




**BJA**  
Bureau of Justice Assistance  
U.S. Department of Justice



# OFR Evaluation: Resources and Practical Steps for Implementation

August 17, 2022



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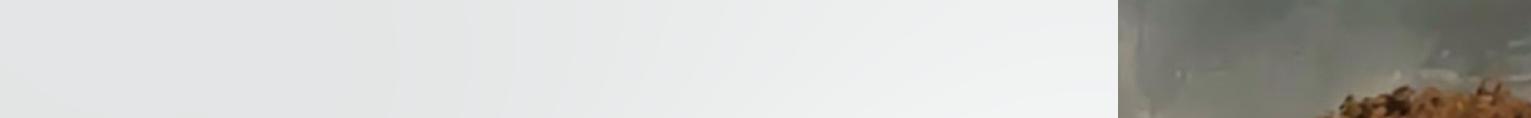


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# OFR Overview

- OFRs involve analysis and **review of aggregate data** to understand overdose trends, select cases to review, and provide context for case findings and recommendations
- OFRs involve a series of **confidential individual death reviews** by a multidisciplinary team to effectively **identify system gaps and innovative community-specific** overdose prevention and intervention strategies
- These recommendations are presented to a **governing committee** that supports and provides resources for the implementation framework for accountability for action

# OFR Structure



**OFR Team:** Multidisciplinary team that reviews a series of individual deaths to identify system-level missed opportunities for prevention and intervention

**Lead Agency:** Oversees the OFR team coordination and provides administrative support

**Subcommittees:** Focuses attention on a recommendation or need, such as case selection

**Governing Committee:** Supports and provides resources to implement recommendations generated from case reviews



# Overdose Fatality Reviews Evaluation Profile

Program Evaluation Team,  
Division of Overdose  
Prevention at CDC

August 17, 2022

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

EVALUATION PROFILE FOR

# Overdose Fatality Reviews



# Why are the evaluation profiles needed?

- Relatively new field of overdose prevention
- Many evaluators lack knowledge about available data sources
- Facilitation of CDC's evaluation technical assistance provision
- Support development of future performance measures

# Evaluation Profiles

1. Public Health Surveillance
2. Linkage to Care
3. Technical Assistance to Disproportionately Affected Communities
4. Academic Detailing
5. Naloxone Distribution
6. Overdose Communication Campaigns
7. Prescription Drug Monitoring Program Data Use
8. Overdose Fatality Reviews



# Use and Impact: CDC Evaluation Profiles Website

## Drug Overdose

CDC > Injury Center > Drug Overdose > Overdose Data to Action

Facebook Twitter LinkedIn RSS

- Drug Overdose
  - Drug Basics
  - Overdose Prevention
  - Nonfatal Drug Overdoses +
  - Drug Overdose Deaths +
  - US Opioid Dispensing Rate Map
  - Overdose Data to Action -**
    - About OD2A
    - Surveillance
    - Prevention
    - Evaluation**
    - Impact
    - Funded Jurisdictions


### OD2A: Evaluation

OD2A-funded jurisdictions work to monitor and evaluate their surveillance and prevention efforts. Jurisdictions work collaboratively with CDC to evaluate the implementation and impact of each of the [OD2A strategies](#). The evaluation of these efforts is essential to ensure program fidelity, efficacy, and efficiency.

### Evaluation Profiles

The following OD2A evaluation profiles can be tailored to the evaluation needs of programs and initiatives to ensure they are implemented effectively for desired outcomes. The profiles contain guidance on the types of evaluation questions, indicators, data sources, and data collection methods that can be used to evaluate the specified topics and activities. State and local health departments, community-based organizations, medical and healthcare professionals, and program managers can use these profiles to determine how well programs and initiatives are being implemented and the effectiveness on desired outcomes.

