EVALUATION PROFILE FOR

Overdose Fatality Reviews

OVERDOSE DATA2ACTION

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

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ACKNOWLEDGEMENTS

We acknowledge the following individuals and organizations who contributed to developing, writing, and reviewing this evaluation profile:

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Purpose of the Evaluation Profile

This evaluation profile PROVIDES GUIDANCE to support CDC's funded entities[1] in designing evaluations of their overdose fatality reviews.

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 overdose fatality reviews.

EVALUATION CONSIDERATIONS

CDC funded entities should tailor their evaluations to stakeholder needs and the stage of development for each activity. Evaluations should serve programmatic needs to ensure high-quality initiatives are developed, are reaching program goals, and are tested for effectiveness.

The evolving nature of drug overdoses requires that programs strategically pivot to address emerging needs. Evaluators should remain vigilant to changing needs and look for ways to provide practical and actionable information to program implementers and decision makers.[2] Decisions surrounding the level of rigor needed for a given evaluation should be weighed and balanced by the evaluation standards of utility, feasibility, propriety, and accuracy.[3] Examples are provided throughout the profiles to show where less rigorous, but potentially more accessible, data (e.g., discussions with stakeholders, program recipient logs, meeting notes) may be useful in evaluations.

CONTENT ORGANIZATION

The following items are included:

1. **Evaluation Profile**
   The profile is organized by process and outcome evaluation subcategories to demonstrate aspects that stakeholders may want to explore at various stages of an initiative's life cycle. Evaluations often touch upon multiple subcategories; therefore, a glossary is included to provide detailed information on each subcategory.

2. **Description and Logic Model**
   The description highlights core components of each activity, and the logic model shows expected outputs and outcomes. These may help implementers and evaluators see how their own activities or initiatives may be similar or differ from the ones presented.

2 Overdose Fatality Reviews

Overdose fatality reviews (OFRs) systematically COLLECT AND USE DATA FROM OVERDOSE DECEDENTS TO IDENTIFY FACTORS at the individual, community, and population level associated with fatal overdoses.

Overall, OFRs aim to prevent future overdoses.[4] Fatality reviews have historically been used to address complex public health issues, including homicide, child death, maternal mortality, critical incidents, and suicide deaths.[5] State and local health departments use OFRs to identify system gaps, underlying causes of overdose fatalities, and innovative jurisdiction-specific overdose prevention and intervention strategies to strengthen their responses.[6]

OFRs involve a series of individual death reviews by a multidisciplinary team, committee, or panel. OFRs use a variety of data to better understand the conditions and services used by the decedent prior to their fatal overdose. Data is gathered and matched from a variety of sources, including medical, mental health, and emergency medical services, legal history, family interviews, medical examiner and toxicology reports, and responding officer reports. By understanding an individual's frequent touchpoints and circumstances prior to their death, review teams can identify areas for improvement and opportunities to intervene. As such, OFR meetings are a combination of information sharing, group brainstorming and problem solving, strategic planning, and decision making using these different data.[7]

From these data-driven meetings, OFR members develop recommendations for changes to participating agencies' and other sectors' practices, programs, and policies to improve their ability to prevent future overdose deaths.[8] OFRs have also been shown to increase OFR members' understanding of area agencies' roles and services; the community's assets and needs; substance use and overdose trends; current prevention activities; and system gaps.[9] They increase the jurisdiction's ability to prevent future overdose deaths by leveraging resources from multiple agencies and sectors, as well as by providing shared accountability to monitor substance use and overdose death data and implementing recommended activities.[10]

Across the United States, OFR groups have emerged organically in some jurisdictions[11] and have been established in others through legislation or executive order. Most jurisdictions with OFR bodies are focused on overdoses overall, but in some jurisdictions, the focus is on a specific drug or a more general investigation of multiple causes of death.[12] National guidance on implementing OFRs is provided in the Overdose Fatality Review Practitioner's Guide to Implementation and training, and additional resources are also provided on the Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Abuse Program Resource Center.

