

Overdose Fatality Review Addendum

Poisoning Death Review Report Montgomery County, 2020



Public Health
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Dayton & Montgomery County

Public Health – Dayton & Montgomery County
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Executive Summary

Purpose

The Overdose Fatality Review (OFR) Committee works to identify and champion efforts to help decrease the number of overdose deaths in Montgomery County. The committee develops recommendations using insights from aggregate data and deidentified case narratives. These recommendations are shared with the Community Overdose Action Team for implementation.

Progress

Four OFR meetings were held between November 2020 and July 2021. The first focused on Black Men, who increased as a percentage of overdose deaths. The remaining meetings focused on the effects of the COVID-19 pandemic and small subpopulations.

Findings

The percent of deaths that involved Black men increased in late 2019 and early 2020. When compared with others, Black men who died of a drug overdose tended to be older, were more likely to be single, and were less likely to have a high school diploma or GED. They were less likely to have a mental health diagnosis or a prior hospital visit for a drug overdose. Within one year of their death, they were less likely to have contact with the criminal justice system.

The rate of overdose deaths increased 12% in Montgomery County between 2019 and 2020, but this increase was not as large as across the rest of the state or country. A new concentration of incident locations appeared in zip code 45405 along North Main Street. When compared with the rest of the county, these census tracts have a higher Black population, a higher vacancy rate, a lower median income, and a lower high school graduation rate.

To date, reviewed cases have the following childhood characteristics in common: early trauma, unstable homes, and initiating substance use to manage stressors. Individuals who face chronic instability and unmet basic needs have additional barriers to recovery. There is often a mismatch of timing between an individual's readiness to enter recovery and the availability of resources. Finally, a distrust of the medical community and criminal justice system can impede an individual's ability to access support.

Recommendations

To date, the OFR committee has developed policy and programmatic recommendations in the following areas:

- Focus on prevention and promote resiliency among at-risk children and youth.
- Provide connections to material and emotional support systemwide.
- Expand capacity and accessibility of SUD treatment throughout the medical system.
- Provide support upon reentry from jail or prison.
- Increase and promote resources for people in recovery.
- Support individuals who have experienced multiple overdoses.
- Assist families in supporting loved ones who use drugs.
- Expand access to material resources and supportive behavioral health treatment among vulnerable groups including LGBTQ and minority populations.
- Enhance outreach in emerging hotspots.
- Mitigate effects of COVID-19 response.
- Respond to changing drug trends and adapt prevention, intervention, and treatment plans as needed.
- Address contamination in the drug supply.

Next Steps

The Ohio Budget included language providing OFRs the same rights and protections currently afforded to Child Fatality Reviews. This will allow the committee to discuss cases openly and review additional information, including prescription and treatment history. Montgomery County will also establish a Suicide Fatality Review Committee.

Introduction

Poisoning Death Review

The Poisoning Death Review report uses information from the Montgomery County Coroner's Office, the Ohio Department of Health, the local hospital system, and the criminal justice system to provide the community with an overview of data regarding the life and death of individuals who died of a drug overdose. The Poisoning Death Review Report provides demographic and health characteristics, as well as information on the circumstances of death and substances used for all individuals who died of a drug overdose that occurred in Montgomery County in 2020.

Overdose Fatality Review

Public Health – Dayton & Montgomery County (PHDMC) formed an Overdose Fatality Review Committee, modeled after Child Fatality Review Committees already in existence, to better inform prevention efforts. Such teams are in practice in many counties in Ohio and across the country. They can identify and champion efforts to help decrease the number of overdose deaths in Montgomery County. Using aggregate data and deidentified case narratives, the committee develops recommendations to reduce the incidence of overdose deaths that are shared with the Community Overdose Action Team for implementation.

Process

Montgomery County's Overdose Fatality Review (OFR) held its first quarterly meeting in January 2019. Development began in 2018, with the Epidemiologist researching current practices, developing a framework for case review, creating a data tool, recruiting members, and preparing data.

Because, at the time of the meetings described in this report, there were no statutory protections in Ohio that allowed for open sharing of case information for OFR, information was shared in two ways: aggregate data and de-identified case profiles. To guide the discussion, some meetings focused on groups that have increased as a percent of all overdose deaths. Public Health has partnered with Eastway Behavioral Healthcare to conduct forensic interviews with friends and family members of individuals who died of a drug overdose. These interviews add key insights to case profiles.

