment multiple times and relapsed. Others (n=13) expressed concerns about going through detox. One client noted "absolutely unbearable pain and usually 7-10 days with no sleep," while another said "I get so sick on detox I can't stand it." Of those who provided other reasons for not engaging with treatment, the most common response (n=22) was financial concerns while in treatment, specifically losing their jobs, home, and not being able to pay bills. One client reported, "I will lose my job and apartment, I live alone and there is no one to hold things down for me."

Incorporate SBIRT Training and Practice into Existing Primary Care Operations - St. Vincent Charity Medical Center

SVCMC is utilizing the Screening, Brief Intervention, and Referral to Treatment (SBIRT) tool in two of their medical-surgical units and their outpatient health center to increase the identification of patients with substance use disorders (SUD) needing treatment services. SBIRT is an effective way to integrate SUD management into primary care and general medicine. An evaluation of a cross-site SBIRT program funded by SAMHSA found that greater intervention intensity was associated with larger decreases in substance use. Both brief intervention and brief treatment had an impact on reducing the frequency of alcohol and illicit drug use (Babor TF et al, 2017). Other studies concluded that SBIRT helped create awareness and recognition of patients with SUD and

facilitated their treatment (Moberg & Paltzer, 2021), and reduce the number of subsequent hospital visits for SUD for patients receiving SBIRT (Cooper et al, 2022).

This past year the SBIRT program at SVCMC screened 3,989 patients coming to its medical-surgical unit and outpatient health center for Substance Use Disorder, Anxiety, Depression and Trauma, over ten-fold increase from Year One. Almost all of the patients, predominantly non-Hispanic, Black males, who screened positive for Drug Use Disorder (DUD), were referred to treatment services. Only half of those clients accepted their treatment referrals as the rest of them were not interested in getting treatment for their DUD at the time. Of the patients who agreed to a referral (n=112), 39% were known to have linked to the treatment service, and linkage status of 37% remained unknown. The reason provided by many patients encountered, who did not accept the referral, was a lack of interest in treatment (92%, n=108). Outpatient Counseling/Therapy and Intensive Mental Health Treatment were the most commonly referred services. Although in the last three years, the total number of DUD patients getting linked with treatment has increased, the number of patients refusing the treatment referral remains high.

Additional analysis focusing on the drug types and drug combinations reported by patients with Drug Use Disorder (DUD) were conducted. After completing their primary SBIRT, patients who completed the secondary screening for DUD were prompted to report the drug types they used. This additional reporting highlights trends of polysubstance misuse (the use of two or more drugs) among patients encountered in clinical settings. In Year One, approximately 26% of the patients with SUD reported polysubstance misuse (13 out of the 50 patients). In Year Two, 52 of the 301 patients reported misuse of more than two drugs (17%). In Year Three, 44 of the 232 patients reported polysubstance use (19%).

Strategy Four for Community Change: Enhance Access/Reduce Barriers

Strategy Four for effecting community change encompasses improving systems and processes to increase the ability and opportunity to utilize systems and services (CADCA, 2010). During the last three years, the CCOD2A Initiative has made great strides in reducing barriers to data access and increasing the sharing of opioid-related data. This work has expanded Cuyahoga County's understanding of overdose morbidity and mortality and informed prevention and response efforts. Additional work has focused on assisting providers in better utilizing data from prescription drug monitoring programs (PDMP) prior to prescribing opioids to patients and improving client access to treatment services, including referrals for alternative pain management and medication assisted treatment (MAT).

Identifying New Data Sources for Surveillance - CCBH & Begun Center

In Year Three, the CCOD2A gained access to new data sources that improve our understanding of the opioid epidemic in Cuyahoga County. The CCMEO expanded toxicology coding efforts advance our understanding of drug-related deaths and a comprehensive dataset was made available to the surveillance team in Year Three. This information will be used to inform intervention opportunities (e.g., education, outreach, harm reduction) by understanding what specific drugs have historically had the most impact in a given neighborhood or ZIP code. Through continued collaboration with the Cuyahoga County Prosecutors Office (CCPO) on surveillance activities, the Crime Strategies Unit (CCPO-CSU) expanded their queries for persons reported in overdose incidents.

The Analysts at the Crime Strategies Unit are now querying probation and court databases to determine if persons who experience an overdose are involved in the justice system and are currently sharing the information with relevant contacts (i.e., probation officers) for potential intervention opportunities beyond QRT engagement.

