

# National Forum Shows Overdose Fatality Review Community of Practice Growing, Influence and Impact Widening

Catching Up With COSSUP, April 2024

*Post-overdose Assistance for Children and Families, Support for Underserved Populations Take Center Stage*

The 2024 National Forum on Overdose Fatality Review (OFR), held March 5–6 in Atlanta, Georgia, showed OFRs at a new point in their evolution: as communities nationwide increasingly put them at the center of their substance use responses, the OFR Community of Practice is strengthening both its post-overdose support for children, youth, and other next of kin (NOK) and its capacity to address the needs of traditionally underserved populations, such as tribal groups, rural Americans, and the LGBTQIA+ community, particularly as the understanding of trauma grows and, with it, the definition of inclusive communities.

And, as the forum made clear, OFRs—confidential death reviews conducted by multidisciplinary teams to improve overdose prevention strategies—are proactively enlisting the assistance of law enforcement partners to help guide those efforts. Police officers and prosecutors are assuming leadership roles in expanding the uptake of deflection and other harm reduction practices, helping reduce harmful stigma, and supporting the provision of ever-higher-quality data to help OFRs prevent future overdoses.

The result was a dynamic event that reflected the intensifying alignment of treatment and other service providers with law enforcement partners in the common cause of enhancing OFR performance and impact.

More than 300 participants fanned out to 16 breakout sessions covering everything from naloxone distribution and peer recovery support services to health equity and the expansion of OFRs into suicide reviews. Yet, it was the fact that an unprecedented 55 percent of forum participants were not OFR members that spoke most loudly to the growing recognition that OFRs are the most effective tool available to communities working to reduce overdoses. Those participants joined other attendees in networking extensively throughout the forum and left armed with new tools, expertise, and prospective partners, provided courtesy of the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) OFR team and training and technical assistance (TTA) providers.

By so doing, forum participants put within sight the vision of an effective nationwide response to substance use laid out by Grant Baldwin, Director of the Division of Overdose Prevention at the Centers for Disease Control and Prevention (CDC): people thriving in connected and resilient communities; identifying emerging threats and drivers of drug use to prevent future use; applying data quickly and efficiently; building state, local, and tribal capacities; and raising public awareness and reducing stigma. Within that framework, he said, the transformative value of OFRs was in helping communities to pinpoint trends and understand overdose causes so that they can tailor local responses that stand the greatest chance of working sustainably.



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“My belief in OFR,” Mr. Baldwin said, “is anchored in the growth mindset: learn from the past to improve the future by tapping into our collective wisdom so that we can make incremental progress in the moment, every day.”

## Day One: Data, Equity, and Family Support

The forum began with a snapshot of the national OFR landscape provided by Melissa Heinen, head of the OFR team at the Institute for Intergovernmental Research (IIR), a COSSUP TTA provider: currently, nearly 300 OFRs are either active or in formation in 40 states across the country, with dozens more in prospect. Supporting states in the development of their OFR infrastructure is a top priority for the COSSUP OFR team, which is conducting one-on-one calls with state leaders, helping them complete assessments, providing guidance and tools for OFR start-ups, and building out comprehensive state profiles on its website, [www.ofrtools.org](http://www.ofrtools.org). Against that backdrop, the forum presented a vital opportunity to engage prospective OFR members in rare in-person networking opportunities.



Melissa Heinen, head of the COSSUP OFR team: “People are relieved to know there are so many dedicated individuals here. When I speak of OFRs, I speak of hope: when things are hopeless, we find hope. You’re all here because you know the urgency and the need.”

Leaders from the CDC and the Bureau of Justice Assistance (BJA), which funds COSSUP, then listed the myriad federal grants available to jurisdictions to help them strengthen public safety/public health partnerships and implement OFR recommendations. Julius Dupree, a BJA Policy Advisor, enumerated [Fiscal Year 2024 funding](#) available from BJA—including the [Adult Treatment Court Program](#), the [Improving Substance Use Disorder Treatment and Recovery Outcomes for Adults in Reentry Program](#), and the [Justice and Mental Health Collaboration Program](#)—while Jessica Wolff, a public health and public safety team lead at the CDC, pointed to the CDC’s [Overdose Data to Action](#) (OD2A) program, which supports jurisdictions in implementing prevention activities and in collecting overdose data in order to enhance programmatic and surveillance efforts.

Added Marissa Farina-Morse, Justice and Behavioral Health Associate Deputy Director at BJA, “The cornerstone [of OFRs’ success] is their emphasis on partnerships across sectors. Each step we take is one step forward. Each of you are agents of change.”