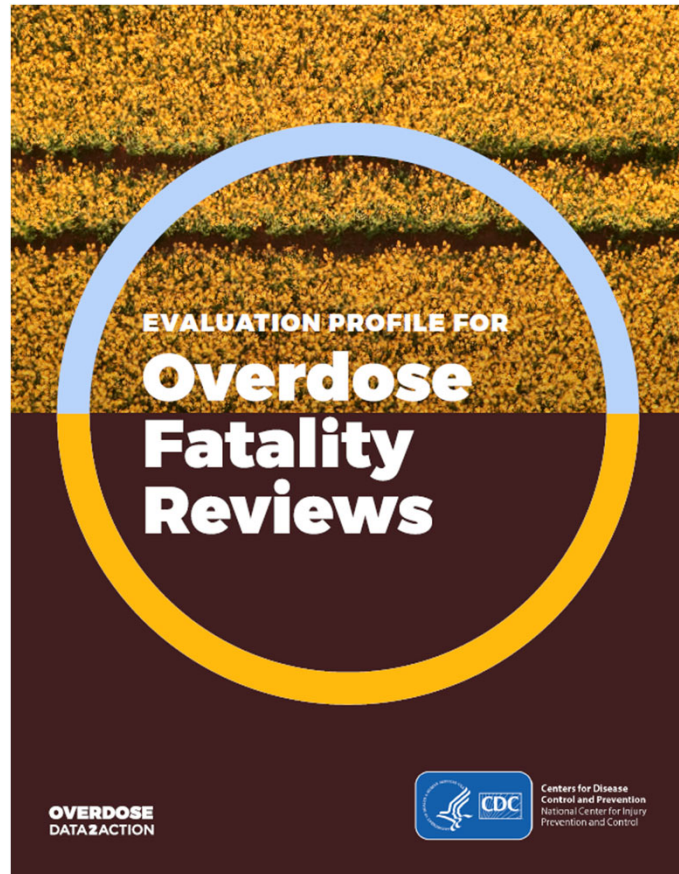
#### Disproportionately Affected Communities



[Technical Assistance to Disproportionately Affected Communities](#) [PDF - 5 MB]

Health departments provide technical assistance to stakeholders to enhance their capacity to **understand and interpret** local overdose trends and burden; **identify populations** or communities most impacted; and select and **coordinate implementation** of appropriate evidence/practice-based interventions to respond to their community's needs.

# Overdose Fatality Review Evaluation Profile



## Purpose of the Evaluation Profile

This evaluation profile **PROVIDES GUIDANCE** to support CDC's funded entities<sup>1</sup> in designing evaluations of their PDMP data use to inform clinical practice and improve patient safety.

This resource is meant to demonstrate how evaluations can be conducted, in many cases using existing programmatic data, to produce actionable and timely findings to inform program managers and stakeholders about how well initiatives are being implemented and how effective they are at bringing about desired outcomes. This profile provides guidance on the types of evaluation questions, indicators, data sources, and data collection methods that may be used to evaluate PDMP data use to inform clinical practice and improve patient safety.

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# OFR Core Components

## OVERDOSE DATAACTION

Overdose Fatality Reviews

### The OFR core components listed here are adapted from the [Overdose Fatality Review Practitioner's Guide to Implementation and Inclusion](#):

1. Convening an OFR committee:
  - Establish an OFR structure and operating protocols.<sup>13</sup> The structure should include a governing committee,<sup>14</sup> lead administrative agency, OFR leadership team,<sup>15</sup> OFR team subcommittees,<sup>16</sup> and protocols for operation. OFR teams include individuals who can share information about a decedent, or contribute to the analysis of available data to make recommendations for interventions that will prevent future overdose deaths.
  - Establish a strong working relationship with the medical examiner/coroner to ensure access and sharing of information relevant to OFR cases.
  - Determine OFR team members<sup>17</sup> and ensure multi-sector membership.
  - Establish data use agreements with OFR team members and their agencies.<sup>18</sup>
  - Train OFR team on local death investigation process and data available from medical examiner's/coroner's office, local law enforcement agencies, and others.<sup>19</sup>
2. Planning and holding an OFR meeting:
  - Establish an annual meeting schedule and identify a location conducive to equal and easy participation<sup>20</sup> for all OFR members.
  - Select cases for review, request case information, recruit case specific OFR participants and distribute case information to OFR participants. Case-specific OFR participants may include family members and friends of the decedent.
  - Prepare for the meeting:
    - i. Email a reminder with brief case summary, list of meeting participants; and meeting date, time, and location should be sent to participants two weeks prior to the review.
    - ii. Members review the case information, consider implications of each case, identify agency contacts, complete agency-specific data form(s), and take notes prior to the meeting.
3. Systematizing OFR data collection:<sup>21</sup>
  - Collect data during the OFR meeting, such as agency report-outs and an in-depth case review discussion. After the meeting, additional data entry may occur to clarify any confusing or missing information.
  - Account for agency-specific data. Each agency participant will likely have additional information to share at the review as the case is discussed. For example, the partner may be asked detailed, clarifying questions by team members. To get the most out of the meeting, it is helpful for participants to bring supplemental records or information to
- iii. Invite guests to meet to provide additional case information and insight (e.g., case workers, first responders, family members of decedent).
- iv. Collect data before the OFR meeting (e.g., initiate a case, request case information, conduct interviews with family members and close friends of the decedents and synthesize findings, review records with relevant partners, manage records, and research, and summarize case information).
- v. Create individual meeting agendas. The agenda should include these topics: review of ground rules and confidentiality, case presentations, agency report outs, case summary and timeline, recommendations, a summary, and adjournment.