This last year the surveillance team also published a comprehensive drug chemistry and drug seizure data dashboard to better understand the long-term changes in drug supply at the local, state, and national levels. The surveillance team coordinated with personnel from the DEA National Forensics Laboratory Information System (NFLIS-Drug) to utilize publicly available national and state drug-chemistry testing data for all drug types submitted by law enforcement. NFLIS-Drug publishes annual results of drug chemistry submissions—aggregated by state—from hundreds of forensics laboratories across the United States.

The surveillance team published an interactive, public-facing dashboard specific to drug chemistry and drug seizure data. The team utilized ten years of national, state, and local data from multiple sources to better inform local and national drug trends. This dashboard was reviewed and approved by DEA NFLIS-Drug and has been used by CDC personnel to monitor trends.

Publicly available prescription drug monitoring program (PDMP) data also has been utilized for surveillance. Prior to Year Three, access to these data included aggregate county-level patient prescriptions for five drug categories: opioids, gabapentin, stimulants, benzodiazepine, and buprenorphine. In Year Three, CCBH was able to develop a method for access to patient location information at the ZIP code level, allowing the surveillance team to identify and publish where opioid prescriptions have historically been the highest in the county. The surveillance team will incorporate these data in the Cuyahoga County Overdose Data Dashboard in early 2023.

Enhance Nonfatal Overdose Incident Data Collection, Utilization, and Dissemination & Expand CDP CAD System to improve observation and recording of nonfatal data - CCBH & Begun Center

Law enforcement data regarding nonfatal overdoses provides a wealth of information, including identification of where overdoses are occurring in Cleveland. During the last three years, the Begun Center worked closely with CCBH, CDP, and CCPO to identify incident level data sources to inform a wide range of surveillance products as well as support MetroHealth QRT outreach. The Begun Center

From March 2022 through August 2022 the CDP Analyst assessed information from multiple sources to identify 593 incidents that appeared to be nonfatal opioid/polysubstance overdose related in the City of Cleveland

and CCBH also engaged CEMS to identify sharing and dissemination of their nonfatal response data. Significant strides have been made across these agencies in combining and sharing data to better inform surveillance and response to nonfatal overdoses. For example, by combining information from multiple data sources (CDP, CEMS, and CCPO), a CDP analyst was able to identify 593 nonfatal opioid or polysubstance incidents from March 2022 to August 2022 out of 1,328 calls for services that were initially categorized as “sudden illness”,

Enhance Overdose Fatality Review, Including Adding Opioid Use Disorder (OUD) Specialist – CCMEO, CCBH, ADAMHSB and Begun Center

The CCMEO and the CCBH oversee Cuyahoga County’s Overdose Fatality Reviews (OFR). In the last three years, linking datasets across platforms and agencies has allowed the OFRs to have greater insight into systemic issues, but more specifically has provided an opportunity to identify missing touchpoints in lives of those who experienced a fatal overdose. New this year, the OUD Specialist from the ADAMHS Board was able to share themes from next-of-kin interviews. Inviting

The OFR participated in a mentor site visit with Ocean County OFR that was facilitated by the Institute for Intergovernmental Research (IIR). The OFR was able to observe Ocean County’s process and speak with a behavioral health treatment provider to better understand data sharing. Ocean County also observed an OFR meeting and provided feedback.

agencies that provide services to participate in the conversation and review of individual cases has facilitated dialogue and lead to identifying overarching themes present in fatal OD cases. This collaboration has created an avenue to further the work in the field by identifying goals and potential facilitators to overcome barriers to reduce the number of fatal overdoses in the community. While no new recommendations were identified in Year Three, those developed continue to be refined and updated. The OFR added target audiences for each existing goal and added highlights from 2021 and 2022 to describe movements made in certain areas. The recommendations/intervention points are summarized here and a more detailed description can be found in the annual report published by the OFR.

Enhance PDMPs through an Evidence-Based Practice (EBP) Peer Review Model to Better Track Opioid Clients and Prescriptions and Develop Toolkit–MetroHealth, CHA and CCBH

The Center for Health Affairs (CHA)’s toolkit of best practice information has been made available to other healthcare settings in Cuyahoga County. MetroHealth continues to provide technical assistance to CHA on the toolkit design to enhance utilization of OARRS data based on best practices that can be replicated in other health systems. The Toolkit is posted on the CHA website www.opioidconsortium-education.org.

The CHA Opioid Management Toolkit available online from the CHA website to hospitals and medical staff focuses on 4 areas: Opioid Training Courses, Opioid Prescribing Mitigation Resources, Peer Review Program, and Academic Detailing Program.