Grant Baldwin, Director of the Division of Overdose Prevention at the CDC, addressed the opening session of the 2024 National Forum on Overdose Fatality Review.

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Making effective use of overdose data is indeed at the heart of OFRs' efficacy, a point made emphatically during the first plenary session by Mallory O'Brien, an associate scientist at the Johns Hopkins Bloomberg School of Public Health, who also served as a forum cohost.

Ms. O'Brien's point was brought home by Dr. Josh Eyer of the University of Alabama, who described [ongoing efforts](#) to build a research center across 17 southern states using the U.S. Department of Justice (DOJ), BJA's [Drug Data Research Center Program](#) to help overcome data silos, build analytic human capital, and make data more useful. The resulting South Regional Drug Data Research Center will serve as a central hub that links data, conducts analyses, and distributes results to departments of public health, law enforcement agencies, and community stakeholders in Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee, consolidating data to improve the effectiveness of state responses to substance use challenges.



**Dr. Josh Eyer of the University of Alabama described the South Regional Drug Data Research Center, which is using BJA funding to improve coordination of drug-related data across eight southern states.**

"OFRs must be data-driven—but data is often siloed and difficult to link up," Dr. Eyer said. "What we're doing is building analytic human capital among stakeholders to provide unprecedented access to comprehensive data across states to make it more useful."

Another gap that OFRs are ideally positioned to fill concerns the unmet needs of chronically underserved communities, such as American Indians/Alaska Natives, Latinx, and the LGBTQIA+ community—the subject of consecutive sessions on health equity during the first day of the forum.



**Cortney Yarholar, CEO of Evergreen Training & Development, connected the OFR work to the historical trauma suffered by Native Americans: "Tragedy has struck, but how can we prevent it from happening again? You're creating pathways to prevent [it] from happening again."**

Cortney Yarholar, Chief Executive Officer (CEO) of Evergreen Training & Development and member of the Muscogee Creek Nation, connected OFR work to prevent overdoses to the historical trauma suffered by tribal communities through the former's potential to redress minority underrepresentation in data.

"When we talk about data, we're coming from a place of deficit. We're trying to reframe that to show that data saves lives," Mr. Yarholar said. "What we know about trauma is that two things are taken away: our sense of safety and our choice. We're here not to point fingers but to serve two purposes: to help native people and their descendants learn about the negative skills they developed [in response to historical trauma] and then unlearn those truths and learn healthier ways of coping. [OFRs] are building up tribal communities to thrive; to do that, we generate partnerships."

Rose Hefferon, a data analyst with the CDC, said OFRs can make Mr. Yarholar's vision of health equity a reality by establishing communities of trusts across all stages of OFR development—recruiting members, planning and facilitating OFR meetings, collecting data specifically on the social determinants of health, and building recommendation plans accordingly.

Comparable benefits of enhancing OFR support for LGBTQIA+ youth and Latinx in rural communities were made clear in the next forum sessions.

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Carissa Miller, Director of Community Services at Still Water Individual and Family Therapy Services in Scottsburg, Indiana, described efforts to connect LGBTQIA+ teens and young adults to resources and safe spaces in Indiana's Scott County, where 50 percent of 2023 female overdose decedents were LGBTQIA+ individuals. Following a spike in chronic absenteeism by LGBTQIA+ students who felt unsafe in their schools, Still Water convened listening sessions with students, identified champions within local Genders and Sexualities Alliances clubs, and created safe local spaces for teens and young adults. LGBTQIA+ resources were shared with youth, and a first-ever Pride event was held locally, with unanticipated support from area businesses and churches.

Next, Wendy Hetherington, Public Health Program Chief for the Riverside County, California, Department of Public Health, explained how the [Riverside Overdose Data to Action](#) program was using outreach to reduce overdoses among the rural Latinx population in a county that recorded the highest overdose rate in the state (889 in 2022 alone). Working with community-based organizations to frame its campaign, the county used a combination of case management, peer recovery support services, school training, academic detailing, parent engagement, harm reduction workshops, and stigma reduction and awareness campaigns to reach thousands of Latinx in the county's desert region and help reduce overdoses among Latinx from 264 in 2022 (January–September) to 232 in 2023.



Megan Broekemeier, a forensic epidemiologist with the Utah Office of the Medical Examiner, leads a discussion on the importance of equipping families with tools to deal with grief following an overdose.