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## OVERDOSE DATAACTION

Overdose Fatality Reviews

- the review. The participants may need to refer to these materials throughout the meeting to answer more in-depth questions.
- Ensure all case data are entered accurately and consistently.<sup>22</sup> Each jurisdiction is responsible for managing data collection and data entry. Depending on the size of the jurisdiction and the resources available, this role may be staffed or delegated to someone other than the OFR facilitator.
  - Develop, secure, and maintain a data collection system.<sup>23</sup>
4. Building a recommendation plan:
    - Identify recommendations during the OFR review and form a subcommittee to finalize recommendations.<sup>24</sup> Overdose fatality review teams may generate a variety of recommendation types across the continuum of care or systems. The OFR facilitator documents initial recommendations in the meeting minutes and recommendations database.
    - Form subcommittee(s) to further develop actionable recommendations (e.g., practice or policy changes in systems of care). Creating subcommittees to focus and implement specific recommendations can maintain momentum by building sustained internal and external support for the strategy.<sup>25</sup>
    - Develop a work plan and implement recommendations.<sup>26</sup>
    - Present the recommendation work plan to the governing committee for discussion and implementation in corresponding organization(s).
    - Assess and monitor recommendations. Plans for assessing and monitoring recommendations need to be developed at the beginning of the initiative. Steps to regularly update and track the status of recommendations include giving status updates, reporting to the OFR facilitator, and tracking the status of recommendations.



LOGIC MODEL

# Overdose Fatality Reviews (OFRs)

**OVERDOSE  
DATA2ACTION**



<sup>a</sup> Currently, 12 states have passed legislation that authorizes them to conduct overdose fatality reviews, including Arizona, Delaware, Indiana, Maryland, New Hampshire, North Dakota, Oklahoma, Pennsylvania, Rhode Island, Virginia, Utah, and West Virginia. Due to the changing policy landscape, additional states may have passed legislation related to OFR since this logic model was developed. While OFR legislation is an input in the OFR evaluation logic model, some jurisdictions are conducting OFR without this legislation. Jurisdictions without legislation use data use agreements at the agency level and confidentiality agreements for the individuals participating in the reviews.

<sup>b</sup> Sectors include law enforcement, health departments and commissions, justice departments, medical examiners/coroners' offices, corrections, local and state government, education, hospitals and healthcare agencies, behavioral health agencies, and research.

<sup>c</sup> The agency would need to be willing to have a representative at the OFR and enact recommendations from the OFR.

<sup>d</sup> Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States.

<sup>e</sup> Recommended trainings include "Partnerships for Prevention: OFR 101" webinar; "Overcoming stigma, ending discrimination"; "Why addiction is a 'disease' and why it's important"; and "Social Determinants of Health: Know What Affects Health".

<sup>f</sup> CDC requires recipients who collect or generate data with federal funds to develop, submit, and comply with a data management plan (DMP) for each collection or generation of public health data undertaken as part of the award and, to the extent appropriate, provide access to and archiving/long-term preservation of collected or generated data. For more information please see CDC's DMP policy.

<sup>g</sup> Creating an OFR meeting plan and systematizing OFR data collection should happen simultaneously and in tandem.

<sup>h</sup> OFR teams may want to use the OFR Standard Database Template, a REDCap database that allows local OFR teams secure access.

<sup>i</sup> Recommendations will vary based on the local context and should be tailored appropriately. Examples of types of recommendations could include systemic (addressing a gap, weakness, or problem within a particular system or across systems), population-specific, agency-specific, case-specific, capacity-building or research-related, quality improvement, priority recommendation (focus on during a specific time period), primary, secondary, or tertiary prevention.



**Centers for Disease Control and Prevention**  
National Center for Injury Prevention and Control

# Context and Fidelity

OVERDOSE DATA2ACTION Process Evaluations

## Context

### Evaluation Question

What factors affect implementation and maintenance of an OFR?

What is the overdose and/or opioid misuse burden in the jurisdiction?

### Sample Indicators

**Laws, Policies, and Attitudes**

- Description of laws and policies authorizing and establishing OFRs
- Description of clear policies and procedures for OFR members and agencies, including data use agreements and collection and storage protocols
- Description of attitudes among OFR members about whether overdoses are preventable

**Partnerships**

- Description of the jurisdiction's experience with fatality reviews (e.g., homicide, maternal/child/infant)
- Description of existing multisector partnerships that address overdose prevention and/or substance use disorder within the community
- Description of existing level of trust between and amongst potential OFR partners
- Description of buy-in and support for the OFR from agency's leadership and staff

