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Marion County Coroner's Office

Annual Report

23



Coroner: Leeandrea J.M. Sloan, M.D.

521 W. McCarty Street
Indianapolis, IN 46225

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Marion County Coroner's Office

**Annual Report
2023**

Mission Statement:

The mission of the Marion County Coroner's Office (MCCO) is to provide competent, quality, and efficient service in determining the cause and manner of death in unusual circumstances.

The MCCO serves all those who die in Marion County, their families, and other associated agencies in the investigation of unusual and unexplained deaths.

The office provides accurate completion of the Coroner's verdict and death certificates.

The MCCO is committed to providing public education, support, compassion, and confidentiality in all matters.



Office Overview »

As both a **public health and public safety agency**, the MCCO provides information on the state of health of the residents of Marion County and identifies any threats impacting our community. As a result, we conduct death investigations in an independent manner and without bias. The MCCO routinely performs epidemiological research and partners with multiple agencies for detecting, investigating, and notification of novel illnesses and predicting trends to better support at-risk populations.

AGENCY LEADERSHIP



LEEANDREA J.M. SLOAN, M.D.
Marion County Coroner



ALFARENA MCGINTY, MBA
Chief Deputy Coroner



CHRISTOPHER POULOS, M.D.
Chief Forensic Pathologist



MARCHELE HALL
Administrator of Finance and Operations



DOMINIQUE BATTLES
Administrator of Pathology



MICHELE KRATZ
Administrator of Investigations



MALLORY L. MALCZEWSKI, M.S.
CFO and IT Coordinator



JENNIFER SUAREZ, M.S.
Quality Assurance Deputy

Annual Report Executive Summary


Data presented in this report resulted from the **4,107** deaths that were reported and/or investigated during the calendar year (CY) 2023.

The annual report presents key agency information including agency accomplishments, agency annual budget information, death trend analysis and upcoming annual initiatives.

<p>Accepted Cases</p> <p>2,473</p> <p>Jurisdiction was accepted for further investigation.</p>	<p>Annual Budget</p> <p>\$5.8m</p> <p>Increase of \$985k from prior fiscal year.</p>
<p>Autopsies</p> <p>1,531</p> <p>Total performed include full, partial, and external exams.</p>	<p>Grant Funds</p> <p>\$5m</p> <p>Comprised of federal awarded grants, ARPA, and Opioid Settlement.</p>

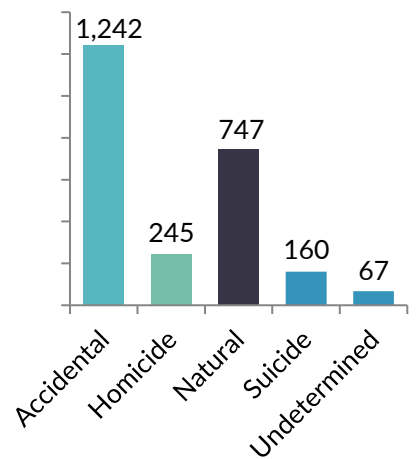
Change %

9% decrease

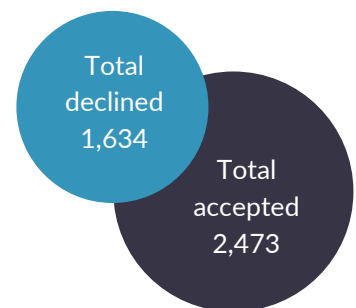


Decrease in total accepted cases compared to prior calendar year.

Totals in all Manners of Death in 2023



Accepted vs. Declined



60% of the total reported were accepted for investigation in 2023.

A Message from the Coroner



Leeandrea J.M. Sloan, M.D.

Leeandrea J.M. Sloan, M.D.
Marion County Coroner

First elected to office in 2016, Dr. Sloan is currently serving her final year as the Marion County Coroner.

Dr. Sloan is the first African American female Coroner for Marion County.

I am pleased to present to you the 2023 Annual Report for the Marion County Coroner's Office. This report encapsulates our achievements, challenges, and contributions as we fulfill our critical role in upholding public health and safety. It is with great pride that we share with you the highlights and key statistical data of another impactful year.

The past year has been a testament to our unwavering dedication to the pursuit of truth, justice, and compassion. Despite the complex and sensitive nature of our work, we have remained steadfast in our mission to provide accurate and thorough forensic investigations. With close to 3,000 death investigations, my staff have done a remarkable job of caring for families who have lost loved ones.

Our commitment to scientific rigor, integrity, and impartiality has not only brought closure to families but has also contributed to the administration of justice. Collaboration with law enforcement agencies, healthcare providers, and community organizations has been instrumental in our success. These professional relationships have facilitated prompt investigations, and expedited case resolutions.

Our dedication to accuracy, professionalism, and ethical practices will continue to guide us as we navigate the complex and ever-changing nature of our field. We extend our sincere appreciation to our colleagues, partners, and community members for ongoing collaboration efforts. Together, we will continue to strive for excellence and make a meaningful impact in our community. We especially extend our deepest sympathy to the families that we serve, for their unwavering trust in our office and staff.

A Message from the Chief Deputy

It has been an honor to serve as the Chief Deputy Coroner for the past 18 years. My journey in serving families began 26 years ago when I joined the office. From conducting forensic death investigations to determining the cause and manner of death, my commitment has always been to the decedents and their families.

I am pleased to share the Marion County Coroner's Office 2023 annual report, which highlights the dedication of our team to conducting quality forensic death investigations. Every case is approached with sensitivity to the needs of the decedent and their families, especially during their most difficult time.

This year's report includes the segment of our community facing homelessness and unstable housing situations. By improving our data collection efforts during death investigations, we have gathered valuable insights that could help collaborating agencies in advocating for and empowering those in such unfortunate circumstances.

I aim to share this vital information with individuals and organizations within our community. Understanding the current trends and needs outlined in the report can help community leaders identify patterns, affected groups, and areas within our city. With this knowledge, we can allocate resources more effectively to prevent deaths, curb community violence, and foster stronger community relationships, thereby fortifying Marion County.

To the families we serve, we extend our deepest sympathy and gratitude for entrusting us with their loved ones. Our commitment to serve the community with integrity and professionalism remains steadfast, especially during life's most challenging moments.



Alfarena McGinty
Alfarena McGinty, MBA
Chief Deputy Coroner

Alfie is the first African American female certified as a medico-legal death investigator in the state of Indiana.

She was the first African American female Chief Deputy for Marion County.

Alfie has been serving the Marion County community for 27 years.

Over \$1mil from the Indiana Opioid Settlement funds approved to be distributed to the MCCO to fund initiatives aimed at addressing substance use disorder and mental health issues impacting the residents of Marion County.

-2023

Our goal is to provide **excellence** in Forensic Investigations.

As the leading experts in forensic post-mortem investigation in the county, the Marion County Coroner's Office works diligently to follow national standards and continuously improve forensic investigation techniques through continuing education for all staff.

Administrative Staff
10

Investigation Staff
19

Pathology Staff
17

Transportation Staff
7

The MCCO is governed under Indiana Code § 36-2-14 and is charged with investigating deaths when/of: (1) sudden death of a healthy child, (2) physician is unable to state a cause of death, after careful review of the medical chart, or the deceased does not have a physician, (3) known or suspected homicide, (4) known or suspected suicide, (5) related to or following known suspected self-induced or criminal abortion, (6) following an accident or injury primary or contributory, either old or recent, (7) accidental poisoning (food, chemical, drug, therapeutic agents), (8) occupational disease or hazard, (9) all deaths of unidentified persons, (10) person in the custody of the state (incarcerated, foster care, adult protective services), (11) has died by casualty.

The MCCO is comprised of three divisions dedicated to serving the Marion County community: (1) Investigations, (2) Administration, and (3) Forensic Pathology.

During a death investigation, a medicolegal death investigator, also known as a Deputy Coroner, promptly responds to the scene. Their primary responsibilities include gathering relevant medical and social information, conducting a meticulous examination of the decedent and the scene, then arranging for the body's removal if a forensic examination is required to determine the precise cause and manner of death.

For the post-mortem physical examination, a certified forensic pathologist conducts a thorough analysis. In cases where additional testing is necessary, such as toxicology or histology, specimens and tissues are sent to external laboratories.

Autopsies, or forensic exams, primarily serve the purpose of determining the medical cause of death and gathering evidentiary material for potential criminal proceedings. A forensic pathologist diligently conducts the autopsy and subsequently prepares a comprehensive report that identifies the precise cause and manner of death.

Located in Indianapolis, IN
521 W. McCarty Street
Indianapolis, IN 46225
P. 317-327-4744
F. 317-327-4563
Email: coroner@indy.gov

Our Values

- **Integrity.**

The MCCO focuses on an office culture founded on pride and peer accountability, where staff will maintain and demonstrate the highest ethical standards.

- **Compassion.**

We are committed to serve the local community as an advocate for the deceased and their families in times of need and sorrow.

- **Excellence.**

Our office is a proud, professional organization with an emphasis on continuous personal and professional improvement.



Our Vision Statement

It is our **duty** to obtain the facts, regardless of color or circumstance, **without prejudice**, and to let no power or authority deter us from **presenting the truth** objectively to families and the public.



Unclaimed Decedents

The Marion County Coroner's Office and He Knows Your Name Ministry worked together in 2023 to bury the remains of 75 decedents who were unclaimed and in our care. The common goal was to give dignity and respect to those who died and give them a final resting place. The final disposition is located at Floral Park Cemetery where a headstone will be placed with all the names of the decedents.

A Message from He Knows Your Name Ministry

"The Marion County Coroner's Office, along with He Knows Your Name, is changing the way our city honors those who have been unclaimed in death.

I believe coroners and their teams are the unsung heroes of our county. They see so many hard things, have so many hard conversations, their dedication is incredible.

The MCCO is leading the way in effecting changes in policy to make sure that all are given dignified burial and celebration of life going forward.

The collaboration between the private and public sector is vital for greater impact in communities. It is my honor to serve alongside the MCCO as they shed light on this epidemic and lead the way for other counties, and states to follow. "

-Linda Zhnacko
Founder and Author

Collaborations

- **Organ and Tissue Donation**

The MCCO works diligently with all organ and tissue donation organizations to ensure that donations can occur.

- **Forensic Fellowship and Medical Education**

We offer one ACGME-accredited Forensic Pathology fellowship in partnership with IU School of Medicine's Pathology Dept. where the training physician receives training in a variety of forensic investigations.

- **Internships**

We value the furthering of education and partner with multiple secondary education institutions throughout Indiana to help current undergraduate and graduate students pursue their education in forensic science.

- **Community Education/Presentations**

We value bringing educational opportunities to students of all ages from local high schools to universities in the field of forensic science. Community education is critical to prevention. Our education coordinator and staff provide education within our community to help all members and students of Marion County better understand forensic science.

Budget Overview

The MCCO was awarded \$1.6mil in ARPA funds in 2023

The ARPA funds were awarded to address all expenses associated with the increase in opioid overdoses and gun related homicides. Year over year, overdoses in Marion County have contributed to an increased strain on the MCCO budget.

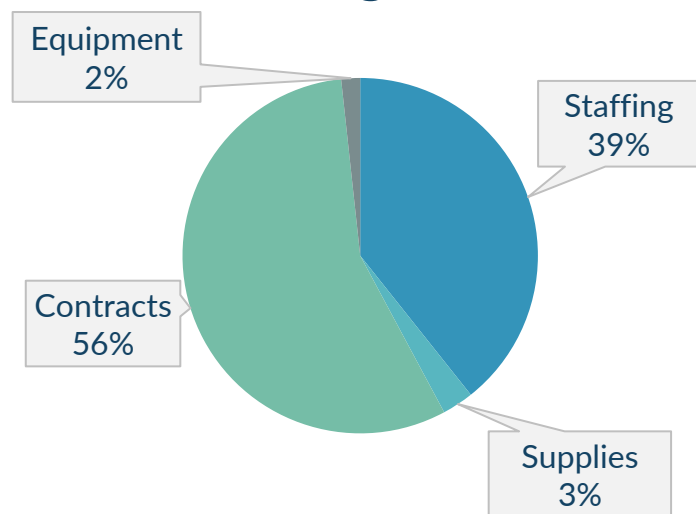


\$5mil in total grant funds awarded in 2023

Fiscal year 2023

In 2023, the MCCO worked with the largest general and grant budget in agency history. The grant funds were comprised of multiple federally funded grants, ARPA and Opioid Settlement Funds. The MCCO was also awarded an additional \$800,000 in Opioid Settlement funds which were distributed to community organizations to provide services to Marion County residents for substance use and mental health.

2023 Approved Budget



2023

Initiatives

The Marion County community continues to experience traumatic loss from gun-related violence and Fentanyl poisoning. The MCCO worked through 2023 to build and fund programs to address these ongoing issues.

In 2023, the MCCO became an approved recipient of opioid lawsuit settlement funds from the state of Indiana as part of the \$26 billion national settlement. Throughout the year, we diligently established program frameworks to aid families affected by opiate-related overdoses. Our efforts included the addition of social workers to our staff, facilitating family access to community resources, and implementing a voucher program for free mental health and substances use disorder treatment.

For more information on the mental health voucher, text "MENTAL" to 317-435-5281.

Furthermore, the MCCO focused on enhancing its capabilities in trauma-informed care to better support families coping with the loss of a loved one due to violent or traumatic circumstances. We have developed and continue to provide training to the public, particularly those who we serve in the community, ensuring that care is delivered within a safe and trusted environment.

01. Community Outreach

Implementing community outreach and education programs to raise awareness about the role of the Coroner's office, death investigation process and public health and safety.

02. Mental Health Support Services

Offer a dedicated long-term mental health support program for families who have experienced the loss of a loved one under the jurisdiction of the Coroner's Office.

03. Enhance Investigation Capabilities

Continue investments into advanced technology, equipment, and training through the construction of a state-of-the-art facility to enhance the accuracy, efficiency and quality of death investigations conducted by the MCCO.

2023 Cases:

Data Analysis

The next section of the report shows the trends in deaths investigated by the Marion County Coroner's Office. The data contained in the annual report only represents the cases where we accepted jurisdiction and further investigation was required to determine the cause and manner of death. This report does not contain data on all deaths which may have occurred within Marion County during CY23.

Any use (in-part or total) or recreation of the data presented within the MCCO annual report requires approval from the Marion County Coroner.

During CY23, 4,107 deaths were reported to and investigated by the MCCO.

The number of deaths reported to MCCO decreased by 9% from the prior calendar year.

2,473

Accepted cases for further investigation. An 11% decrease from the prior year.

1,531

62% of accepted cases received a forensic exam.

1,634

Reported deaths which were declined for further investigation.

76

The number of decedents who were transported to MCCO for storage only due to no family present on scene, a 54% decrease from the prior year.

56

Unclaimed decedents where legal next-of-kin could not be identified or located, a 32% decrease over the prior year.

1,818

The number of scenes visited by investigation staff (16% decrease from prior year), resulting in 1,654 decedents transported to MCCO for storage or exam (16% decrease from prior year).

2023 Cases by Manner of Death

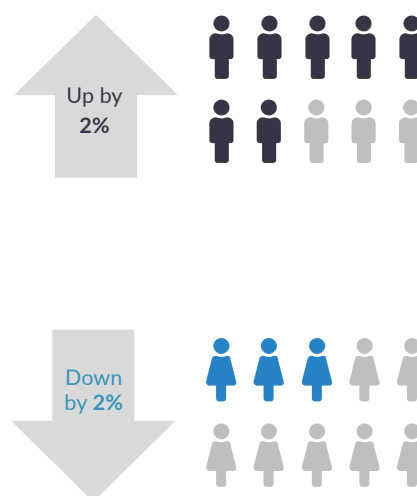
While the overall total number of cases decreased from the prior year, the distribution of manners remained consistent from the prior year, with: Accidental deaths being **50% of all deaths**, Homicides increased in their representation among the total investigated by from 9% in the prior year to **10% of the total in 2023**, Natural deaths decreased in their representation of the total from 31% in the prior year to **30% of the total in 2023**.

Manner	Full Autopsy	Partial Autopsy	External Autopsy	Medical Record Review	Total
Accident	451	13	326	452	1,242
Homicide	242	0	0	3	245
Natural	173	19	97	458	747
Suicide	40	26	70	24	160
Undetermined	58	0	6	3	67
Pending	8	1	1	2	12
Total	972	59	500	942	2,473

2023 Cases Gender and Age Distribution

In CY23, the topmost impacted age groups are: (1) 60 to 69, (2) 50 to 59, & (3) 40 to 49 & 30 to 39, indicating an aging population among decedents from prior years. Gender distribution showed no significant change with males remaining the most impacted group at 71% of all decedents in CY23.

Age Group	Male	Female	Total	Percent of Age
< 1	21	11	32	1%
1 to 12	17	11	28	1%
13 to 19	78	24	102	4%
20 to 29	197	52	249	10%
30 to 39	268	107	375	15%
40 to 49	262	98	360	15%
50 to 59	272	117	389	16%
60 to 69	311	109	420	17%
70 to 79	181	112	293	12%
80 to 89	98	59	157	6%
90 +	39	29	68	3%
Total	1,744	729	2,473	
Percent	71%	29%		100%



Most Prevalent Cause of Death

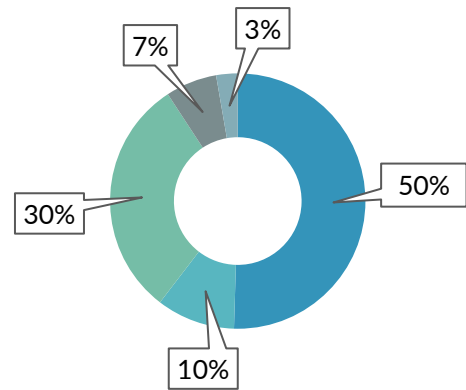
In CY23, **Drug Intoxication deaths remained as the most prevalent cause of death for the fourth year in a row.** Deaths either as a direct result of drug intoxication OR where drug intoxication played a role in the death decreased by 18% from the prior year. Drug intoxication deaths accounted for 28% of the total number of death investigations for the entire calendar year. The total count includes both intentional and unintentional drug overdoses.

Cardiovascular deaths decreased by 6% and has continued to decline year over year for the last four years.

Firearm related deaths increased in all manners by 4%. Blunt Force related deaths remained the same from the prior year.

All Manners of Death

All deaths are classified into one of five categories: Accidental, Homicide, Natural, Suicide and Undetermined.

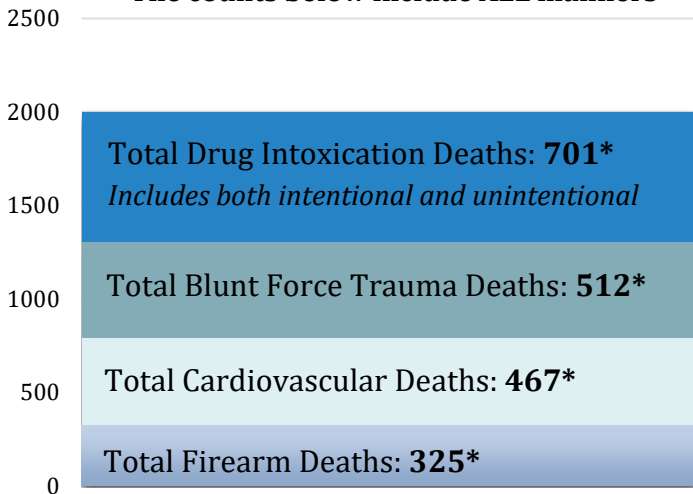


- Accidental
- Homicide
- Natural
- Suicide
- Undetermined

Homicide and Suicide deaths both increased in their prevalence among the total distribution for manners of death from the prior year. However, all other manners remained at a similar distribution when compared to prior years.

