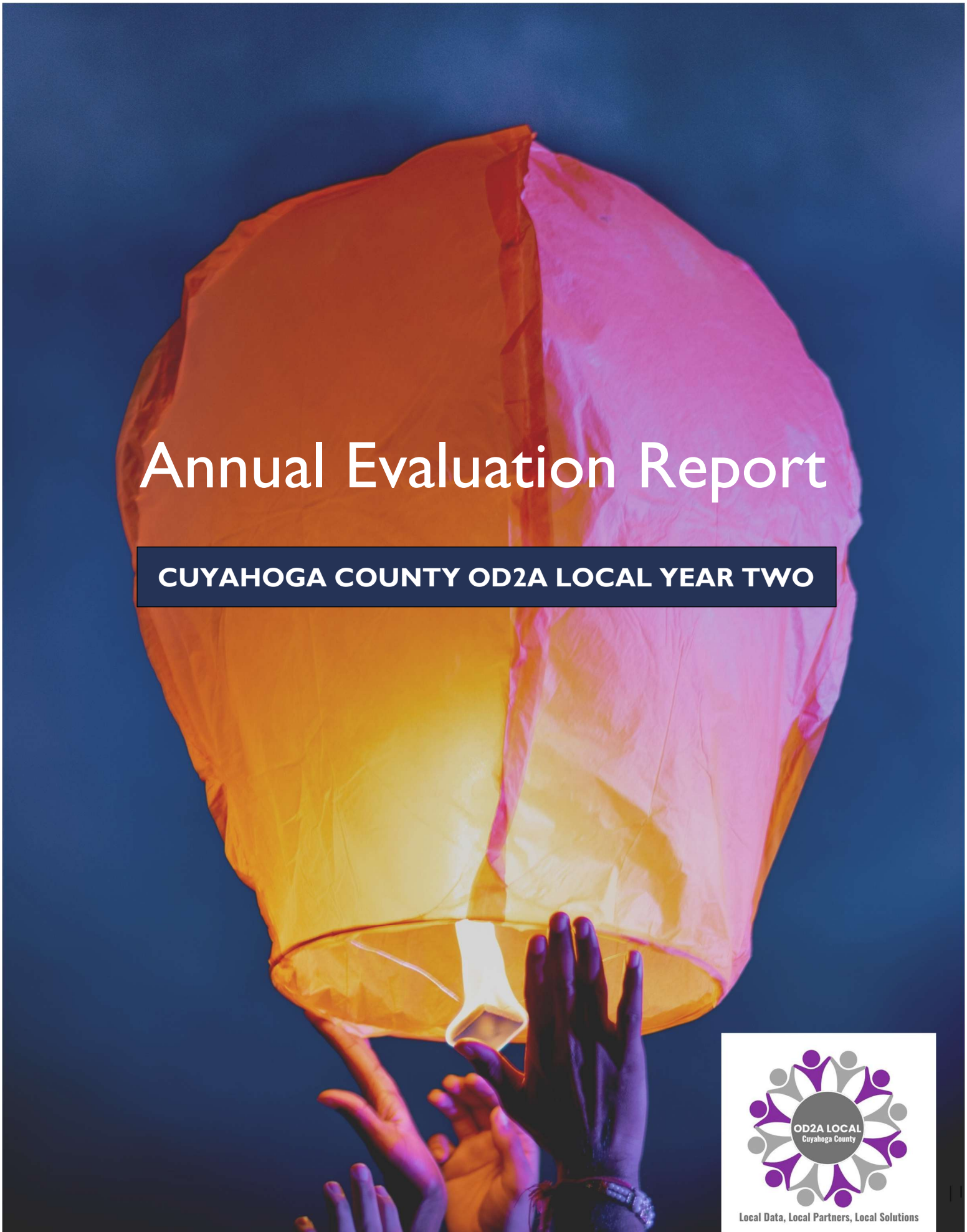

Annual Evaluation Report

CUYAHOGA COUNTY OD2A LOCAL YEAR TWO

OD2A LOCAL
Cuyahoga County

Local Data, Local Partners, Local Solutions

ACKNOWLEDGEMENTS

The Begun Center for Violence Prevention Research and Education, Jack, Joseph and Morton Mandel School of Applied Social Sciences, Case Western Reserve University promotes social justice and community development by conducting applied, community-based and interdisciplinary research on the causes and prevention of violence, and by educating and training social workers, teachers, law enforcement and other professionals in the principles of effective violence prevention. The Center also develops and evaluates the impact of evidence-based best practices in violence prevention and intervention, and seeks to understand the influence of mental health, substance use, youth development and related issues on violent behavior and public health.

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CUYAHOGA COUNTY BOARD OF HEALTH

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CCOD2A LOCAL AGENCIES

CCOD2A LOCAL Managing Agency:

The Cuyahoga County Board of Health (CCBH) serves as the public health authority for 875,000+ County residents and businesses. CCBH's long history of public engagement has been essential in developing its organizational and cultural capacity to administer the grant program. CCBH also has a Data Analytics team that leads overdose surveillance efforts for Cuyahoga County.

CCOD2A LOCAL Partnering Agencies:

The Begun Center for Violence Prevention Research and Education (Begun Center) has been home to a distinguished group of applied community-based research, evaluation, training, and technical assistance specialists, as well as a research partner to various local, state, and national non-profit, foundation, and government organizations. The Begun Center also provides program evaluation, evidence-based training, technical assistance, and research dissemination via publications, project reports, and conference presentations.

Cleveland Department of Public Health (CDPH) is the public health organization for the City of Cleveland. The department strives to improve residents' lives by promoting healthy behavior and providing services to prevent disease and protect the environment. CDPH's Division of Health Equity and Social Justice (HESJ Division) focuses on finding solutions to health inequities and disparities.

Cleveland State University (CSU) is a public institution of higher education established in 1964 with 17,000+ students, 10 colleges and schools, and more than 175 academic programs. CSU developed and continues to expand DrugHelp.care, a web-based application designed to provide timely information to medical providers, first responders, and those in need of services, to improve treatment access and reduce wait times.

Cuyahoga County Medical Examiner's Office (CCMEO) is a public agency responsible for investigating violent, suspicious, sudden, and unexpected deaths, including overdose deaths. CCMEO tracks opioid-related deaths in Cuyahoga County and has been the primary data source for opioid, stimulant, and other drug overdose deaths in the County, providing information on drug supplies, purity levels, and use patterns. CCMEO currently disseminates emergency and monthly reporting on preliminary and investigative data.

Hispanic Urban Minority Alcoholism Drug Abuse Outreach Project (HUMADAOP) empowers Hispanic/Latinx individuals and Spanish-speaking communities to reduce the negative impact of HIV/AIDS, violence, and substance use. Through bilingual, culturally sensitive, prevention, intervention, treatment (inpatient and outpatient), and re-entry programs, HUMADAOP addresses systemic barriers while fostering trust.

MetroHealth Medical System (MetroHealth) is the County safety-net and academic teaching hospital. MetroHealth was among the first hospitals to establish a Peer Review Panel utilizing Ohio's prescription drug monitoring program (PDMP) as a guide for proactive reports to

prescribers. MetroHealth also established the region's first Office of Opioid Safety focused on education, advocacy, and treatment.

Project White Butterfly (PWB) is a non-profit organization that uses low-threshold care methods and an understanding of the lifestyles of those in active use to provide support through boots-on-the-ground, street-based, culturally relevant outreach to individuals using substances in the community who may be missed by existing programs. PWB also works to reduce stigma to help remove barriers to treatment and provides community peer support to help sustain long-term recovery for people in recovery.

Sisters of Charity Health System (SOC) helps people successfully link to care. Recovery Services professionals offer ongoing, evidence-based support to those experiencing serious and persistent mental illness, co-occurring substance use disorder, and/or trauma, with targeted services for those at risk of re-hospitalization or requiring more treatment than a traditional outpatient clinic can offer.

The Centers for Families and Children (The Centers) is a federally qualified health center (FQHC) offering integrated health and wellness, workforce development, and early learning and family support. Among other evidence-based services, The Centers runs a overdose prevention services program (OPSP) that provides access to overdose prevention supplies and links clients to substance use and other treatment services.

Thrive for Change (T4C) is a certified Project DAWN site and is a Cuyahoga County-based non-profit organization focused on reducing stigma and fatalities amid the overdose crisis. Services include targeted community outreach and mail order strategies for naloxone and overdose prevention supplies distribution, education, advocacy, and cross-sector collaboration.

Thrive Peer Recovery Services (Thrive) is CARF accredited and certified by Ohio's Department of Behavior Health for Peer Recovery Support and Case Management. They work in emergency departments (EDs), correctional facilities, and in many communities throughout the state to support linkage to treatment via evidence-based care.

WellLink Health Alliance (formally the Center for Health Affairs) has advocated for and led collaboration among Northeast Ohio hospitals (e.g., home base for the Northeast Ohio Opioid Consortium comprised of advisors from the Cleveland Clinic, University Hospitals, MetroHealth Medical Center, St. Vincent Charity Health System, and Northeast Ohio Veterans Affairs Health System). The Center's efforts often target education and patient management, overdose prevention, prevention, treatment, data collection, and public policy.

The Woodrow Project (Woodrow) runs six Ohio Recovery Housing certified sites in the County with a mission to provide a safe, stable, and supportive environment to women who have experienced a non-fatal OD, have been court-ordered to recovery housing, or otherwise would be homeless. Its evidence-based, certified Project SOAR (Supporting Opioid Addiction Recovery) peer recovery support program staff work within Cleveland Clinic EDs to link patients to appropriate treatment.

EVALUATION DESIGN AND REPORTING

Institutional Review Board Review

The Case Western Reserve University's Institutional Review Board (IRB) determined that the evaluation for the OD2A LOCAL Initiative was non-human subjects research. IRB approval and monitoring is not required at this time.

Methods

The evaluation employs multiple methods to facilitate a comprehensive integration and analysis of primary and secondary data. This includes outcome and process measures to assess the effectiveness of Cuyahoga County, Ohio's system of care, which includes multi-level, long-established, and well-integrated surveillance, prevention, treatment linkage, retention in care, and evaluation strategies. Unless otherwise specified, the data in this report covers Year Two (September 1, 2024 – August 31, 2025) of the grant.

Online Surveys. Data collection methods include secure surveys of selected partners, programs and service providers using REDCap. Access and use of REDCap is made possible through the Clinical and Translational Science Award (UM1TR004528). REDCap allows evaluators to develop, distribute, and track online assessments with both qualitative and quantitative methods. It is compatible with Excel, SPSS, R, and SAS and is stored behind a secure data firewall. Online surveys are also used to assess the effectiveness of all CCOD2A LOCAL efforts across all strategies, including individual level data for individuals accessing and linking with treatment and overdose prevention services.

Focus Groups and Annual Surveys. The Begun Center also collects data relating to CCOD2A LOCAL process development and implementation. The process evaluation is conducted on an ongoing basis and data is collected annually via focus groups and surveys with agencies and organizations participating in the project. The focus groups provide an opportunity to explore descriptions of protocols, experiences, perceptions, and opinions of barriers that hinder the ability to collect data used to inform prevention. Questions also examined barriers and successes in reaching users and linking them to treatment. Qualitative data from the focus groups are included in this report in quotes and themes in conjunction with the quantitative findings. The direct quotes contain very minor edits and points of clarification appearing in brackets.

Sharing and Accessing Data. High-risk data, such as personal health information (PHI), require a secure data environment (SDE). CWRU's SDE provides services for storing and analyzing sensitive evaluation data in line with regulatory standards including HIPAA and FISMA. This includes data access and transfer via encrypted USBs and laptops. CWRU maintains a private cloud environment that delivers virtual desktops, and a secure internal network for web application delivery using a risk-based information security program, which includes the implementation of controls that meet recommendations or requirements of regulatory and information security standards. Data dictionaries, codebooks and other documentation relevant to using the datasets are included in the repository.

CONTINUUM OF CARE

CASCADE OF CARE

To reduce fatal overdoses, it is critical to identify individuals in need of support and engage them in ways that meaningfully connect them to care and recovery. Partner agencies working with Cuyahoga County residents in need of prevention and treatment opportunities include the CDPH, The Centers, HUMADAOP, MetroHealth's ExAM program, PWB, SOC, Thrive, and Woodrow. These agencies employ navigators to bridge that initial step in engaging individuals in discussions about treatment and recovery.