MetroHealth continues to explore ways to increase providers’ use of the PDMP as well as educating prescribers on their prescribing practices. In Year Three, MetroHealth distributed 1,457 Controlled Substances Scorecards to providers. Controlled Substance Scorecards contain information regarding the type of medication prescribed, the number of pills prescribed, the number of pills prescribed per 100 encounters, percentage of OARRS checks, percentage of co-occurring opioid and benzodiazepine prescriptions and percent of prescriptions below the 80-morphine equivalent daily dose. MetroHealth also issues Stewardship Report Cards to high-volume prescribers who prescribes opioids to those with chronic pain. Information includes whether they used OARRS properly, how many prescriptions for both opioids and benzodiazepines, as well as a review of the number of morphine milligram equivalents (MME) prescribed to determine whether the physicians were high or low in their prescribing and whether they had patient agreements in place.

Expand Peer Review Model of High-Volume Prescribers to Additional Hospitals - CHA & Expand Implementation of PDMP in Non-Traditional Healthcare Settings - CCBH

A best practice model incorporated into the toolkit is MetroHealth’s peer-review which entails a chart review of all providers who continue to prescribe opioids for chronic conditions exceeding 90 days. In Year Three, there were 208 providers at MetroHealth who went through peer-review. CHA also has worked closely with MetroHealth to disseminate materials based on the MetroHealth Peer Review program. CHA has made these materials available for download on their website and while CHA website traffic has indicated there is interest in these programs, CHA has not been able to obtain direct feedback regarding implementation of the Peer Review Model in other hospital systems. CHA initiated focus groups and key informant interviews to identify facilitators and barriers in program implementation and those results will be finalized in Year Four.

Expand MAT capacity in ED – MetroHealth

Through education and training, MetroHealth is working to increase the number of medical providers in the ED with a Drug Enforcement Administration (DEA) waiver in Year Three. To be eligible for a DEA waiver during this time, a provider was required to receive training on MAT. Providers can then refer individuals in need of treatment services to MAT. MetroHealth developed and distributed an ED MAT guide for provider education/reference, as well as a Teams site with ED MAT resources for providers. MetroHealth also incorporated treatment for opioid, alcohol and nicotine addiction into its MAT ED protocol. In Year Three there were 77 ED providers who completed training, but unfortunately taking the necessary steps to receive their waiver was not achieved. It should be noted that a change in the law made it unnecessary for all to pursue completing the process. Nevertheless, the ED is demonstrating an increase in clients linked to MAT, 221 clients have been linked in the last three years, exceeding the target goal of 99.

Enhance drughelp.care Resource Linkage Tool – Cleveland State University

Cleveland State University (CSU) is working to enhance the drughelp.care resource linkage tool. The effectiveness of web-based technology is helpful in connecting clients with available services, in real-time. CSU has created, made enhancements and continually registered service providers throughout the county so that information regarding available services is up-to-date for those looking for resources. Improvements this past year include a new MAT filter so users can search for Sublocade injections, search results can now be displayed as a map view, a Quick Search feature and Crisis Hotline page were added, updated the “Treatment Types” educational video and added an “About” video.

At the start of OD2A Initiative there were 46 agencies and 293 treatment services registered. By the end of Year Three, 107 agencies and 545 treatment service are registered. Search results can now be displayed as a map view and info about harm reduction resources were added from Healing Communities Study.

During Year Three and in combination with media campaigns to advertise their application, usage of their site has steadily increased. The number of unique users accessing the *drughelp.care* website is measured using the Internet Protocol (IP) address. In Year Three, the CCOD2A team made the decision to collect cumulative data from month to month to avoid possible duplication. The number of pages visited is also being collected cumulatively. The number of unique users as measured by IP address in Year Three was 17,690 and the number of page visits was 69,302.

Strategy Five for Community Change: Change Consequences

An important component of the CCOD2A Initiative is to evaluate progress on long-term outcomes. Strategy Five for effecting community change examines efforts to increase or decrease the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (CADCA, 2010). The long-term outcomes assess patterns and trends related to opioid use among residents of Cuyahoga County. Some of these outcomes were required as part of the application for the funding and others were identified as important for measuring the impact of the Initiative.

