

# SAUK COUNTY OVERDOSE DEATH REVIEW TEAM

Making connections to prevent overdose deaths



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# OVERDOSE DEATHS ARE PREVENTABLE.

### GOALS OF OUR TEAM

- 1. To better understand the nature of overdose deaths in our county through comprehensive information sharing
- 2. To recommend and/or develop proactive initiatives to prevent overdose deaths
- 3. To strategically focus limited resources on identifiable risk factors

## GRANT SUPPORT

- Grant funded: CDC Prevention for States grant administered by WI Department of Justice in partnership with WI Department of Health Services, with technical support provided by Medical College of Wisconsin. \$24,000 annually, 9/1/17 through 9/1/19.
- Grant funds facilitation, training. Community of practice with 5 other sites.
- Team formed in January of 2018

## OUR TEAM IS INTERDISCIPLINARY

- Law Enforcement Agencies, including Drug Task Force, Jail Captain, Sheriff's Dept. and Local Police Departments
- Coroner
- Local EMS Agencies
- Probation & Parole
- Treatment Court
- Hospital Emergency Depts.
- Treatment providers

- Physicians
- Corp Counsel
- District Attorney
- Pharmacists
- Tribal Health
- WI State Lab of Hygiene
- Schools: nurse, social worker
- Human Services
- Health Department

## OUR PROCESS IS SYSTEMATIC

- Partners sign an interagency agreement
- Meet every other month for 2 hours
- Sign confidentiality statement at every meeting
- Review inactive cases, the most recent possible
- 2 cases per meeting
- Theme for each meeting: prescription drug or heroin/fentanylrelated
- Discuss causes and ways to prevent similar overdoses
- Team is facilitated by Health Department staff

# WE ARE SIMILAR TO OTHER REVIEWS

- Child Death
- Domestic Violence
- Homicide

## SAMPLE CASE REVIEW

### JOHN DOE

45 year-old white male

5<sup>th</sup> of 14 overdose deaths in Sauk County in 2018

Date and time of incident: 4/18/18 at 8:00 AM

Place of death: decedent's home at address

Cause of Death: Accident: Overdose of oxycodone

## Scene: Law Enforcement & EMS

Summary of emergency response, locating body, injuries sustained, drug paraphernalia and time of death

Evidence recovered

Deceased: criminal history? Past contacts with law enforcement?

## Witnesses

Witness name and demographics Criminal history?

Witness statements or outline of investigation

# Suspect information?

Summary of involvement & events

List of charges issued

Status of charges

# Coroner's Office

What do you know about the victim?

Toxicology Report

# Local Police and/or Sheriff's Department

- Drug involvement
- Gang/group/crew involvement
- Criminal history and past contacts with law enforcement
- Treatment history
- Mental health
- Medications
- Location of incident

# District Attorney's Office

- History of prior charges
- History of no processed cases reason for no process
- Drug Court involvement

# Department of Corrections

- Current DOC status
- History of supervision
- Drug Involvement
- Gang Involvement
- Treatment History
- Mental Health
- Medications

## **Treatment Providers**

- Treatment history: substance use and/or mental health
- Trauma
- Medications

# Other Agencies

- Schools, colleges, universities
- Pharmacy
- Hospital
- Clinic
- Department of Children and Families
- Clergy
- Social Workers
- Community service providers

## Prevention

Do we have all of the information we need to proceed with recommendations?

What placed the deceased/suspects at risk? Community factors, individual factors

Were there gaps or barriers in investigations or service delivery?

## Recommendations

- Improved service delivery/investigations?
- Changes in agency policy/practice?
- Local ordinance or state legislation?
- Community prevention initiatives?

Is this case review complete or do we need to discuss it at our next meeting?