**Resources**

- Description of funding and in-kind support of the OFR, including resources from multiple agencies and sectors to increase system-level response (e.g., staff time, meeting space)
- Description of the nature of overdoses and drug use trends in jurisdiction
- Descriptions of overdose prevention activities in the community (e.g., naloxone distribution, opioid prescribing behavior, access to treatment)
- Description of community perceptions and acceptance of evidence/practice-based interventions and strategies<sup>27</sup>
- Description of OFR training curriculum for OFR members
- Description of technical assistance needs of OFR members or additional technical assistance provided to members

**DATA SOURCES**

- Jurisdictional/state laws and policies
- Data use agreements
- Vital statistics data, public health data (e.g., HealthData.gov, Community Health Status Indicators, National Survey on Drug Use and Health, Data.gov), prescribing data
- OFR team members
- Stakeholders (e.g., partners, agency leaders and staff)
- Administrative data for OFRs, including data collection protocols and training curricula
- Available peer-reviewed literature
- Existing resource: Overdose Fatality Review Practitioner's Guide to Implementation

**DATA COLLECTION METHODS**

- Environmental scan
- Document review
- Focus groups, interviews, or surveys
- Informal discussions with OFR members and stakeholders
- Literature review

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OVERDOSE DATA2ACTION Process Evaluations

## Fidelity

There may be circumstances in which strict fidelity to the original plan may actually work against an intended outcome. In this case, adaptation is necessary and expected. Tracking fidelity and purposeful/data-informed deviations are important for understanding implementation; however, strict fidelity should not supersede necessary adaptations that will facilitate outcomes.

### Evaluation Questions

To what extent was the OFR Practitioner's Guide to Implementation model adhered to?

To what extent was the OFR program adapted during implementation? Why was it adapted? Did this adaptation result in improvements?

### Sample Indicators

**Overall**

- Description of how adherence to the OFR Practitioner's Guide to Implementation model was followed by the jurisdiction
- Description of changes/adaptations to the OFR overtime
- Description of how adaptations led to improvements

**DATA SOURCES**

- OFR team members

**DATA COLLECTION METHODS**

- Discussions with OFR members
- Scan of administrative data/meeting notes

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# Implementation and Individual-Level Change Outcomes

**OVERDOSE DATA2ACTION** Process Evaluations

## Implementation

### Evaluation Questions

To what extent was the OFR implemented and maintained?

What factors facilitated and/or hindered the OFR?

What lessons were learned from OFR that can inform other OFRs?

### Sample Indicators

**OFR Committee**

- Description of OFR protocols and organizational structure (e.g., meeting scheduling, facilitation, data sharing)
- Descriptions of OFR members and advisory committee members
- Description of facilitator (e.g., agency representative and paid facilitator) and their roles/responsibilities
- Description of the level of cooperation and coordination the OFR has with the medical examiner/coroner in their jurisdiction
- Description of the ability of OFR members and agencies to share data and case information
- Descriptions of membership sustainability plan (e.g., recruitment, retention, and attrition of OFR members and advisory committee members)
- Description of efforts to address OFR member burnout or compassion fatigue
- Number and percentage of OFR members who are satisfied with the OFR operation (e.g., membership composition, data collection and maintenance system, meeting facilitation, and recommendation planning and monitoring) and its ability to enact change

**Plan/hold an OFR Meeting**

- Description of meeting schedule and location (in-person or virtual), including any additional participants
- Description of selection criteria for OFR cases to be reviewed
- Description of the OFR meeting preparation (e.g., agenda setting, case review, case data collection, relevant agency form completion, and note taking)
- Description of how stigma reduction is incorporated into OFR meetings
- Number and percentage of OFR members who report that meetings are effectively and efficiently conducted (e.g., members have access to necessary data and core OFR representatives are available to fill in knowledge gaps)

**DATA SOURCES**

- OFR team members
- Administrative records (e.g., meeting agendas, meeting notes, post meeting tasks and recommendations, progress reports)
- OFR data collection systems
- Stakeholders (e.g., partners, agency leaders and staff)

**DATA COLLECTION METHODS**

- Discussions with OFR members
- Document review of administrative records (e.g., meeting agendas, meeting notes, post meeting tasks and recommendations, progress reports)
- Review of OFR data collection systems
- Formal or informal conversations with stakeholders (e.g., partners, agency leaders and staff)

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**OVERDOSE DATA2ACTION** Process Evaluations

## Individual-Level Change Outcomes

### Evaluation Question

To what extent did OFRs produce or contribute to the intended individual-level outcomes?

For whom, and in what ways, did individual-level changes (e.g., knowledge, skills, intention, self-efficacy, behavior) occur based on establishing OFRs?

