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## ***OVERDOSE DATA TO ACTION COMMUNITY PARTNERS (OD2A)***

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### **THE ALCOHOL DRUG AND MENTAL HEALTH SERVICES BOARD OF CUYAHOGA COUNTY (ADAMHS)**

The ADAMHS leverages its experience in working with persons with OUD, to provide expertise and insight in this expanded data collection and surveillance effort by employing an OUD Specialist, to ensure representation on the Countywide Overdose Fatality Review (OFR) Committee. The goal of this committee is to determine which OD deaths were preventable, and what data-driven, community-based efforts are needed to prevent future fatalities of the same nature. This is accomplished by conducting interviews with up family members of OD cases and creating written summaries of case information. Gift cards for fuel or grocery items will be offered to families for their time. This aggregated data will assist in prioritizing recommendations, developing solutions, implementing action plans and monitoring progress. The **ADAMHS** board also conducts Crisis Intervention Team Training implementing opioid use disorder education and trauma informed care. The goal of the in-person training is to reach all law enforcement agencies across Cuyahoga County who voluntarily sign up to participate in the 40 Hour CIT training. One module during the training covers the latest information on the OUD epidemic, options for combatting its spread and available community resources.

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### **Case Western Reserve University, The Begun Center for violence Prevention Research & Education** **(The Begun Center)**

The Begun Center staff works with all initiative partners to implement the proposed strategies, establish clear metrics and corresponding databases, and complete evaluation activities detailed in the Evaluation and Performance Measurement Plan, as well as the workplan in collaboration with the Cuyahoga County Board of Health (CCBH). The Begun Center also administers the Secure Data Environment and work collaboratively with CCBH to ensure needed software is accessible to CCBH, and data transfer access is available to all initiative partners. The Begun Center staff assists in leveraging their existing relationships with local law enforcement agencies enhancing outreach and data collection efforts for non-fatal overdose events.

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### [The Center for Health Affairs](#)

The Center will work with both funded and other partners to implement the proposed strategies and activities. The project manager will facilitate in-person and online train-the-trainer Academic Detailing education to health care providers on maximizing use of the Prescription Drug Monitoring Program (PDMP). MetroHealth Medical Center developed an evidence-based peer review model, and it will be adapted by CHA for other Opioid Consortium hospital's use. The Center will maintain a web-based platform that delivers educational courses accessible to regional health providers. It will be enhanced with academic detailing methods, including always-accessible train-the-trainer videos. The peer review model toolkit would also be available through this platform to Opioid Consortium hospitals. In addition, The Centers has established another learning platform for physicians titled, "Quiztime." This was adapted from an initiative called "Tennessee One." This web-based learning module is use friendly and takes less time that tradition modules. Finally, The Centers also conducts key informant interviews to properly inform future program implementation.

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### [Circle Health Services \(CHS\)](#)

Circle Health Services is one of Cuyahoga County's syringe exchange programs (SEP). Through SEP on their mobile unit and satellite offices, Circle Health seeks to enhance and expand its capacity to provide targeted strategies to support the drug-using community by offering intensive outpatient treatment, counseling, case management and harm reduction services.

Through OD2A, the Circle Health Services team will collaborate with clients, collect, and share data and refer and link clients to treatment, basic needs, and other services.

CHS will work to increase the number of agencies referring clients to SEP and increase the number of clients referred for treatment from SEP. The CHS team will also help with messaging for target populations identified through OD2A work.

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### [Cleveland Police Department \(CPD\) Fusion Center](#)

The CDP's Narcotics Unit houses the Heroin Involved Death Investigation (HIDI) detectives investigating opioid crimes. Housed at CDP, the Northeast Ohio Regional Fusion Center's (The Fusion Center) mission is to facilitate and enhance the level of inter-agency communications, intelligence analysis, and information sharing among federal, state, and local stakeholders and the public and private sectors to

anticipate and counter criminal activity and other hazards in coordination with the Ohio Fusion Center Network and the broader intelligence community.

