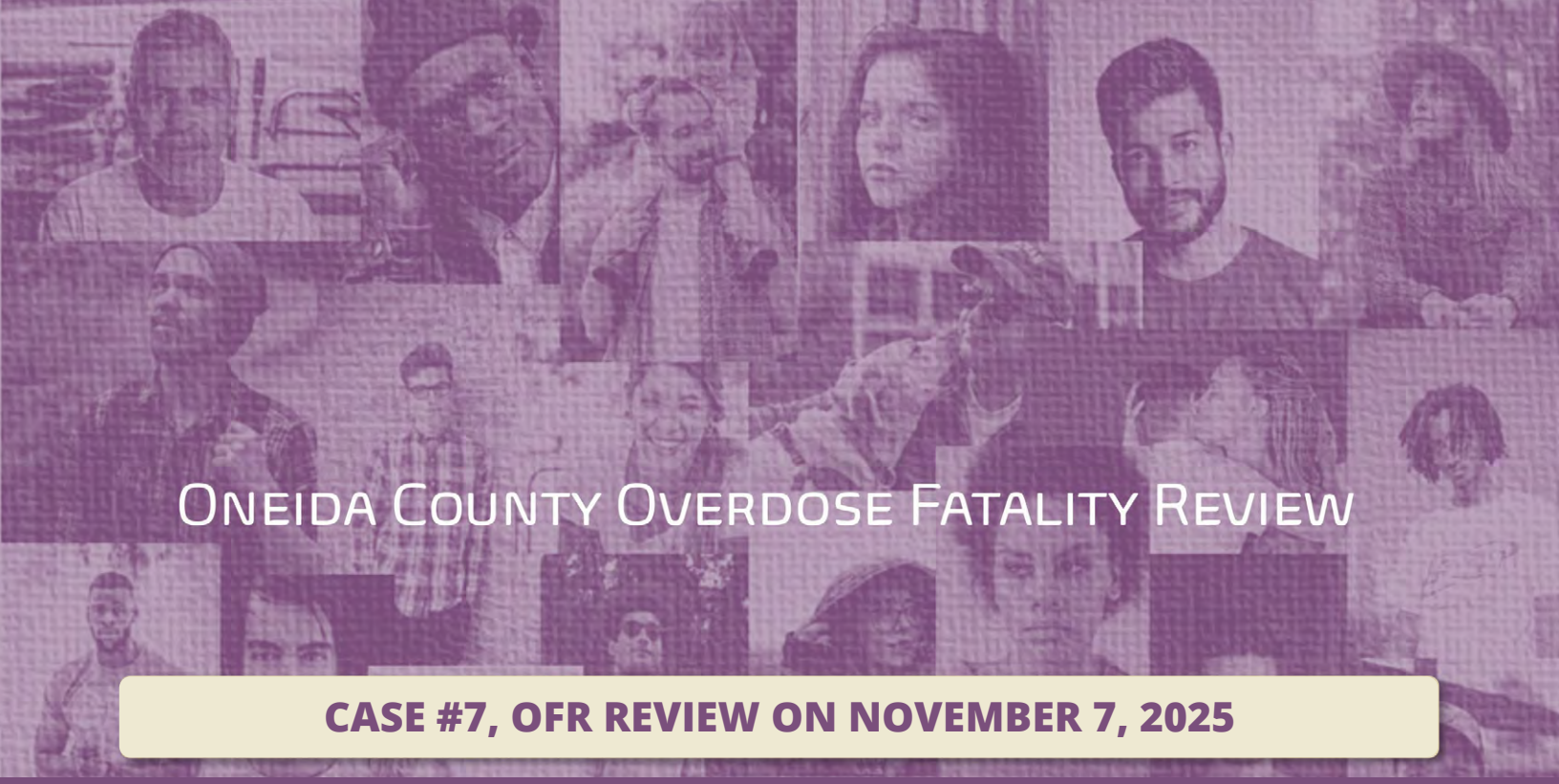

ONEIDA COUNTY OVERDOSE FATALITY REVIEW

CASE #7, OFR REVIEW ON NOVEMBER 7, 2025

MEETING REFLECTIONS

OPIOID TASK FORCE CHAIRS:

Anthony J. Picente, Jr. County Executive
Robert M. Maciol, Sheriff
Todd C. Carville, District Attorney

Dedication

Each case reviewed by the Oneida County Overdose Fatality Review (OFR) Team represents the loss of a person whose absence is deeply felt by loved ones and the community. We dedicate this report to all those who have lost their lives to overdose, and to the families, friends, and service providers impacted by these tragedies. May this work contribute to prevention and compassionate support for others at risk.