### Short-term Sample Indicators

**OFR members**

- Increased knowledge of substance use disorder and nature of drug overdose in their jurisdiction
- Increased self-efficacy to participate in an OFR
- Increased understanding and awareness of their agency's role in prevention of overdoses and support for individuals with substance use disorders (SUD)
- Increased self-efficacy to develop, implement, and monitor recommendations in their agency
- Increased ability among OFR members to identify overdose risk and protective factors and missed opportunities for prevention and intervention

**DATA SOURCES**

- OFR team members
- Stakeholders (e.g., partners, agency leaders and staff)

**DATA COLLECTION METHODS**

- Surveys with OFR members and/or stakeholders (e.g., pre-post survey on awareness, knowledge, attitude, and intention)
- Interviews with OFR members or stakeholders

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# Contributors to OFR Evaluation Profile

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- Nava Bastola – New Jersey Department of Health
- Kim Reilly – Ocean County Health Department

**CDC Authors**

**CDC and Partner  
Contributors**

**Reviewers**

Our work  
continues...

## Profiles in development



Peer support services



Non-fatal post overdose outreach  
programs involving public safety  
(EMS, police, and other first responders)



Harm reduction

## Future profile



Overdose prevention coalitions

# Thank you!



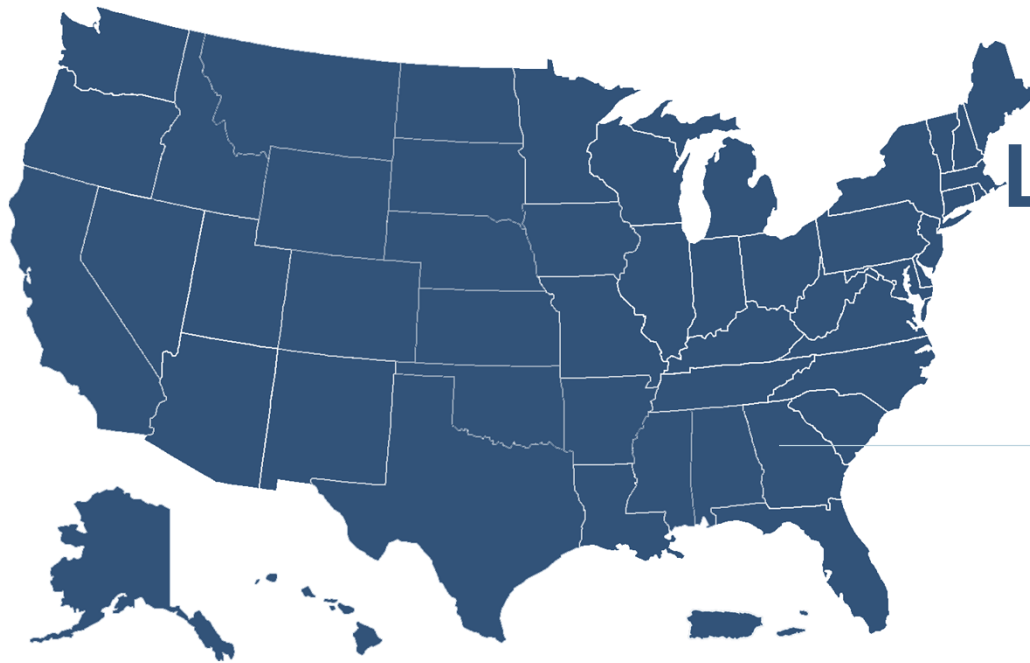
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## Questions?

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# Lexington County, SC Overdose Fatality Review Evaluation

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OVERDOSE RESPONSE STRATEGY | PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP

# Acknowledgement

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# What is the Overdose Response Strategy (ORS)?

The Overdose Response Strategy is an unprecedented and unique collaboration between public health and public safety, created to help local communities reduce drug overdoses and save lives by sharing timely data, pertinent intelligence and innovative strategies.

# OVERDOSE RESPONSE STRATEGY

PUBLIC HEALTH | PUBLIC SAFETY | PARTNERSHIP



**COLLABORATE** across public health and public safety sectors



**SHARE** data, insights, and trends we are seeing related to drug overdose in our communities



**INFORM AND HELP** local communities develop local solutions to reduce overdoses and save lives



# ORS Program Strategies

- 1** **Share data systems** to inform rapid and effective community overdose prevention efforts.
- 2** Support immediate, **evidence-based response** efforts that can directly reduce overdose deaths.
- 3** Design and use promising strategies at the **intersection of public health and public safety**.
- 4** Use effective and efficient **primary prevention** strategies that can reduce substance use and overdose long term.

