BJA's
Comprehensive
Opioid, Stimulant,
and Substance Abuse
Program

Overdose Fatality Review

A Practitioner's Guide to Implementation

Acknowledgment

This document was authored by Melissa Heinen and Mallory O'Brien, Institute for Intergovernmental Research.

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Learn more about the Overdose Fatality Review at **www.cossapresources.org**.

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Overview

Overview

What Is the Overdose Epidemic?

Drug overdoses are a leading cause of death in the United States. From 1999 to 2017, more than 702,000 people died from a drug overdose in America; 67,000 died in 2018.

Pointing to progress in addressing the epidemic, there were 4 percent fewer overdose deaths in 2018 compared with 2017.

Are Overdose Deaths Preventable?

Yes. Overdose deaths can be prevented with coordinated prevention strategies, timely implementation of evidence-based interventions, community mobilization, and supportive families and friends.

The shared understanding that overdose deaths are preventable guides the entire overdose fatality review (OFR) process. Federal agencies, such as the Bureau of Justice Assistance (BJA) and the Centers for Disease Control and Prevention (CDC), are strategically coordinating to mobilize local communities to develop and implement OFRs.

What Is an Overdose Fatality Review (OFR)?

The purpose of an OFR is to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies.

In practice, OFRs involve a series of confidential individual death reviews by a multidisciplinary team. A death review (also referred to as a "case review") examines a decedent's life cycle in terms of drug use history, comorbidity, major health events, social-emotional trauma (including adverse childhood experiences), encounters with law enforcement and the criminal justice system, treatment history, and other factors, including local conditions, to facilitate a deeper understanding of the missed opportunities for prevention and intervention that may have prevented an overdose death.

By conducting a series of OFRs, jurisdictions begin to see patterns of need and opportunity, not only within specific agencies but across systems.

Blending input from public health, public safety, providers, and the community, OFR teams develop program and policy recommendations to improve coordination and collaboration between agencies and community conditions to prevent future overdose deaths.

These recommendations are presented to a governing committee that supports and provides resources for implementation and a framework for accountability for action. Examples of successful recommendations include the integration of peer recovery specialists into new settings, targeted naloxone distribution, and improved coordination of public safety and public health.

Why Are OFRs a Useful Strategy for Preventing Overdose Deaths?

Fatality reviews are used to address several complex public health issues. Reviews such as homicide, child death, maternal mortality, critical incidents, suicide, and

overdose deaths share many common components such as a focus on prevention, convening of multidisciplinary teams to do a series of case reviews, identification of missed opportunities for prevention and intervention, and development and implementation of data-driven prevention and intervention strategies.

The OFR process generates information about the decedent and his or her interactions with services and systems. This information is used to craft recommendations to prevent future similar deaths.

Toolkit Design

As a nationally recognized model, OFR is being used by a growing number of communities to strengthen their community-based responses to the opioid overdose epidemic. This toolkit is a companion document to the CDC Foundation's Public Health and Safety Team (PHAST) Toolkit and was created to help communities plan, implement, and evaluate OFRs. It is designed for multiple audiences including public health, public safety, criminal justice, drug treatment, and social services.

The goal of the toolkit is to provide the reader with the needed information to build a successful OFR process with a strong foundation in coalition, data collection, and prevention. The toolkit content draws on other fatality reviews and the authors' practice-based knowledge. It is organized into five modules:

Module 1. Recruit Your OFR Members

Recruit Your OFR Members

Module 1

This module covers the overdose fatality review (OFR) team leadership roles and members, as well as how to recruit to ensure active participation by multidisciplinary members. It also covers how the OFR team fits into a larger infrastructure, including subcommittees and a governing committee.

1A. OFR Team

OFR teams are multidisciplinary and include individuals who can share information about a decedent or contribute to the analysis of available data to make recommendations that will prevent future overdose deaths.

Like the CDC Foundation's Public Health and Safety Team (PHAST) framework, an OFR encourages multisector collaboration by using the data-driven "SOS" process. In this context, SOS stands for shared understanding, optimized capacity, and shared accountability.

OFR Team Members

Overdoses affect a variety of populations, neighborhoods, and communities. To effectively function and work toward the goal of preventing overdose deaths, OFR teams need a diverse set of members from disciplines and sectors that represent the community.

S **Shared understanding.** OFRs increase members' understanding of area agencies' roles and services as well as the community's assets and needs, substance use and overdose trends, current prevention activities, and system gaps.

O **Optimized capacity.** OFRs increase the community's overall capacity to prevent future overdose deaths by leveraging resources from multiple agencies and sectors to increase system-level response.

S **Shared accountability.** OFRs continually monitor local substance use and overdose death data as well as recommendation implementation activities. Status updates on recommendations are shared at each OFR team meeting and with a governing committee, reinforcing accountability for action.

Finding the appropriate partner agencies and professionals to become OFR team members is essential in establishing an effective OFR. It is important to partner with agencies willing to:

- Provide quality services.
- Develop successful partnerships.
- Maintain consistent engagement.
- Be good stewards of data—following confidentiality.
- Engage in public policy or advocacy.

Each partner agency should identify staff members (frontline staff, mid-level supervisors, or executives) who have the most appropriate roles within in the agency to be OFR team members and who regularly attend and contribute to the OFR. All staffing levels are important and needed on a review team to ensure the most complete understanding of how agencies and systems work together, including what gaps exist and what steps may be needed to implement identified prevention recommendations. This level of engagement ensures that at least one person from each agency can be present at each meeting and helps build internal agency relationships and champions for change.

OFR team members are dedicated professionals who believe that overdoses are preventable, are well-regarded in the field, and have time to attend regular meetings and participate in follow-up activities. Effective OFR teams have 15-35 members. A list of typical OFR team members is available in Figure 2.1.

Some sectors, such as law enforcement agencies, may have more than one representative on OFR teams. For instance, if there are multiple law enforcement agencies (sheriff's office, police department, etc.) in your jurisdiction, you may have both a sheriff's office and a local law enforcement representative.

For some cases, OFR team members may have had previous contact with a decedent or the decedent's family or social network. They may also represent an agency

Figure 2.1 Typical OFR Team Members

- Local health department official
- Local law enforcement representative
- Medical examiner/coroner
- Prosecutor
- Local human services department official
- Substance use treatment provider
- Medication for opioid use disorder (MOUD)* provider*
- Mental health social worker
- Pain management clinician
- Emergency department physician
- Primary care provider
- Pharmacist/toxicologist
- High Intensity Drug Trafficking Area (HIDTA) public health analyst
- Sheriff
- Probation and parole office
- Emergency medical service provider
- Drug treatment court representative
- Patient advocate
- Child protective services representative
- Substance use prevention professional
- School counselor
- Tribal elder, traditional leader
- Community leader
- Housing authority representative
- Harm-reduction outreach professional

* formerly known as medication-assisted treatment (MAT)

that provided services to the decedent or where the decedent lived, or where the overdose incident occurred.

The OFR team members provide essential information about the conditions or environments in which the decedent was born, lived, worked, and aged and what may have contributed to the decedent's overdose death.

Some Environmental and Social Determinants Contributing to Fatal Overdose

- **Environmental factors** that may have contributed to the overdose incident. For example, the decedent may have lived in a home with violence and drug use, or police officers had responded multiple times to the decedent's apartment building regarding complaints of drug dealing and loitering.
- **Social determinants** of health, which are the social and community networks and the socioeconomic, cultural, and environmental conditions in which residents live, as well as the health and social systems available. Every community has assets and needs that impact the health status of its residents.
  - **Community assets** that promote social inclusion and that may improve the community's health and well-being to help prevent future overdose deaths, such as a robust public transportation system, adequate housing for low-income households, and transitional housing and shelters available without a long wait to those in need.
  - **Community disadvantages** that increase the community's risk for substance use and overdose deaths, such as a high unemployment rate, systemic racism, lack of substance use treatment providers, and frequent drug arrests and drug-related crime.

Tip: Consistent attendance builds trust among participants.

Social determinants of health

Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

– Healthy People 2020

In addition to possibly providing services to the community and to the decedent, an effective OFR team member will also have:

- An understanding of the impact of the overdose epidemic in his or her community.
- The ability to assess problems at the macro or system level and assess organizational practices or communitywide initiatives.
- Authority to make decisions for the agency he or she represents or direct access to decision makers.
- The ability to critique work of other agencies and raise questions without passing judgment.

OFR Team Member Attendance

Encouraging OFR team members to attend each OFR is important, even if a fatality is not from their geographic territories, populations, or issues of focus. It helps to build rapport and builds trust within the team. This trust allows for more open dialogue about each case and increases commitment to recommendations. In addition, members often have critical knowledge outside their geographic areas or substantive focus where decedents and their social networks may travel across jurisdictions.

Missing even one meeting can impact the team dynamics and members' understanding of the overdose issues and prevention strategies. If a member cannot attend, he or she may send a pre-approved designee.

Tip: OFR teams may benefit from inviting guest participants to contribute information to specific cases; such participants are known as OFR guest members.

OFR Guest Members

An OFR meeting may focus on cases from a specific area in a geographic region where nonprofit agencies, faith-based organizations, and other community leadership or service agencies that are not consistent OFR team members can inform problem-solving-discussions and formulate realistic and community-specific prevention recommendations. These OFR members are known as guest members.

In addition, agencies that, and individuals who, have directly or indirectly served an overdose decedent may have valuable information. As such, they may be invited to attend as guest members. Guest members representing agencies with information about the decedent may be identified from news coverage about the death or from medical examiner/coroner reports.

Participants from smaller nonprofit organizations or understaffed organizations may have less time to prepare for reviews, have fewer staff members to send if key staff members are unable to attend, require more reminders of meetings and tasks, and need more support implementing recommendations targeting their agencies. You may consider asking such members to serve as guest members only for specific cases to ensure that they obtain the maximum benefit possible.

Another example of a guest member is an elected official or someone who wants to observe and learn more about the OFR process.

1B. OFR Leadership Roles and Structure

Every OFR team has a lead agency that oversees the OFR team and provides administrative support. The lead administrative agency has an institutional commitment to preventing overdose deaths and providing resources, and staff to support the initiative. It is seen by the community as a trustworthy and collaborative agency.

An OFR lead agency can be the local health department, human services department, prevention coalition, or other local agency and is seen as a neutral agency; typically, this agency is already involved as a leader in responding to the overdose epidemic.

The OFR lead agency oversees the OFR team by providing administrative support to fulfill three key leadership roles:

- Facilitator
- Coordinator
- Data manager

The OFR team leadership structure and roles depend on the jurisdiction. Jurisdictions with significant financial and political support may have up to three separate funded staff positions. In other jurisdictions, one person completes the roles.

