Data to Action through Public Health and Public Safety Partnerships: OFR and PHAST

March 3, 2023

PHAST and OFR

Two Interrelated Strategies that Can Support Communities





Value of Multidisciplinary Teams

- Facilitate a deeper understanding of the missed opportunities for prevention and intervention that may have prevented an overdose death
- See patterns of needs and opportunities, not only within specific agencies, but across systems
- Develop program and policy recommendations to improve coordination and collaboration between agencies and improve community conditions to prevent future overdose deaths
- Share responsibility and accountability to implement recommendations





Multidisciplinary Team Members

Multi-sector Partners

- Public health
- Behavioral health
- Treatment and recovery services
- Harm reduction
- Child and Family Services
- Healthcare

- Law enforcement
- Criminal justice
- Fire & EMS
- Housing and homeless services
- Medical examiner/coroner

Consider including representation from these disciplines





Multidisciplinary Teams Use of Data for Action

Analyze and review aggregate data to understand overdose trends, select cases to review, and provide context for case findings and recommendations

Facilitate a series of confidential individual death reviews by a multidisciplinary team to effectively identify system gaps and innovative community-specific overdose prevention and intervention strategies

Present recommendations to governing committee that supports and provides resources to ensure implementation and creates a framework for accountability





GUIDING PRINCIPLES



A common goal of reducing overdose deaths



Recognition of substance use disorder as a chronic, treatable disease



Drug overdose deaths are preventable



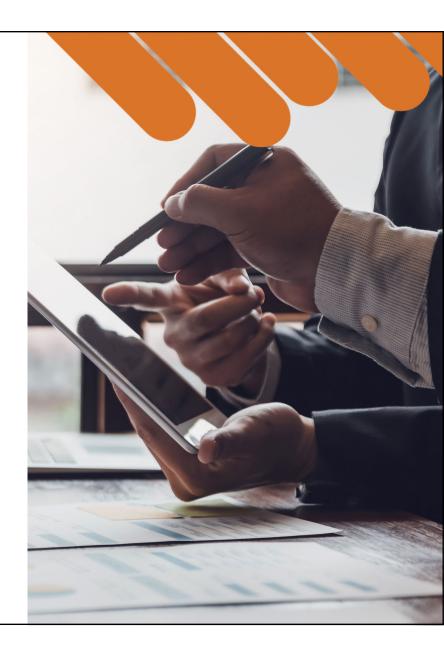
Responsible use of multi-sector data to inform response strategies



Continuous improvement









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Shared Understanding

Optimized Capacity

Shared Accountability







Aggregate Data → Case Review → Recommendations → Action

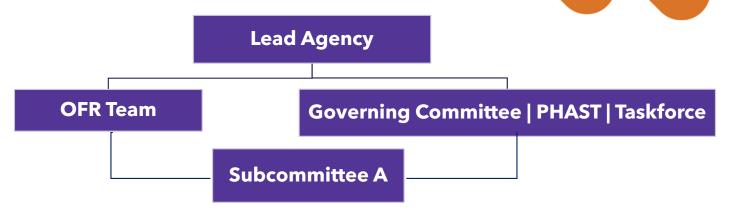








Possible display of structure



Lead Agency: Oversees the OFR team coordination and provides administrative support, ideally a nonpolitical, neutral agency

Governing Committee: Supports and provides resources to implement recommendations generated by case reviews

OFR Team: Multidisciplinary team that reviews a series of individual deaths to identify system-level missed opportunities for prevention and intervention

Subcommittees: Focus attention on a recommendation or need, such as case selection





EXAMPLE CASE





County Overdose Taskforce

Public Health Leadership

OFR/PHAST Program Facilitator/Coordinator

Public Safety Leadership

Data Analyst(s)

Multi-sector Partners Leadership

- Public health
- Behavioral health
- Treatment and recovery services
- Harm reduction
- Child and Family Services

- Healthcare
- Law enforcement
- Criminal justice
- Fire & EMS
- Housing and homeless services
- Medical examiner/coroner

Overdose Taskforce may also be known as:

- PHAST (Public Health and Safety Team)
- OFR Governing Committee
- Executive Committee



SHARED UNDERSTANDING: Review aggregate-level data







The Overdose Taskforce reviews **aggregate - level data** as part of their monthly meeting.