# ORS Teams

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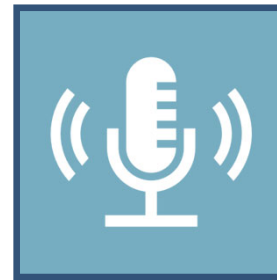
**GUIDE**



**CONNECTOR**



**BRIDGE**



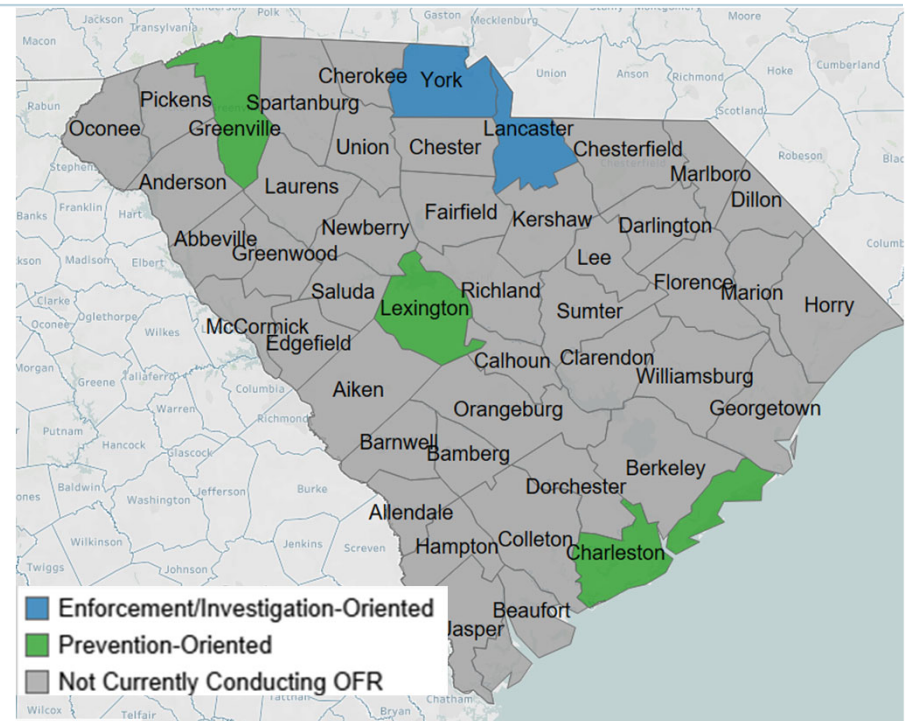
**TRANSLATOR**



**DIPLOMAT**

# DIO Contributions to Overdose Fatality Reviews (OFRs) in SC

- NYC RxStat visit, brought to Charleston with Addiction Crisis Task (ACT) Force
- Participation in OFRs
- Support for representation, information-sharing



*Counties participating in OFR*

# PHA Contributions to OFR in SC

- Project management tool
- White paper
- Retrospective pre/post-evaluation

**Overdose Fatality Review**

EXAMPLE County

Project Coordinator: \_\_\_\_\_  
 Facilitator: \_\_\_\_\_  
 Data Manager: \_\_\_\_\_

Project Start Date:

Show schedule starting at Day

Task/ Milestone Description	OFR Guide	Assigned To	Comments	Progress	Start	No. Days
<b>OFR Orientation</b>						
Review Module 1: OFR Member Recruitment	pp. 4-12	Facilitator, Coordinator	More on this module at COSSAP OFR website: <a href="https://www.cossapresources.org/Tools/OFR/IR/enrult">https://www.cossapresources.org/Tools/OFR/IR/enrult</a>	100%	1/4/2021	1
Review Module 2: Planning OFR Meetings	pp. 13-18	Facilitator, Coordinator	More on this module at COSSAP OFR website: <a href="https://www.cossapresources.org/Tools/OFR/PI/an">https://www.cossapresources.org/Tools/OFR/PI/an</a>	100%	1/5/2021	1
Review Module 3: Facilitating OFR Meetings	pp. 19-27	Facilitator, Coordinator	More on this module at COSSAP OFR website: <a href="https://www.cossapresources.org/Tools/OFR/IF/acilitate">https://www.cossapresources.org/Tools/OFR/IF/acilitate</a>	100%	1/6/2021	1
Review Module 4: Collecting Data	pp. 28-31	Facilitator, Coordinator, Data Manager	More on this module at COSSAP OFR website: <a href="https://www.cossapresources.org/Tools/OFR/IC/ollect">https://www.cossapresources.org/Tools/OFR/IC/ollect</a>	0%	1/8/2021	1

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<https://www.cossapresources.org/Content/Documents/OFR/OFR Project Management Template.xlsx>



# Lexington County, OFR Overview

- National Association of County and City Health Officials (NACCHO) / CDC Overdose Response Strategy pilot project
- First prevention-oriented overdose fatality review (OFR) in South Carolina following Bureau of Justice Assistance (BJA) COSSAP standards

