



**Michigan OFR**



Image by Remi Walle

# Michigan Overdose Fatality Review (MiOFR) Program

**2024-25 Annual Activities Report**



Image by [Aaron Burden](#)

The mission of the Michigan Overdose Fatality Review program is to prevent drug overdose deaths by examining case-specific underlying circumstances involved, actively seeking feedback from those with lived experience, increasing connections between professionals serving individuals and families affected by substance use, and providing data-driven recommendations to stakeholders at the community, state, and national levels.

**Prepared by:**

The Center for Child and Family Health (CCFH) at the Michigan Public Health Institute (MPHI) on behalf of the Michigan Overdose Fatality Review (MiOFR) Program

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## ACKNOWLEDGMENTS

This report is written in memory of those who have lost their lives to overdose and in honor of the families and communities impacted by the immeasurable loss. The Michigan Overdose Fatality Review (MiOFR) program issues this report with the hope that it will encourage additional efforts, both in local communities and among our state leaders, to address the opioid crisis and help keep all Michigan residents safe and healthy.

We wish to acknowledge the dedication of the more than 640 individuals throughout Michigan who serve our state by participating in their local Overdose Fatality Review (OFR) team. It is an act of courage to acknowledge that overdose deaths represent a community problem. The willingness of these individuals to step outside of their traditional professional roles, to examine the circumstances that lead to overdose deaths, and to seriously consider ways to prevent future deaths has made this report possible. We extend our gratitude to the local OFR team coordinators and case abstractors for their time spent organizing and facilitating review meetings and identifying findings and recommendations from their reviews. This report would not be possible without their continued commitment to the OFR process.

The Michigan Department of Health and Human Services (MDHHS) Michigan Overdose Data to Action (MODA) team and the Office of the State Registrar, Division for Vital Records and Health Statistics have been especially helpful in providing drug poisoning/overdose death data and in helping us to better understand and interpret the statistics on overdose deaths.

MDHHS and the Michigan State Police (MSP) provide the funding and oversight for the MiOFR program, which is managed through contracts with the Michigan Public Health Institute (MPHI).

Together, we strive to honor the memory of those we have lost and enhance community well-being through a unified approach to understanding and preventing overdose deaths.

Permission to quote or reproduce materials from this publication is granted when acknowledgment is made. This report is available electronically on the [Data and Reports page on the Michigan Overdose Fatality Review website](https://michiganofr.org/data/) (URL: <https://michiganofr.org/data/>).



# TABLE OF CONTENTS

<b>ACKNOWLEDGMENTS</b>	<b>3</b>
<b>INTRODUCTION</b>	<b>5</b>
<i>Michigan Overdose Fatality Review Program</i>	5
<i>Michigan Public Health Institute Program Support</i>	6
<b>OVERDOSE FATALITY REVIEW DATA OVERVIEW</b>	<b>8</b>
<i>Michigan Landscape</i>	8
<i>OFR Legislation</i>	9
<i>Local OFR Case Selection</i>	9
<i>Data Sources</i>	10
<b>LOCAL OVERDOSE FATALITY REVIEW TEAMS</b>	<b>11</b>
<b>MICHIGAN OVERDOSE FATALITY REVIEW STATE ADVISORY GROUP</b>	<b>13</b>
<i>Overview of 2024-25 Activities</i>	13
<i>Public Health and Safety Team Toolkit Framework</i>	14
<i>Case Review Themes</i>	15
<b>MIOFR PROGRAM TECHNICAL ASSISTANCE &amp; OUTREACH</b>	<b>17</b>
<i>Program Support</i>	17
<i>Program Outreach</i>	18
<b>program EVALUATION</b>	<b>19</b>
<i>OFR First Impressions Survey Responses</i>	19
<i>Annual OFR Survey Responses</i>	20
<b>LOOKING AHEAD</b>	<b>26</b>
<b>REFERENCES</b>	<b>27</b>

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## INTRODUCTION

Each overdose death signifies a profound loss, impacting not only the individual's loved ones but also the wider community. The opioid crisis continues to affect Michigan, with profound consequences for individuals, families, and communities across the state. In 2022 alone, Michigan reported 2,998 drug poisoning/overdose deaths.<sup>1</sup> To reduce the number of overdose deaths we must gain a deeper understanding of the crisis and address the systemic issues that are fueling it. In order to do this, we must first identify the factors that contribute to overdose deaths. The Michigan Overdose Fatality Review (MiOFR) Program was created to do just that by supporting the development and ongoing operations of local Overdose Fatality Review (OFR) teams.

### **Michigan Overdose Fatality Review Program**

The MiOFR Program was established in Michigan in 2020 to conduct in-depth reviews of overdose deaths and identify ways to prevent them. As of September 30, 2025, there are 23 local OFR teams in Michigan covering 22 counties and one city, with numerous others actively learning about the MiOFR program and working toward implementation.