Overview of the Overdose Fatality Review

The Oneida County Overdose Fatality Review (OFR) is an initiative of the Oneida County Opioid Task Force (OTF) designed to strengthen the community's response to substance use, overdose risk, and systemic gaps in care. More than 30 partners across health care, behavioral health, harm reduction, social services, law enforcement, and community-based organizations participate in this confidential forum.

The OFR process examines a decedent's demographic history, medical and behavioral health encounters, social service involvement, law enforcement contacts, and other risk factors to identify missed opportunities, barriers, and potential improvements that may prevent future overdose deaths in Oneida County. The OFR maintains a guiding principle that overdose deaths are preventable, and substance use disorder is a chronic health condition, not a moral failing.

Confidentiality

All participants signed confidentiality agreements as required by Oneida County and state agencies. The information discussed during the review is confidential and shared solely for the purpose of strengthening system-level prevention and care coordination. All personal identifiers were removed from the materials distributed for review, and participants were reminded that internal notes and discussion points must be safeguarded.

Meeting Information

- **Date:** November 7, 2025
- **Location:** Oneida County (hybrid virtual and in-person)
- **Duration:** Two-hour facilitated case review
- **Participants:** Representatives from behavioral health providers, substance use treatment agencies, harm reduction organizations, the District Attorney's Office, County Planning, County Health Department, County Mental Health, EMS, Office of Drug User Health, mental health providers, and community-based service partners.
- **Next-of-Kin:** The team attempted several times to complete next-of-kin interviews, but the family ultimately declined participation.

Methodology

This case was selected using the OFR case selection rubric, which prioritizes a diversity of circumstances including prior overdoses, system involvement patterns, demographic characteristics, and geographic factors. Case #7 was selected due to the presence of multiple non-fatal overdoses, extensive system involvement, recent incarceration, pregnancy-related care, and a high volume of touchpoints across medical, behavioral health, and law enforcement systems.

Data was collected from:

- Medical encounters, including emergency department visits
- Behavioral health and substance use treatment records
- Law enforcement reports and incarceration records
- Social services and CPS involvement
- Toxicology and forensic documentation
- Community-based provider reports

All verified information included in this report is drawn directly from the official case packet and meeting discussion.

Case Summary

The decedent, “Barb Smith” (pseudonym), was a 38-year-old African American woman who died in July 2024 from unintentional fentanyl and cocaine intoxication. At the time of her death, she was living at a relative’s residence.

SYSTEM TOUCHPOINTS

Over the five years preceding her death, she had 185 documented system touchpoints, including:

- 30+ police contacts in the first six months of 2024 alone
- Multiple emergency department visits related to intoxication, overdose, or psychiatric symptoms
- Recurrent incarcerations (16 documented between 2016-2024)
- Substance use treatment engagements, including residential, outpatient, and referrals
- Frequent crisis-based encounters within very short intervals (sometimes within 24 hours of each other)
- Seven children, each removed from her care over an 18-year period, with repeated CPS involvement and attempts at reunification disrupted by relapse or incarceration

HEALTH AND BEHAVIORAL HEALTH HISTORY

Documented diagnoses included anxiety, depression, aggressive behavior, and substance use disorder. She had periods of stabilization during incarceration and during pregnancy-related care. These were followed by rapid destabilization upon release, including multiple non-fatal overdoses occurring within days of leaving jail.

PATTERNS IDENTIFIED

The timeline showed escalating crises in 2023–2024, with nearly monthly ER visits and frequent law enforcement contacts. A significant dip in touchpoints occurred during two periods of incarceration, during which she was medically and behaviorally stable. After each release, however, she experienced rapid deterioration.

A major theme noted by nearly every provider present was her need for constant structure and support, and difficulty sustaining engagement or safety when outside a controlled setting.

Meeting Reflections

OFR participants shared extensive insights into the decedent's life, her history of trauma, her efforts to seek help, and the systemic challenges that complicated her trajectory.

