

Overdose Fatality Report (CCOFR) Cuyahoga County 2023 Annual Report

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Cuyahoga County Overdose Fatality Review Workgroup¹

Under the leadership of Dr. Thomas Gilson, the Cuyahoga County Overdose Fatality Review (CCOFR) is co-coordinated between the Cuyahoga County Medical Examiner's Office (CCMEO) and the Cuyahoga County Board of Health (CCBH). Beginning in 2012, the CCOFR reviewed all fatal overdoses occurring in Cuyahoga County, Ohio. However, due to the increase in drug-overdose fatalities, a transition was made in 2019 to employ a selective overdose fatality review that examines exemplar cases.

The **purpose** of the CCOFR is to meet bimonthly to review decedent cases in order to identify missed intervention opportunities and create written recommendations that agencies will commit to implementing.

The **goal** is to use in-depth, data-driven case reviews of system touch points to facilitate the implementation of public health intervention and policy recommendations in order to reduce future fatalities while respecting and honoring the lives of the individuals involved in case reviews and strive to learn from those who lost their lives to overdose.

Case Selection: Cases are chosen for review based on information available to the CCMEO using autopsy and medico-legal death investigations. Consideration is given to reviewing emerging or reoccurring trends in fatalities noted at the CCMEO or by other agencies who are on the committee.

Trend/Data Analysis:

Trends reviewed as a part of CCOFR are then compared to all overdose decedent populations to understand the scope.

Case Review Meeting:

The CCOFR aims to review 3 cases bimonthly. A presentation and timeline are created for each decedent that shows interaction points with different systems or major life events. Discussion is focused on possible intervention points and the development of recommendations. Data sources typically include: Department of Child and Family Service records, Drug Addition and Mental Health Service records, Ohio's Automated Rx Reporting System, law enforcement records, decedent adult criminal and civil court records, decedent medical history and next of kin interviews.



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- Attend meetings, share agency-specific protocols, provide input on potential prevention efforts
 - Identify ways in which the representative can make changes in to their agency to better serve people at risk for overdose deaths
 - Identify areas for improved coordination with other agencies
 - Maintain confidentiality of the team's proceedings
 - Commit to implementing recommendations within the agency's purview



Fifteen different agencies comprised the 2023 CCOFR, including:

- Alcohol, Drug Addiction and Mental Health Services Board of Cuyahoga County (ADAMHSBCC)
- Case Western Reserve University, Begun Center for Violence Prevention and Research Education (CWRU)
- Cleveland Department of Public Health (CDPH)
- Cuyahoga County Board of Health (CCBH)
- Cuyahoga County Department of Child and Family Services (DCFS)
- Cuyahoga County Common Pleas Court
- Cuyahoga County Medical Examiner's Office (CCMEO)
- MetroHealth Medical Center, Office of Opioid Safety, Project DAWN (MH)
- Ohio Automated Rx Reporting System (OARRS)
- Parma Police Department
- Southwest General Health Center
- The Woodrow Project
- University Hospitals Cleveland
- Louis Stokes Cleveland Department of Veterans Affairs Medical Center
- Westshore Enforcement Bureau (WEB)

CCOFR Data Findings²

Cuyahoga County Overdose Fatalities

In 2023, Cuyahoga County had 635 overdose fatalities, which was a 1% decrease in drug overdose deaths during 2022. Deaths involving fentanyl remained high at 471 deaths. Q1 of 2024 saw a significant dip, but has since followed similarly to 2023 trends with fentanyl continuing to be the driver of overdose fatalities.

TABLE 1
Of the 635 fatal overdose cases ruled for 2023:

Type of death	Cases
Total unintentional drug overdose deaths	608
Total unintentional drug overdose deaths involving opioids	479
Total number of unintentional deaths reviewed	16
Total number of unintentional deaths involving opioids reviewed	14
Total number of unintentional deaths not reviewed	592
Total number of unintentional deaths involving opioids not reviewed	465

<https://cuyahogacounty.us/medical-examiner/resources/overdose-statistics>

Most Common Drugs:

In 2023 deaths due to fentanyl and its analogs remained high throughout the year, with most deaths occurring due to a combination of fentanyl and/or a fentanyl analog with other drugs.

