Overdose Fatality Review

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Behavioral Health Administration
OFR Overview

• Modeled after existing mortality review programs (CFR, FIMR, etc.)
• Multi-agency/multi-disciplinary team assembled at jurisdiction level to conduct confidential reviews of resident overdose deaths
• Goal to prevent future deaths by
  ➢ Identifying missed opportunities for prevention and gaps in system
  ➢ Building working relationships b/t local stakeholders on OD prevention
  ➢ Recommending policies, programs, laws, etc. to prevent OD deaths
  ➢ Informing local overdose & opioid misuse prevention strategy
• Goal NOT to initiate/extend investigation of past deaths by any particular state or local authority
• Establishing trust among team members and in review process is essential to fostering open and candid discussion
LOFRT Membership

No uniform requirements, but could include:

- Local health department
- Behavioral health treatment & recovery service providers
- Local police/sheriff
- EMS
- Hospitals
- Prosecutors
- Social Services
- Corrections/P&P
- School system
- Homeless services
- Harm reduction services
- Pharmacy
- Other subject matter experts
Office of Chief Medical Examiner: monthly OD death record query:
- Decedent info (name, DOB, sex, address, etc.)
- Incident info (COD & MOD, location)
- ME investigative notes (LE, witness, kin info)
- Toxicology results

Vital Statistics Administration: analyze & code OCME records for substances/classes, matches against death certificates

Behavioral Health Administration:
- Matches death records w/ SUD Tx records
- Compiles all data in secure file & sends to LOFRTs quarterly
- LOFRT Data Use Manual
- Technical assistance

LOFRT: Team members must query agency systems for decedent info and bring to meetings to inform review
OFR Implementation Timeline

- Nov. 2012: Review of DHMH/LHD legal authority to establish OFR teams
- Mar. 2013: BHA solicits volunteer LHDs to pilot LOFRTs (Balt. City, Cecil, Wicomico)
- Jun. 2013: BHA provides pilots w/ program documentation
- Sept. 2013: BHA receives US DOJ Harold Rogers PDMP grant to fund pilots
- Oct-Dec 2013: pilot sites finalize membership
- Dec. 2013: BHA hires OFR coordinator
- Feb. 2014: first meetings held
- May 2014: OFR law (HB1282) passes; effective 10/1/14
• Allows, but does not require, jurisdictions to establish LOFRTs
• Provides direction on team structure and operations (membership, goals, etc.)
• Requires healthcare providers & gov. agencies to provide records on request from team chair
• Civil liability protection for team members and those that provide information
• Confidentiality requirements (public & closed mtgs.)
• Establishes DHMH oversight and team reporting requirements
OFR Current Status

- 15 operational teams
  - Allegany
  - Anne Arundel
  - Baltimore City
  - Baltimore
  - Caroline
  - Carroll
  - Cecil
  - Frederick
  - Garrett
  - Harford
  - Prince George's
  - Somerset
  - Washington
  - Wicomico
  - Worcester

- Estimate nearly 200 cases reviewed
- LOFRTs provide BHA w/ case review stats, mtg. notes incl. observations & trends
- BHA attends team mtgs., T/A through quarterly conference calls
### Pilot Phase Operations

86 total cases reviewed Jan. – Oct. 2014

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## Agency Data Available

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Notable LOFRT Observations

• Large number of decedent contact with systems
  – Heavy social service system involvement
  – Heavy criminal justice system involvement in Balt City

• Wicomico: heroin & Rx deaths among professionals w/ no system contact history

• Alcohol often involved in overdose deaths

• Older drug users at high risk, with many co-occurring chronic health issues

• Care coordination in somatic health and addiction treatment needs improvement

• Occurrence of trauma just before death (loss of a loved one, struggles with child custody, etc.)
Observations ctd.

- Deaths occurring in private locations, incl. at home & in hotels/motels
- Recent release from jail; detoxification in jail system before release
- History of intimate partner violence
- Poly-pharmacy
- Previous overdose
- Pain management
- Hispanic population and LGBT
LOFRT Outcomes to Date

- Improved the quality of referral system
- More direct outreach to families to provide overdose prevention & treatment services
- Agencies refer clients to Overdose Response Program (naloxone) trainings and have agency staff trained
- Educated and increased the awareness of staff of overdose related issues
  - Promoting substance use disorder education and assessment at all levels of the organization
- Outreach to Veterans Affairs to improve information sharing
- Changes to intake questionnaires to include questions about overdose history
Questions?

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