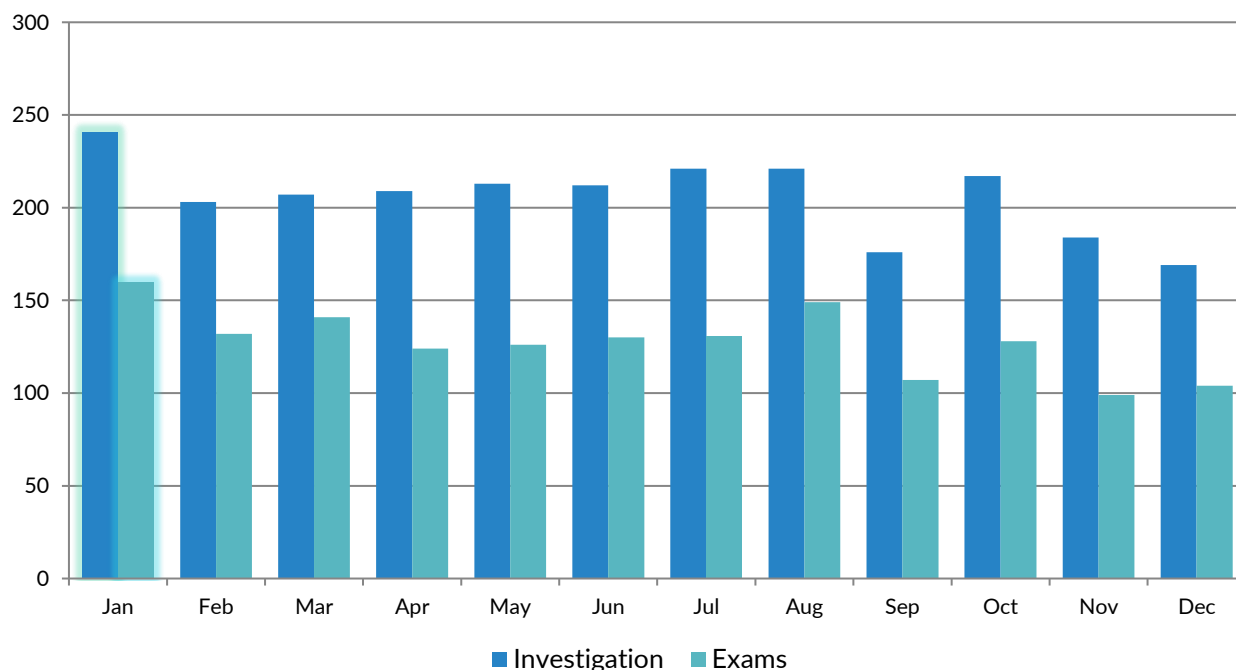
*The above percentages do not account for the remaining pending cases of CY23 which equals less than 1% of the total.

***The counts below include ALL manners**



Distribution of Cases and Exams by Month

Accepted cases and exams were highest during the month of January.

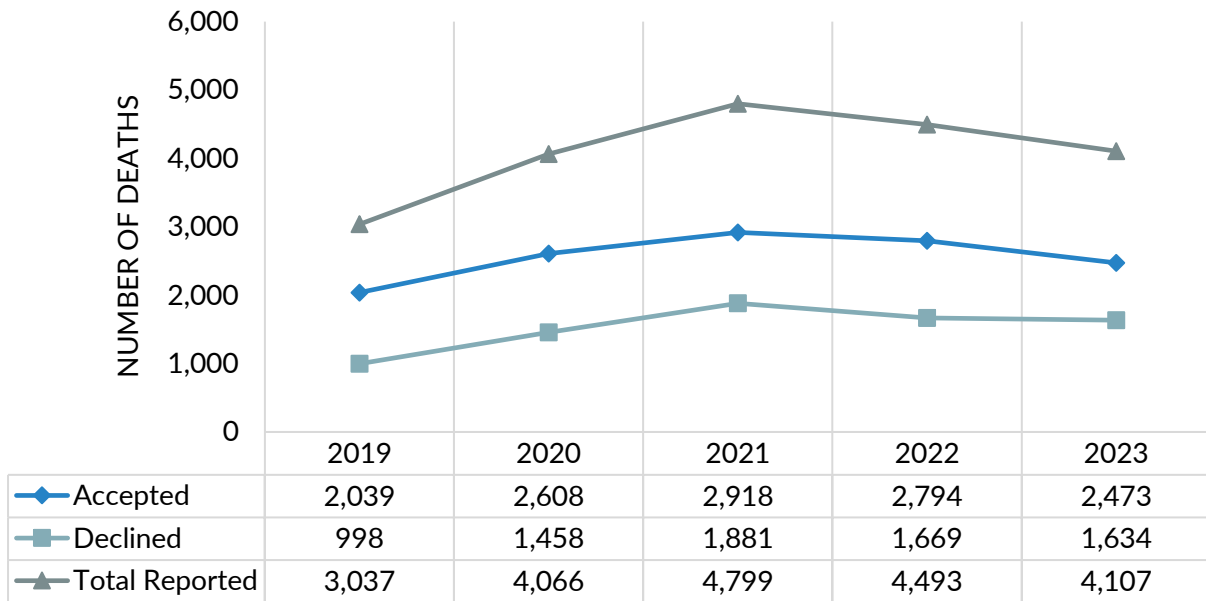


Distribution of Case Manner by Race

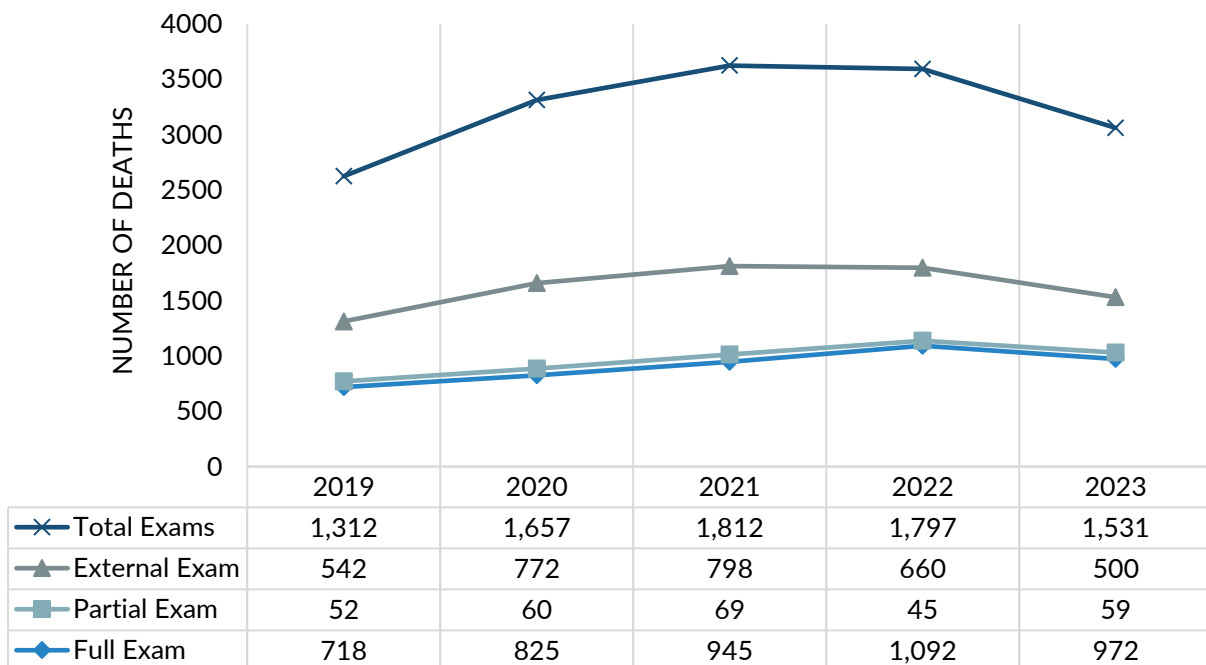
Trends in race distribution among the manners of death remained consistent from the prior year.

	Asian	Asian Indian	Black	American Indian	Other	White	Total
Accident	12	8	322	1	5	894	1,242
Homicide	1	0	170	0	1	73	245
Natural	8	3	252	0	4	480	747
Suicide	6	0	25	0	0	129	160
Undetermined	0	0	28	0	1	38	67
Pending	0	0	4	0	0	8	12
Total	27	11	801	1	11	1,622	2,473

TRENDS IN DEATHS REPORTED TO MCCO



TRENDS IN DEATHS INVESTIGATED BY EXAM TYPE



2022 MANNER OF DEATH BY RACE WITH 2020 CENSUS DATA					BY MANNER OF DEATH						
Race	2020 Census: Marion County Residents	% per 2020 Census	MCCO Cases: Marion County Residents	% of Marion Co. Residents	Total MCCO Cases	Acc.	Hom	Nat.	Sui.	Und.	Pend
White	625,410	64%	1,121	59.1%	1,622	72%*	30%	64%	81%*	57%	67%
Black	283,389	29%	746	39.3%*	801	26%	69%*	34%*	16%	42%*	33%
Asian	37,134	3.8%	20	1.05%	38	2%	0%	1%	4%*	0%	0%
American Indian	3,909	.4%	1	0.05%	1	0%	0%	0%	0%	0%	0%
Hawaiian Pacific	977	.1%	0	0%	0	0%	0%	0%	0%	0%	0%
Other	29,316	2.9%	9	.47%	11	0%	0%	1%	0%	1%	0%
Total	977,203	100%	1,897	100%	2,473	100%	100%	100%	100%	100%	100%

Census Data vs. Case Demographics

The above table compares the most recent U.S. Census data for Marion County residents and the race distribution of accepted cases. The MCCO separates those individuals who were confirmed residents of Marion County to the total accepted case count. The figures above indicate a concern where the percent by manner is higher than the distribution in the county population, identified via an asterisk.

Disproportionate Racial Distribution In 2023

>10%

Black decedents are overly represented in CY23 among decedents who are residents within the county. This is an increase of 2% from the prior year.

60%

Three out of the five manners of death (60%) showed disproportionate representation among decedent race when compared to the census data.

Reporting Limitations

The MCCO continues to work to improve demographic data collection and reporting. In CY23, we will strive to make improvements to provide reliable data to the community.

Hispanic / Latin Demographics

6%

Of the total accepted cases in CY23, six percent were identified as being of Hispanic or Latin ethnicity. This fell below the reported county distribution of 13% Hispanic/Latino.

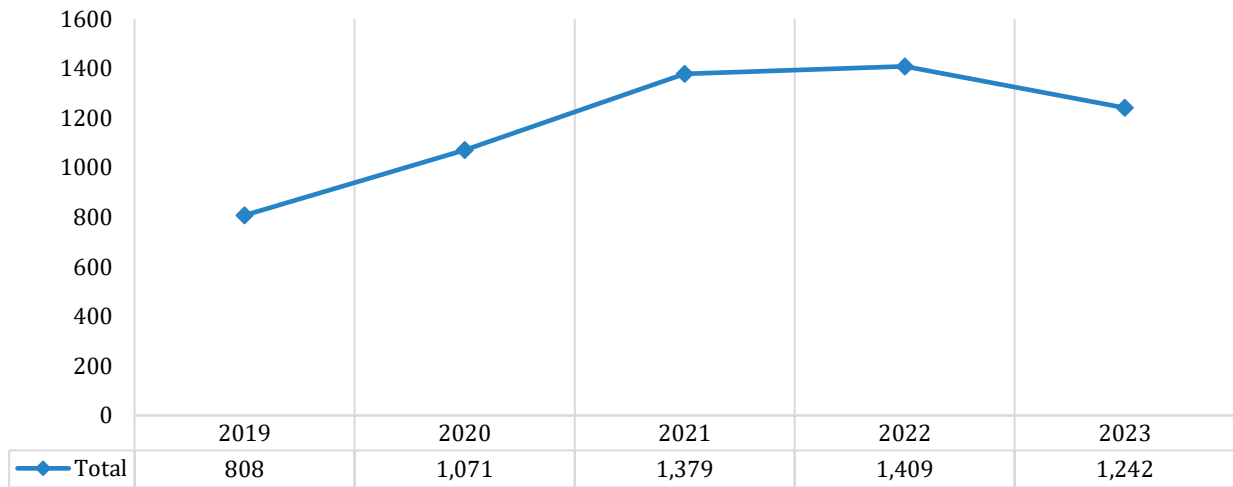
2023: Accidental Deaths

Summary

In CY23, the MCCO investigated **1,242** accidental deaths, representing a 12% decrease compared to the previous year. Accidental deaths account for the highest category of deaths investigated in CY23. Accidental deaths encompass various circumstances, including falls, motor vehicle accidents, drug intoxication, and other unintentional incidents. Among the 1,242 cases, the primary causes of death were: accidental drug intoxication (54%) and blunt force injuries (38%). Further details on the specific methods of injury can be found in the dedicated data section of the report. Consistently, the most affected age and race group for accidental deaths were White males aged 40 to 49. The most impacted age group went up by a decade from 30-39 in CY22 to 40-49 in CY23. Peak incidents for accidental deaths occurred in July, closely followed by January.

***It is important to note that a decrease in the total count over one year does not provide substantial or convincing evidence of a continuing trend.*

YEARLY TRENDS OF ACCIDENTAL DEATHS 2019 - 2023



Gender Distribution

Increase of 3% for Males from prior year but a 3% decrease in Females in CY23.

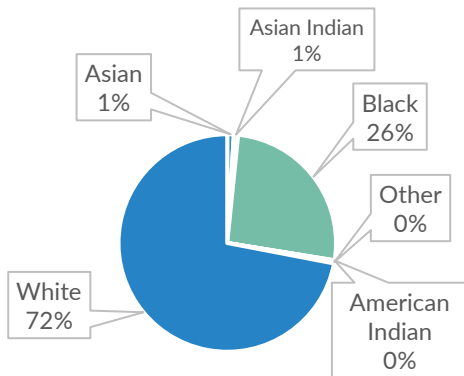
69%

33%

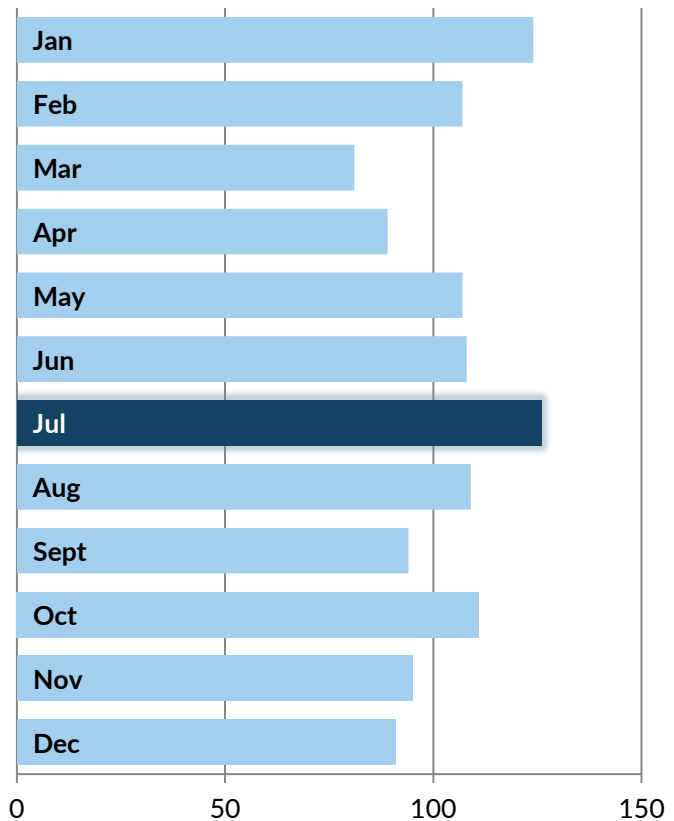


Race Distribution

No significant change in racial distribution from prior year.



Accidental Deaths by Month



Accidental Deaths

Accidental Deaths by Cause

Cause of Death	Total	%
Drug Intoxication	669	54%
Blunt Force	482	39%
Fire/Thermal	20	2%
Drowning	13	1%
Inhalation	12	1%
Environmental	10	1%
Choking	9	1%
Positional Asphyxiation	5	1%
Gunshot Wound	4	0.3%
Mixed Modality	1	0.1%
**Drug Use Contrib	7	0.6%
Other	10	0.8%
Total	1,242	100%

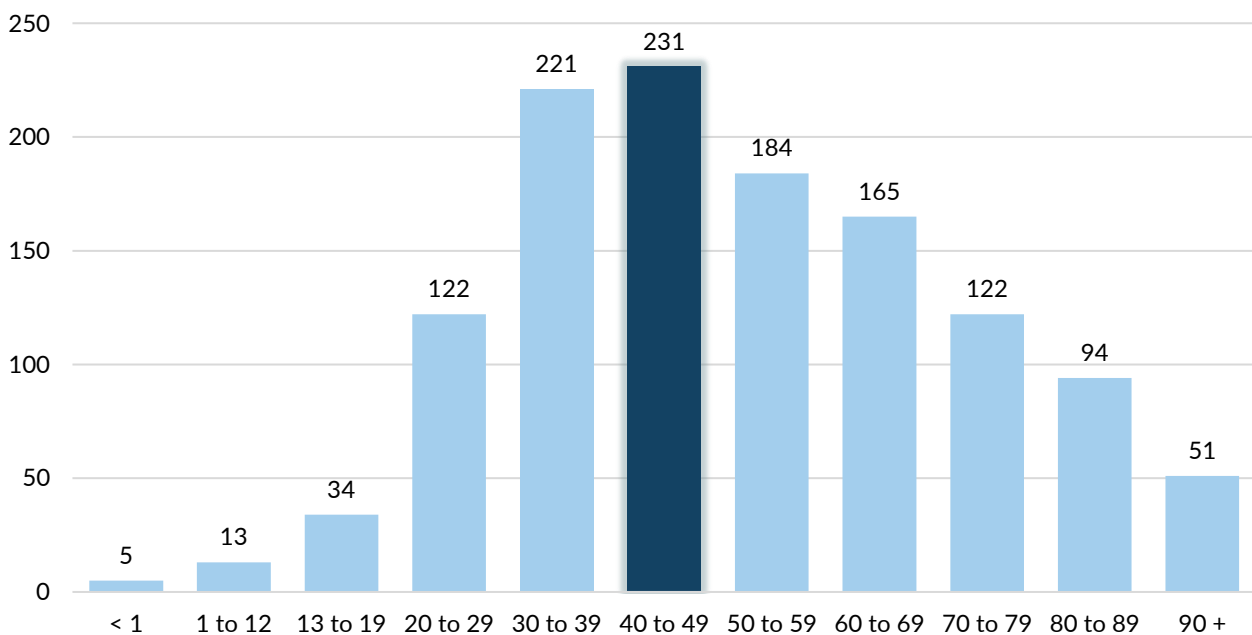
Drug intoxication remained as the primary cause of death in CY23. The total count in this section **only** includes unintentional drug intoxication deaths.

Drug intoxication deaths fell by approx. 3% and blunt force deaths increased by 5%.

***Drug use also was found to contribute to the cause of death in approx. 0.6% additional cases.*

Accidental Deaths by Age

The age group 40 to 49 became the highest impacted group in CY23, which is an increase of 3% from the prior year. In prior years, the age group 30 to 39 was the highest impacted for several years suggesting an aging population among accidental deaths within Marion County.



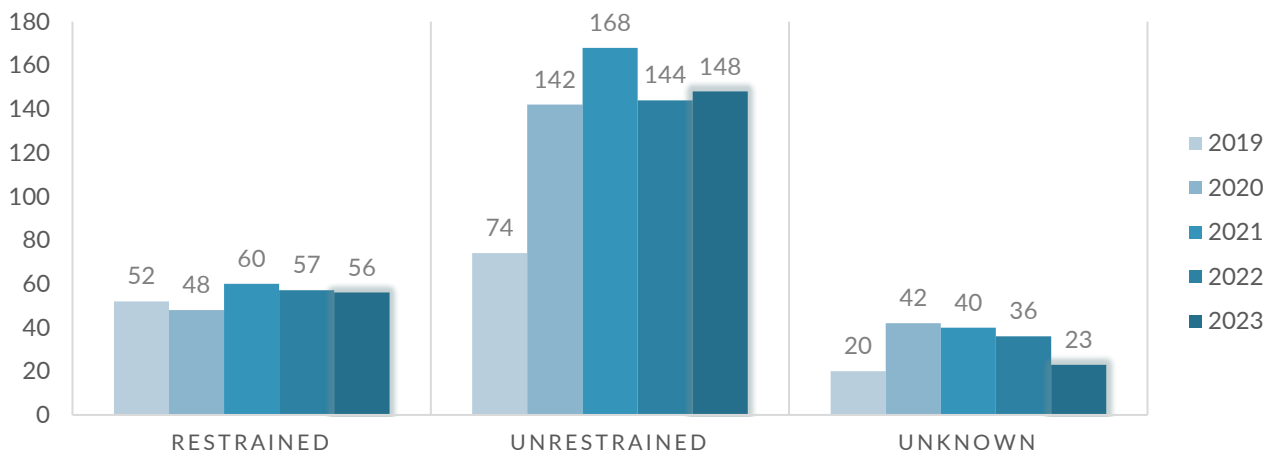
Summary

Of the total accidental deaths in CY23, 227 were the result of motor vehicle related incidents, a 4% decrease from the prior year.