CHART 1

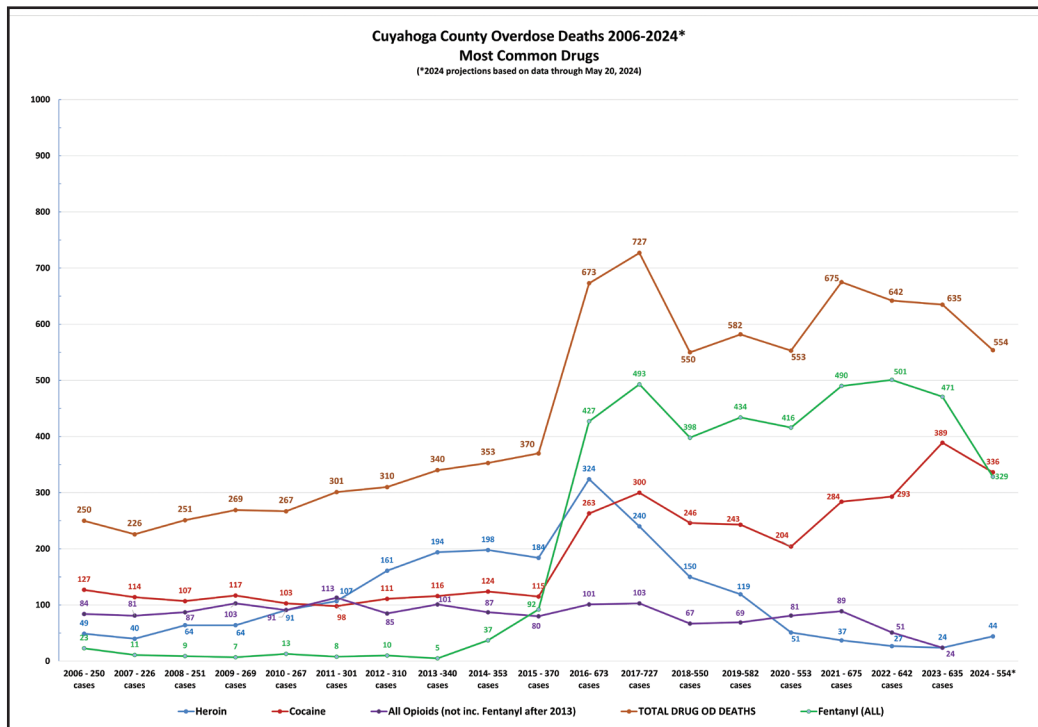
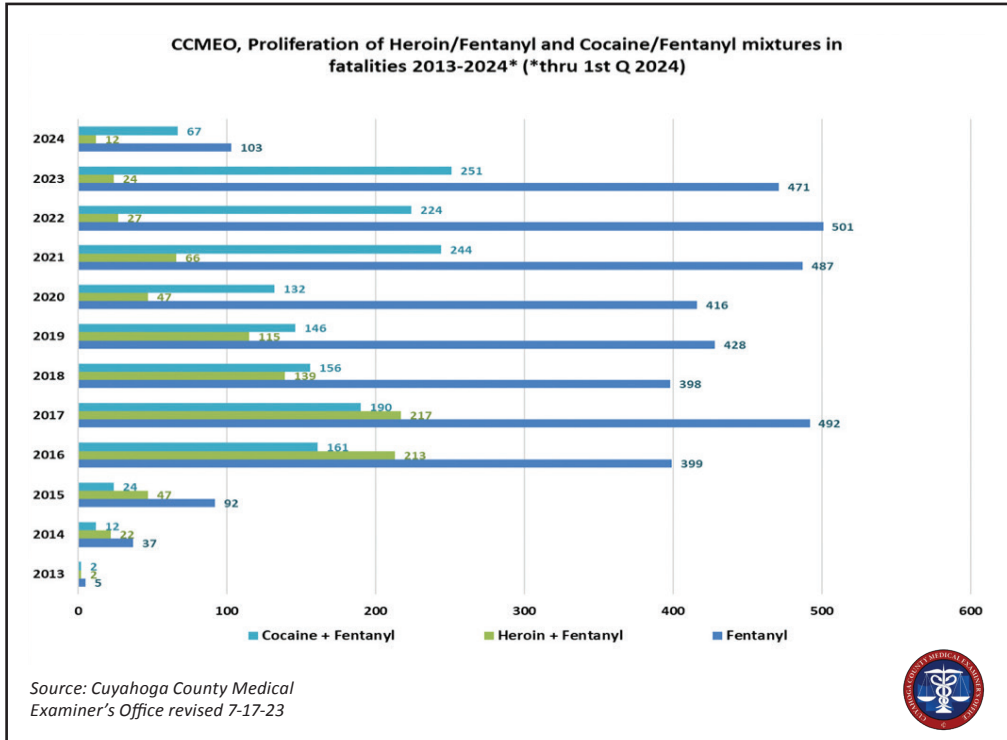


