

# Overdose Fatality Review

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**Behavioral Health Administration**

# OFR Overview

- Modeled after existing mortality review programs (CFR, FIMR, etc.)
- Multi-agency/multi-disciplinary team assembled at jurisdiction level to conduct **confidential** reviews of resident overdose deaths
- Goal to prevent **future** deaths by
  - Identifying missed opportunities for prevention and gaps in system
  - Building working relationships b/t local stakeholders on OD prevention
  - Recommending policies, programs, laws, etc. to prevent OD deaths
  - Informing local overdose & opioid misuse prevention strategy
- Goal **NOT** to initiate/extend investigation of past deaths by any particular state or local authority
- Establishing trust among team members and in review process is essential to fostering open and candid discussion

# LOFRT Membership

No uniform requirements, but could include:

- Local health department
- Behavioral health treatment & recovery service providers
- Local police/sheriff
- EMS
- Hospitals
- Prosecutors
- Social Services
- Corrections/P&P
- School system
- Homeless services
- Harm reduction services
- Pharmacy
- Other subject matter experts

# DHMH/LOFRT Data Process

**Office of Chief Medical Examiner:** monthly OD death record query:

- Decedent info (name, DOB, sex, address, etc.)
- Incident info (COD & MOD, location)
- ME investigative notes (LE, witness, kin info)
- Toxicology results

**Vital Statistics Administration:** analyze & code OCME records for substances/classes, matches against death certificates

**Behavioral Health Administration:**

- Matches death records w/ SUD Tx records
- Compiles all data in secure file & sends to LOFRTs quarterly
- LOFRT Data Use Manual
- Technical assistance

**LOFRT:** Team members must query agency systems for decedent info and bring to meetings to inform review

# OFR Implementation Timeline

- Nov. 2012: Review of DHMH/LHD legal authority to establish OFR teams
- Mar. 2013: BHA solicits volunteer LHDs to pilot LOFRTs (Balt. City, Cecil, Wicomico)
- Jun. 2013: BHA provides pilots w/ program documentation
- Sept. 2013: BHA receives US DOJ Harold Rogers PDMP grant to fund pilots
- Oct-Dec 2013: pilot sites finalize membership
- Dec. 2013: BHA hires OFR coordinator
- Feb. 2014: first meetings held
- May 2014: OFR law (HB1282) passes; effective 10/1/14

# HB1282, 2014

- Allows, but does not require, jurisdictions to establish LOFRTs
- Provides direction on team structure and operations (membership, goals, etc.)
- **Requires healthcare providers & gov. agencies to provide records on request from team chair**
- Civil liability protection for team members and those that provide information
- Confidentiality requirements (public & closed mtgs.)
- Establishes DHMH oversight and team reporting requirements

# OFR Current Status

- 15 operational teams
  - Allegany
  - Anne Arundel
  - Baltimore City
  - Baltimore
  - Caroline
  - Carroll
  - Cecil
  - Frederick
  - Garrett
  - Harford
  - Prince George's
  - Somerset
  - Washington
  - Wicomico
  - Worcester
- Estimate nearly 200 cases reviewed
- LOFRTs provide BHA w/ case review stats, mtg. notes incl. observations & trends
- BHA attends team mtgs., T/A through quarterly conference calls

# Pilot Phase Operations

86 total cases reviewed Jan. – Oct. 2014

	<18	18-24	25-34	35-44	45-54	55-64	65+	Unknow n	Total	
Gender										
Male	0	5	15	12	16	11	3	0	62	72%
Female	0	1	8	5	5	3	1	1	24	28%
Race/Ethnicity										
African American	0	2	5	3	7	5	1	0	23	
Hispanic	0	0	1	0	1	0	0	0	2	
White	0	4	16	13	13	9	2	1	58	
Unknown	0	0	1	1	0	0	1	0	3	

# Agency Data Available

VA Hospital	1	1
Emergency Medical Services	56	65%
Law Enforcement	76	88%
Detention Center (Jail)	11	13%
Court System	8	9%
Mental Health Treatment	22	26%
Social Services	31	36%
Community Supervision	25	29%
State's Attorney	29	34%
Syringe Exchange Program	10	12%
Pharmacy	4	5%
Drug Treatment (Public and Private)	49	57%
Hospital	9	10%

# Notable LOFRT Observations

- Large number of decedent contact with systems
  - Heavy social service system involvement
  - Heavy criminal justice system involvement in Balt City
- Wicomico: heroin & Rx deaths among professionals w/ no system contact history
- Alcohol often involved in overdose deaths
- Older drug users at high risk, with many co-occurring chronic health issues
- Care coordination in somatic health and addiction treatment needs improvement
- Occurrence of trauma just before death (loss of a loved one, struggles with child custody, etc.)

# Observations ctd.

- Deaths occurring in private locations, incl. at home & in hotels/motels
- Recent release from jail; detoxification in jail system before release
- History of intimate partner violence
- Poly-pharmacy
- Previous overdose
- Pain management
- Hispanic population and LGBT

# LOFRT Outcomes to Date

- Improved the quality of referral system
- More direct outreach to families to provide overdose prevention & treatment services
- Agencies refer clients to Overdose Response Program (naloxone) trainings and have agency staff trained
- Educated and increased the awareness of staff of overdose related issues
  - Promoting substance use disorder education and assessment at all levels of the organization
- Outreach to Veterans Affairs to improve information sharing
- Changes to intake questionnaires to include questions about overdose history

# Questions?

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