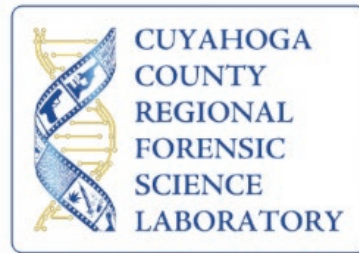


Overdose Fatality Report Cuyahoga County 2024 Annual Report



Overdose Fatality Review (CCOFR) Cuyahoga County 2024 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 can 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 Meetings:

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 Addiction and Mental Health Service records, Ohio's Automated Rx Reporting System, law enforcement and criminal records, decedent medical history and next of kin interviews.

Desk Review Meetings:

The Cuyahoga County Medical Examiner's Office (CCMEO) was funded by COSSUP in 2023 for a three- year project to expand the OFR by oversampling trends, adding randomization to the OFR case selection process, and disseminating findings. A multidisciplinary team, including the CCMEO, Cuyahoga County Board of Health (CCBH), the Begun Center, and ADAMHS Board, reviews an additional 36 OFR cases per year. These additional reviews aim to support the findings of the OFR committee, and disseminate new knowledge to the public, through an educational campaign. (15PBJA-23-GG-02323-COAP)

CCOFR Representation

Representatives from participating agencies agree to the following expectations:

- Obtain case information from team leadership
- Query respective agency data systems, paper files, etc.
- Relay information to the team, either before or during the team meeting
- Attend meetings, share agency-specific protocols, and provide input on potential prevention efforts
- Identify ways in which the representative can make changes in 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

The following agencies and individuals comprised the 2024 CCOFR, including:

- Addiction treatment providers
- 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)
- Southwest General Health Center
- The Centers
- The Woodrow Project
- Thrive Peer Recovery Services
- Westshore Enforcement Bureau (WEB)



Executive Summary

In 2024, Cuyahoga County had 419 overdose fatalities, a 34% decrease from the 635 drug overdose deaths in 2023. The majority of overdose decedents were white, non-Hispanic males, between 25-64 years old. **Table 1** shows the types of unintentional drug overdose deaths occurring in 2024.

TABLE 1

Of the 419 fatal overdose cases ruled for 2024:

Type of death	Cases (n=419)	%
Total unintentional drug overdose deaths	387	92%
Total unintentional drug overdose deaths involving opioids	284	68%
Total number of unintentional deaths reviewed	51	12%
Total number of unintentional deaths involving opioids reviewed	44	11%
Total number of unintentional deaths not reviewed	336	80%
Total number of unintentional deaths involving opioids not reviewed	240	57%

The number of deaths involving fentanyl remained high throughout the year at 272 deaths, with most deaths occurring due to a combination of fentanyl and/or a fentanyl analog with other drugs. **Figure 1** shows the most common drugs identified in overdose deaths from 2009-2024. **Figure 2** shows the top ten drug submissions from 2021-2024. 2025 is following similarly to 2024 trends, with fentanyl continuing to be the driver of overdose fatalities.

Drug overdose deaths in Ohio for 2024 reached their lowest level in nearly a decade. A [data brief](#), prepared by CWRU Begun Center for Violence Prevention Research and Education, outlines the trajectory of key metrics and important considerations for 2025.

Fifty-one overdose fatalities were reviewed by the CCOFR. Themes included recently released from rehab/treatment, xylazine in cause of death, carfentanil in cause of death, multiple overdoses at one scene, homelessness, and incarcerated/recently released from jail. In addition, a comparison of older vs. younger decedents was conducted.

In addition, twelve next of kin interviews were completed. The findings from these interviews supports conclusions from the data gathered by the OFR committee. Based on the NOK interviews conducted,

- Most decedents were involved with the criminal justice system at some point in their life.
- Most decedents' parents were never married or were divorced.
- Many decedents witnessed or experienced abuse within their household as children.
- Most decedents had multiple attempts at recovery and most of them experienced multiple nonfatal overdoses prior to death.
- All decedents used marijuana; two decedents were issued medical marijuana cards.

- Several decedents had periods of sobriety, including a decedent who maintained recovery for seven years and another for more than 20 years.
- All decedents had a history of mental health issues, including depression, anxiety, schizophrenia, bi-polar disorder, and/or suicide ideation.
- Most decedents had ongoing health issues.
- Most decedents experienced periods of steady employment usually in the service industry or as laborers.
- Most decedents had a family history (including parents, siblings and grandparents) of SUD and/or MH issues.

The following priorities were identified for 2025:

- Prioritize enhancing provider education efforts to address safe prescribing practices.
- Develop and promote appropriate and targeted communication campaigns to increase public awareness on existing and emerging substances and polysubstance use.
- 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 SUD). Encourage the adoption of Peer Support programs in specialty court dockets, prior to leaving jails/prisons, and detoxification, rehabilitation or sober homes.
- Enhance SUD treatment made available in County systems, for example for incarcerated / recently incarcerated returning citizens.
- Explore patterns/histories of system touchpoints/interactions for those who have overdosed to identify best point of intervention/sharing of information and surveillance data.



