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

OFR Overdose Fatality Review

Next-of-Kin Interviews

A Practitioner's Guide to Implementation

Acknowledgments

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Learn more about Overdose Fatality Reviews at **www.cossapresources.org**.

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Introduction

Introduction

Are Overdose Deaths Preventable?

Yes. Overdose deaths can be prevented with coordinated prevention strategies, timely implementation of evidence-based interventions, and community mobilization. An overdose fatality review (OFR) that includes next-of-kin (NOK) interviews is an effective strategy to prevent future overdoses.

What Is an Overdose Fatality Review?

The purpose of an OFR is to 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), encounters with law enforcement and the criminal justice system, treatment history, and other factors, including local conditions, to facilitate a deeper understanding of the missed opportunities for prevention and intervention that may have prevented an overdose death.

By implementing an OFR, jurisdictions begin to see patterns of need and opportunity, not only within specific agencies but across systems. Blending aggregate data and input from public health, public safety, providers, and the community, OFR teams develop program and policy recommendations to improve the coordination and collaboration between agencies and community conditions to prevent future overdose deaths.

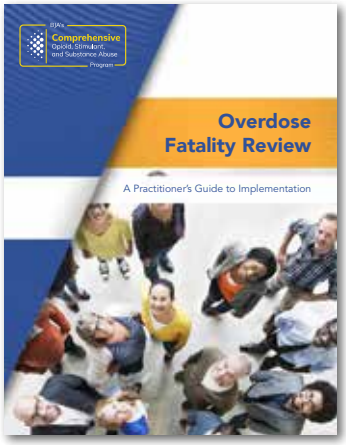
These recommendations are presented to a governing committee that supports and provides resources for implementation and a framework for accountability for action. Examples of successful recommendations include the integration of peer recovery specialists into new settings, targeted naloxone distribution, and improved coordination of public safety and public health.

Why Are NOK Interviews Needed?

A NOK interview is a tool OFRs can use to expand their understanding of the life experiences of a decedent and identify non-traditional touchpoints or systems that may not be represented by the OFR members. This information is used to identify community-specific prevention and intervention strategies.

Toolkit Design

This toolkit is a companion document to the *Overdose Fatality Review: A Practitioner's Guide to Implementation* and was created with the support of BJA, OJP, DOJ, and the CDC.



This toolkit provides readers with information needed to identify, conduct, and report on a NOK interview. The content draws on practice-based knowledge of conducting NOK interviews as part of the OFR. It is organized into seven modules and an appendix with a list of common phrases and definitions and resources.

> The goal of the interview is to collect information about the decedent's life to identify factors that contributed to a death to identify missed opportunities for prevention and intervention.

Modules

Module 1: Why Conduct a NOK Interview?

Module 2: Who Should Conduct a NOK Interview?

Module 3: When to Connect With NOK

Module 4: How to Conduct a NOK Interview

Module 5: Where to Store NOK Interview Data

Module 6: How to Use NOK Data

Module 7: Self-Care for NOK Interviewers

Overview

This overview provides background, scope, and definition on a NOK interview.

Background of a NOK Interview

A NOK interview provides an in-depth look at how someone lived, their social supports, and the circumstances that led to an overdose death.

The use of NOK interviews is not a novel practice. In fact, NOK interviews are often used to understand tragic deaths and are included in death reviews, such as domestic violence, maternal, child, suicide, and overdose.

A NOK interview that is combined with social media, obituary posts, and other data sources is often referred to as a social autopsy. A psychological autopsy is a postmortem procedure to reconstruct the proximate and distal causes of an individual's death by suicide or to determine the most likely manner of death where that manner of death is ambiguous and left undetermined by a medical examiner or coroner. (See https://suicidology.org/pact/.)

Scope of a NOK Interview

A NOK interview is conducted by a trained professional with a decedent's adult family member, friend, or loved one ideally in the 3 to 12 months following a fatal drug overdose death. The interview captures personal information about the decedent's life events and circumstances. The questions asked of the surviving individuals include mental health history, past suicide attempts, adverse childhood experiences, life stressors, relationship information, medical history, social conditions, and environmental conditions that affect health, function, and quality of life.

The NOK interview is not designed to be an interrogation or assign judgment or blame on any person or persons involved in the decedent's life or overdose death. It is not confrontational but a supportive conversation between the professional conducting the interview and the decedent's family member.

The interview is not a place to make assumptions or draw conclusions based on the family member's attitude, behavior, or emotional state.

If more than one individual would like to be interviewed, it is important to talk with them separately as personal information is being shared by interviewees that may not be known by all interviewees. If individuals insist on being interviewed at the same time, the NOK agency must determine what the best fit is to glean the necessary information in a cohort group discussion.

This toolkit is not designed to train individuals on how to do psychological autopsies for suicide deaths. The American Association of Suicidology (AAS) offers a psychological autopsy certification training course for those seeking to become certified psychological autopsy investigators. Visit the AAS website for more information: https://suicidology.org/pact/.

Module 1: Why Conduct a NOK Interview?

Why Conduct a NOK Interview?

Module 1

1A. Why Conduct a NOK Interview?

The purpose of the NOK interview as part of the OFR is to provide a comprehensive understanding of the overdose death and the decedent's life leading up to the death. Every decedent was a person with hopes, dreams, fears, friends, and families. The NOK interview focuses on the decedent as a human being and presents a different lens than agency records of an individual's life.

Since OFRs are unable to directly speak with the individual who has died, the next best thing is to garner the opinions and insights of family, friends, or loved ones to broaden the OFRs understanding of the decedent's life experiences. The interview deepens the understanding of factors that contributed to the overdose death. To explain the NOK interview process, there is a Sample Overview of NOK Interview One-Pager for partners and professionals in Appendix A.

1B. What Is the Value of NOK Interviews to OFRs?

OFRs vary in the amount and depth of information that is gathered and shared. Sometimes NOK data fills in gaps in the information provided by OFR members. For example, the OFR team may have access to the decedent's rehabilitation center records. These records may include basic demographics and brief histories of medical issues, behavioral health, education, and occupation. However, it does not include information that was not captured in the intake or assessments, such as sexual abuse, perceived stressors, traumatic brain injury, relationship issues, the decedent's satisfaction with the services, or what happened once the decedent was released from the rehabilitation center. A NOK interview can fill in the gaps missing from report sources.

Other times, the information gathered during the NOK interview validates the information provided by OFR members and their data sources.

Sometimes, the NOK interview information is so different from what is provided in medical records that it may cause more questions than answers. Regardless of this potential challenge, the NOK interview has great potential to provide a depth of information regarding the decedent's life prior to overdose, which cannot be found in any single record elsewhere.

1C. How Do NOK Interviews Help Identify Recommendations?

The decedent's experience with various systems and services are similar to others with substance use disorder and other mental health conditions.

When information from the NOK interview is shared and discussed between the OFR members during the case review, community needs and systems gaps that may have contributed to the overdose death become clearer. The OFR members can begin to identify strategies to address

these, resulting in improving the quality and effectiveness of services and systems.

1D. Why Do NOK Participate?

Families and friends are often left with little support after losing someone to an overdose. A key aspect of the NOK interview is to provide resources for support to the interviewee. Even if limited information is gathered about the decedent during the interview, establishing a connection with surviving family members, friends, or loved ones and offering resources for individuals to follow up with after the call are successes. Linking those interviewed to resources creates a safety net that may decrease intergenerational trauma and connect individuals to needed services.

In addition to resources, the NOK interview allows the NOK to reflect on their loss and speak about the decedent differently than they may feel comfortable with close relatives, friends, and acquaintances. Often after a short period of grieving, survivors feel like they need to stop talking about their loss. The NOK interview gives the NOK an opportunity to share their story and experience in detail without judgment. Most NOK want to process attempts to support the decedent, and this sometimes motivates them to seek additional support from a therapist/counselor/spiritual leader, etc.

Many NOK find the interview reassures them that people care about the decedent's life and death, and the information shared will help the OFR members identify missed opportunities for prevention and intervention and most likely will help prevent future overdose deaths. Individuals who participate in the NOK interview process may feel a sense of purpose in sharing their experience, potentially saving others similar heartache and loss.

1E. What Are the Limitations of NOK Interviews?

While there is great value in having the NOK perspective on the decedent's life and events leading up to the overdose, a NOK may have recall bias or response bias. Recall bias occurs when family members do not remember previous events or experiences accurately or omit details. The accuracy of a memory can be influenced by subsequent events or experiences and is not done intentionally or with malice. Family members may not share certain details due to the stigma associated with substance use. Because of the recall bias, OFR members should be aware that some of the information provided by the decedent's family members may not match with existing records shared by team members.

Dates can be especially difficult for NOK interviews to accurately provide, and so it is best practice to refer to the record dates provided by the OFR member report sources when available.

1F. What Are Some Considerations?

When contacted about the NOK interview, individuals face a difficult request. Some may not want to talk about their painful loss or "open up old wounds." Some may accept but not have much information because of the nature of their relationship with the decedent or choose not to answer or share what they do know because of their boundaries or comfort level.

The NOK interviewer needs to be prepared to explain to the NOK what is being asked, how the information will be stored, and how it will be shared with others to protect the confidentiality of the decedent and their family and friends. Please refer to the data management and security section for more information.

1G. Why Conduct a NOK Interview Resources

- Sample Overview of NOK Interview One-Pager

Module 2. Who Should Conduct a NOK Interview?

Who Should Conduct a NOK Interview?

Module 2

2A. Who Should Interview the NOK?

The type of professional who performs the NOK interview varies by jurisdiction based on the resources and personnel available.

The NOK interviewer should have training and skills in crisis intervention, including making assessments, navigating and de-escalating intense situations, and providing critical support. They should be familiar with addiction medicine, trauma treatment, bereavement counseling, substance use disorder, and the OFR process and goals.

The interviewer should be comfortable conducting the interview on the phone or in-person with NOK in a sensitive, impartial, and trauma-informed manner. The interviewer should also determine the NOK's needs and circumstances and connect them to appropriate bereavement and other services, such as mental health and substance use disorder treatment.

After completion of the interview, an individual must have the ability to prepare a well-written and organized report based on the interview conducted. The summary findings are presented by the NOK interviewer to the OFR team, and the information is entered into the OFR Data System.

The NOK interviewer holds a special position. Preferred qualities that support the process of capturing sensitive and comprehensive information include:

- Strong, active listener.
- Connects with individuals and establishes trust.
- Communicates clearly.
- Navigates uncomfortable or difficult conversations.
- Encourages open conversation.
- Reads body language and nonverbal cues.
- Empathetic.
- Establishes clear and reasonable boundaries and expectations.
- Detailed oriented.
- Strong and effective written and verbal communication skills.
- Organized and has time management skills.
- Culturally competent/humble and sensitive to diverse perspectives.
- Work collaboratively and independently.
- Professional.
- Practices and prioritizes self-care and effects of second-hand trauma.