## Lexington County OFR Member Organizations

Mental Health	Solicitor's Office	Coroner's Office	Sheriff's Office
Fire Department	EMS	Police Department	Alcohol and Drug Authority
	Probation and Parole	Hospital	

# Design: Member Evaluation Survey

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- Retrospective pre/post survey in August 2021 after five months of case reviews
- Sample: 11 OFR members representing first responders, health/treatment, criminal justice, and coroner's office
- 20 questions with scales and open-ended response assessing outcomes from CDC OFR Evaluation Profile
  - Paper-based, distributed at in-person meeting
- Aims:
  - Measure change at the individual and community/systems level based on data sharing activity/Overdose Fatality Review
  - Gather feedback on how to proceed following grant period

# CDC OFR Evaluation Profile Crosswalk

Survey Questions	Evaluation Profile Individual-Level Outcomes
Q9 & Q10	Increased knowledge of substance use disorder and nature of drug overdose in their jurisdiction
Q1	Increased self-efficacy to participate in an OFR
Q2 & Q3	Increased understanding and awareness of agency's role in prevention of overdoses and support for individuals with substance use disorders (SUD)
Q11 & Q12	Increased self-efficacy to develop, implement, and monitor recommendations
Q5 & Q6	Increased ability among OFR members to identify overdose risk and protective factors and missed opportunities for prevention and intervention Standardized data collection
Community and Systems-Level Outcomes	
Q13 & Q14	Increased identification of service and systems needs of populations at-risk for SUD and overdoses
Q15 & Q16	Improved coordination and collaboration between agencies and community conditions to prevent future overdose deaths, as well as leveraging existing resources  Implemented policies and programs that further improve community responses and organizational capacity and increase funding for OFRs Improved outreach and service delivery to at-risk populations Reduced stigma against individuals who use drugs among all agencies and community members involved with the OFR process  Increased shared accountability to monitor local substance use and overdose death data, implement recommendations, and assess and monitor implemented activities  Improved data related to missed opportunities for prevention and intervention at the community level Improved investigation of overdose deaths

# Change in Individual-Level Outcomes

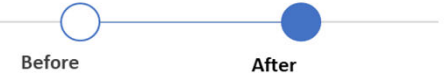
**All individual-level outcomes improved across all participants**

**Greatest increase** in average score for understanding other agencies overdose prevention and substance use treatment services

**Smallest change and lowest score** for confidence in ability to develop and implement recommendations

## Overdose Fatality Review Survey Outcomes

Key



Confidence in ability to effectively participate in overdose fatality review



My understanding of my agency/organization's role in overdose prevention



My understanding of my agency/organization's role in support for individuals with substance use disorders (SUD)



Understanding of other Lexington agencies/organizations' overdose prevention and substance use treatment services



Ability to identify overdose risk and protective factors



Ability to identify missed opportunities for overdose prevention/intervention, like gaps in systems and services by your agency or others



My knowledge of SUD and the nature of drug overdose in Lexington County



Confidence in my ability to develop and implement recommendations for preventive programs and policies



Source: The Courage Center CORE Final Report, 2021



# Individual-Level Outcomes: Descriptive Response

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- Identification of missed opportunities:
  - Appropriate follow-ups/referrals and better resources/outreach most commonly identified
- Knowledge gained:
  - Understanding prescription drug misuse
  - Trends in overdoses and specific substances
  - How first responders and mental and behavioral health professionals interact with individuals with substance use

# Risk and Protective Factors Identified

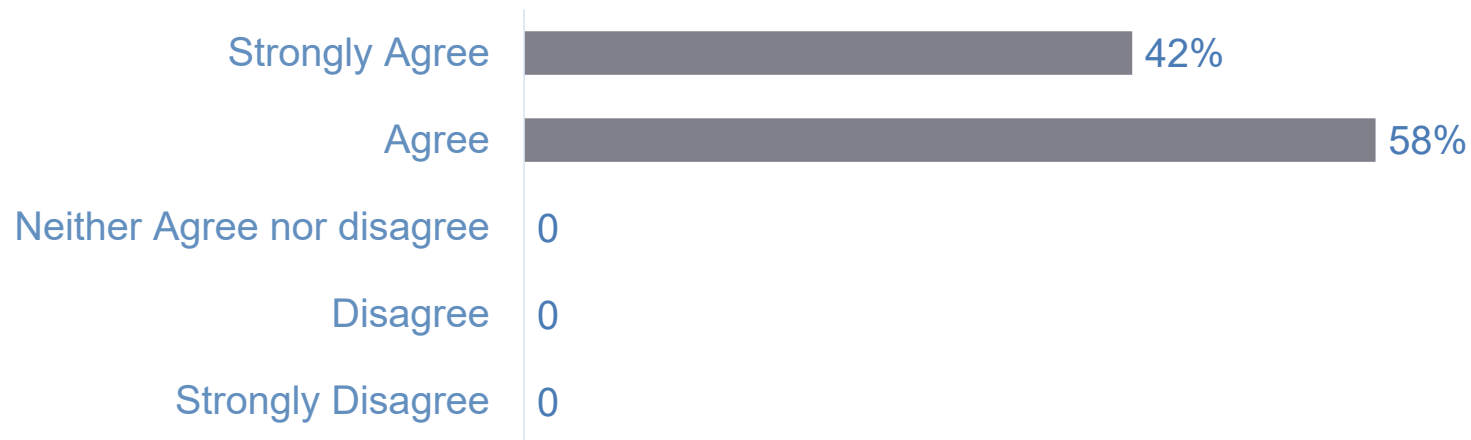
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- Socioeconomic status
- Education level
- Family history/relationships, home environment
- Social support
- Mental and physical health
- Insurance coverage
- Presence/absence of Adverse Childhood Experiences (ACEs)
- Access to transportation
- Knowledge for navigating resources
- Availability of local community treatment and recovery resources