The OFR core components listed here are adapted from the Overdose Fatality Review Practitioner's Guide to Implementation and include:

1. **Convening an OFR committee:**
   - Establish an OFR structure and operating protocols.[13] The structure should include a governing committee,[14] lead administrative agency, OFR leadership team,[15] OFR team subcommittees,[16] 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[17] and ensure multi-sector membership.
   - Establish data use agreements with OFR team members and their agencies.[18]
   - Train OFR team on local death investigation process and data available from medical examiner's/coroner's office, local law enforcement agencies, and others.[19]
2. **Planning and holding an OFR meeting:**
   - Establish an annual meeting schedule and identify a location conducive to equal and easy participation[20] 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.
     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.
   - Facilitate the OFR meeting so that discussions are fruitful, and members feel safe. Facilitators use a variety of engagement methods to move the group from information sharing to problem solving.
   - Recap the meeting discussion case information, and recommendations; outline post meeting tasks to ensure momentum is maintained; request comments on how to improve the review process (e.g., new members to include, core partner routinely absent, etc.); and adjourn.
3. **Systematizing OFR data collection:**[21]
   - 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

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.[22] 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.[23]

4. Building a recommendation plan:

- Identify recommendations during the OFR review and form a subcommittee to finalize recommendations.[24] 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.[25]
- Develop a work plan and implement recommendations.[26]
- 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

INPUTS

Laws, Policies, and Attitudes

Laws and policies authorizing and establishing OFRs[a]

Clear policies and procedures for OFR members and agencies, including data collection protocols and confidentiality agreements

Supportive attitudes among OFR members that overdoses are preventable

Partnerships

Partnerships with agencies that represent multiple sectors in the community[b]

Buy-in and support for the OFR from agency's leadership[c]

Resources

Funding to support OFR work, including leveraging resources from multiple agencies and sectors to increase system-level response

Understanding the nature of overdose and local resources available to plan response (e.g., political landscape, resource availability)[d]

Access to REDCap (data capture tool)

OFR training curriculum for OFR members[e]

Data management plan[f]

ACTIVITIES

Convening an OFR Committee

Establish an OFR structure, governing committee, OFR staff, strong working relationships with Medical Examiner/Coroner, and data use agreements

Determine OFR team members

Train OFR team members on OFR process and procedures

Planning/Holding an OFR Meeting

Establish meeting schedule and location (in-person or virtual)

Select OFR cases to be reviewed, including any additional relevant information and participants. OFR participants may often include family and friends of the decedents

Prepare for OFR meeting: set agenda; review cases; collect case data, including interviews with decedent's family members; complete relevant agency forms; invite guests; and take notes

Facilitate OFR meeting: move members from information sharing to problem solving

Outline post meeting tasks and recommendations

Systematizing Data Collection[g]

Follow data collection steps before, during, and after an OFR is conducted

Maintain a secure and accurate data collection system, including agency-specific data[h]

Building a Recommendation Plan

Identify recommendations from OFR[i]

Form subcommittee(s) to finalize recommendation and implementation timeline and plan

Present recommendation work plan to governing committee to implement in their organization

Assess and monitor recommendations

OUTPUTS

Convening an OFR Committee

OFR structure established and governing committee and staff identified

OFR team members selected and trained

Planning/Holding an OFR Meeting

Meetings scheduled and location established

OFR cases selected, and additional information and participants gathered

OFR agenda set, cases reviewed by team members, notes taken, and any additional case data collected

Case information presented, problems identified, and recommendations explored

Post meeting tasks outlined

Systematizing Data Collection

Data are input into collection system and protocols are adhered to throughout OFR process

Case data is accurate and secured

Building a Recommendation Plan

Recommendations identified and implementation work plan developed

Recommendations presented for implementation in agency

Recommendations assessed and monitored

SHORT-TERM OUTCOME

OFR Members

Increased self-efficacy to participate in an OFR

Increased understanding and awareness of 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

Increased ability among OFR members to identify overdose risk and protective factors and missed opportunities for prevention and intervention

Increased knowledge of SUD and nature of drug overdose in their jurisdiction

Standardized data collection

Community and System

Increased understanding of area agencies' roles and services, community assets and needs, substance use and overdose trends, current prevention activities, and system gaps

Increased collaboration, communication, trust, and buy-in across service agencies

INTERMEDIATE-TERM OUTCOME

Community and System

Increased identification of service and systems needs of populations at-risk for SUD and overdoses

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 (coroner, medical examiner, and law enforcement)

LONG-TERM OUTCOME

Morbidity

Decreased rate of opioid misuse, opioid use disorder, and nonfatal overdose

Mortality

Decreased drug overdose death rates, including prescription and illicit opioid-involved overdose death rates

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[a] 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 OFRs since this logic model was developed. While OFR legislation is an input in the OFR evaluation logic model, some jurisdictions are conducting OFRs without this legislation. Jurisdictions without legislation use data use agreements at the agency level and confidentiality agreements for the individuals participating in the reviews.