2B. Agency Leads

Depending on the jurisdiction, funding source, and lead agency for the OFR team, the NOK interview hosting agency varies. For example, the hosting agency may be the local health department, the medical examiner or coroner's office, a hospice provider, or a community mental health center.

It is important that the agency supporting the NOK interviewer is a neutral agency, has a role in responding to the overdose epidemic, is seen by the community and family members as trustworthy, and is identified as an appropriate agency to share sensitive information with or receive a letter or phone call from. The NOK hosting agency should also be an active participating member of the OFR team.

2C. NOK Interviewer Position and Funding

The NOK interviewer not only spends their time interviewing individuals but also identifies NOK and attempts to connect with them to arrange an interview. Other responsibilities of the role include researching grief services in the area, knowing mental health and substance use disorder services in the area, connecting NOK to needed resources and supports, entering data into the OFR Data System, completing a written report, presenting report summary to the OFR, and answering questions about the NOK process and information. Even with all these necessary duties, the NOK interviewer in most jurisdictions is not a full-time position. Each jurisdiction needs to determine if a part or full-time position makes sense for the number of NOK interviews needed each year.

In addition to salary and benefits, for a NOK interviewer to be successful and supported, there needs to be funding to also cover some travel expenses, cell phone plan, and computer costs.

Jurisdictions interested in conducting NOK interviews should look toward existing partnerships and grant dollars to identify possible funding for a NOK interview position. Jurisdictions vary in the funding sources used to fund NOK interviews. Some examples include state funding and federal grant funds (Overdose Data to Action [OD2A]; Comprehensive Opioid, Stimulant, and Substance Abuse Program [COSSAP]; Substance Abuse and Mental Health Services Administration [SAMHSA]). Leveraging local dollars to support NOK interviews may be another possible funding option.

2D. Who Should Conduct a NOK Interview Resources

- Sample Interview Questions for NOK Interviewer Applicants
- Sample NOK Interviewer Job Description

Module 3. When to Connect With NOK

When to Connect With NOK

Module 3

3A. Who Is a Next of Kin?

For the purposes of the NOK interviews to enhance OFRs, the definition of NOK includes family, friends, significant others, roommates, and neighbors.

The definition used for NOK interview is not the same one used for legal matters, such as NOK consent authorizing the use or discloser of health information. (See link: https://www.cossapresources.org/Content/Documents/OFR/Sample_Next_of_Kin_Consent.pdf.)

3B. How to Identify NOK to Interview

NOK are identified in a variety of ways. Most often, NOK are identified during the death investigation process. This is because the medical examiner, coroner, or law enforcement agency communicates with NOK about the decedent's life, death, and funeral and burial arrangements.

NOK may also be identified from obituary information, other documents, or OFR members. Working with existing partnering agencies to identify who was on scene, or who would be a good candidate for an interview, is a great way to identify NOK to interview. For example, OFR members may recommend potential interviewees after receiving a list of decedents from the OFR coordinator. Another approach is to dedicate time during the OFR meeting for members to recommend possible individuals for the NOK interviewer to contact.

Decisions will need to be made when multiple NOK are identified about who to contact first. NOK interviews should be prioritized based on who is listed on the death certificate or knowledge of who was on scene.

Individuals who should **NOT** be contacted to conduct a NOK interview include:

- Minors (under 18 years of age).
- Individuals with known pending legal charges.
- Individuals known to be currently under investigation.
- Individuals with known violent crime histories.
- Individuals with known active substance use.

Some NOK may have been traumatized by the death, for example, a parent who discovered their child's body in their home. This information should be noted when making calls but not necessarily deter an interviewer from trying to make contact.

3C. When to Contact NOK

It is important to recognize that decedent's family, friends, and social connections are grieving the death of a family member, friend, or loved one. Because of this, first contact with the NOK should wait for at least three months after the death. In addition, no contact should be made, or interviews scheduled, on or close to special dates of the decedent, such as birthdays, anniversaries, holidays, and dates of death. Interviewers should not

schedule NOK interviews close to special dates of the decedent. For that reason, it is imperative to do research of significant dates before contacting a NOK.

3D. How Frequently to Contact NOK

If reaching out using letters or emails, limit the number of attempts to no more than three times. If using phone calls to make contact, limit the attempt to contact to no more than two times. Additionally, consider calling at different times throughout the day (e.g., once in the afternoon, once in the evening, etc.).

Depending on the rules governing the entities conducting NOK interviews and the resources available, multiple contact attempts may not be possible or warranted.

In some jurisdictions, initial contact is made within three months of the suspected overdose to introduce the interviewer, offer resources and support, and potentially conduct the interview. This process often results in multiple attempts in the months following the death before an interview is secured.

3E. How to Contact NOK

How the NOK is contacted can make a difference in their willingness to participate in the interview and their comfort in the process.

It may be beneficial to have the medical examiner's or coroner's office introduce the NOK process with a family member, friend, or loved one by sharing information about the NOK interview and the OFR team during the death investigation process. Sharing information helps eliminate the NOK interviewer needing to do a cold call introduction. (See Appendix C for sample.)

Many sites send an introductory letter to the NOK explaining the interview process and the purpose of the interview. (See Appendix C for sample.)

- If the NOK does not respond to the letter after 10 days, the interview may follow up with an email or a phone call.
- If the NOK does not respond to the email or phone call, follow up one more time, but no more.

If a family member declines an interview, the interviewer should be transparent about their next steps in connecting with a NOK for an interview, such as future attempts to reach another family member or having already left a message for another family member.

If a NOK declines or does not respond to attempts to be contacted, if time allows, the interviewer may reach out to other identified NOK.

3F. When to Connect With NOK Resources

- Sample Contact Letter
- Sample Contact Script
- Sample Medical Examiner/Coroner Letter
- Sample Unable-to-Contact Letter

Module 4. How to Conduct a NOK Interview

How to Conduct a NOK Interview

Module 4

4A. How to Get NOK Consent

The Legislative Analysis and Public Policy Association (LAPPA) published a one-pager on NOK and OFR (found in Appendix D) that outlines how health information known firsthand by a decedent's family, friends, NOK, or other loved ones is not subject to the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. § 290dd-2, or 42 C.F.R. Part 2. This is because these individuals are neither HIPAA-covered entities nor Part 2 programs. Therefore, the OFR team is free to speak with any of the decedent's family or friends without needing a release or consent form, and any information received by the team from a decedent's family or friends can and should be shared freely with the rest of the OFR team. For sites considering consent for medical and behavioral records, there is a template in Appendix D.

When conducting the interview, the interviewer should confirm they have the NOK's consent to record and/or take notes of the interview. Explain to the NOK that it is important to capture what is shared, how it will be securely stored, and how the data will be used. (See Appendix D for Sample Consent Form.) While it is important to document the conversation, keep note-taking brief, so the interview is therapeutic for the NOK, and they feel safe and comfortable sharing information.

Depending on the jurisdiction's or agency's rules and process regarding interviewing NOK, it may be advisable to speak with the NOK interviewer's host agency's legal authority and/or Institutional Review Board (IRB) before starting a NOK interview process.

Some jurisdictions and OFRs may want to get NOK consent to access records, such as behavioral health or medical records. Others may want to have the NOK consent to have the decedent's case confidentially reviewed by the OFR team. A sample NOK Consent to authorize use or disclosure of health information is available here: https://www.cossapresources.org/Content/Documents/OFR/Sample_Next_of_Kin_Consent.pdf.

4B. How to Prepare for a NOK Interview

All the time spent practicing and preparing will result in greater comfort by both the interviewer and the interviewee. This comfort will increase trust and result in a more calming experience for the NOK and may possibly result in them sharing more information about the decedent.

To prepare for the interview, the interviewer should spend time getting to know the decedent before the NOK interview by reviewing available information, such as an obituary, social media accounts, and important dates (birthdays, anniversaries, etc.). The interviewer should capture and understand the decedent's family member's names and relationships. By familiarizing oneself with the decedent's friends and family, the interviewer will have a richer context going into the interview and will

Cultural factors include race, ethnicity, language, national origin, tribal or clan affiliation, gender, age, education, literacy, socioeconomic status or class, sexual orientation, sexual identity, religious or spiritual beliefs, geographic or regional patterns, legal status, acculturation, and assimilation.

create a more fluid conversation with the individual being interviewed.

The interviewer needs to identify any cultural considerations of the decedent.

The interviewer should review the interview questions and OFR Data System variables. The more the interviewer reviews and practices the questions, the smoother the interview will be. The more familiar the interviewer is with the questions, the less time is spent referring to the actual interview document. Practicing reading the questions out loud can increase the interviewer's confidence and competence.

On the day of the interview, the interviewer should make sure they have all the materials needed to conduct the interview (such as a notebook, pens, recorder, tissues, etc.). See Appendix D for a Sample Checklist of What to Take to an Interview.

4C. What Questions to Ask

The interview will consist of open-ended questions to allow the NOK to share their understanding of the decedent's life and experiences. Some key components that will be covered in a typical NOK interview include the decedent's:

- Childhood and upbringing.
- Relationships with family and friends.
- Education and work experience.
- Physical, mental health, and substance use history.
- Criminal justice involvement.
- Stressors and trauma history.

The interviewer should ask easy-to-understand questions in a well-organized manner to allow the NOK to tell the story they want to share. The interviewer can ask clarifying questions as needed to ensure understanding while limiting the number of closed "yes or no" type questions.

Sample NOK Questions are available in Appendix D.

4D. How Long Does the NOK Interview Take?

The length of the interview varies. On average, the duration of a NOK interview is about an hour. If there is a lot of information to go over, the interview can be as long as two hours.

The length of the NOK interview will be affected by how much information the NOK is willing and able to share. Some NOK feel comfortable elaborating on events in great detail or have stories about the decedent they wish to share. Others are more private and/or do not recall much information.

Six Key Principles of a Trauma-Informed Approach

1. **Safety**
2. **Trustworthiness and transparency**
3. **Peer support**
4. **Collaboration and mutuality**
5. **Empowerment, voice, and choice**
6. **Cultural, historical, and gender issues**

The amount a person remembers can vary greatly and is impacted by relationship dynamics; the NOK's own experiences; health, mental health, and substance concerns; and how aware they may have been about relevant issues. For example, many NOK report being ill-informed of the signs of substance use or mental health struggles; therefore, they were limited in their ability to intervene proactively. Sometimes decedents were estranged from family and friends for long periods of time, making it difficult for the NOK to account for the decedent's experiences during those times.

