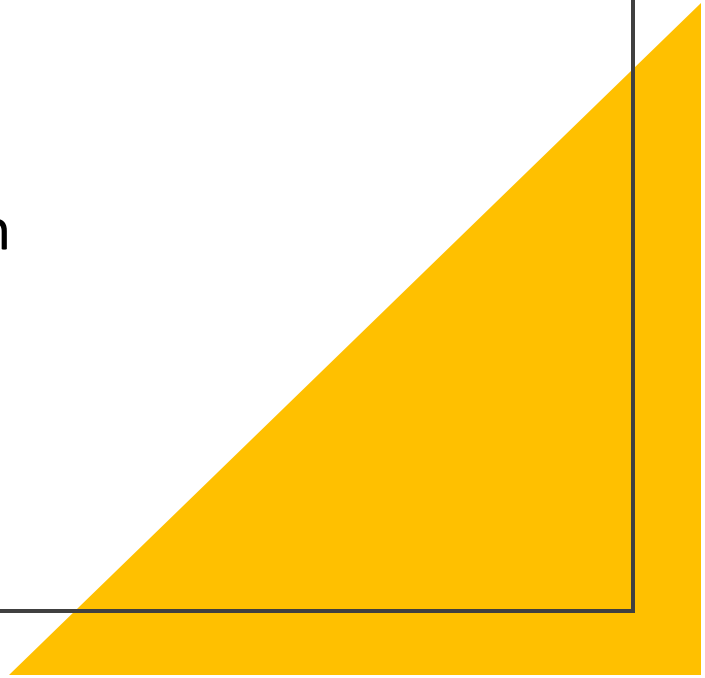# Overdose Fatality Review Teams as Community Catalyst

Cara Jones, MPA

Objectives

1. Identify ways in which your OFR team can track and report on their role in community system development

2. Understand opportunities for OFR team collaboration in other existing or future efforts within your community
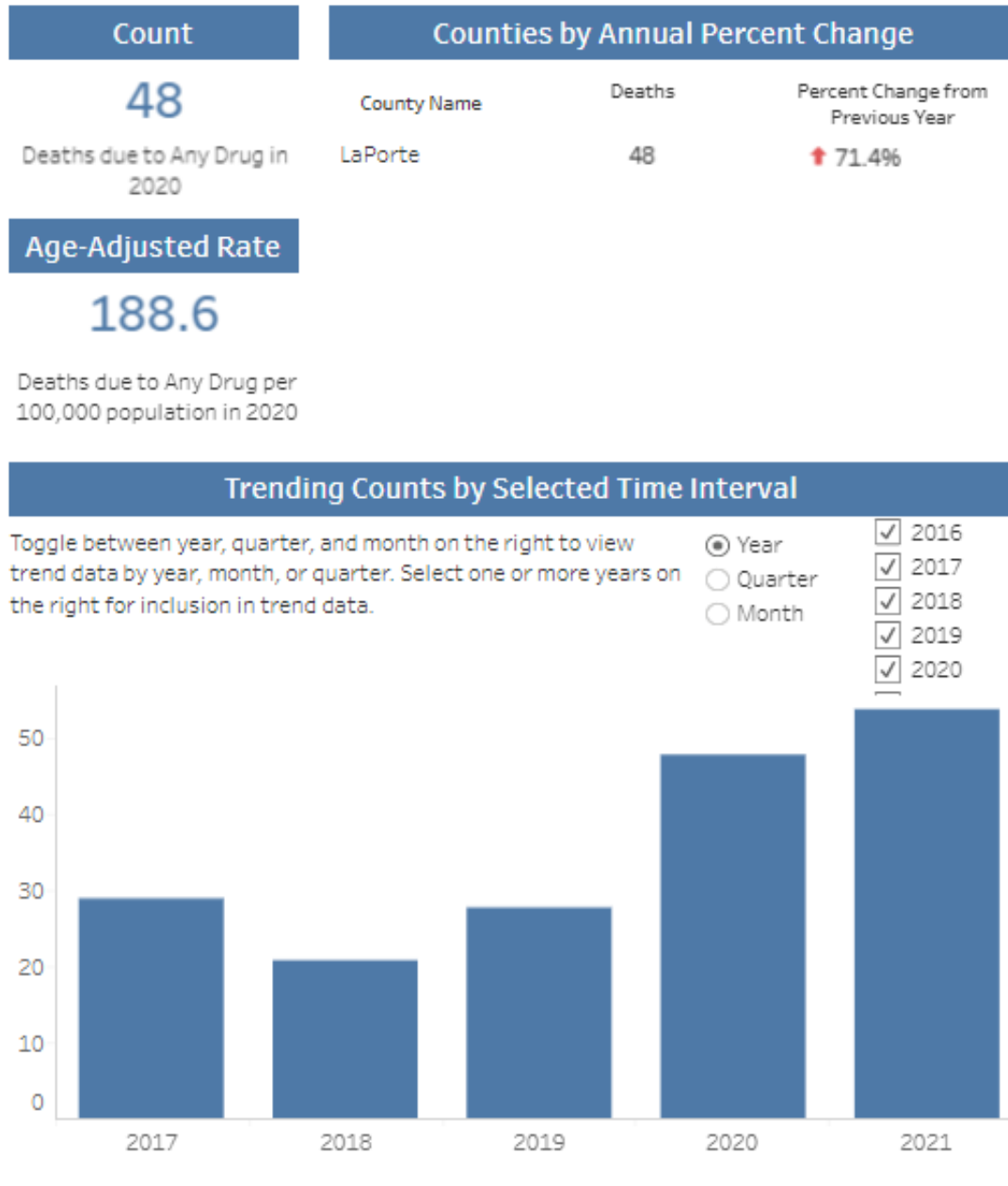
LaPorte County