OFR is a collaborative process that brings together local professionals from a variety of disciplines to participate in systematic reviews assessing the circumstances of overdose deaths. Members share and discuss comprehensive

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*"I love the collaboration and bringing together many of us from different backgrounds/professions. It allows for diversity of thought and opinion, and a better understanding of how we each can contribute and work together!" – Local OFR Team Member*

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information, which allows them to develop a deeper understanding of the causes and factors that predict drug overdose fatalities and informs the OFR teams' development of data-driven recommendations for public policy and programmatic interventions to prevent overdose deaths. This includes the examination of opportunities to strengthen cross-system care, mitigate risk factors, and improve or expand opportunities for prevention.

Local OFR team membership is varied and may include the following:

- Children's Protective Services
- Community mental health
- Emergency medical services
- Epidemiologists
- Hospitals
- Jail/detention centers
- Law enforcement
- Michigan Department of Health and Human Services
- Persons with lived experience
- Providers specializing in the prevention, diagnosis, and treatment of substance use disorders

- Substance use disorder treatment providers
- The county health officer
- The Department of Corrections
- The medical examiner’s office
- The prosecutor’s office

Local OFR teams may add further membership or invite guests as necessary to fulfill their mission. In total, over 640 professionals currently serve on a local OFR team.

Each local OFR team determines the agency or individual that will coordinate its team activities. The role of the coordinator includes identifying and communicating with team members, scheduling and facilitating team meetings, overseeing data sharing responsibilities, and leading prevention discussions and recommendation development. One person may perform all these activities, or the responsibilities may be shared.

Additionally, a local OFR team may select an agency or individual to serve as a case abstractor. The case abstractor must have the capacity to access, select, abstract, and present deidentified decedent case information to the team. As a result, the case abstractor is often a representative from the medical examiner’s office or health department. Alternatively, the coordinator or case abstractor may request participating OFR team members bring any applicable records related to a case to the OFR team meeting and be prepared to share relevant details if conducting identified reviews.

Local OFR teams determine how often they will meet and generally review one to three cases per meeting. Meeting frequency varies depending on the capacity of the team and the number of overdose deaths the team reviews each year. Teams serving rural counties with few deaths may meet once or twice per year, while teams serving mid-sized counties may meet on a bi-monthly or quarterly basis. Teams for the most populous counties may meet monthly.

Local OFR teams use what they learn during the review process to develop findings and recommendations, which they share with other local entities that

can help translate them into prevention initiatives that address needs specific to their communities. It is important to note that OFR is not about assigning blame, determining cause or manner of death, or prosecuting cases, as the teams have no official authority in any of these areas.

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*“I really enjoy coming together as a small community to make impactful, measurable change in a small amount of time.” – Local OFR Team Member*

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## Michigan Public Health Institute Program Support

MiOFR is a program of Michigan Fatality Review & Prevention (MFRP), which is part of Michigan Public Health Institute’s (MPHI’s) Center for Child and Family Health (CCFH). In fiscal year 2025 (October 1, 2024 through September 30, 2025), the MiOFR program was

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supported by the Michigan Department of Health and Human Services (MDHHS) Michigan Opioid Settlement and Overdose Data to Action (MOSODA), and the Michigan State Police (MSP) through the Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP).

The contracts established with MDHHS require MPHI to:

- Develop and maintain state-level partnerships between public health and public safety.
- Build and expand the infrastructure of the MiOFR program, including establishing new OFR teams and standardizing OFR practices and procedures.
- Facilitate the activities of the MiOFR State Advisory Group (SAG), including the development of an OFR implementation protocol and overseeing the implementation of the Centers for Disease Control and Prevention (CDC) Public Health and Public Safety Team (PHAST) Toolkit.
- Introduce the CDC's PHAST Toolkit to local OFR teams.
- Provide technical assistance to local OFR teams, report on case review data and recommendation development, and engage with local, state, and national partners.

