

Concurrent Session 3: Next-of-Kin Engagement and Support

Moderator: Megan Broekemeier, Office of the Medical Examiner,
Utah Department of Health

- Supporting Families After an Overdose Loss in Milwaukee County, Wisconsin: Social Workers at the Milwaukee County Medical Examiner's Office
 - Speakers: Amy Parry, Victoria Wright, and Connie Kostelac, Milwaukee County, Wisconsin
- Losing a Loved One to an Overdose: Grief and Loss Support Group
 - Speakers: Melanie Gibboney and Kaitlyn King, Hamilton County, Ohio

You are *not* alone

Megan Broekemeier, MPH

**For every overdose death,
there are an estimated 25
grieving people who
remain underserved¹**

The grief of overdose loss

Increased risk for complicated loss

Source: Alison Athey Beau Kilmer Julie Cerel "An Overlooked Emergency: More Than One in Eight US Adults Have Had Their Lives Disrupted by Drug Overdose Deaths", *American Journal of Public Health* 114, no. 3 (March 1, 2024): pp. 276-279.

- Stigma
 - Shame
 - Guilt
 - Blame
 - Isolation
 - Anger
-

What helps?



- Gather information from a professional
- Talk to others
- Listen to others with similar experiences¹

1. <https://nursing.utah.edu/caring-connections>

"When we honestly ask ourselves which person in our lives means the most to us, we often find that it is those who, instead of giving much advice, solutions, or cures, have chosen rather to share our pain and touch our wounds with a gentle and tender hand. The friend who can be silent with us in a moment of despair or confusion, who can stay with us in an hour of grief and bereavement, who can tolerate not knowing, not curing, not healing and face with us the reality of our powerlessness, that is a friend who cares."

—Henri Nouwen



2024 National Forum on Overdose Fatality Review

Supporting Families After an Overdose Loss in Milwaukee
County: Social Workers at the Milwaukee County Medical
Examiner's Office

Site Information

- County: Milwaukee
- State: Wisconsin
- Year started: 2018
- Estimated number of overdose deaths per year: 674 in 2022
- Size of jurisdiction: 939,489 (County), 577,222 (City of Milwaukee)
- Funding sources:
 - Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP) grant through the Milwaukee County Medical Examiner's Office
 - Centers for Disease Control and Prevention (CDC) Overdose Data to Action-States through the Wisconsin Department of Health Services
 - COSSUP grant through the Wisconsin Department of Justice

Recommendation

- Individuals, particularly children, who witness a fatal overdose, or the investigation of a fatal overdose, should be connected to support services to address the trauma experienced
- Identified December 2019
- Implemented May 2020

Speakers & Contact Information

Victoria Wright, MSW – Social Worker, Medical College of Wisconsin (vwright@mcw.edu)



Constance Kostelac, PhD, MS – Assistant Professor, Medical College of Wisconsin (ckostelac@mcw.edu)



Amy Parry, MPH – Program Manager, Medical College of Wisconsin (aparry@mcw.edu)



Session Objectives

Discover

Discover the evolution of social worker positions to support families with overdose loss in Milwaukee County.

Understand

Understand the scope and impact of the social work efforts.

Share

Share lessons learned for communities considering similar positions.

Some Helpful Context

OVERDOSE FATALITY REVIEW IN MILWAUKEE COUNTY

Milwaukee County

MILWAUKEE COUNTY

Population: 939,489

Employment rate: 62.7%

Median household income: \$58,214

Have health insurance: 93.1%

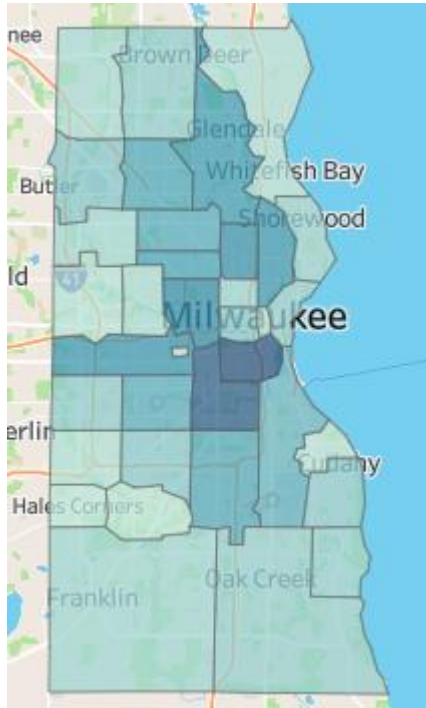
Race & Hispanic Origin:

Non-Hispanic Black: 25.7%

Hispanic or Latino: 16.1%

Non-Hispanic White: 49.3%

FATAL OVERDOSES BY ZIP CODE, 2019–2023



CITY OF MILWAUKEE

Population: 577,222

Employment rate: 61.8%

Median household income: \$49,270

Have health insurance: 91.3%

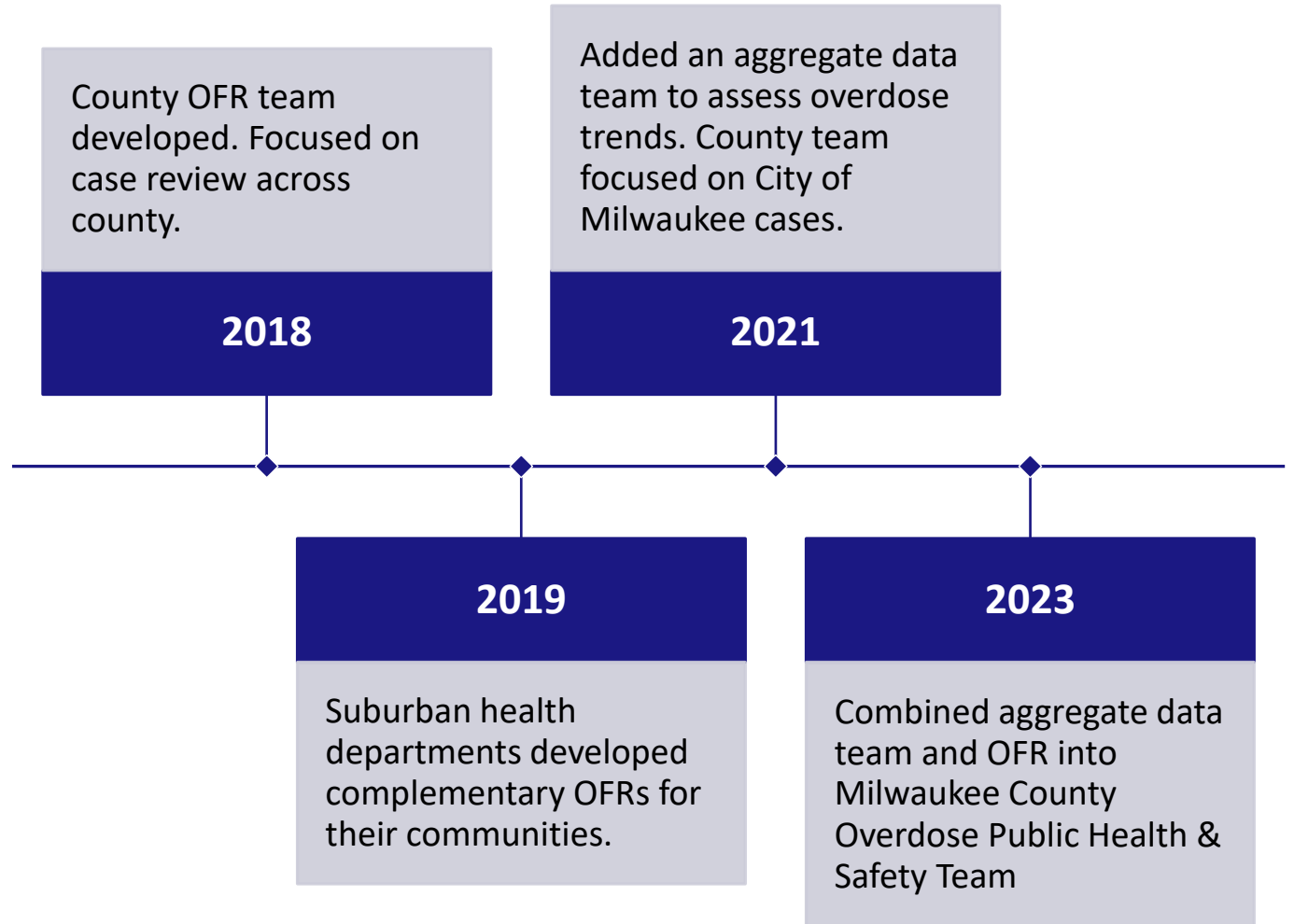
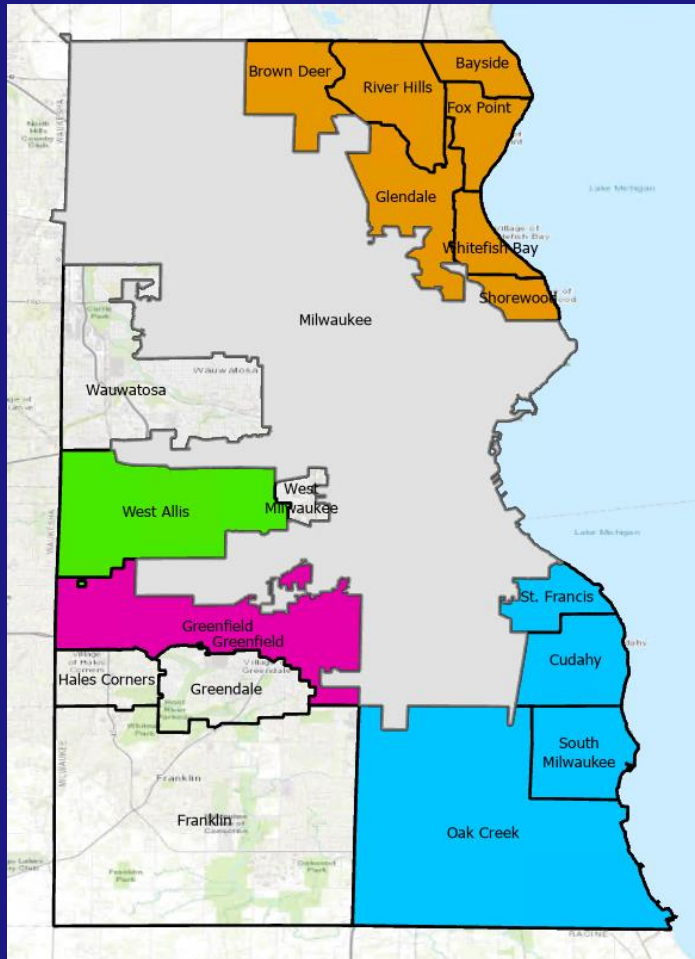
Race & Hispanic Origin:

Non-Hispanic Black: 38.1%

Hispanic or Latino: 20.2%

Non-Hispanic White: 33.0%

Milwaukee County Overdose Fatality Review



Recommendation Evolution

STEPS TOWARD IMPLEMENTATION

Milwaukee County OFR Recommendation



Individuals, particularly children, who witness a fatal overdose, or the investigation of a fatal overdose, should be connected to support services to address the trauma experienced.

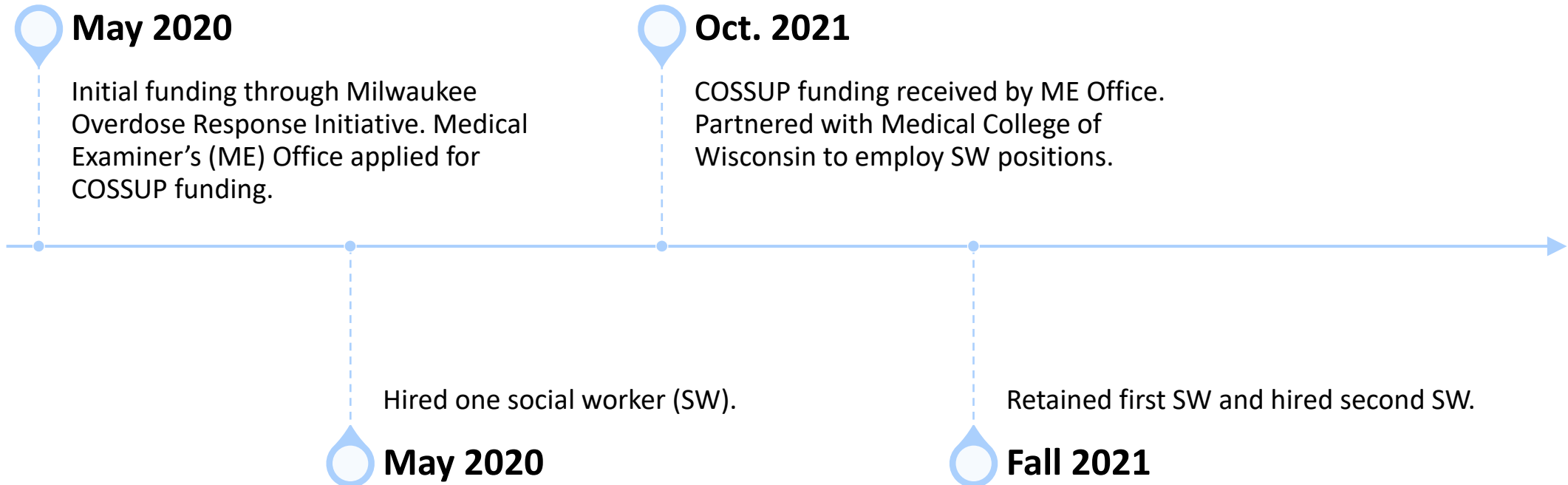
Development of Our Recommendation

Milwaukee County
Overdose Fatality
Review Team

Identified
December 2019

Fully implemented
September 2021

Initial Implementation Steps



COSSUP Grant Aims

1

Expand the delivery and analysis of near-real-time data between multiple public health and public safety partners.