CCOFR Date Findings²

Surveillance Metrics for Cuyahoga County

CCMEO Data

Figure 1 shows the most common drugs identified in overdose deaths from 2009-2024.

FIGURE 1

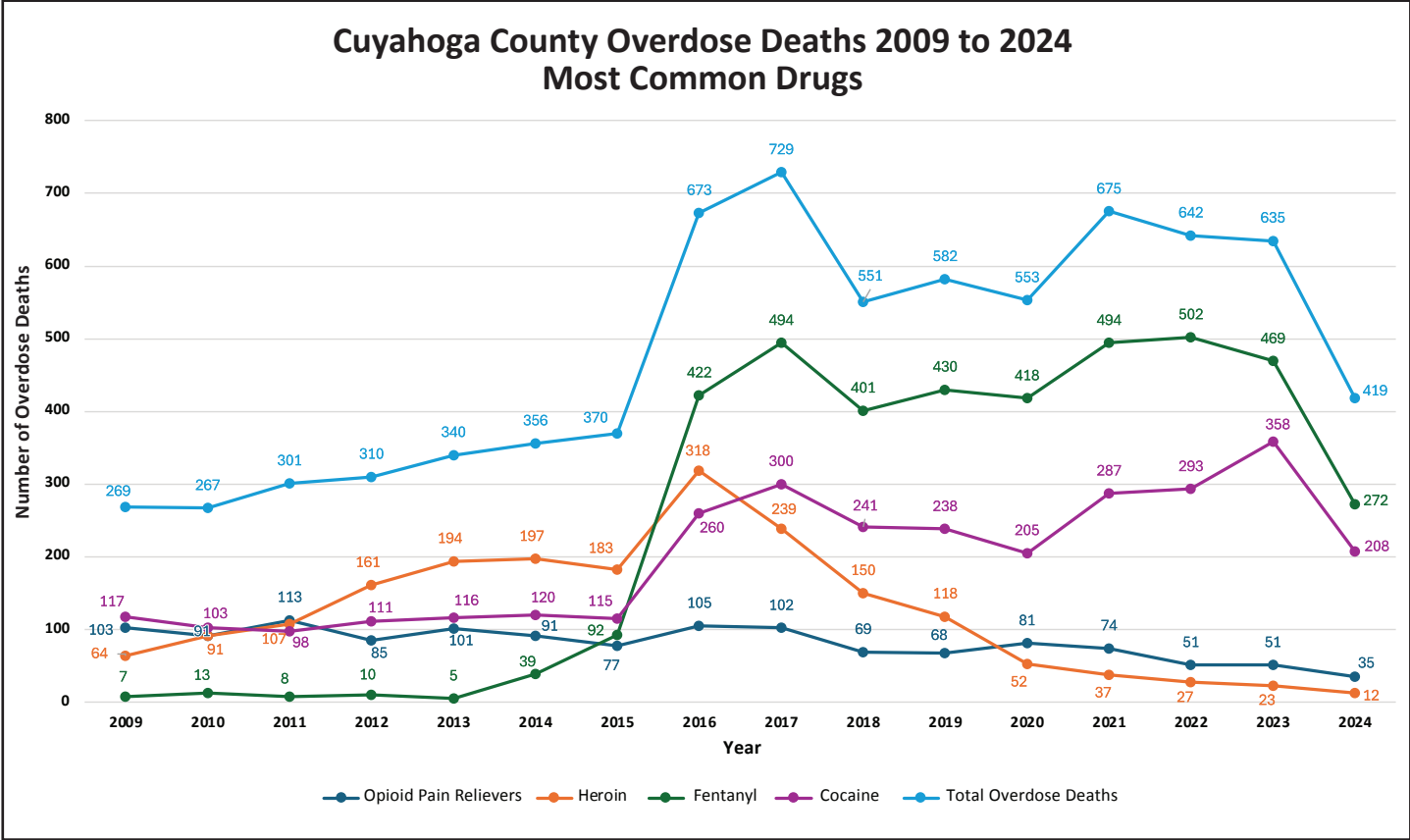
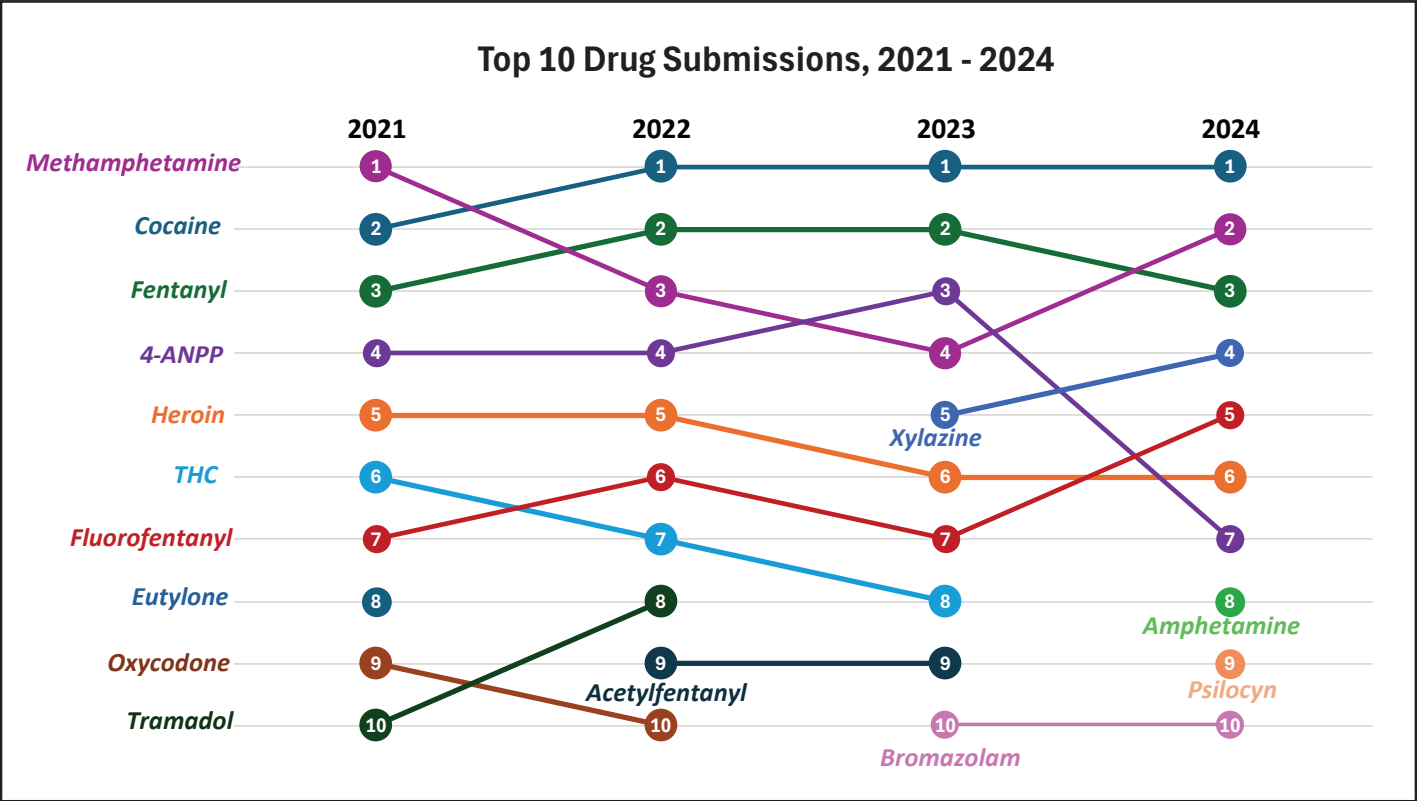