OFR members represent a cross-section of agencies to provide data and share insight regarding individuals who died of a drug overdose. Representatives include Public Health, the Coroner's Office, Alcohol Drug and Mental Health Services (ADAMHS), a behavioral health agency, fire/EMS, law enforcement, criminal justice, the area hospital association, and an emergency room physician/researcher, the Ohio Board of Pharmacy, and the local task force. Data sources include mortality data, Coroner investigations, treatment information, criminal justice involvement, police reports, and hospital records.

Family Interviews

Introduction

Purpose

To prevent future overdose deaths, the Overdose Fatality Review (OFR) Committee identified the need to supplement Coroner, hospital, and criminal justice records with additional information. Interviews with family and friends of individuals who died of an overdose were initiated to learn more about individuals' lives, evaluate the needs of those with substance use disorders, and identify gaps in resources and services in the community.

Process

Interviewees were identified through criminal justice records and next of kin contact information provided by the Coroner's Office. Through Eastway Behavioral Healthcare, a psychologist trained in forensic interviewing contacted identified friends and family members to request an interview. Interviews were typically conducted over the phone and lasted approximately 1 to 2 hours. Open-ended questions were developed using the OFR data collection form created by the Ohio Department of Health (ODH). Additional questions were identified to fill gaps in data identified in Montgomery County.

Analysis

Prior to Overdose Fatality Review meetings, a topic was identified from aggregate data trends, and cases were selected that reflect that topic. Information from interviews was combined with data from the autopsy, death certificate, criminal justice records, health records, and police reports. Cases were presented in a de-identified manner to the committee. Information from the 20 cases available at the time of this report is presented below. All reports were reviewed, and common experiences were identified.

Childhood

Finances

Half of families struggled financially when individuals were children; others ranged between working class and wealthy. Of those who struggled, several began having financial difficulty after a change in family circumstances. Separation or divorce of parents and injury/death of the breadwinner often led to a deterioration of the child's financial stability.

Parents

Nearly all individuals had parents who divorced or separated at some point during their lives. This separation most often occurred when they were still living at home. Several had estranged fathers and at least two spent time in foster care during their childhood.

Trauma

Many experienced childhood traumas. These include physical and sexual abuse, witnessing domestic violence and self-harm, violent deaths of loved ones, and accidental injuries.

Education

Most individuals dropped out of school before finishing high school. Of those who dropped out, more than half left because of a lack of interest or motivation. One in four left school because of learning or behavioral difficulties relating to Attention-Deficit/Hyperactivity Disorder (ADHD). Others left due to drug use that impacted motivation and attendance. Some experienced inconsistent schooling or dropped out of school because of finances. The majority were involved in at least one extracurricular activity, typically sports. At least one in three continued to play sports in high school.

Finances

Employment

All individuals but one had difficulty maintaining steady employment. The majority separated from their jobs for drug-related absences. Other reasons for leaving employment include mental health concerns, a lack of motivation, job loss due to workplace theft, and a natural disaster destroying the place of employment.

Economic Stability

All individuals experienced economic hardship as adults. About one in three received an economic windfall at one point in their life, either in the form of an inheritance, legal settlement, or cash infusion for a business. One family member reported that their loved one was not motivated to work due to this windfall, while another reported that a spouse took advantage of their loved one for money. All but two individuals received SNAP and/or Medicaid. Several also received Social Security Disability, child support, or Survivor's benefits.

Housing

All but two individuals had periods of homelessness or had otherwise unstable housing. Many family members reported that their loved ones were never homeless because they always had a place to stay but indicated that they did not have a long-term home of their own. Those who experienced housing instability moved often between the homes of friends and relatives and at times stayed in motels. Those who experienced homelessness were known to sleep in shelters, vehicles, garages, and outdoors.

Relationships

Significant Others

About two in three individuals had long-term romantic relationships during their lifetime. Most individuals used drugs with at least some of their partners. Relationships ended for various reasons including incarceration, physical abuse, and partners opposing drug use. Some of those who did have long term partners had on-again/off-again relationships. Several were physically abused in their relationships; others were reported to have volatile or toxic relationships, and one was sexually trafficked.