CDPH screens and engages individuals at health and community events using patient navigators and working with treatment agencies also attending the events. The Centers uses their patient navigators to inquire about individual's readiness for treatment at their overdose prevention services locations and engages those ready to explore their treatment options. HUMADAOP navigators identify individuals through many sources including family, church, and probation officers' referrals as well as direct street outreach. As a culturally grounded and bilingual provider, HUMADAOP serves as a critical access point for Hispanic/Latinx and Spanish-speaking residents who may otherwise face linguistic and cultural barriers to engaging in treatment. By embedding outreach within trusted institutions such as churches and community networks. HUMADAOP expands access to individuals who may not present through traditional healthcare or public safety systems. Once on-site, their navigators use warm, respectful personal engagement to help individuals move toward readiness to consider treatment. MetroHealth's ExAM program engages those who have self-identified as having an OUD at time of intake and offers them MAT/MOUD. PWB uses navigators with lived experience to engage potential clients through street outreach and in community activities (group meetings, dinners, etc.). SOC engaged individuals at shelters for unhoused individuals to provide information on services available, linking them to treatment and services if individuals were interested. SOC also engaged individuals as they reached out from crisis hotlines. Thrive wrapped up ED-based services at MetroHealth and started new ED-based services at UH St. John's Westlake ED where they engaged those with SUD and other or cooccurring behavioral health concerns to link them to treatment and services. Thrive also connects individuals already in treatment to community-based peer support services at other area hospitals. Woodrow engages individuals who have been identified in the ED as having a SUD and have agreed to speak with them through a virtual connection. Woodrow also provides peer navigation for women in recovery housing (e.g., financial, social, physical, emotional, vocational, spiritual, environmental, and intellectual support).

Woodrow leadership describes two key advantages to the virtual peer support model:

> First, it allows peer support services to remain unobtrusive within the emergency department environment. Emergency departments are often busy and crowded, and providing peer support virtually allows us to engage patients without disrupting care or adding additional people into already limited clinical space. Second, the virtual peer support model increases efficiency by allowing peer supporters to assist multiple

> individuals and work across multiple hospitals at the same time....This approach allows us to provide timely peer support and ensure individuals are connected to recovery resources as quickly as possible.

Navigators include peer recovery specialists, care coordinators, counselors, and case managers. Navigators are integral in engaging individuals and assisting them to link with care and services. As one staff person noted:

> Our navigators play a crucial role in supporting individuals as they transition from jail back into the community. They don't just provide information, they make sure essential needs like housing, food, or clothing are addressed, often before release. For example, if someone is released in the winter without proper clothing, our navigators ensure those needs are met so no one leaves them unprepared. From a leadership perspective, we view navigators as vital connectors, linking individuals from jail to treatment and support. Their work is so valuable that we are actively working to expand this model into other jails and communities. ***MetroHealth Staff***

Many agencies hire individuals from the same communities they serve, ensuring that care is more relatable, sensitive, and accessible. ***This year, the CCOD2A LOCAL project funded 30 navigators who spent over 32,000 hours assisting individuals in need of treatment.***

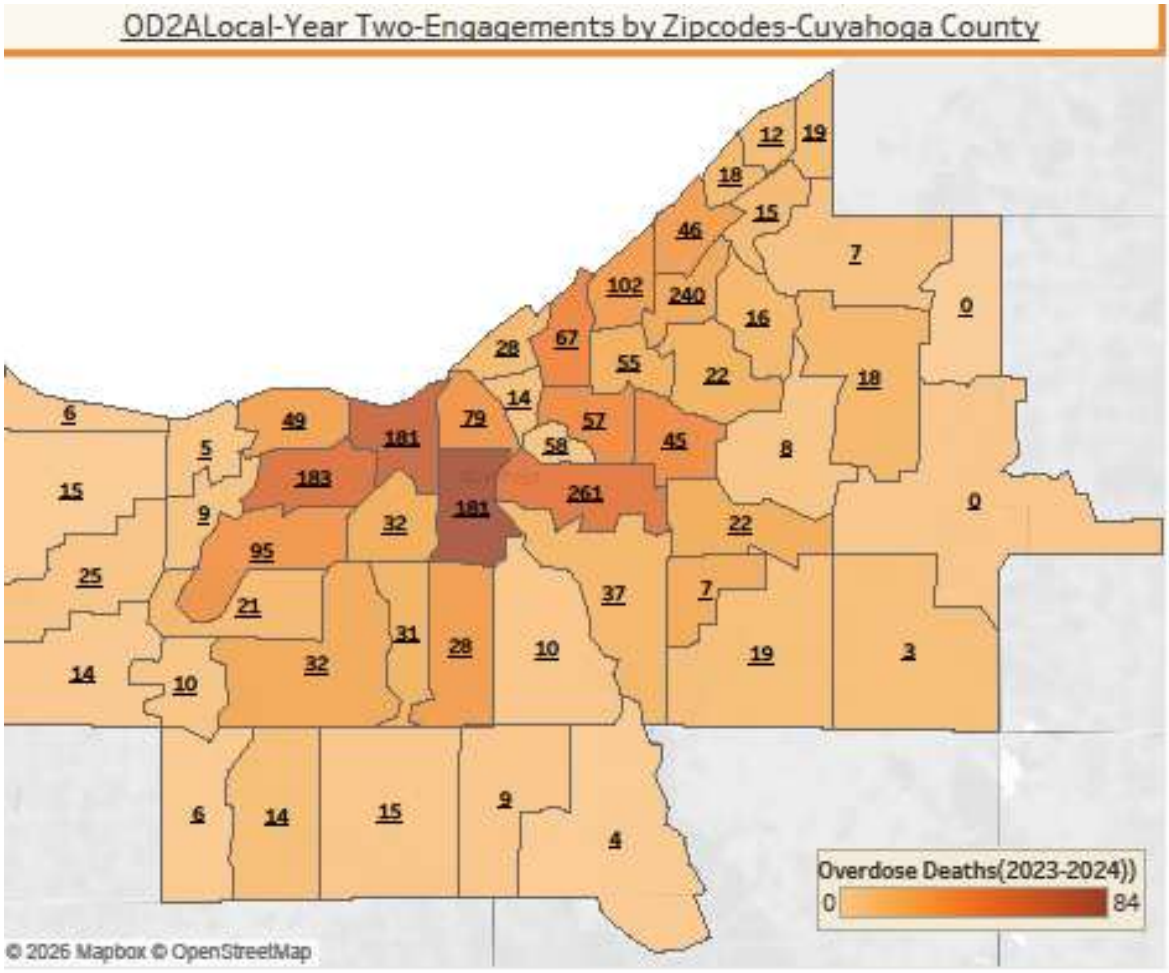
Peer recovery specialists are particularly well positioned to build trust with clients, offering support that is informed by shared experiences. This approach fosters a sense of connection and engagement, making it easier for individuals to seek out and adhere to treatment. Navigators employ diverse yet effective strategies to connect individuals impacted by overdose to treatment and services. Their approaches are rooted in flexibility, community engagement, prevention services, and individualized care, with a strong focus on meeting the unique needs of at-risk populations. By adopting tailored, client-centered models, agencies are able to provide more effective care. Incorporating prevention services is another key component in these agencies' efforts to improve outcomes for individuals affected by overdose.

> That's the biggest difference from a CDCA or a counselor or a clinician that's not really permitted to share their lived experience. That's exactly what peer supporters do is share their lived experience. And that's the…game changer. We try to instill hope in others that they can recover, too, and whatever that looks like, hey, we're here to help you. And the main thing is, you don't have to walk this alone. ***Thrive Staff***

Encountering those in need of treatment services occurs in a variety of settings including public safety, overdose prevention, healthcare and community. Engagement often occurs at community events. Figure 1 depicts the zip codes where navigators engaged individuals in discussion, although not all individuals engaged were from Cuyahoga County (n=258 from outside the county). This information is overlayed with the incidence of fatal overdose by

decedent zip code. ***This map illustrates that engagement is occurring in the areas most heavily affected by fatal overdoses.***

Figure 1: Engagement by Zip Code



There were a total of 2,795 individuals identified, and 2,713 individuals engaged (97%). Engaged individuals had a mean age of 42 (SD=12). Self-report of race revealed engaged individuals to be 59% White, 33% Black or African American, and 6% were of other or multi-racial backgrounds. Self-report also revealed clients to be 7% Hispanic, 51% male and 46% female. Once referred, 80% of those individuals who were referred were linked to treatment (See Table 1). For the purposes of this report, treatment includes detox, inpatient, outpatient, MAT/MOUD, residential, behavioral health, non-professional services, etc.

Table 1: CCOD2A LOCAL Linkage to Treatment (Year Two, 9/1/24-8/31/25)

Agency	Identify/Encounter	Engage	Refer	Link
HUMADAOP	96	71	61	58
Woodrow	498	498	496	476
Thrive	133	76	23	3
CDPH	15	15	15	15
The Centers	1,561	1,561	158	9*
ExAM	428	428	223	223
PWB	34	34	28	22
SOC	30	30	1	0
Total	**2,795**	**2,713**	**1005**	**806**

*This number is an undercount, as it only reflects clients linked to in-house behavioral health and MAT/MOUD services

Although engagement occurs within a variety of settings, engagement at locations offering overdose prevention services, such as The Centers, usually results in the highest number of individuals engaged in one setting; however, linkage to care is often not as high. This may be because these individuals are not yet ready for this type of assistance at this point in their recovery journey. Similarly, HUMADAOP's overall engagement numbers are lower relative to larger-volume partners, reflecting its targeted outreach within at-risk communities. Among those referred, linkage to treatment remained high, underscoring the impact of culturally responsive, bilingual navigation. Partner agencies who employ peer recovery specialists (PRS) as navigators often have the highest rates of linkage to care, including Woodrow, Thrive, and PWB. PRS are able to make a connection with individuals as they have been in their shoes and understand what it takes to enter into treatment. As staff noted:

> I like to say, "Listen, I'm in recovery. I know how you feel. I have been there. I have been where you are and you don't have to feel this way again. You don't have to live this way. It gets better." ***Woodrow Staff***

> We start talking to them, and we tell them the type of work that we do, and start talking about harm reduction, and tell them that we used to be over here on these streets too, when we were in our active use. And just the transparency that our team brings to the table really helps open up the doors and break down barriers for, you know, some of those populations that maybe don't have trust with a lot of people in the system, or like working in the systems, it's both a blessing and a curse to be a small organization. We struggle and the funding is stressful, but at the same time, we are able to pivot quickly when we need to and be very personal with people. And that is something that I am grateful for every day, especially when I hear these other organizations having to jump through hoops and having all these rules and really, really strict regulations over the work that they're doing. ***PWB Staff***

MetroHealth's ExAM program also has a high linkage rate, which is likely due to the structure of the program. ExAM provides MOUD services while the person is incarcerated then provides a warm handoff to community-based MAT/MOUD upon the individual's release from jail. Clients engaged in the ExAM program are those who are participating in the MAT/MOUD services

provided while incarcerated. Once released from incarceration, these individuals are then referred to community-based MAT/MOUD and linked with services.

NAVIGATORS TO SUPPORT RETENTION IN TREATMENT

A recent systematic review of articles published after 2017 indicated significant positive effects in treatment engagement and sustained recovery of individuals with continued intervention check-ups, peer-supported interventions, recovery housing and employment support.[1] In addition to the use of navigators to help link individuals to treatment, the CCOD2A LOCAL Initiative employs navigators to provide additional assistance to help clients link with support services. Through this holistic approach, navigators assist individuals to obtain services to address needs that may otherwise pose a barrier to treatment retention, as well as provide support for clients in their continued treatment.

In Year Two, Thrive Peer Recovery Services (Thrive) continued to provide community-based peer support in outpatient settings at MetroHealth Parma (MHP) and Broadway (MHB) to clients already engaged in treatment. Thrive refers them to additional treatment services and social services as per clients' needs. In addition to treatment referrals, Thrive referred 58 to community -based peer support and other services.

Woodrow's patient navigator (PN) assists the residents of Woodrow's recovery housing for women with their social, treatment-related and other needs. The trauma-informed approach of the patient navigator helps the residents maintain their recovery. In Year Two, the PN assisted 57 new residents, over double the number in Year One (24). The most identified needs/services required by the 81 total residents were related to housing (n=76, 94%), especially long-term housing (n=68, 84%), peer support services (n=75, 93%) such as Alcoholics Anonymous (n=53, 65%) and volunteer opportunities (n=64, 79%), basic needs such as food, clothing and shoes (n=62, 76%), medical and mental health related services (n=60, 74%), education and employment assistance (n=60, 74%), obtaining essential documents such as social security card, birth certificate etc. (n=56, 69%) and transportation (n=56, 69%). A 90-day follow-up survey was completed for 67 out of the 81 clients, and for these individuals, the PN was able to complete (or was in the process of completion) 78% (844 out of 1088) of their needs.