[b] 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.

[c] The agency would need to be willing to have a representative at the OFR and enact recommendations from the OFR.

[d] Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States.

[e] 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".

[f] 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.

[g] Creating an OFR meeting plan and systematizing OFR data collection should happen simultaneously and in tandem.

[h] OFR teams may want to use the OFR Standard Database Template, a REDCap database that allows local OFR teams secure access..

[i] Recommendations will vary based on the local context and should be tailored appropriately. Examples of the various 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.

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3 Process Evaluations

Process evaluations **DOCUMENT AND DESCRIBE HOW A PROGRAM IS IMPLEMENTED.** They normally occur when programs or initiatives are early in their development and are based on stakeholders' needs.[B]

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[27]
- 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

Reach

Evaluation Question

How many members were recruited and regularly participate in the OFR or its advisory committee?

How often does the OFR team meet or review cases?

Sample Indicators

OFR Committee

- Number and descriptions of sectors and/or population segments represented by OFR members, including descriptions of any representatives missing or gaps in OFR member knowledge
- Number and type of multi-sector representatives who serve in an advisory capacity
- Number of OFR team members trained on OFR process and procedures
- Number of OFR cases selected for and reviewed
- Number of OFR meetings held

DATA SOURCES

- OFR team members
- Administrative records (e.g., membership list for OFR and its advisory council, meeting rosters, meeting agendas)
- Vital statistics
- Case list from medical examiner or coroner reports

DATA COLLECTION METHODS

- Discussions with OFR members
- Document review of administrative records

Dose

Evaluation Question

How many cases are reviewed by the OFR team?

Sample Indicators

OFR Committee

- Number and percentage of core representatives who attend meetings consistently
- Number and percentage of meetings advisory committee members attend consistently

Plan/hold an OFR Meeting

- Number and percentage of OFR cases reviewed out of the total number of overdose cases in the jurisdiction, annually
- Number and percentage of case stratified by risk or specialty groups or by population segments

DATA SOURCES

- OFR team members

DATA COLLECTION METHODS

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

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

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)

- Description of techniques utilized to promote OFR member preparation prior to OFR meetings (e.g., checklists, reminders)
- Number and percentage of OFR meetings held on time and/or end on time
- Description of lessons learned facilitating OFR meetings (e.g., moving members from information sharing to problem solving)
- Number and description of post meeting tasks and recommendations outlined
- Percentage of OFR members who perceive the OFR meetings to be of high quality (e.g., organization, efficiency, flexibility, professionalism, conflict management, ability to move from brainstorming stage to recommendations stage)

Systematized Data Collection Process

- Number and percentage of complete OFR data submitted on time
- Description of completeness of OFR data
- Description of the established mechanism for ensuring data accuracy and completeness (accuracy is defined as 'conveying technically adequate information' for this purpose)
- Description of data collection systems created to ensure that agency specific data and OFR case data are accurate, complete, and timely
- Description of data management and security system practices employed
- Description of changes to data quality, timeliness, and completeness
- Description of best practices, barriers, facilitators, and lessons learned collecting OFR data

Recommendation Plan

- Descriptions of steps taken to develop recommendation implementation plans
- Number and types of recommendation implementation plans developed from the OFR and provided to the advisory committee
- Description of subcommittee(s) formed to finalize recommendations and implementation timeline and plan
- Descriptions of the types of changes requested in the recommendation implementation plans by audience (e.g., OFR members, communities, and systems)
- Descriptions of and lessons learned from presenting recommendation implementation plans to the governing committee
- Number and descriptions of recommendations implemented
- Descriptions of barriers and facilitators to implementing recommendation work plans in corresponding agencies

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

Community and System Change Outcomes

Evaluation Question

To what extent did OFRs produce or contribute to the intended community and system outcomes?

