Overdose Fatality Review:
National Standards

1 Recruit Your Overdose Fatality Review Members

The overdose fatality review (OFR) structure includes the OFR team, subcommittees, and a governing committee.

OFR is convened by a nonpolitical, neutral agency

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 prevent overdose deaths and provide resources and staff to support the initiative. The community sees it 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. An elected office leading an OFR initiative is not neutral. It may unnecessarily politicize the OFR initiative and recommendations and may decrease the OFR's sustainability as office leadership changes with an election.

Consistent participation and sharing of information by OFR members

OFR teams are multidisciplinary and include individuals who can share information about a decedent or contribute to analyzing available data to make recommendations that will prevent future overdose deaths. Data includes case-level data, aggregate data, and agency information, such as standard practices and protocols. Including diverse members will result in a more complete understanding of the community, the services available, and their interactions with the decedent throughout their life.

Core OFR members may include:
- A medical examiner or coroner.
- Public health.
- Public safety (first responders and criminal justice system).
- Health care.
- Behavioral health.
- Child services.

Encouraging OFR team members to attend each OFR meeting is important, even if a fatality is outside of their geographic territories, populations served, or issues of focus. Consistency helps build rapport and builds trust within the team. This trust allows for more open dialogue about each case and increases commitment to recommendations.

Limit OFR to 10 to 35 members

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 10 to 35 members.

Elected officials serve as guest members/ observers*

Elected officials, such as state representatives or city council members, should not serve as consistent members; instead, they may serve as guest members or observers to learn more about the OFR process and the community's needs. An elected official who serves as a consistent member may impact the OFR team's dynamics, and members may defer to the elected official's preferences or wishes, resulting in unequal members' voices.

*This does not apply to coroners, prosecutors, or sheriffs who are considered essential members of an OFR.

Confidentiality is essential

Confidentiality is essential for successful OFRs. It maintains the trust of participating members and the community in the OFR process. All team members (including guest members and observers) must sign a confidentiality agreement to attend.

Continually identify, recruit, onboard, and train new OFR members

Every team member will come to the table with different experiences, knowledge, prejudices, and ideas about substance use and its impact on their work and the community. Each meeting, the OFR team should reflect on what, if any, agency or perspective was missing from the discussion and recruit additional members to the OFR, as needed. For members to fully participate, they may need additional training in the fundamentals of OFRs, participation expectations, overcoming stigma, addiction as a disease, and social determinants of health.

Identify and recruit a governing committee

The OFR governing committee provides leadership, support, and accountability. Depending on the jurisdiction, the governing committee may be an existing local drug prevention task force or may be formed solely to support the OFR initiative. The governing committee comprises senior-level representatives of city, county, and state agencies and community partner organizations.

2 Plan Your OFR Meeting

It is important to plan OFR meetings to prepare members to actively and thoughtfully participate in the meeting.

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

Consistent monthly meeting dates and times

A regularly scheduled OFR meeting (same date and time) will increase the members' consistent attendance. Consistent attendance helps build rapport and trust within the team. This trust allows for more open dialogue about each case and increases commitment to recommendations. Meeting monthly speeds up the formation of the group's positive dynamics and its identification and implementation of recommendations that will prevent future overdose deaths.

Limit OFR meetings to a time frame of 90 to 120 minutes

Reviewing overdose fatalities is hard work—emotionally and psychologically. Meetings that are too short will not allow adequate time to provide status updates, in-depth case reviews, and recommendation identification. In addition, meetings that last too long can diminish participation by members.

Review two to four cases

Typically, each case will take, on average, 30 minutes depending on the review team's experience, data and information available, and the complexity of the case. Cases with limited data and information will not be as useful to discuss as cases with more information or system interactions.

Select cases to review based on data-driven or policy-based themes

It may not be feasible for an OFR team to review every death in its jurisdiction. In this situation, the coordinator may task a subcommittee to develop case selection criteria and/or select cases. Cases may be selected based on themes such as:

- 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).
- Recent policy, prevention, or intervention change that would benefit from a deeper understanding of decedents' experiences to enhance implementation.