Children

More than half of the individuals had between 1 and 5 children. Only one of the twelve individuals with children had custody at the time of death. Those without custody either had adult children or minor children in the custody of the other parent or another relative. Two individuals had a partner's child living in their home when they passed away.

Health

Mental

Six individuals had severe mental health concerns for which they received treatment, including three with prior suicide attempts. About half had signs of depression and/or excessive anger, but only a few of these individuals received mental health treatment.

Physical

Nearly all of the individuals had a health problem. More than half had a prior injury, with vehicular accidents most common. Other injuries included falls, fights, animal bites, and firearm injuries. Half had chronic or acute health conditions including heart or breathing conditions, infections, and complications of drug use.

Prescriptions

About half of individuals had a prior prescription for stimulants and/or opioids for diagnosed ADHD, surgery, or an injury. Stimulant prescriptions were most common; nearly half of individuals had a stimulant prescription in their childhood. Loved ones reported that one in four had an opioid prescription at some point in their life.

Substance Use

Initiation

While the reported age of initiation ranged from 8 years old to mid-30s, most individuals began using substances during junior high and high school. The most common first substance used was marijuana; seven were reported to begin using this drug. Four used stimulants before other drugs. Others reported initiating use with alcohol, inhalants, mushrooms, or prescription opioids. The first drug used was not reported for six individuals.

Signs of Use

Family members described patterns of sobriety, relapse, treatment, and recovery; they also described the signs that their loved one was using again. Common signs included disappearing from the home for a time, personality changes including irritability and/or friendliness, weight loss, disrupted sleep patterns, glassy eyes, and slurred speech. Other signs included being unsteady on their feet, paranoia, blacking out, nervous tics, and sweating.

Treatment

Most individuals had at least some history of treatment for substance use disorder, sometimes as a requirement by the courts. Experiences ranged from being invested in the program and hopeful about recovery to “scamming” court-mandated treatment to avoid jail. Some attended treatment to avoid jail and generally liked their program but did not continue when mandates ended. Others faced barriers to treatment, including feeling stigmatized, mistrust of the medical community, untreated mental health problems, and wanting to attend to loved ones outside of the program.

Events Prior to Overdose Death

Living Situation

Prior to their death, half of individuals were living with an acquaintance, friend, or family member; these included both short- and long-term arrangements. One in four were staying in a motel or were homeless, living in a vehicle or a vacant home. One in five were living in their own apartment, though some of these were acquired for the decedent by others.

Recent Sobriety/Incarceration

Individuals are more at risk of overdose following a period of sobriety. Family members reported that nearly half of the individuals were released from incarceration or inpatient treatment within six months of their death. Four had received treatment and were believed to have been sober in the period just prior to their death. In addition, a few tried to access treatment in the weeks prior to the death but were unable to, and one was scheduled to enter treatment shortly after their death.

Adulthood Trauma and Triggers Prior to Death

Many individuals experienced traumatic events in adulthood, including physical and sexual abuse in relationships and traumatic deaths of loved ones. Half of individuals had an identifiable traumatic event within several months prior to their death. These events included recent release from incarceration, loss of job or work-related stress, possible eviction, fight with a partner or end of a relationship, a natural disaster, and loss of custody.

Insight from Loved Ones

Barriers to Treatment

According to their loved ones, individuals faced a variety of barriers to treatment. The most common were denying the extent of the problem, lacking a personal drive to enter recovery, and wanting to avoid relying on others for help. One individual family member reported that their loved one’s mental health conditions prevented them from accessing treatment for substance use disorder.

Many reported difficulty accessing treatment because their insurance was not accepted, they lacked the proper identification to enroll in treatment, they had difficulty navigating the system or keeping appointments, or available treatment was too far and/or they lacked transportation. Family members reported that beds were not available when their loved one was ready to enter treatment and that, by the time they could access treatment, the individual had already relapsed.

Others who did attend either felt their treatment program was not suited to them or were able to feign participation in court-ordered treatment without fully engaging. Others reported feeling stigmatized

when receiving treatment, not wanting to leave children behind, a mistrust of physicians, and being discharged from treatment too early.