Sample Indicators

Short-Term

- Increased understanding of area agencies' roles and services, community assets and needs, substance use and overdose trends, current prevention activities, and system gaps
- Increased collaboration, communication, trust, and buy-in across service agencies

Intermediate

- Increased identification of service and systems needs of populations at-risk for SUD and overdoses
- Improved quality and completeness of death investigation data
- Improved coordination and collaboration between agencies and community conditions to prevent future overdose deaths
- Policies, programs, and laws 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 to implement recommendations and assess and monitor implemented activities

DATA SOURCES

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

DATA COLLECTION METHODS

- Surveys or interviews with OFR members and stakeholders to assess changes
- Review of administrative data (e.g., meeting rosters, meeting agendas, meeting notes, post meeting tasks and recommendations)
- Review of OFR data collection systems

Unintended Outcomes

Evaluation Question

What, if any, unintended outcomes (positive or negative) were produced as a result of convening OFRs?

Sample Indicators

Description of unintended outcomes, for example:

- Positive: Data sharing among partner agencies outside of OFR meetings and case reviews
- Negative: Defensiveness, or lack of participation from agencies that are the subject of specific OFR recommendations

DATA SOURCES

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

DATA COLLECTION METHODS

- OFR member and stakeholder interviews
- Review of any survey data/informational interview transcripts

Morbidity and Mortality Outcomes

Evaluation Question

What were the changes in opioid-related morbidity and mortality when comparing before and after establishing OFRs?

Sample Indicators

Long-term

Number and percentage changes in morbidity and mortality indicators

Morbidity

- Patients receiving multiple naloxone administrations from Emergency Medical Services (EMS)
- Patients transported to Emergency Department (ED) by EMS where primary impression recorded as drug overdose
- Patients refusing transport by EMS where primary impression recorded as drug overdose
- EMS calls where naloxone was administered
- Nonfatal overdose ED visits, all drugs
- ED visits involving nonfatal opioid overdose, excluding heroin
- ED visits involving nonfatal heroin overdose, with or without other opioids
- Nonfatal overdose hospitalizations, all drugs
- Hospitalizations involving nonfatal opioid overdose, excluding heroin
- Hospitalizations involving nonfatal heroin overdose, with or without other opioids

Mortality

All drug overdose deaths

- Drug overdose deaths involving opioids
- Drug overdose deaths involving prescription opioids
- Drug overdose deaths involving heroin
- Drug overdose deaths involving synthetic opioids other than methadone

DATA SOURCES

- Private data sources (e.g., IQVIA, hospital discharge/billing)
- National Emergency
- Medical Services Information System (NEMSIS) and/or jurisdiction's EMS data
- Local syndromic surveillance systems
- State Unintentional Drug Overdose Reporting System (SUDORS)
- BioSense[28]

DATA COLLECTION METHODS

- Reviews of jurisdictional reports (e.g., annual progress reports)
- Secondary data analysis
- Review of opioid morbidity and mortality data dashboards or reports

Glossary

Outcome evaluations assess progress on the sequence of outcomes (e.g., short-, intermediate-, and long-term) the intervention aims to achieve. Outcome evaluations normally occur when an intervention is established, and it is plausible to expect changes in a given timeframe. They should be planned from the beginning of an intervention, as they often rely on baseline data that need to be collected before the intervention starts.[A] Outcome evaluations may examine the following areas:

- **Individual-Level Outcomes:** The extent to which the intervention has affected changes in a given audience's knowledge, skills, attitudes, intentions, efficacy, and/or behaviors.
- **Community and System Change Outcomes:** The extent to which the intervention has affected changes in a community, organization, or system(s).
- **Unintended Outcomes:** The extent to which the intervention had unplanned or unanticipated effects—either positive or negative.
- **Morbidity/Mortality Outcomes:** The extent to which the intervention has affected changes in target audience's(s') morbidity or mortality.