Motor Vehicle Deaths

Motor Vehicle Deaths by Decedent Location

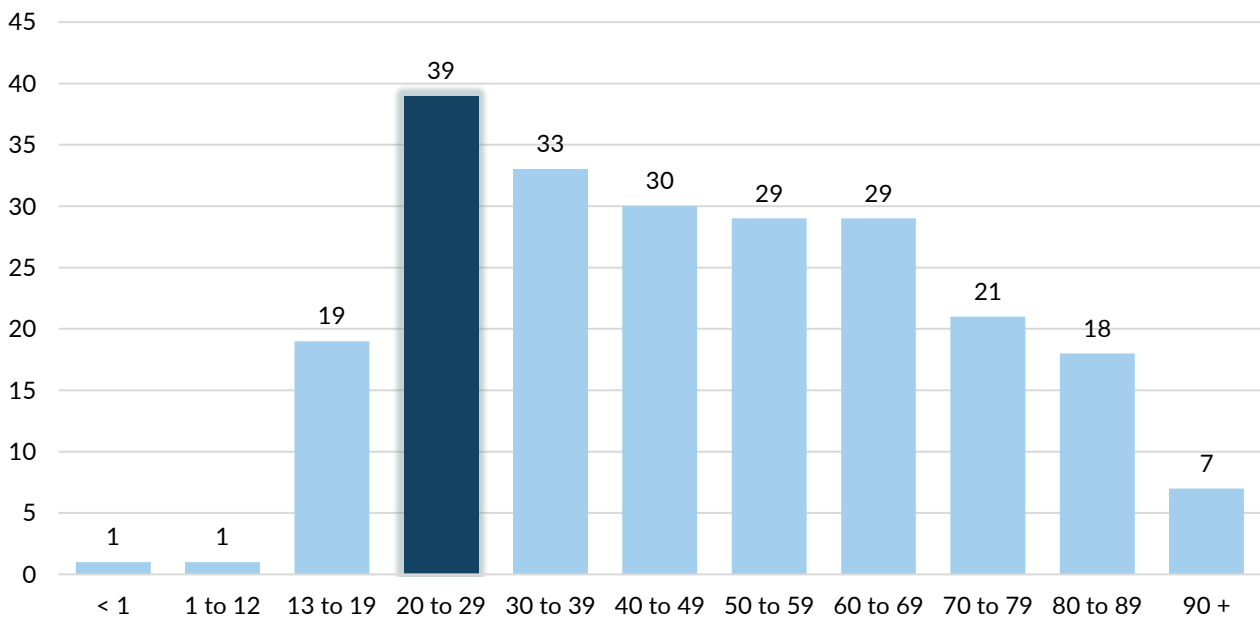
Driver (operator) increased by 2%, passenger increase by 3% and pedestrian stayed the same from the prior year.



*Unrestrained counts include pedestrians

Motor Vehicle Deaths by Age

Increase among age groups: 30 to 39 (+8%), 13 to 19 (+90%) and 90+ (+133%) from the prior year.

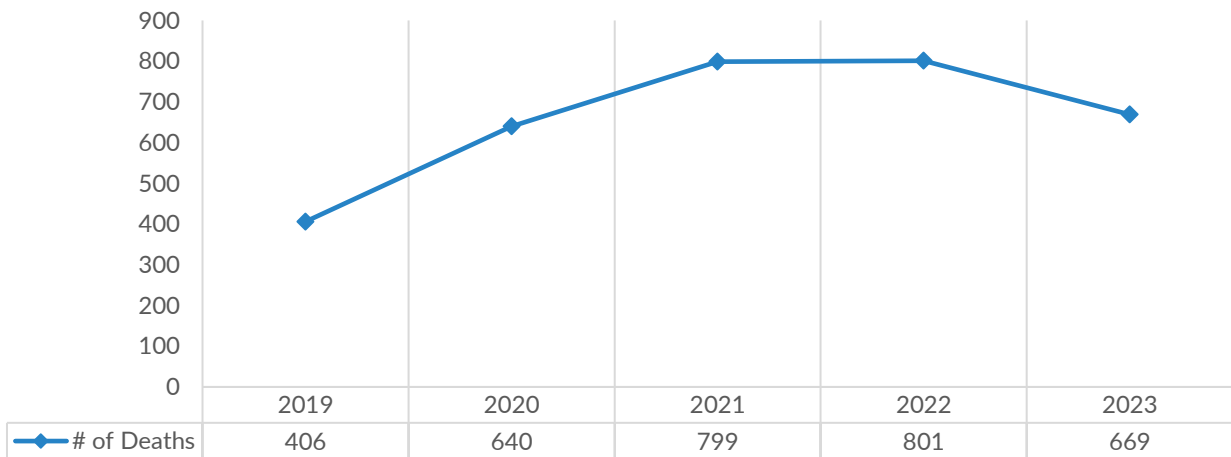


Drug Intoxication Deaths

Summary

Of the total accidental deaths in CY23, 669 were attributed to unintentional drug intoxication. Gender remained the same as prior year but there was a shift in the age distribution among decedents.

ACCIDENTAL DRUG INTOXICATION TREND
2019-2023



Gender Distribution

Decline by 3% for Females from prior year but a 3% increase in Males in CY23.

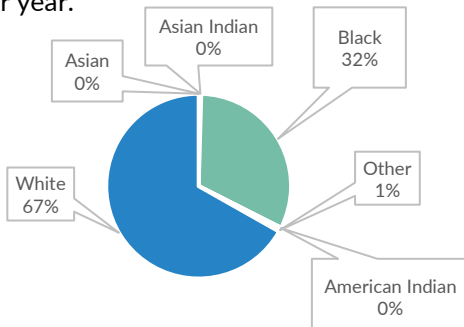
72%

28%



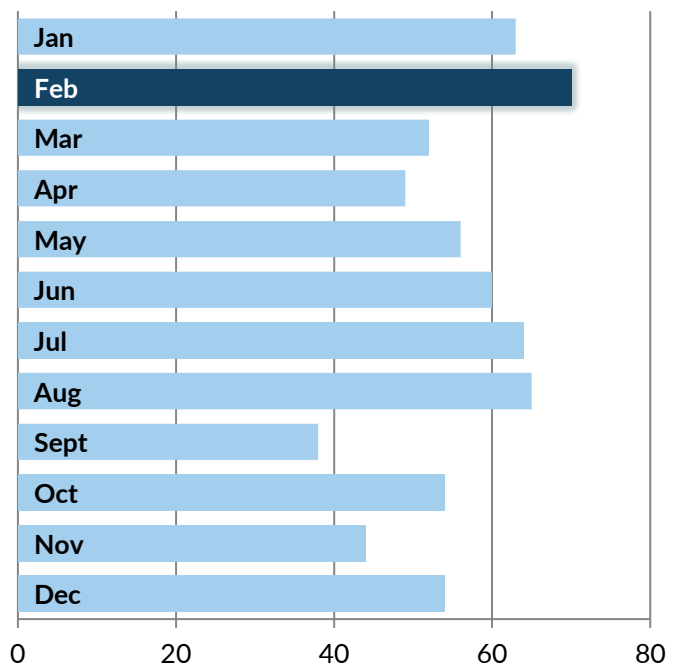
Race Distribution

Black decedents decreased by 3% from the prior year.



Drug Intoxication Deaths by Month

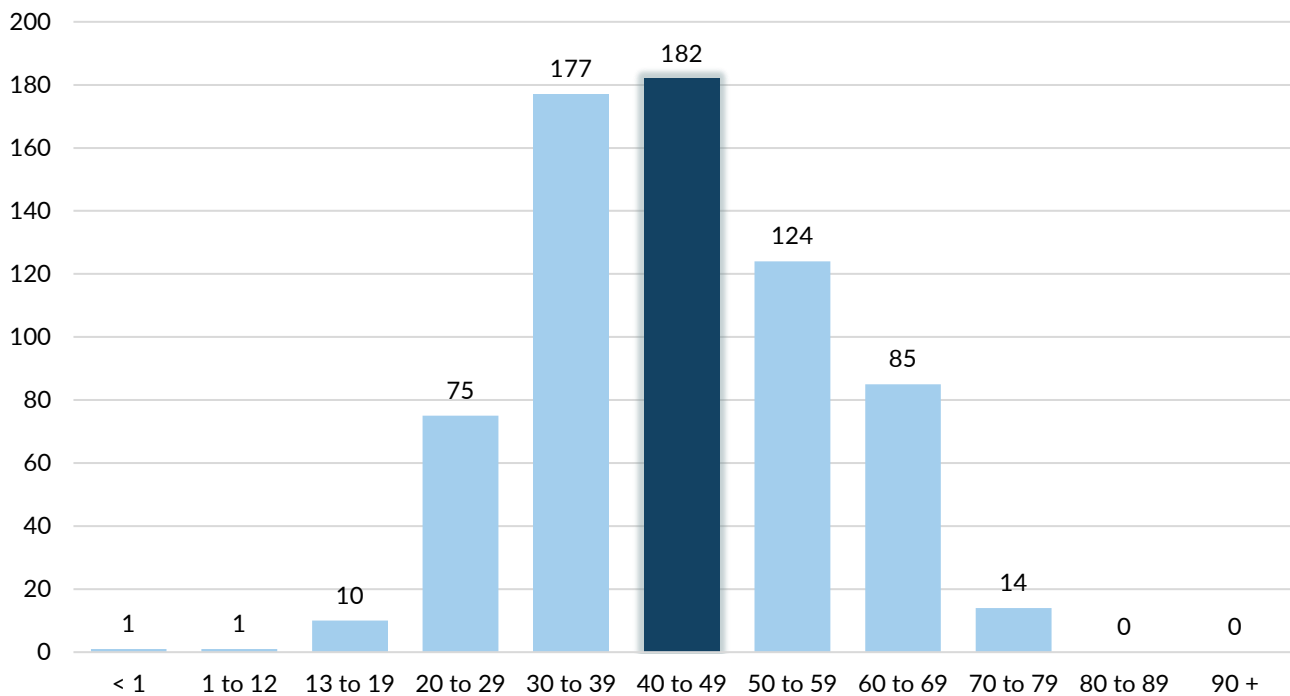
The highest number of cases occurred in February in CY23, which is the same as prior year. The second highest month for drug intoxication was August, followed by July, June, and January. Approx. 48% of all overdoses occurred in these five months.



Drug Intoxication Deaths

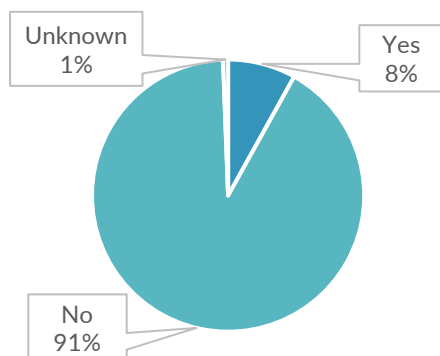
Drug Intoxication Deaths by Age

Distribution of age among unintentional drug intoxication deaths changed in CY23, with 40 to 49 now being the majority among the distribution accounting for 27%. This is a 5% increase in their prevalence among all ages over the prior year (22% of total in CY22). Other age groups (60+) also had a prevalent increase anywhere from 1-3%, supporting the continued concern regarding substance use in older populations within Marion County.



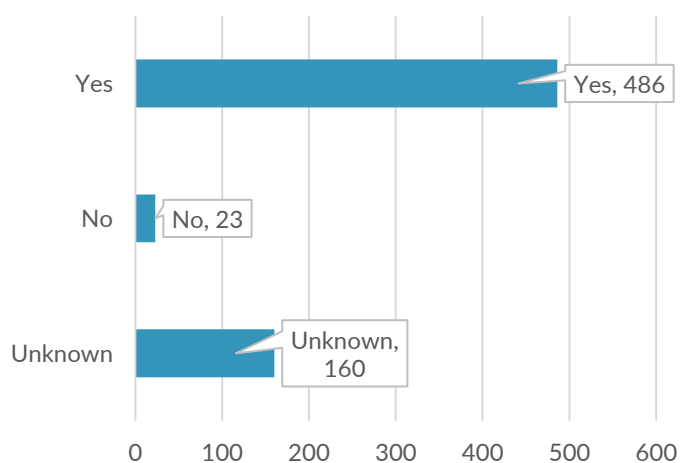
Drug Intoxication Deaths by Ethnicity

The MCCO has worked to improve the data capture to report Ethnicity among decedents. In CY23, approx. 8% of all accidental drug intoxication deaths were identified or reported by Next-of-Kin as Latin/Hispanic.



History of Illicit Substance Abuse?

For CY23, 73% of accidental unintentional drug intoxication deaths were found to have either a reported or documented history of prior substance use.



Drug Intoxication Death Investigations

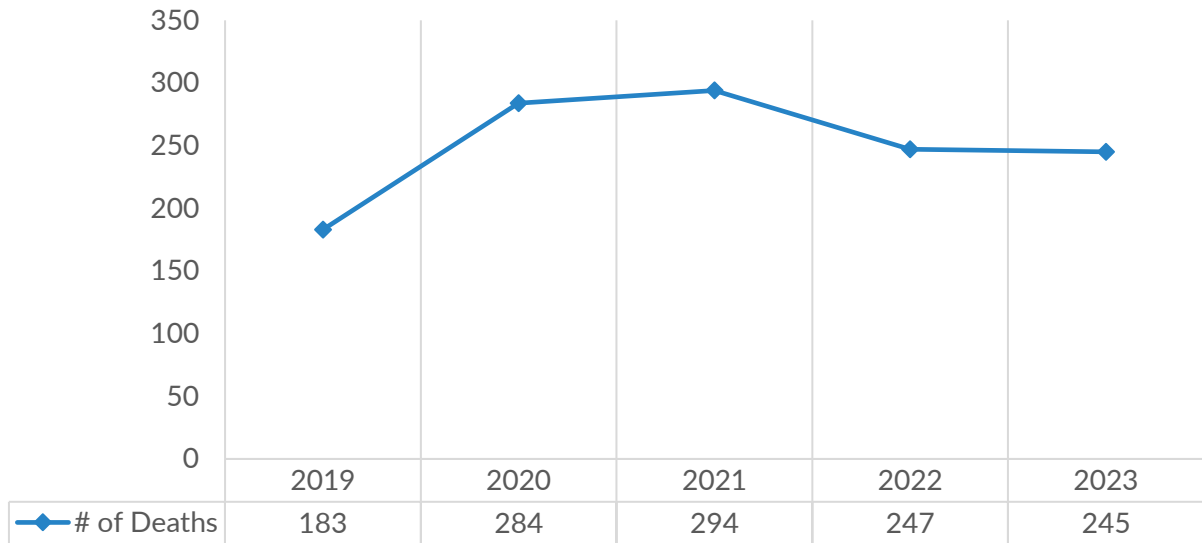
In 2023, the MCCO continued to improve investigation methods and reporting capabilities on drug intoxication death investigations. This included developing higher investigation standards and participating in training with partners from local and federal agencies.

2023: Homicide Deaths

Summary

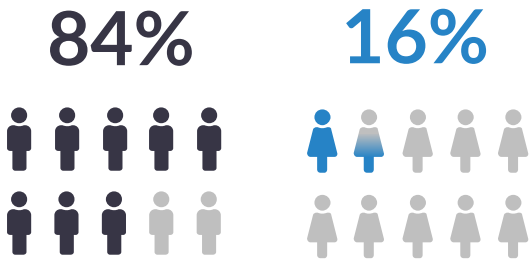
In CY23, the MCCO investigated **245** deaths that were classified as homicides, reflecting a less than 1% decrease from the previous year. Gunshot wounds were the leading cause of death, accounting for 91% of all homicides. This has remained consistent for over six years. The most affected age and race group for homicide deaths, Black males aged 20 to 29, has also remained consistent for the last six years. Concerningly, the MCCO has identified a significant disparity in race demographics among homicide victims. Black decedents have been disproportionately represented as homicide victims, exceeding their county population representation by over 30% for three consecutive years. This highlights the extreme risk of violent crime within communities of color, particularly impacting the 20 to 29 age group. Peak incidents for homicide deaths occurred in August.

YEARLY TRENDS IN HOMICIDE DEATHS 2019 - 2023



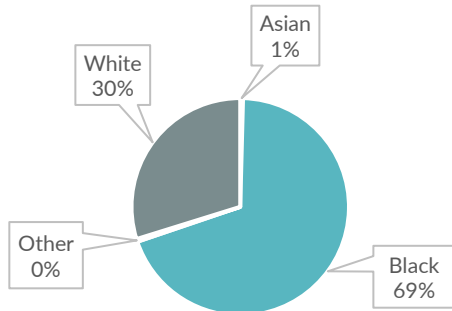
Gender Distribution

No change in gender distribution was observed from prior year.

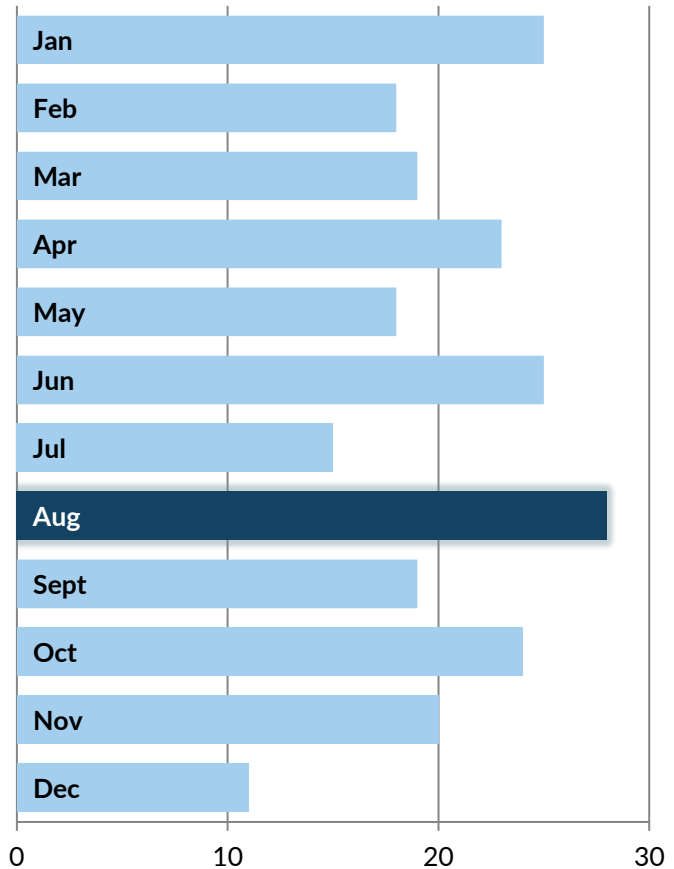


Race Distribution

Increase of 6% among White decedents and a decrease of 4% among Black decedents.



Homicide Deaths by Month



Homicide Deaths

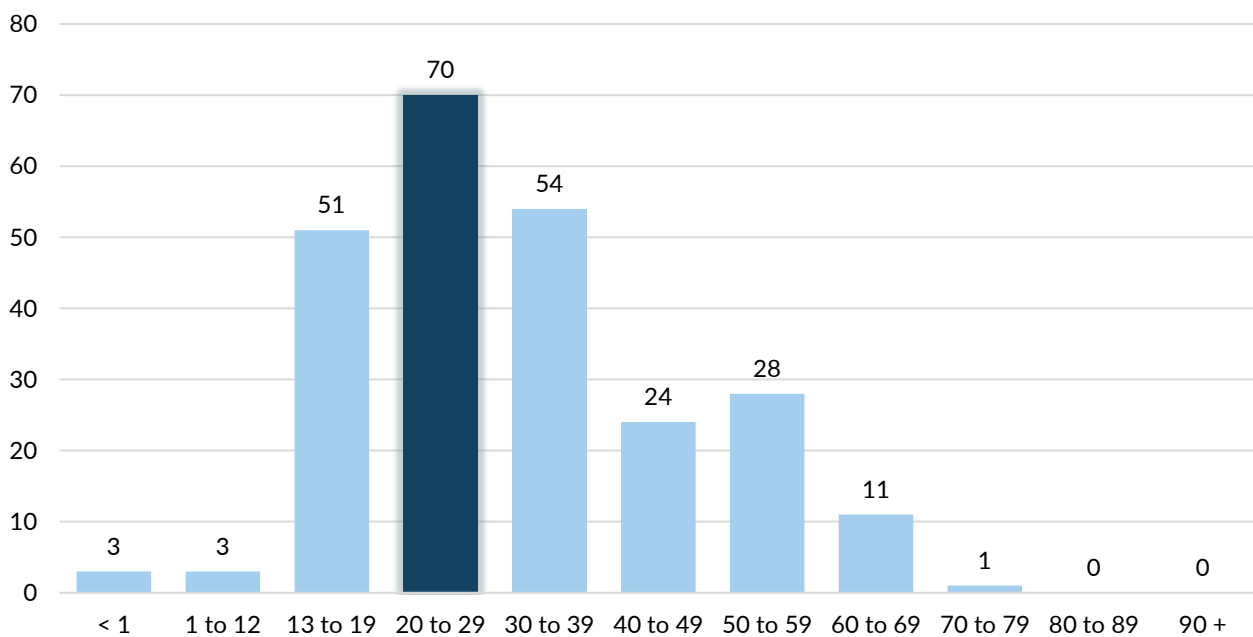
Homicide Deaths by Cause

Gunshot wound(s) remained the top cause of death among homicides in CY23, which is similar when compared to prior years. The prevalence of gunshot wound(s) as the cause of death increased from 87% of the total in CY22 to 91% in CY23. Blunt force trauma increased by 1% from the prior year. All other causes remained at a similar rate when compared to the prior year.