4F. How to Support the NOK

When conducting a NOK interview, focus on the tone of your voice and building rapport. An interviewee who senses genuine care and empathy by the interviewer will be more likely to manage difficult or sensitive questions, such as traumatic events and treatment stays. The interviewer should approach the interview in a conversational tone and maintain a supportive interaction throughout the interview.

Consider using SAMHSA's *Concept of Trauma and Guidance for a Trauma-Informed Approach* to learn more about trauma-informed engagement.

Recent research has revealed that trauma can be stored in the individual's body and culture, and the trauma can be passed down from one generation to another and can affect those born long after the trauma occurred. This concept is referred to as transgenerational trauma and epigenetics.

Due to the nature of intergenerational trauma and its long-lasting impacts, there needs to be special consideration for the NOK being interviewed. Identifying and providing resources and support information throughout the engagement with a NOK is a key component of the interview.

After the interview, resources should be made available to the NOK. Resources can include information about local area hospice providers, treatment providers, grief support groups, the national suicide prevention lifeline, warm support lines, and other helplines. The interviewer should always assume the NOK is still moving through the grief process and may still need resources. See Appendix D for Sample Bereavement/Grief Resources.

4G. Where to Conduct a NOK Interview

The interviewer and interviewee should discuss and decide on a location for the interviewer. The NOK should determine where they would feel most comfortable doing an in-person interview. Some possible locations for a semipublic space include a park or outdoor location, library, coffee shop, hospice room, etc. Do not encourage meeting at a place of residence or somewhere the interviewer is unfamiliar or feels unsafe.

If the NOK does not feel comfortable meeting in person, a phone call or web-based call (e.g., Microsoft Teams, Zoom Video Communications, Webex by Cisco) should be offered. The interviewer should ensure the NOK has social support available during and after the interview.

4H. How to Structure a NOK Interview

It is the responsibility of the interviewer to make sure the NOK feels safe and comfortable.

Before the interview begins, the interviewer should remind the NOK about what to expect (how long the interview will take, what type of questions will be asked, etc.).

The interviewer will begin the conversation by establishing comfort and connection with the NOK. The interviewer can check in with the NOK by asking how they are doing and ensure that the NOK is ready to talk about their loss. This can be a good time to also identify key support persons for the NOK to contact if the individual needs additional support throughout the grief process, as well as an emergency crisis contact and their contact information.

Once the interviewer feels like they have built rapport and created a safe space for the NOK, the interviewer can invite the NOK to talk about the decedent. The decedent should be referred to by their name throughout the interview.

During the interview, the interviewer should remind the NOK that the purpose of the interview is to get a better understanding of the decedent's life to prevent future overdose deaths. The interviewer may ask the NOK what they think—if done or done differently—may have prevented the decedent's death, what they would want the OFR to know about the decedent, and any possible recommendations to prevent future overdose deaths.

The interviewer should not express any personal opinions or feelings. The interviewer must remain calm and non-threatening throughout the entire interview to set the family member at ease and not add any stress and/or emotion. The interviewer should always be sympathetic to the situation and have tissues at hand for the interviewer.

During the interview, the NOK should be doing most of the talking, and the interviewer should be a good listener and use reflective listening to engage. The interviewer should start with easier questions about the decedent, such as demographic questions, and slowly ease into more sensitive or difficult questions.

See Appendix D for a Sample Interview Script.

4I. How to Manage Difficult Questions

The questions in the NOK tool are designed to avoid offending or alarming the family member, friend, or loved one answering, but some of the questions might be difficult for the NOK to answer and share. It is important to navigate difficult conversations with grace and empathy. The interviewer should embrace silence or pauses and fight the urge to fill the silence.

It may be helpful for the interviewer to remind the NOK that:

- Everyone interviewed is asked the same set of questions.
- The interviewer is interested in getting to know the decedent, not how they died.
- Any question can be skipped or not answered.
- As many breaks can be taken as needed.
- The interview can be stopped at any time.

A question that can sometimes be challenging for a NOK to answer is one that relates to sexuality. The NOK may respond, "Why do you want to know this? Of course, he was straight!" A proper, non-emotional response may be, "I ask every person that question. It is fine if you prefer to not answer." The interviewer should address this by reminding the interviewer that every NOK is asked the same set of questions, and these questions are not designed to offend.

4J. How to Support a NOK in Crisis

One of the responsibilities of the interviewer is to provide resource and support group information to the family member. Some NOK may need more than resource and support group information. The interviewer needs to be able to identify warning signs and risk factors and know what situations and issues require immediate action or a higher level of care.

In the event that the NOK interviewed needs a higher level of care, a crisis protocol should be followed. An effective crisis protocol is clearly written with specific guidance on what to say or do in a crisis. The interviewer and the NOK may need to contact the NOK emergency support person identified at the start of the interview.

See Appendix D for Sample Crisis Response Protocol.

4K. How to Conclude a NOK Interview

After all the questions have been reviewed and answered, the interview can be wrapped up by asking if the NOK has anything they would like to share or add about the decedent. If it has not been brought up yet, the interviewer can ask if the NOK has any recommendations for preventing future overdose deaths that they would like to share with the OFR team.

The interviewer should thank the NOK for their time and for sharing. Let the NOK know that if they think of anything else, the individual can call or email the interviewer.

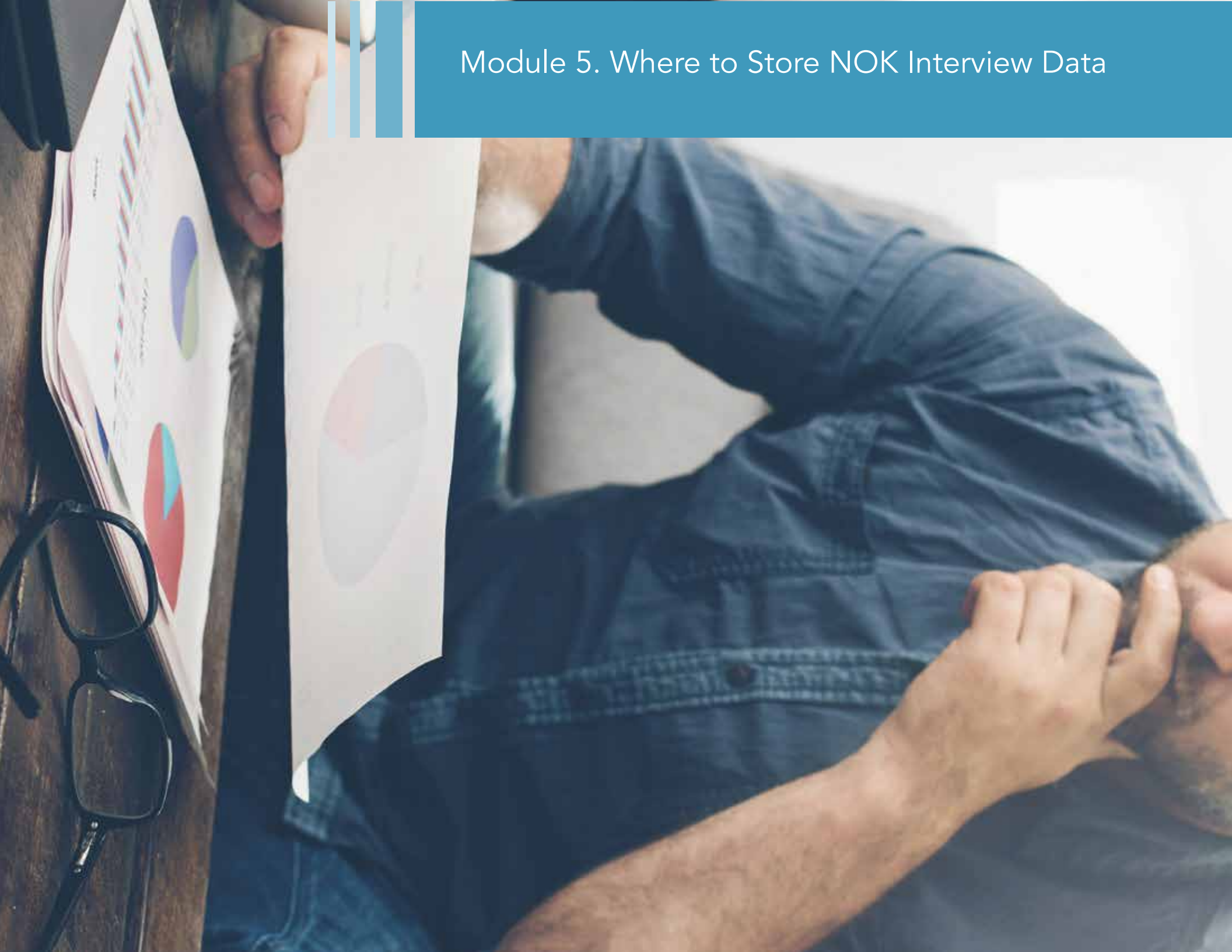
Remind the NOK that the information shared will help the OFR and others to develop and implement strategies to prevent future overdose deaths.

Wrap up the interview by providing resources and support information to the NOK. (See Appendix D for sample leave-behind resources and the Sample Thank You Card).

4L: How to Conduct a NOK Interview Resources

- Sample Bereavement/Grief Resources
- Sample Checklist of What to Take to an Interview
- Sample Consent Form
- Sample Crisis Response Protocol
- Sample NOK Questions
- Sample NOK Consent One-Pager and Template From LAPPA
- Sample Thank You Card
- Utah Bereavement Card
- Utah Leave-Behind QR Card

Module 5. Where to Store NOK Interview Data



Where to Store NOK Interview Data

Module 5

5A. How to Manage NOK Data

The interviewer will want to use the sample questions and the OFR NOK Data System Module to collect the information. The NOK data needs to be collected, stored, summarized, and shared, also known as data management. There needs to be a data management plan. A NOK data management plan template is available. (See Appendix D for Sample Consent Form.)

A data management plan should include and consider the following:

- How will NOK data security be maintained?
- How will NOK data be collected?
- Where will NOK data be stored?
- How will NOK data be shared?
- How long will NOK data be retained?

Other data management tips include the following:

- Stay organized, and use standardized naming conventions and cataloging.
- Safeguard data by backing it up.
- Create a data dictionary for immediate and future use.
- Use a data management tool, such as the OFR Data System.