2

Utilize both aggregate data and insights from case reviews to develop strategies and recommendations for changes to reduce the likelihood of future overdose incidents.

3

Increase capacity to deliver timely toxicology findings to public health and safety partners.

4

Enrich understanding of fatal overdose risk factors through expanded next-of-kin interviews.

5

Connect families impacted by overdose, particularly children, to services to mitigate the impact of the trauma experienced.

Role of the Social Workers

OUTREACH CALLS AND NEXT-OF-KIN INTERVIEWS

Social Workers

Embedded at the Milwaukee County ME's Office with hybrid work positions



Two primary roles:

- Reach out to next of kin (NOK) to screen for needed services and offer grief support
 - NOK interviews
- 

Telephonic outreach via ME Office landlines or grant-funded cell phones

Next-of-kin Outreach

Developed an outreach protocol with ME Office guidance

- Utilize a project in REDCap to track suspected drug deaths, outreach efforts, and referrals
- Screen investigation report for immediate needs and make referrals as needed
- For most cases, reach out 6 to 8 weeks after death to NOK residing in Milwaukee County
 - Grief support
 - Referrals for identified needs
- Send letter to NOK that live outside Milwaukee County with national grief resources

Added Spanish translation for calls in October 2022

Social Worker Metrics

September 2021 – October 2023

Metric	Percentage
Cases identified where contact <i>will</i> be attempted	68%
Cases identified where contact <i>will not</i> be attempted because NOK live out of county	30%
Cases identified where contact <i>will not</i> be attempted due to other protocol exclusions	2%
Cases where outreach was attempted (among cases where contact will be attempted)	100%
Cases where contact was made (among cases where contact will be attempted)	76%

Referrals to Community Agencies

Met with agencies to identify appropriate referrals and information needed – continue to add referral options as needs arise

Referral form created in REDCap with input from agencies receiving referrals

94 referrals to community agencies (8/1/2021 – 1/10/2024)

- 54%: Office of Community Wellness and Safety (individual counseling services)
- 33%: Milwaukee Overdose Response Initiative (mobile integrated health care)
- 9%: West Allis Mobile Integrated Healthcare
- 2%: Kids Matter (guardianship assistance)
- 1%: Greenfield Fire Department Social Worker
- 1%: ED2Recovery+ (peer support specialist)

Grief Resources

List of resources

- Ongoing curation of local grief resource list including two local GRASP chapters
- Individual therapy referrals via Office of Community Wellness and Safety grant

What is Grief? handout

- Created with input from psychologist
- Explains grief and health habits for processing grief

Letter for out-of-county NOK

- Contact information for social workers
- Three national grief resource websites (Grief Share, GRASP, and Compassionate Friends)

Postvention monthly collaboration

- COSSUP-funded social workers
- Suicide bereavement coordinators for ME Office and Office of Community Wellness and Safety

Lessons Learned

Grief support and referral process

Families generally do not feel ready for grief resources until they know the cause of death.

Families are grateful for the resources provided and the opportunity to voice frustrations.

Families are surprised (positively) that the Medical Examiner's Office has social workers.

Families are more receptive to "substance-involved death" than "overdose."

Number of families where children live with the decedent is less than expected. The number of older decedents is higher than expected.

Number of available grief support groups changed with the pandemic. Number of Spanish-speaking resources and therapists are limited.

Next-of-kin (NOK) Interviews



NOK Interview Case Selection

OD-PHAST planning team selects a 4-month theme 3 months prior

Drug death cases within the previous year that align with the theme are identified

Random selection of cases for interview letters (20–24 cases across two social workers)

Follow-up phone calls approximately 2 weeks later for interview attempt

Avoid anniversaries of deaths, holidays, and birthdays

NOK Interview Metrics and Case Review

137 cases randomly selected for interview outreach

- 37 interviews conducted (27%)
- 18 NOK declined interview (13%)
- 82 cases did not respond to letter plus two phone calls (60%)

Interview data incorporated into case review

- Childhood events
- Adulthood events
- Mental health
- Substance use
- Family recommendations to prevent overdose

Lessons Learned

Next-of-kin interviews

Modified language of the letter to replace “overdose” with “substance-involved death” based on family feedback.

Identified need to ask for permission to send a thank-you note.

Observed that different family members may have different levels of reception to doing interview.

Receptivity to interview is related to family’s acceptance of cause of death.

Interviews always take a lot of strength and energy on behalf of the family to revisit the loss of the family member.

Families generally do not have a solid understanding of what treatment looks like for substance use disorder.



