

Module 1. Recruit Your OFR Members



Recruit Your OFR Members

Module

1

This module covers the overdose fatality review (OFR) team leadership roles and members, as well as how to recruit to ensure active participation by multidisciplinary members. It also covers how the OFR team fits into a larger infrastructure, including subcommittees and a governing committee.

1A. OFR Team

OFR teams are multidisciplinary and include individuals who can share information about a decedent or contribute to the analysis of available data to make recommendations that will prevent future overdose deaths.

Like the CDC Foundation's Public Health and Safety Team (PHAST) framework, an OFR encourages multisector collaboration by using the data-driven "SOS" process. In this context, SOS stands for shared understanding, optimized capacity, and shared accountability.

OFR Team Members

Overdoses affect a variety of populations, neighborhoods, and communities. To effectively function and work toward the goal of preventing overdose deaths, OFR teams need a diverse set of members from disciplines and sectors that represent the community.

S

Shared understanding. OFRs increase members' understanding of area agencies' roles and services as well as the community's assets and needs, substance use and overdose trends, current prevention activities, and system gaps.

O

Optimized capacity. OFRs increase the community's overall capacity to prevent future overdose deaths by leveraging resources from multiple agencies and sectors to increase system-level response.

S

Shared accountability. OFRs continually monitor local substance use and overdose death data as well as recommendation implementation activities. Status updates on recommendations are shared at each OFR team meeting and with a governing committee, reinforcing accountability for action.

Finding the appropriate partner agencies and professionals to become OFR team members is essential in establishing an effective OFR. It is important to partner with agencies willing to:

- Provide quality services.
- Develop successful partnerships.
- Maintain consistent engagement.
- Be good stewards of data—following confidentiality.
- Engage in public policy or advocacy.

Each partner agency should identify staff members (frontline staff, mid-level supervisors, or executives) who have the most appropriate roles within in the agency to be OFR team members and who regularly attend and contribute to the OFR. All staffing levels are important and needed on a review team to ensure the most complete understanding of how agencies and systems work together, including what gaps exist and what steps may be needed to implement identified prevention recommendations. This level of engagement ensures that at least one person from each agency can be present at each meeting and helps build internal agency relationships and champions for change.

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 15-35 members. A list of typical OFR team members is available in Figure 2.1.

Some sectors, such as law enforcement agencies, may have more than one representative on OFR teams. For instance, if there are multiple law enforcement agencies (sheriff's office, police department, etc.) in your jurisdiction, you may have both a sheriff's office and a local law enforcement representative.

For some cases, OFR team members may have had previous contact with a decedent or the decedent's family or social network. They may also represent an agency



Figure 2.1 Typical OFR Team Members

- Local health department official
- Local law enforcement representative
- Medical examiner/coroner
- Prosecutor
- Local human services department official
- Substance use treatment provider
- Medication for opioid use disorder (MOUD)* provider*
- Mental health social worker
- Pain management clinician
- Emergency department physician
- Primary care provider
- Pharmacist/toxicologist
- High Intensity Drug Trafficking Area (HIDTA) public health analyst
- Sheriff
- Probation and parole office
- Emergency medical service provider
- Drug treatment court representative
- Patient advocate
- Child protective services representative
- Substance use prevention professional
- School counselor
- Tribal elder, traditional leader
- Community leader
- Housing authority representative
- Harm-reduction outreach professional

* formerly known as medication-assisted treatment (MAT)

that provided services to the decedent or where the decedent lived, or where the overdose incident occurred.

The OFR team members provide essential information about the conditions or environments in which the decedent was born, lived, worked, and aged and what may have contributed to the decedent's overdose death.

Social determinants of health

Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

– Healthy People 2020

Some Environmental and Social Determinants Contributing to Fatal Overdose

- **Environmental factors** that may have contributed to the overdose incident. For example, the decedent may have lived in a home with violence and drug use, or police officers had responded multiple times to the decedent's apartment building regarding complaints of drug dealing and loitering.
- **Social determinants** of health, which 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 needs that impact the health status of its residents.
 - **Community assets** that promote social inclusion and that may improve the community's health and well-being to help prevent future overdose deaths, such as a robust public transportation system, adequate housing for low-income households, and transitional housing and shelters available without a long wait to those in need.
 - **Community disadvantages** that increase the community's risk for substance use and overdose deaths, such as a high unemployment rate, systemic racism, lack of substance use treatment providers, and frequent drug arrests and drug-related crime.

In addition to possibly providing services to the community and to the decedent, an effective OFR team member will also have:

- An understanding of the impact of the overdose epidemic in his or her community.
- The ability to assess problems at the macro or system level and assess organizational practices or communitywide initiatives.
- Authority to make decisions for the agency he or she represents or direct access to decision makers.
- The ability to critique work of other agencies and raise questions without passing judgment.

OFR Team Member Attendance

Encouraging OFR team members to attend each OFR is important, even if a fatality is not from their geographic territories, populations, or issues of focus. It helps to build rapport and builds trust within the team. This trust allows for more open dialogue about each case and increases commitment to recommendations. In addition, members often have critical knowledge outside their geographic areas or substantive focus where decedents and their social networks may travel across jurisdictions.