Overdose Fatality Reviews (OFRs) effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies. In practice, OFRs involve a series of confidential individual death reviews by a multidisciplinary team. A death review (also referred to as a "case review") examines a decedent's life cycle in terms of: drug use history, comorbidity, major health events, social-emotional trauma (including adverse childhood experiences), and encounters with law enforcement and the criminal justice system. In addition, treatment history and other factors, including local conditions, are also examined to facilitate a deeper understanding of the missed opportunities for prevention and intervention that may have prevented an overdose death. (Source: Overdose Fatality Review Practitioner's Guide to Implementation).

Process evaluations document and describe how a program is implemented. Process evaluations normally occur when programs or initiatives are early in their development, and are based on stakeholders' needs.[B] Process evaluations may examine the following areas:

Context: Aspects of the larger social, political, and economic environment that may influence an activity's implementation.

Reach: The extent to which the intended target audience(s) is exposed to, or participates in an activity. If there are multiple interventions, then *reach* describes the proportion that participates in each intervention or component.

Doses delivered/received: The number (or amount) of intended units of each intervention, or each component that is delivered or provided.

- **Dose delivered** is a function of efforts of the people who deliver the intervention. The extent to which the intervention staff member (e.g., academic detailers and educators) actively engaged with, interacted with, were receptive to, and/or delivered intervention materials and resources to the target audience(s).
- **Dose received** is a characteristic of the target audience(s), and it assesses the extent of engagement of participants with the intervention.

Fidelity: The extent to which the intervention is delivered as planned. It represents the quality and integrity of the intervention as conceived by the developers. (Note: In some circumstances, strict fidelity to the original plan may actually work against an intended outcome. In these cases, adaptation is necessary and expected. Tracking fidelity and purposeful/data-informed deviations is important to understand implementation; however, strict fidelity should not supersede necessary adaptations that will facilitate outcomes.)

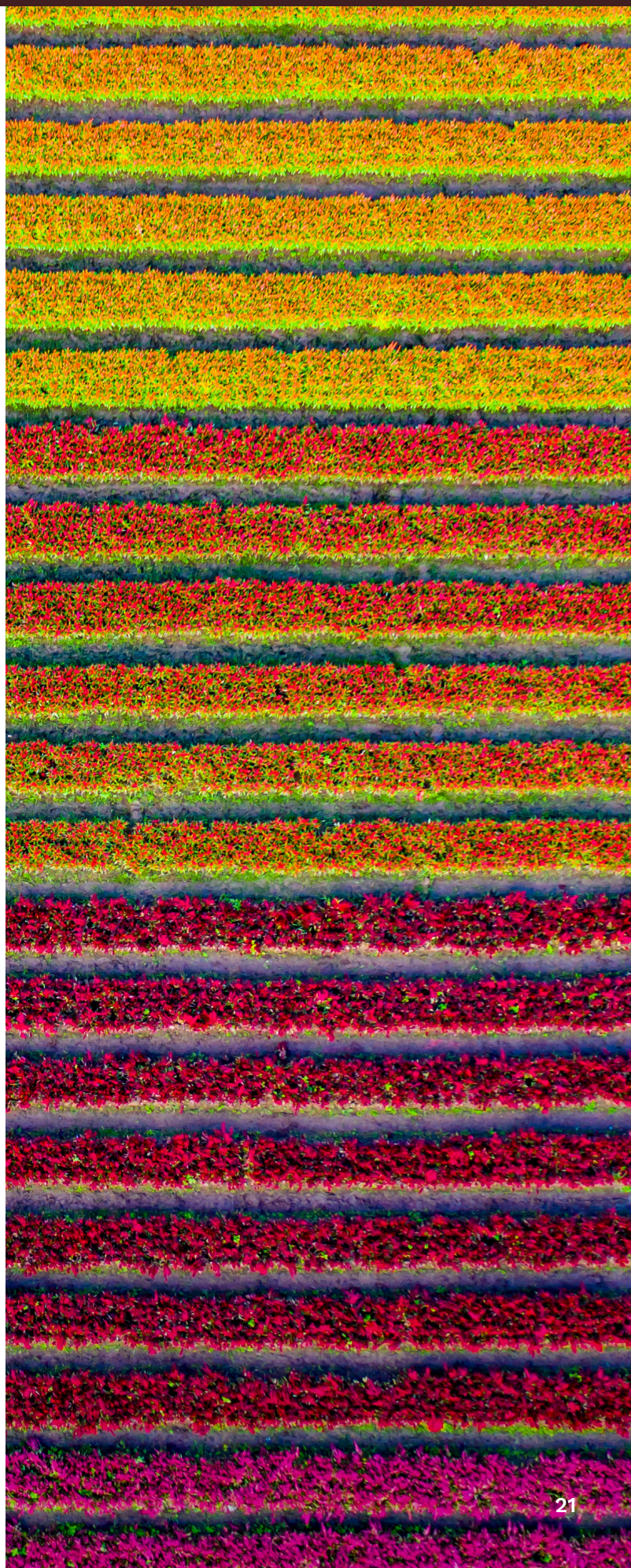
Implementation: The extent to which the intervention is feasible to implement and sustain, is acceptable to stakeholders, and is done with quality. Examination of these dimensions may also result in noted lessons learned, barriers, and facilitators that can help others when replicating similar initiatives.