Figure 2 shows the top ten drug submissions from 2021-2024. 2025 is following similarly to 2024 trends, with fentanyl continuing to be the driver of overdose fatalities.

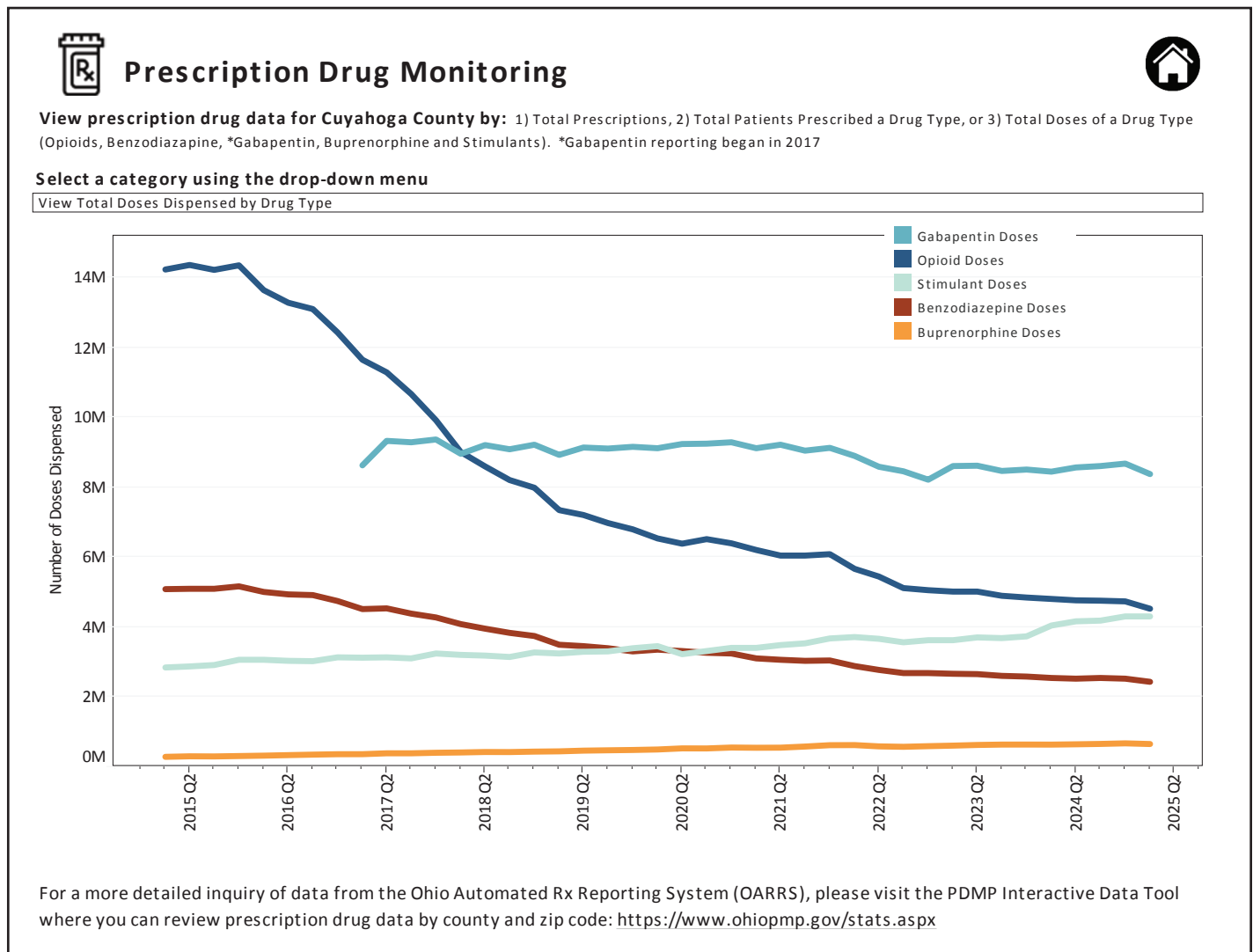
FIGURE 2



Ohio Automated Prescription Reporting System (OARRS)³

OARRS data is often reviewed during the CCOFR to understand a particular decedent's 