2024 National Forum on Overdose Fatality Review

Hamilton County Public Health

Losing a Loved One to an Overdose: Grief and Loss Support Group

Site Information

- County: Hamilton
- City, state: Cincinnati, Ohio
- Year started: OFR started in 2016
- Estimated number of overdose deaths per year: ~380
- Size of jurisdiction: 830,000 county residents and 49 political jurisdictions
- Funding sources: CDC and COSSUP

Recommendation

- Hamilton County Public Health's Grief and Loss Support Group was established in spring 2023 to offer understanding, compassion, and connection for those who have lost someone they love from addiction and overdose.
 - Through the overdose fatality review next-of-kin (NOK) interviews and analysis of the OFR discussion data from 2022, we determined that the biggest recommendation to implement was providing friends and family with more substantial grief resources.
- When recommendation was identified: 2022
- When recommendation was implemented: 2023



HAMILTON COUNTY
PUBLIC HEALTH

Losing a Loved One to an Overdose: Hamilton County Public Health (HCPH) OFR Recommendations & Grief Support Group

Tuesday, March 5, 2024
3:15 p.m. – 4:30 p.m., ET



HAMILTON COUNTY
PUBLIC HEALTH

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AGENDA

- 1 Welcome
- 2 OFR Overview
- 3 Next-of-Kin (NOK) Interviews
- 4 Recommendations & Support Group
- 5 Questions

INTRODUCTIONS

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Hamilton County Public Health



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OVERDOSE FATALITY REVIEW

The Overdose Fatality Review (OFR) Committee began in 2016 and meets monthly to review data from all confirmed unintentional overdose deaths of Hamilton County residents.

The members include professionals from:

- Coroner's Office
- Fire/EMS
- Poison control
- Recovery services
- Other public service entities

Purpose

Reduce the number of overdose fatalities and create recommendations to identify circumstances surrounding the deaths to inform prevention.

HCPH staff also conduct interviews with family and friends of individuals who have died from an overdose.

OFR UPDATES

- Hired new OFR Coordinator in 2021 & NOK Interviewer in 2022
- Changed meeting format
- Started fresh and used new laws in Ohio
- New partners, smaller invite list, purposeful attendance
- Recent partner additions
 - More Fire/EMS
 - Probation Office
 - Specific treatment providers
 - Pharmacy Board
 - Medical Board
 - VA
 - City Health Department