Opinion of Legal System

Interviewees often shared their opinion of the legal system and its impact on their loved ones. Some argued that consequences for drug use weren't harsh enough, their loved ones were "let off easy," treatment should have been mandated, and probation supervision should have been intensified. On the other hand, some thought that the system was too harsh, treating people with an illness "as violent criminals," and some alleged mistreatment by police or corrections officers. Several did have good experiences with police officers who were kind and helped their loved ones access needed services.

Underlying both stances was the belief that substance use disorder is an illness that requires appropriate treatment. Several individuals mentioned appreciating the efforts of probation officers and wishing that their caseloads were smaller so they could devote more time to each individual. Others indicated a wish for families to be more involved in the legal process, a need for better transition plans upon release from jail, and an opinion that individuals must be prepared to "let [the drug court] be helpful."

Suggestions to Prevent Future Fatalities

Family members offered a unique perspective for suggesting changes that could prevent future fatalities. A major theme in the discussion of their experiences was a desire for better communication with the systems their loved ones were involved with; they wanted law enforcement, the legal system, and treatment providers to let them know when their loved one was struggling and how they could help. They also hoped for better communication with law enforcement after their loved one passed away.

They also suggested providing earlier intervention for children, including education on the effects of drug use on the individual and their family. They also want to help reduce drug sales and use in the community. These family members are strong advocates for their loved ones and think parents of individuals who died of a drug overdose can speak about their experiences and help convince others to avoid substance use or seek treatment for substance use disorder.

Mental Health Treatment

Many spoke to the importance of mental health treatment, both for children who have experienced traumatic events and for adults. They would like access to mental health care to be expanded, especially for individuals with substance use disorder. Because of the difficulty they experienced finding help for their loved one during moments of crisis, they indicated that mental health services should be available on demand and without the need for an appointment or waiting period. Family members also indicated that the stigma associated with receiving counseling prevented their loved ones from receiving the help they needed.

Substance Use Disorder Treatment

Family members also made suggestions for improvements in the treatment of substance use disorder: primary care providers should screen for substance use disorder and provide addiction resources, the community should expand capacity for providing treatment for substance use disorder, families need more assistance securing open spots in programs that accept their insurance, individuals need to be admitted more quickly, treatment programs should last longer, and individuals should be taught basic life skills while in recovery. Because returning to their old living and social situation after treatment sometimes contributed to their loved ones' relapse, family members advocate for programs that help individuals establish themselves in new locations when they leave inpatient treatment. Individuals also faced barriers in accessing treatment due to COVID-19 restrictions and a lack of required personal identification, such as a driver's license or birth certificate. Family members also expressed a desire to mandate treatment for substance use disorder, through the courts or by treating substance use as a mental health concern and overdoses as a form of self-harm.

Community-Based Services

Family members also discussed community resources that would have assisted their loved ones. Housing, especially for individuals with substance use disorder and criminal convictions, is severely lacking. They also indicated a need for connections to employment for individuals with felony convictions.

Finally, while family members acknowledged that there are many resources for both treatment and material support in the community, they indicated that the system is difficult to navigate. "Linking" services to one another or providing a single place to communicate all available resources would be helpful for friends and family as they try to assist individuals with substance use disorder.

Criminal Justice System

Family members emphasized the large role stigma plays in creating poor relationships between their loved ones and law enforcement. They would like to see this addressed both before an arrest and after release from incarceration; this would improve relationships between police and individuals with mental health conditions and/or substance use disorder. Family members also indicated that treatment facilities, jails, and halfway houses would benefit from more effective security; several had a loved one whose recovery was affected by the presence of drugs in these facilities.

Finally, multiple family members indicated an interest in law enforcement conducting more thorough investigations after a death. They often felt that drug dealers and bystanders were responsible for their loved one's death and pushed for increased prosecution of drug dealers who provide individuals with tainted drugs. They also wanted friends who do not call for help when an individual is overdosing to be held accountable.

Key Findings

Four OFR meetings were held between November 2020 and July 2021. The first meeting focused on Black men, who increased as a percentage of overdose deaths during this time. This meeting included both aggregate data regarding this group and deidentified case profiles of Black men. The remaining meetings focused on aggregate data describing trends during the COVID-19 pandemic and case profiles for an identified subgroup. These cases were accompanied by detailed timelines of the individual's childhood and the last five years of their life.