CHART 2



Emerging Trends³

In the last quarter of 2023, Cuyahoga County experienced three confirmed carfentanil related deaths. The Cuyahoga County Medical Examiner's Office continues to monitor the re-appearance of this substance.

Not all jurisdictions have the capacity to test for carfentanil, but data suggests it is starting to resurface outside of Cuyahoga County as well. It will be important to continue real-time surveillance to detect carfentanil.



Next of Kin Interviews⁴

The Alcohol Drug Addiction and Mental Health Services Board of Cuyahoga County (ADAMHSBCC) provides support and assistance to the Cuyahoga County Medical Examiner's Office (CCMEO) in overdose fatality reviews. The Opioid Use Disorder (OUD) Specialist at the ADAMHSBCC receives the names of the decedent's next-of-kin (NOK) and, when possible conducts interviews prior to the CCOFR for those consenting to be interviewed. Based on the family interview, the OUD Specialist presents information about the decedent during the case review.

During a one-year time period (9/1/22-8/31/23), contact was attempted with 27 individuals, six consented, and four were completed, which included a referral to another family member. All interviews were conducted by phone and participants received a \$40.00 gift card. Chart 3 summarizes the NOK's relationships to the decedent.

Interview Themes

Decedents' NOK were asked a series of questions by the OUD Specialist and their responses to the questions revealed a number of common themes. Interview questions probed the decedents' substance use history (including treatment), level of education, childhood experiences, education, mental health and medical histories, relationships at time of death, justice system involvement, and history of homelessness and any events that may have occurred shortly before the fatal overdose. All of the information provided by the decedents' NOK, is to the best of their knowledge.

Theme 1: Prior Involvement with the Criminal Justice System

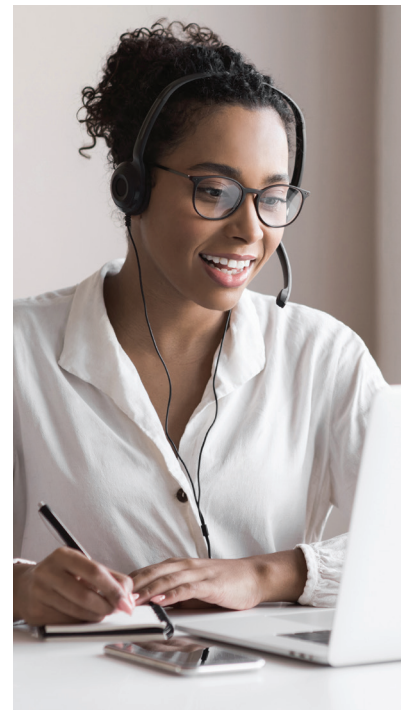
- Most decedents were involved with the criminal justice system at some point in their life. One decedent was incarcerated for more than 15 years for various charges including gang involvement, domestic abuse, and rape.