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#### [Cleveland State University](#)

A team led by Professors Patricia Stoddard-Dare and Miyuki Fukushima Tedor at CSU developed a website, [drughelp.care](http://drughelp.care), in the fall of 2018 to improve access to drug treatment services, reduce wait times, and better ensure that individuals get the help they need. The site allows substance abuse treatment agencies to log the services they provide and quickly and easily update their available treatment slots and wait time on a daily basis. The site offers a centralized system for substance use treatment provider agencies to share information on their treatment options that allows anyone to instantaneously identify local treatment facilities that have availability at any given moment in time. This innovative web site attempts to improve efficiency in service delivery within substance abuse treatment community. It also includes harm reduction services near you.

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#### [The Cuyahoga County Medical Examiner's Office \(CCMEO\)](#)

The Cuyahoga County Medical Examiner's Office will provide data on fatalities on substance use disorder (SUD) and more specifically those related to Opioid Use Disorder (OUD) and polysubstance/stimulant use. This includes participating in the surveillance discussions on the integration of multiple data sets. Continue to co-coordinate a robust Opioid Fatality Review (OFR) Committee, which involves multiple sectors that meet regularly to review the granular data on the disposition of fatalities related to SUD, develop community recommendations and facilitate community action to reduce future deaths. Coordinate decedent family interviews in partnership with ADAMHS board through the development of interview forms, sharing contact information, conducting interviews and utilizing interview information within the OFR.

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#### [The MetroHealth System](#)

The MetroHealth system is prepared to serve as the leading institution for the region in expanding informatics upgrades and utilization of the PDMP for peer review purposes. Since 2017, Ohio's pharmacy board has partnered with Appriss Health to provide the state with access to PMP AWARxE and Narxcare, user friendly platforms for Ohio's prescription drug monitoring program with upgraded

functionality easily integrated into electronic health records with a single sign on. Narxcare provides a robust PMP prescriber report of total high-risk patients and prescribing metrics with benchmarks to peers statewide. Ohio allows peer review access to this data which will be available to health systems statewide prior to the grant funding period. The purpose of this intervention is to utilize both the electronic health record and the Ohio Automated Rx Reporting system (OARRS) to identify providers who are managing high risk patients and provide unsolicited feedback regarding their prescribing patterns.

The MetroHealth system, currently utilizes a controlled substance peer review committee (CSPR) to track prescribing patterns of their providers for the purpose of providing feedback, resources and other interventions directly to providers managing patients on high risk opioid medications. The CSPR committee also provides case management and other resources to high risk patients identified in the peer review process. This program will be enhanced in the first year of grant funding to develop a process of systematically accessing providers PDMP prescribing reports and developing a protocol for sharing this information with providers along with an overdose fatality letter if applicable, provided by the county medical examiner. The purpose of this intervention is to utilize both the electronic health record and the Ohio Automated Rx Reporting system (OARRS) to identify providers who are managing high risk patients and provide unsolicited feedback regarding their prescribing patterns. Providers will be educated about the intervention, alternative pain management strategies, opioid stewardship guidelines and how to maximize their use of the PDMP utilizing the academic detailing program.

Interventions will be developed and deployed for providers caring for high risk patients.

MetroHealth will continue to collaborate with the Center for Health Affairs (CHA) to host on-site training for healthcare providers on the novel academic detailing strategy to educate practicing providers. We will train a core group of program leaders who will develop a "train the trainer" model to educate others. The core group of program leaders will select 3-5 educational priorities related to prevention and treatment of opioid use disorder and will identify and train content experts to deliver the academic detailing. Educational materials including infographics with succinct messaging will be adapted and/or developed with local resources to aid in delivering the targeted messaging to providers. Providers caring for high - risk patients will be identified for academic detailing through an ongoing peer review process supported by a data analyst with access to prescribing data in the electronic health

record and the PDMP. **The Project DAWN Program Assistant (PDPA)** and the Project DAWN Manager will serve as a member of the OFRC. The Project DAWN Manager and the PDPA will also establish a Coordinated Rapid Response Lay Responder Distribution Protocol for Overdose Spikes. This protocol will be activated appropriately and in collaboration with ongoing support of the OFRC. In the new PDPA position, the staff member will provide naloxone education and distribution in two areas of need: 1.) To communities experiencing overdose spikes and 2.) Alongside Cleveland's syringe exchange program operated by Circle Health Services. The PDPA will try to expand existing Project DAWN services to clients of CHS headquarter syringe exchange program to include services five days a week, Monday – Friday.