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, as seen in **Figure 3**. There has been a 0.6% decrease in opioid doses prescribed from Q1 (n=101,870) and Q4 (n=101,220) in 2024.

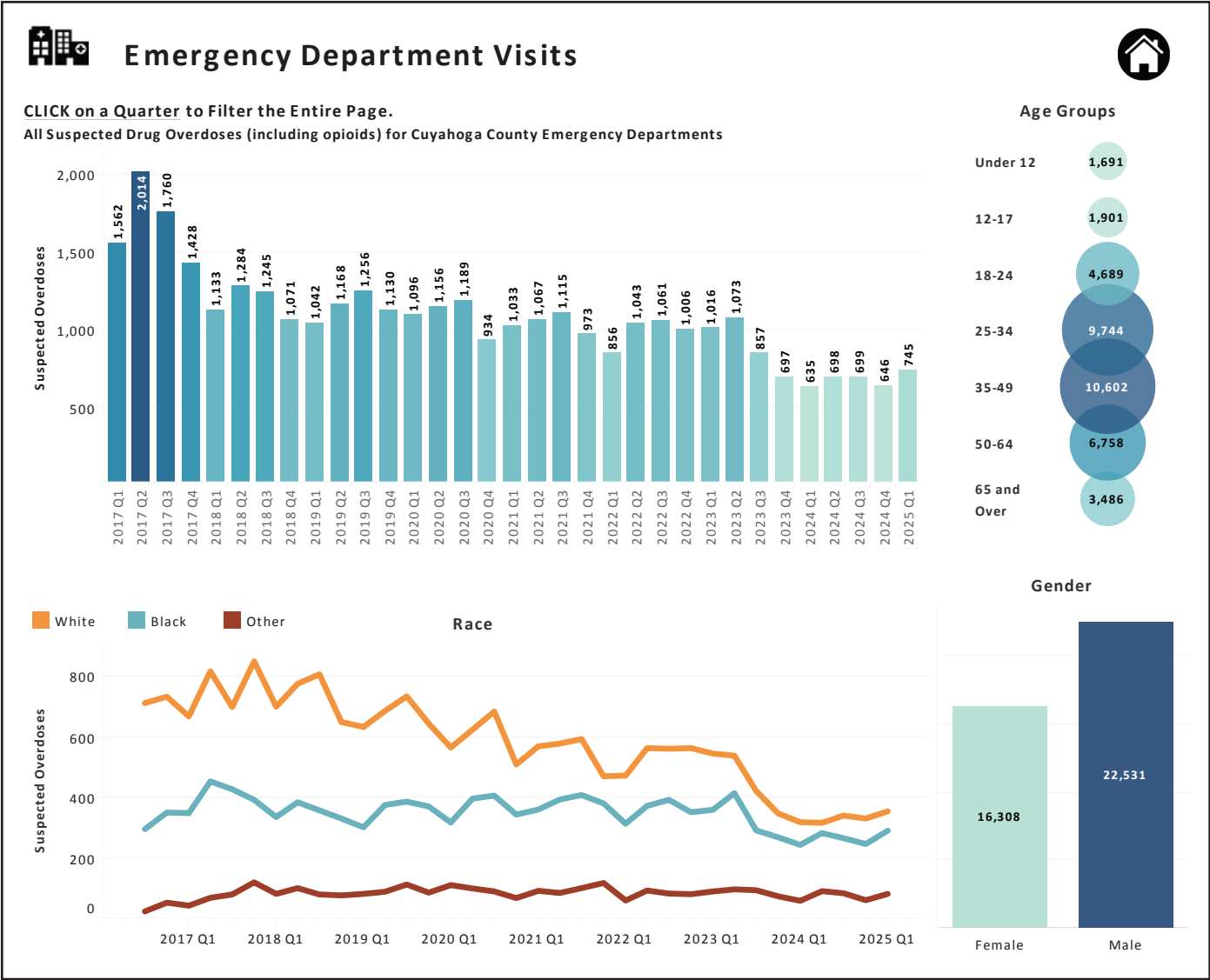
FIGURE 3



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, as seen in **Figure 4**, 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 22.3% of all ED visits due to drugs.