Missing even one meeting can impact the team dynamics and members' understanding of the overdose issues and prevention strategies. If a member cannot attend, he or she may send a pre-approved designee.

Tip: Consistent attendance builds trust among participants.



Tip:

OFR teams may benefit from inviting guest participants to contribute information to specific cases; such participants are known as OFR guest members.

OFR Guest Members

An OFR meeting may focus on cases from a specific area in a geographic region where nonprofit agencies, faith-based organizations, and other community leadership or service agencies that are not consistent OFR team members can inform problem-solving discussions and formulate realistic and community-specific prevention recommendations. These OFR members are known as guest members.

In addition, agencies that, and individuals who, have directly or indirectly served an overdose decedent may have valuable information. As such, they may be invited to attend as guest members. [Guest members representing agencies with information about the decedent may be identified from news coverage about the death or from medical examiner/coroner reports.](#)

Participants from smaller nonprofit organizations or understaffed organizations may have less time to prepare for reviews, have fewer staff members to send if key staff members are unable to attend, require more reminders of meetings and tasks, and need more support implementing recommendations targeting their agencies. You may consider asking such members to serve as guest members only for specific cases to ensure that they obtain the maximum benefit possible.

Another example of a guest member is an elected official or someone who wants to observe and learn more about the OFR process.

1B. OFR Leadership Roles and Structure

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 preventing overdose deaths and providing resources, and staff to support the initiative. It is seen by the community 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.

The OFR lead agency oversees the OFR team by providing administrative support to fulfill three key leadership roles:

- Facilitator
- Coordinator
- Data manager

The OFR team leadership structure and roles depend on the jurisdiction. Jurisdictions with significant financial and political support may have up to three separate funded staff positions. In other jurisdictions, one person completes the roles.

1C. OFR Team Facilitation Role

A representative from the lead agency should serve the facilitation role. The OFR team facilitator is responsible for activities such as:

- Facilitating OFR meetings
- Recruiting OFR team members
- Building and maintaining relationships with OFR team members
- Orienting new OFR team members

Facilitating OFR Meetings

OFR team meetings are facilitated using a problem-solving process to identify recommendations and to track and oversee implementation of developed recommendations. More information about the OFR team facilitation role is available in Module 3. Facilitate Your OFR Meeting.

Figure 2.2 Key Leadership Roles and Responsibilities

<p>Facilitator</p>	<ul style="list-style-type: none"> • Facilitate OFR meetings • Recruit OFR team members • Build and maintain relationships with OFR team members • Orient new OFR team members
<p>Coordinator</p>	<ul style="list-style-type: none"> • Obtain and share case information with team members • Review data and reports from team members • Research information about cases that may not be provided by OFR members, such as reviewing social media, obituaries, media coverage, etc. • Draft OFR meeting agendas, in partnership with the OFR team facilitator • Manage meeting logistics (such as date and time, location, and technology support) • Take minutes during each meeting • Document activities since the last OFR meeting • Update the governing committee • Support and communicate with subcommittees
<p>Data Manager</p>	<ul style="list-style-type: none"> • Enter case information and recommendations into OFR database • Write data or summary reports for sharing with the OFR team and the governing committee • Analyze OFR data

Recruiting OFR Team Members

OFR teams benefit from ongoing recruitment of new members to address staff turnover, address gaps in their membership, or identify new trends.

Members may need to be recruited and engaged before being requested to provide data, participate in a review, or assist with developing or implementing a recommendation. Their perspectives and input will be valuable even if their organizations did not have direct contact with the decedent or service area related to the case. For example, a drug treatment provider has a valuable perspective on standards of care even if it did not provide services to the specific individual being reviewed. A toxicologist or pharmacist may assist with understanding the prescription drugs provided to the decedent even if he or she did not interact with that individual.

Effective recruitment is all in the details. Ideally, the OFR team facilitator will meet one on one with new recruits to prepare members for what to expect when participating on a review team by:

- Explaining the OFR goals and reviewing overall structure.
- Sharing stated and unstated group rules/norms.
- Emphasizing that the purpose of the meeting is not to point fingers at other participants.
- Addressing any data sharing or confidentiality concerns and having them sign a confidentiality agreement. A sample confidentiality agreement is included in Appendix D.

Tip: Partnerships are fundamental to the success of the OFR. Visit the CDC Foundation’s **PHAST Toolkit** to learn more about building multi-sector partnerships.



- Summarizing past and current recommendations relevant to their organization or area of work.
- Suggesting immediate ways they can participate in developing and implementing a recommendation.

Drafting an OFR recruitment email with the above information, a meeting schedule, and a clear list of partner expectations will help communicate and recruit new active members. A sample OFR recruitment letter is included in Appendix A.

Before recruited members can participate on the review, they will need senior leadership to sign an interagency agreement. A sample interagency agreement is included in Appendix D. Depending on whether your state has OFR-specific legislation, memoranda of understanding (MOUs) from data providing members may be needed.