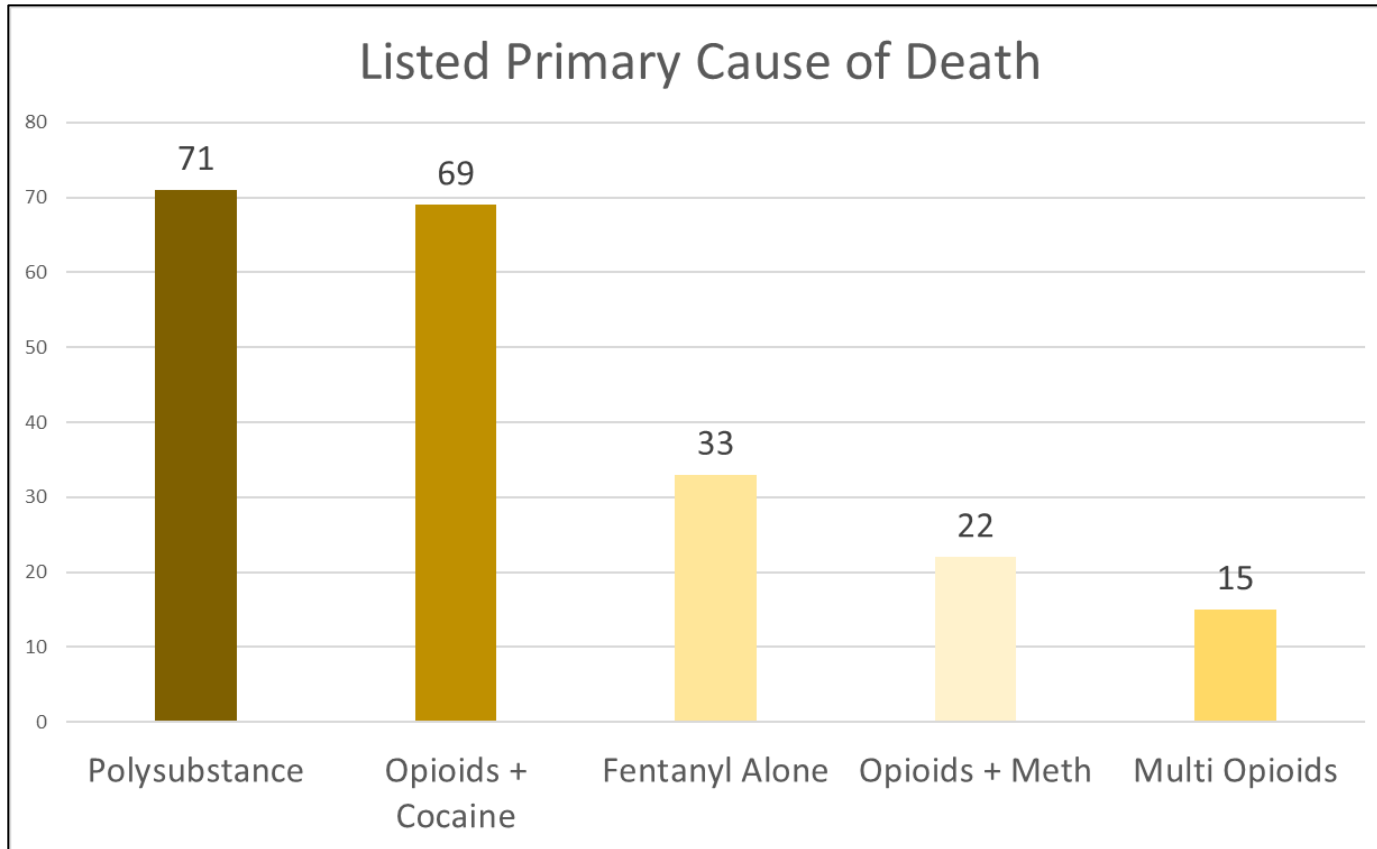


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2023 HAMILTON COUNTY OVERDOSE DATA [JAN – NOV]



Total Overdose Deaths: **274**

Polysubstance Breakdown:

- Fentanyl - 66
- Cocaine - 52
- Alcohol - 30
- Methamphetamine - 28
- Benzodiazepines - 16

Count of Substances Overall:

- Fentanyl - 229
- Cocaine - 147
- Methamphetamine - 67
- Alcohol - 43
- Benzodiazepines - 21
- *Xylazine

OFR DATA AND FINDINGS 2023

Month	OFR Cases Reviewed	Recommendations Generated
January	3 reviewed - 10 total collected	8
April	4 reviewed - 10 collected	11
May	3 reviewed - 6 collected	5
June	4 reviewed - 5 collected	5
July	4 reviewed - 5 collected	8
August	3 reviewed - 6 collected	7
September	6 reviewed - 5 collected	3
October	5 reviewed - 1 collected	5
November	0	9
December	0	0

Month	Interviews Conducted
January	1
February	1
March	2
April	2
May	3
June	1
July	3
August	1
September	3
October	1
November	0
December	1

GOING FORWARD

- Always looking to improve meetings and facilitation
- Drive the message forward
 - Seeing trends before they are widely known
 - Gabapentin, fentanyl, xylazine, polysubstance use
- Twice per year share the recommendations that were developed along with programs or initiatives that have been implemented
- Creating a “Recommendations Dashboard” to be launched soon! (*See next page)



NEXT-OF-KIN (NOK) OUTREACH

1. Send a personal condolence card to next of kin's address 4–6 months post-mortem.
2. Contact next of kin with letter to their last known address that includes grief support services, resources, and contact information to follow up about an interview or help with services.
3. Two to three weeks after sending the letter, attempt to follow up with the next of kin via their last known phone number.
4. If the next of kin agrees to participate in an interview, it will be conducted in whatever manner (via phone, in person, Microsoft Teams or Zoom, etc.) they prefer at their convenience.

NEXT-OF-KIN INTERVIEWER SURVEY



Includes questions about the decedent's:

- Physical and mental health history
- Family, friend, and romantic relationships
- Treatment and substance use history
- Education and work experience
- Criminal justice, court, and probation involvement
- Protective factors
- Stressors, triggers, and trauma history

OHIO UNIVERSITY EVALUATION

Analysis of the data collected through NOK interviews in 2022 yielded several interesting and potential actionable findings that surrounded four emerging themes:

1. Economic hardship

- Almost all over, the decedents were reported to be experiencing some level of economic hardship

2. Isolation

- Many of the overdose decedents were suffering from social isolation

3. Trauma

- All of the overdose decedents had a reported traumatic event in their childhood or adult life

4. Long-term recovery support

- Interview data showed that there is a need for long-term recovery support programs, resources, and systems for people who use substances

IMPROVEMENTS MADE

- Obtained recording and transcription services for more comprehensive data collection
- Began translating all outreach materials and advertising translation services for interviews
- Updated interviewer survey questions, script, and methodology
- Upgraded data collection system
- **Implemented an overdose loss support group in the community in collaboration with Hospice of Cincinnati!**