The final sessions of the first day expanded on the inclusive understanding of community to shine a light on the need to equip family members with tools to respond effectively to loss and grief following an overdose. Opening one discussion, Megan Broekemeier, a forensic epidemiologist with the Utah Office of the Medical Examiner, noted that 125 million Americans had lost someone to overdose and that for every death, an estimated 25 grieving individuals remain underserved. Outreach, she said, should enable family members to gather information from professionals, talk to others, and listen to others with similar experience.

A presentation by the Milwaukee County, Wisconsin, Medical Examiner's Office revealed that a recommendation by the county OFR to connect children who had witnessed an overdose to support services had resulted in 94 referrals since August 2021. Backed by COSSUP funding, the county had hired two social workers who had conducted NOK interviews that produced the majority of those referrals, many of them for trauma mitigation. Among the benefits was an enriched understanding of overdose risk factors within the office—and the gratitude of family members themselves.



Wendy Hetherington, Public Health Program Chief for Riverside County, California, left, and Carissa Miller, Director of Community Services at Still Water Individual and Family Therapy Services in Scottsburg, Indiana, described effective outreach to LGBTQIA+ and Latinx populations in their respective communities.

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Similarly, a team from Hamilton County, Ohio, described how the CDC and COSSUP funding had supported a revamp of the county's OFR in 2021–2022 and an evaluation of NOK data conducted by Ohio University. It provided valuable information about decedents' histories—the prevalence of trauma, economic hardships, barriers to treatment—which in turn informed the kind of resources shared with the community.

"My advice is don't define a [decedent] loved one by their addiction," said Kaitlyn King, an epidemiologist with Hamilton County. "Learn about addiction instead. People benefit from communities bearing witness to loss. That's why we're spreading the word about available resources."

## Day Two: OFR Evolution, Model Law, Supporting Children, and Deflection

Day Two of the OFR Forum opened with another federal perspective—that of a U.S. Attorney's Office, tasked with upholding public safety in its district, learning to appreciate the value of OFRs in helping prevent overdoses during an unrelenting substance use epidemic.



Ryan Buchanan, U.S. Attorney for the Northern District of Georgia, opened Day Two of the OFR Forum.

Ryan Buchanan, U.S. Attorney for the Northern District of Georgia, said that in the face of persistently high overdose rates in the district, "I understand that we have to do some things differently—including working more in the preventative space, to understand what DOJ can do on [the] front end to prevent people from having that experience." He said that his office had analyzed overdose data to pinpoint locations where it could have a positive impact and had rallied law enforcement and the community to raise risk awareness in schools and community spaces.

"You have a partner in the DOJ," Mr. Buchanan said. "This is among the most important work we do."

The plenary session immediately following Mr. Buchanan's address provided forum participants with powerful evidence of OFRs' evolution, as measured by federal/state/local partnerships, embodied in the experiences of Maryland and Michigan. Brooke Holmes, Program Administrator for the Maryland Department of Health, said that Maryland's OFR capacity had grown exponentially in the past decade, thanks in large part to funding from BJA's Harold Rogers Prescription Drug Monitoring Program, COSSUP, and the CDC's OD2A program and support from the Substance Abuse and Mental Health Services Administration (SAMHSA). Armed with superior data and staffing that those sources generated, Maryland's OFR profile has grown from three OFR teams in 2014 to 23 so far this year, all backed by an interagency task force.

"We're constantly encouraging districts to develop OFR teams, staff them, use data to determine the type of assistance needed, get recommendations off the paper, figure out how to smooth them out and push them up to make something happen," Ms. Holmes said.

OFR facilitators at the county level in Maryland backed Ms. Holmes up: Nicole Ramey from Cecil County—an OFR pioneer—said that her OFR was "really a place where we support each other, consult colleagues to find solutions, and work through challenges, [and it] provides support and knowledge I need to grow in position." Lisa Fields from Anne Arundel County said that her OFR was instrumental in identifying patterns during case reviews that may have caused overdoses so that "a person's life can be mapped out" and gaps and barriers discovered to improve prevention efforts.

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**Brooke Holmes, Program Administrator for the Maryland Department of Health, led a team of county OFR facilitators in describing the rapid growth of OFRs in Maryland.**

The Michigan OFR team told a similar story: the state had also received COSSUP and OD2A funding and, according to Angela Van Slembrouck, Project Coordinator for the Michigan Public Health Institute, had supported the establishment of several OFRs and a state-level advisory group that was working to standardize OFR procedures across jurisdictions. Michigan now has 13 OFR teams.