Building and Maintaining Relationships

Building and maintaining relationships can be achieved several ways. For example, the OFR team can use meeting breaks as an opportunity to incorporate team building.

This may involve as little as pulling aside a couple of participants and introducing them to each other and bringing up a shared interest or connection they may not be aware of. Encouraging members to stay after the meeting to network is another effective way to build trust and relationships.

A more formal way to help build team cohesion is to provide general agency or member updates at the beginning or end of the meeting that may result in partnerships during and outside of the fatality review experience.

Keep in mind that if the relationship with the agency is new, attending agency events and asking to observe the program may help you to get a sense for what the agency does and will build rapport.

Orienting New OFR Team Members

Every team member will come to the table with different experiences, knowledge, prejudices, and ideas about substance use and its impact on his or her work and the community. It will be the facilitator's responsibility to lead meetings in a way that elevates all voices, addresses stigma or misinformation, and neutralizes tensions. To prepare for this task, the team facilitator may expect each member to obtain certain knowledge or training ahead of participating in an OFR team meeting.

Recommended trainings include the following:

- "Partnerships for Prevention: OFR 101" webinar (link to COAP resource)
- "Overcoming Stigma, Ending Discrimination" (<https://www.samhsa.gov/power-perceptions-understanding/webcasts>)
- "Why Addiction Is a 'Disease' and Why It's Important" (<https://www.samhsa.gov/power-perceptions-understanding/webcasts>)
- "Social Determinants of Health: Know What Affects Health" (<https://www.cdc.gov/socialdeterminants/index.htm>)

Tip: The OFR team facilitator needs to attend and support partners' events and initiatives.

- “Words Matter: How Language Choices Can Reduce Stigma” (http://latwc.org/uploads/3/4/8/2/34828545/session_101_ho3_words_matter_tot_binder.pdf)

Since death investigations vary by jurisdiction, it may be beneficial for OFR team members to learn more about the local death investigation process and the roles they play with information available from the medical examiner’s/coroner’s office and local law enforcement agencies.

1D. OFR Team Coordination Role

A representative from the lead agency should serve the coordination role. The OFR team coordinator is responsible for activities such as:

- Obtaining and sharing case information with team members
- Receiving data and reports from team members
- Researching information about cases that may not be provided by OFR members, such as reviewing social media, obituaries, media coverage, etc.
- Drafting OFR meeting agendas, in partnership with the OFR team facilitator
- Managing meeting logistics (such as date and time, location, and technology support)
- Taking minutes during each meeting
- Documenting activities since the last OFR meeting
- Updating the governing committee
- Supporting and communicating with subcommittees

More information about the OFR team coordination role is available in Module 2. Plan Your OFR Meeting.

1E. OFR Data Manager Role

A representative from the lead agency should serve in the data manager role. The OFR team data manager is primarily responsible for entering case information and recommendations into the OFR database.

Governing Committee:

The governing committee provides direction to the OFR team and resources to implement the recommendations generated.

More information about the OFR data manager role is available in Module 4. Collect Your OFR Data and Module 5. Build a Recommendation Plan.

In addition to entering data, there may be a need for analyzing data from other data sources and/or the OFR case data for OFR team meetings, governing committee updates, and annual reports.

1F. OFR Subcommittees

The bulk of the work of an OFR may occur between meetings at the subcommittee level. Subcommittees may determine case selection criteria or how a recommendation may achieve a policy change. For example, if an OFR review identified improving care coordination among inpatient and outpatient treatment providers as a need, a subcommittee of local treatment providers, social workers, and patient advocates might convene to discuss gaps in care; identify partner agencies; and develop recommendations, an implementation plan, and a timeline for completion.

Subcommittee membership may include members of the governing committee, the OFR team, and outside experts (e.g., experts related to addiction, homelessness, veterans’ affairs, or family survivors).

Subcommittees meet separately from the OFR team and report to other members at case review meetings on their aims and progress. Subcommittees are formed and disbanded as needed, so they may serve an

ongoing or a temporary purpose. To learn more about forming a subcommittee to develop a recommendation, review Section 5C. Form a Subcommittee to Develop Recommendations.

1G. Governing Committee

In addition to the lead agency and subcommittees, the OFR team needs a committee to provide leadership and support for implementing recommendations it has identified. This committee is referred to as a governing committee.

Depending on the jurisdiction, the governing committee may be an already 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 city, county, and state agencies and community partner organizations. Table 1.1 lists possible governing committee members for a local OFR team. To learn more about how the OFR team interacts with the governing committee, review Section 3I. Updating the Governing Committee.

Table 1.1 Example of Governing Committee Members

Chief of police	Chief executive officers at local hospitals
Mayor	County sheriff
Commissioner of health	Attorney General
Researchers at a local university	Secretary of Department of Corrections
District attorney	Behavioral health administrator
School superintendent	
Medical examiner/coroner	



1H. OFR Overall Structure