RETENTION IN TREATMENT

In Years One and Two, five agencies conducted follow-up to learn whether clients were still engaged in treatment. These agencies were HUMADAOP, PWB, Thrive, Woodrow and SOC. 30-day follow-up surveys were sent to clients reported to have linked with treatment at their initial encounter with navigators, and 6-month follow-up surveys were also sent to those who responded to their 30-day surveys. Thus, if a client was not reached on the 30-day follow-up, they were not contacted at the 6-month follow-up. The only exception was Thrive, as Thrive

[1] Day E, Pechey LC, Roscoe S, Kelly JF. Recovery support services as part of the continuum of care for alcohol or drug use disorders. *Addiction*. 2025; 120(8): 1497–1520. https://doi.org/10.1111/add.16751

attempted a 30-day and 6-month follow-up with all clients who engaged with their PRS in their ED and community-based settings.

Overall, the response rate was 27% of those linked for 30-day follow-up, and 30% of those reached at 30 days for 6-month follow-up (Table 2). No response to the multiple calls made by navigators and no working phone number/email address were the two most common reasons why clients could not be reached. Please note for some of the clients who were linked, they had not yet reached the 30-day or 6-month time period to be contacted. Therefore, it is possible that retention rates may be underreported.

Table 2: Client Retention Year One and Two

Agency	30-day Follow-up[a]	6-month Follow-up[b]
HUMADAOP	34/93 (37%)	9 /34 (26%)
PWB	16/37 (43%)	8/16 (50%)
Thrive	13 /130 (10%)	13/130 (10%)
Woodrow	211/759 (28%)	85/211 (40%)
SOC	4/8 (50%)	2/4 (50%)
Total	278/1027(27%)	117/395(30%)

[a]Includes clients reached at 30-days compared to the number linked at initial encounter.
[b]Includes clients who were reached at 6-month follow-up compared to the number reached at 30-days, except for Thrive who followed up with all clients engaged in treatment at initial encounter.

During follow-up, navigators learned whether clients remained in treatment after their initial linkage to services at initial engagement. ***About a fifth of the clients were engaged in treatment at the follow-up.*** Of those clients linked at initial engagement, 19% were known to still be in treatment. At 6 months, 18% of those who were contacted at 30 days were still in treatment (Table 3). Please note that for clients not reached at follow-up, it is unknown whether they are still in treatment.

Table 3: Clients In Treatment at Follow-up

Agency	30-day Follow-up[a]	6-month Follow-up[b]
HUMADAOP	11/93 (12%)	1/34 (3%)
PWB	14/37 (38%)	6/16 (38%)
Thrive	12/130 (9%)	9/130 (7%)
Woodrow	157/759 (21%)	55/211 (26%)
SOC	4/8 (50%)	0/4 (0%)
Total	198/1027 (19%)	71/395 (18%)

[a]Includes clients reached at 30-days compared who were in treatment to the number linked at initial encounter.
[b]Includes clients who were reached at 6-month follow-up who reported to still be in treatment compared to the number reached at 30-days.

Non-professional services and behavioral treatment were the most common treatment services reported by clients at 30 days (Table 4).

Table 4: Treatment Types at 30-Day Follow-up

Types of Treatment	Thrive	Woodrow	HUMADAOP	PWB	SOC	Total
Total Clients[a]	**12**	**157**	**11**	**14**	**4**	
Behavioral Health	2	69	7	1	4	**83**
Detox	5	32	3	0	0	**42**
MOUD/MAT/MEC	4	9	1	3	0	**17**
Non-Professional	8	108	1	6	0	**123**
Primary Care	4	0	0	1	0	**5**
Other (group therapy, CPS, sober living)	3	15	0	1	0	**19**
Unknown	0	1	0	8	0	**9**

[a]Clients could report involvement in more than one treatment.

Non-professional services and MOUD/MAT were the most common treatment services reported by clients at 6 months (Table 5).

Table 5: Treatment Types at 6-month Follow-up

Types of Treatment	Thrive	Woodrow	HUMADAOP	PWB	SOC	Total
Total Clients[a]	**9**	**55**	**1**	**6**	**0**	
Behavioral Health	6	6	0	3	0	**15**
Detox	5	0	0	0	0	**6**
MOUD/MAT/MEC	8	4	1	5	0	**17**
Non-Professional	4	42	0	3	0	**51**
Primary Care	1	1	0	0	0	**2**
Other (group therapy, CPS, sober living)	0	9	0	1	0	**10**
Unknown	0	0	1	0	0	**1**

[a]Clients could report involvement in more than one treatment.

FACTORS ENABLING AND HINDERING LINKAGE TO CARE AND TREATMENT

Partner agencies were asked to describe facilitators that enhance their ability to improve access to care for individuals in need of SUD treatment. Partnerships with community agencies have expanded outreach to populations at high risk for overdose through neighborhood events, mobile outreach, naloxone distribution, and data-driven strategies such as mapping treatment locations alongside overdose trends to better target services.

> The trust building that we have with the people that we are meeting, and then when they are comfortable or willing, or at that point where they are ready to engage in additional services, I would say the most that we refer to is detox, residential treatment and recovery housing. That's really what most of our peers are looking for when they are ready for that connection and that linkage to care. ***PWB Staff***

Screening efforts also help to identify early substance use (e.g., cannabis, tobacco, alcohol), allowing for prevention and education services before individuals progression to higher-risk substances. Distribution of educational materials is often shared with peers and family members, extending impact beyond direct participants.

Partner agencies prioritize access by embedding services within communities and tailoring approaches to specific populations. This includes bilingual staff, Spanish-language resources and culturally responsive care. Accessibility is further improved through the website, Drughelp.care, which provides up-to-date information on treatment services and overdose prevention services, including walk-in treatment availability, transportation support, and peer navigation. Key facilitators for treatment include peer navigators, bilingual staff, transportation assistance, and expanded overdose-prevention resources such as naloxone. Collaboration among shelters, MAT providers, outpatient programs, recovery hubs, and peer-run organizations has strengthened referral pathways, particularly for unhoused individuals, uninsured clients, and those with complex medical or mental health needs. For justice-involved individuals, initiating MAT during incarceration and ensuring linkage to treatment upon release has been beneficial. Consistent, visible presence in underserved neighborhoods has built trust, increased motivation to engage in care, and reinforced awareness that accessible, supportive treatment is available.

CCOD2A partner agencies also identified structural, systemic, and individual barriers that limit access to treatment for SUD. Technology-based approaches such as websites, while beneficial, can potentially exclude community members due to lack of devices, limited digital literacy, or inconsistent access. High staff turnover, agency closures, and limited staffing reduce agency capacity to provide services. Funding instability, which often favors larger agencies, further constrains sustainability of treatment services. Insurance-related challenges are significant, particularly for uninsured individuals and those navigating Medicaid changes, Medicare (especially QMB), or out-of-county coverage restrictions. Transportation is a widespread barrier, especially during nights or off-hours, compounded by lack of phones for follow-up.

Work schedules, caregiving responsibilities (childcare, elder care, pet care), and unmet basic needs such as housing interfere with participation and retention in treatment programs. As one staff person reported:

> You know, the continuity of care is really it's just it's not there. In our community, somebody could have a case worker with DCFS. They can have medical care. They can have, you know, their jobs and family services, case going on, and there's, there's no understanding of all of the overlap between those systems. It's so difficult for people, and this is just a personal thing. When I was early in my recovery, my parents were trying to help navigate just treatment for me, and phone call after phone call after phone call on hold, call back. Do this? Have this information? And at one point, my mom stopped and said, we all have college degrees, and we are not getting anywhere with this. Can you imagine what it's like for someone who is not educated, who does not have the connections that we have, who is not economically as sound as we are? Can you imagine what it is like for them to go through this process? ***PWB Staff***

Certain populations face unique challenges, including communities affected by shortages of bilingual clinicians and insurance hurdles. Clients with complex medical conditions, co-occurring mental health needs, or pain management involving prescribed opioids are especially difficult to place. Stigma surrounding substance use continues to deter engagement in care. Additional barriers include limited trauma-informed and grief counseling options, lack of awareness among some healthcare staff about available services, and the difficulty clients have in completing longer treatment programs when supportive services are not in place.

Recognition of individual barriers/challenges is important to allowing individuals to consider treatment. Several agencies (HUMADAOP, MetroHealth, PWB, Thrive, Woodrow and SOC) were able to collect this data as well as part of their OD2A work. Of the 1,137 individuals engaged by these agencies, 231 (20%) of clients reported being unhoused in the last 30 days, 53 (5%) reported a disability, 741 (65%) reported a history of behavioral health disorders, and 293 (26%) reported a history of trauma. Excluding MetroHealth ExAM participants (who are all incarcerated at the time of engagement), 360 (51%) of engaged individuals reported a history of criminal justice involvement and 559 (79%) reported being unemployed (including not looking for work, disabled or retired). Including MetroHealth, individuals at time of release from jail (n=223) and 802 (70%) were covered by Medicaid, Medicare or some other type of insurance. As described, agency navigators and staff worked to help address needs such as housing, transportation, identification documents, warrants, and other challenges to support them to consider or remain in recovery.

OVERDOSE PREVENTION SERVICES

During Year Two, partner agencies participated in various community events to provide overdose prevention services. In addition to distributing naloxone, these events offered opportunities for community outreach and afforded navigators the opportunity to discuss prevention and treatment services available in the community. CCBH participated in five community events and one outreach event reaching 144 individuals. Events were hosted by churches and schools. Additional event locations included the Annual Birdtown Picnic and Northeast Ohio Coalition on Homelessness. HUMADAOP hosted five outreach events with 63

individuals attending and participated in three community events with 305 individuals attending.

PWB reached several hundred community members each month, several months exceeding 100 individuals, demonstrating the demand for overdose prevention services. PWB also provided overdose prevention education and informational materials throughout Year Two. Educational topics that PWB addressed included overdose prevention strategies, recognizing signs of opioid overdose, and awareness of recovery and support resources. The Recovery Collective played a critical role in PWB's Year Two overdose prevention efforts. The space remained open to the public across multiple months for individuals' access to supplies (e.g. naloxone, fentanyl test strips) as well as information, and peer support.

T4C conducted regular community-based overdose prevention outreach across multiple months, prioritizing neighborhoods identified as overdose "hot spots" through public safety data. Zip codes repeatedly targeted included 44109, 44113, 44112, 44106, and 44102. Although formal overdose prevention education events for naloxone leave-behind providers were limited, T4C expanded their overdose prevention activities to provide information to individuals in the community. In Year Two, a total of 45 Naloxone kits were provided to first responders and personnel.

NALOXONE DISTRIBUTION

When navigators assist individuals regarding engagement into treatment, they may also provide Naloxone. Naloxone is distributed during community, educational, and training events. Distribution also occurs through NaloxBoxes and vending machines. To increase knowledge, CSU tracked availability and location of NaloxBoxes and vending machines in the county, allowing users to locate available doses closest to them. ***In Year Two, approximately 28,000 doses of Naloxone were distributed (Table 7).***

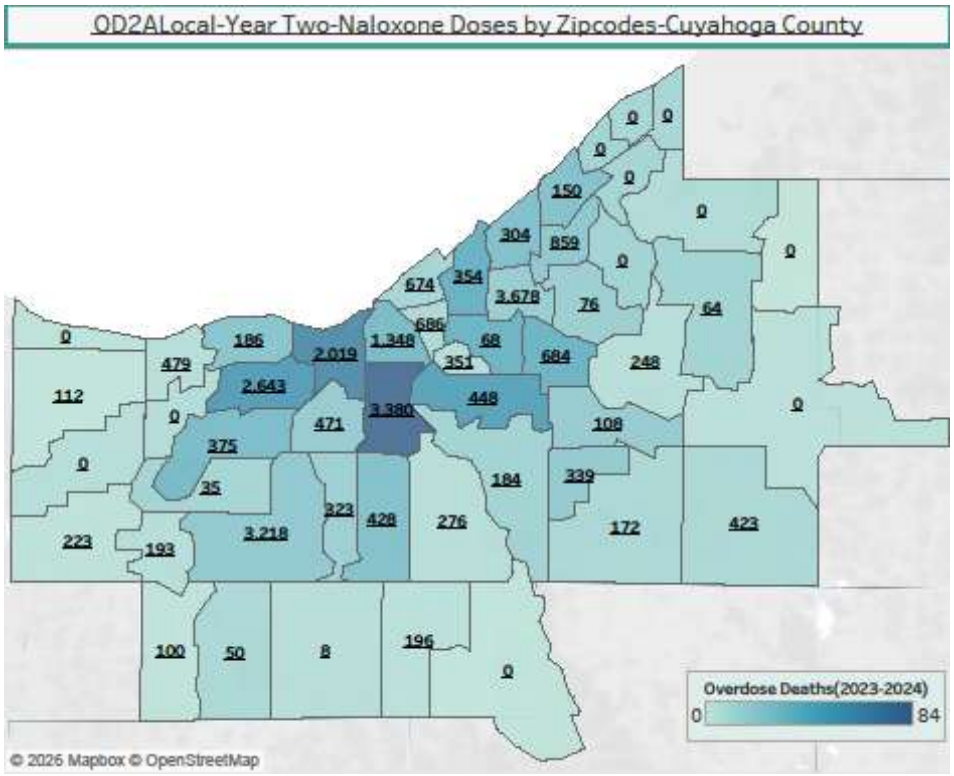
> We offer multiple ways for people to access services through vending machines, mobile access, and at our uptown and West locations. Both Uptown and West are wrap-around sites, so people can access pharmacy, primary care, counseling, and more in one place. ***The Centers Staff***