Black Men: Aggregate Data and Case Profiles

November 2020

The percent of deaths that involved Black men increased during late 2019 and early 2020. When compared with others, Black men who died of a drug overdose tended to be older, were more likely to be single, and were more likely to have a high school diploma or GED. They were also more likely to be employed in manual labor or described as disabled or unemployed. At the time of their fatal overdose, they were more likely to be in the presence of others and to be at a friend's home or in a vehicle. After their death, they were more likely to test positive for cocaine, marijuana, and alcohol, and less likely to test positive for prescription opioids, methamphetamine, and other prescriptions. They were less likely to have a mental health diagnosis or a prior hospital visit for a drug overdose. In the year prior to their death, they were less likely than others to have had contact with the criminal justice system. A review of two deidentified cases revealed that the men had multiple hardships as children, including little supervision, ADHD diagnoses and stimulant prescriptions, and traumatic events including the violent loss of loved ones. They lived in high-risk neighborhoods as youths and did not engage in prosocial activities that may have mitigated some of their risk factors for substance misuse.

COVID-19 Aggregate Data; Data Follow-ups

January 2021

While the rate of overdoses increased in Montgomery County during the COVID-19 pandemic, it was still well below its prior peak in 2017. Meanwhile, the rate in the United States reached an all-time high. Among those who died of a drug overdose, individuals were more likely than in the past to be Black and more likely to have overdosed while alone. A higher percentage of toxicology screens included alcohol and gabapentin, and a lower percentage included heroin. The percent of individuals with recent contact with the criminal justice system or the medical system declined. Ten zip codes had a higher rate of drug overdose death than Montgomery County. These zip codes also have poor social determinants of health, including a higher rate of single-parent families, less education, higher rates of childhood poverty, frequent moves, and a lack of health insurance. To date, reviewed cases had some childhood characteristics in common: early trauma, unstable homes, and initiating substance use to manage stressors. One case was reviewed at this meeting; this individual had many hospital visits and a heavy criminal history.

COVID-19 Aggregate Data; Profiles of Women with Young Children

April 2021

Aggregate Data: Overdose Deaths during the COVID-19 Pandemic

While the number of overdose deaths in Montgomery County increased approximately 12% in 2020, this is well below the increase in Ohio or the United States. Individuals who died of an overdose during the COVID-19 pandemic were more likely than those who died the year before to be Black men, alone at the time of death, or have a prior drug conviction or mental health diagnosis. They were less likely to have a recent hospital visit, jail booking, or other contact with the criminal justice system. The percent of individuals with heroin in their system declined, while the percent with marijuana and gabapentin increased. A new concentration of incident locations appeared in zip code 45405 along North Main Street. When compared with the rest of the county, this area has a higher Black population, a higher vacancy rate, a lower median income, and a lower high school graduation rate.

Case Profiles: Women with Young Children

Two case profiles revealed that women with young children who faced chronic instability and unmet basic needs had additional barriers to recovery. Those who “burned bridges” with supportive family members or who experienced prior abuse or trauma entered unhealthy relationships to fulfill those basic needs. Finally, individuals who were immersed in a culture of drug use or whose support systems for recovery used other substances had difficulty recovering from substance use disorder.

COVID-19 Aggregate Data; Profiles of Gay Men

July 2021

Aggregate Data: Overdose Deaths in 2021

The rate of overdose deaths increased in Montgomery County between 2019 and 2020, but this increase was not as large as across the rest of the state or country. The first six months of 2020 and 2021 had a similar number of overdose deaths. The percent of individuals who were Black declined from 30% to 20%. Individuals were more likely to have a prior diagnosis of anxiety than in 2019 and were more likely to experience their fatal overdose in a motel. They were also less likely to have a drug charge or a hospital visit within one year prior to their death. The percent of toxicology screens with prescription opioids, marijuana, and antihistamines increased; the percent with cocaine decreased. The concentration of fatal overdoses along North Main Street persisted.