1C. OFR Team Facilitation Role

A representative from the lead agency should serve the facilitation role. The OFR team facilitator is responsible for activities such as:

- Facilitating OFR meetings
- Recruiting OFR team members
- Building and maintaining relationships with OFR team members
- Orienting new OFR team members

Facilitating OFR Meetings

OFR team meetings are facilitated using a problem-solving process to identify recommendations and to track and oversee implementation of developed recommendations. More information about the OFR team facilitation role is available in Module 3. Facilitate Your OFR Meeting.

Figure 2.2 Key Leadership Roles and Responsibilities

Facilitator	• Facilitate OFR meetings • Recruit OFR team members • Build and maintain relationships with OFR team members • Orient new OFR team members
Coordinator	• Obtain and share case information with team members • Review data and reports from team members • Research information about cases that may not be provided by OFR members, such as reviewing social media, obituaries, media coverage, etc. • Draft OFR meeting agendas, in partnership with the OFR team facilitator • Manage meeting logistics (such as date and time, location, and technology support) • Take minutes during each meeting • Document activities since the last OFR meeting • Update the governing committee • Support and communicate with subcommittees
Data Manager	• Enter case information and recommendations into OFR database • Write data or summary reports for sharing with the OFR team and the governing committee • Analyze OFR data

Recruiting OFR Team Members

OFR teams benefit from ongoing recruitment of new members to address staff turnover, address gaps in their membership, or identify new trends.

Members may need to be recruited and engaged before being requested to provide data, participate in a review, or assist with developing or implementing a recommendation. Their perspectives and input will be valuable even if their organizations did not have direct contact with the decedent or service area related to the case. For example, a drug treatment provider has a valuable perspective on standards of care even if it did not provide services to the specific individual being reviewed. A toxicologist or pharmacist may assist with understanding the prescription drugs provided to the decedent even if he or she did not interact with that individual.

Effective recruitment is all in the details. Ideally, the OFR team facilitator will meet one on one with new recruits to prepare members for what to expect when participating on a review team by:

- Explaining the OFR goals and reviewing overall structure.
- Sharing stated and unstated group rules/norms.
- Emphasizing that the purpose of the meeting is not to point fingers at other participants.
- Addressing any data sharing or confidentiality concerns and having them sign a confidentiality agreement. A sample confidentiality agreement is included in Appendix D.

Tip: Partnerships are fundamental to the success of the OFR. Visit the CDC Foundation's **PHAST Toolkit** to learn more about building multi-sector partnerships.

- Summarizing past and current recommendations relevant to their organization or area of work.
- Suggesting immediate ways they can participate in developing and implementing a recommendation.

Drafting an OFR recruitment email with the above information, a meeting schedule, and a clear list of partner expectations will help communicate and recruit new active members. A sample OFR recruitment letter is included in Appendix A.

Before recruited members can participate on the review, they will need senior leadership to sign an interagency agreement. A sample interagency agreement is included in Appendix D. Depending on whether your state has OFR-specific legislation, memoranda of understanding (MOUs) from data providing members may be needed.

Building and Maintaining Relationships

Building and maintaining relationships can be achieved several ways. For example, the OFR team can use meeting breaks as an opportunity to incorporate team building.

This may involve as little as pulling aside a couple of participants and introducing them to each other and bringing up a shared interest or connection they may not be aware of. Encouraging members to stay after the meeting to network is another effective way to build trust and relationships.

A more formal way to help build team cohesion is to provide general agency or member updates at the beginning or end of the meeting that may result in partnerships during and outside of the fatality review experience.

Keep in mind that if the relationship with the agency is new, attending agency events and asking to observe the program may help you to get a sense for what the agency does and will build rapport.

Orienting New OFR Team Members

Every team member will come to the table with different experiences, knowledge, prejudices, and ideas about substance use and its impact on his or her work and the community. It will be the facilitator's responsibility to lead meetings in a way that elevates all voices, addresses stigma or misinformation, and neutralizes tensions. To prepare for this task, the team facilitator may expect each member to obtain certain knowledge or training ahead of participating in an OFR team meeting.

Recommended trainings include the following:

- "Partnerships for Prevention: OFR 101" webinar (link to COAP resource)
- "Overcoming Stigma, Ending Discrimination" (https://www.samhsa.gov/power-perceptions-understanding/webcasts)
- "Why Addiction Is a 'Disease' and Why It's Important" (https://www.samhsa.gov/power-perceptions- understanding/webcasts)
- "Social Determinants of Health: Know What Affects Health" (https://www.cdc.gov/socialdeterminants/index.htm)

Tip: The OFR team facilitator needs to attend and support partners' events and initiatives.

- "Words Matter: How Language Choices Can Reduce Stigma" (http://latwc.org/uploads/3/4/8/2/34828545/session_101_ho3_words_matter_tot_binder.pdf)

Since death investigations vary by jurisdiction, it may be beneficial for OFR team members to learn more about the local death investigation process and the roles they play with information available from the medical examiner's/coroner's office and local law enforcement agencies.

1D. OFR Team Coordination Role

A representative from the lead agency should serve the coordination role. The OFR team coordinator is responsible for activities such as:

- Obtaining and sharing case information with team members
- Receiving data and reports from team members
- Researching information about cases that may not be provided by OFR members, such as reviewing social media, obituaries, media coverage, etc.
- Drafting OFR meeting agendas, in partnership with the OFR team facilitator
- Managing meeting logistics (such as date and time, location, and technology support)
- Taking minutes during each meeting
- Documenting activities since the last OFR meeting
- Updating the governing committee
- Supporting and communicating with subcommittees

More information about the OFR team coordination role is available in Module 2. Plan Your OFR Meeting.

1E. OFR Data Manager Role

A representative from the lead agency should serve in the data manager role. The OFR team data manager is primarily responsible for entering case information and recommendations into the OFR database.

Governing Committee: The governing committee provides direction to the OFR team and resources to implement the recommendations generated.

More information about the OFR data manager role is available in Module 4. Collect Your OFR Data and Module 5. Build a Recommendation Plan.

In addition to entering data, there may be a need for analyzing data from other data sources and/or the OFR case data for OFR team meetings, governing committee updates, and annual reports.

1F. OFR Subcommittees

The bulk of the work of an OFR may occur between meetings at the subcommittee level. Subcommittees may determine case selection criteria or how a recommendation may achieve a policy change. For example, if an OFR review identified improving care coordination among inpatient and outpatient treatment providers as a need, a subcommittee of local treatment providers, social workers, and patient advocates might convene to discuss gaps in care; identify partner agencies; and develop recommendations, an implementation plan, and a timeline for completion.

Subcommittee membership may include members of the governing committee, the OFR team, and outside experts (e.g., experts related to addiction, homelessness, veterans' affairs, or family survivors).

Subcommittees meet separately from the OFR team and report to other members at case review meetings on their aims and progress. Subcommittees are formed and disbanded as needed, so they may serve an

ongoing or a temporary purpose. To learn more about forming a subcommittee to develop a recommendation, review Section 5C. Form a Subcommittee to Develop Recommendations.

1G. Governing Committee

In addition to the lead agency and subcommittees, the OFR team needs a committee to provide leadership and support for implementing recommendations it has identified. This committee is referred to as a governing committee.

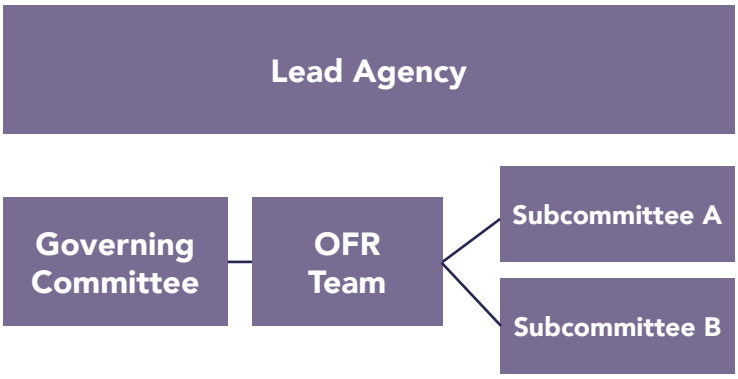
Depending on the jurisdiction, the governing committee may be an already existing local drug prevention task force or may be formed solely to support the OFR initiative.

The governing committee is composed of senior-level representatives of city, county, and state agencies and community partner organizations. Table 1.1 lists possible governing committee members for a local OFR team. To learn more about how the OFR team interacts with the governing committee, review Section 3I. Updating the Governing Committee.

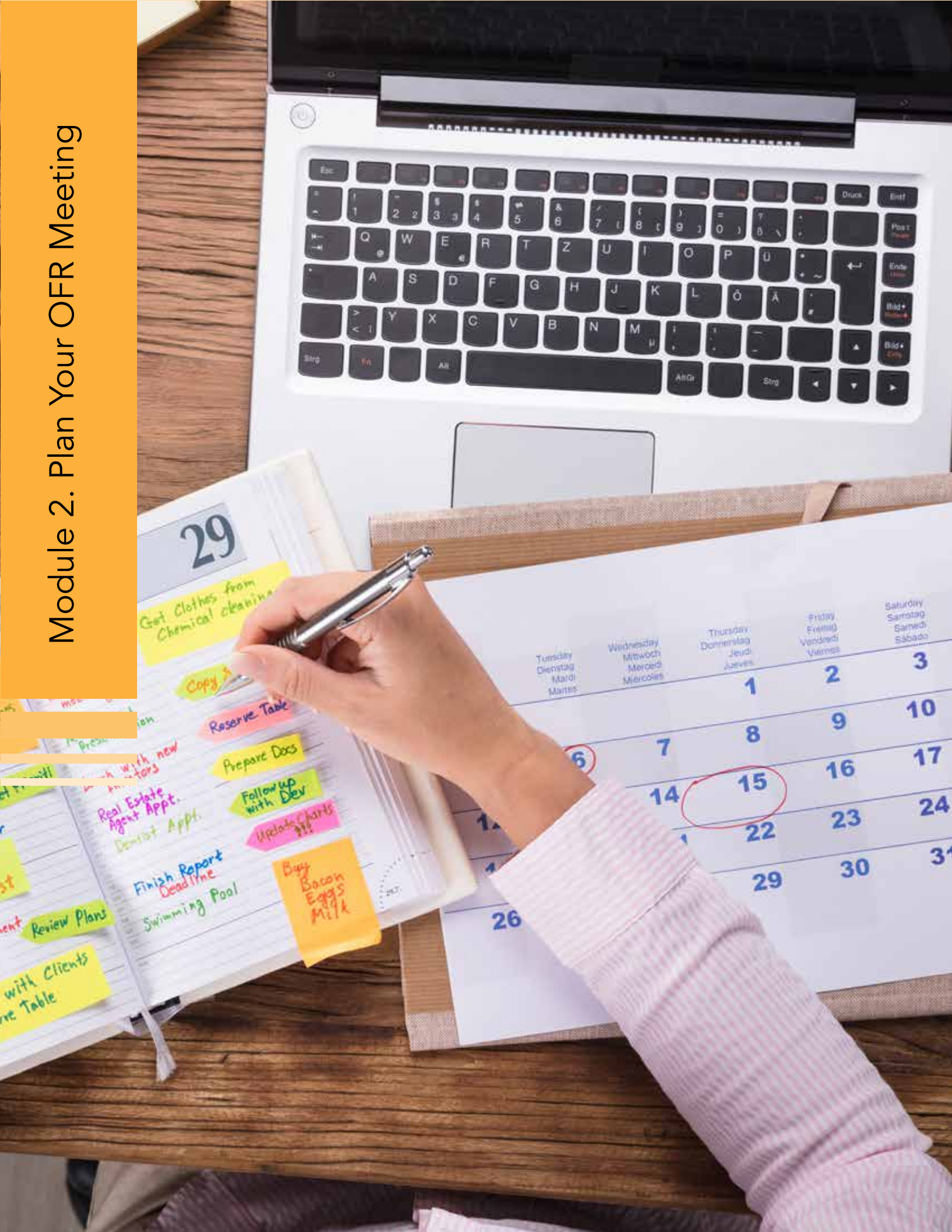
Table 1.1 Example of Governing Committee Members