Table 7: Naloxone Distribution by Agency

Agency	Naloxone Doses
The Centers	6,913
CDPH	105
CCBH	5,758
HUMADAOP	565
PWB	2,432
MetroHealth	11,094
Thrive 4 Change	749
Total	**27,616**

The following map shows the distribution of naloxone in Cuyahoga County (Figure 2). It should be noted that 454 premeasured doses distributed in Cuyahoga County were distributed to individuals living in areas surrounding the county which are not included on the map. ***As with individual engagement, the heaviest distribution of naloxone occurred in those areas affected most by overdose fatalities.***

Figure 2: Naloxone Doses by Zip code



ELECTRONIC RESOURCE HUB FOR TREATMENT AND OVERDOSE PREVENTION SERVICE INFORMATION

During Year Two, CSU strengthened its role as a centralized, countywide hub for treatment and overdose prevention information through continued expansion and maintenance of Drughelp.care. The platform was regularly updated with treatment and overdose prevention service listings. Website use remained strong, with more than 118,000 users visiting the site and over 650 users actively searching for services. In Year One, CSU conducted training for OD2A partner agencies on how to use Drughelp.care, to increase awareness among navigators and providers. This past year partner agencies reported that they were using the site more regularly to support referrals and service navigation. A major milestone in Year Two for CSU was the launch of the Spanish-language version of the website, including search functionality.

> Our site consolidates the information that's all over the place for Cuyahoga County… our site kind of puts together the map for the county. ***CSU Staff***

CCOD2A EFFORTS TO SUPPORT PEOPLE AT RISK OF OVERDOSE

One of the goals of the CCOD2A LOCAL Initiative is to increase services to individuals at-risk for overdose. Many activities are designed to advance health equity and reduce disparities among populations disproportionately impacted by overdose and substance use. Outreach, education, and recovery materials were provided in different languages. Bilingual Peer Recovery Supporters and Community Navigators offered interpretation, transportation assistance, service linkage, and follow-up for individuals. HUMADAOP provided programming that incorporated cultural values such as familismo, respeto, and personalismo and was delivered in trusted community settings (e.g., churches, barbershops, community centers) to reduce stigma and increase engagement.

> Sometimes they're tired. They get sick and tired of being sick and tired, and they really do mean it, and they're ready for change. Other times, they may have been forced by family members or the courts, or they're not really ready for change. ***HUMADAOP Staff***

Prevention efforts included distributing Naloxone, fentanyl testing strips, and materials tailored to address the needs of at-risk communities. In Year Two, CCBH distributed 3,400 fentanyl test strips to six organizations, CDPH distributed 1,500 fentanyl and xylazine test strips during screening events, overdose prevention ad community outreach fairs. As part of its overdose prevention services, The Centers distributed 1,662 fentanyl test strips and 1681 xylazine test strips.

Outreach was targeted to overdose hotspot neighborhoods identified through EMS and public safety data, particularly in areas where fatal overdose rates are higher among at-risk populations. Mail-order supplies further expanded access for individuals facing transportation, stigma, or other related barriers.

Programs were guided by ongoing analysis of social determinants of health to ensure activities reached the intended populations and addressed underlying barriers to care. Services were intentionally delivered in communities experiencing disproportionate overdose burdens, including naloxone training for individuals with felony histories.

Access to services was strengthened through workforce diversification and training. For some agencies all staff and peer recovery supporters completed intensive training on SUD in diverse populations, motivational interviewing, and trauma-informed care. Peers with lived experience and diverse cultural backgrounds were recruited to reflect the communities served, particularly those presenting to emergency departments after overdose or substance-use-related crises. Intern curricula further reinforced equity through education, translation access, and community resource engagement. Collectively, these activities improved access to overdose prevention services, and recovery supports for at-risk populations, promoting trust, reducing barriers to care, and ensuring more accessible service delivery.

CHALLENGES AND OPPORTUNITIES FOR OVERDOSE-PREVENTION SERVICES

Partner agencies were asked to describe facilitators that enhance their ability to provide overdose-prevention services. New this year, drug checking programs associated with Component B provide clear information about substance contents back to individuals which can help build trust, create opportunities for linkage, and help to prevent future overdoses. Engaging individuals who primarily use cannabis, tobacco, or alcohol supports early prevention. These individuals often value health education and frequently act as resource carriers for friends or loved ones who use higher-risk substances.

Project DAWN expands community preparedness by distributing free Naloxone through clinics, vending machines, and emergency kits, reaching people who use opioids, those in recovery, and their networks. Widespread distribution sites offer 24/7, stigma-free access, eliminating scheduling and visibility barriers. Drughelp.care compiles information on free prevention and response services and social services (e.g., food pantries, shelters), making navigation easier and improving awareness of available support.

Agencies noted that programs with bilingual, culturally competent staff foster trust, respect and higher engagement. Spending more time with individuals allows for deeper education, behavior change, and sustained support, often yielding greater impact than high-volume distribution alone. Regular, visible outreach in familiar locations out in the community also strengthens relationships and increases referrals to centers and vending machines. Mail-order Naloxone and supplies, mobile outreach, and distribution in places people already frequent all reduce transportation, legal, and stigma-related barriers. Offering food, hygiene items, and basic necessities alongside prevention supplies helps attract engagement and meet immediate needs. Community-led, peer-based models foster connection, belonging, and trust, and are often preferred over traditional medical or public health settings. Increased funding for education and marketing—beyond social media, including public transit ads and billboards—further enhances visibility.

> Honestly, it's about building rapport and continuing that relationship, remembering them when they come back, recognizing them, making that connection again. It's about building trust and then……. asking them what they need but also continuing to offer resources. For example, asking if they need Narcan, or letting them know we have walk-in MAT, just mentioning things that might benefit them without pressuring. It's about being open, supportive, and making sure they know we're here for whatever they need.
> ***The Centers Staff***

Despite these successes, challenges remain in providing overdose prevention services. Continued stigma within communities, healthcare settings and faith communities discourages engagement. Many people do not see Naloxone as relevant to them, and stimulant-related prevention services are especially stigmatized and misunderstood. Fear of judgment, criminalization, and/or legal repercussions deter people from seeking or carrying supplies. Limited access to transportation, inability to afford bus fare, restrictive eligibility for bus passes, and long distances to service locations make physical access difficult. Many programs operate with short or inconsistent hours due to limited funding and staffing, making it hard for people with work or caregiving responsibilities to attend. Lack of Spanish-language outreach, education, and services limits access for Spanish-speaking clients.

Although services exist, people often struggle to learn about them, navigate multiple programs, or reach pop-up or fixed locations in time. Many individuals lack phones or internet access and rely on social media (e.g., Facebook) to communicate. Social media restrictions can disrupt outreach, education, and supply coordination. Staff at some agencies may lack proper training or display judgmental attitudes, creating additional barriers once individuals reach services. While interest often grows after communities' experience overdose incidents or hear about services through word of mouth, initial engagement can be slow.

KEY BARRIERS AND FACILITATORS WITH NALOXONE DISTRIBUTION

Partner agencies were also asked to identify challenges specific to Naloxone distribution. Stigma remains a significant challenge, including discomfort accessing naloxone from vending machines located in clinic lobbies or approaching programs that distribute prevention supplies. Many individuals lack awareness of where to obtain Naloxone, do not know it is legal to carry, or misunderstand its purpose, often believing it is only for people who personally use opioids. Transportation barriers further limit access, particularly for individuals who cannot reach distribution sites. Limited understanding of prevention services, literacy challenges, and financial instability also all reduce engagement. For mail-order distribution, barriers include lack of a stable mailing address, lack of a working phone or phone service to request supplies, and housing instability. Program-level barriers include staffing shortages, which constrain outreach capacity and distribution volume.

> I think a lot of people are, you know, they don't feel like they need one [naloxone] either… "Oh, like, I definitely don't need that," . . . It's just, you know, that person doesn't think that they might encounter somebody, which could be true, but it's also like, you know, just something that we want people to have that may experience or see somebody overdosing and be able to respond to them. ***CCBH staff***

Despite these challenges, Naloxone distribution is facilitated by multiple coordinated, low-barrier strategies that expand access across the community. Project DAWN plays a key role by streamlining the ordering and delivery of Naloxone at no cost. Fixed public access points, including NaloxBoxes located at City Hall, Public Hall, all recreation centers, and the Water Department, ensure Naloxone is readily available during emergencies. Additional facilitators include Naloxone vending machines operated by Vendnovation and IQTech, which dispense kits using a simple universal code (0000). These machines provide clear instructions and are supported by dedicated phones that connect users directly to program staff for assistance. Outreach specialists further expand access by distributing Naloxone at community events, clinics, mobile units, and during trainings with community partners, including secondary distribution upon request. Mail-order delivery, mobile outreach, and on-site distribution in locations where people live, work, or gather reduce stigma and logistical barriers. Offering Naloxone alongside supportive resources such as food and education further encourages engagement, making Naloxone widely accessible across diverse settings and populations.

EDUCATIONAL RESOURCES AND TRAINING

THRIVE'S WORKFORCE DEVELOPMENT

Thrive's workforce development program supports individuals with lived experience of substance use to become peer recovery specialists (PRS). In Year Two, Thrive enrolled 6 individuals for their internship, all of whom passed the Ohio PRS certification exam. All of these individuals completed the 11-week internship shadowing program and were offered employment.

NAVIGATOR TRAINING

Partner agencies continue to support navigators through comprehensive training, flexibility, and a strong focus on employee well-being. New navigators receive extensive training, including de-escalation techniques and Mental Health First Aid, along with ongoing professional development in areas such as trauma-informed care, motivational interviewing, humility, prevention services, and care coordination. Agencies offer regular and specialized trainings, CEU opportunities, and in-house workshops to promote continuous learning. Individual wellness is prioritized through updated Employee Assistance Programs (EAP), access to counseling, reflective practice groups, regular check-ins, and wellness programs. Navigators are supported with standard employment benefits, including health insurance, paid time off, sick leave, mileage reimbursement, cell phones, laptops, and full-time employment opportunities. Many navigators are afforded flexible and supportive work environments allowing for remote or hybrid work, flex time for events, and encouragement to balance work and personal needs. Frequent communication, quarterly or monthly team meetings, appreciation days, and intentional connection—both in-person and virtual—help maintain team cohesion and allow leadership to identify and respond to burnout or stress.

> So oftentimes they're the peer supporters we are training under this initiative are very tied into their recovery communities. They're very tied into areas where underserved populations can be found. And by expanding that workforce, we're inherently expanding those sustainable referral pathways as well. ***Thrive Staff***

FIRST RESPONDER TRAINING

T4C established the Naloxone Leave Behind Program under Strategy 2A. As part of the program T4C provided stigma reduction education to public safety, EMS clinicians and EMTs. T4C completed 4 EMT Training sessions during the first year of OD2A Local with a total of 37 participants.

NALOXONE TRAINING

HUMADAOP provided naloxone training sessions, many of which were in Spanish, to members of the community to increase prevention services to those at risk for overdose. Thirteen naloxone trainings were held with 181 individuals. CCBH also provided naloxone training to 347 food service workers. As part of the training, the workers are given a naloxone kit, and CCBH inquires whether this is the first naloxone kit they have received. Of the 45 workers, who responded "no," 9 reported previously using naloxone to reverse an overdose, of whom 6 individuals survived. CDPH also provides lay person naloxone training at various sites across Cleveland including recreational centers, senior citizen centers, and other community sites. A total of 14 trainings were held during which a total of 136 lay people were trained on the use of naloxone, and 105 doses of naloxone were distributed at these trainings.