## EXAMPLES OF OUR 22 RECOMMENDATIONS

- Implement SBIRT (Screening, Brief Intervention, and Referral to Treatment) in clinical and community settings
- Outreach to high-risk locations to offer free Narcan trainings: hotels, motels, businesses, etc.
- Offer Narcan trainings to inmates at the jail and provide Narcan upon release.
- Educate the public: being high on an opioid can look similar to being drunk: slurred speech, staggering, uncoordinated. Signs of overdose: snoring, slow breathing, unresponsive, etc.
- Establish support groups for those who have lost a loved one to overdose

## TYPES OF RECOMMENDATIONS

- Primary, Secondary, or Tertiary Prevention
- Population-specific
- Case-specific
- Agency-specific
- Multi-agency
- Systems
- Capacity-building or research-related
- Quality assurance-related
- Short-, medium-, and long-term
- Policy-related

## KEYS TO SUCCESS

- Change happens at the speed of trust: maintain strict confidentiality rules, build information sharing capacity, facilitate meetings diplomatically.
- Include systems thinkers around the table.
- Open forum on ideas.
- Value and draw on expertise from various disciplines and perspectives.
- Provide opportunities to network and work together across agencies.
- Act on recommendations. Get results.
- Provide timely data on overdose deaths.

## DATA: OVERDOSE DEATH IN SAUK COUNTY

Average of 11 per year: 2012-2018 9% suicide 88% residents

(Data sources: coroner records, DHS Vital Records)

# MOST OVERDOSE FATALITIES OCCUR AT HOME

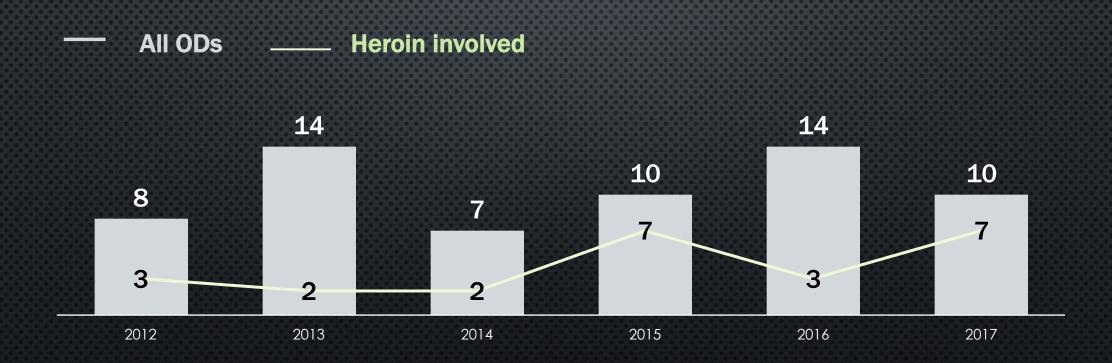
Overdose Deaths in Sauk county, Jan 2012 - May 2018, coroner records

79% at home

12% at a hotel or motel

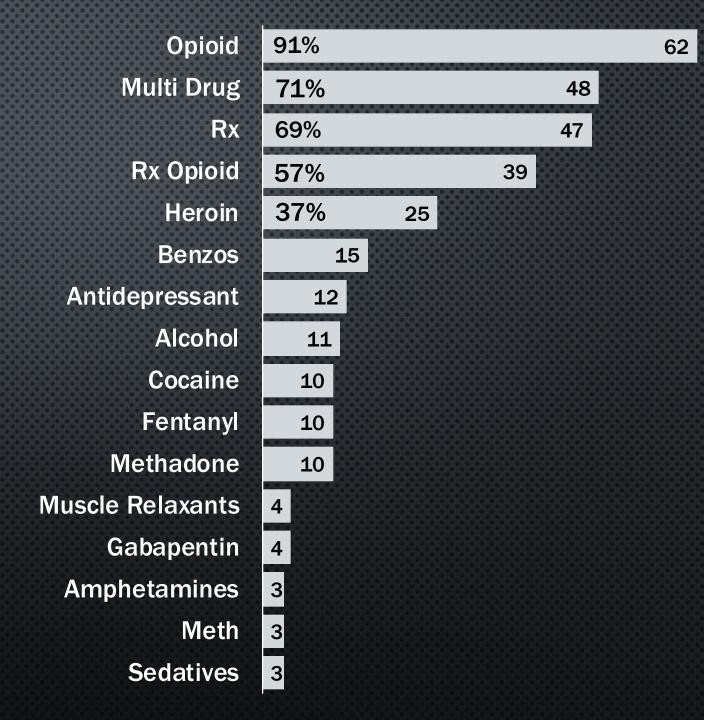
9% at another public or private place

HEROIN WAS INVOLVED IN MOST OVERDOSE DEATHS IN 2015 AND 2017, but in just a fraction of deaths in other years.