- Chief of police
- Mayor
- Commissioner of health
- Researchers at a local university
- District attorney
- School superintendent
- Medical examiner/coroner
- Chief executive officers at local hospitals
- County sheriff
- Attorney General
- Secretary of Department of Corrections
- Behavioral health administrator

1H. OFR Overall Structure



Module 2. Plan Your OFR Meeting



Plan Your OFR Meeting

Module 2

This module will assist overdose fatality review (OFR) coordinators in planning OFR meetings and prepare partners to actively and thoughtfully participate in meetings.

Remember: Each meeting attendee, including guest members or invited guests/observers, needs to review and sign appropriate confidentiality forms to attend.

2A. Meeting Logistics

Meeting Schedule

The meetings are held when and where most members can attend. The schedules and locations of the entire year's meetings should be developed at the beginning of the year so that OFR team members can plan accordingly.

A typical meeting will be two to three hours in length and each case will take about an hour, depending on the complexity of the case and the review team's experience.

Meeting Room Layout

The meeting room layout is important for group dynamics and inclusion. Hosting the OFR team meeting in a circle or a hollow rectangle layout gives everyone an equal position at the table and allows for face-to-face interactions by all participants. In addition to having adequate space for desired layout, it is ideal to have a whiteboard in the meeting room for taking notes and displaying the created timeline of significant life events leading up to the decedent's overdose death.

Tip: Having timely data is critical for a successful OFR initiative.

Closed-Meeting Format

Given the sensitive nature of the information shared and the need to build trusted relationships, the OFR meetings are closed and not open to the public.

Sometimes, invited guests will participate or observe to learn more about OFRs. Most often, the invited professionals have information specific to the case and are called guest members.

2B. Meeting Preparation: Coordinator's Activities

Successful OFR case reviews depend on thoughtful preparation by the OFR coordinator, beginning a month or two before an OFR case review meeting. A list of coordinator activities and a timeline is provided below and in the Coordinator's Meeting Preparation Checklist provided in Appendix B.

1. Select cases

Beginning two months before the meeting, the cases to be reviewed at the upcoming meeting need to be selected.

Having timely data is critical for a successful OFR initiative. The medical examiner's/coroner's office can be an excellent source for identifying overdose cases and initial case information. If possible, have someone with access to the medical examiner's/coroner's data on the case selection subcommittee and the OFR team. Ideally, this person will gather information about overdose fatalities as they occur.

Once cases are identified by the medical examiner/coroner, allow enough time for toxicology results to be known and police officers to investigate an overdose before selecting the case for review. This will enable the data to be collected and organized for a more complete case review.

2. Case selection criteria

It may not be feasible for every OFR team to review every death in its jurisdiction. In this situation, the coordinator may task a subcommittee with developing case selection criteria and/or selecting cases.

To help select cases, the following may need to be decided:

- **Jurisdiction inclusion**—residents from the jurisdiction or deaths within the jurisdiction
- **Substances involved**—all overdose deaths or only deaths from a specific substance will be included, for example, opioid-involved deaths
- **Cause of death**—only unintentional overdoses; include all (suicides and undetermined deaths) overdoses, or drug-related injuries, such as car crashes or hypothermia complicated by opioid use
- **Cases under investigation**—exclude cases in which there is an open law enforcement investigation

Once the core case criteria are determined, further case selection criteria may be needed to narrow the selection of cases to a feasible number. Criteria may include the following:

- Geographical neighborhoods with high rates (e.g., cases from the northside neighborhood)
- Populations with recent increases in deaths (e.g., young adult white females)
- Substances involved in most recent overdose deaths (e.g., fentanyl)
- Populations with known system interactions that may benefit from review (e.g., overdose deaths after recent release from incarceration or treatment)

3. Recruit guest OFR members

Beginning six weeks before the meeting, the coordinator needs to identify guest members, in addition to OFR team members, that he or she needs to recruit.

Agencies that are not already OFR members and that may have provided services to the decedent (such as a behavioral health provider) or that serve the community in which the decedent lived, such as social services or housing and employment supports, may be recruited to participate in a specific case review. The agencies to participate may be identified from the medical examiner's/coroner's report or from news coverage about the death.

An email and follow-up phone call to discuss the OFR process and purpose can be an effective method for getting participation. It is important to share and review interagency and confidentiality agreements. Have the agreements signed before discussing details of the case or requesting case information. Sample recruitment letter and agreements are included in Appendix A and D.

4. Request case information

Once interagency agreements are in place and around a month before the meeting, case-specific information should be requested of all team members. The information should be protected in accordance with confidentiality standards. If possible, use an encrypted email to request information about the case.

The email requesting case information should include the decedent's information listed below and guidance on what information is requested from members, including what specific data members should report out. A sample OFR case email, a member's guide to collecting case information, and a list of agency-specific data elements is included in Appendix B.

Decedent information:

- Name, aliases
- Date of birth, date of death
- Demographics (age, race, sex)
- Address of residence
- Incident location, date, and time

5. Send meeting reminder email

Two weeks prior to the review, an email including the following should be sent to OFR members:

- Brief summaries of cases
- List of meeting participants
- Meeting agenda
- Meeting date, time, and location

A sample two-week reminder email is included in Appendix B.

6. Summarize case(s)

Prior to the meeting, the coordinator will want to summarize in a PowerPoint presentation or handout additional information identified by reading the obituary, news coverage, or social media posts or by interviewing family members or social contacts to present during the case review. A template for creating and presenting a case summary is included in Appendix B.

7. Document activities since last meeting

Two weeks prior to the meeting, reach out and follow up with partner agencies that were responsible for previous action items or recommendations to get a status update to share during the OFR meeting.

OFR teams should consider having a standing agenda item to provide updates on action or tasks completed since the last meeting. Documenting and sharing this information helps build in accountability of all members and subcommittees.

8. Print agendas and meeting materials

The coordinator is responsible for developing the meeting agenda with input from the OFR facilitator, if this is a different person. More information on developing an OFR meeting agenda is located in Section 3C, and a sample meeting agenda is included in Appendix C.

The coordinator will print and bring agendas, handouts, data use agreements, and any other materials needed during the OFR meeting.

Reminder: Documents need to be saved in a secure, restricted-access folder. If copies of the summary information are distributed at the meeting, the facilitator is responsible for collecting them at the end of the meeting to ensure security and confidentiality.

2C. Meeting Preparation: Members' Activities

OFR members include OFR core team members and invited guests. Members may begin preparing a month prior to the review meeting.

The more prepared the members are, the more engaged they will be, resulting in a more comprehensive understanding of the incident and what could have been done to prevent it.

1. Receive and review the case information

Members will receive an email one month prior to the meeting containing the basic decedent information listed below. Most OFR meetings will cover more than one case.

Decedent information:

- Name, aliases
- Date of birth, date of death
- Demographics (age, race, sex)
- Address of residence
- Incident location, date, and time

2. Consider implications

Members will want to think about each case and any implications it might have for their organizations or agencies and for public policies affecting specific target populations, neighborhoods or communities, and/or topic areas (such as co-occurring mental illness and substance abuse).

3. Identify agency's contact

Members will need to determine whether their organizations or agencies had contact with the decedents, decedents' families, or social networks, or whether they provided services to the neighborhoods where the decedents lived or where the incidents occurred.

Follow up with the OFR coordinator if more information is needed to determine whether your organization or agency had contact with or provided services to the decedent(s).

4. Prepare a summary

If a member's organization or agency had contact with someone involved in the case or the incident area, he or she should prepare a summary to verbally share during the OFR discussion.

There are no hard-and-fast rules about what information will be useful in identifying a problem and possible solutions to prevent similar overdose deaths from a systems perspective. However, preparing for the review by answering the questions provided by the coordinator, along with reading the basic decedent case information, is a good starting point.

Important: Before you draft a summary, review the signed data sharing agreement and confidentiality forms, as well as your organization's confidentiality policies.

A member's guide to collecting case information and agency-specific data element recommendations are available in Appendix B.

Some members may choose to read a prepared summary and others may choose to read from available case file. Ideally, OFR team members will bring their summary and records to be able to reference back to during the meeting to allow additional details to become available as the discussion progresses.

5. Participate in group discussion

At the review meeting, members will want to ask questions to clarify information and timeline, identify missed opportunities or gaps in services, and suggest strategies to prevent future deaths."

6. Take notes during the meeting

At the review meeting, it is fine to take notes of the discussion, observations, prevention activities, or strategies you want to remember for your agency. Do not document any identifying information about a case that would be considered confidential.

7. Invest in networking

Schedule your day so you can arrive early and stay a few minutes after the review to meet other team members. It is a good networking opportunity and a great way to continue the discussion with other colleagues.

Module 3. Facilitate Your OFR Meeting

Facilitate Your OFR Meeting

Module 3

This module will assist overdose fatality review (OFR) facilitators in effectively facilitating review meetings to build trust and identify recommendations to prevent future overdose deaths.