CRAFT AND PREVENTURE EDUCATIONAL PROGRAMS

CDPH continued the Community Reinforcement and Family Training (CRAFT) program during Year Two. The CRAFT program is a non-confrontational, evidence-based intervention for helping families affected by addiction. It helps individuals to develop effective strategies for helping a loved one struggling with substance use disorder seek treatment, and for coping with the situation themselves. Twelve-module CRAFT sessions were held to educate families on how to support family members with SUD, with an average of 5 attendees per session. During OD2A Year Two, a total of 30 families participated in the CRAFT program compared to five families in Year One. Thirteen youth participated in PreVenture classes. PreVenture is an evidence-informed program aimed at supporting mental health and reducing the risk of substance use in youth ages 12-18 years.

> We are certainly reducing stigma with the CRAFT and PreVenture classes. We have really good discussions about pivoting from negative language to person centered language. And one of the things about both PreVenture and CRAFT is that you refer to individuals as loved ones and not labeling them by, you know, stigma, or labeling them by a disorder or a diagnosis. ***CDPH staff***

CLINICAL PROVIDER EDUCATION

WellLink hosted two trainings that touched upon Clinical Best Practice Guidelines: Best Practices for Addressing SUD in Special Populations and Harnessing Health IT to Strengthen Opioid Stewardship. A total of 25 individuals attended. MetroHealth provided academic detailing to providers throughout the year during both individual one-on-one sessions with providers and team meetings with a group of providers. A total of 140 individuals received training. The Centers provides MAT training to its providers over the course of the year. A total of 103 individuals received training.

The providers who attend these trainings serve individuals in Cleveland with the greatest need and the most vulnerable communities, e.g., individuals managing chronic pain, incarcerated individuals, clients discharged from hospitals initiating MAT/MOUD, clients with substance use disorders, PWUD, patients with co-occurring mental health conditions, and those at risk for overdose. In addition, they provide care to underserved or uninsured patients, ensuring comprehensive access to compassionate, evidence-based services for all.

Barriers to effectively training clinicians on the 2022 CDC Clinical Practice Guideline include challenges related to provider availability, staffing, and space limitations. Some agencies are also not able to provide CEUs which limits interest. With respect to Academic Detailing, many clinicians have demanding schedules, making it difficult to arrange individual education sessions, and while group walk-in sessions have improved accessibility, they still require careful coordination and may limit opportunities for individualized discussion.

The Centers has updated its clinical guidelines for buprenorphine to include recent FDA-approved medications (Brixadi, Sublocade) and state regulatory changes, expanded access to MAT/MOUD through additional clinics and staffing, and strengthened collaborations with justice and hospital systems. Access to MAT/MOUD at The Centers also has changed by opening a second low-barrier walk-in clinic at their Uptown location, which opened in March 2025. They have expanded staff including two new physicians who practice addiction medicine/prescribe MAT/MOUD and another physician who became board certified in addiction medicine in January 2025. For MetroHealth, the implementation of new protocols for injectable buprenorphine, including Brixadi and Sublocade, has streamlined initiation and follow-up care.

> There are already many valuable resources in our community that we can better connect and elevate. Rather than building a standalone education platform, we have an opportunity to create an innovative training network—one that serves as a centralized hub, bringing together community expertise and existing tools in a way that is more accessible, coordinated, and user-friendly. ***WellLink Staff***

In addition to training on Clinical Best Practice Guidelines, WellLink hosts trainings to increase provider knowledge on safe practices for opioid prescribing. These trainings included: Using Collaboration to Address the Opioid Crisis in Northeast Ohio, Effective Communication and Engagement with Individuals Facing SUD, Appreciative Approach: From Medical Dominancy to Relational Recovery, and Demystifying Buprenorphine Treatment in the Outpatient Clinic Setting. WellLink videotapes these trainings and then posts them on YouTube expanding outreach to providers nationwide.

ACADEMIC DETAILING

As part of its work on advancing clinician best practices, MetroHealth's Office of Opioid Safety (OOS) conducts academic detailing with a focus on controlled substance stewardship and overdose prevention efforts including naloxone co-prescribing and education regarding available resources for patients. Through its Controlled Substance Peer Review (CSPR) committee of department chairs and staffed by the OOS, the top 30 prescribers of opioids and stimulants were identified in Year One and participated in AD. The program's use of both group and individual sessions increases accessibility and allows providers with busy schedules to participate at convenient times. Follow-up communication and distribution of educational materials help reinforce key concepts and sustain learning beyond the initial training. Internal support for the program strengthens its implementation, as it aligns with institutional goals for improving opioid and stimulant stewardship.

Adherence to OARRS check requirements among providers participating in the AD program showed short-term improvement followed by a sustained decline over time. Median OARRS check proportions increased from 87% at three months pre-AD to 92% three months post-AD, the only time point meeting the ≥90% ideal benchmark. After this peak, performance declined steadily to 81% at six months post-AD and further to 77% at nine months post-AD, falling below the acceptable 80% threshold. These findings suggest that AD education had an immediate positive effect, but the impact was not maintained without reinforcement. The lowest performance at nine months post-AD identifies this interval as a strategic time point for refresher education.

New this year, MetroHealth expanded Academic Detailing to all providers focusing on safe-prescribing and early-intervention practices. Group sessions were offered during regularly scheduled department meetings. In Year Two, 128 providers participated in this preventative educational outreach. Topic areas included the importance of entering into Controlled Substance Agreements (CSA) with patients prescribed ≥50 MME (Morphine Milligram Equivalents)/day, with exemptions for hospice and terminal conditions, providing referral and resource information to patients in need of SUD treatment.

As part of its Academic Detailing program, MetroHealth works with providers to identify challenges they encounter when caring for patients. To address these challenges, MetroHealth implemented several initiatives. Although not all initiatives were funded by OD2A, Academic Detailing played an influential role in their design and implementation.

- The Substance Use Navigator (SUN) program utilizes a universal screening process in the ED to identify people who may have an SUD and assist them in obtaining treatment services. SUN program was implemented to address concerns from both patients and physicians about the difficulty in caring for patients with substance use disorders.
- MetroHealth's electronic health record system created a "hard stop" to ensure that providers are reviewing OARRS (PDMP) reports before issuing opioid prescriptions. The

initiative was implemented in MetroHealth's Geriatric department with a plan for future systemwide implementation.

- A streamlined process for executing Controlled Substance Use Agreements was developed to increase communication and accountability between patients and providers.
- The Trauma project was created to assist trauma surgeons in identifying patients with substance use disorders and referring them for treatment services.
- To assist patients suffering from chronic pain, MetroHealth improved its process for helping patients reduce their opioid use through buprenorphine formulations that are FDA-approved for pain.
- MetroHealth updated its CSPR meetings to include chairpersons from all clinical departments to discuss and share matters related to controlled substance stewardship.
- MetroHealth improved its process to facilitate a seamless transition for patients who are currently prescribed opioids to appropriate providers when their existing provider is leaving MetroHealth.
- MetroHealth expanded education on substance use disorders and resource information to several departments within its system, including ambulatory, inpatient and in its emergency departments.

CCOD2A PRACTICES WITH PUBLIC HEALTH IMPACT

Partner agencies were asked to describe innovative practices this past year that facilitated access to treatment and services for those at risk for overdose. The Centers implemented Peer-administered Motivational Interviewing, delivered by individuals with lived experience, which helped to strengthen trust, engagement, and retention in medical and behavioral health care for their clients. Woodrow and Thrive provide PRS at different sites and emergency departments to offer consistent, real-time support following overdose or substance-related crises, facilitate warm handoffs, and connect individuals to treatment, recovery housing, and overdose prevention services. These efforts build on established models such as Recovery Coach in the ED and SAMHSA-endorsed practices, representing an expansion from earlier, less integrated referral approaches. Agency embedded peers in the clinical setting improve engagement and more equitable access to treatment and prevention services.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) was expanded and adapted for Spanish-speaking clients by HUMADAOP, incorporating bilingual peer navigators and culturally grounded values such as familismo and personalismo to enhance client engagement and follow-through. Linguistic and cultural tailoring was reinforced through MetroHealth's multilingual education and outreach. Educational materials were translated into Spanish with on-demand translation into additional languages via a language line, and multilingual flyers (Arabic, Hindi, Vietnamese, Mandarin, and Spanish) addressed substance use and mental health. CDPH's marketing materials and curricula were tailored to community reading levels and language needs to improve accessibility and comprehension. Thrive's intern-led education, volunteerism,

and ongoing cultural competency training for PRS supported individualized resource navigation aligned with participants' cultural values.

Innovative faith- and community-based models further extended reach. HUMADAOP's Faith-Based Overdose Prevention Outreach integrated overdose education, naloxone training, and stigma reduction within church settings, training faith leaders and volunteers as Community Overdose Prevention Champions. HUMADAOP's Family Recovery Circles, adapted from evidence-based family-strengthening models, provided bilingual, peer- and faith-led support to families, particularly within at-risk communities. Partnering with the faith-based community has allowed access to at-risk populations who previously may not have been engaged in discussions regarding prevention and treatment services.

CCOD2A LOCAL Component B Drug Checking Program was integrated with The Centers' MAT/MOUD services at a walk-in MAT/MOUD clinic, allowing test results to inform safer and more individualized treatment initiation. When clients submit samples for testing, results are shared with providers to guide safe and informed initiation of MAT/MOUD, particularly by identifying potential withdrawal risks from substances such as xylazine or medetomidine.

Innovative community-based models further extended reach. T4C's outreach strategies were informed by neighborhood-level overdose and socioeconomic data prepared by CCBH. T4C focused its street-based prevention services in overdose hotspots. Compared to previous efforts, T4C's outreach expanded to evenings and weekends and took place in culturally relevant settings such as parks, local businesses, and community events.

COLLABORATION AND PARTNERSHIPS

CCBH partnered and developed data sharing/ data use agreements with 13 agencies representing public health, law enforcement and community outreach. These partner agencies worked in collaboration with many non-OD2A supported organizations working with underserved communities, treatment providers, professionals from various fields, law enforcement agencies, faith-based organizations and various city agencies. These collaborative partnerships implemented concentrated efforts to assist PWUD in making informed health decisions to decrease fatal and nonfatal overdoses and increase linkage to care and treatment. Insights from surveillance analyses inform the prevention activities as demonstrated by the reported presentations and data products.

The agencies collaborated to develop strategies for substance use disorder treatment, and recovery. Bilingual staff at HUMADAOP and the Begun Center worked to translate and create Spanish surveys to ensure accurate and reliable data was collected from Spanish-speaking individuals. The CCMEO produced a dashboard from the Pilot Drug Checking Program that captures data collected by overdose prevention services programs (OPSP). This supports educational efforts for PWUD and practitioners and local surveillance. The Begun Center conducted targeted evaluation focused on PWLE to inform all partners of the barriers and facilitators to linkage to overdose prevention services and treatment.

The organizations pooled resources, ensuring that communities would have access to the necessary support systems without duplicating efforts. PWB used space provided by SOC to host community outreach events. Having a physical location allowed community members to be linked to care, particularly during cold months. HUMADAOP worked with T4C on a media campaign focused on stigma reduction and overdoes prevention. Resources from CCBH and CCMEO provide shared platforms such as county websites, and information on overdose and spikes, data outcomes and overdose prevention resources.

The agencies developed awareness and education programs about opioid misuse, prevention strategies, and treatment options by reaching a wider audience, including at-risk populations. As one staff person noted:

> We've also started conversations with WellLink, formerly CHA, about expanding academic detailing. Each of us has expertise in different areas across Cuyahoga County, and we're in a good position to disseminate information, particularly to federally qualified health centers and other sites that may not have access to the same resources. The idea is to collaborate across systems through academic detailing and other educational methods, so we can better support the broader community, not just our own organizations. We have many resources, but too often people don't know what they are. By working together, we can share the most useful tools and knowledge with partners who need them most. ***MetroHealth Staff***

The Centers and CCBH actively participated in meetings and case conferences in new communities to foster better care coordination. HUMADAOP conducted seminars at local businesses such as barbershops and grocery stores to create awareness, and support outreach and referral pathways. WellLink and MetroHealth collaborated with each other and other hospitals to conduct OUD training sessions for treatment providers.

T4C utilized data on overdose trends within predominantly Black neighborhoods to inform their outreach efforts. The partnership between CCMEO and other OD2A partners led to collaborations/discussions between forensic scientists, forensic epidemiologists, nurses and overdose prevention specialists from overdose prevention service programs, and the development of an effective pilot drug checking program that shares results directly to those who submitted syringes.