Cause of Death	Total	%
Gunshot Wound	223	91%
Blunt Force Trauma	16	7%
Sharp Force Trauma	3	1%
Strangulation/Asphyxiation	1	0.4%
Mixed Modality	1	0.4%
Other	1	0.4%
Total	245	100%

Homicide Deaths by Age

The age group 20 to 29 remained the highest impacted like prior years. Other significant changes were observed among age groups: 13 to 19 increased by 8% and 50 to 59 increased by 2% from the prior year.



Homicide Deaths

Homicide Deaths by Age: 20 to 29

This age group accounted for 29% of all homicide victims in CY23. This is concerning when compared to their county population representation of approx. 15%.

Top Age Group among Homicides

20 to 29

Young adults aged 20 to 29 have been counted as the highest number of homicide victims in the past seven year.

Firearm Homicides

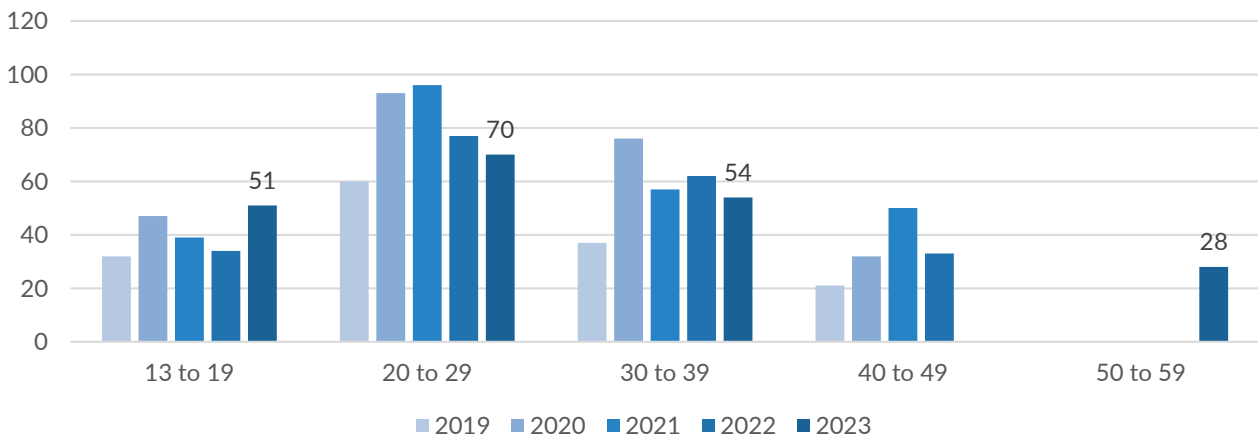
100%

Percentage of firearm related homicides among young adults aged 20 to 29 years old in CY23.

Homicide Deaths by Age: Annual Trends

The top three age groups remained consistent from prior years: 20 to 29, 30 to 39 and 13 to 19. However, there was a shift to the 50 to 59 group as being the fourth highest in CY23 vs the 40 to 49 which has been among top three or four age groups for prior years.

Homicides in the Top 4 Age Groups
2019 - 2023

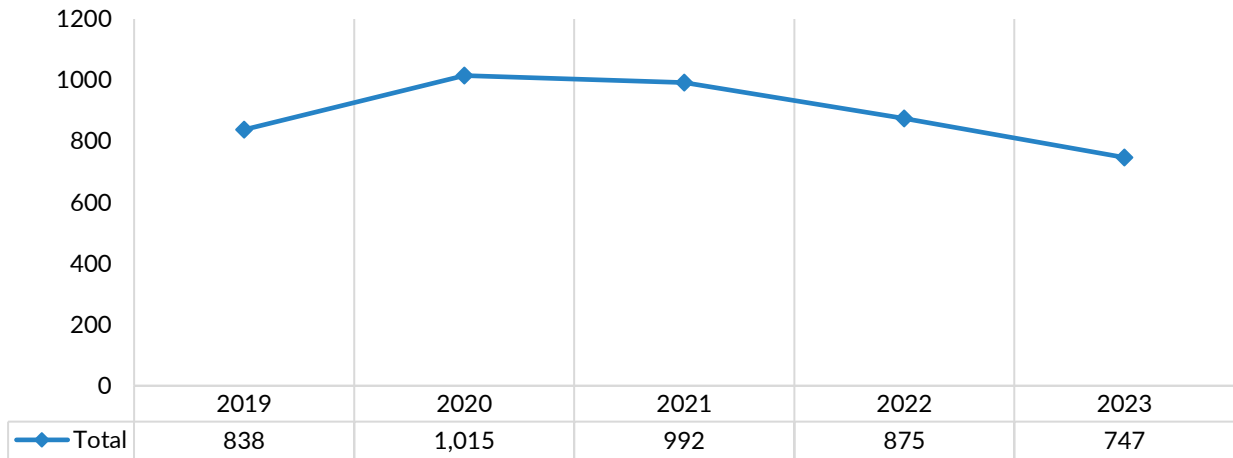


2023: Natural Deaths

Summary

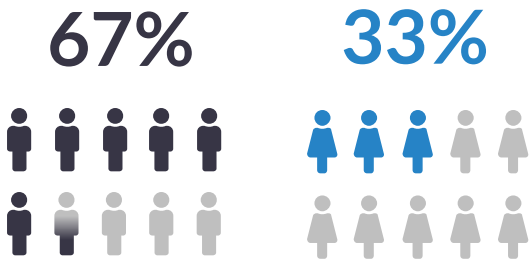
In CY23, the MCCO investigated **747** natural deaths, marking a 15% decline from the previous year. This continues the trend of decreasing natural death investigations. Natural deaths fell below pre-pandemic levels in CY23. To optimize resources, the MCCO entered into an agreement with the local public health officer to collaborate with local physicians who sign death certificates for individuals who pass away due to undisputed natural causes. This partnership allows the MCCO to prioritize finite resources for forensic cases that legally require a full investigation. The leading cause of death among natural cases was cardiovascular-related illness, accounting for 460 deaths. The most affected age and race group for natural deaths remained consistent from CY22 to CY23, with White males aged 60 to 69 being the most impacted. Peak incidents for natural death investigations occurred in March.

YEARLY TRENDS OF NATURAL DEATHS 2019 - 2023



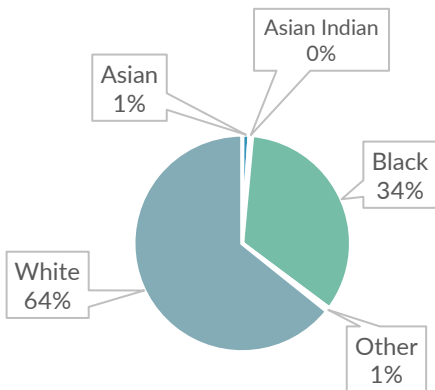
Gender Distribution

No change in gender distribution in CY23 from the prior year.

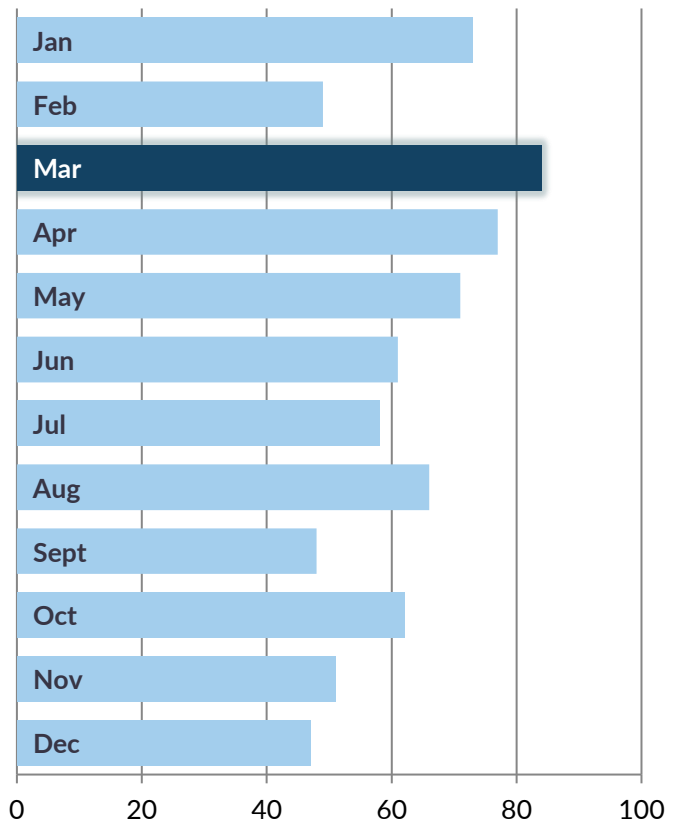


Race Distribution

Decrease of 3% among White decedents and 1% among Asian decedents. However, there was an increase of 3% among Black decedents from the prior year.



Natural Deaths by Month



Natural Deaths by Cause

Cause of Death	Total	%
Cardiovascular Disease	460	62%
Alcohol-Related	69	9%
Diabetes	27	4%
Respiratory Disease	63	8%
Cancer	34	5%
Renal/Hepatic	24	3.2%
Neurological (Brain)	26	3.5%
Gastrointestinal	14	1.9%
Infection	9	1.2%
Chronic IV Illicit Drug Use	4	0.5%
Obesity	5	0.7%
Congenital/Autoimmune	3	0.4%
HIV/AIDS	1	0.1%
Other	8	1.1%
COVID-19	0	0%
Total	747	100%

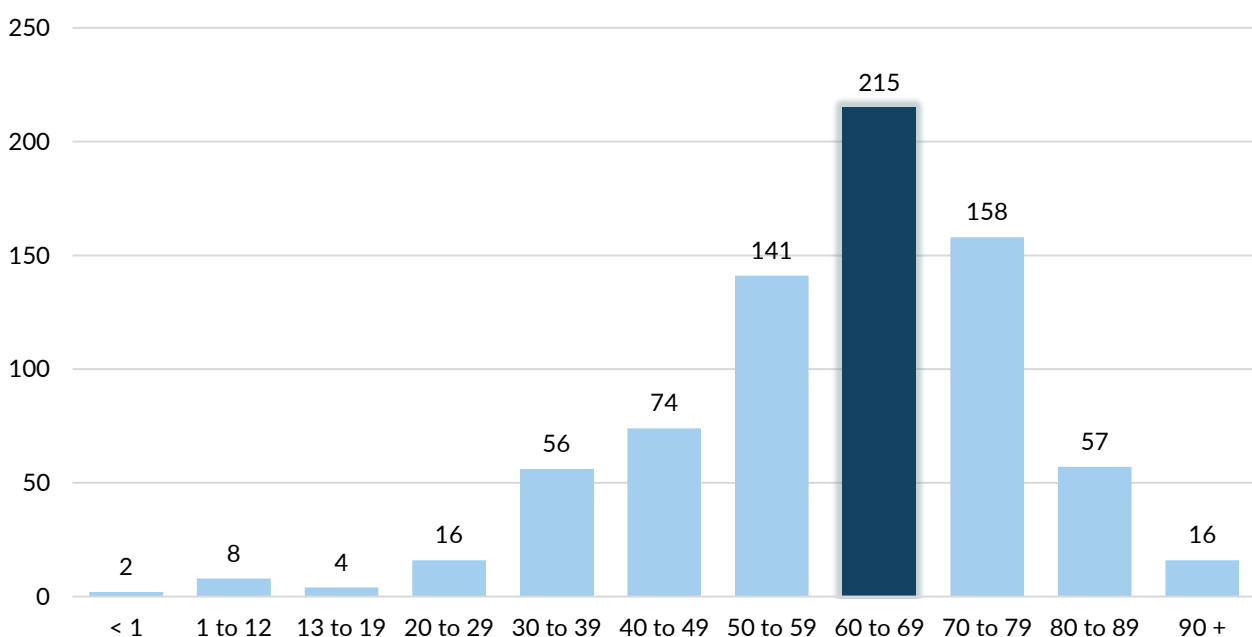
Natural Deaths

The top two causes of death remained stable from the prior year. Cardiovascular increased by 5%, cancer-related increased by 1%, and respiratory increased by 2%. However, diabetes decreased by 3% and no deaths directly contributed to COVID-19 were investigated.

Several deaths (4, 0.5%) were the result of infections or complications of IV drug abuse/use, not directly related to a drug overdose.

Natural Deaths by Age

Slight changes among age distribution were observed but the highest impacted group is the same as the prior year. There was an increase in decedents aged 20 to 29 (+1%), 30 to 39 (+2%) and 40 to 49 (+5%).

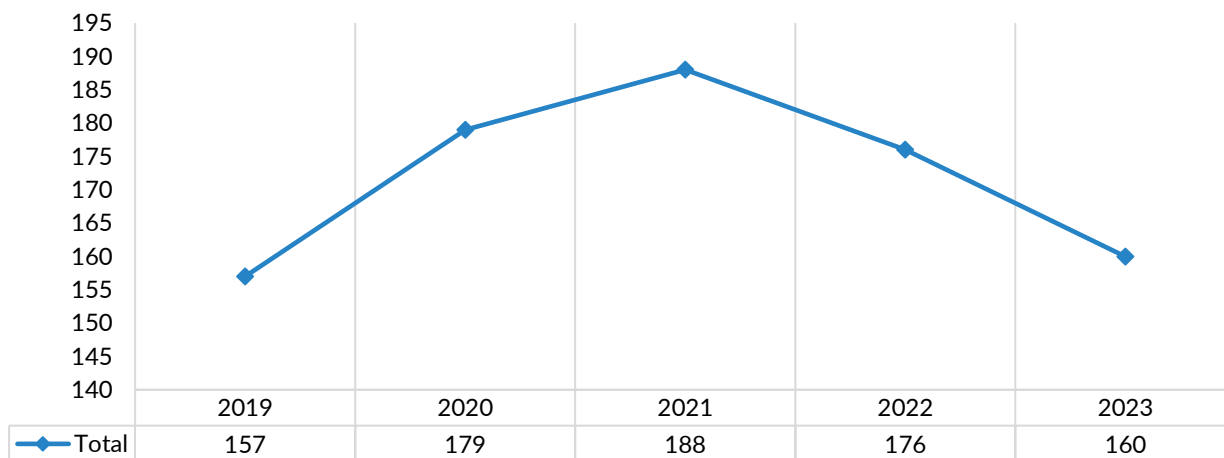


2023: Suicide Deaths

Summary

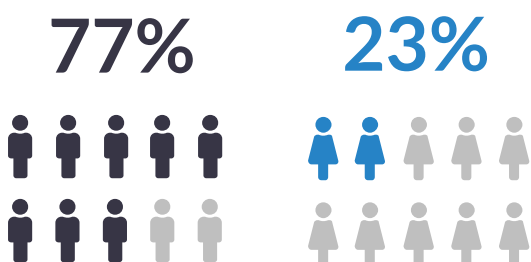
In CY23, the MCCO investigated **160** suicides, representing a 9% decrease from the previous year. Among the 160 cases, the leading causes of death were as follows: gunshot wounds, hanging/ligature, and intentional drug intoxication (including both illicit and over-the-counter substances). There was no change among the leading causes of death when compared to the prior year. The most affected age and race group for suicide deaths remained consistent from CY22 to CY23, as White males aged 20 to 29 being the most impacted. Peak incidents for suicides occurred in February.

YEARLY TRENDS OF SUICIDE DEATHS 2019 - 2023



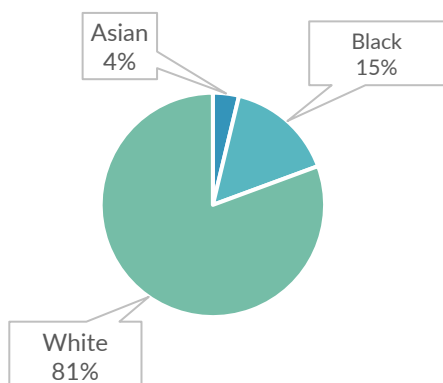
Gender Distribution

Decrease of 2% for Males from prior year but a 2% increase in Females in CY23.

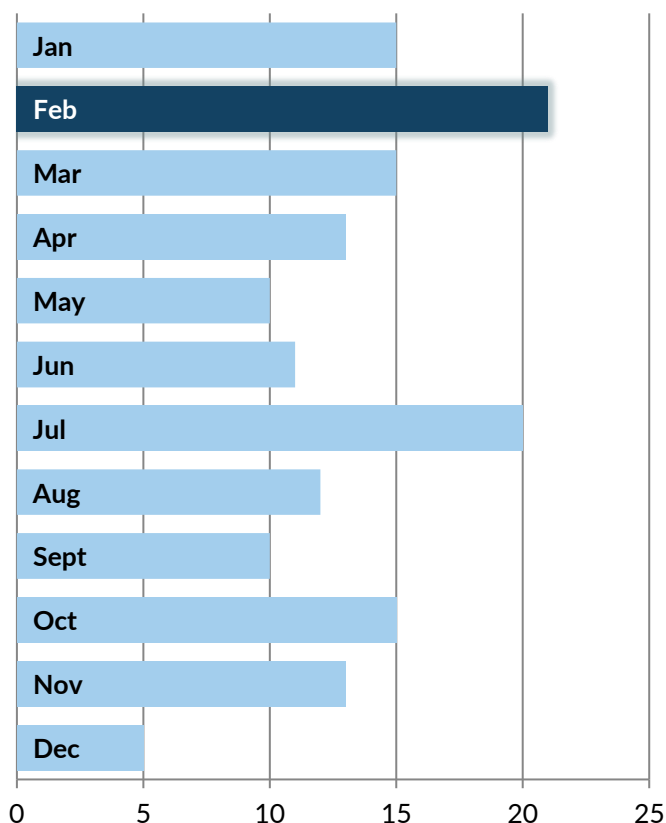


Race Distribution

Increase of 3% among White decedents and 2% among Asian decedents but a decrease of 3% among Black decedents.



Suicide Deaths by Month



Suicide Deaths

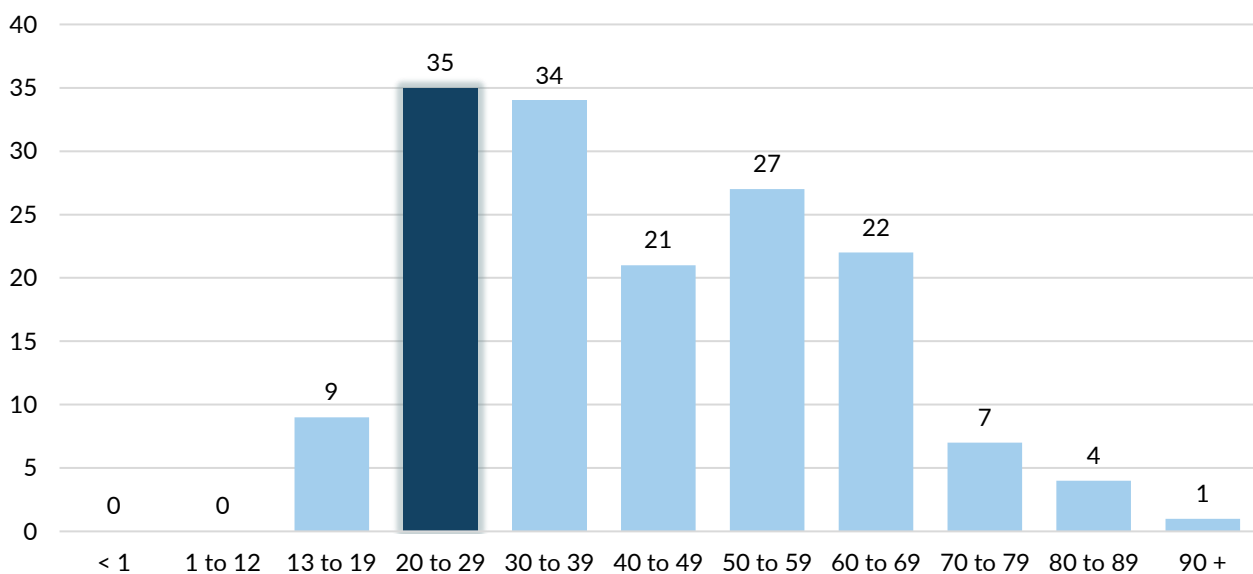
Suicide Deaths by Cause

Cause of Death	Total	%
Firearm	93	58%
Hanging/Ligature	38	24%
Intoxication (OTC/Illicit)	13	8%
Inhalation/Thermal	6	4%
Blunt Trauma	4	2.5%
Ingestion of Non-Medication Substance	1	0.6%
Sharp Force Trauma	5	3%
Total	160	100%

No significant shift in the most prevalent cause of death among suicides in CY23. Firearm/Gunshot remained the majority and increased by 1% from the prior year. However, Hanging/Ligature increased slightly by 1% and Intentional Drug Intoxication decreased by 3% from the prior year.