HUMANIZATION AND CONTEXT

Participants who knew her personally emphasized her resilience, her desire to be a better mother, her efforts to obtain a GED while incarcerated, and her expressions of wanting sobriety for her children. They noted her strengths: she was resourceful, personable, and often hopeful about starting over. These perspectives helped the group contextualize her struggles beyond the documented record.

ATTEMPTS AT ENGAGEMENT

Providers reported that she consistently reconnected with treatment, repeatedly sought detox or residential placement, and accepted case management while incarcerated. She routinely stated intentions to improve and be present for her children. However, her addiction and trauma history often overpowered those intentions.

A "HIGH-TOUCH, HIGH-NEED" CASE

Participants noted that this was likely the heaviest case packet the OFR team had ever reviewed both in size and complexity. The question posed in the meeting, "Where were the missed opportunities, given how many opportunities existed?" generated deep reflection.

Many agencies reported strong efforts to support her but also acknowledged that extensive contact does not guarantee effective intervention without system integration and continuity.

Themes and System-Level Opportunities

The following themes emerged directly from the OFR meeting discussion, reflecting system gaps, opportunities, and actionable strategies that may improve future outcomes for individuals with similar profiles.

1. PREGNANCY, PARENTING, AND WOMEN'S HEALTH AS CRITICAL INTERVENTION WINDOWS

THEME

Her periods of greatest stability occurred during pregnancy and incarceration, where she had consistent medical care, structure, and accountability. Providers emphasized that pregnancy often represents a natural engagement point, but large gaps existed in prenatal follow-through, postpartum care, maternal mental health support, and ongoing connection after birth.

CHALLENGES IDENTIFIED

- She missed many prenatal appointments; her first documented prenatal engagement was at seven months pregnant.
- Postpartum mental health concerns (including possible postpartum depression or psychosis risk) were never fully addressed.
- Repeated CPS involvement may have contributed to shame or avoidance of services, making it harder to engage in care.
- Police and system records documented a history of sex work, identified by participants as a relevant contextual factor. Women engaged in sex work often avoid medical systems due to stigma, fear of CPS involvement, or lack of trust.

OPPORTUNITIES

- Strengthen coordination with maternity units to offer mental health screening, substance use supports, and resources at delivery and discharge.
- Invite Planned Parenthood, YWCA, and other women's health partners into OFR meetings to broaden perspectives.
- Develop non-punitive support groups for parents who have lost custody, acknowledging grief as a relapse trigger and ensuring compassion-based support.
- Improve access to birth control counseling, provided voluntarily and without coercion, with peers or staff who can accompany individuals to appointments.

2. STRUCTURAL GAPS IN POST-INCARCERATION TRANSITIONS AND WARM HANDOFFS

THEME

Multiple non-fatal overdoses occurred within days of her release from jail, indicating a critical risk period. Although the jail offers discharge planning, substance use disorder counseling, peer support, and medication-assisted treatment (MAT) during incarceration and following release, all services are voluntary, and engagement varied.

CHALLENGES IDENTIFIED

- Upon release, she had immediate exposure to triggers and unsafe environments without sustained support.
- Although transportation to residential care was available when she accepted a bed, she often declined or left treatment early.
- Outpatient follow-up depended on her ability to self-navigate appointments, which she struggled with.
- The rapid escalation of drug use post-release suggests reduced tolerance, an established overdose risk.

- Critical Time Intervention (CTI), a short-term, phase-based care coordination model designed to support individuals during high-risk transitions from incarceration or hospital settings, was not available during the decedent's lifetime and was instituted shortly after her death in July 2024.

OPPORTUNITIES

- Expand use of CTI to ensure intensive community-based engagement for repeat hospital utilizers discharged from the ED or referred from the inpatient psychiatric unit.
- Increase coordination between discharge planners, peers, and outpatient providers to ensure a warm handoff every time.
- Explore the feasibility of peer-led release support, where a peer meets an individual at the moment of release.
- Strengthen communication between ED, jail-based programs, Certified Community Behavioral Health Clinics (CCBHC), and community recovery organizations to ensure continuity.

3. NEED FOR INTEGRATED HARM REDUCTION APPROACHES FOR WOMEN AND PEOPLE WHO USE STIMULANTS

THEME

Despite extremely high frequency of risky substance use, she had minimal sustained contact with harm reduction services. Women who use drugs, especially mothers or women of color, often face unique barriers due to fear of judgment or CPS involvement.