In the last three years of the CCOD2A, there has been an increase in the number of evidence-based programs and/or services (EBPs) available in Cuyahoga County as reported by agencies registered with *drughelp.care*. The initiative has also seen increases in the linkages to treatment for individuals who have experienced a nonfatal overdose and/or individuals with opioid use or substance use disorders. While there has been a decrease in the number of emergency department visits for suspected drug overdose, it is unclear whether the decline is due to reduced usage of opioids, heroin and other stimulants or whether the decrease is due to more naloxone being administered in a private setting. In either occurrence, lives are being saved. Unfortunately, the number of nonfatal overdose deaths and prevalence of individuals with opioid use disorder continues to increase in Cuyahoga County over the last several years evidencing the impact opioids and opioid analogs, especially fentanyl, have had in the county (Table 2).

Table 2

CCOD2A Long Term Outcomes

Description	Baseline	YR 1 Data	YR2 Data	YR3 Data	Outcome Status
Prevalence of Opioid Misuse and Opioid Use Disorder	17,332	14,408	18,061	Not Available	Increase of 4% from baseline to Year Two
Evidence-based Treatment for OUD	N/A	1,280	2,208	2,839	Over 100% increase from Baseline to Year Three
Emergency Department Visits for Suspected Overdose	1,678	1,585	1,539	Not Available	Decrease of 8% from baseline to Year Two
Unintentional Drug Overdose Death Rate	34.65	37.64	44.25 ^a	Not Available	Increase of 28% from baseline to Year Two
Linkage of Nonfatal Overdose Clients to Treatment ^b	Not collected	463	759	720	Increase of 56% from Year One

^a2021 data is still considered preliminary therefore subject to change.

^bData is reported based on the grant year.

Strategy Six for Community Change: Change Physical Design

Changing the physical design or structure of the environment to reduce risk or enhance protection is an important strategy for changing a community (CADCA, 2010). The CCOD2A Initiative is achieving this by increasing the availability of naloxone and fentanyl test strips in the community. These harm reduction efforts can change an overdose from fatal to nonfatal.

Rapid Response Lay Responder Narcan Distribution Protocol, Responder Training and Naloxone Distributions - MetroHealth & CCBH

Implementing naloxone education and distribution programs has furthered access to naloxone in Cuyahoga County. In Year Three 5,098 Project DAWN (Deaths Avoided with Naloxone) kits were distributed, a 51% increase since baseline. More than 7,500 individuals have received training on naloxone use and surveys from overdose response trainings indicate that individuals are gaining knowledge about opioid overdose, how to respond, and use naloxone. As part of surveillance, CCBH and the Begun Center analyzed zip code level data to identify locations which would benefit from an increased distribution of naloxone.

In 2021 the ADAMHS Board of Cuyahoga County provided community outreach and grassroots efforts to distribute fentanyl test strips. They collaborated with MetroHealth's Project DAWN program to install over 40 NaloxBoxes throughout various locations in the County.

Strategy Seven for Community Change: Modify/Change Policy

The last strategy for influencing community change is formal change through written procedures, by-laws, proclamations, rules or laws within written documentation and/or voting procedures (CADCA, 2010). While the CCOD2A Initiative is limited in its ability to change laws or policy, work performed by partner agencies and surveillance efforts identifying recent trends and patterns regarding the opioid epidemic in Cuyahoga County serve as a catalyst to inform the advancement of laws and policies to respond to the opioid epidemic in a meaningful way. The partner agencies also strive to identify systematic and continuous actions within their own organizations to guide improvement in services provided to clients.

Communication Networks with Stakeholders and Response to Prevention Partner Data to Action Needs

In Ohio, the Revised Code ([ORC Section 4765.44](#)) allows for law enforcement agencies to request the names of individuals who received naloxone from either Fire or EMS agencies; the name and address can be used for investigation or treatment referral. After a multi-year process that included several requests and petitions facilitated by the team members at [MetroHealth Office of Opioid Safety](#) (OOS) and the Begun Center, identified

The Cleveland EMS, the agency likely responsible for the most interactions with persons experiencing overdoses in Cuyahoga County, began sharing identified data with the Cleveland Division of Police for the purposes of QRT engagement.

Cleveland EMS data was shared with QRT social workers for individual engagement/response in 2022. The Fusion Center analyst played a vital role in developing key relationships with Cleveland EMS and facilitated both identified and aggregated overdose-related data sharing. Aggregated EMS data will likely be incorporated in OD2A surveillance products in early 2023.

During this last year the CCOD2A surveillance team continued to improve and update various geospatial products shared directly and only with harm reduction partners. Agencies use these maps to (a) plan upcoming outreach events and (b) distribute naloxone and fentanyl test strips.