- Population of 112,390, decreasing
  - 84.5% White
  - 11.7% Black/African American
  - 7.3% Hispanic/Latino
- Urban, concentrated in two largest cities
  - 36% rural (2010)
  - Economically distressed by both unemployment and income
- Indiana legislation (IC 16-49.5) was enacted in July 2020 for creation of SOFR teams and data sharing
- LaPorte OFR established in January 2021
  - Partnership among county DFP, coroner, and HealthLinc (FQHC), assisted by IDOH
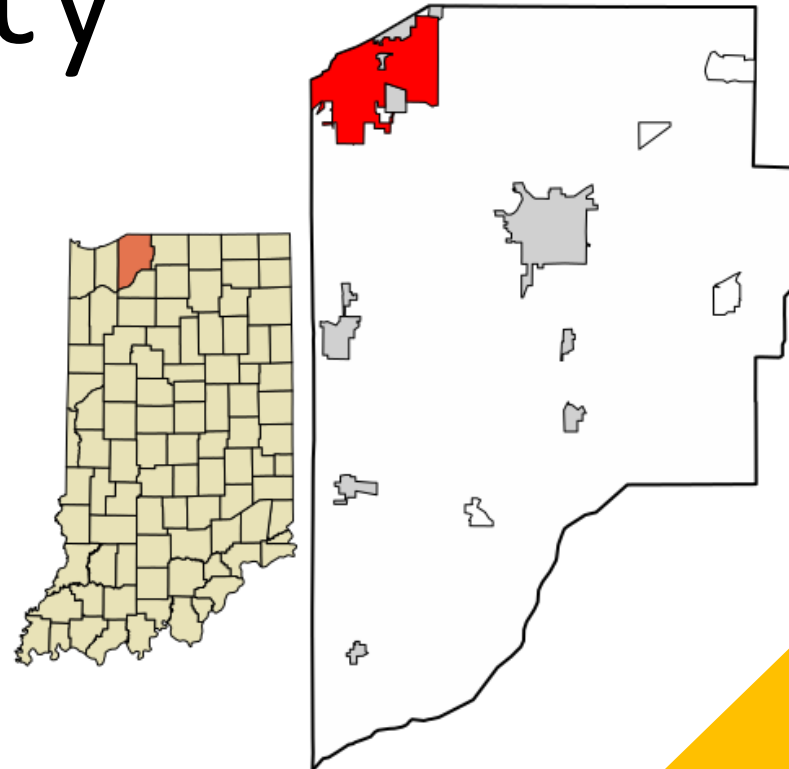
Overdose and OFR Team

- LaPorte County overdose rate in top 20% of counties in state
- LaPorte in HIDTA corridor

- In first two years of OFR
  - 65 cases reviewed
  - 331 recommendations created