Tip: To learn more about how to collect, store, and share data, refer to "Module 4. Collect Your OFR Data" in the *Overdose Fatality Review: A Practitioner's Guide to Implementation*. **https://www.cossapresources.org/Content/Documents/Articles/Overdose_Fatality_Review_Practitioners_Guide.pdf#page=32.**

5B. How Will NOK Data Security Be Maintained?

Federal and state privacy laws will dictate how data are managed. It is imperative that jurisdictions understand and adhere to HIPAA, the Family Educational Rights and Privacy Act (FERPA), and 42 CFR Part 2 in addition to the confidentiality policies of other government-private institutions that serve children and other vulnerable populations to protect decedent information.

Local jurisdictions should also understand different types of data (i.e., protected health information, limited data, and de-identified) and how these should be protected.

5C. How Will NOK Data Be Collected?

The interviewer will want to develop a data collection tool that best meets their needs. Many jurisdictions record the interview and document the interview data using paper and pen or typing in an electronic form. Before recording

the interview, verbal consent should be given. See Appendix D for Sample Consent.

5D. How Will NOK Data Be Stored?

The NOK data includes more than just the interview notes. Additional data include consent forms and materials collected in preparation for the interview, such as decedent information and other NOK names and contact information.

All associated information, data, and forms should be stored in a secure location with controlled access and should adhere to federal, state, and institutional policies and recommendations.

For example, paper documents including private health information should be stored in a locked file cabinet when not in use. Only authorized individuals should have access to this information.

Digital files containing protected health information could, for example, be stored on a secure networked drive and be password protected.

Other storage locations to consider and understand related security policies and requirements include:

- Desktops/laptops.
- Encrypted external hard drives.
- Cloud storage.

The NOK data can be captured and organized using the NOK Module of the OFR Data System. The OFR Data System was developed to assist in collecting and managing data consistently across the country. The OFR Data System also collects information about the decedent, the community in which the decedent lived, and any recommendations identified by the OFR.

The OFR Data System is a REDCap database. REDCap is widely used in the field for collecting, storing, and managing NOK data. REDCap is a secure web application for building and managing online surveys and databases.

The OFR Data System should be stored and secured at a neutral agency. To learn more and access the OFR Data System, visit https://www.cossapresources.org/Tools/OFR.

5E. How Will NOK Data Be Shared?

The NOK interview data are often shared internally and externally prior to OFR meetings. Prior to sharing this information with the OFR members, data sharing agreements (DSA) should be signed. DSA are formal agreements that detail what data are included and how these data should be used. DSA provide protection against data misuse and outline other important steps for safeguarding data, such as data transfer. DSA are signed by the senior leadership of each participating agency/member (including any one-time members) that outline the responsibilities of each party.

A confidentiality agreement needs to be signed by members at the beginning of each review. This agreement is at the person/participant level and includes the objectives of the OFR. It prohibits the dissemination of information beyond the purpose of the review.

In addition to understanding federal and state laws around OFRs and signing DSA and confidentiality agreements, there are other steps needed to maintain confidentiality. It is recommended that you create a data-sharing protocol for the distribution of case information and record-keeping expectations.

Jurisdictions should know and follow organizational policies for secure data transfer. Alternatively, it is important to know when data does need to be protected. For example, some organizations may not require additional safeguards for transferring de-identified data.

To find sample confidentiality forms and data sharing agreements, refer to "Module 4. Collect Your OFR Data" in the *Overdose Fatality Review: A Practitioner's Guide to Implementation*. https://www.cossapresources.org/Content/Documents/Articles/Overdose_Fatality_Review_Practitioners_Guide.pdf#page=32.

5F. How Long Will NOK Data Be Retained?

Decisions will need to be made about how long data will be retained. Will data be destroyed or accessible long-term? How will the data be destroyed? Who will manage the data long-term?

Refer to the agency's record retention policy—what types of documents need to be retained and for what length of time.

5G. Storing NOK Data Resources

- NOK Data Management Plan Template

Module 6. How to Use NOK Interview Data

How to Use NOK Interview Data

Module 6

6A. How to Present NOK Interview Data

The NOK interview information is a key part of the OFR case review process. The NOK data should be presented in a succinct manner. The interviewer should present the information using person-first language. Person-first language is a way to place personhood before any additional labels and is respectful of the person who died. Examples of person-first language include saying "a person with a substance use disorder" instead of "addict" or "junkie" or saying "a person who died by suicide" instead of "committed suicide."

The interviewer will want to touch base with the OFR facilitator to understand how and when the OFR team wants the information to be shared and presented during the OFR meeting with the members. How OFR teams want the NOK information shared varies. Some want the information presented as a written summary, others like a verbal report out, and some want a timeline series.

The NOK interview information may be shared at the beginning or end of the case review. It is up to the preference of the larger OFR team. Even if some information learned in the interview process contradicts the OFR member's report outs or records, the interviewer should still share the NOK information.

6B. How to Present a Timeline

Timelines are a graphical representation of key events across a time period that are presented in chronological order. Timelines are a useful tool for communicating information from NOK interviews, because they allow audiences to visualize significant events or circumstances that occurred across the decedent's lifespan. Information is communicated in an organized and concise manner, making complicated information more digestible. Providing a clear timeline of events also allows for the identification of missing information. Timelines may be most effective when coupled with other reporting methods, such as narratives.

Summarizing key case information and displaying significant life events and interactions with services on a timeline can assist with identifying gaps in services or missed opportunities for prevention or intervention.

Several timeline software tools are utilized in the field, including Office Timeline. Office Timeline is a PowerPoint extension that allows users to develop timelines, Gantt charts, and roadmaps in the widely used Microsoft Office PowerPoint software. There are different versions, including a free-desktop add-in version, which includes professional-looking templates.

Sample timelines are available in the document "Overdose Fatality Review Timeline Displays: Samples From the Field." (See https://www.cossapresources.org/Content/Documents/OFR/OFR_Timeline_Samples.pdf.)

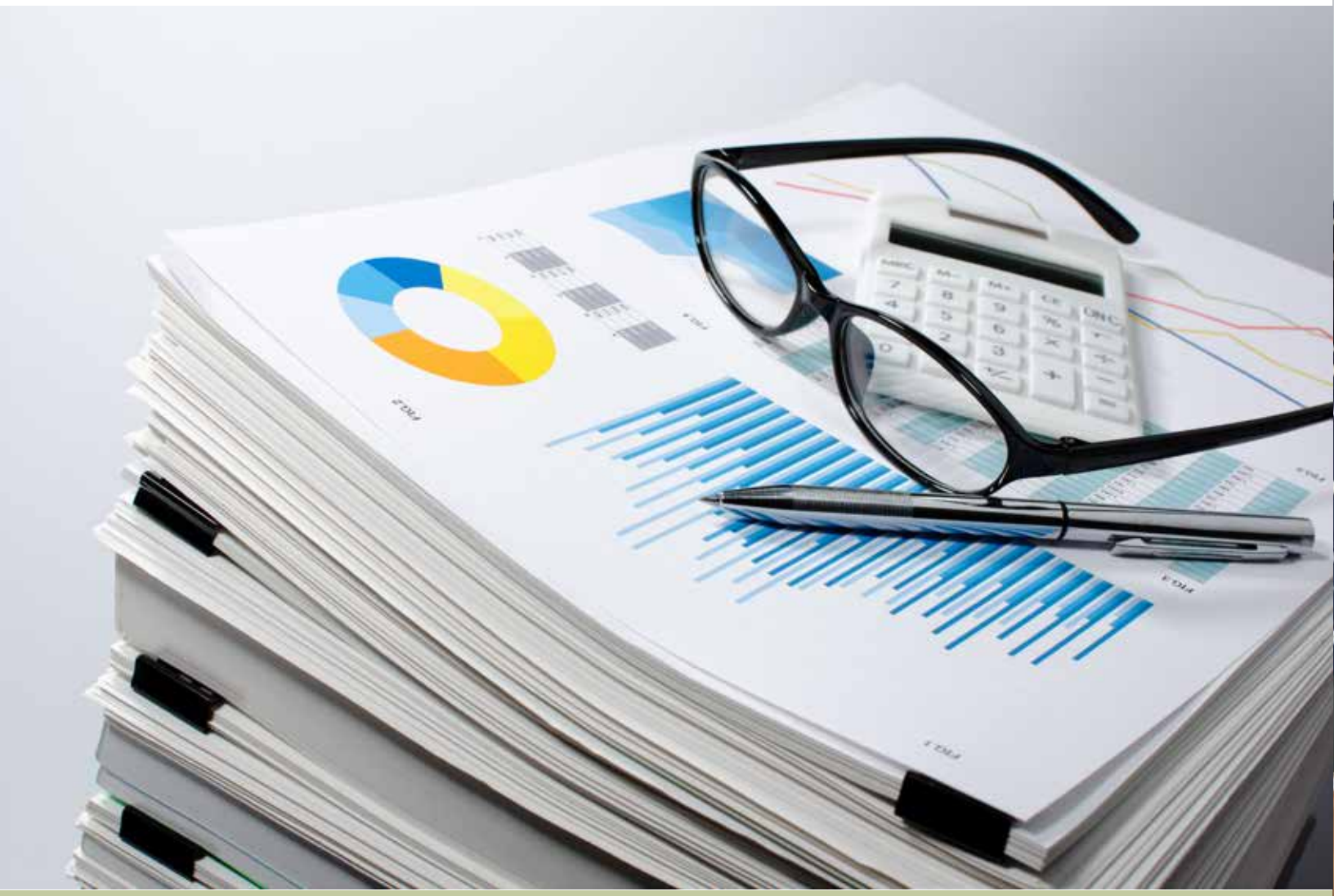
6C. Why the NOK Story Matters

Though information from the NOK interview can be reported in various ways, the use of narrative to convey the story collected from NOK is particularly compelling. More important than any single data point, the stories of the decedent and the NOK provide a holistic account of the time leading up to the death and may reveal missing pieces of a critical timeline, support for theoretical perspectives, and more specific recommendations than might otherwise be possible without this history.

NOK narrative reports preserve a degree of humanity that may be lost in more simplified reporting styles and may also aid in the process of buy-in and proof of concept of the NOK interview itself as part of the OFR.

6D. Using NOK Interview Data Resources

- Sample Narrative Reporting Tool



Module 7. Self-Care for NOK Interviewers

Self-Care for NOK Interviewers

Module 7

7A. What Is Self-Care?

The World Health Organization (WHO) defines self-care as "the ability of individuals, families, and communities to promote health, prevent disease, maintain health, and cope with illness and disability with or without the support of a healthcare provider." (WHO | What do we mean by self-care?)