Theme 2: Relationships and Adverse Childhood Experiences (ACES)

- All decedents' parents were divorced.
- Several decedents were abused as children, including one who was abused by his mother which ended in a stand-off where the mother was arrested and the children taken into custody of CPS.
- One decedent was sexually abused by another sibling as a child
- One decedent lost one of their children at the age of two due to a medical issue.
- Several decedents had children of their own. One decedent lost one of their children to suicide.

Theme 3: Education

- Most decedents did not complete high school
- Two decedents graduated from high school.



Theme 4: Substance Use and Recovery History

- Most decedents had multiple attempts at recovery and most of them experienced a nonfatal overdose prior to death.
- Two decedents began using opioids while in high school.
- Two decedents had no history of opioid use. One died from a cocaine only overdose.

Theme 5: Physical and Mental Health

- All decedents had a history of mental health issues, including depression, anxiety, schizophrenia and suicide ideation.
- Most decedent's had ongoing health issues, including diabetes.
- One decedent suffered the loss of their child by suicide shortly after the death of their biological father.
- One decedent was likely dyslexic but was not diagnosed.
- One decedent showed violent tendencies which continued into adulthood. This decedent suffered a traumatic brain injury as an adult.



Theme 6: Employment

- Most decedents experienced periods of steady employment usually in the service industry or as laborers.
- All decedents had a family history of SUD.
- One decedent's children both have SUD.

There were several barriers and successes identified in conducting NOK interviews over the past year.

NOK Interview Barriers:

- NOK contact and/or case information was inaccurate, incomplete, or delayed.
- Inability to reach NOK due to disconnected numbers, no forwarding addresses, or voicemails that do not include any identifying information.
- Some NOK initially agreed to an interview but did not return a completed consent form or respond to follow-up contact attempts.
- Some interviews took place eventually, but it may have been weeks to months after the initial contact.

NOK Interview Successes:

- Provided an opportunity for family members to feel like they are still helping their loved ones and to share the decedent's life story.
- Provided resources (grief, harm reduction, educational) to the NOK
- Identify system gaps:
 - o Chronic pain management for those with SUD
 - o Grief support for those in recovery with co-occurring MH issues and suicide ideation