Most of our overdose deaths involve opioids, poly-drug use, and Rx medications.

Overdose death numbers usually include more than one type of drug. Jan 2012-May 2018

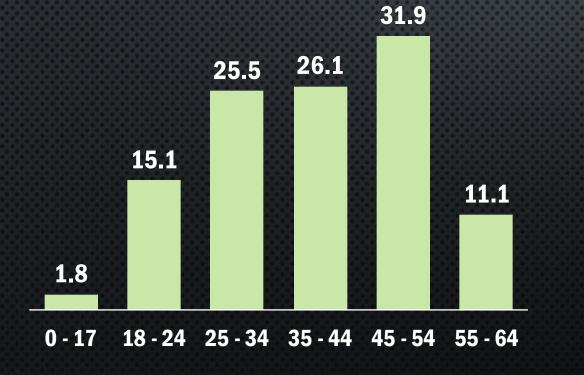


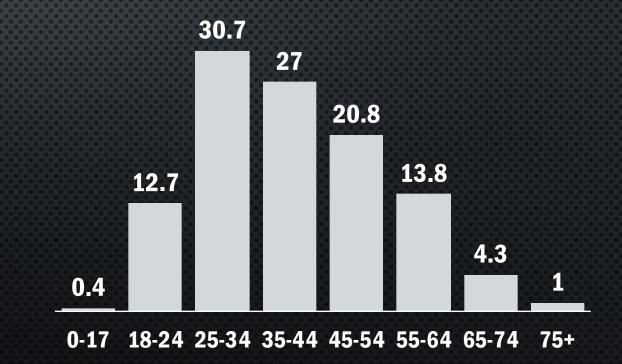
# OPIOID OVERDOSE DEATH: HEALTH DISPARITIES

2014-2017 Involving any opioid All intents (accident, suicide, undetermined) Data from WISH

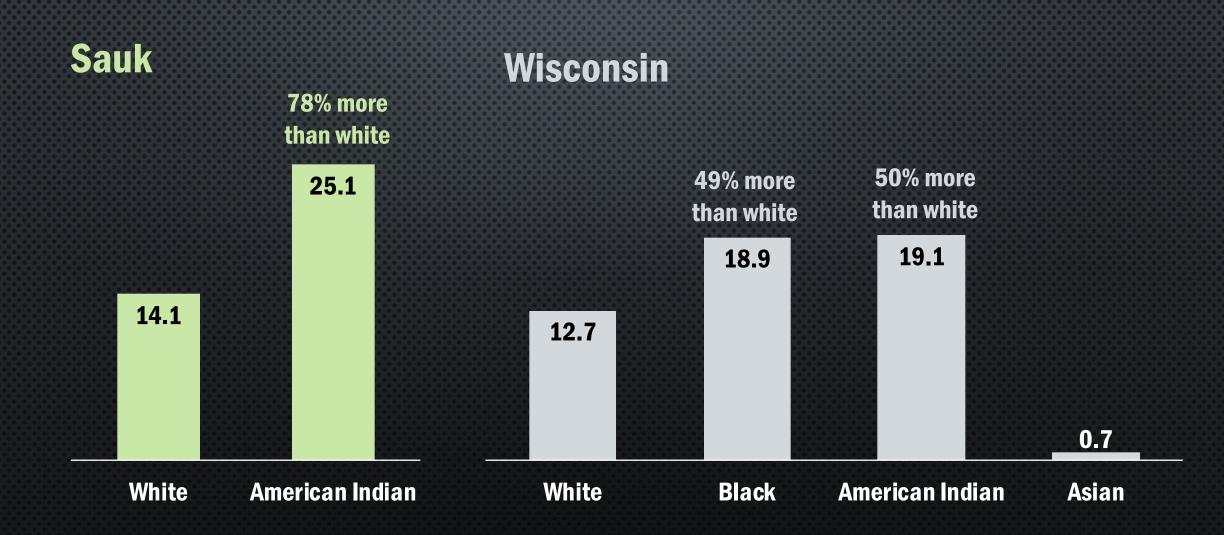
## **AGE** (DEATH RATES/100,000)