FIGURE 4



Cuyahoga County Pilot Syringe Testing Program

In October 2023, CCBH and CCMEO launched a syringe testing program that was funded by CDC's OD2A LOCAL grant. The aim of this program is to understand the local drug supply, drug use patterns, and emergence of any new drugs. Another aim is to find the gap between the perceptions and actual drugs used among people who inject drugs. After a year of infrastructure development, CCMEO started testing used syringes collected from syringe service programs (SSP) run by MetroHealth Systems and The Centers beginning in August 2024. The Begun Center serves as a data analysis and evaluation partner for this program. The results of the testing are shared with those individuals who submitted syringes at SSP sites. The data is also shared via a [dashboard](#) on the County website.

From August through December 2024, 290 used syringes were collected and tested. A majority of the clients were non-Hispanic (n=252, 86.9%), white (n= 257, 88.6%), male (n=168, 57.9%) with an average age of 41.2 years (SD=9.9). While over half of the clients expected heroin (n=156, 53.8%) and/or fentanyl (n=151, 52.1%) in their syringes, upon testing illicit fentanyl (fentanyl and/or fentanyl analog; n= 168, 57.9%) and xylazine (n= 136, 46.9%) were the most common drugs found in the syringes. A syringe can test positive for more than one drug. The other major drugs commonly found in syringes included cocaine (n=120, 41.4%), methamphetamine (n=92, 31.7%) and heroin (n=72, 24.8%). Novel drugs such as medetomidine (n=51, 17.6%), BTMPS (n=21, 7.2%) and protonitazene (n=5, 1.7%) were also found in syringes. Some common active adulterants were diphenhydramine, quinine, and caffeine, and mannitol was the most common inactive adulterant.

The program is ongoing, and other drug paraphernalia (in addition to syringes) will also be tested in future months to gain a broader understanding of local drug use patterns. Even though the test results do not represent overall drug use in Cuyahoga County because of the small sample size (<1% of syringes collected by SSPs), and only syringes being tested at present, the data obtained from the program continues to strengthen the surveillance efforts in the county.

Emerging Trends

In 2024, Cuyahoga County experienced 9 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.

OFR Reviews

TABLE 2: Comparison of demographics of all OD decedents vs. those reviewed by OFR in 2024

	All Drug Overdose Deaths in 2024 (n=419)		Cases Reviewed by OFR (n=51)	
Age	OD decedents	%	OD decedents	%
0-14	0	0%	0	0%
15-24	20	5%	6	12%
25-34	61	15%	7	14%
35-44	99	24%	12	24%
45-54	72	17%	8	16%
55-64	100	24%	9	18%
65+	67	16%	9	18%
Sex	OD decedents	%	OD decedents	%
Male	292	70%	28	55%
Female	127	30%	23	45%
Race/Ethnicity	OD decedents	%	OD decedents	%
Hispanic	17	4%	3	6%
Unknown/Unknown	0	0%	0	0%
Black Non-Hispanic	163	39%	17	33%
White Non-Hispanic	234	56%	30	59%
Asian/Pacific Islander Non-Hispanic	4	1%	1	2%
American Indian Non-Hispanic	1	<1%	0	0%
Race/Ethnicity/Sex	OD decedents	%	OD decedents	%
Hispanic Male	15	4%	2	4%
Hispanic Female	2	<1%	1	2%
Black Non-Hispanic Male	117	28%	11	22%
Black Non-Hispanic Female	46	11%	6	12%
White Non-Hispanic Male	157	37%	14	27%
White Non-Hispanic Female	77	18%	16	31%
Asian/Pacific Islander Non-Hispanic Male	2	<1%	1	2%
Asian/Pacific Islander Non-Hispanic Female	2	<1%	0	0%
American Indian Non-Hispanic Male	1	<1%	0	0%
American Indian Non-Hispanic Female	0	0%	0	0%

Table 3: Top drugs identified in toxicology of all OD decedents vs. those reviewed in 2024

Top Drug	All Drug Overdose Deaths in 2024 (n=419)		Cases Reviewed by OFR (n=51)	
Fentanyl (including fentanyl analogs)	272	65%	41	80%
All Opioids	291	69%	44	86%
Cocaine	208	50%	27	53%
Methamphetamine	75	18%	6	12%
Heroin	12	3%	4	8%
Xylazine	34	8%	6	12%
Carfentanil	9	2%	3	6%
Fentanyl + Cocaine	153	37%	24	47%

Table 4: Themes identified of all OD decedents vs. those reviewed in 2024

Theme	All Drug Overdose Deaths in 2024 (n=419)		Cases Reviewed by OFR (n=51)	
Women	127	30%	23	45%
Recently Released from Rehab/Treatment	*	*	4	8%
Xylazine in Cause of Death	34	8%	6	12%
Carfentanil in Cause of Death	9	2%	3	6%
Multiple Overdoses at One Scene	*	*	3	6%
Homelessness	*	*	13	25%
Incarcerated/Recently Released from Jail	*	*	35	69%
Touchpoints for Youngest vs Oldest Decedents				
• Younger Decedents (18 to 25yrs.)	18	4%	7	14%
• Older Decedents (60+ yrs.)	113	27%	13	25%
• Older Female Decedents (60+ yrs.)	30	7%	6	12%

* Information not yet available for all drug overdose deaths in 2024.