Consistently have at least three essential data sources or providers

Blending input from public health, public safety, providers, and the community, OFR teams develop program and policy recommendations to improve the coordination and collaboration between agencies and community conditions to prevent future overdose deaths. More robust data provides more information about the decedent, interactions with services, and missed opportunities for prevention and intervention. Essential data sources include:

- Coroner or medical examiner reports (scene investigation, autopsy, and toxicology).
- Medical/health records.
- Behavioral health records.
- Next-of-kin interviews.
- Criminal justice records.
- Child services reports.

Identity of decedents known by members

The more informed members are about the decedent, the more comprehensive their understanding is of the decedent's interaction with various agencies and systems throughout their life and what could have been done to prevent the overdose death. Ideally, all members will know the identity of the decedent.

If state law prohibits an identified review, an alternative is to have the decedents' identities known only to the data-sharing OFR members (partially identified review).

Most of the work happens outside of the review meetings

As with much of the OFR process, much of the work happens outside of the review meeting, including subcommittee or workgroup meetings to develop, implement, and monitor recommendations; members preparing a summary report about their agency's interaction with the decedent; and OFR team coordinators presenting status updates to a governing committee.

Facilitator builds strong relationships with OFR team members

Over time, the facilitator builds a strong, collegial relationship with all members of the OFR team. To help build collaboration, the facilitator will want to connect with members and support their initiatives. They may build rapport by attending and supporting partners' events and initiatives and observing their programs to help understand the agency's mission.

3 Facilitate Your OFR Meeting

Quality facilitation is key to the OFR's success.

The facilitator is from a neutral agency and is also neutral and non-biased

Effective facilitators are neutral and good listeners. They develop trust with partners, encourage group participation and engagement, ask clarifying questions, lead but not direct discussion, and guide the group toward collective problem-solving to craft recommendations.

Provide consistent, quality facilitation

The facilitator role should not frequently rotate to provide consistent, quality facilitation. Every team member will come to the table with different experiences, knowledge, prejudices, and ideas about substance use and its impact on their work and the community. It will be the facilitator's responsibility to build trust among members and lead meetings to elevate all voices, address stigma or misinformation, neutralize tensions, and lead to clarity and a shared problem-solving process to identify missed opportunities for prevention and intervention and possible recommendations.

Review and sign confidentiality agreements

Confidentiality is essential for successful OFRs. It maintains the trust of participating members and the community in the OFR process. All team members (including guest members and observers) must sign a confidentiality agreement to attend.

Establish and share ground rules at each meeting

Establishing and reminding members of ground rules at the beginning of each meeting is useful in setting expectations, building trust, and preventing unprofessional or disparaging statements from members. For example, use person-first language, such as "a person addicted to drugs" versus "a drug addict."

Update members about activities since the last meeting

To keep OFR members engaged and eager to continue participating, the facilitator should demonstrate to the team members that their time commitment is useful. Providing status updates on any action items or recommendations since the last meeting is an effective way to communicate the impact of the OFR to the team members.

Reflect on the OFR process

The OFR process is rooted in a quality improvement model. The facilitator will want to make time at the end of each review meeting to allow members to reflect on the meeting's process and findings and will also want to connect with members between meetings to get feedback on the overall OFR process and meetings.

Use of person first language by all members

OFR teams are responsible for honoring the decedent's life and respecting surviving family members and loved ones. This can be accomplished by using person-first language, such as "a person addicted to drugs" versus "a drug addict," referring to the decedent as "decedent" or using first names, initials, or full names, and avoiding referring to the decedent as a case number.

Respectful conversations by all OFR members

Team members must agree to respect the decedent, their family and social network, community agencies, service providers, and OFR members. If a meeting member says something disrespectful, the facilitator would need to remind members to be respectful. On the other hand, if a statement was stated respectfully, but another member took offense, the facilitator may need to restate the comment in a way that decreases the negative impact and encourages problem-solving and collaboration. It may be 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 before the meeting to mitigate any possible conflicts.