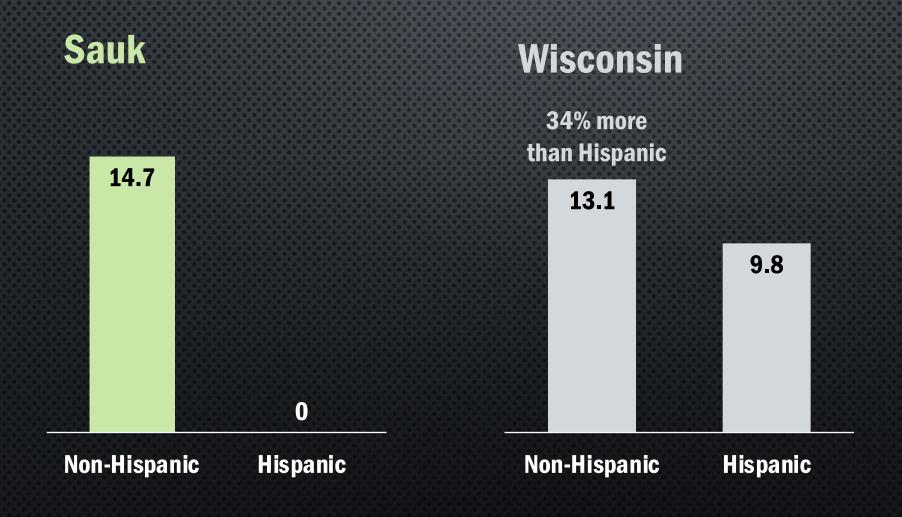




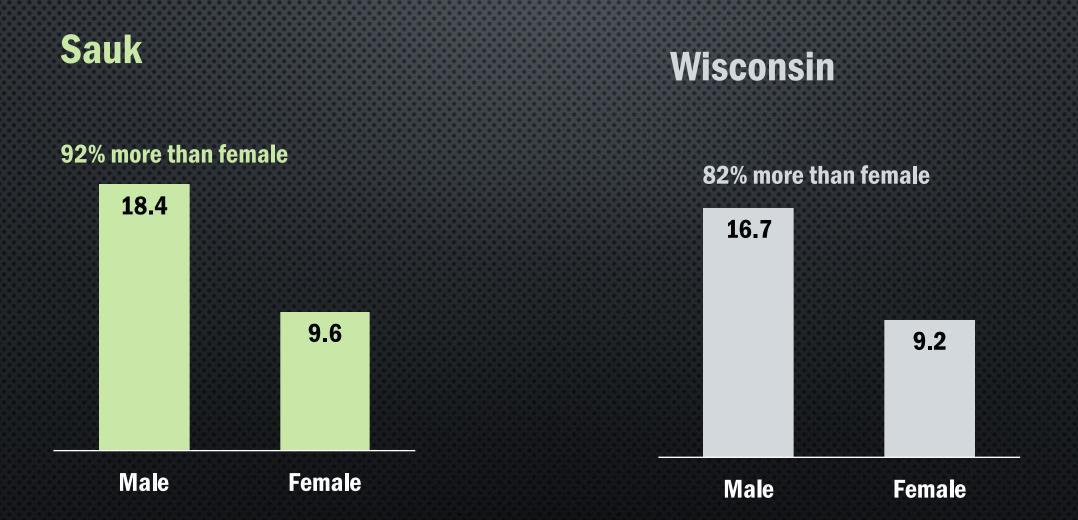
# RACE (DEATH RATES/100,000)



# ETHNICITY (DEATH RATES/100,000)



# **SEX** (DEATH RATES/100,000)





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