Ohio Automated Prescription Reporting System (OARRS)⁵

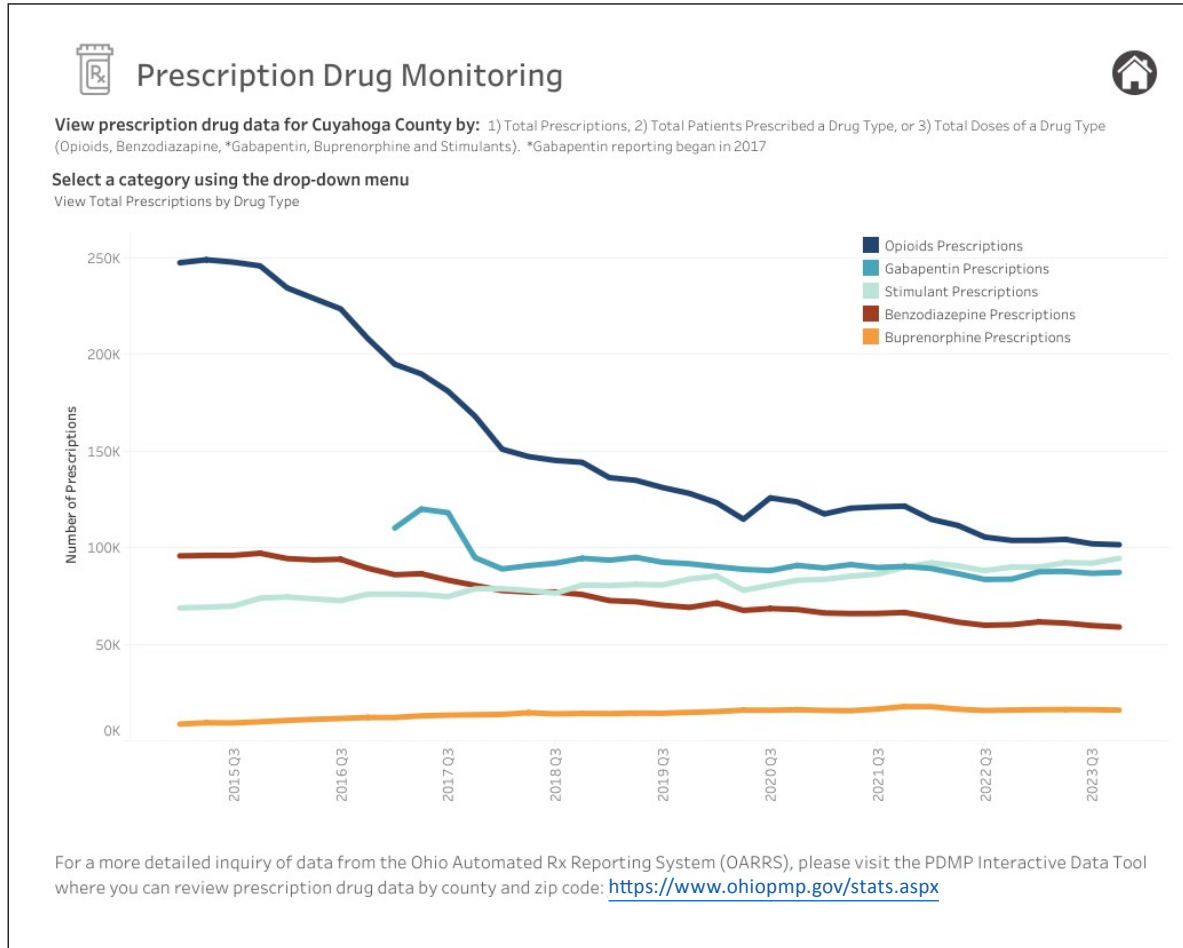
OARRS data is often reviewed during the CCOFR to understand a particular decedents' prescription history and to obtain their OARRS overdose risk score. Surveillance is also conducted on the total prescriptions for Cuyahoga County and typically reported on the Cuyahoga County Overdose Data Dashboard. There has been a 2.1% decrease in opioid doses prescribed comparing Q1 and Q4 2023.

TABLE 2

Total Prescriptions by Drug Type (2023)	Q1	Q2	Q3	Q4
Opioids	103,660	104,220	101,910	101,450
Benzodiazepines	61,480	60,910	59,620	58,860
Stimulants	89,830	92,160	91,880	94,370
Buprenorphine	16,100	16,170	16,110	15,860
Gabapentin	87,440	87,680	86,640	87,140



Prescription Drug Data for Cuyahoga County



⁴ <https://www.ccbh.net/overdose-data-dashboard/>

Drug-Related Emergency Department Visits⁵

Access to nonfatal overdose data is a necessity to better understand the true burden of drug-related overdoses in Cuyahoga County. EpiCenter data is used to better understand nonfatal drug injuries by tracking and classifying Emergency Department (ED) visits due to drug-related injuries (including opioids, heroin and stimulants). Annually, these visits account for approximately 29.7% of all ED visits due to drugs.

TABLE 3

ED Visits by month (2023)	Number of ED visits due to drugs (n)	Number of ED visits due to specific drug* (n)	Percentage of ED visits due to specific drug per month (%)
January	354	107	10.0
February	323	86	8.0
March	339	97	9.1
April	346	117	10.9
May	337	93	8.7
June	390	111	10.4
July	292	103	9.6
August	269	77	7.2
September	256	78	7.3
October	246	65	6.1
November	211	69	6.4
December	240	68	6.4
Total	3603	1071	29.7

*Specific Drug - opioid, heroin and/or stimulant classifier

Adults aged 25-49 years of age accounted for the majority of the ED visits related to drugs in 2023.