The taskforce's data analyst gives a data presentation to the team. They find that:

 There has been an increased rate of overdoses among people who have recently been released from the local jail.

The team wants to understand what might be driving this increase?

SHARED UNDERSTANDING: Review case-level data





Based on the themes identified through aggregate-level data review, the Overdose Fatality Review team reviews **individual cases** of recent overdose fatalities among individuals who have spent time in a county jail to understand **what led up to each fatal overdose.**

After discussing 3 cases, the team finds that:

- 3 fatal overdoses occurred within 90 days of release from jail
- 3 individuals were prescribed MOUD while in the jail, but did not continue after release

SHARED UNDERSTANDING: Review aggregate-level data







The OFR team decides to validate these findings by conducting an additional analysis of aggregate-level data.

They want to understand how widespread this issue is in their community.

The data analyst is asked to crossreference overdose fatality cases over the past 3 years with individuals who spent time in jail during the same time period.

OPTIMIZED CAPACITY: Identify recommendations





Based on the case reviews and the aggregate data, the OFR team identifies the following recommendations to prevent similar future fatalities:

- Provide overdose education and naloxone distribution in the local jail
- Provide bridge prescriptions for MOUD
- Establish a peer recovery program where peers meet individuals leaving jail to provide support and help navigate community resources

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OPTIMIZED CAPACITY: Identify barriers and assets



After identifying these recommendations, the OFR team convenes a subcommittee.

They meet to discuss:

- Are these recommendations feasible? What are barriers and assets to implementing these recommendations?
- What resources would be needed to implement each recommendation?
- What would the action plan look like?





SHARED UNDERSTANDING: Facilitate data-driven discussion



In the next Overdose Taskforce meeting, the coordinator presents their high-level findings and the subcommittee's recommendations (feasibility, resource allocation, and action plan).

Taskforce members discuss the findings and recommendations.





OPTIMIZED CAPACITY:Select interventions, Identify barriers and assets





Based on their discussion, the Overdose Taskforce decides that they prioritize two interventions. They identify the following assets:

- Local peer recovery organization is interested in partnering with local jail to meet individuals upon release.
- Local jail is open to collaboration
- County's public health agency is exploring ways to expand MOUD access

OPTIMIZED CAPACITY: Develop an implementation plan







The Overdose Taskforce supports the implementation of the presented action plan:

- Coordinate between jail and peer recovery so that a specialist meets individuals prescribed MOUD upon release from the jail
- Work with county public health agency to establish protocols in jails for MOUD bridge prescriptions

SHARED ACCOUNTABILITY: Monitor intervention



After a few months, the representative of a jail and a peer recovery organization begin to **give monthly updates and data presentations** on each of the interventions.

The data analyst continues to monitor overdose fatalities from jails and share with the OFR and Overdose Taskforce.





SHARED ACCOUNTABILITY: Make improvements and share success



Following each data presentation, the members discuss program challenges, barriers, and successes.

They identify ways to **expand what's** working well and potential program changes to address current challenges

Through **monitoring**, they learn many individuals were in jail for possession charges. Recommend deflection program to move the intervention **upstream**.

There is ongoing monitoring of the program at each monthly meeting.



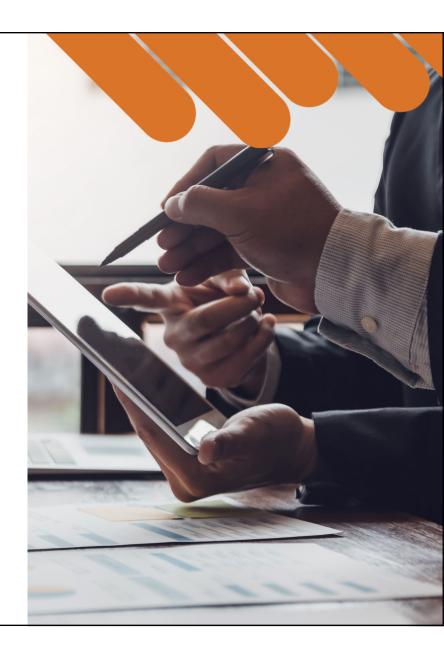


Considerations

Trends identified through a series of case reviews inform aggregate-level data analysis as well as data gaps.