RECOMMENDATIONS FROM FAMILY AND FRIEND INTERVIEWS

- 1. Criminal and/or health history, stable work and/or housing, income, and transportation were identified in many cases as barriers**
 - Increase awareness to the Hamilton County expungement clinic
 - Promote FARE deal cards
 - Continue to promote Recovery Friendly Hamilton County to employers and perspective employees
- 2. More education and resources available to family members and friends to better understand and support their loved one**
 - HCPH is working with HOC Navigators on a grief support group for individuals who have lost a loved one to an overdose
 - HCPH created and began distributing resource pamphlets for family and friends
 - HCPH is working with the OU evaluation team to better utilize the qualitative data and information from interviews
- 3. Easier access to and more diverse treatment options**
- 4. Continue to reduce stigma in the community**



ADVICE FOR AN OVERDOSE LOSS

- Acknowledge the reality of the circumstances of the death
- Don't define your loved one by his/her addiction
- Find healthy ways of acknowledging, validating, and expressing your feelings
- Learn about addiction; understanding the struggle your loved one had may decrease feelings of guilt rather than having them spiral into unhealthy and untruthful proportions
- Research what specific resources are available in the area for an overdose or addiction loss
- Seek professional help from a therapist or your doctor for reactions that persist and may interfere with functioning

WHY IT MATTERS

- Social support mitigates grief reactions and supports the mourner
- Humans benefit from having friends, families, and communities bear witness to their suffering and loss
- Telling the story helps process emotions and integrate grief
- Combatting and overcoming stigma that comes with a substance-involved loss



THE "STAGES OF GRIEF"



REALITY

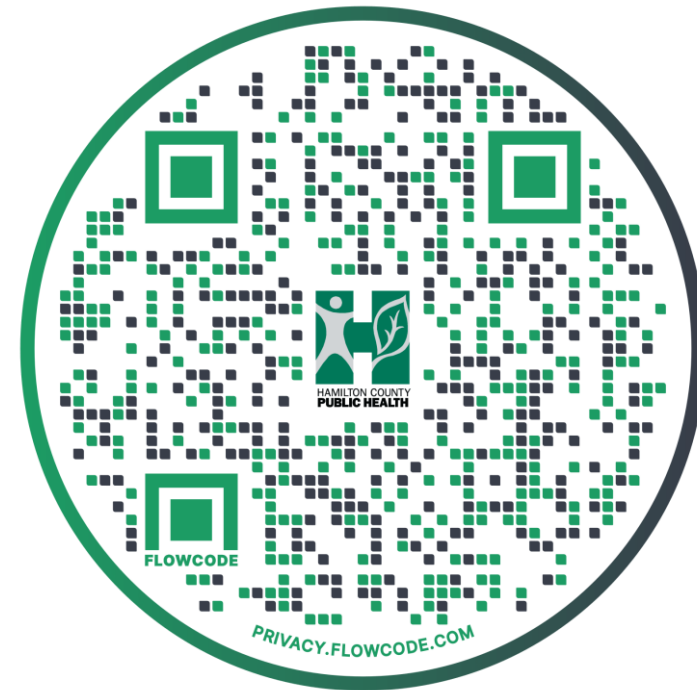


COPING STRATEGIES AND TECHNIQUES

Intuitive	Instrumental
<ul style="list-style-type: none">• Take time to grieve, adjust slowly• Share feelings• Active listening• Exploration/expression of feelings• Catharsis and insight• Connection and sharing with others	<ul style="list-style-type: none">• Readjust/restore normal routines• Solve problems related to loss• Practical information• Exploration of changes/impact• Activities and projects• Memorializing the person who passed

RESOURCES AFTER AN OVERDOSE LOSS

- Grief Recovery After a Substance Passing (GRASP)
- Compassionate Friends
- Companions on a Journey Grief Support
- Learn to Cope
- Parents of Addicted Loved Ones (PAL)
- Goldstein Family Grief Center
- Fernside Center for Grieving Children
- Hospice of Cincinnati
- Crossroads Hospice



CARING FOR YOURSELF – MITIGATING THE IMPACT OF VICARIOUS TRAUMA

- Acknowledge impact of work on well-being
 - Avoid numbing emotions
- Take care of your body
 - Sleep, exercise, hydration (we hold trauma in our bodies)
- Reach out to coworkers/leaders for support
 - It helps to talk to someone who gets it
- Incorporate rituals of remembrance/honor those who have died



QUESTIONS?



HAMILTON COUNTY
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THANK YOU!

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**HAMILTON COUNTY
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RECOMMENDATIONS IN 2023

- Meth is on the rise and should be monitored closely as it is more difficult to treat. Narcan does not work, so more public education is needed.
- The stigma of seeing a doctor and fear of seeking medical help is evident within the Black community. How can we change this to make people feel more comfortable when seeking help and support?
- African-American overdose fatalities are increasing while the rest of the county is decreasing. Continuing to monitor the trends and will update the members when necessary.
- Marijuana is now being laced with fentanyl, but does the fentanyl burn off if smoked?
- There is a need for more straight-forward advertising around fentanyl in the drug supply, how to use naloxone, and where to get help ASAP.
- More education on side effects of mixing drugs, especially anxiety or depression medications.
- Explore the idea for a call line for prescribers who have questions regarding pain management and prescribing for patients with SUD.