TABLE 4

ED visits by age group (2023)	Number of ED visits due to drugs by age (n)	Percentage of ED visits due to drugs by age (%)	Number of ED visits due to specific drug* by age (n)	% of ED visits due to specific drug* by age (%)
Under 12 years	170	4.7	0	0.0
12-17 years	193	5.4	9	0.9
18-24 years	368	10.2	59	5.6
25-34 years	778	21.6	283	26.6
35-49 years	1026	28.5	380	35.8
50-64 years	620	17.2	217	20.4
65 years and over	448	12.4	115	10.8

*Specific Drug - opioid, heroin and/or stimulant classifier

Males were seen in the ED at twice the rates of females for specific drug-related visits in 2023.

TABLE 5

ED visits by gender (2023)	Number of ED visits due to drugs by gender (n)	Percentage of ED visits due to drugs by gender (%)	Number of ED visits due to specific drug* by gender (n)	% of ED visits due to specific drug* by gender (%)
Male	2073	57.5	724	67.6
Female	1521	42.2	342	31.9
Unknown	9	0.3	5	0.5
Total	3603	100	1071	100

*Specific Drug - opioid, heroin and/or stimulant classifier

Suspected Drug Overdoses (including Opioids) for Cuyahoga County Emergency Departments

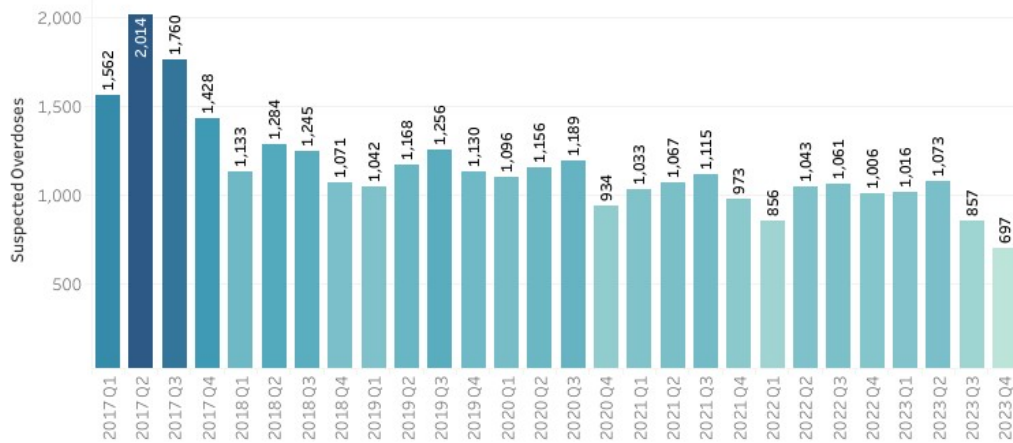


Emergency Department Visits

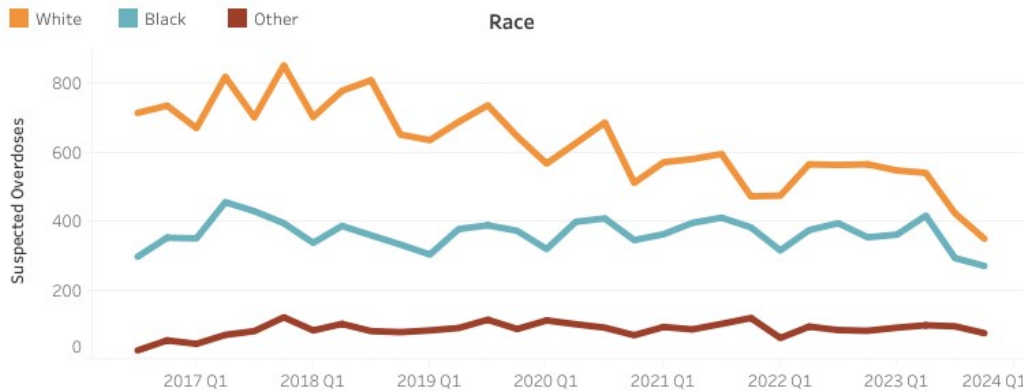
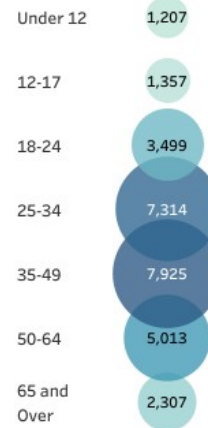