Community Readiness

No awareness	The issue is not generally recognized by the community or leaders as a problem.
Denial/resistance	At least some community members recognize that it is a concern, but there is little recognition that it might be occurring locally.
Vague awareness	Most feel that there is a local concern, but there is no immediate motivation to do anything about it.
Preplanning	There is clear recognition that something must be done, and there may even be a group addressing it. However, efforts are not focused or detailed.
Preparation	Active leaders begin planning in earnest. The community offers modest support of their efforts.
Initiation	Enough information is available to justify efforts. Activities are underway.
Stabilization	Activities are supported by administrators or community decision makers. Staff are trained and experienced.
Confirmation/expansion	Efforts are in place. Community members feel comfortable using services, and they support expansions. Local data are regularly obtained.
High level of community ownership	Detailed and sophisticated knowledge exists about prevalence, causes, and consequences. Effective evaluation guides new directions. The model is applied to other issues.

Multisector Community Collaboration

- Who needs to be involved?
- Build new efforts from existing ones
- Recognize the focus and capacity for each group
- TI-ROSC expansion a component of Mobile Integrated Response Team (MIRT) grant via HealthLinc
  - Peer recovery coaches and LE/EMS partnership for SUD/Overdose response

LaPorte County Drug-free Partnership

CMHC/Mental Health
Health Care
Criminal Justice/LE
Schools
Coroner
DCS

Trauma-informed Recovery Oriented System of Care (TI-ROSC)

DFP
CMHC/Mental Health
Health Care
Criminal Justice/LE
Schools
Coroner
DCS

Multisector Community Collaboration

LaPorte County Drug-free Partnership

Purpose: Convener of stakeholders around SUD prevention/treatment/recovery

Focus: Community education and sharing resources

Community needs assessment

Funding: Low level of state funding through ICJI, provides for admin and small community grants

Trauma-informed Recovery Oriented System of Care (TI-ROSC)

Purpose: Deepen system's understanding of trauma in delivery and accessibility of services

Focus: How the system of stakeholders function together
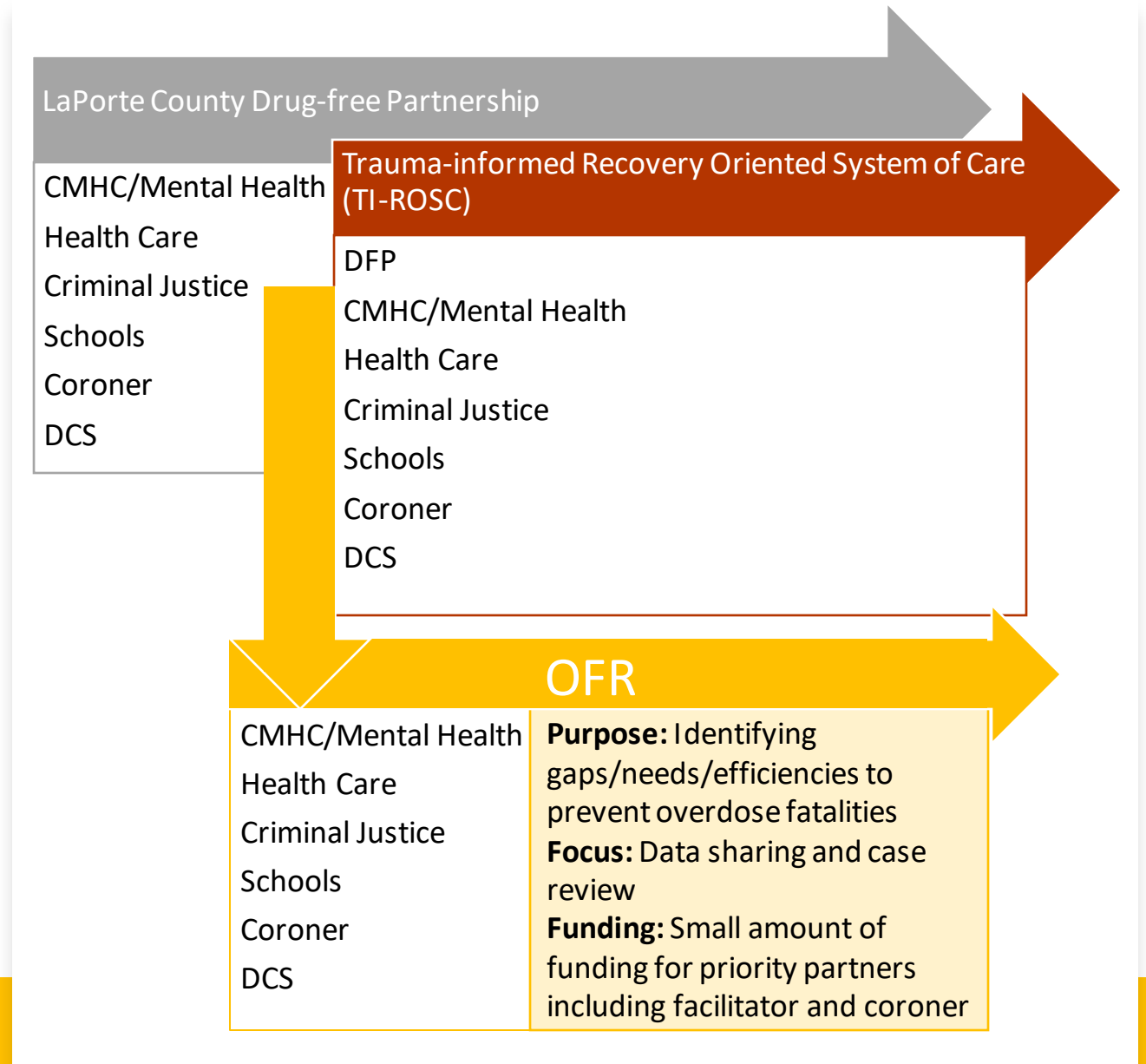
System mapping and training