Woodrow collaborated with the city of Lakewood and their first responders to provide peer support to individuals experiencing overdose or substance use disorder. The Centers and MetroHealth utilized data on overdose rates by geography, demographics, and drug type to guide site expansions, optimize and tailor overdose prevention supplies, and adjusted educational programming.

STIGMA

CCOD2A LOCAL EFFORTS TO REDUCE STIGMA

During Year Two, partner agencies implemented a range of stigma reduction strategies aimed at increasing understanding of SUD, promoting the use of overdose-prevention services, and improving linkage to care. These efforts targeted multiple audiences, including community members, clients, and first responders, and combined educational activities with community engagement and data collection.

Community-Based Stigma Reduction Education

HUMADAOP led extensive stigma reduction education in Spanish through 14 seminars, reaching a total of 121 participants. Seminar content focused on increasing understanding of the nature of addiction, the seriousness of overdose-related deaths in the community, and available recovery and support resources, including Alcoholics Anonymous and other community-based services. By framing SUD as a health condition and emphasizing available pathways to care, these seminars aimed to counter moralized narratives and reduce stigma within the Spanish-speaking community. WellLink facilitated screening and reactive conversations related to Igniting Compassion, a film that seeks to dismantle medical stigma associated with substance use. Igniting Compassion was developed previously with OD2A funding support.

Client Perspectives on Stigma and Overdose Prevention

To better understand how stigma affects individuals directly, 55 clients served by HUMADAOP, T4C, and PWB were surveyed regarding their beliefs and comfort levels related to SUD. More than half of respondents (58%) reported believing that individuals with SUD are negatively stereotyped. Less than half (47%) identified SUD as a brain disease, and only 38% reported feeling comfortable discussing their substance use with friends or family members. Additionally, nearly half (44%) believed that overdose prevention strategies (e.g., naloxone kits and fentanyl test strips) were helpful. It is important to note that although rates in stigma beliefs ranged from 38% to 58%, 23% of respondents left the answer blank and 8% declined to provide an answer.

Large-Scale Community Engagement and Normalization Efforts

PWB expanded stigma reduction through large-scale community engagement activities. During Year Two, PWB hosted four *Dispelling Stigma Galleries* that collectively reached at least 242 attendees. These interactive events were designed to challenge stereotypes and humanize experiences of people who use drugs. In addition, PWB conducted 89 overdose prevention events, engaging a total of 3,075 participants. The scale of these activities reflects a strong emphasis on normalization and visibility, positioning overdose prevention services as a community health strategy rather than a marginalized intervention.

Surveys and Shifts in Community Attitudes

As part of overdose prevention events, training and community health fairs, attendees were invited to complete surveys to assess knowledge and attitudes related to stigma and SUD. Among CDPH, CCBH, and PWB, a total of 2,074 responses were collected in Year Two. The majority of respondents (90%) believed that SUD is a brain disease, and 91% indicated that overdose prevention tools, such as Naloxone, fentanyl test strips, and syringe exchange, are helpful for people with SUD. Additionally, 90% stated that attending overdose prevention events helped them better understand the daily challenges faced by people with SUD.

Stigma Reduction Through First Responder Engagement

T4C continued stigma reduction efforts with first responders by strengthening relationships with police, fire, and EMS departments. During Year Two, these efforts resulted in the distribution of 45 naloxone kits to the Strongsville Police Department and Southwest General Police Department.

> In the organizations, companies that we're reaching out to, they believe that they already know what it is that we're doing, what we're saying and what our point is. They're not understanding, like, how vast our trainings are, and how vast, like is and anti-stigma and recognizing it and addressing it and solutions to the overdose crisis. A lot of times, people just assume that, like, Oh, I already know about Narcan and fentanyl test strips, like, we're good over here, but thanks. And then when they realize, when they actually listen to what we have to say, and it could get time to explain it, and then they're like, Oh my gosh. Like, this is completely different than what I was thinking. ***T4C Staff***

STIGMA RELATED CHALLENGES IMPACTING SERVICE DELIVERY

Across agencies, stigma was consistently identified as a major and persistent barrier to overdose prevention services, affecting both service delivery and community engagement. Stigma—often rooted in misconceptions about SUD, moral judgments, and lack of health literacy—discouraged individuals from seeking services, carrying naloxone, or fully engaging in education. It appeared in overt and subtle forms, including fear of judgment, misunderstanding overdose prevention as enabling drug use, and discomfort when providers lacked lived experience.

> People not realizing that stigma is not just like stereotyping people and being mean to people. It's more ingrained into our culture. Like stigma is institutional and systemic, and a lot of times we, like we meet people who think that they are anti stigma because they don't use certain words, or they have certain policies at their company, but in reality, like there's just huge gaps and what that actually means, and like, the actions they take, how they treat and talk to people, the more subtleties of stigma. ***T4C Staff***

Some agencies emphasized that continued normalization through

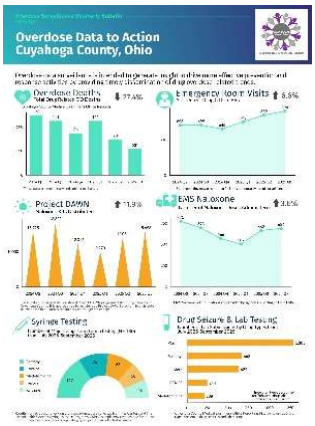
personal referrals and visible community use of naloxone has helped mitigate stigma, though gaps remain for populations with limited access to technology or information, such as those who struggle with technological literacy or technological access. Varying levels of health literacy require tailored, nonjudgmental communication to counter misinformation and shame associated with substance use. Stigma was also described as a systemic issue, requiring stronger coordination across service providers to ensure consistent, respectful messaging.

INFORMATION SHARING AND DISSEMINATION

The Cuyahoga County OD2A LOCAL project encourages knowledge sharing and dissemination of information among partner agencies and community stakeholders. Information is communicated in a variety of ways to ensure that findings, insights, and outcomes are accessible and contribute to the county's efforts to improve its system of care for individuals in need of substance use prevention and treatment services. By making information available in a timely and structured manner, these dissemination activities enhance the project's overall impact and contribute to broader awareness, engagement, and application of results.

Partner agencies and their staff disseminate knowledge gained and lessons learned via internal opioid-related updates to staff during quarterly partner meetings, presentations at conferences and workshops (in-person and virtual) and external reports. Audiences include, among others, partner agencies, the Data Subcommittee of the U.S. Attorney's Office of the Northern District of Ohio Heroin and Opioid Task Force (HOTF), and those present during other opioid-related meetings in the community and the general public. Included in Appendix A is a list of all dissemination activities for Year Two.

CCBH also hosts an Opioid Overdose Dashboard to disseminate timely, high quality, comprehensive data regarding drug overdoses in Cuyahoga County. The interactive dashboard contains local data about opioid and other drug overdoses, including those resulting in emergency department visits and deaths, as well as drug prescribing, naloxone distribution and administration data. CCBH routinely collects, analyzes and shares the data provided on the dashboard to partner agencies and community stakeholders to increase understanding of the drug overdose epidemic and inform prevention and response efforts. The reports, data briefs and infographics referenced in Appendix A are made available on the dashboard.



WellLink produces a monthly newsletter, THE CONSORTIUM CHRONICLE. The newsletter provides policy updates, education and training, and engagement opportunities focusing on gaps previously noted by clinicians and partners. The newsletter also spotlights activities of community organizations. At the beginning of the second year, the newsletter had an average of 98 subscribers, a figure that increased by 21 over the course of the year. THE CONSORTIUM CHRONICLE is distributed monthly via email, with an average of 62 emails opened each month and approximately 231 clicks per month on newsletter content, reflecting steady engagement from readers.

New this year, Thrive for Change created the Overdose Response Bulletin, which highlights local and national news, updates on drug supply trends, and educational content. The Bulletin is shared widely through outreach efforts, social media channels, and community events with the hopes that it will help raise public awareness, reduce stigma, and empower individuals to take action in preventing overdose deaths. Thrive for Change also has a dedicated webpage that serves as a centralized hub for essential resources in Cuyahoga County. Community members can find locations to obtain naloxone, fentanyl testing strips, and other lifesaving supplies, access overdose prevention services, visit walk-in clinics, connect with peer recovery programs, and explore treatment options.

CSU's Drughelp.care is a web-based application designed to provide timely, accurate information to medical providers, first responders, and individuals seeking substance use treatment. The fully searchable site helps users quickly locate available treatment services that best meet their needs, improving access to care and reducing wait times. In addition to treatment options, Drughelp.care identifies locations offering overdose prevention services. Over the past year, several enhancements were made to improve usability and accessibility. The website removed common barriers by simplifying searches, making it easier for the general public to navigate compared to the advanced search tools intended for professionals. Drughelp.care also registered 23 new prevention services, expanded accessibility by adding a Spanish-language version, incorporated plain language, and introduced a text-to-speech option. The site now highlights locations that accept walk-ins and programs that allow individuals to begin treatment immediately, further strengthening Drughelp.care as a valuable resource for information on treatment and prevention services.

STRUCTURAL AND OPERATIONAL CHALLENGES AMONG PARTNER AGENCIES

Across agencies, the primary challenges to implementing overdose prevention and SUD treatment services clustered around stigma, limited awareness, staffing and resource constraints, and structural barriers. Stigma about substance use and naloxone use reduced engagement, created fear of judgment or legal consequences, and fueled misinformation in multiple communities. Many agencies faced staffing shortages, high turnover, or lack of staff with lived experience or bilingual capacity, which affected continuity, outreach, and cultural responsiveness. Structural barriers such as transportation, housing instability, competing basic needs, and limited access to technology or digital literacy further hindered client access to services. Despite these barriers, some agencies noted improving community familiarity with naloxone and opportunities to strengthen coordination, education, and outreach, particularly among youth and underserved populations.

> I would say the biggest barrier is just it's since it's such a high need in Cuyahoga County for services, for, like, any type of services, housing, especially, we have come into the barrier of that just because they're very long wait list and just trying to navigate through that, or just being able to, if somebody needs food stamps or Medicaid, just trying to get somebody on the phone, or, you know, get them service so they can get, you know, what they need in a like, adequate amount of time.
> ***SOC Staff***

CCOD2A LOCAL PILOT DRUG CHECKING PROGRAM

The CCMEO and CCBH, in partnership with MetroHealth, The Centers and The Begun Center, launched the pilot drug checking program in August 2024. Under this program, used syringes from seven different overdose prevention service program (OPP) locations are tested and results are shared with the clients, partner agencies and local stakeholders. Clients can request their syringes to be tested and are allowed to get their syringe tested more than once. This program strengthens the local surveillance efforts and provides insight into clients' perception about their drug use.

A total of 748 syringes were tested from August 2024 through August 2025. The clients were predominantly non-Hispanic (675, 90%), White (668, 89%), and males (426, 57%), with an average age (SD) of 41.7 (9.7) years. Out of 748 samples collected, 351(47%) were those requested by clients to be tested, and the rest were randomized. The median time a syringe was used was once by one person. The most expected drugs in the syringes as perceived by the clients were heroin (n=429, 57%), fentanyl (n=316, 42%), and methamphetamine (n=122, 16%). Many clients who expected heroin alluded to a mixture of substances, and 2% (n=17) of the

syringes were involved in an overdose. The mean (SD) turnaround time to get the test results was 34 (14.7) days. On average (SD), 6 (4.3) substances including major drugs, and active and inactive adulterants were found in a syringe. The most detected major drugs are given in Table 8. Figure 3 shows the percentage of the major drugs by month.