3A. Facilitator's Role

An effective facilitator is a neutral convener who is a good listener, develops trust with partners, encourages group participation and engagement, leads but does not direct discussion, and guides the group towards collective problem solving to craft recommendations.

Ideally, to maintain objectivity and a sense of equality among partnering agencies and members, the facilitator should be a representative from a neutral lead agency, such as local public health or community coalition, and will not report to a principal agency such as the police department, the mayor's office, or a behavioral health service agency.

Definition: The OFR team facilitator is a "neutral convener" who oversees facilitation of team meetings to collectively problem solve and identify recommendations to prevent future overdose deaths.

Tip: Including discussion about the decedent's associates and social connections can provide a more contextual understanding of the circumstances surrounding the overdose death.

3B. Guiding Principles

The facilitator is responsible for ensuring that members agree with the following guiding principles:

- The "North Star" (a shared goal of reducing overdose deaths)
- Overdose deaths are preventable
- Substance use disorder is a chronic, treatable disease
- Use of multisector data to inform response strategies
- Continually improve the OFR process and prevention activities

Visit the CDC Foundation's Public Health and Safety Team (PHAST) Toolkit to learn more about these guiding principles.

3C. Meeting Agenda

A successful OFR meeting will cover the following nine steps. A sample agenda can be found in Appendix B.

1. Opening remarks and introduction

This step should include member introductions, updates from previous meetings, upcoming events, data presentation, review case selection criteria, and other announcements.

- Member introductions: Attendees share their names, titles and their agencies' names and roles in preventing overdose fatalities.
- Updates from previous meetings: Members share status updates on any delegated action items or recommendations from previous meetings.
- Data presentation: At the beginning of the year, present an overview of the prior year's fatal and nonfatal overdose deaths. At each subsequent meeting, present the year-to-date number of overdose fatalities and any noticeable trends (e.g., changes by overall numbers, demographics, or substance type). Understanding overdose fatalities (e.g., who is at risk for an overdose and where overdose deaths are happening) requires an ongoing and real-time analysis of overdose trends. Using a standard report will help partners understand long-term trends in fatalities and allow them to plan and develop new strategies or modify existing ones. Data and analysis from these reports can also be invaluable for promoting public awareness and outreach, as well as for applying for grant funding. A sample summary data report is included in Appendix B. Also, refer to the CDC Foundation's PHAST for more guidance about presenting data at an OFR meeting.
- Review case selection criteria: If not all overdose deaths within a jurisdiction are being reviewed, remind the review committee about which criteria were used to select the case.

2. Goals and ground rules

The facilitator reads aloud the meeting goal(s), guiding principles, and ground rules included on the agenda handout. Ask participants whether they want to add any new ground rules.

- A sample list of ground rules is included in Appendix B.
- Guiding principles listed in Section 3B.

3. Confidentiality

The facilitator or coordinator collects members' reviewed and signed confidentiality forms and answers any related questions. Confidentiality is discussed in more detail in Module 4. Collect Your OFR Data.

- Confidentiality agreement: This essential form needs to be signed at the beginning of each review by the members present. A sample confidentiality agreement is included in Appendix D.
- If more than one case is reviewed at a meeting and some members arrive mid-meeting, the facilitator needs to make sure that they sign and submit the confidentiality agreement when they arrive.
- Interagency agreement: This agreement needs to be signed by senior leadership of each participating agency (including any ad hoc agencies) before they participate in any reviews. The agreement states the role of the agency in the reviews. A sample interagency data sharing agreement is included in Appendix D.
- The facilitator is responsible for reminding team members that the meeting is closed and that the information shared in the meeting shall not be discussed outside the meeting, as outlined in the agreements they have signed.

4. Case presentation

The facilitator presents the decedent's basic case information.

- The facilitator presents the case summary developed by the coordinator, as outlined in Section 2B. Coordinator's Activities, Step 6. Summarize Case(s).
- If each member is given a summary document, all documents should be collected at the end of the meeting.

5. Member report-outs

The facilitator calls on each member to share what he or she knows about the decedent, his or her social connections, and the overdose incident. The information shared helps members understand more about where the decedent lived, socialized, worked, and played to help identify risk factors and missed opportunities for prevention and intervention that may have contributed to the overdose death.

The facilitator calls on members to share their summary reports, as discussed in Section 2C. Members' Activity, Step 4. Prepare a Summary, starting with the medical examiner and first-responder agencies, to report out in reverse chronological order, for assistance with developing an incident timeline. The facilitator will then determine the best approach to receive report outs from the remaining members, based on the specific case.

6. Group discussion

The facilitator actively guides the group discussion by encouraging members to ask questions. The group discussion will clarify the timeline of significant life events and identify missed opportunities for prevention and intervention. The facilitator may want to use the strategies outline in Section 3D. Meeting Facilitation Strategies.

7. Case and timeline summarized

The facilitator summarizes significant case information and draws a timeline of key activities, ideally on a whiteboard.

8. Formulate recommendations

The facilitator leads a problem-solving discussion as outlined in Figure 2.1 to identify recommendations for change in practices or policies that may have prevented this overdose death and may prevent those in the future.

9. Summarize and adjourn

The facilitator reviews and clarifies actionable recommendations, assigns individuals responsible for any action items, reflects on the meeting's process and findings, and collects any participants' handouts containing case information.

- The facilitator recaps how the meeting went and relates today's review to other cases or to a larger context, such as by saying, "Today's case involved a heroin-laced fentanyl, and there has been an increase in such reported cases in recent months from this area of the city."
- The team determines whether the investigation is complete or whether more information is needed.
- Remind members of confidentiality and collect any papers with confidential information.
- Remind members of the time and location of the next meeting.

Figure 2.1 Problem-Solving Process to Identify Recommendations

Tip: To have the most significant impact, recommendations should focus on:

- Improving service delivery and investigation.
- Changing agency policies and practices.
- Revising local ordinance or state legislation.
- Initiating or modifying community prevention strategies.

3D. Meeting Facilitation Strategies

An OFR meeting is a combination of information sharing, group brainstorming and problem solving, strategic planning, and decision making. The meeting facilitator actively participates in the discussion, moving it from information sharing to problem solving using the following strategies.

1. Thank members

Thanking members for their input and suggestions encourages participation by all who have relevant information.

2. Encourage person-first language and respect for the decedent and survivors

OFR teams have a responsibility to honor the decedent's life and to respect surviving family members and loved ones. This can be accomplished by:

- Protecting confidentiality of the case review proceedings.
- Using appropriate and sensitive language when discussing the case.
- Avoiding judgment of the decedent's decisions.
- Considering all factors that contributed to the decedent's substance use and overdose.
- Trying to understand the decedent's experience through his or her eyes.
- Holding a place at the table for the decedent or taking a moment of silence.

3. Summarize members' comments

To ensure that main points are heard, the facilitator may restate or summarize members' comments, when possible, making connections clearer and stronger between members' points and potential implications for changing a system.

4. Solicit a variety of solutions/ recommendations

Actively encouraging strategies beyond standard enforcement and intervention-centered approaches will steer the group towards more upstream or primary prevention activities.

5. Address misinformation

While the facilitator does not need to be an expert, he or she should identify and correct misinformation when apparent. If there is disagreement over the accuracy of a statement, it can be paused for further research after the meeting to shift the focus back to the task at hand. Attention to accurate information will inspire standards of information quality. This is important for the development of meaningful recommendations and can reduce stigma that is based on misinformation.

6. Acknowledge all potential solutions

The facilitator remains neutral by acknowledging and giving equal consideration to all suggested solutions and demonstrating how each suggestion is part of a continuum of response to prevent overdose.

7. Ask open-ended questions

Asking open-ended questions helps participants (1) understand the "bigger picture," (2) examine the underlying issue, and (3) develop their own solutions.

8. Ask clarifying questions

The facilitator may ask members to explain agency-specific or sector-specific acronyms or labels so that everyone understands the material being presented. It is best not to assume that people already know or understand information. Asking clarifying questions helps team members become familiar with the internal processes of different organizations.

9. Ask reflective questions

Pausing and asking reflective questions allows members to look at the case and information shared and to identify missing information or partners.

Questions that may be useful include "Do we have all the information we need to identify the problem or solution?" and "Are there any organizations missing from this discussion?"

10. Encourage all to participate

To reinforce that all members have equal value and voice regardless of title or professional experience, the facilitator may want to refer to everyone by their first names. In addition, the facilitator should call on members who are less engaged or who do not readily speak up during the meeting.

11. Ask for help

Encourage persons who or agencies that specialize in an area to help direct a discussion. They may help by framing the nature of the problem, summarizing the results of past initiatives, explaining a new concept or practice, or proposing possible future recommendations.

12. Encourage team building

The OFR team should use meeting breaks as an opportunity to incorporate team building. This may involve as little as pulling aside a couple of members and introducing them to each other, bringing up a shared interest or connection they may not be aware of. Another way to build team cohesion is to provide general agency or member updates at the beginning or end of the meeting that may result in partnerships during and outside of the fatality review experience.

13. Anticipate possible areas of tension or bias

Including in the ground rules how the team will address unprofessional or disparaging statements from others will build trust. It is important that everyone understand the need to stay focused on working together to identify possible strategies for preventing future overdoses.

14. Politely redirect members

If the conversation becomes repetitive or irrelevant, the facilitator should ask questions or change focus to keep the conversation moving forward. For example, if a member makes a comment such as "This overdose could never have been prevented," the facilitator should politely redirect members in a direction towards prevention. This may be as simple as saying, "While this case may be difficult to review, we have identified a few service gaps. Let's start with one of those and think about what improvements may benefit others."

15. Remind members of the "North Star" and guiding principles

For some members, considering an overdose death a preventable event may be a significant cultural shift. Reminding members to commit to a common goal or "North Star" to reduce overdose deaths can help ground all OFR team members. More information about guiding principles can be found in the CDC Foundation's PHAST Toolkit.

3E. Managing Difficult Conversations

Disagreements, arguments, competing agency interests, and other personal and professional conflicts need to be anticipated and resolved prior to or during the meeting so the discussion can feel safe and fruitful for everyone.

As with much of the OFR process, much of the work happens outside of the review meeting. It is often necessary for the facilitator to reach out to members after a meeting to address any conflicts that arise during the review process and, when the facilitator anticipates conflicts, to reach out ahead of the meeting to mitigate any possible conflicts.

