Overdose Fatality Review Addendum

Poisoning Death Review Report Montgomery County, 2021

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 case review. These recommendations are shared with the Community Overdose Action Team for implementation.

Progress

Four OFR meetings were held in 2021. Three involved a review of deidentified cases with detailed timelines. Following the enactment of HB110, which authorized OFRs in Ohio and provided them with protections for data sharing and confidentiality, the final meeting included a review of identified cases with open information sharing by participating agencies.

Findings

Reviewed cases have common features in childhood: early trauma, unstable homes, and initiating substance use to manage stressors. In adulthood, those who face chronic instability and unmet basic needs have additional barriers to recovery. Social support is crucial for an individual to enter recovery from substance use disorder, but unhealthy relationships or being embedded in social networks with individuals who also use drugs can make this more difficult.

While some individuals had frequent interactions with the medical and/or criminal justice communities, others had few or none of these contacts. Barriers to treatment can include a distrust of the medical community and a mismatch of timing between an individual's readiness to enter recovery and the availability of resources to assist. Accessing treatment is complicated for individuals with complex needs, including those with co-occurring mental health conditions or prior trauma.

Recommendations

In 2021, the OFR committee developed policy and programmatic recommendations in the following areas:

- Enhance outreach to children.
- Ensure access to housing for individuals with Substance Use Disorder.
- Provide resources for emotional support throughout the system, including treatment providers, criminal justice, and pharmacies.
- Enhance outreach in emerging hotspot.
- Increase support for vulnerable populations.
- Expand access to supportive behavioral health treatment for LGBTQ individuals.
- Increase and promote resources for people in recovery.
- Assist families in supporting loved ones who use drugs.
- Improve connections to and accessibility of substance use disorder and mental health treatment.
- Reframe treatment of substance use disorder and overdoses in hospitals.
- Expand access to behavioral health care in non-traditional settings.
- Provide specialized behavioral health treatment for individuals who have experienced trauma.

Next Steps

Following the passage of Ohio House Bill 110, the committee began discussing cases openly and now reviews additional information, including prescription and treatment history. The committee will continue to improve data collection and invite additional agencies as data needs are identified.

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 2021.

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. The committee conducts an in-depth review of deaths, identifies gaps in services, and develops recommendations to reduce the incidence of overdose deaths that are shared with the Community Overdose Action Team for implementation.

Process

The Overdose Fatality Review (OFR) Committee began meeting in January of 2019, reviewing aggregate data and de-identified case profiles. With the approval of House Bill 110 of the 123rd General Assembly in 2021, Ohio Revised Code (ORC) Sec. 307.631 through 307.639 establish regulations to allow increased data sharing and confidentiality of case information and discussions. Under the purview of this legislation, Montgomery County's OFR now holds open discussions of identified cases. This has enhanced the review process by allowing members to share additional details regarding interactions with and services provided to individuals who died of a drug overdose.

Prior to the OFR Meeting

1. The OFR Committee identifies a time and location for the meeting.
2. The PHDMC Epidemiologist provides participating agencies with names and identifying information of individuals who will be reviewed at the meeting.
3. Agencies review service records for individuals who will be reviewed. Required and optional information is outlined in ORC Sec. 307.637. Agencies may choose to provide PHDMC staff with data prior to the meeting or may report out their own case information during the meeting.

OFR Meeting

1. The OFR Committee reviews recommendations from prior meetings.
2. The PHDMC Epidemiologist alerts members to any newly identified trends in aggregate data that might provide context for case reviews.
3. Cases are discussed with members sharing case information in accordance with ORC Sec. 307.637.
4. The committee identifies appropriate recommendations.

Following the OFR Meeting

1. The PHDMC Epidemiologist creates minutes that include discussion points and recommendations.
2. Recommendations are shared with the Community Overdose Action Team for prioritization and implementation.

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

During case review meetings, information from interviews is combined with data from the autopsy, death certificate, criminal justice records, health records, and police reports. Information from the 20 cases available through 2021 is also 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 in 2021. Three involved a review of deidentified cases with detailed timelines. Two of these focused on small subpopulations, including women with young children and gay men. Following the enactment of HB110, which authorized OFRs in Ohio and provided them with protections for data sharing and confidentiality, the final meeting included a review of identified cases with open information sharing by participating agencies.

General Findings

- Reviewed cases have common features in childhood: early trauma, unstable homes, and initiating substance use to manage stressors.
- Those who face chronic instability and unmet basic needs have additional barriers to recovery.
- Individuals may struggle to find safe housing after a stay in jail or a treatment facility.

Social Support

- Receiving SUD and MH treatment and entering into recovery may be overwhelming; individuals may need appropriate support from sober individuals to continue treatment.
- Family and friends can unintentionally sabotage treatment and recovery.
- Individuals who "burn bridges" with supportive family members may enter unhealthy relationships, which can impede recovery. These new relationships may be codependent, enabling, or abusive.
- Individuals who experienced prior abuse or trauma may be more likely to enter codependent, coercive, or abusive relationships.
    - These individuals may not receive resources for survivors of intimate partner violence.
- Social support networks that include others who use drugs can contribute to initiation or use and/or relapse.

Connections to Other Systems

- Some individuals had many hospital visits and a heavy criminal history.
- Individuals who use drugs may also be accessing hospitals frequently for other health conditions, including non-poisoning injuries and chronic health conditions.
- Some populations may have fewer connections to local systems (medical, criminal justice, etc), and therefore be less likely to receive SUD-related outreach:
    - Older individuals who do not have contact with local systems,
    - Transient populations.