Standardizing OFR procedures across states was the subject of the next forum session. Stephanie Noblit, Associate Senior Legislative Attorney for the Legislative Analysis and Public Policy Association (LAPPA), detailed how LAPPA had leveraged funding from the Office of National Drug Control Policy and a COSSUP subgrant to write the [Model Overdose Fatality Review Teams Act](#). Designed to guide states in drafting their own OFR laws and, in the process, “introduce uniformity, consistency, and legitimacy” to OFR performance, the act had influenced the adoption of OFR legislation in five states—Michigan, Nebraska, New Jersey, Pennsylvania, and Washington—since 2021. More recently, OFR bills have been introduced in Colorado, Kansas, Louisiana, New York, Tennessee, and Wisconsin.

(Ms. O’Brien pointed out that state OFR laws are *not* required for jurisdictions to start an OFR; Ms. Heinen added that the COSSUP OFR team is currently finalizing a summary of state OFR laws, which will be available later in the spring at [ofrtools.org](https://ofrtools.org).)

One of the initial afternoon sessions of the second day of the forum built upon the previous day’s discussion about OFRs’ roles in supporting the health and well-being of children affected by overdose.

Carina Havenstrite, Manager of the Lackawanna County, Pennsylvania, OFR team, detailed the long but ultimately successful path to the creation of the [Lackawanna County Drug Endangered Children Alliance](#) (DEC)—funded by the Office of Juvenile Justice and Delinquency Prevention and a necessary response to a vital need in a county where 80 percent of overdose decedents had reported childhood trauma. Ms. Havenstrite said that need was made clear from the first days of the county’s OFR in 2020, when data showed significant impacts of overdose on children. But it took a presentation by Stacey Read, Director of DEC Network Development at the National Alliance for Drug Endangered Children, at the 2020 Comprehensive Opioid Abuse Program (predecessor to COSSUP) National Forum, to point the way forward. The Lackawanna County DEC recently hired a program manager, held the first meeting of its steering committee, obtained buy-in from key children’s services providers, and completed a community readiness survey, all in advance of a new awareness campaign.

“You have to play the long game,” Ms. Havenstrite advised prospective OFR teams. “Give passionate people the trust to pursue their passions, and know that almost everything coming out of your OFR team is something someone else is already doing really well.”



**Stephanie Noblit, Associate Senior Legislative Attorney for the Legislative Analysis and Public Policy Association, said that the Model OFR Teams Act was helping introduce uniformity, consistency, and legitimacy to OFR performance nationwide.**

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Precia Stuby, Director of the Hancock County, Ohio, Board of Alcohol, Drug Addiction and Mental Health Services, described Camp FUN, which uses pro-social activities to help children of overdose victims cope with trauma.

Precia Stuby, Director of the Hancock County, Ohio, Board of Alcohol, Drug Addiction and Mental Health Services, described the county's response to the loss of 85 parents to overdose between 2015 and 2022 and its devastating impacts on their children: [Camp FUN](#). After studying the social determinants of health among children, the county team realized that one protective risk factor cut across every risky behavior—pro-social activities. Backed by local churches, a senior center, and other local service providers and staffed by 32 peer supporters, Camp FUN has been providing them in abundance since November 2021: art and music classes, reading, interaction with animals, physical fitness activities, and more.

"We made a commitment: there would be no death in vain, and we would learn from every overdose death in our community," Ms. Stuby said. "We're exposing youth to positive things, to friendship, to make children know that they count. In the process, we're exposing kids to different ways of coping. Plus, it's the lowest-cost program you could possibly imagine."

From a peak of 30 overdose deaths in 2017, Hancock County recorded only 9 last year.

A final highlight of the forum was an in-depth discussion of the value that deflection strategies bring to OFR work. Hope Fiori, Director of the National Deflection Technical Assistance Center at Treatment Alternatives for Safe Communities' Center for Health and Justice (CHJ-TASC), detailed resources available to OFR teams in the [COSSUP First Responder Deflection Library](#).

Sherry Sexton, a public health educator with the Erie County, Ohio, Health Department, said that the county's 30-member OFR team had used a COSSUP subaward to fund naloxone distribution by a drug overdose response team after having learned about the naloxone pathway to deflection from CHJ-TASC.

"Synergy is what the OFR is all about, creating better solutions than any one person could," Ms. Sexton said. "The OFR's value is immeasurable."

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## Faces of the 2024 National Forum on Overdose Fatality Review



*Photos by Fran Hokkanen, Institute for Intergovernmental Research*