REDCap is a free, secure, web-based application designed to support data capture for research studies.[29] The OFR database is a REDCap database available to all OFR teams and contains four main sections: OFR team meeting details, decedent case information (including demographics, cause of death, overdose and death-scene investigation, interventions following the overdose, history of life circumstances, and immediate stressors before the overdose), community context, and recommendations.[30]

References

[A] Rossi, PH., Lipsey, MW., & Freeman, HE. Measuring and Monitoring Program Outcomes. In: Rossi, PH., Lipsey, MW., & Freeman, HE. Evaluation a Systematic Approach. 7. Thousand Oaks, CA: Sage Publications; 2004.

[B] Steckler, A., & Linnan, L. Process evaluation for public health interventions and research: An overview. In: A. Steckler & L. Linnan (Eds.), *Process Evaluation for Public Health Interventions and Research*. San Francisco, CA: Jossey-Bass; 2002.



Endnotes

[1] Recipients can be state, district, county, or city health departments; tribal health organizations; or other bona fide agents of the health department.

[2] See Improving the Use of Program Evaluation for Maximum Health Impact: Guidelines and Recommendations for more information on how large programs use evaluation findings to improve their interventions and inform strategic direction. Furthermore, evaluation approaches like developmental evaluation or rapid feedback evaluations may be helpful models for evaluators to use while working on overdose prevention efforts.

[3] CDC Evaluation Standards

[4] Davis, C., (2018, January 29). Fatal Overdose Review Panels. The Network for Public Health Law. Retrieved from https://www.networkforphl.org/wp-content/uploads/2020/01/Fatal-Overdose-Review-Panels-Issue-Brief

[5] O'Brien, M., Heinen, M., (2020, July). Overdose Fatality Review Practitioner's Guide to Implementation. Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice and the U.S. Centers for Disease Control and Prevention. Retrieved from https://www.cossapresources.org/Content/Documents/Articles/Overdose_Fatality_Review_Practitioners_Guide.pdf

[6] OFR Practitioner's Guide to Implementation, 2020.

[7] Ibid.

[8] Ibid.

[9] Ibid.

[10] Ibid.

[11] Currently, 12 states have OFR legislation: 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 since passed legislation related to OFRs. While OFR legislation is an input in the OFR evaluation logic model, some jurisdictions are conducting OFRs without this legislation. Jurisdictions without legislation use data use agreements at the agency level and confidentiality agreements for the individuals participating in the reviews. Those without legislation may miss pieces of information from excluded agencies, such as Child Protective Services, but still ask these agencies to participate. These agencies have the opportunity to share the processes and practices generally of their organization. Additional barriers for OFRs without legislation include delays in getting OFRs started; potential lack of flexibility with allowing ad hoc members to join meetings; potential requirement for completely de-identified data; and potential for OFRs to be an unfunded mandate. OFR legislation makes the process more streamlined and aligns with promising practices for implementing OFRs. Benefits of OFR legislation include ease of information sharing; simultaneous protection of information and ability to share the information during meetings; creation of a governance structure; identification of lead agency and participating agencies, including ad hoc members, for reviews and meetings; requirement for reporting on data and recommendations from OFRs; and the potential inclusion of a funding note to support OFRs