Self-care is a broad concept that encompasses:

- Hygiene (general and personal).
- Nutrition (type and quality of food eaten).
- Lifestyle (sporting activities, leisure, etc.).
- Environmental factors (living conditions, social habits, etc.).
- Socioeconomic factors (income level, cultural beliefs, etc.).

Fundamental principles for self-care include aspects of the individual (e.g., self-reliance, empowerment, autonomy, personal responsibility, self-efficacy) as well as the greater community (e.g., community participation, community involvement, community empowerment).

7B. Why Is Self-Care Important?

The NOK interviewer may experience psychological effects from repeated exposure to trauma during interviews, resulting in compassion fatigue, secondary trauma, vicarious trauma, and burnout if not prevented.

Compassion Fatigue

Compassion fatigue is the emotional strain of working with those suffering from the consequences of traumatic events. The NOK interviewer may experience compassion fatigue as a result of encountering repeated overdose cases (The American Institute of Stress, https://www.stress.org/military/for-practitionersleaders/compassion-fatigue).

Secondary Trauma

Secondary trauma is the emotional and psychological impact when an individual hears about the firsthand trauma experiences of another. The NOK interviewer can experience secondary trauma if not adequately processed and debriefed (The National Child Traumatic Stress Network, https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress/).

Burnout

Burnout is physical and mental exhaustion caused by a depleted ability to cope and deal with everyday life. Preventing and/or repairing burnout is the responsibility of individuals and systems around the individual as well as the individual experiencing burnout (World Health Organization, https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases).

Vicarious Trauma

Vicarious trauma is the change in mental and emotional wellbeing as a result of processing the traumatic experiences of another. Vicarious trauma can be thought of as the worsening of compassion fatigue when aspects of secondary trauma and burnout go unchecked and create potentially long-lasting and fundamental changes within an individual. Unfortunately, those with vicarious trauma may feel the need to end their work altogether or may suffer from complex mental health concerns as a result of these changes (SAMHSA, https://www.samhsa.gov/trauma-violence).

7C. How to Practice Self-Care

Self-care should not just be completed when the interviewer is feeling emotional stress. Instead, it should be embedded in day-to-day routines. **While every individual may have their own self-care regiments, ensuring proper rest, nutrition, exercise, and stress reduction activities is vital to reducing burnout and stress levels. Some additional ways to practice self-care include:**

1. Take some time away from your desk each day to move your body. This is especially helpful after difficult and emotional calls or data entry tasks that may feel draining.
2. Meditate daily for just a few minutes to build your mindful muscles. Check-in with yourself often throughout the day about how you are feeling and if there are any unmet needs you can fulfill.
3. Stay hydrated and regularly eat healthy, nourishing food.
4. Ask for help. Communicate with others when you need help or if the workload and nature of the tasks are becoming difficult. If you are having trouble letting go of difficult emotions regarding the work, consult with a supervisor or designated helper, such as a therapist or chaplain.
5. Consider a gratitude journal. Practice recording your thoughts and feelings. If you feel comfortable, bring this into your therapy or supervision time.

Common Self-Care Strategies

- **Schedule breaks throughout the day.**
- **Engage in hobbies.**
- **Learn to say "no."**
- **Nurture relationships with friends and family.**
- **Exercise routinely.**
- **Eat healthy.**
- **Drink water.**
- **Laugh and use humor.**
- **Practice meditation and yoga.**
- **Read.**
- **Take a vacation.**
- **Engage in positive self-talk.**
- **Know your warning signs and triggers.**
- **Find a peer you can relate and reflect with that you trust.**
- **Engage in personal psychotherapy.**

6. Make time each day to do something you enjoy.
7. Set strong boundaries around your work, such as limiting your hours or the number of interviews you conduct in a day.
8. Check in with friends and family as desired throughout the week. Make sure you also spend enough time by yourself to recharge.
9. Make daily to-do lists manageable. Prioritize the tasks that are the most important and keep things simple. Communicate with others about deadlines as needed to make your workload manageable.
10. Remind yourself of the mission of the work and the impact of the overall project. Even one contact with NOK can alter their understanding of available resources or their willingness to seek further help.

7D. How Can Employers Support Self-Care?

The employer plays an important role in supporting the NOK interviewer's self-care. Some examples include the following:

Create Private Space

- Allow the interviewer, if preferred, to work from home whenever possible. A home setting can often provide more privacy than in most available workspaces.
- Identify private spaces, such as a conference room or closed office, that can be reserved for interviews if working from home is not possible or when the interviewer is expected to work in an office around others.

Support Flexible Work Time

- Allow and encourage interviewers to flex their work time around needed appointments that directly contribute to their self-care and work/life balance.
- Consider the possibility of interviews occurring outside of regular business hours, and allow flexibility in scheduling work time as appropriate.

Diversify the Workload

- Have the workload include balance, breaking up administrative tasks, and conducting interviews. For example, if two interviews were held one day, consider the next day focusing on documentation and/or less intensive tasks.

Provide Debriefing Opportunities

- Ensure interviewers have a mechanism for talking through the personal impact of the work by providing supervision or regular opportunities to debrief.

It is important for the NOK interviewers' administrators, supervisors, and colleagues to be educated on signs and symptoms of the psychological effects of repeated exposure to trauma during interviews, such as compassion fatigue, secondary trauma, vicarious trauma, and burnout. There should be processes and practices in place to combat compassion fatigue, trauma, and burnout of the NOK interviewer.

Maintaining healthy habits for the physical, mental, emotional, spiritual, and social self should be encouraged and supported by the employer in ways that make sense for both. This might allow for autonomy in scheduling and completing the work of interviews and their subsequent follow-up within reasonable deadlines and being flexible with time away from work or work setting.

Conducting NOK interviews requires a high level of concentration and emotional endurance and relies on tenuous relationship-building with families in many cases where rapport is established quickly. Considering this, all efforts should be made to support the privacy and comfort of the interviewers' environments.

Programs may consider using "The Vicarious Trauma Toolkit" (U.S. Office of Justice Programs, Office for Victims of Crime) to address and prevent secondary trauma. (See https://ovc.ojp.gov/program/vtt/what-is-vicarious-trauma.)

7E. How to Identify When Self-Care Is Needed

Listening to traumatic stories may result in an emotional toll on the NOK interviewer. It is important for the interviewer to be able to recognize when they need to take a step back and do more intentional self-care. Some warning signs that an individual may need more self-care include getting sick more frequently, increased moodiness, manifestations of physical symptoms, feelings of emotional exhaustion or depersonalization, and feelings of isolation or depression.

7F. When to Reach Out for Professional Help

If the interviewer ever feels an inability to cope for a prolonged period of time, they should reach out to a psychosocial professional (counselor, therapist, etc.) for help.

Warning signs that an individual needs the help of a professional include:

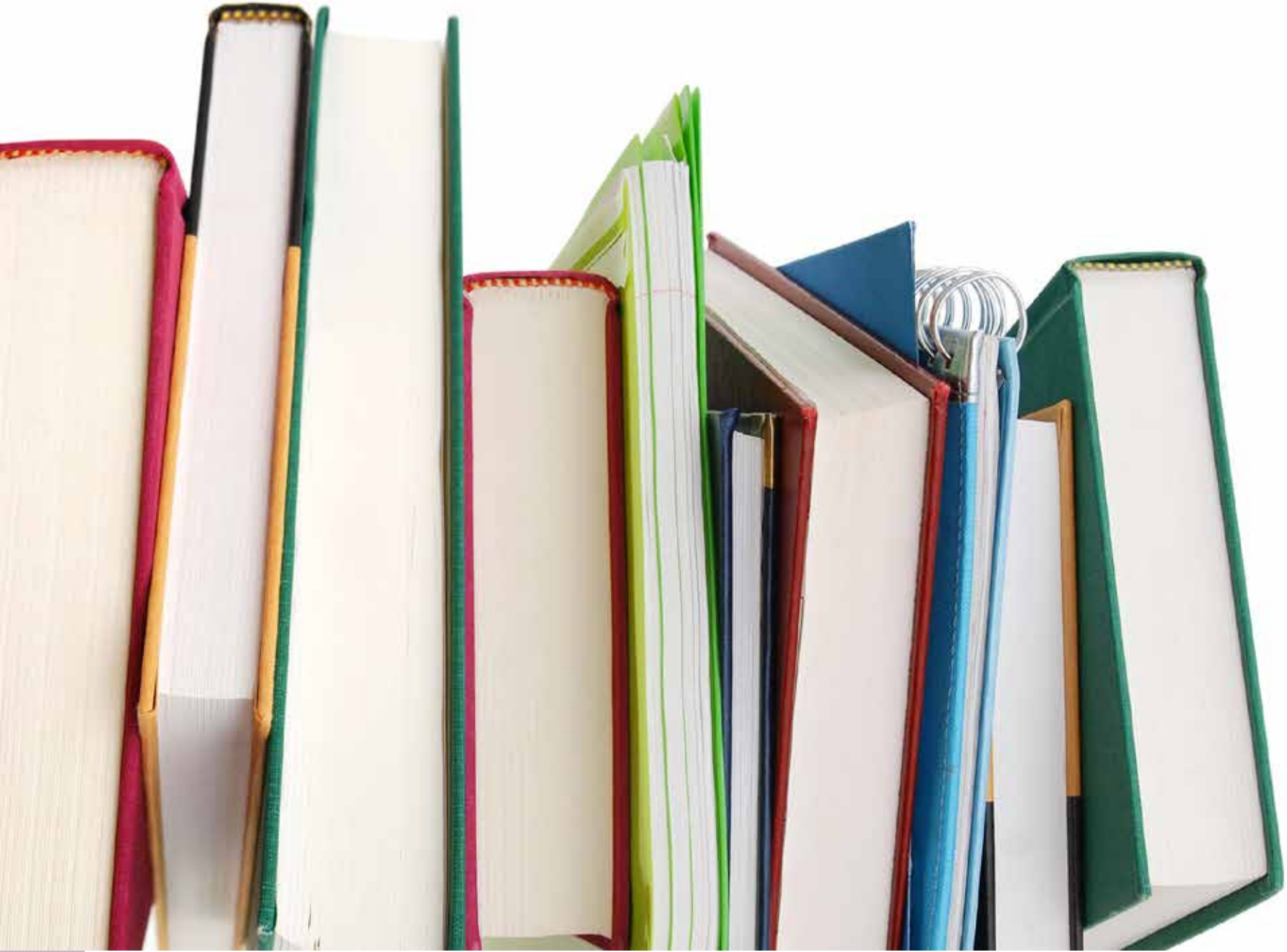
- Feeling hopeless.
- Irritability.
- Increased conflicts with others.
- Isolation from loved ones.
- Sudden mood changes.
- Using alcohol or other drugs.
- Poor eating.
- Interrupted or disrupted sleep.
- Neglect of personal hygiene.
- Poor concentration.
- Decreased performance.