2024 OFR data findings (n=51)

Co-occurring pain among decedents

- 46 (90.2%) had a known history of pain.
- 45 (88.2%) were known to have pain in adulthood.
- 14 (32.6%) were known to be receiving treatment/care for pain at the time of death.
- 35 (76.1%) were known to be prescribed an opioid for pain relief.

ED visits among decedents

- 25 (49%) clients had at least 1 ED visit in the 12 months prior to death. The most common reasons for most recent ED visit were nonfatal OD (n=6, 25%), injury (n=4, 16.7%), and pain (n=4, 16.7%).
- 24 (47%) had at least one ED visit for nonfatal OD across their lifetime.
- 11 (21.6%) had at least one ED visit for withdrawal across their lifetime.

One NOK interviewed wished the medical community would have been able to treat the chronic pain the decedent suffered with so he wouldn't have returned to use 20 years after maintaining long-term recovery.

Prescription data from OARRS among decedents (n= 22, 29 were missing data)

- 20 (90.9%) decedents had multiple prescribers in the 24 months prior to death.
- 17 (81%) decedents had multiple pharmacies in the 24 months prior to death.
- 17 (77.3%) decedents were prescribed opioids in the 24 months prior to death.
- 9 (40.9%) decedents were prescribed benzodiazepines in the 24 months prior to death.
- 6 (27.3%) decedents were prescribed benzodiazepines and opioids concurrently in the 24 months prior to death.
- 11 (50%) decedents were prescribed a gabapentinoid in the 24 months prior to death.

Co-occurring mental health condition among decedents

- 46 (90.2%) decedents had a known history of a mental health problem/diagnosis (such as depression, anxiety, post-traumatic stress disorder [PTSD], etc., excluding substance use disorder treatment).
- 41 (91.1%) had known visits with a provider in adulthood to treat a mental health condition.

Using drugs alone among decedents

- 51 (100%) decedents had EMS called to the scene.
- 49 (96.1%) decedents had NO presence of a pulse when EMS arrived.
- 18 (35.3%) decedents had naloxone administered.
- 9 (17.6%) decedents were witnessed using the drug use that resulted in the fatal overdose.

Substance Use Disorder (SUD) among decedents

- 25 (49%) decedents had a known treatment for substance use disorder in adulthood. However, at the time of death, only 3 (5.9%) decedents were known to be under care or receiving treatment for a substance use disorder.

Criminal Justice /Law Enforcement touchpoints

- 43 (84.3%) had a known history of arrest.
- 35 (68.6%) had a known history of community supervision.
- 35 (68.6%) had a known history of incarceration.
- 5 (9.8%) had a known history of post-adjudication programs and/or specialty courts.
- 6 (11.8%) had no known criminal justice history.

Peer support among decedents

There was insufficient data available regarding peer support among decedents reviewed.

Next of Kin Interviews

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 for those consenting to be interviewed, prior to the CCOFR. Based on the family interview, the OUD Specialist presents information about the decedent during the case review. The case criteria was expanded to include all overdose deaths, not just from opiates.

During a one-year time period (1/01/24-12/31/24), contact was attempted with NOK for 56 decedents, of whom 27 NOK consented, and 12 were completed. Of the completed interviews, eight decedents were male and four were female. All interviews were conducted by phone or via video chat and participants were mailed a \$40.00 gift card.

Interview Themes

Decedents' NOK were asked a series of questions by the OUD Specialist. NOK responses revealed a number of common themes. Interview questions probed the decedents' substance use history (including treatment), level of education, childhood experiences, mental health and medical histories, relationships at time of death, justice system involvement, 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

- 10 (83%) decedents were involved with the criminal justice system at some point in their life.
- The majority of the charges brought were drug related.
- 2 (20%) decedents were incarcerated as juveniles.

A NOK noted, "The court system did not understand or care about my son's mental health issues," citing the judge that revoked the decedent's medical marijuana card despite the medical records submitted to the court.

Theme 2: Relationships and Adverse Childhood Experiences (ACES)

- 11 (91%) decedents' parents were never married or were divorced.
- 10 (83%) decedents witnessed or experienced abuse within their household as children. One decedent experienced severe abuse until he was removed at three years of age from his biological mother's custody.
- 9 (75%) decedents had children of their own.
- 6 (66%) decedents had involvement with DCFS as adults and several lost custody or gave up custody of their children due to their SUD and/or issues related to their mental health.

