

Cuyahoga County OD2A LOCAL

Evaluation Program Findings

Summary Report (Year Two)



[The Begun Center for Violence Prevention Research and Education](#) at Case Western Reserve University serves as the evaluator for the Cuyahoga County Overdose to Action LOCAL Initiative (CCOD2A) funded by the CDC. Unless otherwise specified, the data in this report covers Year Two (September 1, 2024 – August 31, 2025) of the grant. 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.***



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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)
- [Cleveland Department of Public Health](#) (CDPH)
- [Cleveland State University](#) (CSU) that developed [Drughelp.care](#)
- [Cuyahoga County Medical Examiner's Office](#) (CCMEO)
- [Hispanic Urban Minority Alcoholism Drug Abuse Outreach Project](#) (HUMADAOP)
- [MetroHealth Medical System](#) (MetroHealth), Office of Opioid Safety
- [Project White Butterfly](#) (PWB)
- [Sisters of Charity Health System](#) (SOC)
- [The Centers for Families and Children](#) (The Centers)
- [Thrive for Change](#) (T4C)
- [Thrive Peer Recovery Services](#) (Thrive)
- [WellLink Health Alliance](#) (formally the Center for Health Affairs)
- [The Woodrow Project](#) (Woodrow)

Evaluation Outcomes

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. Together these 30 navigators spent over 32,000 hours assisting individuals in need of treatment and support. During this period, partner agencies engaged 2,713 individuals and linked 806 (80% of those referred) to treatment, including MAT/MOUD and behavioral health services.

Engagement and Retention

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. Many agencies also supported clients by referring them and linking them with community-based peer support and other services such as transportation, housing, etc., which helped to reduce barriers to 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 these clients were engaged in treatment at 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 individuals with felony histories and multilingual outreach initiatives.

Stigma Reduction and Community Engagement and Education

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 discussion of treatment, 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.

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