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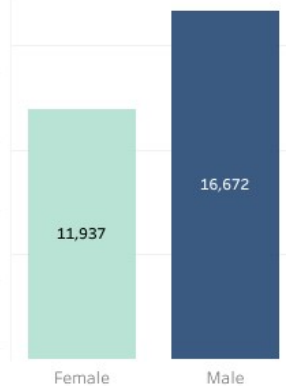
All Suspected Drug Overdoses (including opioids) for Cuyahoga County Emergency Departments



Age Groups



Gender



⁶ <https://www.ccbh.net/overdose-data-dashboard/>

Recommendations of the Cuyahoga County Overdose Fatality Review Committee¹

The recommendations of the CCOFR committee are based upon case reviews of fatal overdose deaths in Cuyahoga County. The recommendations are not meant to be exhaustive nor do they encompass all efforts that are being done in Cuyahoga County for the prevention of overdose-related deaths.

2024 Priorities

The following recommendations will be developed in response to the following priority areas:

Provider Education

Prioritize Enhance provider education efforts to address safe prescribing practices, including:

1. Providing appropriate prescribing education with chronic pain and co-occurring SUD or mental health diagnosis;
2. Sharing examples from case reviews where co-prescribing may have contributed to or resulted in an accidental overdose with academic detailing;
3. Training on prescribing MOUD and how to access mandatory training requirements;
4. Educating pediatric providers and primary care providers on how to refer or link patients to behavioral health resources and services;
5. Educating primary care providers on how to utilize screening tools such as SBIRT and DAST;
6. Encouraging repeated outreach/follow up on patients that do not show up for drug testing or appear to have abruptly stopped treatment.

Community Education

Develop and promote appropriate and targeted communication campaigns to increase public awareness on existing and emerging substances and polysubstance use in the following ways:

1. Connect with Northeast Ohio Educational Services Center to collaborate on educational efforts within the K-12 schools to address substance use trends and prevention;
2. Explore opportunities to work with transitional youth (18-25 y/o) and community agency staff who work with these youth (universities/DJFS) to address OD prevention and intervention;
3. Improve the outreach from an alerting/notification system to people who use drugs through the development of a community response plan that disseminates information and establishes calls to action;
4. Educate funeral directors on the importance of identifying the occupation of the deceased on the death certificate that person did the majority of their life

Linkage to Care

Advocate for increased availability of peer support programs directed toward high-risk populations (e.g. previous nonfatal overdose, diagnosed with SUD, or at risk for substance use disorder) Encourage the adoption of Peer support programs in specialty court dockets, prior to leaving jails/prisons, and detoxification, rehabilitation or sober homes;

1. For existing peer support programs, consider combining the efforts of peer support staff and social workers to address clients' needs in a more holistic approach (e.g. California Bridge model);

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2. Improve knowledge and use of the Cuyahoga County Diversion Center and Office of Reentry (Oriana House) by educating peer supporters, law enforcement, and healthcare providers on how to access these services.

Building System Capacities

Enhance SUD treatment for incarcerated / recently incarcerated returning citizens by:

1. Advocating for uniform release practices and policies (8am – 4pm) at both private and public facilities with treatment resources, harm reduction materials, and linkage to community based peer support;
2. Emphasizing the importance of outreach/following up with returning citizens who are placed on community control and/or connected to MOUD upon release that do not show up for drug testing or appear to have abruptly stopped treatment in MOUD programs.

Surveillance / Dissemination

Explore patterns/histories of system touchpoints/interactions for those who have fatally overdosed to identify best point of intervention.