Table 8: Major Drugs Most Often Detected (August 2024-August 2025)*

Major Drugs	N=748
Fentanyl and/or analogs	459 (61.4)
Cocaine	291 (38.9)
Xylazine	276 (36.9)
Heroin	225 (30.1)
Medetomidine	204 (27.3)
Methamphetamine	198 (26.5)

***a syringe could test positive for more than one drug**

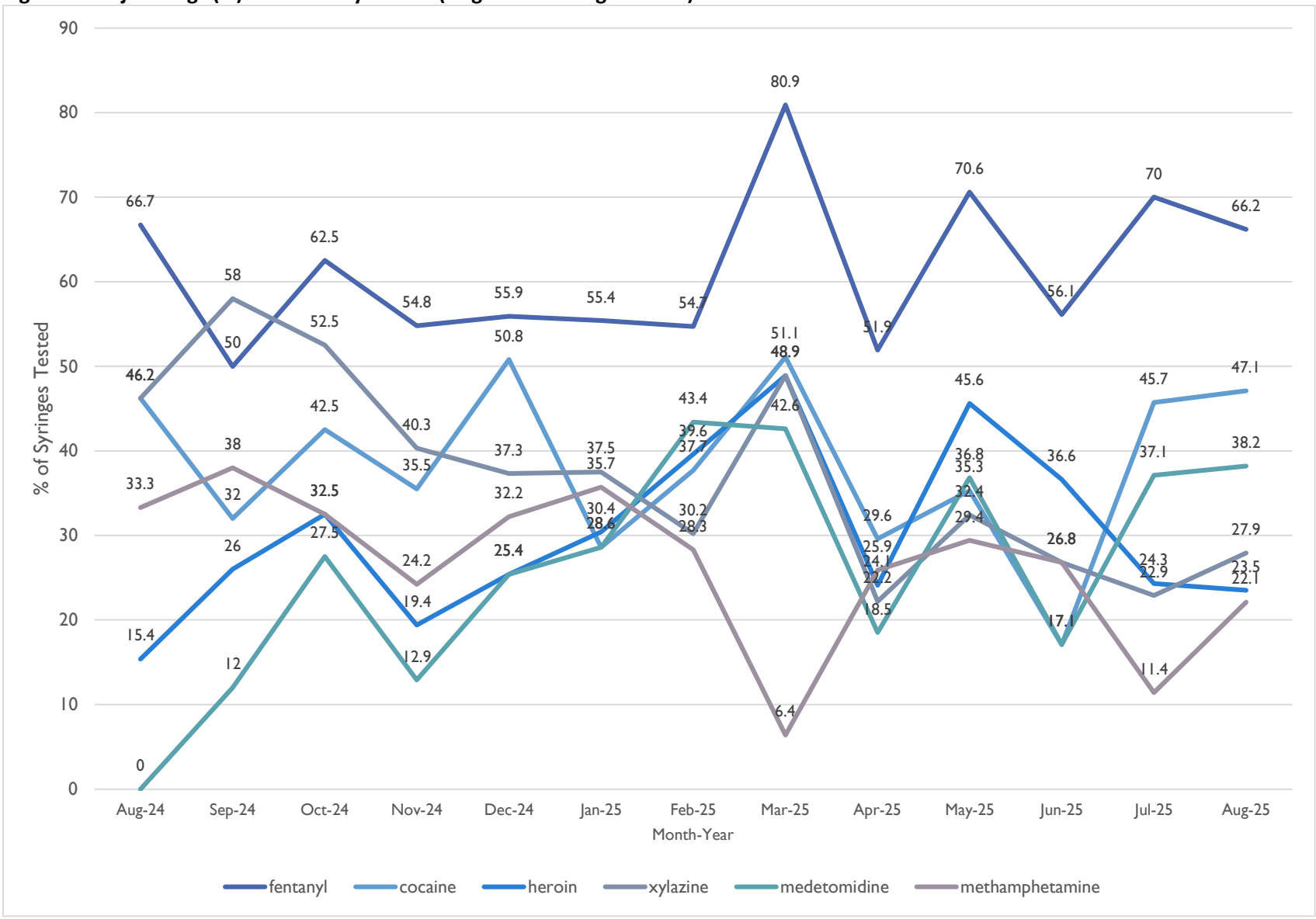
BTMPS, an industrial chemical (n=127, 17%), 2-Fluorodeschloroketamine, a designer drug (n=7, 1%), and protonitazene, a synthetic opioid (n=5, 1%) were some new or emerging drugs that were detected in the syringes. Diphenhydramine (n=501, 67%), caffeine (n=361, 48%), and quinine (n=329, 44%) were the most detected active adulterants. The most detected inactive adulterant was mannitol (n=222, 30%).

Results from the pilot program are also having an impact on other components of the CCOD2A LOCAL Initiative, as one Component B Workgroup member shared:

> We've now integrated the Component B results into the surveillance bulletins that are part of Component A with CCBH, and they fit in quite nicely with some of the drug seizure data that we have as well. I think it is a good way to recognize emerging trends, just to keep an eye on it. It may not be representative of the county, but I think the information is still valuable to have at the state level.

So far, the limitations of this program have been the small sample size, as less than 5% of the syringes collected by the OPPs are being tested, and only syringes (and no other paraphernalia) were tested. The testing of pipes and cookers beginning in Year Three will further strengthen the surveillance efforts in the county.

Figure 3: Major Drugs (%) Detected By Month (August 2024-August 2025)*



***a syringe could test positive for more than one drug**

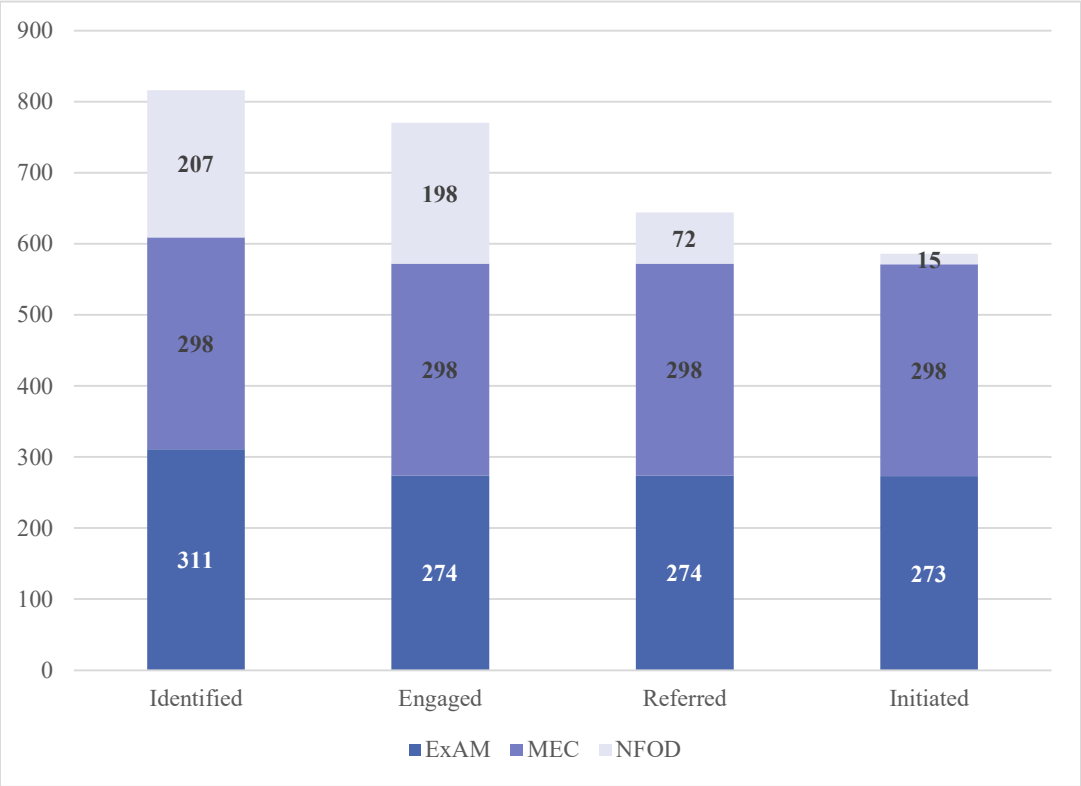
CCOD2A LOCAL LINKAGE TO CARE SURVEILLANCE PILOT PROGRAM

Cuyahoga County's OD2A Local Component C engages individuals with opioid or stimulant use disorder through three coordinated entry points in the emergency department, criminal justice system, and clinical care settings. MetroHealth's Emergency Department (ED), the county's highest-volume overdose receiving site, provides 24-hour access to substance use navigators, MAT/MOUD, and overdose prevention services for individuals experiencing nonfatal overdoses (NFOD). Within county corrections, the Expanded Access to MAT/MOUD (ExAM) program screens and treats incarcerated individuals with OUD and links them to community-based MAT/MOUD upon release. MetroHealth's Walk-in Motivation and Engagement Clinic (MEC) serves as a low-threshold clinic initiating MAT/MOUD and providing supportive services for individuals seeking treatment. Individuals may also be referred to the MEC from the ED, community corrections, and overdose-prevention service programs.

Across ExAM, MEC, and NFOD, a total of 816 individuals were identified for their interest in MAT/MOUD and/or behavioral health treatment. For those individuals involved with the NFOD entry point, opioid use disorder (OUD) was the predominant diagnosis (155, 75%), followed by a diagnosis of stimulant use disorder (StUD) (44; 21%) and co-occurring OUD and StUD diagnoses (8; 4%). The MEC and ExAM programs only work with individuals with OUD. Across all entry points, the population was primarily composed of adults aged 35–44 years (273; 33%), with individuals aged 35–44 years comprising a substantial secondary group (245; 30%). Among participants reporting gender, 550 (67%) were male and 262 (32%) were female. Racial and ethnic composition was predominantly White (560; 69%), followed by Black or African American individuals (169; 21%). Smaller proportions identified as Hispanic (18; 2%).

As part of pilot surveillance program, MetroHealth tracks these individuals along the cascade of care: identification, engagement, referral and linkage to treatment. Figure 4 summarizes findings from Year Two for each entry point with respect to MAT/MOUD treatment. Individuals can also be referred to behavioral treatment and overdose prevention services. A total of 816 individuals were identified. Of those identified, 770 were engaged in care, 644 were referred to MAT/MOUD, and 586 initiated MAT/MOUD treatment. MetroHealth's program has an average linkage rate of 72% from identification to linkage. The MEC program has a high linkage rate of 100%, which is likely due to the nature of the clinic, where individuals present themselves for treatment. The ExAM program also has a high linkage rate of 88% and 99% when staff were able to meet with individual prior to release. Successful linkage is likely attributable to the warm handoff from the ExAM program staff to the MEC for individuals upon their release from incarceration at the county jail.

Figure 4: MAT/MOUD Care Across Entry Points (September 2024-August 2025)



Engagement

Among individuals identified across all entry points (n = 816), 770 (94%) were engaged in discussions about treatment, with only a small number of individuals not able to be engaged (n=46, 6%). Engagement was consistently high across entry points, ranging from 88% for the ExAM program (n=274), 96% in NFOD (n=198), and 100% engagement observed for the MEC (n=298).

MAT/MOUD Referral

Overall, 644 individuals (84% of those engaged) received a referral to MAT/MOUD. Referral rates varied substantially by entry point, with a 100% referral rate observed for the ExAM (n=274) and MEC programs (n=298) but 36% in the ED (NFOD) entry point (n=72).

MAT/MOUD Initiation

Among individuals referred to MAT/MOUD (n = 644), 586 (91%) initiated MAT/MOUD treatment. Initiation rates were high for the ExAM (n=273; 100%) and MEC programs (n=298; 100%). In NFOD, initiation was lower, with 21% (n=15) initiating MAT/MOUD. These findings reflect differences in program scope, client readiness, and service pathways across entry points.

Referral for behavioral health (BH) treatment was not as common as MAT/MOUD. No BH referrals were recorded for the ExAM program, as the program only refers to MAT/MOUD.[2] In

[2] In this report, behavioral health treatment is defined as any evidence-based behavioral strategy such as counseling, motivational interviewing, cognitive behavioral therapy (CBT), contingency management, and

MEC program, BH referrals were recorded for 45 individuals, while only 6 individuals in NFOD program received a BH referral. Among those referred, initiation or linkage to BH services occurred for 6 individuals (13%) in MEC program and 3 individuals (6%) in NFOD, program. In contrast, overdose prevention or response service referrals were widespread across entry points. Universal referral was observed in the MEC program (n=298; 100%), and nearly universal in ExAM (n=308; 99%), while 172 individuals (83%) in NFOD program were referred to overdose prevention or response services. Among those referred, initiation of overdose prevention services was high in MEC (298; 100%), whereas initiation was lower in ExAM (33; 11%) and NFOD, with 58 individuals (34%) initiating services. MetroHealth has installed vending machines in the lobby of the justice center and hospital to ensure availability of overdose prevention supplies, but no tracking of individuals who take advantage of this service is done.

In Year 3, retention data will be reported for all three programs. The time period of retention is 6 months from linkage to treatment. Retention data is collected for both MAT/MOUD and BH treatment.

TARGETED EVALUATION

The targeted evaluation component of OD2A-LOCAL is designed to gather in-depth, community-driven insights from People With Lived Experience (PWLE) to examine whether CCOD2A-LOCAL interventions are reaching individuals at risk of overdose and, if not, to identify changes needed to improve access to services and treatment. Unlike other data collected from OD2A-LOCAL partner agencies, the targeted evaluation focuses on small, discussion-based sessions that allow participants to describe their experiences in their own words. These conversations help the evaluation team understand how individuals interact with local systems - including prevention, treatment, prevention services, and recovery supports and where gaps and strengths exist from the perspective of those most directly affected.