Tip: Remind members of guiding principles:

- The "North Star" (shared goal of reducing overdose deaths)
- Overdose deaths are preventable
- Substance use disorder is a chronic, treatable disease
- Use of multisector data will inform response strategies
- Continually improve OFR process and prevention activities

To help limit and manage difficult conversations, the facilitator may also want to:

Limit tension between partners

To help members collaborate, the facilitator may want to make such suggestions as, "Let's try to build a solution together that will meet everyone's needs." If there is competition between service agencies, it can be useful to highlight the value each organization brings to the table.

Notice possible political issues

In researching a case for the review meeting, the facilitator may notice something that could result in one agency being under fire. The facilitator should give the agency a heads-up prior to the meeting, setting up the conversation and expectations in a way that allows for respectful, honest transparent discussion to identify and correct any issues to mitigate future problems.

Be on alert for individual member triggers

If a member of the meeting said something that was obviously disrespectful, the facilitator will need to remind members to be respectful. If the statement was stated respectfully, but another member took offense or is sensitive to the statement, the facilitator might restate the comment in a way that decreases the negative impact and encourages problem solving and collaboration.

Put a conversation on hold until after a meeting/create a "parking lot"

Acknowledge when a conversation is drifting or irrelevant and ask that members put it on hold until after

the meeting. Sometimes, disagreements benefit from a pause, which provides an opportunity for additional research to inform conflict resolution. The facilitator can tactfully ask the members to pause the discussion and move on to the next case or agenda item.

Remain neutral and objective

It is very important that the facilitator remain neutral and objective. Do not take sides in the dispute. Instead, ask members to focus on the facts of the case and the goal of the review—to prevent future overdose deaths. The facilitator may need to end a possible escalating discussion by making a statement such as, "It appears we have reached a stalemate. Let's move on and discuss other issues that were identified."

3F. Measuring Meeting Success

The facilitator wants to make sure that meetings are as successful as possible. The OFR process is always evolving in response to members' needs and changes in data trends. In addition, the identified recommendations impact large system issues, and it may take time to effectively make noticeable improvements. Therefore, it may be helpful to have some short-term measures to determine whether the OFRs are successful.

How do you know if an OFR is successful?

- Agencies continue to send staff members to the reviews.
- Members contribute to the discussion.
- Members are open to feedback and are not defensive.
- Members come more prepared for each meeting.
- Members linger after the meeting has formally ended to network with other members.
- Members begin to see connections between seemingly unrelated overdose deaths and develop a shared analysis.
- Agencies report that the information is useful to their daily work.
- Each agency is working on at least one recommendation during the year.

In addition to the above measures of success, the facilitator will want to connect with members between meetings to get feedback on the overall OFR process and meetings and identify strategies for improvement.

3G. Meeting Notes

The coordinator typically takes notes during the review. If the OFR team does not have both a coordinator and a meeting facilitator, the facilitator will want to delegate someone to take notes during the OFR meeting.

Notes help to document tasks that need follow-up and to track recommendations. Sometimes, notes are summarized and included in future meeting handouts or meeting minutes.

3H. Post-Meeting Tasks

While the OFR meeting forms the foundation of the process, follow-up events are equally important. The meeting discussion, case information, and identified recommendations must be documented and momentum maintained.

Immediate post-meeting activities (on the same or next day) include the following:

1. Preparing meeting minutes and securely storing them electronically with the other case records. A meeting minute template is included in Appendix C.
2. Capturing the OFR case information that was shared and collected at the review meeting, often

using an OFR database. Learn more about the OFR database in Module 4. Collect Your OFR Data.

3. Working on follow-up activities and reaching out to any identified partner agencies.
4. Drafting and sending updates to the governing committee, as requested. More information about this task can be found in Section 3I.

3I. Updating the Governing Committee

Summarizing review activities to update the governing committee should be done after each review meeting. Most often, the OFR coordinator is responsible for communicating with the chair of the governing committee to determine what is expected from a report-out from the OFR team.

Depending on the jurisdiction's OFR structure, some governing committees receive updates annually on priority recommendations and implementation status of prior recommendations. Other governing committees may request more frequent updates on review activity and findings; for instance, on a quarterly basis.

An update may be a short summary on a standing agenda or a full-length presentation or report. A sample governing committee report is included in Appendix C.

3J. Preventing Case Review Burnout

Reviewing overdose fatalities can affect review team members emotionally and psychologically. These effects are known as secondary trauma. The effects can be reduced by:

- Inviting experts in secondary trauma to present to the team.
- Identifying and understanding attendee reactions to potentially upsetting information.
- Acknowledging that everyone experiences stress from reviewing overdose fatalities.
- Sharing professional self-care resources and strategies with team members.
- Reporting on and celebrating successes such as implemented recommendations generated by the OFR process.
- Reminding members of the purpose and effectiveness of OFRs.
- Allowing members to rotate out after a period of service to the team if requested.
- Recognizing many members of the OFR team are first responders, behavioral health, and health care providers and may have compassion fatigue.

Compassion fatigue is the emotional strain of working with those suffering from the consequences of traumatic events. First responders may experience compassion fatigue as a result of encountering repeated overdose cases.

Consider using "The Vicarious Trauma Toolkit" (U.S. Office of Justice Programs, Office for Victims of Crime) to address and prevent secondary trauma. (Source: https:// vtt.ovc.ojp.gov/what-is-vicarious-trauma)

Module 4. Collect Your OFR Data

Collect Your OFR Data

Module 4

This module will assist the overdose fatality review (OFR) data manager in securely collecting and storing relevant case review data.

4A. Confidentiality

Confidentiality is essential for successful overdose fatality reviews. It maintains the trust of participating members and of the community in the OFR process. The lead agency should check state law and consult its legal authority before starting an OFR process. All team members (including guest members and observers) must sign a confidentiality agreement to attend.

Relevant federal laws that affect data protections

OFR teams must understand and adhere to the Health Insurance Portability and Accountability Act (HIPAA) and the Family Educational Rights and Privacy Act (FERPA; and 42 CFR) in addition to the confidentiality policies of other government-private institutions that serve children and other vulnerable populations to protect decedent information. Refer to the agency's record retention policy—what types of documents need to be retained and for what length of time.

Relevant state privacy laws

Many states have statutes and legislation supporting and guiding the OFR process and confidentiality, and every year more states introduce legislation to support and guide the review process.

Some states may have additional privacy laws for medical, substance use, and mental health records.

Interagency data sharing agreement

An interagency data sharing agreement is signed by the senior leadership of each participating agency/members (including any one-time members) that outlines the responsibilities of each party. In an interagency data sharing agreement, all parties agree to share certain information on an established timeline, adhere to certain data protection standards, and identify communication expectations. A sample interagency data sharing agreement is included in Appendix D. Interagency data sharing agreements should be updated annually and amended as new members are added to the OFR team.

Confidentiality agreement

A confidentiality agreement needs to be signed by members at the beginning of each review. This

agreement is at the person/participant level and includes the objectives of the OFR. It prohibits dissemination of information beyond the purpose of the review. A sample confidentiality agreement is included in Appendix D.

In addition to understanding federal and state laws around OFR and signing data sharing and confidentiality agreements, there are other steps needed to maintain confidentiality. It is recommended that you create a data sharing protocol for the distribution of case information and record-keeping expectations. A sample data sharing protocol is included in Appendix D.

When sharing any sensitive case-specific information outside of the meetings with any members, encrypt the emails or protect them with passwords. Hand delivery also maintains confidentiality.

4B. Data Collection Process

Before the Meeting: Data Collection Steps

The data collection process begins before the OFR meeting and is a key responsibility of the OFR coordinator. In addition to steps 4 and 6 (request case information and summarize case) of Section 2B. Meeting Preparation: Coordinator's Activities, the coordinator will want to be familiar with the type of information captured in the OFR database.

As documents and information are received, organize and save all files on a secure computer with restricted access. Examples of these data files may include the medical examiner's/coroner's report, the decedent's criminal history, signed confidentiality forms (collected from participants at the meeting), and all data collected prior to or at the review meeting.

Important: Save all case-related documents and information on a secure computer with restricted access.

Tip: Summarizing key activities along a timeline, ideally on a whiteboard, is a great way to focus the OFR team's discussion.

As mentioned in step 4 of Section 2C. Meeting Preparation: Members' Activities (Prepare a summary), members will need to prepare a summary to verbally share during the OFR discussion. A member's guide to collecting case information and agency-specific data element recommendations are available in Appendix B.

During the Meeting: Data Collection Steps

The data collection process during the OFR meeting happens as the members report out and ask questions. The designated note taker (often the coordinator) will want to be familiar with the OFR database to make sure to capture pertinent information discussed in the meeting.

The facilitator summarizes in chronological order any significant case details shared in the meeting and elicits a discussion to focus participants on identifying

Reminder: At the beginning of every OFR meeting, ask all members to sign and submit the confidentiality agreement, and remind team members that the meeting is closed and prohibits dissemination of information beyond the purposes of the review.

missed opportunities for prevention and intervention. Section 3C. Meeting Agenda provides details on the types of information shared and discussed in the OFR meeting.

After the Meeting: Data Collection Steps

The OFR team data manager is responsible for managing the collection and entry of the data on reviewed cases and developed recommendations. Depending on the size of the jurisdiction and the resources available, the OFR facilitator or coordinator may be responsible for this task. The individual responsible for entering data needs to ensure that the data is entered consistently and accurately.

After the meeting, all the data from the meeting needs to be entered into the OFR database; learn more about the database in Section 4C. OFR Database. The facilitator or data manager may need to follow up with members to get missing data or information that needs more research outside of the review meeting. Any additional information provided will need to be entered into the OFR database.