Funding: Provided for deliverables from grant, attached to SOR program (DMHA)

Align TI-ROSC and DFP as same meeting
- No conflict in agenda, TIROSC informs how to conduct DFP

Multisector Community Collaboration: OFR

- Addition of OFR as an effort of same stakeholders
- Confidentiality/closed-door, different agenda
  - Align as separate meeting
- Serves focus of stakeholder group(s)
  - **Recommendations**
  - Areas of need for community education, resource sharing
  - Nuanced understanding of how the system has operated (***practical over theoretical***)
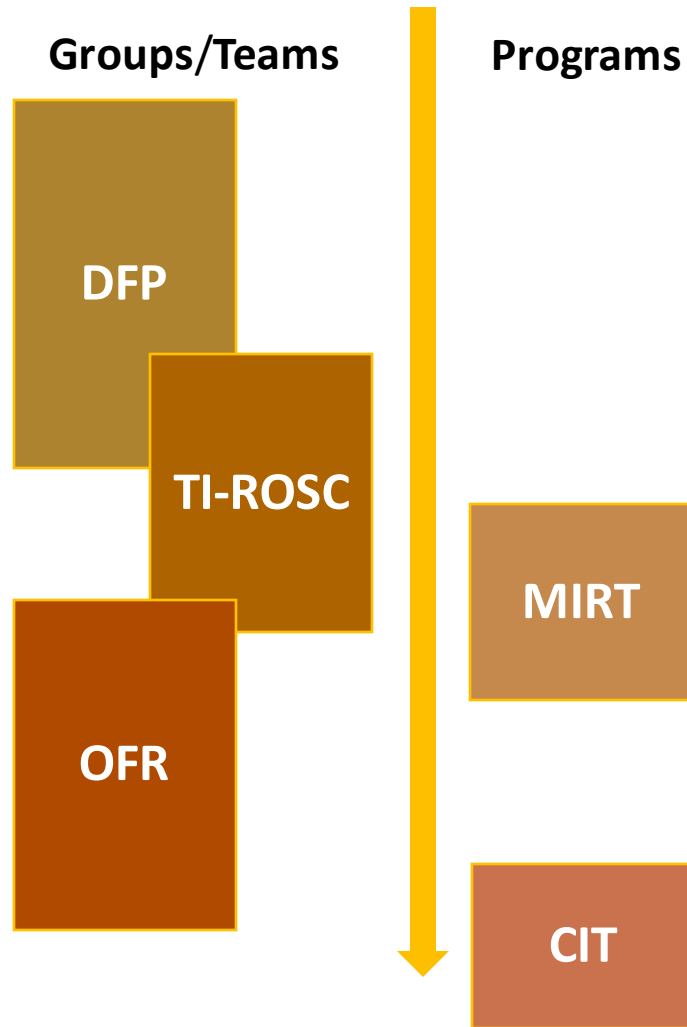
LaPorte County Drug-free Partnership

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Health Care

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Trauma-informed Recovery Oriented System of Care (TI-ROSC)