[12] The Network for Public Health Law, 2018

[13] Protocols could include completing confidentiality agreements signed by each member of the OFR, as confidentiality is essential to maintaining the trust of participating OFR members and the community; checking state laws and consulting relevant agencies' legal authorities before starting OFR process; completing data use agreements; holding closed meetings and opportunities to open meetings up to invited guests or professionals who have information specific to the case or are interested in learning more about OFRs; providing information on when and where the meetings are held so most participants can attend; determining the lead administrative agency that will oversee the OFR team coordination by providing administrative support; and establishing a governing committee to provide direction to the OFR team and resources to implement the recommendations generated by case reviews.

[14] Governing committee members could include chief of police, commissioner of health, district attorney, medical examiner/coroner, county sheriff, secretary of Department of Corrections, mayor, researchers at a local university, school superintendent, chief executive officers at local hospitals, attorney general, and behavioral health administrator.

[15] OFR team leadership often includes a coordinator role, data entry role, and facilitator role.

[16] Subcommittees on a local level should also include an advisory group that is charged with conveying recommendations to state-level policy actors to ensure continuity from the local to state levels.

[17] Common OFR team members can include local health department official, local law enforcement representative, medical examiner/coroner, prosecutor, local human services department official, substance use treatment provider, medications for opioid use disorder (MOUD) provider, mental health social worker, pain management clinician, emergency department physician, 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, substance use prevention

professional, school counselor, tribal elder/traditional leader, community leader, housing authority representative, social assistance program representative, and harm-reduction outreach professional. Members should be well-regarded in their field, have time to attend meetings, and participate in follow-up activities. Members should have the authority to make decisions for the agency he or she represents or direct access to decision makers and the ability to critique work of other partners and raise questions without passing judgement.

[18] The agencies referenced are those associated with the common OFR team member roles outlined above in footnote #6.

[19] 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".

[20] Equal and easy participation for all OFR members includes reducing all barriers possible to meeting attendance.

[21] Creating an OFR meeting plan and systematizing OFR data collection should happen simultaneously and in tandem.

[22] 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. Accuracy is defined as 'conveying technically adequate information' for this purpose.

[23] OFR teams may want to use the OFR Standard Database Template, a REDCap database that allows local OFR teams secure access. Additional information captured in the OFR data reporting system includes a public summary of the recommendations, data and type of review, agency responsible for the recommendation, type of recommendation (for example, agency-specific), and overdose case(s) that generate the recommendation.

[24] Recommendations will vary based on the local context and should be tailored appropriately. Examples of the various 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); or primary, secondary, or tertiary prevention. Source: WI's Overdose Fatality Review Training Manual, p.29.

[25] Outline subcommittee roles and responsibilities, including a lead, a researcher, a supporter, a monitor, a champion, and general members. The lead is responsible for setting the agenda, facilitating subcommittee meetings, taking notes, sending reminders, monitoring activities, and reporting to the overdose fatality review facilitator and others as identified (such as the governing committee or overdose fatality review team). Subcommittees assigned to lead the development and implementation of a recommendation will want to follow these steps: Identify a subcommittee lead; identify and recruit key partner agencies; assign roles and responsibilities; host meetings. Subcommittees on a local level should also include an advisory group that is charged with conveying recommendations to state-level policy actors to ensure continuity from the local to state levels.

[26] The subcommittee must strategically develop a work plan for implementing the recommendation and is responsible for identifying key action steps needed to implement and monitor the recommendation, assign responsibility, and develop intermediate measures of success and a realistic timeline for completion.

[27] Stratified by subpopulation (e.g., race/ethnicity, age, etc.) when relevant and data are available.

[28] BioSense is a secure integrated electronic health information system with standardized analytic tools and processes. These tools enable users to rapidly collect, evaluate, share, and store syndromic surveillance data. Retrieved from https://www.cdc.gov/nssp/overview.html

[29] Harvard Catalyst, (n.d.). REDCap (Research Electronic Data Capture). Harvard University. Retrieved from https://catalyst.harvard.edu/services/redcap/

[30] OFR Practitioner's Guide to Implementation, 2020.