4C. OFR Database

The OFR database collects information about the cases reviewed and the recommendations developed. The OFR database needs to be secure and stored at a neutral agency. For consistency across cases and OFR teams, OFR teams may want to use the OFR database developed by the OFR National Data Workgroup. The OFR database is a REDCap database available to all OFR teams and contains four main sections:

1. OFR team meeting details
2. Decedent case information
   - Demographics
   - Cause of death
   - Overdose and death-scene investigation
   - Interventions following the overdose
   - History of life circumstances and immediate stressors before the overdose
3. Community context
4. Recommendations

To access and learn more about the **OFR database,** visit **www.cossapresources.org.**

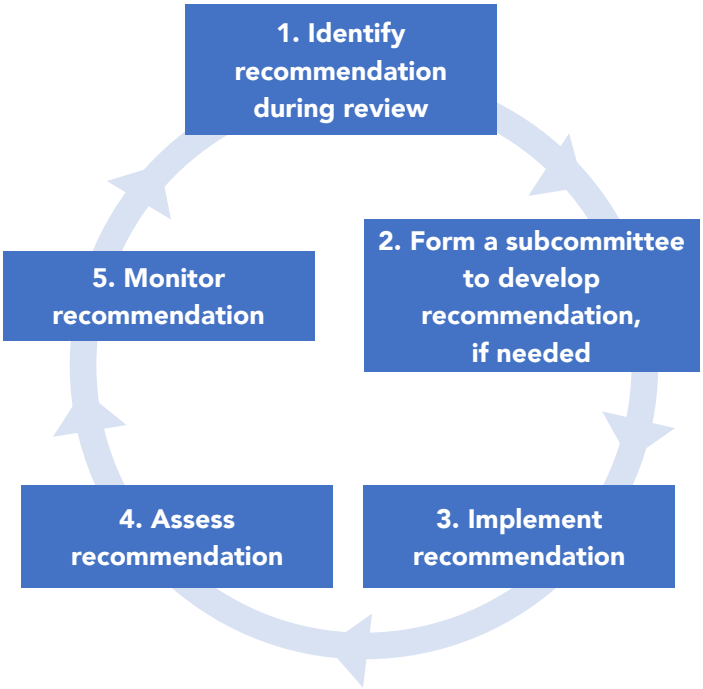
Module 5. Build a Recommendation Plan

Build a Recommendation Plan

Module 5

This section summarizes the types of recommendations that may be developed through the overdose fatality review process; provides an overview of the recommendation process, from developing to sustaining recommendations; and offers a method to track, monitor, and assess the implementation of recommendations.

Figure 5.1 Building a Recommendation Plan



5A. Identifying Recommendations During the OFR Review

The overdose fatality review (OFR) process is driven by an action-oriented partnership. Data comes from members representing multiple agencies. Each member gathers and provides potentially sensitive information to the team that informs the understanding of the overdose problem and potential solutions.

Successful OFRs rely on active engagement by members beyond the detailed case discussions, including formation, implementation, assessment, and continuation of prevention strategies. It is important that the OFR facilitator reinforce that recommendations can be identified and implemented through the OFR's collaborative, data-driven, problem-solving process. Learn more about this process in Section 3C. Meeting Agenda, Step 8. Formulate Recommendations.

Problem solving occurs during a collaborative process that fosters accountability and transparency. Identified solutions usually involve a cross-agency response that reduces duplication and information silos. The process is best served if it prioritizes addressing system issues and making recommendations for improvement.

Table 5.1 Recommendation Type

	Target Audience	Definition	Example
Systemic	Professionals, agencies, and organizations	Addresses a gap, weakness, or problem within a system or across systems	Improve communication between inpatient treatment providers upon discharge to an outpatient, medication for opioid use disorder (MOUD)—formerly known as medication-assisted treatment (MAT)—provider by establishing an automated alert system.
Agency-Specific	Only one sector or partner agency	Addresses a service gap or failure	Give naloxone to people who have been released from incarceration. Local health department to provide training to all hotel staff members on how to administer naloxone.
Research	Academic organizations and agencies that research overdose deaths or evaluate programs or policies	Recommendation to research a topic or issue area	Determine the number of deaths from prescription opioids for those who had a prescription for an opioid Establish a process for case review outcomes to inform research priorities.
OFR Quality Assurance	OFR team	Strengthen or improve the OFR process	Increase the length of meetings to allow for more time developing recommendations.
Population-Specific	Individuals and groups at increased risk	Evidence-based intervention that will reduce a specific risk factor for overdose	Increase access to buprenorphine among incarcerated populations.

Types of Recommendations

OFR teams may generate a variety of recommendation types across the continuum of care or systems as outlined in Table 5.1 Recommendation Type.

5B. Documenting Recommendations

The OFR initial recommendations are captured in the meeting minutes and in the recommendations section of the OFR database. More detailed recommendation-related information captured in the OFR database includes:

- A public summary of the recommendation
- A working summary of the recommendation
- Date recommendation identified
- Cases related to the recommendation
- Data sources shared at the review meeting
- OFR members present at the review meeting
- Type of recommendation (e.g., agency-specific or research-related)
- Level of prevention
- Population or issue of focus
- Jurisdiction level responsible for implementing the recommendation
- Agency responsible for implementing the recommendation and contact information
- Status of the recommendation
- Recommendation strategies (short-, medium-, and long-term)
- Recommendation implementation accomplishments
- Notes regarding any media coverage

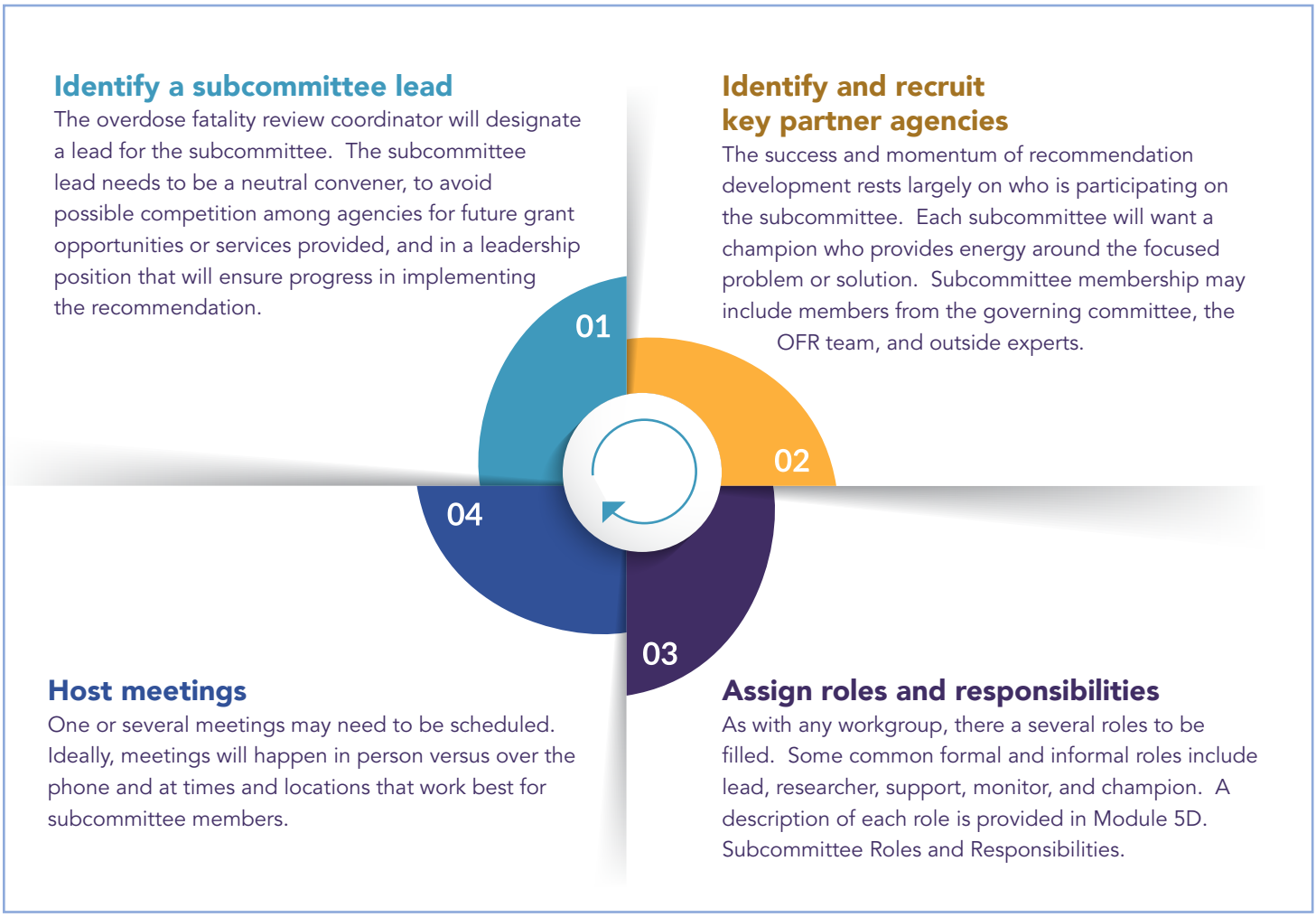
5C. Forming a Subcommittee to Develop Recommendations

Recommendations can be diverse, and some are easier to implement than others. Planning and implementing recommendations is a very rewarding process that can have immediate and tangible results. Some recommendations maintain momentum, and others may slowly lose support. The process can be challenging when factors outside of the OFR team's control impact progress. Creating subcommittees to focus and implement specific recommendations can maintain momentum by building sustained internal and external support for the strategy.

Subcommittees assigned to lead the development and implementation of a recommendation will want to follow the steps outlined in Figure 5.2 Forming a Subcommittee:

Reminder: Subcommittees meet separately from the OFR team and report out at case review meetings on their aims and progress. Subcommittees are formed and disbanded as needed, serving temporarily or on an ongoing basis.

Figure 5.2 Forming a Subcommittee



5D. Subcommittee Roles and Responsibilities

It takes multiple stakeholders to effectively develop, implement, and monitor recommendations. This section reviews the OFR coordinator's, facilitator's, and subcommittee members' roles and responsibilities regarding recommendations.

OFR coordinator and facilitator roles and responsibilities

The process for developing and implementing recommendations is collaborative and fluid. Success is possible only with open communication, timely information sharing, and trust building. Trust must be established in both the process and the other agencies involved.

The OFR coordinator must be able to manage competing agendas, interagency conflicts, and unpopular or criticized recommendations and to ensure partners that the process is fair, data-driven, and likely to produce results.

The OFR coordinator is responsible for designating the subcommittee lead, recruiting participants, supporting the subcommittee as needed, and checking regularly with the subcommittee on the status of the development and implementation of recommendations.

The OFR facilitator is responsible for developing trust and collaboration through the entire OFR process; both are crucial to successfully implementing recommendations.

Subcommittee members' roles and responsibilities

- **Lead**—The OFR coordinator assigns the subcommittee lead. The lead is responsible for setting the agenda, facilitating subcommittee meetings, taking notes, sending reminders, monitoring activities, and reporting to the OFR facilitator and others as identified (such as the governing committee or the OFR team).
- **Researcher**—The OFR coordinator designates a team member to present data trends such as overdose deaths, substances, hot spots, and related prevention and risk factors, as well as policy, practices, or procedures for a system or agency. This information helps inform decisions and guide the implementation of recommendations.
- **Supporter**—The OFR coordinator designates a supporter to provide minimal informal support as requested from the subcommittee. Examples of support may be connecting the subcommittee with an individual or an agency, finding meeting space, or reviewing draft materials.
- **Monitor**—The OFR coordinator works with the subcommittee lead to systematically monitor the implementation of a recommendation, ensure that it is addressing the problem it was intended to resolve, suggest refinements, ensure the status of the recommendation is tracked in the OFR database, and periodically report results to the OFR team and/or the governing committee.
- **Champion**—Any member who provides motivation, political will, and energy around the focused problem or solution is a champion.