CHALLENGES IDENTIFIED

- Women who are parenting or have lost custody often avoid syringe service programs out of fear or stigma.
- She was primarily using crack cocaine; safer smoking supplies and stimulant-specific harm reduction services are less widely understood.
- Although an ACR Health harm reduction provider attempted contact after an overdose and provided naloxone and education, she declined ongoing assistance.
- Some essential harm reduction services (safer smoking kits, fentanyl test strips) were underutilized.

OPPORTUNITIES

- Increase awareness among all agencies of the full range of harm reduction supplies (including safer smoking kits).
- Expand outreach models that meet women where they are, through mobile services, embedded peers, or combined maternal-health and harm-reduction touchpoints.

- Ensure EDs, clinics, and law enforcement are consistently offering fentanyl test strips, naloxone, safer smoking kits, and education.
- Highlight the presence of ACR Health's embedded services within CCBHCs to increase referrals.

4. EARLY CHILDHOOD TRAUMA AND THE NEED FOR UPSTREAM PREVENTION ACROSS THE LIFESPAN

THEME

The decedent experienced significant early trauma, parental substance use, removal into foster care, instability during childhood, and early substance initiation. Participants emphasized that earlier trauma-informed interventions may have changed her long-term trajectory.

CHALLENGES IDENTIFIED

- Longstanding trauma likely influenced cognitive development, decision-making, and coping capacity.
- Early substance exposure and tumultuous family environment contributed to lifelong patterns.
- OFR members noted that by adulthood, interventions become more complex, and upstream approaches may be more impactful.

OPPORTUNITIES

- Strengthen prevention education for youth with high ACE scores, including access to mentoring, trauma-informed counseling, and healthy relationship education.
- Collaborate with YWCA, youth-serving agencies, and foster care partners to build earlier intervention models.
- Integrate harm reduction education into youth and teen spaces in a developmentally appropriate manner.

5. SYSTEM STRENGTHS AND EMERGING MODELS THAT OFFER PROMISE

THEME

This case highlighted that many systems did respond, often extensively. Participants emphasized that the landscape of services available in Oneida County today is significantly stronger than it was during much of this individual's life.

STRENGTHS IDENTIFIED

- Multiple agencies described consistently extending support, maintaining engagement despite relapse, and offering harm reduction rather than punitive responses.
- The county now has multiple CCBHCs, offering integrated mental health, substance use, peer support, psychiatric services, and targeted case management.

- The Critical Time Intervention (CTI) program launched recently to reduce hospital and ED recidivism.
- Monthly cross-agency meetings hosted by MVHS are actively improving coordination among behavioral health providers.
- ED-based peer programs are currently being developed.

OPPORTUNITIES

- Continue building cross-agency collaboration to maximize these advancements.
- Expand CTI capacity as demand grows.
- Strengthen community-based organization involvement, especially organizations specializing in women's health, youth development, and culturally specific services.

Conclusion

The review of Case #7 revealed a deeply complex story marked by trauma, resilience, repeated help-seeking, and extensive system engagement. Despite her frequent contact with agencies and her documented desire for recovery, she struggled to sustain stability outside of structured environments. The case underscores the importance of:

- earlier intervention
- gender-specific and trauma-informed supports
- continuous, integrated transitions of care
- expansion of harm reduction access
- reducing stigma for women and parents who use substances
- strengthening community partnerships

This case also highlights progress; Oneida County's behavioral health, harm reduction, and social service systems have strengthened dramatically in recent years, and several interventions now exist that were not available during much of her life. Implementing the opportunities identified in this report may help prevent future overdose deaths and support individuals with complex needs across the county.

Acronyms & Definitions Adendum

ACE (scores)	Adverse Childhood Experiences
ACR (Health)	Nonprofit Service Provider
CCBHC	Certified Community Behavioral Health Clinic
CPS	Child Protective Services
CTI	Critical Time Intervention
ED	Emergency Department
EMS	Emergency Medical Services
ER	Emergency Room
GED	General Educational Development
MAT	Medication-Assisted Treatment
MVHS	Mohawk Valley Health System
ODUH	Office of Drug User Health
OFR	Overdose Fatality Review
OTF	Opioid Task Force
YWCA	Young Women's Christian Association

ONEIDA COUNTY
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