"The severe abuse he suffered as a tender aged child resulted in his mental health and SUD issues." – Decedent's adoptive NOK

Theme 3: Education

- 9 (75%) decedents dropped out of high school and some earned a GED after dropping out.
- 3 (25%) decedents graduated from high school.
- One decedent attended a four-year college, and one received a two-year degree.

Theme 4: Substance Use and Recovery History

- 9 (75%) decedents had multiple attempts at recovery.
- Most decedents experienced multiple nonfatal overdoses prior to death. One decedent had more than 20 nonfatal ODs.
- In addition to alcohol and marijuana, 3 (25%) decedents began using opioids while in high school.
- All decedents used marijuana. Two decedents were issued medical marijuana cards.
- 6 (50%) decedents had periods of sobriety, including a decedent who maintained recovery for seven years and one for more than 20 years.
- One decedent died shortly after being released from treatment.
- 5 (41%) NOK reported that the decedents were aware of the dangers of fentanyl in illicit pressed pills and some were in possession of harm reduction tools, such as Naloxone.

Theme 5: Physical and Mental Health

- All decedents had a history of mental health issues, including depression, anxiety, schizophrenia, bipolar disorder, and/or suicide ideation.
- 5 (41%) decedents were diagnosed with ADHD as children and prescribed medication. One decedent's mental health struggle started when he was four years' old.

- 10 (83%) decedents had ongoing health issues, including diabetes, chronic pain, Hepatitis B and C, seizures, and dental issues.
- 6 (50%) decedents reported severe side effects from mental health medications, including hallucinations, weight gain/loss, gastrointestinal issues, lack of sleep, etc.
- 2 (40%) female decedents experienced pregnancy complications and issues with postpartum depression. One decedent experienced a miscarriage.

The NOK believes that the health insurance company cutting off the decedent's prescription for ADHD medication at 18 yrs. old was a factor in his seeking illicit substances.

Theme 6: Employment

- 10 (83%) decedents experienced periods of steady employment usually in the service industry or as laborers.
- One decedent was a business owner.

*"People suffering from SUD are not prioritized by the medical system, even though they are in a life and death struggle."
– NOK*

Theme 7: Family history

- 9 (75%) decedents had a family history of SUD and/or mental health issues, including parents, siblings and grandparents.

NOK Interview Barriers

- NOK contact and/or case information was inaccurate or incomplete.
- Inability to reach NOK due to disconnected numbers, no forwarding addresses, or voicemails that do not include any identifying information.
- One OFR case did not have any NOK listed.
- In one case, the NOK did not want to share the cause of death with the family due to the significant cultural stigma with SUD and refused to participate in an interview.
- Some NOK did not have any knowledge about the decedents' life and declined the interview.
- Several NOK initially agreed to an interview, but did not return the consent form or respond to follow-up contact attempts.
- Some interviews took place eventually, but it may have been weeks after the initial contact.

NOK Interview Successes

- Allowed 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.
- Identified system gaps:
 - Judicial interference with medical care by revoking medical marijuana cards
 - People suffering withdrawal symptoms in the ED waiting for hours to be seen
 - Chronic pain management for those suffering with SUD
 - Decedents experiencing fatal ODs while incarcerated
 - Medical facilities within the jail lack prescribed MH medications for inmates

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 being made in Cuyahoga County for the prevention and intervention of overdose-related deaths.

2025 Priorities

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

Provider Education – Prioritize enhancing provider education efforts to address safe prescribing practices, including the following focus areas:


1. Provide appropriate prescribing education when working with individuals with chronic pain and co-occurring substance use disorder (SUD) or mental health diagnosis.
2. Share examples from case reviews where co-prescribing may have contributed to or resulted in an accidental overdose with academic detailing.
3. Train on prescribing medications for Opioid Use Disorder (MOUD) and how to access mandatory training requirements.
4. Educate pediatric providers and primary care providers on how to refer or link patients to behavioral health resources and services. Advocate for integrated mental health and primary care to address patient needs.
5. Educate primary care providers on how to utilize screening tools such as SBIRT and DAST. Encourage behavioral health screening when someone is seeking treatment and encourage screening for SUD among various providers, including pain clinics and primary care.
6. Encourage repeated outreach/follow up for patients that do not show up for drug testing or appear to have abruptly stopped treatment.
7. Monitor the frequency of pain-related ED visits and identify if referrals were made for alternative pain management.
8. Advocate for provisions for immediate linkage to treatment.
9. Work with People Who Use Drugs (PWUDs) to explore how EMS and ED-based providers can better serve persons experiencing withdrawal symptoms in the ED.

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 and provide education about illicit drugs and counterfeit pills on college campuses.
3. Improve outreach arising from an alert/notification system to people who use drugs through the development of a community response plan that disseminates information and establishes calls to action when there are spikes in overdoses or dangerous drugs identified in the area.
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.
5. Disseminate OFR trends and findings with a focus on educating PWUD on avoiding the use of drugs alone through a county-based educational initiative (COSSUP Grant). Provide education on the risks of positional asphyxia when using alone by creating a reference card with linkage to care resources and prevention messages.
6. Provide harm reduction and education on designer drugs and presence of fentanyl, including encouraging use of test strips.
7. Educate court staff on services available for individuals with SUD, including education on MAT and other medically prescribed harm reduction services and advocate for maintaining those medications for individuals while incarcerated.