Metro Health Office of Opioid Staff will enhance existing programs identifying individuals suffering from and opioid use disorder linking them to care. Linkages to care are an essential piece of public health and medical communities programing of addressing the opioid epidemic. Office of Opioid staff will leverage existing networks coordinating connecting people to the care they need.

MetroHealth Office of Opioid staff will be responsible for leading pain management and MAT initiatives in the ED and a system wide academic detailing program. Trained staff will work collaboratively with the strategy 4-7 teams to deploy academic detailing educational training to providers managing high risk patients. Academic detailing team will work collaboratively with simulation staff to develop a training program for providers to learn basic techniques for pain management without the use of opioids.

Simulation-based medical education can be a platform which provides a valuable learning model.

Increasing medical provider's knowledge, skills, and attitudes, towards working with clients experiencing an opioid disorder and increasing awareness to alternative forms of pain management will be essential.

MetroHealth Office of Opioid Safety staff will actively engage as part of a collaborative team with the Cuyahoga County Sheriff's Office, as well as additional local law enforcement agencies to enhance the current data collection system by gathering information on non-fatal overdoses. The sheriff's office and local law enforcement agencies will share non-fatal overdose data with a MetroHealth Addiction Recovery Specialist and Social Work Supervisor. MetroHealth Addiction Recovery Specialist will seek verbal consent from individuals involved in a non-fatal event after an incident to facilitate linkages to care, and gauge level of motivation to enter treatment. Share data on non-fatal events that is essential to fully understand the reasons behind people not entering treatment, facilitating dialogue with families, and bridging existing gaps/barriers that lead to continued substance abuse.

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### [St. Vincent Charity Medical Center \(SVCMC\)](#)

SVCMC will offer Screening, Brief Intervention, and Referral to Treatment (SBIRT) to patients of SVCMC's Health Care Center (walk-in clinic) and all inpatients of the Medical Center. It is anticipated that SBIRT services will be expanded to all patients over the grant period. Two FTE Licensed Social Workers and 1 FTE Case Manager will deliver services. SVCMC staff will collect and share data related to SBIRT including number of primary screens, number of secondary screens and number of linkages to treatment made on a monthly basis.

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### [THRIVE](#)

Thrive Behavioral Health Peer Support services will provide peer support services and linkage to care for St. Vincent Charity Medical Center (SVCMC) by providing 24/7 staff coverage at both the main emergency department and the psychiatric emergency department. Should an individual present with a behavioral health diagnosis (substance use disorder) a dedicated line would be called alerting the on-call peer coach, to arrive in the emergency room within 30 minutes to provide peer recovery support to the patient. The peer recovery supporter would then provide peer recovery support to the individual in the health setting. This would include providing resources, assistance with getting into treatment, detox, or other recovery programming, sharing of educational information and direct peer to peer recovery support services. Individuals will be linked to community peer support when requested and funding will support ongoing services if the peer is uninsured or ineligible for Medicaid coverage.

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### [The Woodrow Project](#)

The Woodrow Project staff will work with both funded and other partners to implement the proposed strategies and activities of 24/7 on-call peer supporters responding within one hour via telehealth conference or in person to the Cleveland Clinic Lakewood Emergency Department and Lutheran Hospital. Woodrow will deliver peer support to persons with opioid use disorders who have survived a non-fatal overdose or entered the emergency department with opioid use disorder symptoms during the performance period. Woodrow will conduct 60 days; 90 days and 6 month follow up interviews to those who have entered recovery.