# Change in Community/Systems Outcomes

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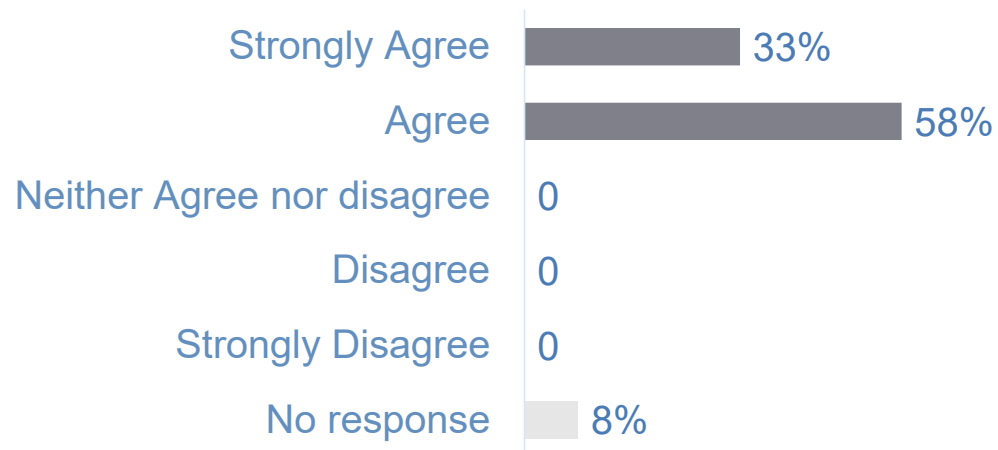
The OFR increased members' identification of service and system needs of populations at risk for substance use disorder and overdoses.



# Change in Community/Systems Outcomes

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The OFR improved coordination and collaboration between agencies to prevent future overdose deaths and leverage existing resources.



**“We are beginning to have conversations, collectively across multiple agencies, when this was not happening before the OFR committee. The coordination and collaboration process has begun.”**

**– OFR First Responder Participant**

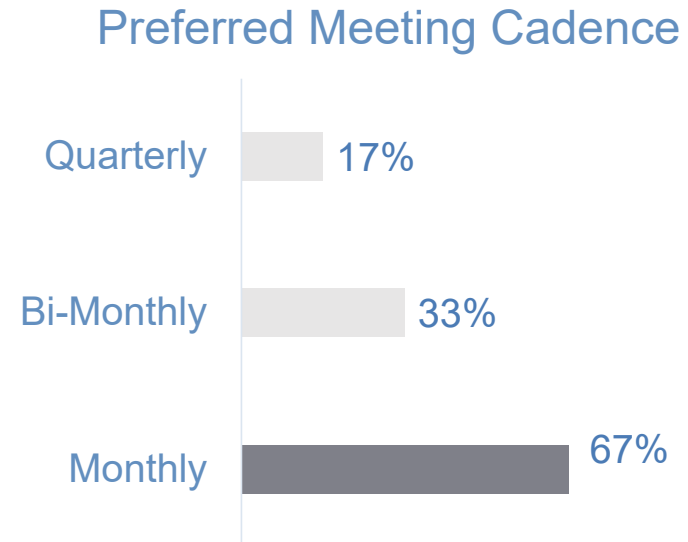
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# OFR Continuation

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- All responses recommended for OFR to continue past the grant period
- Most participants recommended continuing to meet monthly (multiple preferences could be selected)
- Group voted to maintain monthly cadence



# Next Steps

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- Use evaluation results to foster resources and support for development of prevention-focused OFRs in South Carolina
- Validate the instrument by replicating in other counties and states

# Questions?

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Overdose Response Strategy

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