DFP

CMHC/Mental Health

Health Care

Criminal Justice

Schools

Coroner

DCS

OFR

CMHC/Mental Health

Health Care

Criminal Justice

Schools

Coroner

DCS

Purpose: Identifying gaps/needs/efficiencies to prevent overdose fatalities
Focus: Data sharing and case review
Funding: Small amount of funding for priority partners including facilitator and coroner

Community Readiness

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Community Readiness

Groups/Teams

DFP

TI-ROSC

OFR

Programs

MIRT

CIT

Stage	Description
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Crisis Intervention Teams (CITs)

CIT programs are community-based programs that bring together law enforcement, mental health professionals, mental health advocates (people living with mental illness and their families), and other partners to improve community responses to mental health (and/or) substance use crises.

CIT Goals

Practice informed recommendations

Resource sharing

System

Trauma-informed /training

- To improve safety during law enforcement encounters, for everyone involved

- To increase connections to effective and timely mental health services for people in mental health crises

- To use law enforcement strategically during crisis situation

- To reduce the trauma that people experience during a mental health crisis and thus contribute to their long-term recovery

Recommendations to Support CIT

"Connect with law enforcement so they can refer to services"

"Better link between law enforcement to treatment"

"Increase staffing of crisis response teams in LaPorte County"

"Hire and embed social worker in criminal justice systems to help officers respond to crisis events or mental health-related calls"

"Embed a social worker in the police officer department to respond"

"Legislate that law enforcement has training specific to addiction, substance use and mental health"

"Host local trainings for law enforcement on substance use, mental health, and mental health first aid"

"Connect people with repeat SUD offenses with peer support"

"Address responder fatigue"

"LE to provide resources for family/friends present after overdose, leave Narcan"

Community Catalyst Grant

- RFP: a program or initiative that addresses mental health and/or substance use disorder needs as it relates to prevention, treatment, and recovery services
  - Focus areas: criminal justice and crisis response
  - Eligibility requirement: County/community coalitions should represent diverse stakeholders in the mental health and substance use disorder continuum of care
- La Porte CRISIS Outreach Program – **C**ommunity **R**esource **I**ntervention to **S**ubstance-use, **I**nstability, and **S**uicidal Support Outreach Program
- LaPorte County DFP was funded $1.8 million, with 12 named partner agencies
  - Includes every law enforcement agency in county
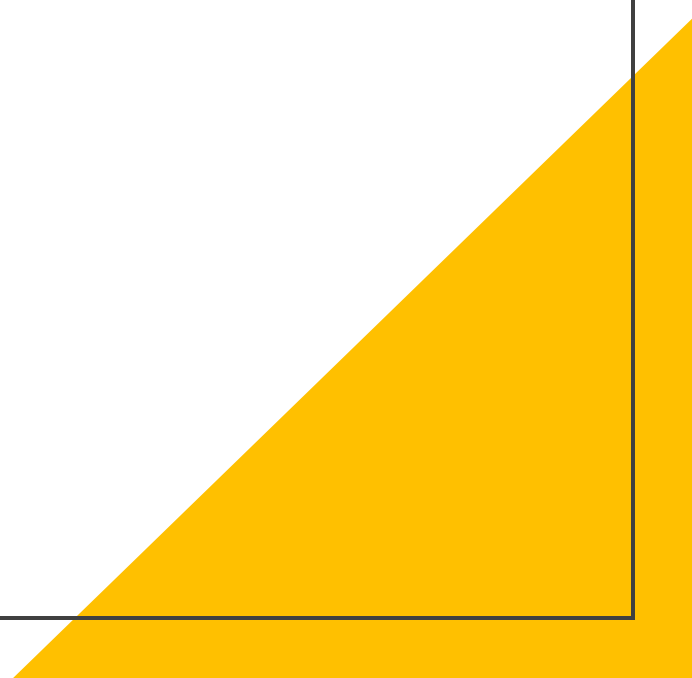 - July 2022 – December 2024

Community Catalyst Grant: CRISIS Program

- Components
  - Formation of CRISIS Outreach Team
  - Formation of Catalyst Vision Team
    - **Includes monthly recommendation review of OFR team**
    - **Majority of members sit on OFR**
  - Development of CRISIS Outreach Program Network
  - Documentation of CRISIS Outreach Model as a curriculum
    - **OFR listed as one of the evidence-based practice models operating within the county** that will support development of curriculum
- KPI
  - Includes OFR as part of evaluative process of CIT outcomes and ongoing quality improvement mechanism