Trends identified through analysis of aggregate data informs case selection for OFR and provide community context to case findings.

Multi-sector collaboration looks different across jurisdictions.





Where to go from here

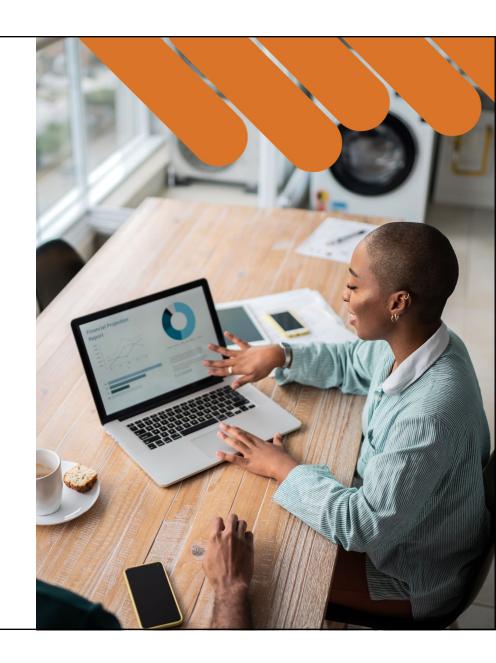




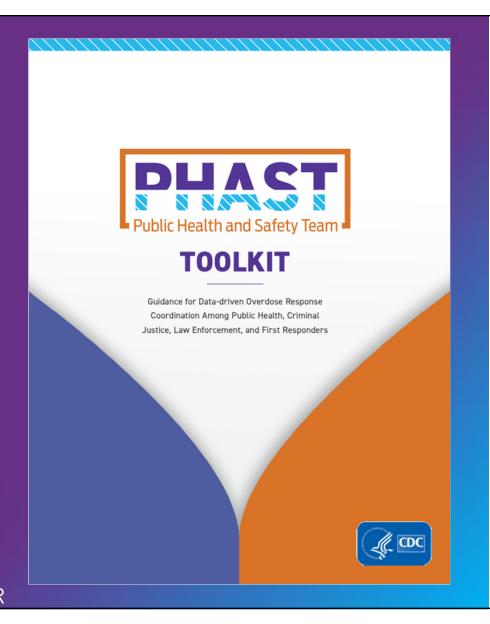
Next Steps

- Familiarize yourself with the available materials on PHAST and OFR.
- Build on what you already have in place.





RESOURCES



PHAST WEBSITE & TOOLKIT

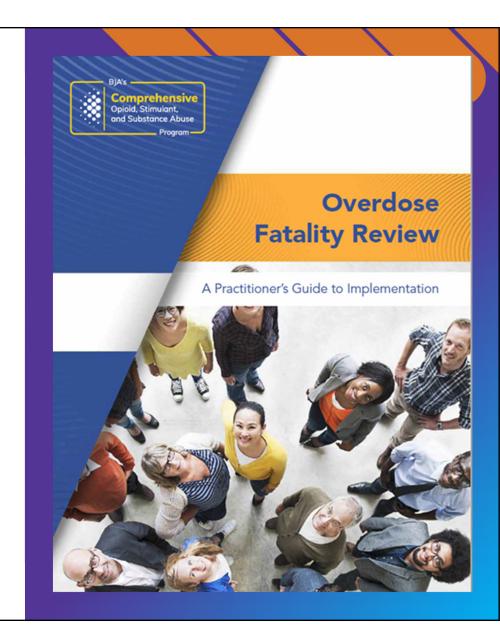
WWW.PHAST.ORG





OFR: PRACTITIONER'S GUIDE TO IMPLEMENTATION

www.cossapresources.org/Tools/OFR







The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

QUESTIONS?

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