Suicide Deaths by Age

The age group 20 to 29 remained the highest impacted group like prior years. However, multiple age groups increased significantly over prior years: 30 to 39 (+8%) and 50 to 59 (+4%). The 13 to 19 age group showed a 3% decrease and the 40 to 49 age group a 5% decrease when compared to the prior year.



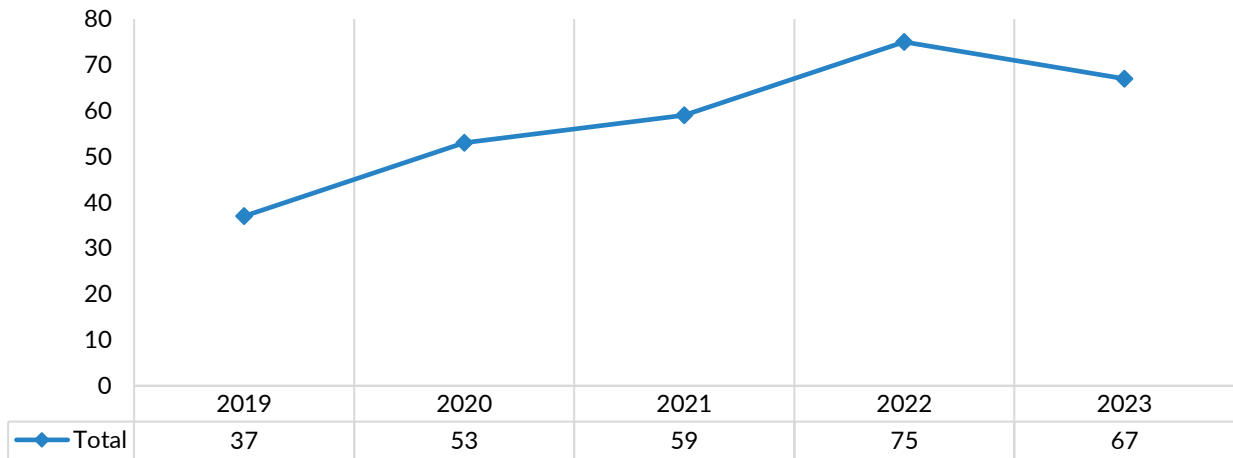
2023:

Undetermined Deaths

Summary

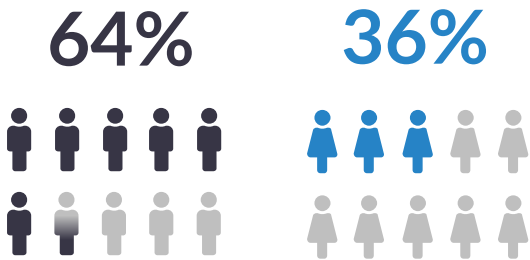
In CY23, the MCCO investigated **67** deaths classified as undetermined, reflecting an 11% decrease from the previous year. Undetermined deaths occur when there is insufficient medical or social history to establish a definitive manner of death. The primary causes of these deaths were as follows: undeterminable sudden unexplained infant death, blunt force trauma, and drug intoxication. The most affected age and race group for undetermined deaths remained consistent from CY22 to CY23, involving White males under 1 year of age. Peak incidents for undetermined deaths were observed in December.

YEARLY TRENDS OF UNDETERMINED DEATHS 2019 - 2023



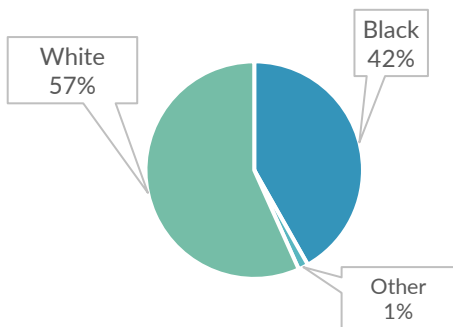
Gender Distribution

Decrease of 3% for Males from prior year but a 3% increase in Females in CY23.

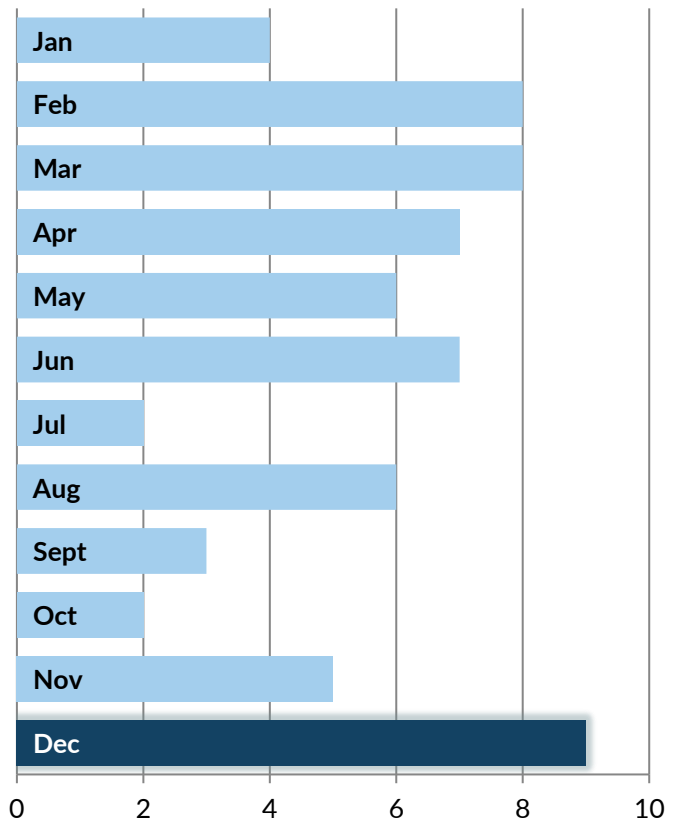


Race Distribution

Increase of 6% among White decedents and a decline of 3% among Black decedents.



Undetermined Deaths by Month



Undetermined Deaths

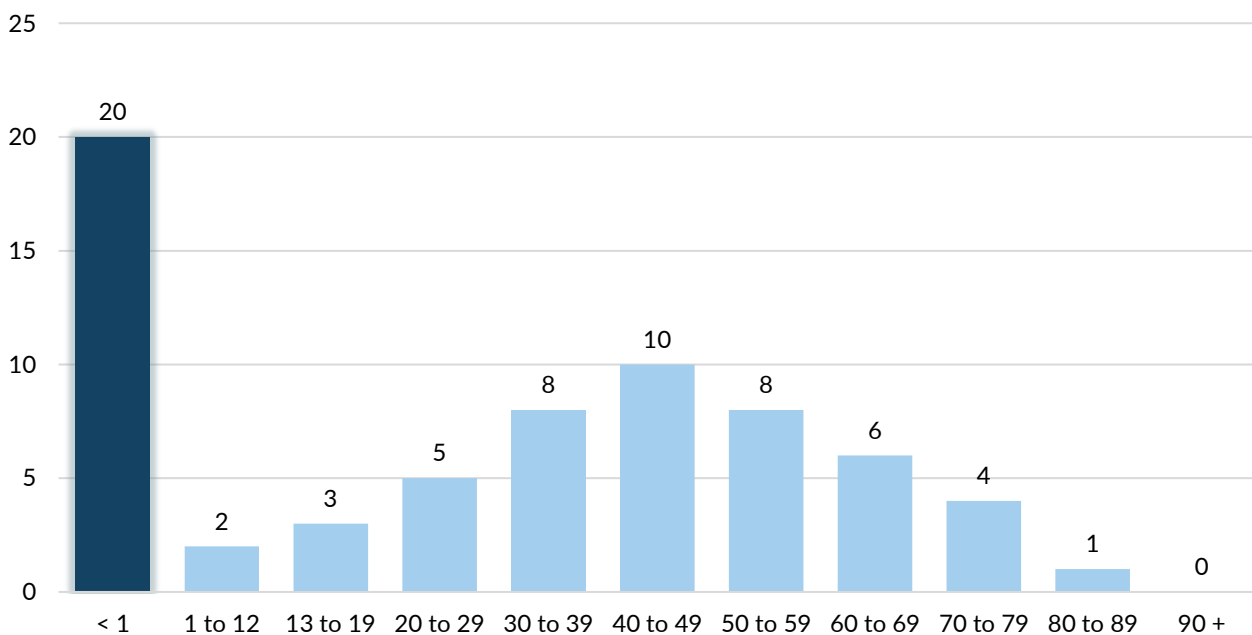
Undetermined Deaths by Cause

Cause of Death	Total	%
SUID	20	30%
Undetermined	16	24%
Drug Intoxication	11	16%
Blunt Force Trauma	10	15%
Gunshot Wound	5	7%
Drowning	3	4%
Other	2	3%
Total	67	100%

The MCCO aims to have as few undetermined deaths as possible per year. However, there are a number of cases with a lack of either medical or social evidence which would help to determine a more exact manner of death. The two main causes of death for CY23 were undeterminable and Sudden and Unexplained Infant death (SUID). Infants who die in the circumstances of an unsafe sleeping environment can be ruled as undetermined and SUID. Undetermined as a cause of death declined by 8% from the prior year, drug intoxication increased by 3% and blunt force trauma increased by 4%.

Undetermined Deaths by Age

The age group distribution from the CY22 to CY23 remain unchanged from the prior year. Infants (under 12 months) are the majority age group again in CY23 due to co-sleeping and SUID investigations. There was a shift from the second most impacted age group to 40 to 49 in CY23 from 30 to 39 in the prior year.

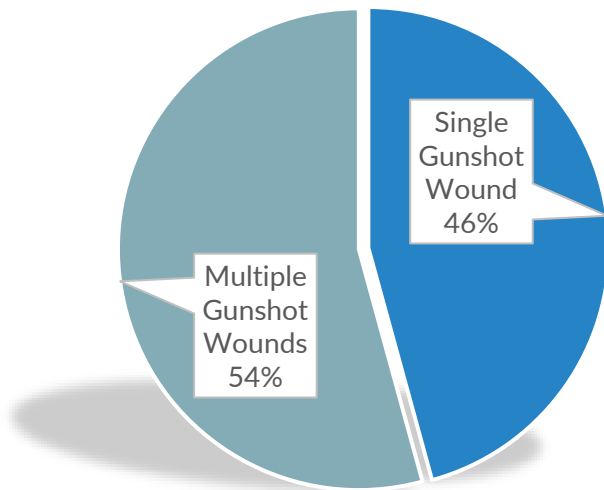


2023: Special Reports

The MCCO prepares special reports regarding deaths which are a community concern, or when a significant change occurred during the calendar year. The special reports present focused data to help the community and city-county leaders and address direct concerns/issues causing these deaths.

Special Report: Homicides involving Firearms

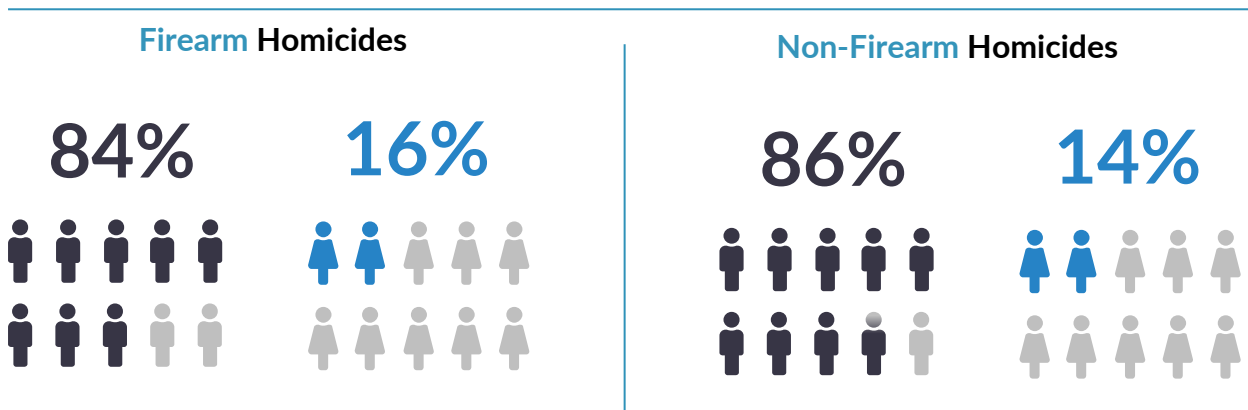
In CY23, the MCCO investigated 245 homicides, of which **91%** (223) involved firearms.



Number of Gunshot Wounds per Incident

The disparity between single and multiple gunshot wounds widened compared to the previous year. Multiple gunshot wound incidents increased by 4% while single gunshot wound incidents decreased by 4%. The data shows there was an increase of approx. 19 incidents involving multiple gunshot wounds from the prior year.

Firearm vs. Non-Firearm Homicides by Gender

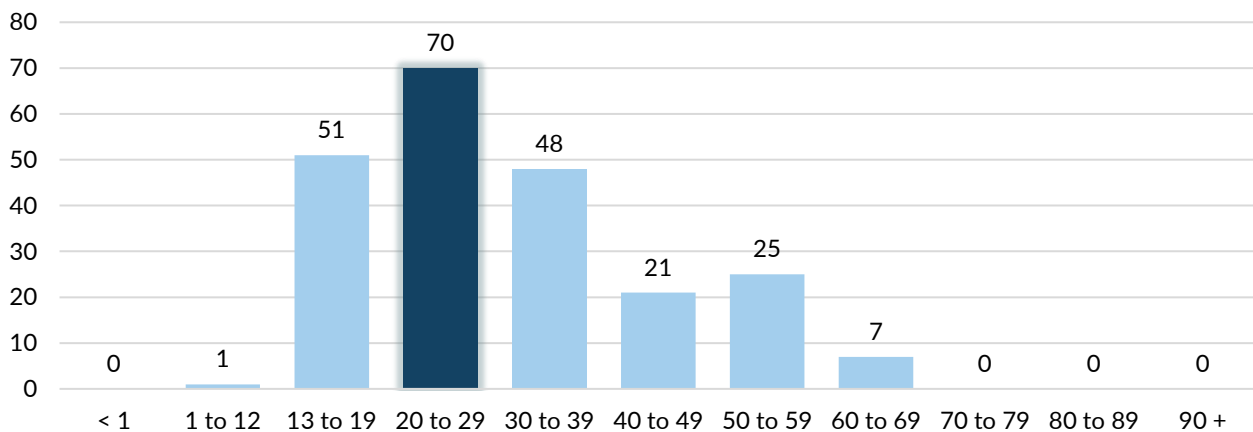


In CY23, firearm homicides involving a female decedent increased by 4% from the prior year. Non-firearm related homicides showed a larger shift with females falling by 25% and males increasing by 25%.

Special Report: Homicides involving Firearms

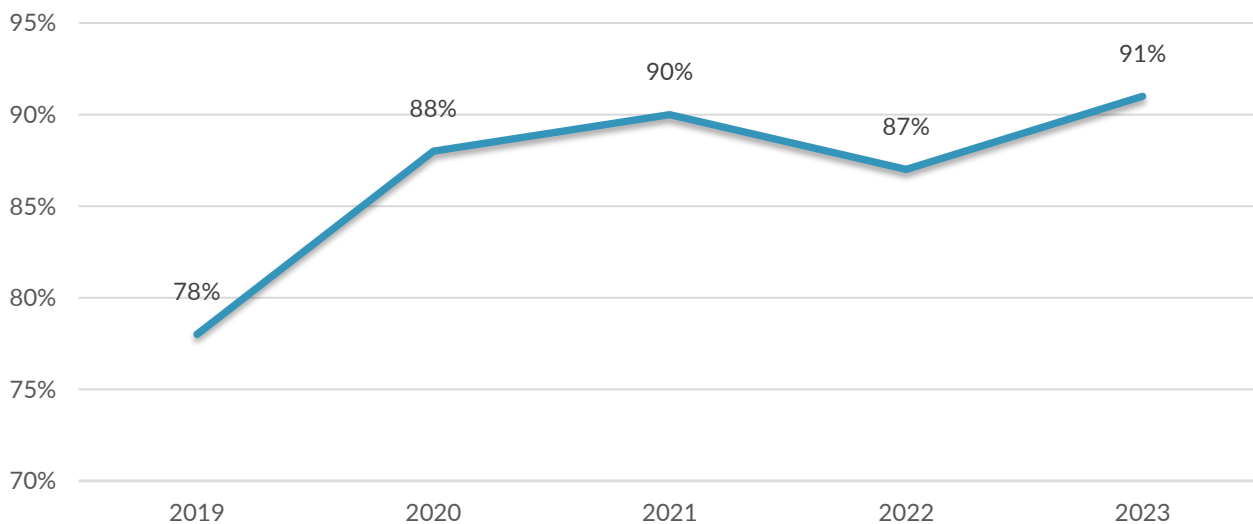
Firearm Related Homicide Deaths by Age

The distribution among age groups for firearm related homicides remained consistent in CY23 from the prior year. The 20 to 29 age group has the highest prevalence among all firearm homicide victims in CY23. The 13 to 19 age group increased by 10%.

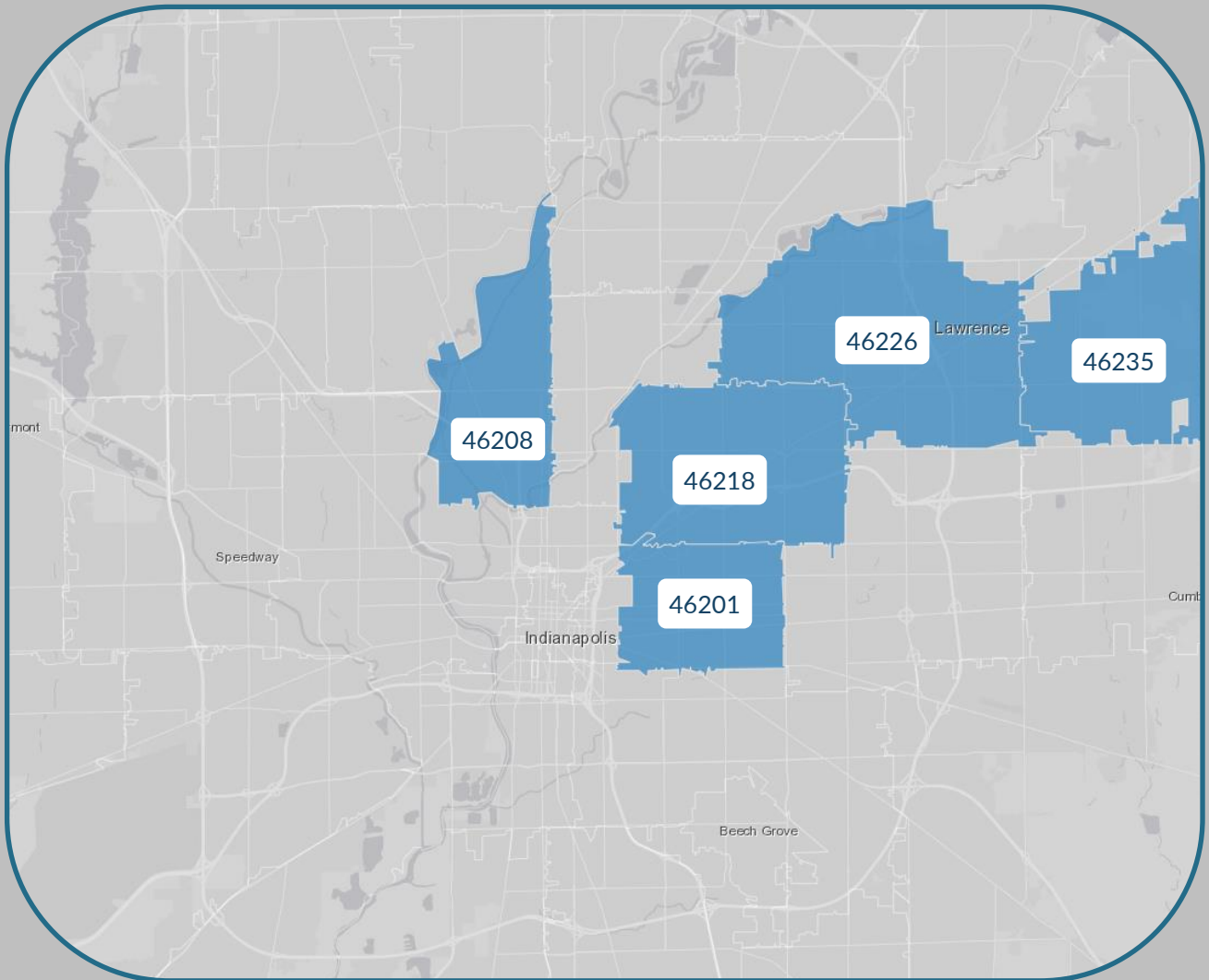


Percent of Firearm Homicides per Year

The percentage of firearm related homicides increased by 4% from the prior year.