The targeted evaluation is also intended to support continuous quality improvement for partner agencies by documenting emerging needs, identifying barriers that may not be visible in routine data, and elevating promising practices within communities. By centering the voices of PWLE, this approach provides information that can be used to guide program planning, inform training priorities, and support system-level improvements.

Discussions focused on participants' experiences with treatment and recovery, the challenges they continue to face, and ideas for how local systems might better support individuals and families. The goal was to gather insight directly from community members so that their perspectives could more meaningfully inform OD2A-LOCAL activities. Participants were also

community reinforcement approach outside of MOUD/MAT. The ExAM project in Component C is specifically designed to connect individuals upon release from incarceration to community-based MOUD/MAT providers. Individuals served by ExAM will also receive behavioral health treatment services while incarcerated through other programs operating within the jail. In addition, some of these individuals may also be referred to behavioral health treatment services upon release, as appropriate.

asked to reflect on what has been helpful, what remains difficult, and where improvements are still needed.

In Year Two, CCBH and the Begun Center hosted three Dinner and Community Discussions across Cuyahoga County. Community-based facilities were used to provide a non-threatening and familiar setting for participation. Sessions conducted this year were in partnership with HUMADAOP, The Centers, and PWB. Each session provided a comfortable environment where participants could speak openly about their experiences.

Participants were community members from across Cuyahoga County who learned about the discussions through partner agencies. Participants were also adults with lived experience related to substance use, overdose risk, treatment, prevention services or recovery, as well as family members or caregivers with relevant experience navigating local systems of care. Participants were invited to participate on a voluntary basis. Participation was not tied to receipt of services, and individuals could decline or withdraw at any time without consequence.

Dinner and a small gift card were provided to participants. Sessions were audio-recorded and lasted approximately one hour. In some instances, participants preferred to submit written responses rather than participate verbally. These written surveys included the same questions used in the focus groups to ensure consistency across data collection methods.

Prior to participation, individuals were informed about the purpose of the discussions, how the information would be used, and the steps taken to protect confidentiality. No identifying information was collected. Audio recordings and written responses are stored securely and accessible only to the evaluation team. Focus groups were co-facilitated by members of the evaluation team and partner agency staff. A similar format will be used in Year Three to conduct additional focus groups. The Begun Center is currently reviewing and analyzing the Year Two focus group data.

CONCLUSION

Across all strategies, the CCOD2A LOCAL Initiative is on track to meet its intended outcomes and deliverables. Partner agencies are expanding access to treatment services, strengthening overdose prevention efforts, and implementing targeted strategies to reduce stigma. Insights from surveillance analyses inform the prevention activities as demonstrated by the reported presentations and data products.

Linkage to Care

In Year Two, partner agencies continued to expand access to care and treatment for individuals impacted by substance use, with navigators playing a critical role in bridging initial engagement to treatment and recovery. Agencies strengthened support for navigators through workforce development, comprehensive training, flexible service delivery, and a strong emphasis on employee well-being. Navigators included peer recovery specialists (PRS), care coordinators, counselors, and case managers. During this period, partner agencies engaged 2,713 individuals and linked 806 to treatment, including MAT/MOUD and behavioral health services.

Engagement

Engagement occurred across multiple settings; overdose prevention service sites generated the highest volume of contacts in single locations, though linkage rates from these sites were often lower. This may reflect individuals' readiness for treatment at that stage in their recovery journey. Agencies employing PRS as navigators demonstrated the highest linkage-to-care rates. PRS build trust through shared lived experience, fostering meaningful connections that increase willingness to initiate and remain in treatment.

Retention data were more robustly available in Year Two. Among agencies tracking retention, 27% of individuals linked to care were reached for 30-day follow-up. Of those reached at 30 days, 30% completed a 6-month follow-up. Approximately 18% of clients were engaged in treatment at 6-month follow-up.

Outreach and Community Partnerships for Overdose Prevention

Partnerships with community agencies expanded outreach to populations at high risk for overdose through neighborhood events, mobile outreach, naloxone distribution, and data-informed strategies such as mapping treatment locations alongside overdose trends to better target services. Partner agencies participated in numerous community events to provide overdose prevention services. In addition to distributing naloxone, these events created opportunities for education and connection to prevention and treatment services. CSU strengthened its role as a centralized, countywide hub for overdose prevention and treatment information through continued program expansion and coordination of Drughelp.care.

Overdose prevention activities were guided by analysis of social determinants of health to ensure services reached disproportionately impacted communities. Efforts included naloxone training for lay persons in the community, individuals with felony histories and multilingual outreach initiatives.

Stigma Reduction and Community Engagement

Agencies implemented comprehensive stigma-reduction strategies targeting community members, clients, providers, and first responders. These initiatives promoted greater understanding of substance use disorder (SUD), increased acceptance of overdose prevention services, and strengthened pathways to care. Lessons learned and best practices were disseminated through quarterly partner meetings, conference presentations, workshops (in-person and virtual), and external reporting. Collaborative partnerships with non-OD2A agencies, included underserved community organizations, treatment providers, multidisciplinary professionals, law enforcement, faith-based organizations, and city agencies. These coordinated efforts focused on training, overdose prevention education, and improving informed decision-making to reduce fatal and nonfatal overdoses and increase linkage to care.

Despite progress, significant challenges remain. High staff turnover, agency closures, and limited staffing capacity constrain service delivery. Funding instability, insurance barriers, and transportation limitations continue to impede access. Clients with complex medical needs, co-occurring mental health conditions, or chronic pain involving prescribed opioids remain particularly difficult to place. Persistent stigma—within communities, healthcare settings, and faith communities—discourages engagement. Fear of judgment, criminalization, or legal consequences further deters individuals from seeking services or carrying naloxone. Many

individuals do not perceive naloxone as personally relevant, and stimulant-focused prevention services remain especially stigmatized.

Cuyahoga County's Pilot Drug Checking Program

The pilot drug checking initiative collected 748 syringes from seven overdose prevention program locations. Substances most expected by clients included heroin, fentanyl, and methamphetamine. Laboratory testing identified fentanyl and its analogs, cocaine, xylazine, heroin, medetomidine, and methamphetamine as major detected substances. Results were shared with clients, partner agencies, and local stakeholders. This program also provided the opportunity to engage PWUD with information about substance contents, building trust, creating opportunities for linkage to care, and helping prevent future overdoses.

Cuyahoga County's Pilot Linkage to Care Surveillance Program

The program tracked individuals with opioid or stimulant use disorder through three coordinated entry points at MetroHealth: emergency departments, the criminal justice system, and clinical care settings. A total of 816 individuals were identified for treatment services. Of these, 770 were engaged in care, 644 were referred to MAT/MOUD, and 586 initiated MAT/MOUD treatment.

Targeted Evaluation

The targeted evaluation component was designed to gather in-depth, community-driven insights from individuals with lived experience to assess whether interventions are effectively reaching those at highest risk of overdose and to identify needed improvements. In Year Two, three Dinner and Community Discussions were held across the county, providing supportive environments where participants could openly share their experiences and perspectives.

Peer Support Provides Hope: Ava's Story

Ava hadn't taken a sip of alcohol or smoked a cigarette until her freshman year of college. An anxious child, she likely suffered from anxiety and depression long before receiving a formal diagnosis. Once Ava began drinking, her use gradually escalated and within a few years she was introduced to heroin. Ava successfully balanced her substance use and daily life to graduate from college, though her struggles with substance use continued to grow.

Throughout her struggle with addiction, Ava sought help over 10 different treatment centers- many of them multiple times. She spent time in psychiatric care, went through detox over 30 times, and survived at least five overdoses. During one of her post-overdose hospitalizations at MetroHealth Emergency Department (ED), Ava met a Thrive Peer Support Specialist (PRS). Her PRS filled her with kind words, love and motivation through sharing their own lived experience.

Ava recalls the relief and hope she felt when a Thrive PRS first walked into her hospital room after her overdose. On several occasions, her PRS helped her move directly from the ED to detox before she eventually got sober. In her lowest, Ava's PRS was there, offering inspiration and guidance without judgment and worked with determination to connect her to treatment. Thrive PRS cared when a lot of people didn't.

Ava completed residential treatment and transitioned into sober living. She acquired a sponsor and started working the 12 steps of AA. Her first job involved picking up trash on the streets before joining Thrive's internship program. Inspired by the comfort and hope she received from her PRS, Ava decided to give back. Thrive helped Ava become a certified PRS. Ava is now present for those in need, empowering them with the same judgment-free support that once saved her life.

APPENDIX A: CCOD2A LOCAL YR2 DISSEMINATION

Reports

Riske-Morris, M., Flannery, D., Fulton, S., Deo, V., Lee, J., Masarweh-Zawahri, L., McMaster, R. & Noriega, I. (2025), *Cuyahoga County Overdose to Action LOCAL Year One Evaluation Report,* Begun Center for Violence Prevention Research and Education, Jack, Joseph and Morton Mandel School of Applied Social Sciences, Case Western Reserve University. Cleveland, Ohio. Available at: https://ccbh.net/wp-content/uploads/2025/02/OD2A-LOCAL-Y1-Evaluation-Report-Begun-Center.pdf

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Bhullar M. & Smith S. (2024). *The Overdose Crisis Through Data Visualization and GIS Tools* [Presentation]. Cuyahoga County GIS Day, Cleveland, OH.

Smith, S., Moyers, K., & Zelenskiy, S. (2024). *Overdose Data to Action (OD2A) data overview* [Presentation]. Nursing & Clinical Services (NCS) staff meeting, Cuyahoga County Board of Health, Parma, OH.

CCBH Overdose Surveillance Team (2024). *CCBH Overdose Data Dashboard Overview* [Presentation]. Medina County Health Department, Medina, OH (virtual).

Riske-Morris, M., & Deo, V. (2025). *Cuyahoga County OD2A Local Year One Evaluation Findings* [Presentation]. AMCNO FLC, OH (virtual).

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Riske-Morris, M. (2025) *CCOD2A LOCAL Year One Evaluation Update* [Presentation]. OD2A all-subgrantee check in meeting (virtual).

Smith, S. (2025). *OD2A LOCAL surveillance strategy & data* [Presentation]. Population Health All Staff Meeting, Beachwood, OH.

Riske-Morris, M. & Smith, S. (2025). *OD2A LOCAL - Component C Sample Data Products: Cuyahoga County OD2A LOCAL Initiative* [Presentation]. OD2A: LOCAL Component C Quarterly Workgroup Meeting (virtual).

Moyers, K. (2025). *Overdose Alert Review In Action* [Workshop]. Fuchs Mizrachi High School Public Health Experience, Parma, OH.

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Fulton, S., & Riske-Morris, M. (2025). *OD2A Local: Developing and leveraging robust partnerships among public health, public safety and community organizations to facilitate overdose prevention and intervention in Cuyahoga County, Ohio* [Presentation]. 2025 OD2A Recipient Meeting, Atlanta, GA.

Riske-Morris, M., & Fulton, S. (2025). *OD2A Local: Maximizing Services to Expand Outreach in Cuyahoga County, Ohio* [Presentation]. 2025 OD2A Recipient Meeting, Atlanta, GA

Noriega, I., Deo, V., Riske-Morris, M., Flynn, K., & Flannery, D. (2025). *Using a Public Health approach to Combat the Opioid Epidemic in Northeast Ohio: Overview of Local Projects and Initiatives* [Presentation]. Council of World Affairs (CWA) United States and Canada. Cleveland, OH.

Moyers K. (2025). 2023 DOIEP [Presentation]. CCBH Data Days. Cuyahoga County Public Library, Mayfield, OH.

Poster Presentation

Lee, J., Fishman, M.C., Riske-Morris, M., Fulton, S. E., Papp, J., Margevicius, S. P., & Flannery, D. (2024). *Assessing the feasibility and effectiveness of academic detailing: A two-year longitudinal study on providers & prescribing behaviors*. American Public Health Association Conference, Minneapolis, MN, United States.

Data Briefs

Zelenskiy, S. (2024). *Hot spot analysis: Zip code and census tracts stratified by year, number of deaths, number of non-fatal overdoses, rate of overdose deaths* [Data summary for CWRU Begun Center].

CCBH & CWRU Begun Center. (2024, September). *OD2A 2024 Q2 Overdose Surveillance Quarterly Bulletin*. https://ccbh.net/wp-content/uploads/2024/11/OD2A-2024-Q2-OD-Surveillance-Bulletin.pdf

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