If a person is experiencing a psychological crisis, contact help immediately.

7G. Practicing Self-Care Resources

- Sample Self-Care Assessment

Appendices



Appendix A

Resources for Module 1: Why Conduct a NOK Interview?

Sample Overview of NOK Interview One-Pager

What Is an Overdose Fatality Review (OFR)?

The purpose of an OFR is to 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), encounters with law enforcement and the criminal justice system, treatment history, and other factors, including local conditions, to facilitate a deeper understanding of the missed opportunities for prevention and intervention that may have prevented an overdose death.

By conducting a series of OFRs, jurisdictions begin to see patterns of need and opportunity, not only within specific agencies but across systems. Blending aggregate data and input from public health, public safety, providers, and the community, OFR teams develop program and policy recommendations to improve coordination and collaboration among agencies and community conditions to prevent future overdose deaths.

Why Conduct a Next-of-Kin (NOK) Interview?

The purpose of the NOK interview as part of the OFR is to provide a comprehensive understanding of the overdose death and decedent's life leading up to the death. Every decedent was a person with hopes, dreams, fears, friends, and family. The interview deepens the understanding of life experiences and factors that contributed to the overdose death.

What Is the Value of NOK Interviews to OFRs?

OFRs vary in the amount and depth of information that is gathered and shared.

Sometimes NOK data fills in gaps in the information provided by OFR team members. For example, the OFR team may have access to the decedent's rehabilitation center's records, but the records only contain limited information. A NOK can add information to fill in gaps or layer context to a decedent's life experience. For example, a NOK might be privy to knowledge about previous sexual abuse, perceived stressors, traumatic brain injury, relationship issues, barriers to accessing care, or what occurred post-release from services.

Why Are NOK Interviews Needed?

A NOK interview is a tool OFRs can use to expand their understanding of a decedent's life experiences and identify non-traditional touchpoints or systems that may not be represented by the OFR team members. This information is used to identify community-specific prevention and intervention strategies.

Appendix B

Resources for Module 2: Who Should Conduct a NOK Interview?

Sample Interview Questions for NOK Interviewer Applicants

1. What is your experience working with families who have experienced trauma and grief? What is your experience with individuals with a mental health diagnosis or a substance use disorder?
2. Describe your comfort level with cold-calling individuals and meeting individuals outside of the office setting.
3. Tell me about a time when you had a difficult conversation and how you handled it.
4. How would you handle it if an interviewee had an outburst in response to your question? What techniques would you use in crisis intervention?
5. If an interviewee needs a referral to a community resource, how do you plan to identify and locate the right resource and ensure access?
6. What are your interpersonal skills and ability to read body language?
7. How do you establish boundaries between yourself and clients?
8. This position will expose you to a lot of secondhand trauma. How do you plan to care for yourself and ensure your mental well-being? How would you ask for help if you needed support from your supervisor or colleagues?
9. What do you consider to be your greatest strengths and weaknesses?
10. Why are you interested in this specific role?

Sample NOK Interviewer Job Description

Purpose

To perform follow-up in-depth next-of-kin (NOK) interviews with family members, friends, or acquaintances of individuals who have died from an accidental drug overdose. Each NOK interview will be transcribed into a comprehensive narrative that will be provided to the XXX Overdose Fatality Review (OFR) team, a multidisciplinary team that reviews the factors and circumstances leading to fatal overdoses in the county and identifies opportunities to prevent future overdoses. The circumstances and personal history learned from the NOK interview will be shared in order to enrich the review process.

Primary Functions

- Identify and connect with individuals who potentially will be selected for a NOK interview using the designated policies and procedures.
- Coordinate and conduct interviews with family members, friends, and loved ones or those identified who have lost someone to a drug overdose.
- Support families throughout the NOK process and connect them with relevant resources.
- Develop grief and bereavement support materials and resources for interviewees and surviving family members.
- Transcribe notes or audio recordings of NOK interviews in a clear, succinct narrative to be shared with the OFR team.
- Attend the OFR team meeting to present the NOK narrative and recommendations from the interview.
- Answer questions from the OFR team about the NOK interview and process as needed.
- Utilize the NOK section in the OFR Data System to track case data.
- Develop and maintain relationships with participating agencies on the OFR team to facilitate information sharing and connection to the families.
- Create resources and materials about the NOK process to be shared with community partners and agencies to educate about the NOK process.
- Collaborate with the coroner/medical examiner's office to identify suitable individuals to interview.

Knowledge/Skills/Abilities

- Ability to actively listen, ask pertinent questions, and establish trust with those interviewed.
- Ability to empathize and identify with interviewees' needs and circumstances.
- Strong emotional intelligence to interpret individuals' tone and nonverbal cues.
- Ability to navigate difficult conversations with a trauma-informed perspective.
- Ability to practice cultural competency and sensitivity to diverse perspectives.
- Skills in crisis interventions, including making assessments, navigating and deescalating a situation, and providing critical support.
- Skills in establishing boundaries to set reasonable expectations and maintain professionalism.
- Ability to conduct phone and in-person interviews with relatives, friends, or associates of drug overdose decedents in a sensitive, impartial manner.
- Ability to take detailed notes and prepare well-written, well-organized reports based on individual phone and in-person interviews.
- Strong and effective written and verbal communication skills.
- Strong organizational and time-management skills.
- Ability to adhere to data privacy and confidentiality requirements.
- Ability to identify and prioritize self-care and understand secondhand trauma.
- Baseline knowledge of or willingness to learn about substance use disorder and the importance of non-stigmatizing language.
- Baseline understanding of the OFR process and goals.
- Awareness of current events and policy matters pertaining to healthcare, behavioral health, and substance use.

Organizational Structure

- Reports to (Title): Determined by the site
- Collaborates with (Titles): Determined by the site

Specifications

- Minimum Required Education: Determined by the site
- Minimum Required Experience: Determined by the site
- Preferred Education: Determined by the site
- Preferred Experience: Determined by the site
- Background Check: The individual hired for this position may require a full field background investigation. Continued employment would be contingent upon the successful adjudication of the results of this investigation.

Appendix C

Resources for Module 3: When to Conduct a NOK Interview

Sample Contact Letter

Dear [next of kin's (NOK) name]:

We wish to express our sincerest condolences for your loss of [decedent's name]. The [Agency/Organization] office is conducting an overdose fatality review with the goal of better understanding substance use disorder in our community and learning how we can work together to prevent future overdoses.

You were identified through [information we obtained from NOK or emergency health contacts] after the death of [decedent name]. As part of our review, we wish to listen to your story and find ways to help understand why mental health-related deaths happen, how to prevent them, and how to respond better. We understand that family members and friends can provide us with information we cannot otherwise get about [first name of decedent], such as his/her life experiences, his/her access to resources, his/her life stressors, and what might have helped. This narrative is vital to better understand what services, resources, and support [state/agency] could better offer to individuals.

If you voluntarily agree to participate, we will meet with you and ask you questions about [decedent name], including questions about health, family, and use of providers and social services. The interview can take place by phone, in a Web-based call, or in a quiet place of your choosing where you are comfortable, and it can be scheduled at a time that is suitable for you. Your personal information (name, contact information, relationship to [decedent's name]) will never be shared with members of the overdose fatality review team.

We would very much appreciate your call if you decide to learn more about participation in this interview. Please contact us using the information listed below with any questions or to schedule an interview. We also plan to reach out to you at a future date to set up the interview. If you do not want to participate, please let us know.

Thank you for your time. Again, we are so sorry for your loss.

Sincerely,

[Name of NOK interviewer]

[Contact information]

Sample Contact Script

Hello, may I speak with [next of kin's (NOK) name]? (If the NOK is not the person who answers the phone, confirm who they are when they come to the phone). Hello, am I speaking with [NOK's name]?

This is [interviewer's name] with the [organization name] office. I am a member of the [overdose fatality review team's name]. We wish to express our sincerest condolences for your loss of [decedent's name]. Losing someone to overdose is painful. So, I am calling to see how you're holding up and was wondering if now is a good time to talk.

If yes: How is everyone in your family doing? Is there anyone you are worried about? I have some additional questions about [decedent's name]. If you're comfortable, we can talk more about [decedent's name] now, or I can call you back later.

If no: Thank you so much for your time. I appreciate you answering my call. Would you prefer to schedule a time to talk, or should I call you back in a few weeks? (Schedule a time to call back or make a note to call back on a date two to four weeks in the future.)

We recently sent you a letter in the mail expressing our desire to learn more about [decedent's full name]. Did you receive this letter?

If no: I apologize that you did not receive our letter. [County/state/city] is conducting an overdose fatality review with the goal of better understanding substance use disorder in our community and learning how we can work together to keep it from happening again.

You were identified through information we obtained from [NOK or emergency health contacts] after the death of [decedent's name]. As part of our review, we wish to listen to your story and find ways to help understand why overdose deaths happen and how to prevent them in our jurisdiction. We will ask you some specific questions about [decedent's name]'s life and give you an opportunity to tell us anything about [decedent's name]'s experiences. Is this something that you would be willing to do?

If yes: These are a standard set of questions we ask families who have lost someone to overdose. The information we learn is to better understand what may have been happening with [decedent's name] leading up to the time s/he died.

If no: Thank you so much for your time. I appreciate you answering my call. If you ever change your mind, you can contact me at [phone number].

I will begin by asking you questions about [decedent's name]. These are a standard set of questions that we ask of all family members, friends, or loved ones who have lost someone. If at any point you would like to take a break or stop the interview, please let me know. Also, let me know if you have any questions.

Closing statement: Are there any questions I can help answer for you?

Alright, thank you again for speaking with me. If you are interested in grief support groups, I have resources for you.

Take good care of yourself.

Sample Medical Examiner/Coroner Letter

Dear [next of kin's name],

On behalf of [agency], I would like to extend my most sincere sympathies to you and your family. The [medical examiner's or coroner's office name] determined someone close to you died as a result of a drug overdose.

Losing someone to an overdose can be especially difficult. I would like to share some resources with you that other loss survivors have found helpful by directing you to [state or local grief services].

Those bereaved by drug-overdose death may face social stigma, experience personal doubt, and/or feel that they lack support from family, friends, and the community. Because of this, I encourage you to find grief resources that are specific to overdose loss. Some people benefit from connecting with those who have had similar experiences, others find that participating in a support group is helpful, while others may need individualized support from a professional mental health provider.