Case Profiles: Gay Men

Two case profiles revealed that LGBTQ+ individuals experienced barriers to receiving behavioral health treatment because of a high level of stigma and a lack of appropriate care. Furthermore, there was often a mismatch of timing between an individual’s readiness to enter recovery and the availability of resources to assist (treatment beds, transportation, peer support, etc.). Finally, a distrust of the medical community and criminal justice system impeded their ability to access support.

Recommendations

During the four meetings between November 2020 and July 2021, the OFR Committee identified the following areas for consideration in future planning efforts. Many of the recommendations align with projects currently under way; the aggregate data and the cases reviewed emphasize the importance of this work. These recommendations are shared with the Community Overdose Action Team (COAT), the Montgomery County Drug-Free Coalition, and the Montgomery County Prevention Coalition (MCPC) for prioritization and implementation.

Enhance Outreach to At-Risk Children and Youth

- Focus on primary prevention for children using themes identified in case profiles, including violent loss of loved ones, an unstable home life, early behavioral problems, and crime and substance use in the family.
- Increase availability of services for children and youth in areas with high rates of overdose and other indicators of vulnerability.
- Identify additional children who would benefit from services at the Educational Service Center through universal SBIRT screening. Provide telehealth screenings while children are home due to COVID-19.
- Encourage behavioral health providers to consider prior traumatic events, Social Determinants of Health, and other environmental factors when diagnosing and treating children and youth.
 - Increase the number of providers who can treat children and youth diagnosed with ADHD.
 - Emphasize the importance of therapy, school-based interventions, and trauma-informed care when working with children diagnosed with ADHD.
- Engage high schoolers in pro-social activities, emphasize the Miami Valley Career Technology Center as an alternative to traditional schooling.
- Incorporate families into outreach and services. Expand purview of school social workers to provide services and referrals to all family members.

Improve Outreach and Services for Underserved Populations

- Expand outreach and treatment among older Black men.
 - Improve outreach efforts to the population of older Black men who are less likely to have had recent criminal justice or hospital involvement.
 - Increase use of SBIRT during routine healthcare visits (for example: preventative care and chronic disease management).
 - Increase access to Buprenorphine among older adults and Black men.
- Assist those experiencing intimate partner violence.
 - Ensure that individuals appearing at agencies in Montgomery County (including medical, criminal justice, treatment, social services, etc.) have access to resources for survivors of intimate partner violence.
 - Provide support for basic needs so that individuals in enabling, coercive, or abusive relationships can exit safely.
- Support children who experience trauma.
 - Provide comprehensive support for children who experience trauma, including services to families, services at school, the involvement of social workers, and material support to families.
 - Target responses based on the age group of children involved.
 - Incorporate techniques used to respond to children in homes with intimate partner violence when responding to children whose parents struggle with substance use disorder or who experience an overdose.
- Expand access to supportive behavioral health treatment for LGBTQ+ individuals.
 - Promote existing culturally sensitive providers, including Public Health, Equitas, and the LGBTQ Health Alliance.
 - Improve the availability of appropriate providers and ensure individuals can access them.

Enhance Outreach in Emerging Hotspot

- Provide targeted outreach and resources.
 - Implement messaging campaigns to residents in this area to provide connections to support and treatment.
 - Work with local businesses to install NaloxBoxes in this area.
- Align with outreach groups currently in this area.
 - Work with Ohio Equity Institute (OEI) to connect women in this area to resources and support for substance use disorder.
 - Provide Dayton Police Department (DPD) community engagement officers working in this area with resources to help connect individuals to treatment and harm reduction services.

Increase and Promote Resources for People in Recovery

- Continue to provide referrals for support and other resources through Quick Response Teams.
 - Fill gaps in resource availability to provide for basic needs, including food, clothing, and shelter.
- Increase after hours availability of resources for treatment and support.
- Continue to provide a warm handoff to treatment after an overdose.
- Enhance long-term support following an overdose or drug charge, especially beyond six months after formal contact.
- Promote the Career Alliance Academy.

Assist Families in Supporting Loved Ones Who Use Drugs

- Promote Families of Addicts and other resources available to families.
 - Connect concerned family members with Quick Response Teams (QRTs) and Peer Supporters that can help support their loved ones.
- Provide opportunities for family therapy.
 - Destigmatize mental health services for both individuals who use drugs and their loved ones.
- Establish a wraparound team to support individuals who use drugs and their families, modeled after Children Matter.