Firearm Homicide Deaths Most Impacted Zip Codes in 2023



Top 5 Impacted Zip Codes	Total
46218	35
46226	20
46235	20
46201	18
46208	12
Total	105

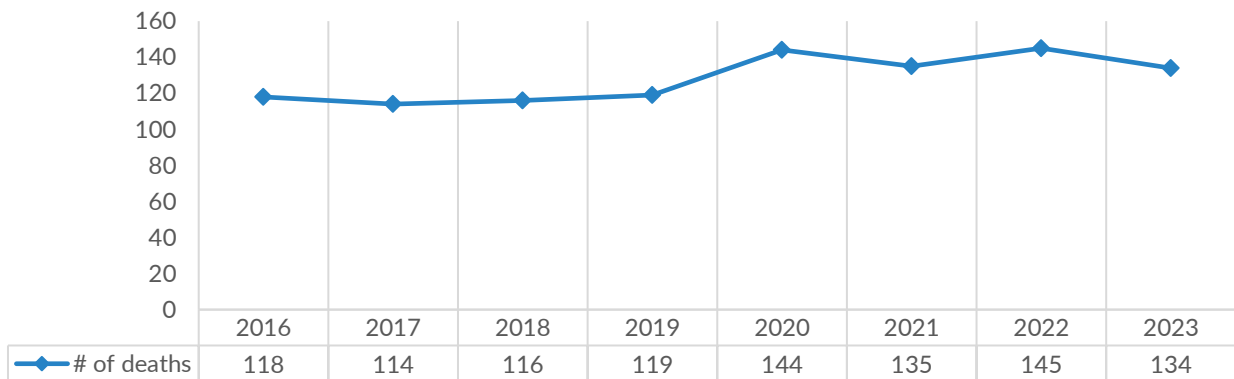
47%

Of firearm
homicides in
CY23

NEW Special Report: Children 0 to 18

In CY23, the MCCO created a new special report analyzing children (0-18) deaths, in lieu of only analyzing infant deaths like prior years. This allows the MCCO and community partners to identify patterns and trends in mortality rates among children, enabling us to address underlying cause such as diseases, accidents, social, and mental health factors. Moreover, understanding the circumstances surrounding these deaths can help identify gaps in healthcare systems, social services, and child protection mechanisms, thereby guiding efforts to strengthen support networks for children and their families. In CY23, the MCCO investigated **134** child (0-18) deaths, which was an 8% decline from the prior year but is still higher than the total number prior to 2020.

YEARLY TRENDS IN CHILD (0-18) DEATHS
2016-2023



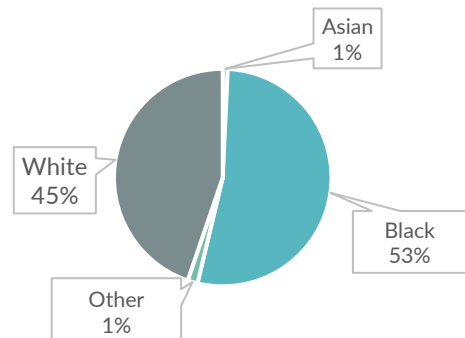
Gender Distribution

The gender distribution of all child deaths (0-18) in CY23 show most decedents were male, similar to total annual trends of all deaths in Marion County.



Race Distribution

Race distribution shows a disparity in Black decedents, which were found to have a higher percentage representation in child (0-18) deaths when compared to all deaths, across all ages in CY23.

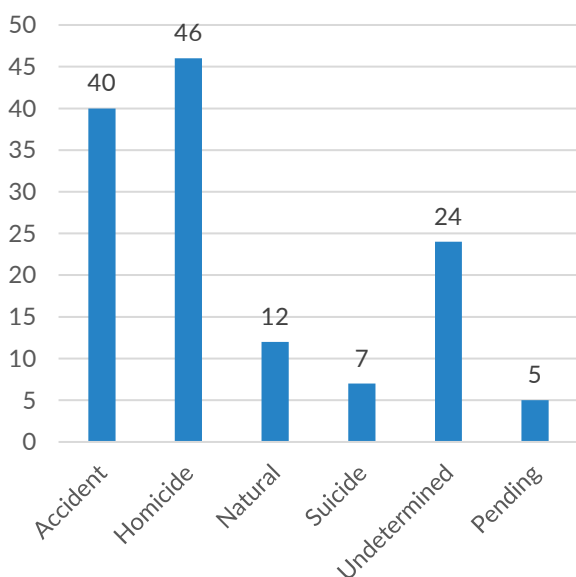


NEW Special Report: Children 0 to 18

Child (0-18) Deaths by Cause

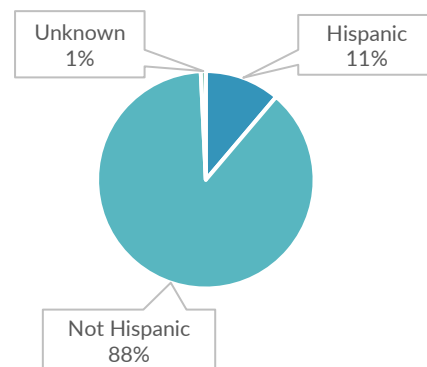
Cause of Death	Total	%
Gunshot Wound	50	37%
Blunt Force Trauma	21	16%
SUDI (Sudden Unexplained Death of Infant)	20	15%
Drug Intoxication	11	8%
Drowning	6	4%
Infection	3	2%
Epilepsy	3	2%
Congenital	3	2%
Thermal/Fire	4	3%
Asthma	2	1%
Ligature/Hanging	3	2%
Unsafe Sleep (Infant)	3	2%
Undetermined/Other/Pending	5	4%
Total	134	100%

Child (0-18) Deaths by Manner



Child (0-18) Deaths by Ethnicity

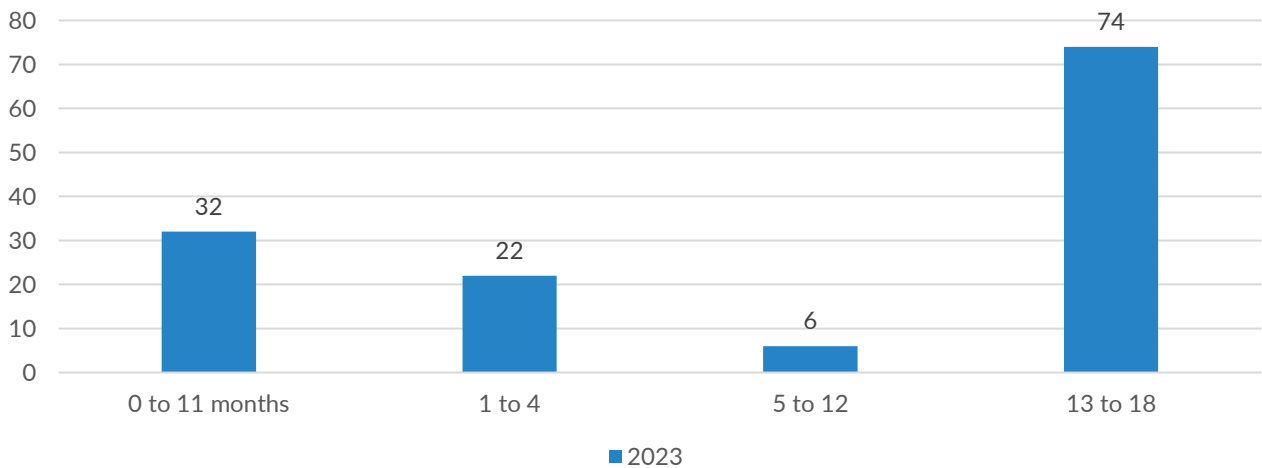
Ethnicity percentage among child (0-18) deaths is 5% higher than the percentage among all deaths for CY23.



NEW Special Report: Children 0 to 18

Child (0-18) Deaths by Age

Age distribution among child (0-18) deaths for CY23 showed 55% were between the ages 13 to 18, with 24% being under 12 months.

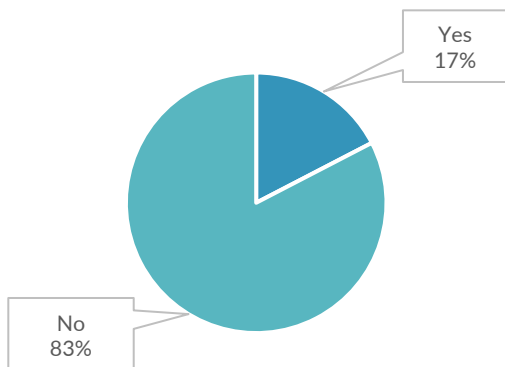


Child (0-18) Deaths: Homicide

Homicide related deaths accounted for 34% of all child (0-18) deaths in CY23.

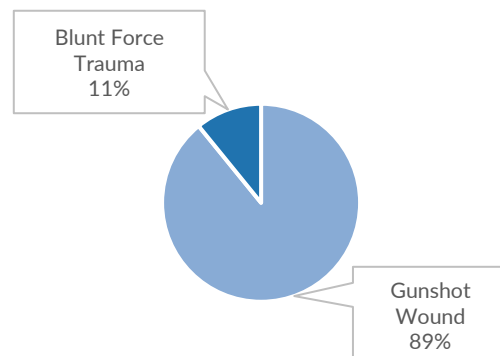
Child (0-18) Deaths: Injured at Residence

Approx. 17% of child homicide deaths occurred in their residence.



Child (0-18) Deaths: Cause

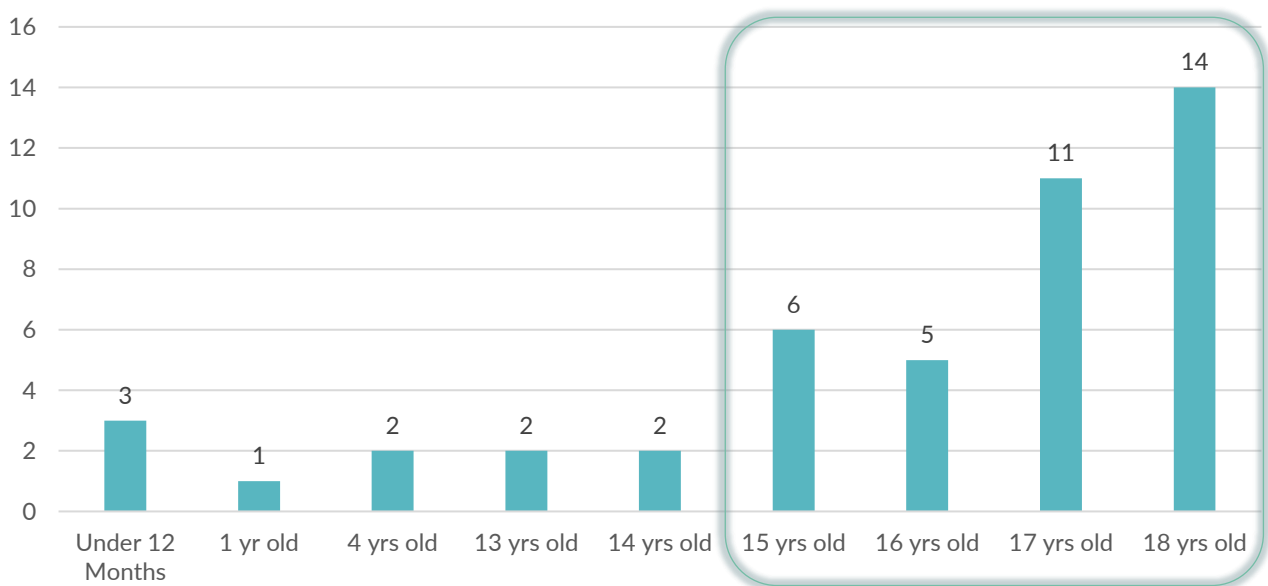
Approx. 89% of child homicide deaths were the result of gunshot wound(s), with 87% of these being residents of Marion County at time of death.



NEW Special Report: Children 0 to 18

Child (0-18) Homicide Deaths: Age

Of the specific age breakdown of child homicide deaths, 78% were aged 15 to 18 years old in CY23.



Child (0-18) Homicide Deaths: Race and Gender

The overwhelming majority of child homicide deaths were Black males at 74% of the total in CY23. This follows a similar trend for homicides across all ages (discussed in an earlier section). This is a disproportionate representation of Black males as homicide victims, even among child homicide deaths.

	Male	Female	Total	%
Black	25	9	34	74%
White	9	3	12	26%
	34	12	46	100%
%	74%	26%		

➔ **68%**

Of the 34 child homicides which were Black males, approx. 68% were the result of gunshot wound(s), with the average age of 17.

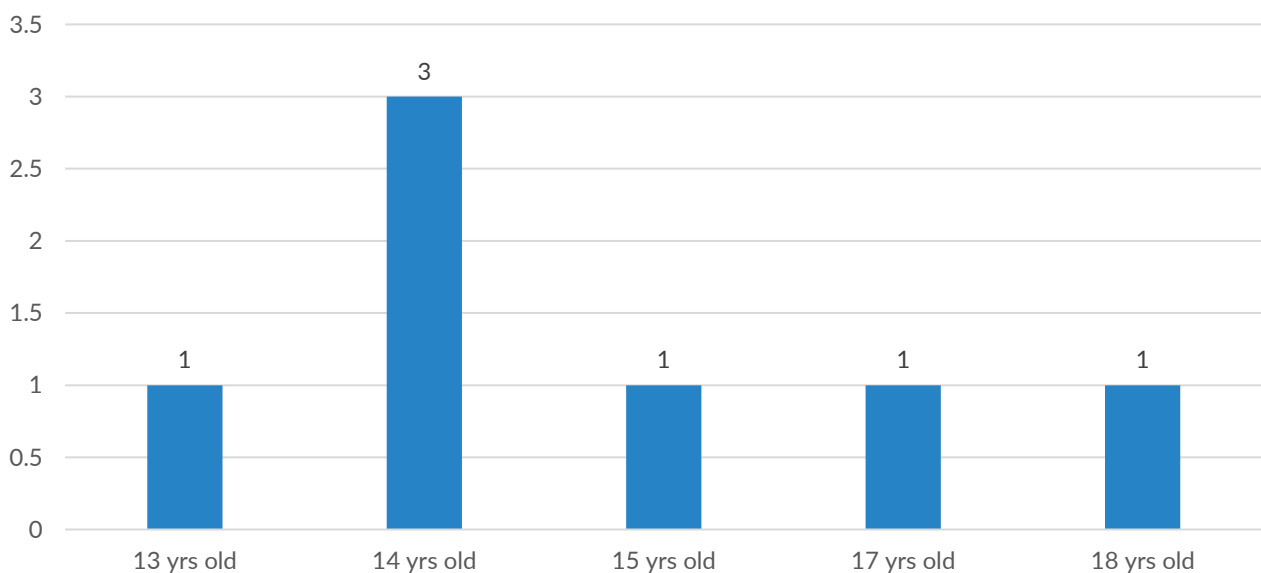
NEW Special Report: Children 0 to 18

Child (0-18) Deaths: Suicide

Suicide related deaths accounted for 5% of all child (0-18) deaths in CY23.

Child (0-18) Suicide Deaths: Age

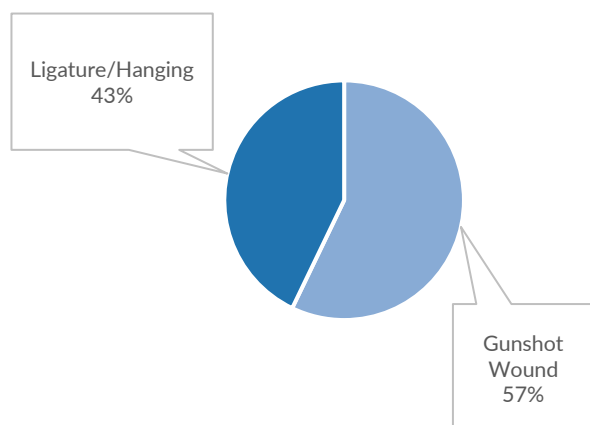
Approx. 43% of child suicide deaths were aged 14 years old.



Child (0-18) Suicide Deaths: Race and Gender

	Male	Female	Total	%
Asian	0	1	1	14%
White	5	1	6	86%
	5	2	7	100%
%	71%	29%		

Child (0-18) Suicide Deaths: Cause



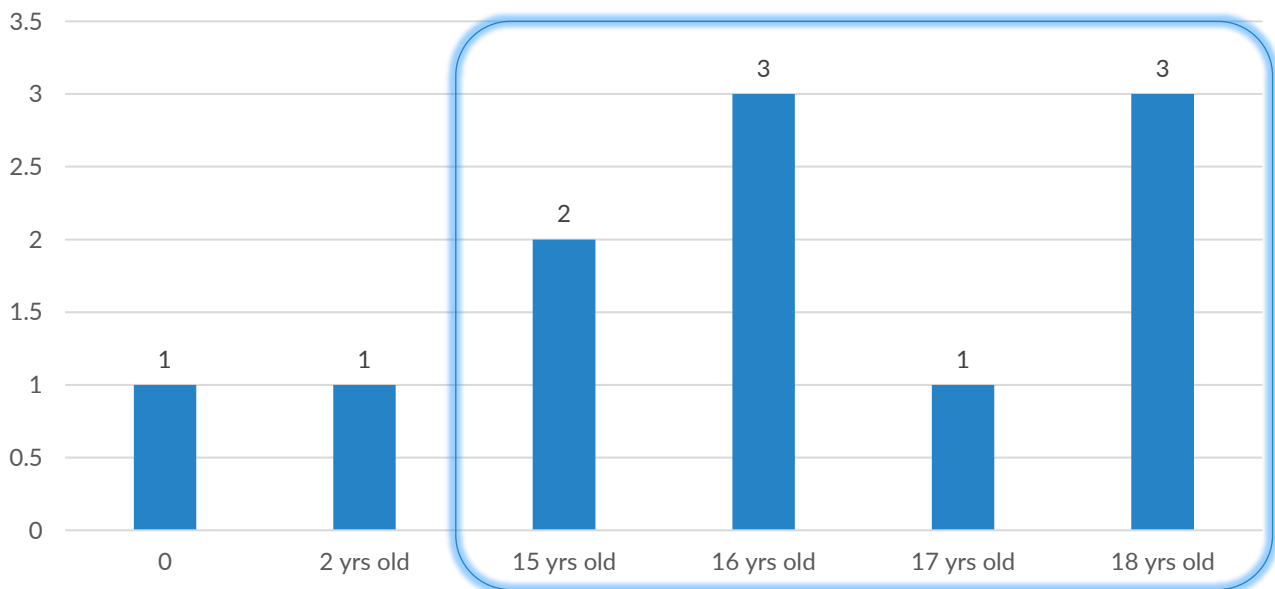
NEW Special Report: Children 0 to 18

Child (0-18) Deaths: Drug Intoxication

Drug Intoxication related deaths accounted for 11% of all child (0-18) deaths in CY23.

Child (0-18) Drug Intoxication Deaths: Age

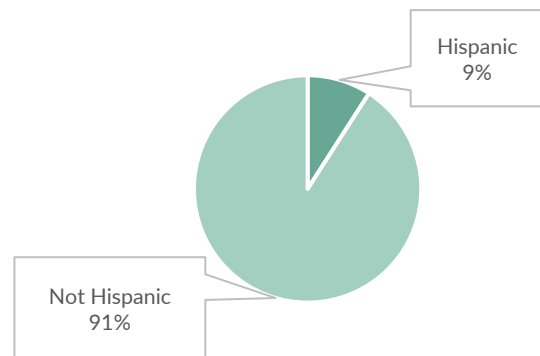
Approx. 82% of child drug intoxication deaths were between the ages of 15 to 18.



Child (0-18) Drug Intoxication Deaths: Race and Gender

	Male	Female	Total	%
Black	2	1	3	27%
White	5	3	8	73%
	7	4	11	100%
%	64%	36%		

Child (0-18) Drug Intoxication Deaths: Ethnicity



NEW Special Report: Children 0 to 18

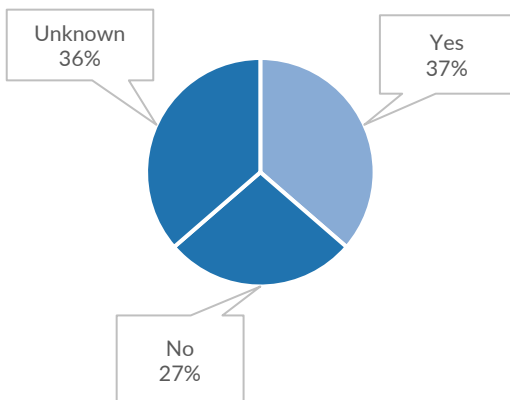
Child (0-18) Deaths: Drug Intoxication

82%
Fentanyl

Of the 11 drug intoxication child deaths, nine (9) cases involved Fentanyl. One case involved a fetal death due to maternal drug intoxication death. Other substances found in toxicology results, included: Cocaine, Methamphetamine, Fluorofentanyl, Acetylfentanyl, and Bromazolam. Approx. 60% (5) were found to have fentanyl as the only substance found.