5E. Implementing a Recommendation

Once the subcommittee has developed a recommendation, it needs to be implemented. It is important to do so strategically. The subcommittee lead may consider sharing recommendation materials with persons not on the subcommittee for their review and feedback.

The subcommittee must develop a work plan for implementing the recommendation.

Develop a work plan

The subcommittee is responsible for developing a work plan that:

- Identifies key action steps needed to implement and monitor the recommendation.
- Assigns responsibility to members and partners.
- Determines intermediate measures of success.
- Establishes a realistic timeline for completion.

A sample recommendation work plan is included in Appendix E.

5F. Assessing and Monitoring Recommendations

Plans for assessing and monitoring recommendations need to be developed at the beginning of the initiative. Steps for regularly updating and tracking the status of recommendations include the following:

1. Giving status updates

The subcommittee lead will check regularly with subcommittee members on the status of assigned tasks and implementation.

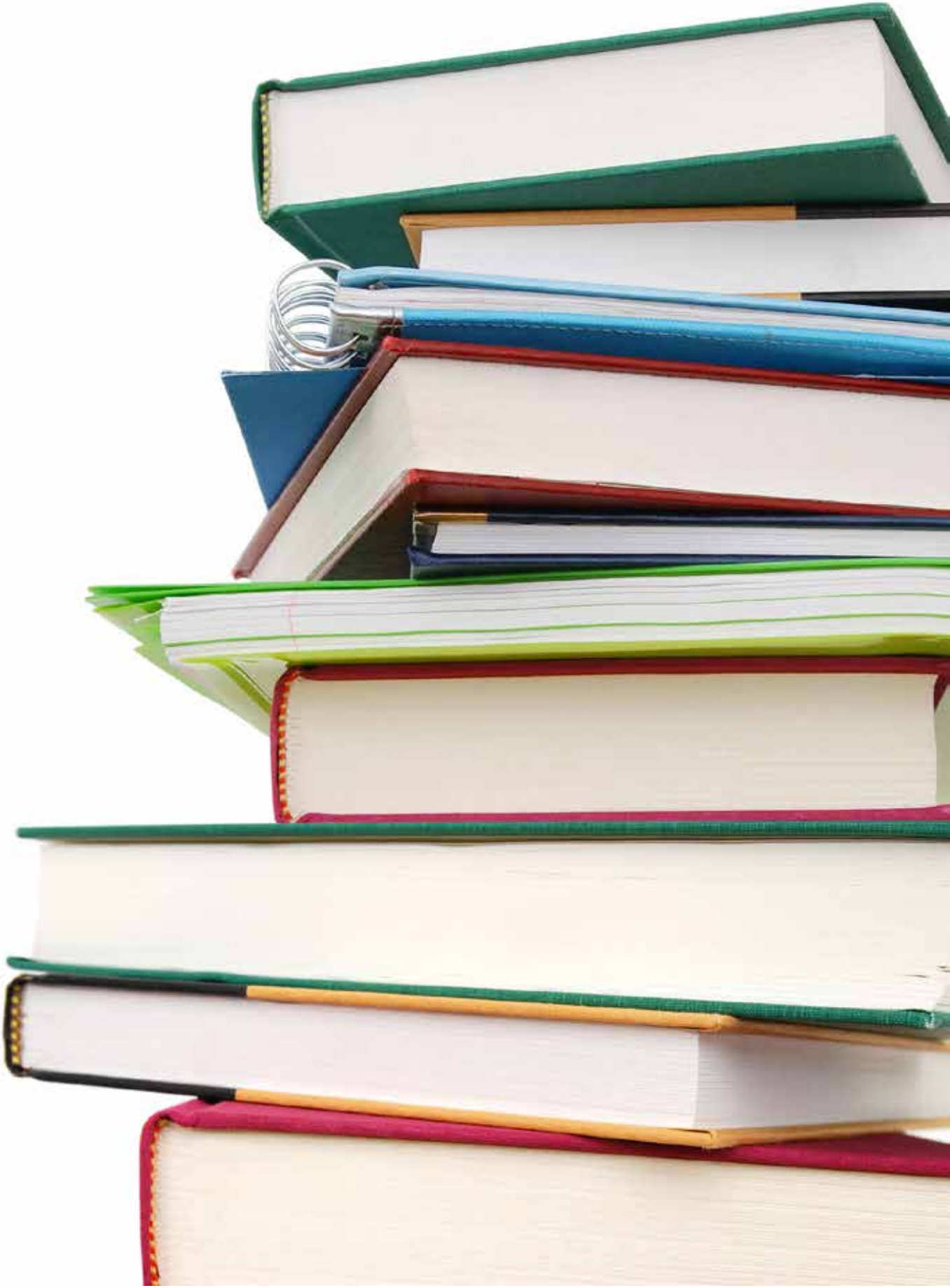
2. Reporting to the OFR coordinator

Prior to each fatality review and scheduled governing committee meetings, the subcommittee lead will provide the OFR coordinator with status updates on the implementation as well as ongoing plans to monitor and support recommendations. The subcommittee lead will likely provide a verbal progress report during OFR case review meetings.

3. Tracking the status of a recommendation

Documenting the implementation status of a recommendation is encouraged. The OFR coordinator, in partnership with the subcommittee monitor role, is responsible for systematically monitoring the status of recommendations. If the OFR coordinator is not involved throughout the recommendation implementation process, he or she will need to follow up with partners (for example, the subcommittee lead or monitor) to learn the status of the recommendation. The OFR coordinator will work with the OFR data manager to ensure the status of the recommendation is tracked in the OFR database. Recommendation data elements are included in the OFR database discussed in Module 4E. Data Collection System.

Appendices



Appendix A

Resources for Model 1. Recruit Your OFR Members

Sample: OFR Recruiting Letter

[Insert agency letterhead]

[date]

[Name]

[Address]

[City, state, ZIP code]

Dear Colleague/Partner:

You are invited to participate in overdose fatality review (OFR), an innovative data-sharing process to address drug-related overdoses in our community.

OFR involves a case review process that generates information about decedents and their interactions with our services and systems. This information will be used to craft recommendations to prevent future similar deaths. This process has been effective for reviewing homicides, child fatalities, and maternal deaths and is now a nationally recognized model.

The OFR team will meet [monthly, quarterly] at the [location] from [time]. Members must commit to regular attendance, providing data about the decedent, and contributing to the discussion.

The authority to conduct case review through data sharing is detailed [information here] in [statute, MOU, regulations]. Attached is an interagency agreement and a confidentiality agreement that need to be signed prior to your participation on the OFR team.

Thank you for your consideration. Please direct any questions about the program to me. I look forward to working with you.

Sincerely,

[your name here]

Sample List: Facilitator Qualities

The facilitator of a fatality review team holds a special position. Preferred qualities that contribute to effective management of the team include the following:

- Good, active listener
- Communicates clearly
- Encourages open conversation
- Connects with the group and is trusted by partners
- Reads group's body language and dynamics
- Creates an inclusive environment: brings partners together, encourages sharing of information and views, and creates a safe place to share
- Sees all members as providing equal value
- Balances conversation to encourage less-vocal members to participate
- Navigates difficult conversations
- Professional
- Summarizes, pauses, and checks with the group before making decisions

One tool that can be helpful to facilitators is the APPLE technique:

Ask the question

Pause for members to think

Pick a member to answer/respond if no one is volunteering

Listen to the response

Expound or elaborate on what was said and relate it to the rest of the discussion

Sample Checklist: OFR Launch

- ☐ Identify the governance committee and the administrative lead agency
- ☐ Identify who will be responsible for the coordinator, facilitator, and data manager roles
- ☐ Establish interagency data sharing and confidentiality agreements
- ☐ Recruit case review team members
- ☐ Ask member agencies and members to sign an interagency data sharing agreement and confidentiality agreements
- ☐ Set OFR ground rules and expectations
- ☐ Review data and determine case selection criteria
- ☐ Develop protocols for secure data access
- ☐ Provide team member training
- ☐ Set the meeting schedule

Appendix B

Resources for Model 2. Plan Your OFR Meeting

Coordinator's Meeting Preparation Checklist

- ☐ Cases selected
- ☐ Guest members recruited
- ☐ Case information requested
- ☐ Meeting reminder email sent to members
- ☐ Case information summarized
- ☐ Activities since last meeting documented for sharing at meeting
- ☐ Agendas and other meeting materials printed

Sample: OFR Agenda

OFR Meeting Agenda

Date, Time,

Location

1. Opening Remarks and Introduction
    a. Members' introduction
    b. Updates from previous meeting
    c. Upcoming events
    d. Data presentation
    e. Review case selection criteria
    f. Other announcements
2. Goals and Ground Rules
    a. Read goals and ground rules
    b. Ask for any additional ground rules
3. Confidentiality
    a. Read confidentiality statement
    b. Collect signed forms
4. Case Presentation
5. Member Report-Outs (reverse chronological)
6. Group Discussion
7. Case and Timeline Summarized
8. Formulate Recommendations
9. Summarize and Adjourn
    a. Members reflect on how the meeting went
    b. Collect any paperwork with confidential information
    c. Remind members of confidentiality
    d. Encourage members to take time for self-care

Next meeting: date, time, and location

Sample: OFR Case Email

[Insert agency letterhead]

[date]

Dear Colleague/Partner,

You are invited to participate in the next OFR meeting on [date and time] at the [location].

The authority to conduct case review through data sharing is detailed [information here] in [statute, MOU, regulations]. Attached are the interagency agreement your agency has signed and a copy of the confidentiality agreement that must be signed and collected at the beginning of the meeting. Copies will be made available for your signature at the meeting.

We will be reviewing the following case(s) at the review. Keep this and all information you prepare about the case confidential.

Case 1.

- Name, aliases
- Date of birth, date of death
- Demographics (age, race, sex)
- Address of residence
- Incident location, date, and time

Case 2.

- Name, aliases
- Date of birth, date of death
- Demographics (age, race, sex)
- Address of residence
- Incident location, date, and time

Please be prepared to share any information you have about the individual, the community, and your services as it relates to the overdose death. See the attached guide to collecting case information and agency-specific data elements to summarize the information.

If you need additional information about the decedent for identification in your records, feel free to contact me at [phone number].