Provide Resources for Material and Emotional Support Throughout the System

- Treatment Providers
 - Provide and advertise additional resources for emotional support, including the warm line, crisis care, and suicide prevention resources. Secure funding to expand warm line hours.
 - Encourage mental health treatment providers to assess patients for substance use disorder and encourage those with dual diagnoses to also receive treatment for SUD.
- Criminal Justice
 - Encourage drug offenders to engage with diversion programs.
 - Help parents without custody to outline achievable, short-term goals to work toward visitation and reunification.
- Treatment providers and criminal justice agencies can help arrange material support for individuals whose alternative may be inappropriate: housing, food, transportation, using other substances, etc.
- Pharmacists
 - Provide pharmacists with outreach materials to encourage individuals with substance use disorder to receive support and enter treatment.

Increase Capacity for Substance Use Disorder Treatment Throughout the Healthcare System

- Treat substance use disorder as a chronic behavioral health condition and provide additional discharge planning beyond stabilization.
 - Set first appointment as part of discharge planning.
 - Send the discharge plan to Outreach teams.
 - Decrease the time between discharge and the first appointment.
 - Identify and mitigate logistical barriers to accessing treatment (transportation, technology, etc.)
- Following an overdose, thoroughly assess whether an individual is a risk to themselves and consider further evaluation.
- Assess whether individuals are competent to leave the hospital AMA.
- Address barriers to accessing meaningful telehealth treatment for mental illness and substance use disorder.
 - Support behavioral health providers in transitioning to telehealth and providing outreach to clients.
 - Assist clients with securing technology required to participate in telehealth appointments.
 - Increase options to participate in AOD recovery groups remotely and return to in-person when safe to do so.
 - Continue to provide telehealth options for mental health treatment following the COVID-19 pandemic.

Next Steps

Ohio House Bill 110, the appropriations bill for fiscal year 2022-2023, included language providing OFRs with the same rights and protections currently afforded to Child Fatality Reviews (Sections 307.631-307.636). This will allow the committee to discuss cases openly and review additional information, including prescription and treatment history. Montgomery County will also establish a Suicide Fatality Review Committee (Sections 307.641-307.646). After the Montgomery County Board of Commissioners passes a resolution appointing the Health Commissioner and Public Health – Dayton & Montgomery County to establish these committees, the Epidemiologist will work with agency representatives to discuss the new meeting process, determine membership for each committee, and facilitate information sharing during meetings.

Overdose Fatality Review Members

Overdose Fatality Review members provide valuable insight in their review of data and cases and development of recommendations to reduce the incidence of fatal overdoses. Between October 2020 and July 2021, the following individuals were members of the OFR committee:

Agency	Name
Public Health – Dayton & Montgomery County	Susan Herzfeld, <i>Epidemiologist and OFR Coordinator</i> Barbara Marsh, <i>Director of the Health Commissioner’s Office</i> Michael Dohn, <i>Medical Director</i>
Community Overdose Action Team	Casey Smith, <i>COAT Project Manager</i>
Dayton Fire Department	Jeff Lykins, <i>Director and Chief</i>
Dayton Police Department	Brian Johns, <i>Division Commander</i>
Eastway Behavioral Healthcare	Christine Norris, <i>Psychologist</i> Kara Marciani, <i>Psychologist</i>
Greater Dayton Area Hospital Association	Marty Larson, <i>Executive Vice President</i>
Miami Valley Hospital & Wright State University	Dennis Mann, <i>Assistant Professor of Emergency Medicine</i>
Montgomery County Alcohol Drug Addiction and Mental Health Services	Andrew Sokolnicki, <i>Program Coordinator</i>
Montgomery County Coroner’s Office	Brooke Ehlers, <i>Director</i> Kent Harshbarger, <i>Coroner</i>
Montgomery County Criminal Justice Council	Joe Spitler, <i>Executive Director</i>
Montgomery County Sheriff’s Department	Teresa Russell, <i>Director of Criminal Justice Outreach</i>
Ohio Board of Pharmacy	Terri Meyer, <i>Agent</i>



Public Health
Prevent. Promote. Protect.
Dayton & Montgomery County

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