

“Change Happens at the Speed of Trust”: OFR Forum Raises Profile of Winning Strategy in Battle Against Substance Abuse

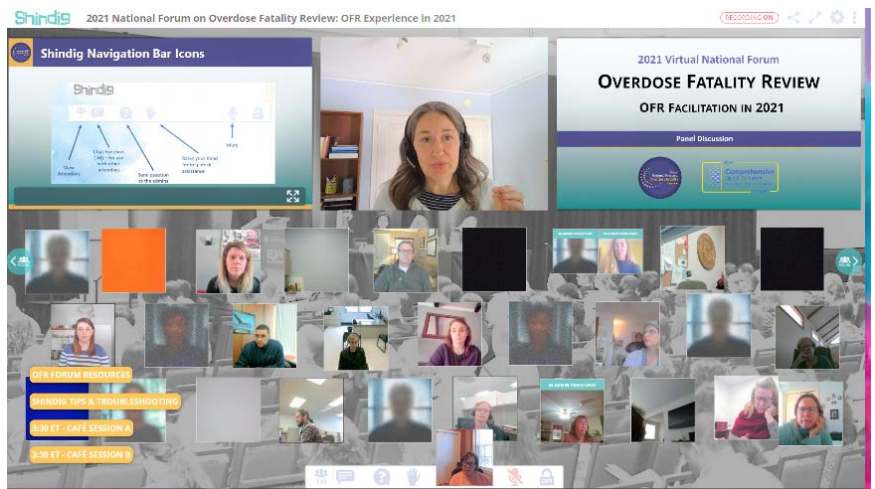
Catching Up With COSSAP, April 2021

Overdose fatality reviews (OFRs)—confidential death reviews conducted by multidisciplinary teams to identify system gaps and improve overdose prevention and intervention strategies—had a moment in February. A big one.

The [2021 Virtual National Forum on Overdose Fatality Review](#) (OFR), cohosted by the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) and the Centers for Disease Control and Prevention (CDC), turned out to be COSSAP’s largest—and by every measure most successful—online event to date. More to the point, one would be hard-pressed to identify *any* event that has better demonstrated the value of OFRs to a larger audience of stakeholders capable of incorporating them into local strategies to combat substance abuse.

And while its impacts are still being assessed (hundreds of the 747 registered participants attended each online session over the forum’s six days), perhaps most consequentially the OFR Forum realized its chief ambition: Through the enthusiastic advocacy of its 79 panelists, it made crystal clear to all who participated that OFRs can become the cornerstone of community responses to substance abuse by combining two hallmarks of the COSSAP approach—an emphasis on multidisciplinary collaboration (particularly across public safety and public health sectors) and leveraging data and evidence-based practices to inform policy changes.

That success was no mean feat. It hinged on literally hundreds of hours of preparation conducted by IIR’s COSSAP team that resulted in a seamless marriage of a new virtual platform (Shindig) and a format that emphasized live discussion over written presentations. Presented between February 16 and 25, 2021, the forum’s daily content was organized around specific themes such as OFR recruitment and participation, confidentiality and information sharing, and data collection, concluding with mock OFRs for both urban and rural settings.



Forum cohosts Melissa Heinen, senior research associate at the Institute for Intergovernmental Research, and Dr. Mallory O’Brien, senior research advisor at the CDC, took every opportunity to reinforce the core forum message that the collaborative nature of OFRs, and the trust they build across disciplines, stand to transform local strategies for addressing substance abuse. That message was reinforced by nearly every speaker, many of whom noted that one of the signal benefits of OFRs was to enable team members to grasp the “big picture” of substance abuse in their communities in ways they previously could not, primarily because addiction touches the work of multiple services providers that rarely communicate.

Jessica Wolff, also from the CDC and a Day Two panelist, touched on the centrality of rapport building and transparency to OFRs’ success:

“There are three key things for an OFR: (1) creating a shared vision and documenting it; (2) agreeing to stand together with a shared commitment and committing to that partnership, sharing credit and blame—that can make or break coalition; and (3) following the best evidence and innovating new strategies for reducing overdoses.”

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Added Special Agent Christopher Jakim of the U.S. Drug Enforcement Administration, another Day Two panelist, “an OFR team is a learning process for understanding different approaches—understanding that we’re different *but here for the same reason*. We each may have taken alternate routes [to the OFR], but we all knew where we’re heading as far as saving lives. In the process we built trust, accepting other peoples’ approaches because we’re all in this together.”

Nor did the forum dodge the challenges to OFR formation posed by the COVID-19 pandemic, which, for many communities, necessitated a transition to virtual OFR meetings.

Lauren Savitskas, who manages OFRs for the Indiana Department of Health, said of that switch, “[I]t’s been incredibly challenging, because you can’t catch nonverbal communication [in virtual meetings], so you’ve got to ask more probing questions so that everyone can understand the material. For new teams, it’s important to build trust and lay ground rules ahead of time to make sure everyone is on the same page.”

When asked for advice about creating new OFRs, panelists on a Day Five session cautioned patience and an appreciation for the solemn responsibility of OFR work. “It’s a privilege to do this work,” said Sharon Burden,

executive director of the Alcohol & Addictions Resource Center in South Bend, Indiana. “So, have patience, put effort into planning, and get your [OFR] members invested in the work.” Added Sara Jesse, a community health strategist in Sauk County, Wisconsin, “[C]hange happens at the speed of trust, so the challenge is to get people excited about changing lives.”

All of this reinforced a central message of a video shown during the forum’s opening session:

“The value of OFRs is that I get to learn about what we could do better, do differently, and see gaps in engagement,” said John Horsley, vice president of adult and addiction services at the Oaklawn Psychiatric Center in South Bend. “Personally, I benefit: [I]t’s a good way to honor folks who have succumbed to this horrible disease, not letting their life and death go unnoticed and not having meaning. [OFRs enable us to see] how many community members need to be involved. People who have overdosed touch many systems, so partners need to be in the discussion.”

For more information about the 2021 National Forum on Overdose Fatality Review, read about the forum [agenda](#) and [OFR resources](#), including the online [OFR toolkit](#) profiled [in the October 2020 issue](#) of *Catching Up With COSSAP*.