Overlap Map
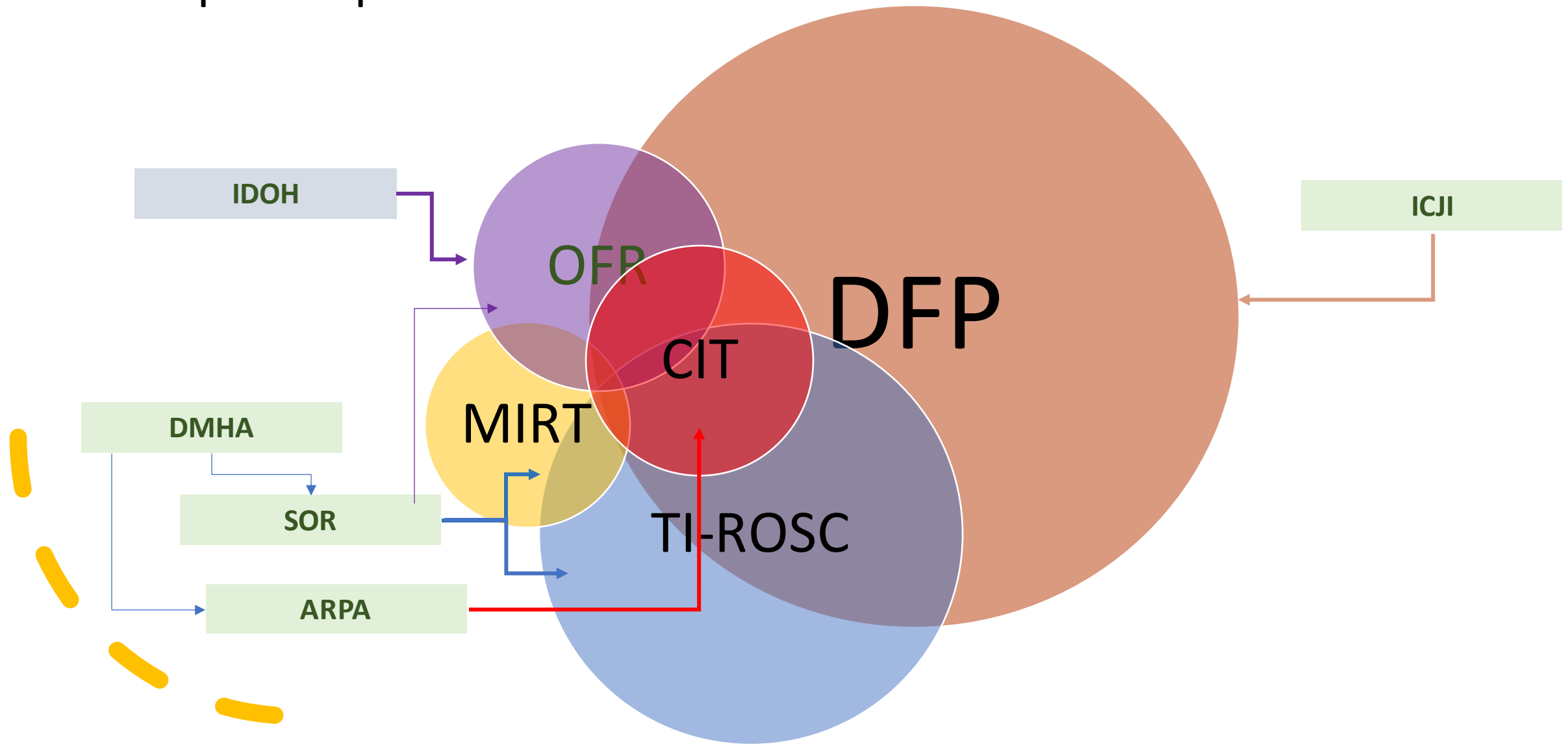
Application

- How do you measure OFR work?
  - Changes in policy/procedure at individual agencies
  - Identified partnerships/collaborations in team members
  - Enhancement or additional supporting data to other efforts in community
- Identify backbone organization/entity in the community
- Establish feedback loops for overlapping efforts
- Connect work to other funders
- Compile and share successes

Contacts

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https://www.in.gov/health/cfr/overdose-fatality-review/