Barriers to Treatment

- Those who struggle with substance use disorder may also face seemingly insurmountable goals, such as reunification with children. Setbacks in these areas may also derail recovery.
- There is 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).
    - The time that passes between an initial call/request for behavioral healthcare and an initial appointment can be a difficult barrier for individuals in crisis.
- A distrust of the medical community and criminal justice system can impede an individual's ability to access support.
    - LGBTQ+ individuals experience barriers to receiving behavioral health treatment because of a high level of stigma and a lack of appropriate care.

Complex Treatment Needs

- Individuals with SUD may have co-occurring mental health problems; these may be severe and impact substance use recovery.
- Individuals with prior traumas need mental health treatment that is appropriate to their circumstances; they may have difficulty identifying this need and/or accessing this care.
- Some individuals had multiple treatment episodes in the years prior to their fatal overdose, but no recent connection to treatment.
- Some individuals were taking buprenorphine but not receiving complementary behavioral health care.

Recommendations

During the four meetings in 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.

Primary Prevention

Enhance Outreach to Children

- Continue to encourage ADHD treatment providers to incorporate non-pharmaceutical interventions with children and youth.
- Incorporate ADAMHS vulnerability indicators with overdose rate and SDOH data to determine where to focus resources for at-risk children and youth.
- Provide structured activities for children and youth.
- Incorporate families into outreach and services. Expand purview of school social workers to provide services and referrals to all family members.
- 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.
- Support children who experience trauma.

Material Support

Ensure Access to Housing for Individuals with SUD

- Increase outreach to older and transient individuals with substance use disorder.
- Provide housing options for individuals exiting treatment facilities.
- 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.
- Provide support for basic needs so that individuals in enabling, coercive, or abusive relationships can exit safely.

Provide Resources for 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 individuals with drug offenses to engage with diversion programs.
- Help parents without custody to outline achievable, short-term goals to work toward visitation and reunification.

Pharmacists

- Provide pharmacists with outreach materials to encourage individuals with substance use disorder to receive support and enter treatment.

Targeted Interventions

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 OEI to connect women in this area to resources and support for substance use disorder.
- Provide DPD community engagement officers working in this area with resources to help connect individuals to treatment and harm reduction services.

Increase Support for Vulnerable Populations

- 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.
- Increase participation in the county's reentry program among individuals returning from incarceration.

Expand Access to Supportive Behavioral Health Treatment for LGBTQ Individuals

- Promote existing culturally sensitive providers, including Equitas and the LGBTQ Health Alliance.
- Improve the availability of appropriate providers and ensure individuals are able to access them.

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 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 outreach to families of individuals with substance use disorder or mental health conditions, including them in services provided by community outreach teams, behavioral health treatment, referral to services, etc.

Behavioral Healthcare

Improve Connections to and Accessibility of Substance Use Disorder and Mental Health Treatment

- Ensure better linkage to treatment and support on discharge from the hospital.
- 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.)
- Address barriers to accessing meaningful telehealth treatment for MH and SUD
- 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.

Reframe Treatment of Substance Use Disorder and Overdoses in Hospitals

- Increase capacity for substance use disorder treatment throughout the healthcare system.
- Treat SUD as a chronic behavioral health condition and provide additional discharge planning beyond stabilization.
- 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.

Expand Access to Behavioral Health Care in Non-Traditional Settings

- Expand access to Mobile Crisis Services, bringing co-responders- social workers in community,
- Increase the availability of behavioral health services in jail.
- Provide Quick Response Team (QRT) support after and overdoses and arrests related to mental health and drug use.
- Expand options for in-home therapy to increase the accessibility of care.

Provide Specialized Behavioral Health Treatment for Individuals Who Have Experienced Trauma

- Provide training in dialectical behavior therapy to additional behavioral health providers to increase its accessibility in the community.
- Incorporate sober support systems as a part of treatment related to past trauma.

Next Steps

Following the passage of Ohio House Bill 110, the committee began discussing cases openly and now reviews additional information, including prescription and treatment history. The committee will continue to improve data collection and invite additional agencies as data needs are identified.

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. During 2021, the following individuals were members of the OFR committee:

Agency	Name
Public Health – Dayton & Montgomery County	Susan Herzfeld, *Epidemiologist and OFR Coordinator*
	Barbara Marsh, *Director of the Health Commissioner's Office*
	Dawn Ebron, Epidemiology Manager
	Michael Dohn, *Medical Director*
Community Overdose Action Team	Casey Smith, *COAT Project Manager*
Dayton Fire Department	Greg Patterson, *Captain*
Dayton Police Department	Brian Johns, *Division Commander*
Eastway Behavioral Healthcare	Christine Norris, *Psychologist*
	Kara Marciani, *Psychologist*
Greater Dayton Area Hospital Association	Marty Larson, *Executive Vice President*
Montgomery County Alcohol Drug Addiction and Mental Health Services	Andrew Sokolnicki, *Program Coordinator*
Montgomery County Coroner's Office	Brooke Ehlers, *Director*
	Kent Harshbarger, *Coroner*
Montgomery County Criminal Justice Council	Joe Spitler, *Executive Director*
Montgomery County Sheriff's Department	Teresa Russell, *Director of Criminal Justice Outreach*
Ohio Board of Pharmacy	Terri Meyer, *Agent*

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