In one case, geospatial analysis performed by the surveillance team was used by Thrive Peer Support to draft a recommendation to the Cuyahoga Metropolitan Housing Authority (CMHA) to allow naloxone distribution on CMHA properties; these activities were previously unauthorized. The analysis revealed that several CMHA properties experienced relatively high numbers of suspected overdoses and provided the data needed to drive policy change.

The Geospatial analysis and interactive dashboards shared by the surveillance team were used to influence policy change in Year Three. Thrive Peer support approached the Cleveland City Council with a request to distribute harm reduction supplies (i.e., naloxone) on CMHA properties. The request incorporated analysis accomplished through the OD2A surveillance work.

As referenced earlier several partner agencies assist individuals gain access to and link to Medication Assisted Treatment (MAT). Until recently providers were required to have a DEA waiver to prescribe medications, like buprenorphine, for the treatment of opioid use disorder (OUD). Section 1262 of the Consolidated Appropriations Act of 2023 now removes the federal requirement for providers to have a waiver. A separate provision of the law also requires training for DEA registration. This new law will alleviate barriers to MAT referrals for individuals with OUD.

CCOD2A Year Three Focus Group Findings

Focus groups and individual interviews were held at the end of Year Three with staff from the participating agencies to gather more insight into the day-to-day activities surrounding the CCOD2A Initiative. The qualitative data collected provided important insight into agency staff members' and community stakeholders' experiences, challenges/barriers, and current and future needs to better serve the community. Data analysis revealed six key themes (Table 3).

Table 3*Key Themes from CCOD2A Focus Groups*

Themes	Details
Adapting activities and services to meet the evolving needs of the opioid epidemic	Agencies reported that some of the activities proposed when the CCOD2A grant was originally written are now outdated. In response, several agencies adapted their activities and strategies to the emerging needs of the community.
Adding new services and conducting targeted promotion of new services	Due to the increased demand and need for a wide breadth of services, agencies added new services and conducted targeted promotion of these services.
Identifying referral to treatment challenges and gaps	Agencies identified gaps and challenges encountered during referrals to treatment. Several agencies implemented changes to increase the support and resources available to patients/clients as they undergo treatment. Agencies also strived to incorporate patient/client voices, preferences, treatment history, and personal barriers when making treatment referrals.
Identifying new education needs	Agencies offered new and revised training and education opportunities to address emerging needs and knowledge gaps.
Data sharing success and improvement in data collection efforts	Agencies highlighted various successes in cross-agency data sharing. Agencies also described new types of data they are collecting, accessing, and analyzing.
Successful collaboration between local and state agencies	Agencies shared the initiation of new collaborations and the maturation of previous collaborations with local and state partners to overcome the opioid epidemic.

Conclusion

While this summary evaluation report accents the hard work partner agencies have put forth to address the opioid epidemic in Cuyahoga County in Year Three of the CCOD2A Initiative, it also highlights the collaborative way agencies are working to effect change in how Cuyahoga County responds to the opioid epidemic. These community-wide efforts and interventions respond to community risk factors through organized efforts.

Although drug-related deaths remain high throughout Cuyahoga County, this past year the CCOD2A surveillance team, comprised of staff from the CCBH, Begun Center and CCMEQ, has made great strides to increase our understanding of data on overdose morbidity and mortality. This data has been used to inform prevention and harm reduction efforts. Together the team published a drug chemistry and drug seizure dashboard, collected data on which drugs have impacted which neighborhoods by zip-code and furthered partnerships to increase access to data which is critical to gaining continued insight into the epidemic.

MetroHealth’s work has created better understanding into the benefit of using the PDMP to enhance provider prescribing behavior. This progress was further elevated by the collaboration between MetroHealth, CHA and CCBH as they worked toward furthering education and providing resources regarding prescriber best practice models, including Academic Detailing and Peer Review. Prevention and response efforts also were advanced through increased education,

awareness, distribution of naloxone services and supplies. The ADAMHS Board expanded the knowledge base of those responding first to an overdose. CSU's *drughelp.care* has been pivotal in providing real time information to the public on drug treatment services. Thrive, Woodrow, The Centers and St. Vincent Charity Medical Center alongside MetroHealth's ExAM program have worked hard to engage those affected by the opioid epidemic and link them to treatment.

The breath of the problem and how it is impacting a change in Cuyahoga County is better understood due to the efforts of these partner agencies involved in the grant. Despite the notable progress, much work remains given the complexities of addiction and the depth of the opioid epidemic in this region.

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