Incorporate social determinants and a racial equity lens

The facilitator ensures that social determinants and a racial equity lens are incorporated into the reviews. Social determinants of health 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 conditions that impact the health status of its residents.

Encourage all members to share and ask questions

The facilitator should actively encourage the members to ask questions. The group's full participation in the discussion will clarify the timeline of significant life events and identify missed opportunities for prevention and intervention.

Ask probing and clarifying questions

It is best not to assume that people already know or understand the information shared. The facilitator may ask members to explain agency-specific or sector-specific acronyms or labels so that everyone understands the material being presented. They may also ask follow-up, probing questions to understand more details and context about shared decedent information.

Draw a timeline of decedent's information

Summarizing significant life events and interactions with various systems along a timeline, ideally on a whiteboard, is a great way to focus the OFR team's discussion to identify missed opportunities for prevention and intervention.

4 Collect Your OFR Data

The use of aggregate and case-level data is necessary to develop a comprehensive understanding of the community's overdose fatalities, missed opportunities for prevention and intervention, and recommended strategies to prevent future overdose deaths.

Use the OFR Data System

The OFR Data System collects information about the decedent, county health indicators, recommendations identified and implemented, and next-of-kin interviews. For consistency across cases and OFRs, OFRs should use the OFR Data System. The OFR Data System is a REDCap database available to all OFRs for free (www. cossapresources.org).

Assign one person to enter data into the OFR Data System

Having one person responsible for entering the data ensures that OFR data are entered consistently and accurately.

Analyze and use aggregate data

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 the selection of cases and providing context for case findings and recommendations identified.

Analyze and use OFR Data System data

Analyze and share data from the OFR Data System to governing committee and in public reports at least annually will increase the understanding of the overdose issue and prevention and intervention needs, increase support for the OFR, and hold the OFR accountable to implement the recommendations identified. Ultimately, engage partners through the "SOS" process, which stands for shared understanding, optimized capacity, and shared accountability.

5 Build a Recommendation Plan

All recommendations, regardless of the size, impact, or reach, are important for improving the services and conditions of the community to prevent future overdose deaths.

Identify at least one recommendation at each review meeting

Every review meeting should identify at least one recommendation. There are various recommendation types, from staff reminder memos of an existing agency policy to a more robust systemic collaboration across multiple agencies. In addition, each OFR meeting should end with a moment of reflection by members on what could have gone better in the review and if the team needs any additional members. This discussion allows for OFRs to identify process improvement recommendations

Identify recommendations through the review process

An action-oriented partnership drives the OFR process. It is important that the OFR facilitator reinforces the idea that recommendations can be identified and implemented through the OFR's collaborative, data-driven problem-solving process. Some probing and clarifying questions include:

- What factors contributed to the person being at risk for an overdose?
- What prevention and intervention efforts exist that could have prevented the death and others like it?
- What is working?
- What is not working?
- What does not yet exist?
- How does each case compare to the aggregate data?
- What are the agreed-upon recommendations for prevention and intervention strategies?

Identify local, state, and national recommendations

Recommendations identified may be specific to the community; however, several may be more appropriate for a state or national agency or initiative. All recommendations should be documented and tracked in the OFR Data System and reported to the appropriate partner and agency.

Track recommendations in the OFR Data System

The OFR initial recommendations are captured in the meeting minutes and the Recommendation Monitoring Section of the OFR Data System. As more cases are reviewed, there is often more clarity and understanding of the underlying system gaps and problems that need to be addressed to prevent future overdose deaths. Recommendations need to be revised and refined periodically to reflect this understanding.