Sincerely,

[your name here]

Sample: Member's Guide to Collecting Case Information

Guiding questions for collecting information about the case:

- What was the nature and timing of your agency's contact with the decedent in the overdose death?
- What interactions did your organization or agency have with the decedent, and when?
  - What services, if any, was the decedent accessing around the time of his or her death?
  - What services, if any, were provided to the decedent's family members? What can we learn about the decedent's life through the agency's interaction with the family?
  - Did the decedent transition between service providers? Did any gaps in service occur, or were any service needs unmet? What were the reasons for those gaps? Were referrals made? What communication occurred among providers?
  - What were some missed opportunities in intervening or providing services?
  - What were the anticipated benefits of those services?
  - How did the decedent/family/neighborhood respond to services?
  - Was an intervention completed or in progress at the time of the death?
  - What were the outcomes of the interaction(s)?
- What were the strengths or protective factors of the decedent, the decedent's family/social network, or environmental context at the time of your agency's interaction?
  - Neighborhood, support system, social network, family, peer support, access to services, employment history, housing history, health insurance, environmental safety, education
- What were the risk factors of the decedent, the decedent's family/social network, or environmental context at the time of your agency's interaction?
  - Neighborhood, environment, exposure to violence, trauma or abuse, discrimination, injustice, criminal activity, loss of employment, abandonment, acute or chronic illness, injury, disability, transience
- What services or programs were being offered in the area during the incident? Were they available to the decedent?
- What public policies (such as criminal justice, health, economic, and social welfare) were most likely impacting the individuals and neighborhoods involved in the overdose death at the time of the incident?

Sample: Agency-Specific Data Elements

- Medical examiner/coroner
  - Autopsy results
  - Death scene investigation
  - Toxicology report
- Law enforcement (decedent and/or suspect)
  - Drug involvement
  - Gang, group, crew involvement
  - Criminal history
  - Treatment history
  - Location of incident
- Department of corrections (DOC)
  - Current DOC status
  - History of supervision
  - Drug and gang involvement
  - Treatment history
  - Mental health history
  - Medications
- Treatment providers
  - Treatment history—substance use and/or mental health
  - Medications
  - Trauma

Sample: OFR Two-Week Reminder Email

[Insert agency letterhead]

[date]

Dear Colleague/Partner,

Reminder: You are invited to participate in the next OFR meeting on [date and time] at the [location]. See attached agenda, and list of invited meeting members.

The authority to conduct case review through data sharing is detailed [information here] in [statute, MOU, regulations]. Attached are the interagency agreement your agency has signed and a copy of the confidentiality agreement that must be signed and collected at the beginning of the meeting. Copies will be made available for your signature at the meeting.

We will be reviewing the following case(s) at the review. Keep this and all information you prepare about the case confidential.

Case 1.

- Name, aliases
- Date of birth, date of death
- Demographics (age, race, sex)
- Address of residence
- Incident location, date, and time

Case 2.

- Name, aliases
- Date of birth, date of death
- Demographics (age, race, sex)
- Address of residence
- Incident location, date and time,

Please be prepared to share any information you have about the individual, the community, and your services as it relates to the overdose death. See the attached guide to collecting case information and agency-specific data elements to summarize the information.

If you need additional information about the decedent for identification in your records, feel free to contact me at [phone number].

Sincerely,

[your name here]

Sample: Case Summary Outline

Presentation/Handout of Case Summary

- Name, aliases
- Date of birth, date of death
- Demographics (age, race, sex)
- Address of residence
- Incident location, date, and time
- Obituary summary information
- Pertinent news coverage information
- Relevant social media posts
- Details from interviews with the decedent's family members and social contacts

Sample: Summary Data Report

Summary data:

Medical examiner's/coroner's office: Year to date, we had [number] overdoses, [number] of which met our case selection criteria. Since our last review, there have been [number] overdose deaths. Compared to the same time last year, the cases are [compare number, substances, demographics].

EMS data: Year to date they responded to [number] overdoses, and since our last review, they responded to [number] overdoses. Compared to the same time last year, the cases are [compare number, substances, demographics].

Sample: Meeting Ground Rules

- Be on time—at the beginning of the meeting and coming back from breaks.
- Raise your hand if you have something to say. Only one person speaks at a time.
- Listen actively to what other people are saying.
- Be respectful—no mocking or attacking other people's ideas.
- See all members as equal. Avoid favoring members with leadership titles.
- Maintain and protect confidentiality.
- Use appropriate and sensitive language when discussing the case.
- Use person-first language, such as "a person addicted to drugs" versus "a drug addict."
- Avoid judging the decedent's decisions. Try to understand the decedent's experience through his or her eyes.
- Consider all factors that contributed to the decedent's substance use and overdose.

Appendix C

Resources for Model 3. Facilitate Your OFR Meeting

Sample Template: Meeting Minutes

OFR Meeting

Date:

Present: [Name, Agency]

Updates:

Incident#:

Date: Time: Address: District:

Case narrative:

Partner/agency reports (add/remove partners listed as appropriate):

- Medical examiner's/coroner's office:
- Emergency medical services:
- Police department:
- Department of corrections:
- Health department:
- Drug treatment provider(s):
- Hospital:

Themes:

Recommendations:

Sample: Governing Committee Report Outline

- General statistics report-out
  - Year-to-date, number of deaths
  - Since last meeting, number of deaths
  - Prior year same time frame, number of deaths
  - (Any other aggregate data available)
- Activities since last meeting
- OFR review team meeting schedule and attendance
- Number and types of cases reviewed
- Any planned new work
  - Recommendations
  - Recruiting new members
  - Case selection criteria change

Appendix D

Resources for Model 4. Collect Your OFR Data

Sample: Interagency Data Sharing Agreement

Interagency Data Sharing Agreement

This cooperative agreement is made on this _____day of _____ among the following agencies:

Office of the Medical Examiner/Coroner

County Child Protective Services

Office of the Prosecuting Attorney

Sheriff's Department

Police Department

County Health Department

(Others as Needed)

WHEREAS, the parties are vested with the authority to promote and protect the public health and safety and to provide services which will improve the well-being of children and their families.

WHEREAS, the parties agree that they are mutually served by the establishment of a multiagency, multiprofessional overdose fatality review team, and the outcomes of the reviews will be the identification of preventable overdose deaths and recommendations for interventions and prevention strategies.

WHEREAS, the objectives of an overdose fatality review team are agreed to be:

Accurate identification and uniform reporting of the cause, manner, and relevant circumstances of every overdose death with special emphasis on those features that relate to potential preventability.

Improved communication and coordination of agency responses to overdose deaths in the investigation and delivery of services.

Design and implementation of cooperative, standardized guidelines for the investigation of certain categories of overdose death.

Identification of needed changes in legislation, policy and practices, and expanded efforts to prevent overdose deaths.

WHEREAS, the parties agree that all members signing this agreement are essential to an effective review.

WHEREAS, the parties agree that the review process requires case-specific sharing of records, and that confidentiality is inherent in many of the involved reports so that there will be clear measures taken to protect confidentiality, and no case review will occur without all present abiding by the confidentiality agreement.

NOW THEREFORE, it is agreed that all team members and others present at a review will sign a confidentiality agreement which prohibits any unauthorized dissemination of information beyond the purpose of the review process. The review team will not create any files with case-specific identifying data. Case identification will be utilized only to enlist interagency cooperation in the investigation, delivery of services, and development of prevention initiatives. It is further understood that there may be an individual case which requires that a particular agency be asked to take the lead in addressing a systemic or quality of care issue based on the agency's clear connection with the issue at hand. It is further understood that a participating agency may use information obtained at the review in accordance with the mandated responsibilities of that agency. It is also understood that team review data may be entered into [OFR database], where it will be maintained for the purpose of establishing a state central registry for overdose death data. This data will not include case-specific names. The registry will include standardized data from overdose fatality review teams throughout [state].

Sample: Confidentiality Agreement

Confidentiality Statement

The purpose of the overdose fatality review (OFR) team is to conduct a thorough review of preventable overdose deaths in [county] to better understand how and why an individual dies as a result of an overdose and to act to prevent other deaths.

To ensure a coordinated response that fully addresses all systemic concerns surrounding overdose deaths, all relevant data should be shared and reviewed by the team, as permitted by law, including historical information concerning the decedent, his or her family, and the circumstances surrounding the death. Much of this information is protected from public disclosure by law.

[State statutes] allow for overdose fatality reviews to remain confidential and can be exempt from the open meeting law. In no case will any team member disclose any information regarding team discussion outside of the meeting other than pursuant to the mandated agency responsibilities of that individual. Failure to observe this procedure may violate various confidentiality statutes that contain penalty. Public statements about the general purpose of the overdose fatality review process may be made, as long as they are not identified with any specific case.

The undersigned agrees to abide by the terms of this confidentiality policy.

Name:

Agency:

Signature:

Date:

Sample: Confidentiality Agreement and Review Sign-In Sheet

OFR Confidentiality Agreement

The purpose of the overdose fatality review team (OFR) is to conduct a thorough review of all preventable overdose deaths in [county] in order to better understand the circumstances of overdose deaths and how to act to prevent future similar deaths.

To ensure a coordinated response that fully addresses all systemic concerns surrounding overdose deaths, all relevant data should be shared and reviewed by the team, as permitted by law, including historical information concerning the decedent, his or her family, and the circumstances surrounding the death. Much of this information is protected from public disclosure by law.

[state statutes] allow for overdose fatality reviews to remain confidential and can be exempt from the open meeting law. In no case will any team member disclose any information regarding team discussion outside of the meeting other than pursuant to the mandated agency responsibilities of that individual. Failure to observe this procedure may violate various confidentiality statutes that contain penalty. Public statements about the general purpose of the overdose fatality review process may be made, as long as they are not identified with any specific case.

Dated [date] the undersigned agree to abide by the terms of this confidentiality policy.

Name	Agency

Template: OFR Data Sharing Protocol

1. Data Storage

   Upon receipt of the OFR data from OFR team members, how will the data be stored and for what period of time?

2. Data Transfer

   What information will be transferred to team members and in what format (email, letter, etc.)?

3. Data Security

   How will confidential information be protected during transfer to team members?

4. Data Sharing

   How will team members share information? If sharing prior to the review, how will information and records be transferred to the team coordinator and how will they be protected? If sharing at the reviewing, what format will the data be in and will it be kept by the team coordinator after the meeting?

Appendix E

Resources for Model 5. Build a Recommendation Plan

Sample: Recommendation Work Plan

Recommendation	Activity/Action Steps	Lead Agencies/ Supporting Agencies	Timeline

For more information about Overdose Fatality Reviews, visit

www.cossapresources.org