I may be calling you to learn more about [decedent's name] and the circumstances that surrounded [his/her] death. This is not urgent and will take about an hour. The information we learn is kept confidential. We use the information you share to better understand [decedent's name]'s life and how we may be able to prevent future overdose deaths by strengthening prevention efforts.

In the meantime, please call our office at [phone number] with questions or concerns. We are available Monday to Friday from 8:00 a.m. to 5:00 p.m. You can also visit our website [URL] anytime.

With sympathy,

[Signature]

[Contact Information]

Sample Unable-to-Contact Letter

Dear [next of kin's name],

I have recently attempted to contact you at [phone number] on behalf of [organization's name]. Unfortunately, we have been unable to reach you. We have some additional questions regarding [decedent's full name]. These are not urgent questions and will take about an hour to answer. These are a standard set of questions we ask family members who have lost someone. The information we learn is kept confidential, and we use it to better understand what happened in order to help inform community prevention efforts.

At your convenience, please call the [organization's name] at [phone number], Monday to Friday, from 8:00 a.m. to 5:00 p.m. or email me directly at [email address] to update your contact information. If you would prefer to talk at a later date, we are available at your convenience.

Please accept our condolences for the loss of [decedent's first name]. We are very sorry for your loss. Because losing someone can be especially difficult, I would like you to be aware of some resources available to you. Here are some state, local, and national resources to help you with your grief:

- [Resource 1]
- [Resource 2]

Warm regards,

[Signature]

[Contact Information]

Appendix D

Resources for Module 4: How to Conduct a NOK Interview

Sample Bereavement/Grief Resources

Bereavement/Grief Support/Leave-Behind Resources

National Resources

- NAMI Helpline: (800) 950-NAMI, Monday – Friday, 10:00 a.m. – 10:00 p.m., ET
- Crisis Text Line: text 741741, 24/7
- SAMHSA National Helpline: (800) 662-4357, 24/7, in English and Spanish
- National Suicide Prevention Hotline: (800) 273-8255, 24/7
- National Suicide Prevention: Lifeline Chat, or suicidepreventionlifeline.org, 24/7
- Veterans Crisis Line: (800) 273-8255 and press 1, chat online, or text 838255, 24/7
- YouthLine: Text "teen2teen" to 839863, or call (877) 968-8491 for teen-to-teen help, Monday – Friday, 7:00 p.m. – 1:00 a.m., ET, but adults are available by phone at all other times
- LGBT National Hotline: (888) 843-4564, Monday – Friday, 4:00 p.m. – Midnight; Saturday, Noon – 5:00 p.m., ET, or email help@LGBThotline.org
- Warmline: (800) 933-5397, Monday – Friday, 8:00 a.m. – 4:30 p.m., ET

State Resources (Sample Examples)

- 911
- 211 to connect to help
- Be Well Crisis Helpline: Call 211, enter zip code, and press 3
- Community Mental Health Center Service Locator
- State Addiction Hotline
- Addiction Treatment Locator

Local Resources (Sample Examples)

- Local Hospice Provider
- Local Grief Support Groups
- Local Treatment Provider numbers/addresses

Sample Checklist of What to Take to an Interview

Materials to bring to an in-person interview:

- Notepads
- Pens/pencils
- Audio-recording device
- Consent form(s)
- Tissues
- Grief support resources and materials
- Community support groups information

Sample Consent Form

After I read the following statement, please [sign the consent form or tell me] if you consent to participating in the interview.

The purpose of the interview was fully explained to me.

I voluntarily agree to participate in the interview as part of [overdose fatality review or next-of-kin (NOK) interview program's name] process. I agree with the interview being conducted and notes being taken during this process. I understand that all information obtained from the interview will be strictly confidential and identifying information will not appear in any publications or reports or be given to anyone outside the review process.

Do you have any questions about the consent document I read to you?

Consent type:

Oral (NOK Interviewer writes name in below)

Written (NOK Interviewee signs below)

Consent: _____

Date: _____

Sample Crisis Response Protocol

This protocol should not be used without internal review and approval. State Crisis Line: (XXX) XXX-XXXX

Level of Care	Indicator	Appropriate Referral
None/Low	No suicidal ideation (SI) No homicidal ideation (HI)	• None required • Grief and loss resources emailed or physically mailed
Moderate	Positive for recent SI No plan No immediate danger **OR** Homicidal feelings: Interviewer clear they won't act	• Offer to connect the informant to local crisis services via a **Warm Handoff** (below) **If NO:** Ask if interviewee is currently receiving mental health care **If YES:** Ask if they are willing to identify provider(s): "Therapy, John Doe, Psychologist" **If NO:** Will they accept a referral? **If YES:** Give interviewee **Crisis Phone Number** (above) and have them repeat it back to you; offer to connect the caller or tell them they may call on their own • Notify director • Document the event
High	SI with a plan No immediate danger HI: interviewee has current or recent intent to act	• Notify interviewee that you need to connect them to a crisis worker to assess the situation • Follow the steps for a Crisis **Warm Handoff** (see below) If interviewee hangs up before talking with Crisis Services: • Call 911: request law enforcement welfare check • Give dispatch address available on Summary Sheet and interviewee's phone number • Document the event • Get details of plan: Who – How – When? Are there weapons present? • Inform interviewee that we are required to notify law enforcement and police will warn the target of their HI • Offer to connect the informant to crisis services via a **Warm Handoff** (below) **If YES:** Connect to crisis services **If NO:** Ask if interviewee is currently receiving mental health care. Ask if they are willing to identify provider(s): "Therapy, John Doe, Psychologist" · Will they accept a referral? · **Give interviewee Crisis Phone Number (above), and have them repeat it back to you** • Notify director • Document the event

Immediate Crisis	Actively engaged in suicide attempt	• Make every effort to keep the caller on the phone • Summon help from another interviewer or coordinator. The coordinator/helper will call 911 • Ask if they are home • Address available on Summary Sheet • Initiate the **Warm Handoff** with crisis services (number above) after you know the caller's location. Inform the crisis worker that the caller is actively engaged in a suicide attempt • Crisis services will be conferenced into the call and told that law enforcement has been summoned and that they are speaking to an actively suicidal person. • Stay on the phone until law enforcement arrives and/or you are directed to end the call • Notify director • Document the event

Steps for Warm Handoff to Suicide Crisis Services

- Ask the interviewee if he or she is home
- Ask the interviewee not to hang up; he or she will be connected in 20–30 seconds, and you will stay on the line with him or her
- Press "Conference" button on phone
  - Dial (XXX) XXX-XXXX
  - "My name is [your name] and I am calling from the [agency]. I have [interviewee's first name] on the line and I am concerned they are suicidal—I will connect them to you. Their phone number is (###) ###-####.
  - Press "Conference" button a second time to create a three-way phone connection
  - Stay on the line
- Document resolution/disposition

Sample NOK Questions

These are some suggested questions to ask of an interviewee. This is not an exhaustive list, and additional questions should be asked.

Background Information

- Tell me about your relationship with [decedent's name].
- How long have you known [decedent's name]?
- How often did you speak with him/her?
- What was he/she like?
- Tell me about [decedent's name]'s childhood.
  - Where was he/she born?
  - Where did he/she live?
  - Where did he/she grow up?
  - What was his/her immigration status?
- Tell me about his/her relationship status.
- Who formed the basis of his/her social support system?
- Tell me about [decedent's name]'s living situation.
  - What places had he/she lived the longest?
  - Whom did he/she live with?
  - Where did he/she live?
  - How long did he/she live there?
  - Did he/she live with individuals who were also using drugs?
- Was [decedent's name] currently employed?
  - Where was he/she working?
  - What was he/she doing at his/her job?
  - Was he/she satisfied with his/her job?
  - If he/she was not currently employed, how long was he/she unemployed? What was the cause of the disruption in employment?
- What do you want the overdose fatality review to know about [decedent's name]?

Life Stressors

- What was happening the six months prior to [decedent's name]'s death?
  - Was he/she worried about paying monthly expenses?
  - Was he/she experiencing housing or financial stressors?
  - Was he/she experiencing a new job loss?
  - Was he/she struggling to access food?
- What was his/her relationship with significant others like?
- Was he/she ever a victim of domestic violence from his/her current partner?
- How did the COVID-19 pandemic affect [decedent's name]? How did his/her living or working situation change during COVID-19?

Pregnancy

- Tell me about [decedent's name] relationship with his/her children?
- Was [decedent's name] recently pregnant, and how was that experience?
- Did [decedent's name] show signs of post-partum depression and get care if she did?

Medical History

- Was [decedent's name] being seen by a doctor?
- Did he/she have any diagnosed medical conditions?
- What type of health insurance did [decedent's name] have?
- Did [decedent's name] have any physical or mental trauma?

- Was there ever an injury or hit to [decedent's name] (fall, bike accident, hit by something, playing sports, getting in a fight, etc.)?
- Were there any barriers to getting connected to care?

Prescription Drug Use

- What was he/she being prescribed medications for?
- Did he/she take the medications as prescribed? If no, was he/she taking them more or less than prescribed?
- Did he/she take medications that were not prescribed to him/her? How did he/she obtain these drugs?
- Was there any history of chronic or acute pain that was debilitating? Did that pain worsen in the months/weeks preceding [decedent's name]'s death?
- Was [decedent's name] taking any prescribed medications for any medical conditions?
- Were there any challenges or barriers to receiving prescription medications?

Mental Health History

- Were there any suspected or diagnosed mental health disorders? If there were any suspected or diagnosed mental health disorders, please share more about his/her conditions.
- Did his/her mental health symptoms precede substance use or vice versa?
- Did he/she have any known history of suicidal thoughts or attempts?
- Did [decedent's name] have any mental health treatment in his/her lifetime? If so, please expand on that care.

Substance Use History

- At what age did [decedent's name] begin to use drugs?
- Do you know how long [decedent's name] used?
- What would you say led to his/her drug use at that age?
- Is there a family history of substance use or previous overdose?
- Do you know if [decedent's name] ever tried to stop using drugs?
- Was [decedent's name] in treatment in the past year?
- Did [decedent's name] ever attend a residential, detox, or inpatient program? If so, what was his/her experience? If not, why did he/she never attend an inpatient program?
- Did [decedent's name] ever attend an outpatient program? If so, what was his/her experience, and if not, why not?
- What substances did [decedent's name] have a known history of using? How did he/she like to use his/her drugs?
- Did he/she overdose in the past?
- Did he/she utilize harm-reduction services (e.g., syringe exchange, naloxone, fentanyl test strips)?