1. Convene BJA team to discuss how this could be done as part of the BJA grant work. (15PBJA-23-GG-02323-COAP)
2. Explore how the interaction of multiple LE touchpoints affect and decedent's path to overdose can be utilized.



CCOFR Success Story from 2023

Since 2022 the Supporting Children program at FrontLine Service, due to our partnership with the Cuyahoga County Medical Examiner's office, has been able to connect with the next of kin after a fatal overdose in Cuyahoga County. The Family Engagement Specialist sends a letter explaining our services then follows up with a phone call. Supporting Children staff acknowledge the loss the family has experienced and connects them to needed resources in their community. During these conversations they are also made aware of children who may have been impacted by this loss. The Family Engagement Specialist connects with the guardian and offers free, in-home, evidenced based trauma-focused Trauma Systems Therapy services.

Through this outreach effort we learned the story of Mia. The Family Engagement Specialist spoke with Mia's grandmother after the traumatic loss of Mia's mother. The grandmother shared that 8-year-old Mia had had to call 911 when her mother fatally overdosed. Mia was now living with her aunt and struggling with her behaviors and emotions both at home and at school. Grandmother shared the information about Supporting Children program with Mia's aunt who called quickly asking for help for her niece. A FrontLine therapist worked closely with Mia and helped Mia understand that she is not bad, and that her anger and outbursts are natural reactions to the traumatic events she experienced. Mia's therapist, Michael, met regularly with key individuals in Mia's life who could help or hinder her ability to heal. Michael also worked with Mia's Aunt Dee, whose complicated feelings about her sister's overdose and new responsibility as Mia's caregiver made it difficult to connect with her niece. He also educated Mia's teachers about the specific words that would trigger an explosive emotional response from her.

After 10 months of therapy, Mia now has fewer emotional outbursts at home and school. Aunt Dee has the tools to connect with Mia in an age-appropriate way about the grief they share. Mia's grandmother has supported both Aunt Dee and Mia as their family continues the healing process after the loss of Mia's mother.

**The names of those involved have been changed to protect their identities*





Next Steps

The CCOFR continues to monitor membership to ensure richer representation from various agencies. Potential new members are either invited to a particular meeting or asked to become a permanent member of the review committee (as appropriate).

In 2023, Cuyahoga County continued to participate as a mentor site for the Institute for Intergovernmental Research under the Bureau of Justice Assistance's (BJA) Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) Overdose Fatality Review (OFR) Mentor Program. The purpose of the program is to elevate, communicate, and leverage OFR best promising practices while building bridges between nascent teams and those with demonstrated success. The OFR Mentor Program provides a unique opportunity to learn the application and practice of OFR from experienced peers.

Resources

Comprehensive treatment and harm reduction resources can be found at www.drughelp.care, a website created by Cleveland State University for the community affected by the opioid crisis. The website contains real-time data on treatment centers with open beds, harm reduction resource locations, and locations to obtain peer and family support. The site is fully searchable, and quickly and efficiently matches substance users with the best available treatment services.



Data Sources

1. Cuyahoga County Board of Health. Overdose Fatality Review.
<https://www.ccbh.net/overdose-fatality-review/>
2. Cuyahoga County Medical Examiner's Office. Heroin/Fentanyl/Cocaine Related Deaths in Cuyahoga County. December 2023. Obtained on 3/28/23.
<https://cuyahogacounty.us/medical-examiner/resources/overdose-statistics>
3. Ohio Department of Health. Ohio Automated Prescription Reporting System (OARRS).
<https://www.ohiopmp.gov/stats.aspx>
4. Cuyahoga County Board of Health. Overdose Data Dashboard.
<https://www.ccbh.net/overdose-data-dashboard/>
5. Cuyahoga County Board of Health uses EpiCenter, a web-based surveillance tool administered through the Ohio Department of Health. Data Notes: Data pulled using EpiCenter Classifiers: Suspected Drug Overdose, suspected overdose involving any opioid, suspected overdose involving heroin.

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