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 SUD).

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).
2. Create a workgroup to develop metrics to measure the efficacy of treatment for SUD.
3. Provide SUD peer support as a resource on college campuses, with a focus on providing services to students coping with the stress of academics and other life events.
4. Advocate for wraparound services that combine mental health, MOUD services, and supportive services for those with co-occurring MHD and SUD. Explore currently available services, including those available in the ED. Emphasize the importance of outreach/follow up with patients that do not show up for drug testing or appear to have abruptly stopped treatment in MOUD programs.
5. Expand involvement from healthcare agencies in the OFR, given all decedents have touchpoints with healthcare. Outreach to UH, Cleveland Clinic, and the VA for representation on the OFR committee.



Building System Capacities – Enhance SUD treatment in County systems, for example incarcerated / recently incarcerated returning citizens by:

1. Advocate 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. Explore opportunities for peer support relationships within community-based correctional facilities and jails and upon release.
2. Improve knowledge and intake criteria for the programs available to assist those in need of services, such as the Cuyahoga County Diversion Center and Office of Reentry (Oriana House) by educating peer supporters, law enforcement, and healthcare providers.
3. Improve health information exchange related to nonfatal overdose history. OARRS is working on incorporating this information into their system.

Surveillance / Dissemination – Explore patterns/histories of system touchpoints/interactions for those who have overdosed to identify best points of intervention, increase sharing of information and expand available surveillance data:

1. Explore how the interaction of multiple LE touchpoints affect the decedent's path to overdose, and how this data can be utilized to inform intervention.
2. Conduct a county-wide education campaign (through COSSUP funding) in 2026 based on findings from the OFR.



2024 OFR Committee and Stakeholders Survey Results

The Begun Center for Violence Prevention Research and Education at Case Western Reserve University conducted two surveys to evaluate the Cuyahoga County Overdose Fatality Review (OFR) and gather feedback from the OFR committee members and stakeholders on various aspects of the bi-monthly OFR committee meetings and quarterly stakeholders' meetings. One survey was designed for OFR committee members and the other for the OFR stakeholders.

The response rate for the OFR committee survey was 25% (6 out of 24 responded), and for the OFR stakeholders survey the response rate was 14% (14 out of 99 responded). All OFR committee survey respondents approved of the selection of cases for the OFR, found the information presented in the meetings informative and clear, and agreed that the meetings helped identify system gaps and missed intervention points. The biggest strength of the OFR was its ability to help members better understand the strengths and barriers in the community. Almost all the respondents found the OFR committee recommendations important and feasible to implement. One of the respondents suggested that the key next step for the OFR is to broaden its dissemination of information, especially to decision-makers.

The respondents of the OFR stakeholders survey similarly agreed that the OFR stakeholder meetings added to their understanding of systemic issues and helped to identify gaps in treatment throughout the county. They ranked the opportunity to brainstorm and discuss treatment gaps as the biggest strength of the OFR. The majority approved of the present format of the meetings. Almost all respondents were aware of the recommendations created by the OFR committee and found them useful. The majority were willing to implement those recommendations related to community education and linkage to care. One survey respondent suggested that the Cuyahoga County OFR should explore how other jurisdictions conduct their OFRs and try to implement the best practices identified by the Centers for Disease Control and Prevention for OFRs.

CCOFR Success Story from 2024

Recognizing the need to improve care coordination for patients experiencing substance use disorder, the Ohio Board of Pharmacy recently announced the inclusion of two important patient indicators as part of the Ohio Automated Rx Reporting System (OARRS):

1. Patients who have experienced a nonfatal drug overdose, as reported by an Ohio emergency department. This information is then included as an indicator in the patient's OARRS report. The Board is providing this information to prescribers and pharmacists in hopes of improving care coordination and promoting access to medication for opioid use disorder and other tools to prevent fatal overdoses. For more information on this initiative, visit: www.pharmacy.ohio.gov/NFQR.
2. Patients who are currently being treated at an opioid treatment program (OTP). With patient consent, information about participants is provided from the OhioMHAS Central Registry of OTP patients in OARRS. The information shared is used to populate an indicator in OARRS that alerts prescribers and pharmacists that their patient is a current participant of an OTP. The OTP facility providing treatment and its phone number are listed as part of the indicator to encourage providers to coordinate any treatment and care for the patient.

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 2024, 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. The following jurisdictions were mentored in 2024: Manatee County (Florida), St. Louis County (Missouri), Erie County (New York), Lake County (Ohio), and King County (Washington).

Resources

Comprehensive treatment and harm reduction resources can be found at [Drughelp.care](https://www.drughelp.care), a free website created by Cleveland State University for the community affected by the opioid crisis. The site allows drug treatment providers to list the number of open treatment daily. It is fully searchable, and quickly and efficiently matches substance users with the best available treatment services including assessment, outpatient treatment, intensive outpatient treatment, partial hospitalization, residential treatment, inpatient treatment, sober living, harm reduction, and peer and family support.



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. Overdose Statistics. <https://cuyahogacounty.gov/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.

Suggested citation (APA) for 2024 CCOFR annual report

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