Develop a workgroup and work plan to monitor the implementation of recommendations

Creating subcommittees to focus on and implement specific recommendations can maintain momentum by building sustained internal and external support for the strategy. The subcommittee must develop a work plan for implementing the recommendation. Plans for assessing and monitoring recommendations need to be developed at the beginning of the initiative.

Have a separate leadership group to support recommendations/initiatives

The OFR team needs a committee to provide leadership and support (such as system, political, and policy change and providing or identifying funds) for implementing the recommendations that it has identified. This committee is referred to as a governing committee. Depending on the jurisdiction, the governing committee may be an 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 the city, county, state agencies, and community partner organizations and can hold the OFR accountable for implementing recommendations

Update the OFR team on the status of recommendations at each meeting

The subcommittee lead or OFR coordinator will provide a verbal status report during OFR case review meetings. Updating the OFR team on the status of implementation and ongoing plans to monitor and support recommendations helps build accountability of all members and subcommittees.

At least annually, draft a report to showcase progress, findings, and recommendations

Tracking and sharing OFR activity and impact is an important way to build in accountability and transparency.

OFR: National Standards Self-Assessment

1. Recruit Your OFR Members

- ❑ OFR is convened by a nonpolitical, neutral agency
- ❑ Consistent participation and sharing of information by OFR members
- ❑ Limit OFR to 10 to 35 members
- ❑ Elected officials serve as guest members/observers*
- ❑ Confidentiality is essential
- ❑ Continually identify, recruit, onboard, and train new OFR members
- ❑ Identify and recruit a governing committee

2. Plan Your OFR Meeting

- ❑ Closed-meeting format
- ❑ Consistent monthly meeting dates and times
- ❑ Limit OFR meetings to a time frame of 90 to 120 minutes
- ❑ Review two to four cases
- ❑ Select cases to review based on data-driven or policy-based themes
- ❑ Consistently have at least three essential data sources or providers
- ❑ Identity of decedents known by members
- ❑ Most of the work happens outside of the review meetings
- ❑ Facilitator builds strong relationships with OFR team members

3. Facilitate Your OFR Meeting

- ❑ The facilitator is from a neutral agency and is also neutral and non-biased
- ❑ Provide consistent, quality facilitation
- ❑ Review and sign confidentiality agreements
- ❑ Establish and share ground rules at each meeting
- ❑ Update members about activities since the last meeting

- ❑ Reflect on the OFR process
- ❑ Use of person-first language by all members
- ❑ Respectful conversations by all OFR members
- ❑ Incorporate social determinants and a racial equity lens
- ❑ Encourage all members to share and ask questions
- ❑ Ask probing and clarifying questions
- ❑ Draw a timeline of decedent's information

4. Collect Your OFR Data

- ❑ Use the OFR Data System
- ❑ Assign one person to enter data into the OFR Data System
- ❑ Analyze and use aggregate data
- ❑ Analyze and use OFR Data System data

5. Build a Recommendation Plan

- ❑ Identify at least one recommendation at each review meeting
- ❑ Identify recommendations through the review process
- ❑ Identify local, state, and national recommendations
- ❑ Track recommendations in the OFR Data System
- ❑ Develop a workgroup and work plan to monitor the implementation of recommendations
- ❑ Have a separate leadership group to support recommendations/initiative
- ❑ Update the OFR team on the status of recommendations at each meeting
- ❑ At least annually, draft a report to showcase progress, findings, and recommendations

To learn more about the Overdose Fatality Review, go to **www.cossapresources.org**.

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The Institute for Intergovernmental Research (IIR) serves as the connecting point for COSSAP TTA efforts and collaborates with BJA leadership and fellow TTA providers to work directly with COSSAP site-based grantees. IIR's role includes guidance and contributions by subject-matter experts in priority COSSAP areas of focus; coordination of the COSSAP TTA network's cadre of experts and providers; publication production and design of COSSAP resources; planning, coordination, and delivery of national-level trainings and working group meetings; COSSAP Resource Center development and maintenance; coordination of distance-learning opportunities and resource dissemination; and other complementary activities.

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