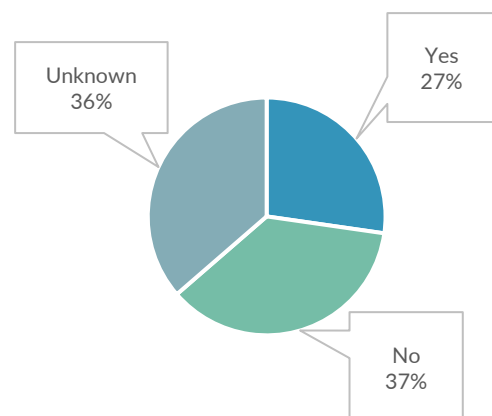
Child (0-18) Drug Intoxication Deaths: History of Drug Use

Approx. 36% of the child drug intoxication deaths were found to have a confirmed history of substance use disorder. This was obtained through family interviews during the investigation. This also includes the fetal death as the result of maternal substance use where the mother had a documented history of prior substance use.



Child (0-18) Drug Intoxication Deaths: Prior Treatment/Rehabilitation

Approx. 27% of child drug intoxication deaths were found to have a history of prior treatment for substance use.

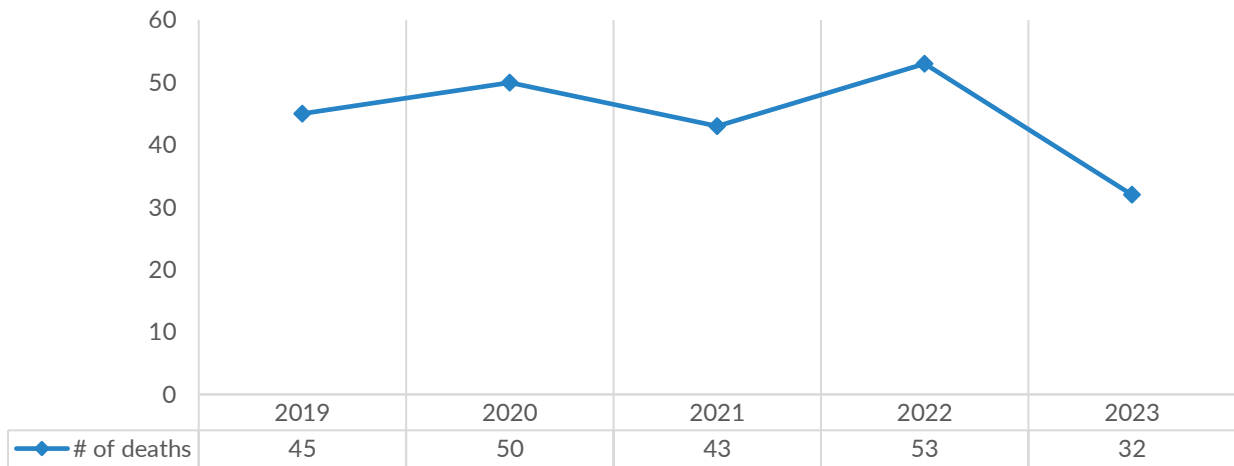


NEW Special Report: Children 0 to 18

Child (0-18) Deaths: Infant

Infant(s) related deaths accounted for 24% of all child (0-18) deaths in CY23. This was found to be a 40% decline from the prior year.

YEARLY TRENDS IN INFANT DEATHS
2019-2023



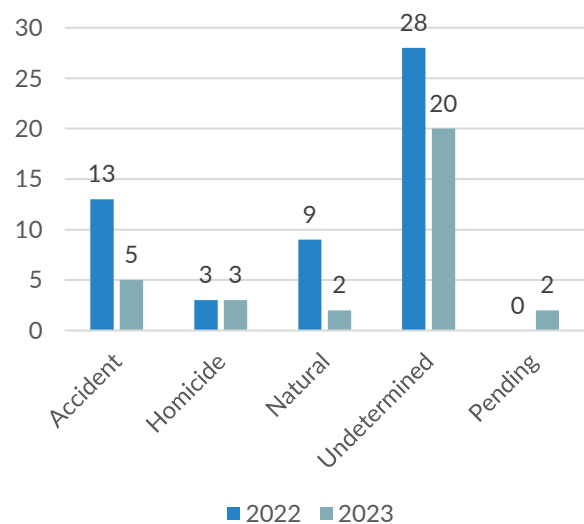
Child (0-18) Infant Deaths: Race and Gender

Males remained the majority of infant deaths which is similar to the prior year. White decedents increased by 6% and Black decedents declined by 5% from the prior year.

	Male	Female	Total	%
Black	13	4	17	53%
Other	1	0	1	3%
White	7	7	14	44%
	21	11	32	100%
%	66%	34%		

Child (0-18) Infant Deaths: Manner

Undetermined remained the majority ruling for Manner of death similar to the prior year.



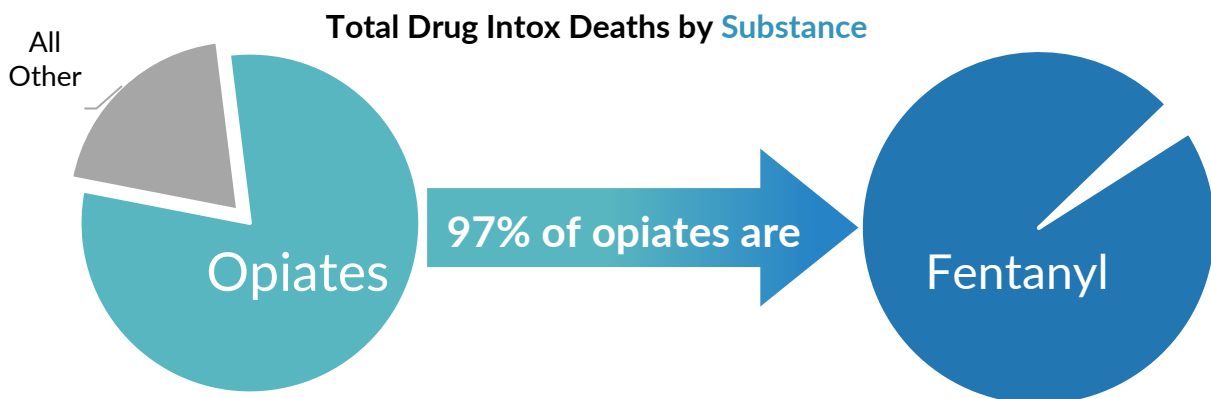
Child Fatality Review

The MCCO regularly participates in the local and state child fatality review team. This is a special work group comprised of physicians, prosecutors, social workers, child abuse investigators, law enforcement and the coroner's office to present case information. The purpose of the case reviews is to better understand how and why children die, take action to prevent other deaths, and to improve the health and safety for the children in Marion County and across the state.

Special Report: Drug Intoxication Deaths

In CY23, the MCCO investigated a total of **701** deaths where drug intoxication played a role, either as a direct cause or contributing factor, **across all manners** of death. This represents an **18% decrease** from the prior year.

Important note: A single year of data showing a decline should not be interpreted as an indicator of an ongoing trend. It is essential to observe over a longer period to make a more solid assumption. While the MCCO is encouraged to see a decline from the prior year, we do not interpret or present this as what can be expected in coming years.



In CY23, Fentanyl remained prevalent in toxicology results for both unintentional and intentional drug intoxication deaths. Opiates accounted for 80% of all drug intoxication deaths. Of the 80% (561 cases), 97% (543 cases) involved Fentanyl.

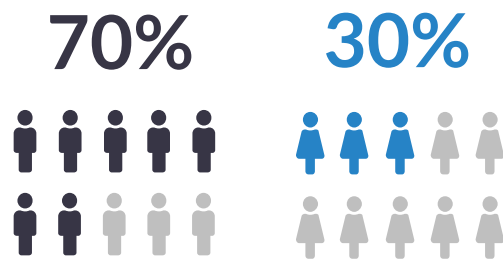


Fatal Drug Intoxication deaths per day **declined** for the first time in two years.

Special Report: Drug Intoxication Deaths

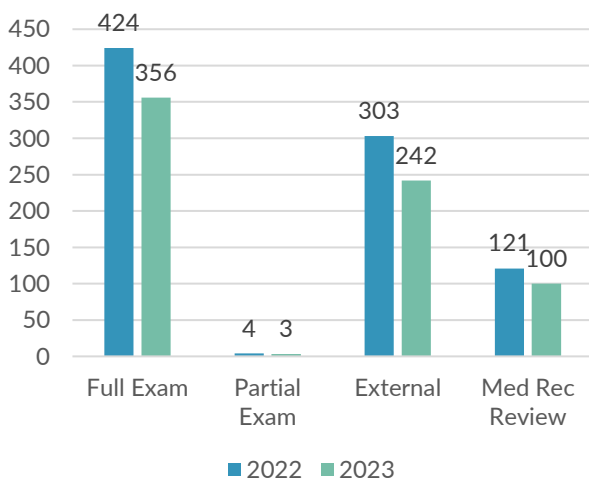
Gender Distribution

Decrease of 2% for Females from prior year but a 2% increase in Males in CY23.



Total Drug Intox Deaths by Exam Type

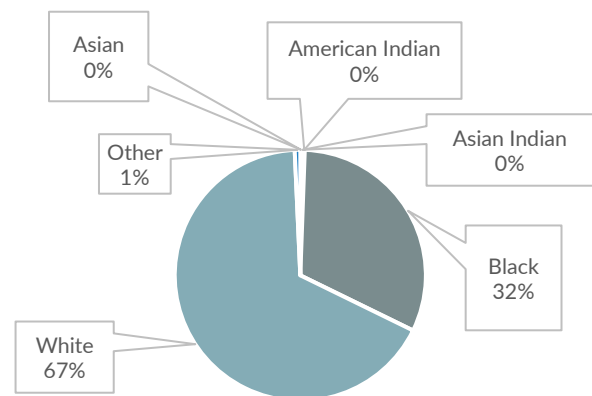
While the total number has decreased, the percentage of full exams increased from the prior year by 2%.



*Medical record review are cases where the body is not available, or a forensic exam is not necessary, to determine the cause and manner of death. This only occurs when an individual dies in a hospital setting and medical records and/or toxicology is available.

Race Distribution

Increase of 2% among White decedents, but a decline of 2% among Black decedents from the prior year.



Total Drug Intox Deaths by Manner

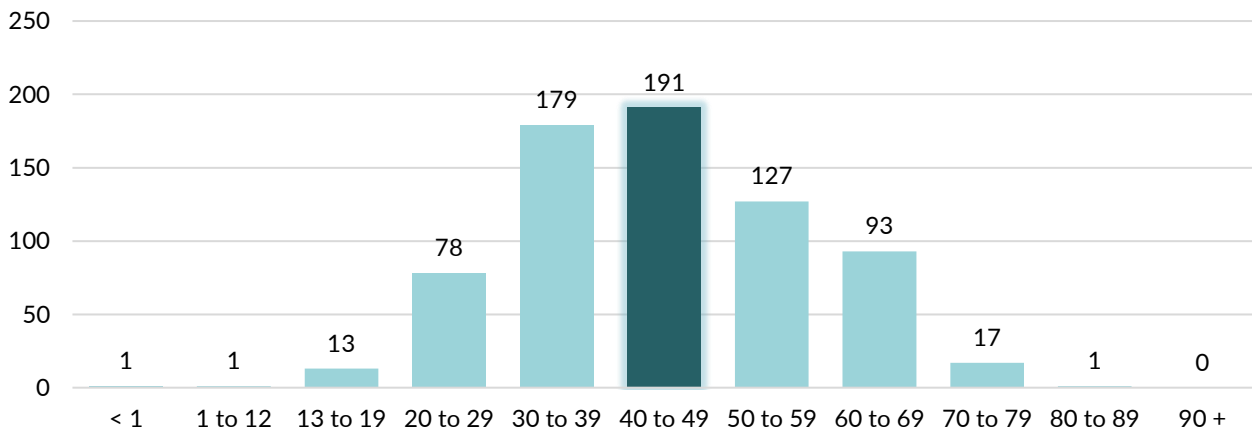
Manner	Total
Accident	677*
Suicide	13
Undetermined	11
Total	701

*The above total count includes the 8 additional accidental deaths where drug intoxication was found to contribute to the death but was not the direct, primary cause. In these cases, there was a positive toxicology result and the substance found was determined to have created or exacerbated a natural disease process.

Special Report: Drug Intoxication Deaths

Drug Intoxication Deaths by Age

The distribution among age groups for drug intoxication deaths changed in CY23 from the prior year. The 40 to 49 age group was the highest prevalence accounting for 26% of all drug intoxication victims in CY23. In CY23, the 60 to 69 age group had a 2% increase. This is a similar trend from the prior year of an increasing number of drug intoxication deaths among our aging population.

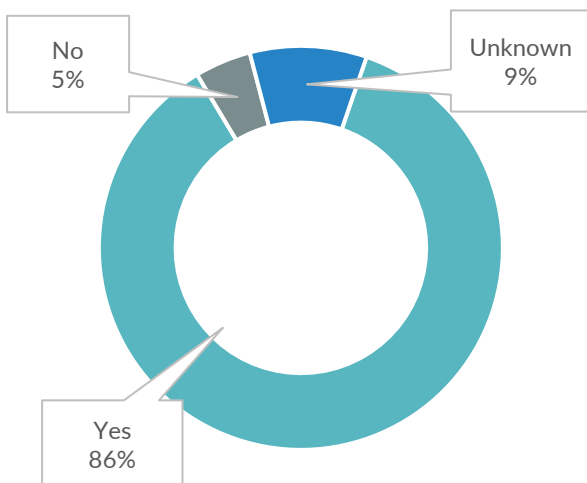


Reported History of Illicit Drug Use

Among both unintentional and intentional drug intoxication deaths, there was a 7% increase in those with a reported history of substance use disorder.

25%

Of the cases involving a confirmed history of substance use disorder, only ¼ of those were found to have a history of prior treatment/rehabilitation.



528

The number of cases where the initial investigation was determined to be, found evidence of, or reported as a suspected drug intoxication death upon investigator arrival to the scene (approx. 75% of all cases).

Special Report: Drug Intoxication Deaths

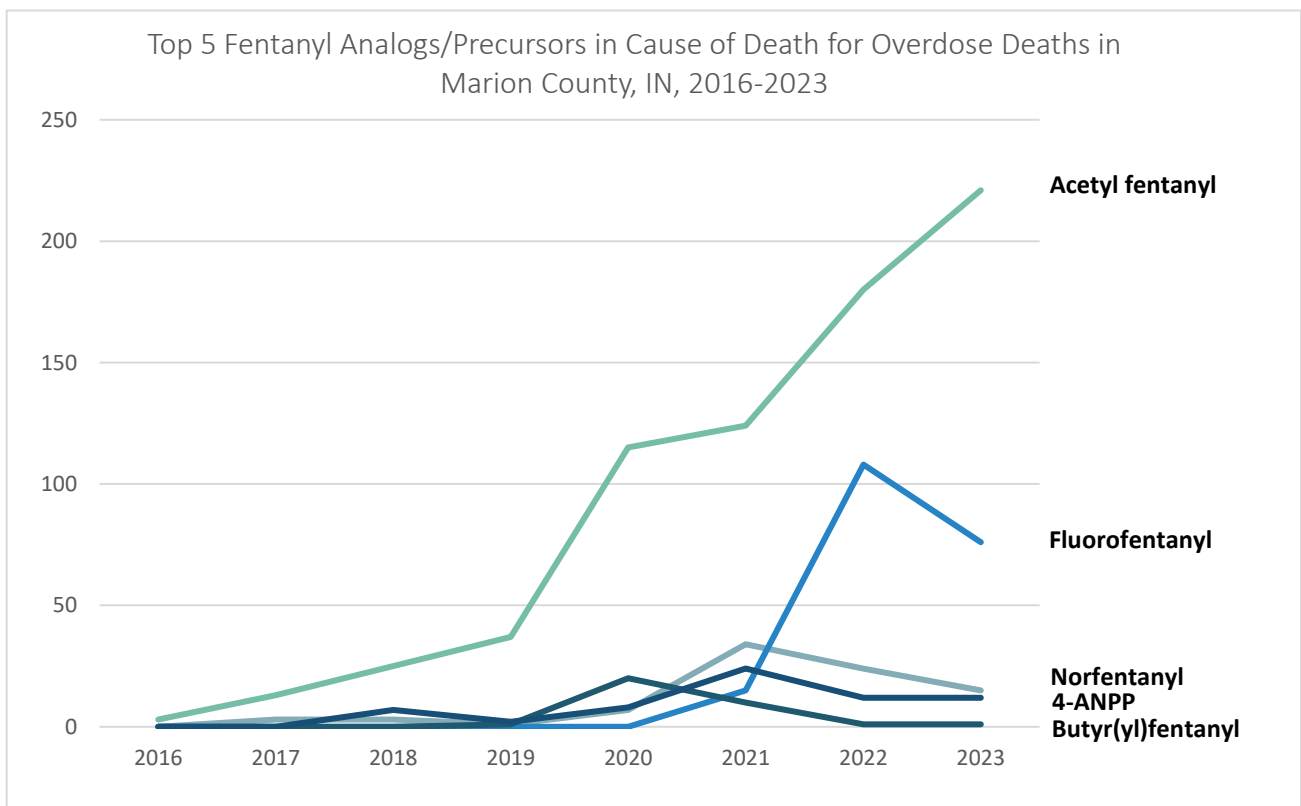
Prevalence of Fentanyl Analogs among all Drug Intoxication Deaths: 2016 to 2023

What are fentanyl analogs?

Fentanyl analogs are opioids created by altering the basic chemical structure of fentanyl. These modifications still allow fentanyl analogs to produce a similar pharmacological effect to fentanyl while containing a slightly different chemical structure.

Why is it important to discuss?

Fentanyl and its analogs are often used when creating counterfeit prescription drugs or are mixed with other illicit substances, such as cocaine, heroin, and methamphetamine. By using or creating a drug with a slightly different chemical structure to fentanyl, illicit drug manufacturers can avoid detection on standard drug tests or overall identification as a controlled substance.



Acetylfentanyl is the fastest growing analog among toxicology results for both intentional and unintentional accidental drug intoxication. This substance alone has increased over 7,000% in 7 years.

Special Report: Drug Intoxication Deaths

Frequency of Fentanyl & Fentanyl Analogs/Precursors in Cause of Death for Drug Intoxication Deaths in Marion County, IN, 2016-2023

Fentanyl Analog/Precursor	Frequency							
	2016	2017	2018	2019	2020	2021	2022	2023
Fentanyl	86	152	193	240	511	638	648	555
Acetyl fentanyl	3	13	25	37	115	124	193	224
Norfentanyl	0	3	3	1	7	34	24	15
Fluorofentanyl	0	0	0	0	0	15	110	77
Butyr(yl)fentanyl	0	0	0	1	20	10	1	1
Carfentanil	0	0	2	4	2	1	3	0
4-ANPP (Despropionyl fentanyl)	0	0	7	2	8	24	12	12

Percent Change of Fentanyl & Top 5 Fentanyl Analogs/Precursors in Cause of Death for Drug Intoxication Deaths by Year in Marion County, IN, 2016-2023

Fentanyl Analog/Precursor	Percent Change						
	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Fentanyl	76.7%	27.0%	24.4%	112.9%	24.9%	1.6%	-14%
Acetyl fentanyl	333.3%	92.3%	48.0%	210.8%	7.8%	56%	16%
Fluorofentanyl	x	x	x	x	x	633.0%	-30%
Norfentanyl	x	0.0%	-66.7%	600.0%	385.7%	-29.4%	-37.5%
4-ANPP	x	x	-71.4%	300.0%	200.0%	-50.0%	0.0%
Butyr(yl)fentanyl	x	x	x	1900.0%	-50.0%	-90.0%	0.0%

Special Report: Drug Intoxication Deaths

Acetyl fentanyl

According to the Drug Enforcement Administration (DEA), acetyl fentanyl has not been approved for medical use in the US and there are no published studies proving safe use for humans. Furthermore, acetyl fentanyl cannot be differentiated from fentanyl on many tests and therefore requires a specific gas chromatography/spectrometry test to identify its presence. However, there is evidence that shows acetyl fentanyl is less potent than fentanyl, but approximately 5-15 times more potent than heroin.

Emerging Threat in the United States: Xylazine

Xylazine, an animal tranquilizer, has been detected in toxicology findings alongside opioids, despite not being approved for human use. Unlike opioids, Naloxone cannot reverse the effects of Xylazine. Commonly referred to as “Tranq,” when combined with opioids, this substance increases the risk of a fatal overdose.

In CY23, Xylazine was found in combination with various illicit substances known for causing fatal overdoses, including Fentanyl, Cocaine, Methamphetamine, Fentanyl analogs, and Benzodiazepines.