Trauma History

- Were [decedent's name]'s parents ever separated or divorced?
- Did he/she live with a parent or guardian who died?
- Did he/she live with a parent or guardian who served time in jail or prison?
- Did [decedent's name] live with anyone who was mentally ill, depressed, or suicidal?
- Did [decedent's name] live with anyone who was a problem drinker or alcoholic or who used drugs?
- Did [decedent's name] witness a parent, guardian, or other adult in the household behaving violently toward another?
- Did a parent or other adult in [decedent's name]'s household often or very often a) swear at him/her, insult him/her, put him/her down, or humiliate him/

her or b) act in a way that made him/her afraid that he/she might be physically hurt?

- Was [decedent's name] ever a victim of violence or a witness of any violence in his/her neighborhood?
- Did an adult or person at least five years older than [decedent's name] ever a) touch or fondle him/her or have him/her touch his/her body in a sexual way or b) attempt or actually have oral, anal, or vaginal intercourse with [the decedent]?
- Did [decedent's name] ever experience physical violence as a victim?
- Was [decedent's name] ever the victim of physical, emotional, or sexual abuse?
- Did [decedent's name] ever feel like the family found it hard to cover costs of food or housing?
- Did [decedent's name] often feel that no one in his/her family loved him/her or thought he/she was important or special?
- Did [decedent's name] feel that the family looked out for each other, felt close to each other, or supported each other?
- Was [decedent's name] ever the perpetrator of physical, emotional, or sexual abuse?

Criminal Justice History

- What was [decedent's name]'s history of interactions with the criminal justice system as an adult or juvenile?
- When did he/she have legal problems?
- How did jail affect his/her drug use?
- What resources were offered to [decedent's name] while he/she was involved in the criminal justice system?
- Did he/she engage in specialty courts? What was the outcome?
- Did he/she engage in diversion programs? What was the outcome?

Social Services History

- What was [decedent's name]'s childhood like?
- How was [decedent's name]'s relationship with his/her parents and siblings?
- Was [decedent's name] ever involved with the department of child services/social services as a child? If so, can you tell me about that involvement?
- Was [decedent's name] ever involved with the department of child services/ social services as an adult? If so, can you tell me about that involvement?
- Tell me about the social services [decedent's name] received in his/her life and at the time of his/her death.

Education History

- Please share about [decedent's name]'s experience with school and education.
- Did he/she have difficulties in middle or high school (frequent truancy, suspension, transferring school systems)?
- Did he/she have any issues with drugs or alcohol during middle or high school?

Recommendations

- What suggestions do you have for our committee?
- What recommendations would you give to the city/county/state to help you or [decedent's name]?

Sample NOK Consent One-Pager and Template From the Legislative Analysis and Public Policy Association (LAPPA)

Does an overdose fatality review (OFR) team need signed consent to share information from the decedent's friends or family?

No. Health information known firsthand by a decedent's family, friends, next of kin, or other loved ones is not subject to the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. § 290dd-2, or 42 C.F.R. Part 2. This is because these individuals are neither HIPAA-covered entities nor Part 2 programs. Therefore, the OFR team is free to speak with any of the decedent's family or friends without needing a release or consent form, and any information received by the team from a decedent's family or friends can and should be shared freely with the rest of the OFR team.

OFR_Review_Next_of_Kin_Information.pdf (cossapresources.org)

A sample document that allows for authorization for use or disclosure of health information will allow records access for the NOK interviewer to assist with data and information sharing with the OFR team. A sample document can be found at the COSSAP resources link below.

Sample_Next_of_Kin_Consent.pdf (cossapresources.org)

Sample Thank You Card

Dear [next of kin's (NOK) name],

Thank you for taking the time to talk with me and tell me more about [decedent's name]. I really appreciate your time and willingness to share. I wanted to check in on you because losing someone to a drug overdose can be very difficult and I wanted to share resources that are available to you.

Families bereaved by drug-overdose death may face social stigma, experience personal doubts, and frequently feel that they lack support from family, friends, and the community. Because of this, I encourage you to find grief resources that are specific to overdose loss. Some people benefit from connecting with those who have had similar experiences; others find that participating in a support group is helpful, while others find they receive the most support from a one-on-one setting with a professional mental health provider.

[INSERT STATE/LOCAL RESOURCES HERE]

Perhaps you would like to discuss your grief with a trained therapist. There are several ways to go about finding a therapist. Contacting your health insurance provider is a good place to start—get a list of therapists who are covered by your insurance. You may also want to consider an employer-sponsored program (known as EAP); your employer may know if they provide such a service.

If you or someone you know is thinking about harming themselves or is thinking about suicide, call the National Suicide Prevention Lifeline: (800) 273-TALK (8255). The lifeline is open 24 hours per day, 365 days per year.

The grief you are experiencing right now may feel overwhelming at times, and you may feel like you're the only one who is living with this kind of grief. But you are not alone. There are thousands of people who, like you, lost someone they loved to overdose right here in [state]. They are called survivors, and while every loss is unique, they know a bit about what you're experiencing right now. A network of families, friends, therapists, caregivers, and professionals is available to you; you are not alone.

Please let me know if I may help you further, and please feel free to share this email with whomever you'd like. I am so very sorry for your loss.

Yours in caring and hope,

[YOUR NAME]

Contact Information

Utah Bereavement Card

Utah Leave-Behind QR Card

Open your phone's camera or scanner app and hover over this QR code for more information. Participate in a Grief Support Group Especially for Individuals Impacted by a Death Due to a Drug Overdose.

Appendix E

Resources for Module 5: Where to Store NOK Data

NOK Data Management Plan Template

1. **Data Storage**

   Upon receipt of the overdose fatality review (OFR) data from OFR team members, how will the data be stored and for what period of time?

2. **Data Transfer**

   What information will be transferred to team members and in what format (email, letter, etc.)?

3. **Data Security**

   How will confidential information be protected during transfer to team members?

4. **Data Sharing**

   How will team members share information? If sharing prior to the review, how will information and records be transferred to the team coordinator and how will they be protected? If sharing at the reviewing, what format will the data be in, and will it be kept by the team coordinator after the meeting?

Appendix F

Resources for Module 6: How to Use NOK Interview Data

Sample Narrative Reporting Tool

Case Number	
Decedent Name	
Date of Birth	
Age	
County	
NOK Name	
NOK Contact Info	
NOK Relationship to Decedent	
Interviewer Name	
Method of Interview	

Narrative for OFR Team:

Recommendations from NOK:

Appendix G

Resources for Module 7: Self-Care for NOK Interviewers

Sample Self-Care Assessment

Sample Self-Care Assessment

The following worksheet for assessing self-care is not exhaustive, merely suggestive. Feel free to add areas of self-care that are relevant for you and rate yourself on how often and how well you are taking care of yourself these days. When you are finished, look for patterns in your responses. Are you more active in some areas of self-care? Do you tend to ignore others? Are there items on the list that haven't even occurred to you? Listen to your internal responses and dialogue about self-care and take note of anything you would like to prioritize moving forward. Rate the following areas according to how well you think you are doing: 3 = I do this well (e.g., frequently); 2 = I do this OK (e.g., occasionally); 1 = I barely or rarely do this; 0 = I never do this; ? = this never occurred to me.

Physical Self-Care

_____ Eat regularly (breakfast, lunch, and dinner)

_____ Exercise

_____ Get regular medical care for prevention

_____ Eat healthily

_____ Get medical care when needed

_____ Get massages

_____ Take time off when sick

_____ Take vacations

_____ Wear clothes I like

_____ Get enough sleep

_____ Do some fun physical activity

_____ Do some fun artistic activity

_____ Think positive thoughts about my body

_____ (Other) _____

Psychological Self-Care

_____ Take day trips or mini vacations

_____ Make time for self-reflection

_____ Have my own personal psychotherapy

_____ Write in a journal

_____ Make time away from technology/internet

_____ Attend to minimizing life stress

_____ Read something unrelated to work

_____ Be curious

_____ Notice my thoughts, beliefs, attitudes, feelings

_____ Say "no" to extra responsibilities

_____ Engage my intelligence in a new way or area

_____ Be okay leaving work at work

_____ Do something at which I am not expert

_____ (Other) _____

Emotional Self-Care

_____ Spend time with people whose company I enjoy

_____ Love myself

_____ Stay in contact with important people in my life

_____ Allow myself to cry

_____ Re-read favorite books, re-view favorite movies

_____ Give myself affirmation/praise

_____ Identify and seek out comforting activities/places

_____ Find things that make me laugh

_____ Express my outrage in social action or discussion

_____ (Other) _____

Spiritual Self-Care

_____ Make time for reflection

_____ Spend time in nature

_____ Find a spiritual connection or community

_____ Be open to inspiration

_____ Be aware of non-material aspects of life

_____ Cherish my optimism and hope

_____ Try at times not to be in charge or the expert

_____ Be opened to knowing

_____ Identify what is meaningful to me

_____ Meditate

_____ Seek out reenergizing or nourishing experiences

_____ Find time for prayer or praise

_____ Contribute to causes in which I believe

_____ Have experiences of awe

_____ Read or listen to something inspirational

_____ (Other) _____

Relationship Self-Care

_____ Schedule regular dates with my partner

_____ Make time to be with friends

_____ Call, check on, or see my relatives

_____ Ask for help when I need it

_____ Share a fear, hope, or secret with someone I trust

_____ Communicate with my family

_____ Stay in contact with faraway friends

_____ Enlarge my social circle

_____ Make time for personal correspondence

_____ Spend time with animals

_____ Allow others to do things for me

_____ (Other) _____

Workplace or Professional Self-Care

_____ Take time to chat with coworkers

_____ Make quiet time to work

_____ Identify projects/tasks that are exciting

_____ Take a break during the day

_____ Balance my load so that nothing is "way too much"

_____ Set limits with my boss/peers

_____ Arrange workspace to be comfortable

_____ Have a peer support group

_____ Get regular supervision or consultation

_____ Identify rewarding tasks

_____ Negotiate/advocate for my needs

_____ (Other) _____

Overall Balance

_____ Strive for balance within my work-life and workday

_____ Strive for balance among my family, friends, and relationships

_____ Strive for balance between play and rest

_____ Strive for balance between work/service and personal time

_____ Strive for balance in looking forward and acknowledging the moment

Areas of Self-Care That Are Relevant to You

_____ (Other) _____

_____

_____ (Other) _____

_____

_____ (Other) _____

_____

Adapted from Saakvitne, Pearlman, & Staff of TSI/CAAP (1996). Transforming the Pain: A Workbook on Vicarious Traumatization. Norton. Adapted by Lisa D. Butler, PhD. self-care_assesment.pdf (literacymn.org)

For more information about Overdose Fatality Reviews, visit

www.cossapresources.org.