CONTINUED...

- Partner with WHW and YWCA to get their resources and information about intimate partner violence in EDs and on Safe Services vehicle.
- Partner or invite local housing coalition member to OFR meetings to get their input on solutions to the huge housing crisis that is impacting individuals who use drugs.
- Hire a staff member to do academic detailing in outpatient, inpatient, and ED settings on substance use disorder and how to treat patients with it.
- Partner with restaurants in our area that are willing to have harm reduction supplies on-site and will participate in Narcan training.
- Look into developing a safety plan or coordination or care plan specifically for individuals who use substance use disorder to follow once leaving the ED.
- Develop system for tracking polysubstance use and trends in real time.
- Focus on prevention education in youth population, because many OFR cases started using prior to the age of 18 and intervention may have started too late.
- Continue to combat stigma on substance use disorder in our community.

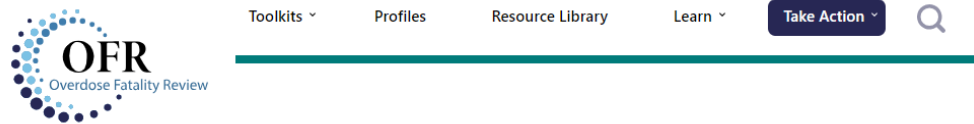


Additional Support Available!



OFR Email Exchange

- Great way to network with your peers!



OFR Message Exchange Sign-Up

The OFR message exchange is a platform for those involved in Overdose Fatality Reviews to engage with one another. Enrollment in this message exchange is by permission only, and the [terms of use](#) apply.

The fields marked with the * are required.

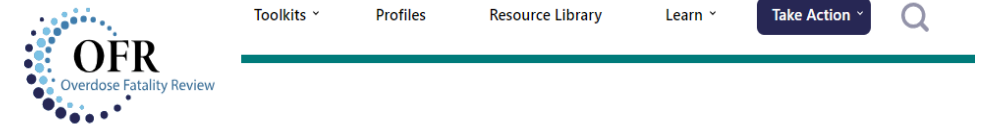
First Name*

Last Name*



Training and Technical Assistance (TTA) Request

- Expertise is available to support your OFR efforts
- We are here to help you troubleshoot day-to-day challenges as they arise



Training and Technical Assistance Request

Regardless of funding source, anyone can request OFR training and technical assistance. Expertise is available to support the expansion and development of overdose fatality review (teams) through a variety of formats, including but not limited to:

- Host one-on-one calls to troubleshoot day-to-day challenges
- Identify available resources and materials
- Connect TTA requestor to peers in the field
- Present to team or meeting attendees
- Convene professionals to address a need
- Facilitate virtual meetings and workshops



OFR Mentor Site Opportunities



- The purpose of the Overdose Fatality Review (OFR) Mentor Program is to elevate, communicate, and leverage OFR promising practices while building bridges between nascent teams and those with demonstrated success. The OFR Mentor Program provides a unique opportunity to learn the application and practice of OFR from experienced peers
- Interested sites can apply here



Overdose Fatality Review

Peer Mentor Site Opportunities

The purpose of the Overdose Fatality Review (OFR) Peer Mentor Program is to elevate, communicate, and leverage OFR best promising practices, while building bridges between nascent teams and those with demonstrated success. The OFR Peer Mentor Program provides a unique opportunity to learn the application and practice of OFR from experienced peers.

OFR Peer Mentee Application

OFR peer mentor participants are matched to an experienced mentor site program that provides consultation and support through direct communication and a virtual* OFR site visit, to see first-hand how OFRs work in practice.

A typical OFR mentee experience will include:

- One-hour introductory call at least one week before the OFR virtual site visit
- Two-hour OFR observation
- One-hour post review discussion call at least one week after the OFR virtual site visit
- Facilitated discussions with one or two OFR members as requested by peer mentee
- Feedback to IIR by both mentor and mentee about their experience

(*Note: In-person virtual site visits are on hold during the COVID-19 response.)

Request a virtual site visit by completing this online form. (http://s.ilr.com/OFRSite_Visit)

OFR
Overdose Fatality Review

BJA's
Comprehensive
Opioid, Stimulant,
and Substance Abuse
Program

The flyer features a central image of a diverse group of people standing in a circle, with their hands raised in the center, symbolizing teamwork and support. The text is arranged in a clean, professional layout with clear headings and bullet points.

Questions?