32

**100% increase
in 2023 were
Xylazine was
detected**

Toxicology Results

Drug Intoxication Deaths

Substance	QTY
1-difluoroethane	1
4-ANPP	12 *~
7-Aminoclonazepam	2
Acetaminophen	9
Acetylfentanyl	224 *~
Alpha-PiHP	1
Alcohol (Ethanol)	143
Alprazolam	22
Amiodarone	1
Amphetamine/ Methamphetamine	245
Antihypertensives	1
Aripiprazole	2
Benzodiazepine	3
Bromazolam	26
Buprenorphine	3
Bupropion	4
Butyrylfentanyl	1 *
Cannabinoids	1
Chlordiazepoxide	2
Citalopram	5
Clonazepam	23
Clozapine	1
Cocaethylene	11
Cocaine	197
Codeine	1 *
Cyclobenzaprine	17
Desmethylsertraline	1
Dextromethorphan	7 *
Diazepam	3
Difluoroethane	1
Dihydrocodeine	3 *
Diphenhydramine	18
Doxepin	1
Doxylamine	1
Duloxetine	3
Ephedrine	1
Escitalopram	1

Substance	QTY
Ethylene	1
Fentanyl	555 *
Flubromazepam	2
Fluorofentanyl	77 *~
Fluoxetine	4
Gabapentin	53
Haloperidol	2
Heroin	3 *
Hydrocodone	13 *
Hydromorphone	2 *
Hydroxyzine	13
Isopropanol	1
Lamotrigine	1
Levamisole	1
Lorazepam	4
Memantine	1
Meta- chlorophenylpiperazine	2
Methadone	13 *
Metonitazene	3 +
Metoprolol	1
Mirtazapine	4
Mitragynine	1
Morphine	20 *
Nordiazepam	2
Norfentanyl	15 *
Norfluoxetine	1
Nortriptyline	2
Olanzapine	3
Opioid	4 *
Oxycarbazepine	1
Oxycodone	19 *
Phencyclidine (PCP)	3
Phenobarbital	1
Phenylpropanolamine	2
Pregabalin	1
Propranolol	1
Protonitazene	2 +

Substance	QTY
Quetiapine	4
Quinidine	1
Seroquel	1
Sertraline	2
Tadalafil	1
Topiramate	2
Tramadol	2 *
Trazadone	8
Trihexyphenidyl	1
Venlafaxine	1
Xylazine	32 ++
Zolpidem	3

Substance Coding

*Opiate

*~Fentanyl Analog

+Nitazene(s)

++Emerging

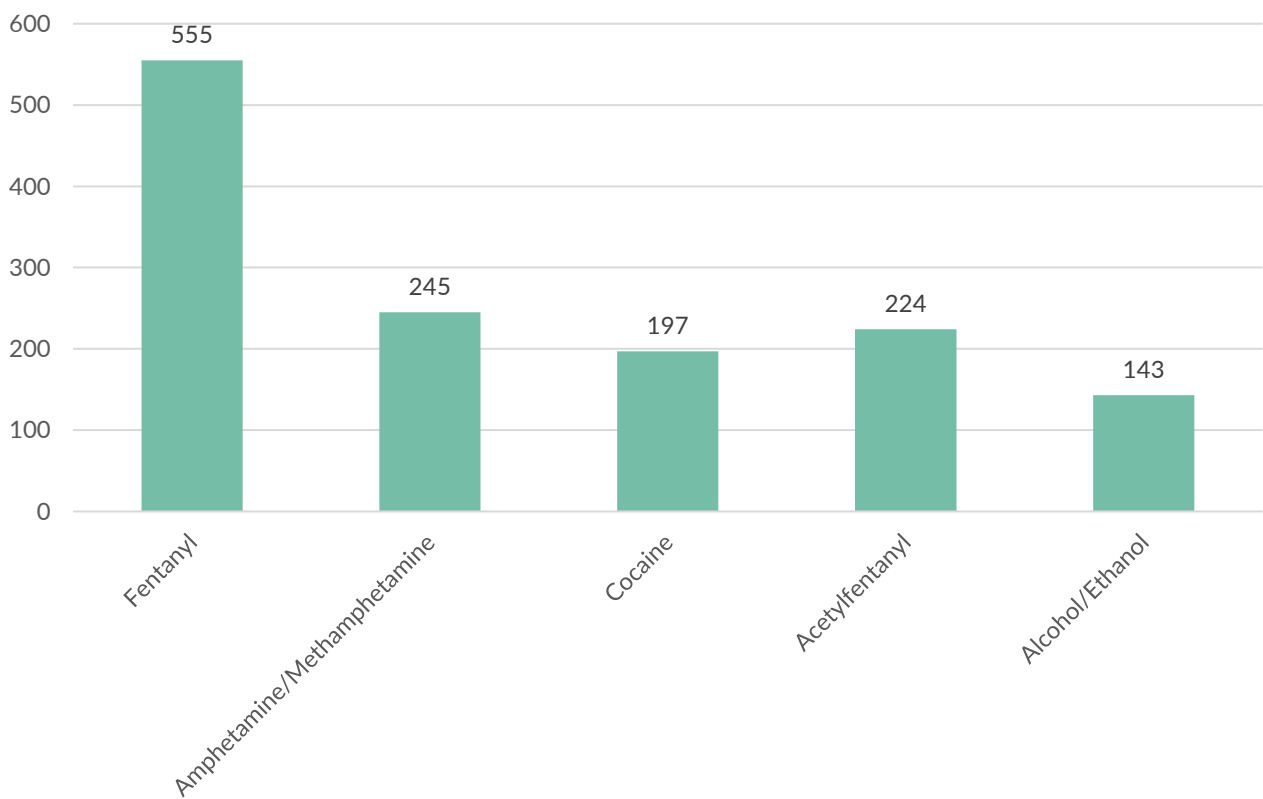
Toxicology Results

Drug Intoxication Deaths

In CY23, a total of 1,890 substances were detected in drug intoxication deaths, showing consistent trends compared to the previous year. The MCCO collaborated with the DEA and local law enforcement to monitor Fentanyl(s), Nitazenes and Xylazine trends throughout CY23. The presence of these substances increased compared to CY22, with Xylazine experiencing a 100% increase.

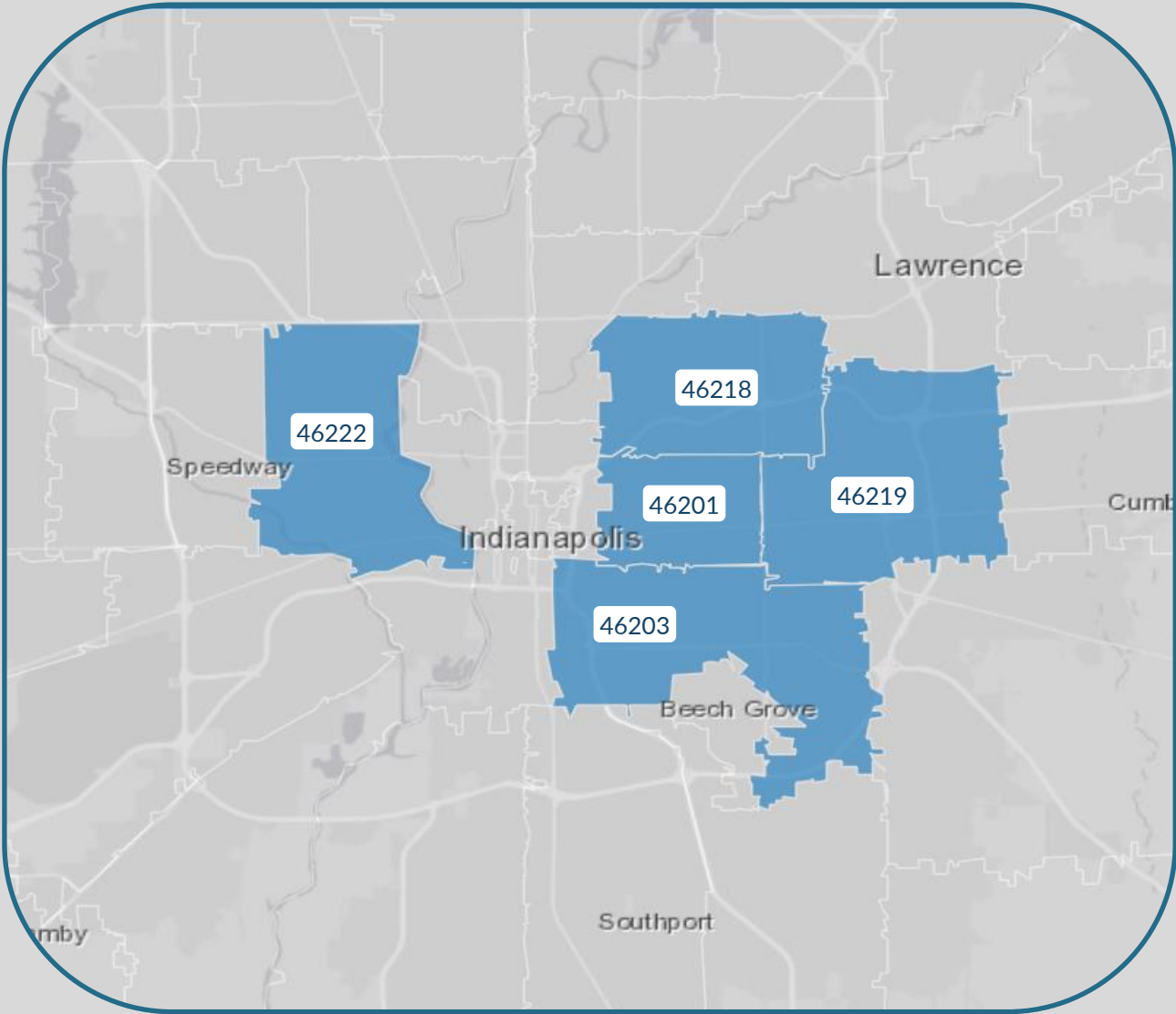
Significant increases were observed in Fentanyl analogs compared to the previous year: Acetylfentanyl rose by 16%. Alcohol (Ethanol) increased by 11%, while Amphetamine/Methamphetamine decreased by 21% from the previous year.

Top Five Toxicology Findings in 2023



The top five substances found
accounted for **72%** of the total
quantity of substances found.

Drug Intoxication Deaths Most Impacted Zip Codes in 2023



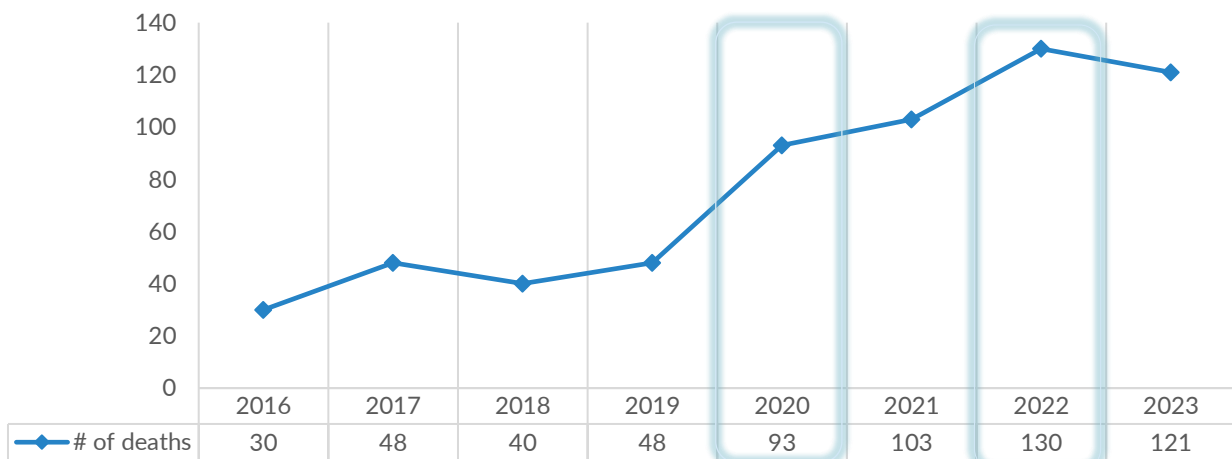
Top 5 Impacted Zip Codes	Total
46201	64
46219	51
46203	48
46218	45
46222	42
Total	250

36%
Of
Drug intoxication
deaths in CY23

NEW Special Report: Unhoused Person(s)

In CY23, the MCCO worked to improve our collection and tracking of decedents who may be classified as unhoused, experiencing homelessness or unsheltered. During the review of our annual analysis, we have identified several limitations to data collection, which will be improved in 2024 by making modifications to our case management system. The data presented through here is a collection of information gathered from 2016 to 2023 to provide a snapshot review of trends.

YEARLY TRENDS IN UNHOUSED PERSON(S) DEATHS
2016-2023



In 7 years, there has been a 303% increase in unhoused decedents where the MCCO investigated the death. The largest jump in unhoused person(s) classification historically occurred in CY20 (+94% from prior year) and in CY22 (+26% from prior year). There was a slight decrease in CY23 of -7% from the prior year.

Gender Distribution

75%

25%



Classification Criteria

In analyzing the various levels decedent's fell within to be classified as unhoused, the following criteria was established to analyze the data:



True/Confirmed Transiency: documented, observed or verbal confirmation of unhoused status

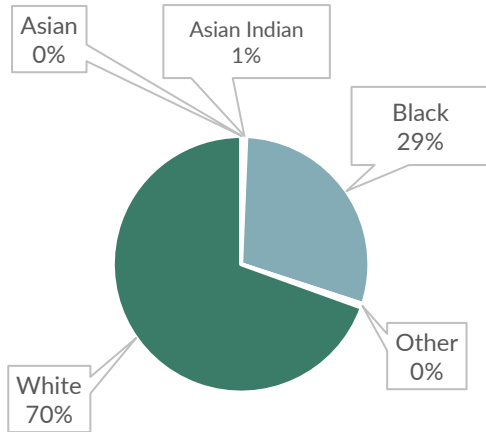


Partial: residing at or confirmed to be in transitional housing, i.e. shelter, treatment, etc.

NEW Special Report: Unhoused Person(s)

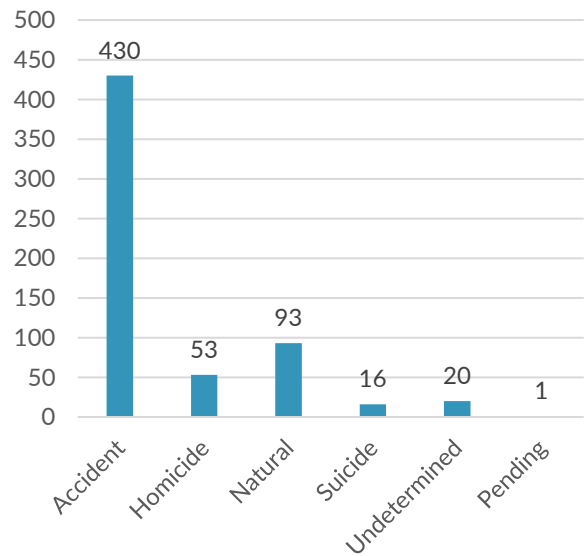
Race Distribution

Counts include total data from 2016 to 2023.



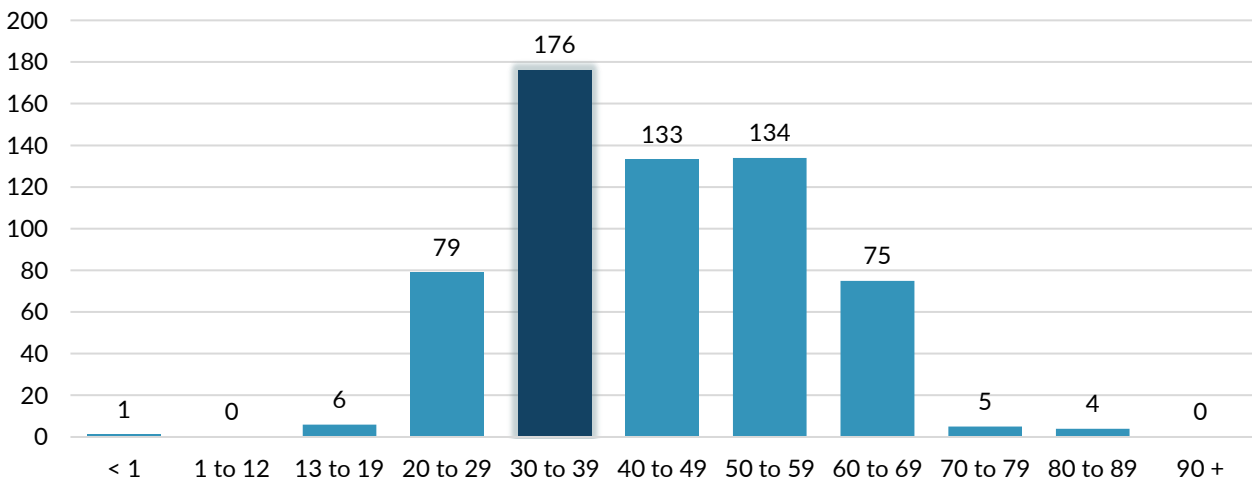
Unhoused Person(s) Deaths by Manner

Counts include total data from 2016 to 2023, showing 70% of all unhoused person deaths were accidental.



Unhoused Person(s) Deaths by Age

The highest impacted age group among unhoused person(s) over a seven-year period was 30 to 39, accounting for 29% of the total. The single case counted as under 12 months was a fetal death where the mother was documented as unhoused at time of death.



NEW Special Report: Unhoused Person(s)

Unhoused Person(s) Deaths: **Accidental**

For deaths among unhoused person(s) from 2016 to 2023, accidental had the highest prevalence. When analyzed by cause of death, unintentional drug intoxication and blunt force trauma were the most common causes accounting for 93% of all accidental deaths within this subcategory. The race and gender distribution of accidental deaths among unhoused person(s) is similar to the total distribution: White (75%) and Male (73%), with 30 to 39 being the highest impacted age group.

Drug Intoxication Related Deaths

360

Among the accidental deaths of unhoused person(s) from 2016 to 2023, 83% were the result of unintentional drug intoxication. In 2023, unintentional drug intoxication deaths among unhoused person(s) accounted for 86%.

Pedestrian Related Deaths

69%

There were 32 total blunt force trauma deaths associated with a motor vehicle accident from 2016 to 2023 among unhoused person(s). Of this, over half of the deaths were the result of a pedestrian being struck by a vehicle.

Unhoused Person(s) Deaths: **Homicide**

For deaths among unhoused person(s) from 2016 to 2023, homicides had the highest prevalence in 2020. The rate has increased 133% over seven years. In CY23, this rate declined by 22% from the prior year. The highest impacted age range of 30 to 39 was found to be older than the total homicide age range for CY23 (referenced in homicide section earlier in report). The race and gender distribution were found to be predominantly Black (54%) Males (79%).

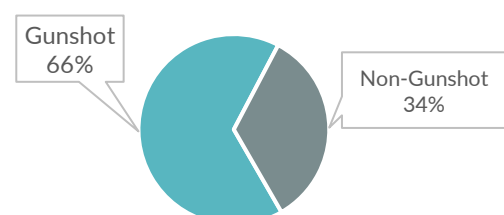
Incident Type for Homicide Deaths

58%

The most significant incident type from 2016 to 2023 involved an unwitnessed incident. The second most prevalent incident type (25%) involved an alleged assault or altercation.

Homicide Related Deaths

There were 35 incidents from 2016 to 2023 involving firearms resulting in homicide among unhoused person(s), peak incidents of 10 occurred in CY20.



Unhoused Person(s) Conclusion

The MCCO, in partnership with the Marion County Public Health Department, are working in CY24 to improve data collection methods for multiple new data points. This will enable the MCCO to present a more comprehensive capture of mortality data regarding unhoused person(s) in Marion County in future annual reports.

Years of Service Recognition

The MCCO would like to thank the following staff members for their dedication, commitment, and hard work for the agency over the years.

40
Years

Marchele Hall - Deputy Administrator (46 Years)

30
Years

Connie Fulp - Administrative Clerk (34 Years)

25
Years

Alfarena McGinty - Chief Deputy (27 years)
Dave Grannan - Deputy Coroner (28 Years)

20
Years

Michele Kratz - Senior Deputy Coroner (24 Years)

15
Years

Dominique Battles - Autopsy Supervisor (18 Years)
Wilma Owens-Lacefield - Senior Medical Transcriptionist (18 Years)
Amanda Wells - Deputy Coroner (18 Years)

10
Years

Michael Battee - Autopsy Technician (13 Years)
Mallory Malczewski - Chief Financial Officer (12 Years)

5
Years

Jennifer Suarez - Quality Assurance Analyst (8 years)
Rebecca Rico - Deputy Coroner/FTO (6 years)



End of Report