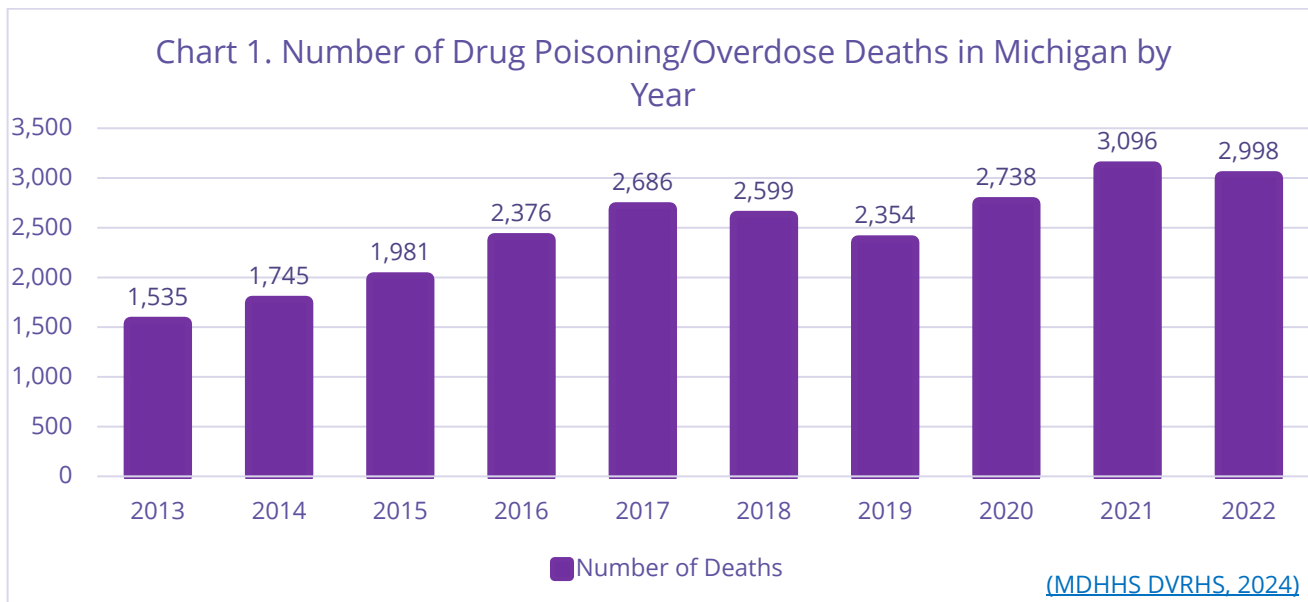
The contract established with MSP requires MPHI to:

- Develop and maintain state-level partnerships between public health and public safety.
- Build and expand the infrastructure of the MiOFR program, including establishing new OFR teams.
- Provide technical assistance to local OFR teams, report on case review data and recommendation development, and engage with local, state, and national partners.
- Develop and expand overdose prevention programs.

# OVERDOSE FATALITY REVIEW DATA OVERVIEW

## Michigan Landscape

Over the past decade, Michigan has seen a significant rise in overdose deaths, with the majority involving opioids like heroin, fentanyl, and prescription pain medications. Synthetic opioids were involved in approximately 80% of overdose deaths in 2022, a year in which the state reported 2,998 drug poisoning/overdose deaths.<sup>1</sup> This marked a 7% decrease from 2021, which followed a 13% rise in overdose deaths from 2020 to 2021.<sup>1</sup>



Provisional data from the Centers for Disease Control and Prevention National Center for Health Statistics indicate an estimated 26.9% decrease in drug overdose deaths in the United States from 2023 to 2024.<sup>2</sup> If confirmed, this projection would represent the lowest annual drug overdose death level since 2019.<sup>2</sup> In Michigan, an estimated 2,931 residents died from a drug overdose in 2023. The state is projected to be among one of eight states nationally to see declines of 35% or more in 2024.<sup>2</sup>

While Michigan is showing progress, the University of Michigan System for Opioid Overdose Surveillance (SOS) underscores the ongoing severity of the opioid crisis. Although naloxone (brand name: Narcan) administrations decreased by roughly 20% compared to the same time period in the previous year, Emergency Medical Services (EMS) reported 5,457 administrations from January 1, 2025, to September 8, 2025.<sup>3</sup> Fentanyl, a potent synthetic opioid that has largely supplanted heroin within the illicit drug supply, remains a major driver of overdose deaths in Michigan. Heroin, when present, is often adulterated with fentanyl and other substances, which complicates overdose scenarios and increases their lethality. Further complicating risks for people who use drugs is the prevalence of xylazine (a non-opioid veterinary anesthetic and sedative which does not respond to naloxone) and medetomidine, a drug similar to

xylazine but is considered to be more potent, within the illicit drug supply.<sup>4</sup>

A sustained and coordinated response is essential to addressing Michigan's new and ongoing challenges related to overdose deaths. It is imperative to enhance public awareness and education about the dangers of fentanyl, xylazine, and medetomidine. Community outreach programs, coupled with increased access to harm reduction services, can play a pivotal role in mitigating the risks associated with substance use. Strengthening partnerships between healthcare providers, law enforcement, and community organizations is crucial for developing comprehensive strategies that address the crisis. By fostering collaboration and leveraging data from various sources, OFR teams can develop and implement targeted interventions and policies that save lives and promote long-term recovery.

For more information on substance related trends in Michigan, visit the [Michigan Overdose Data to Action Dashboard](https://rebrand.ly/841aodn) (URL: <https://rebrand.ly/841aodn>).

## OFR Legislation

The [Overdose Fatality Review Act 313 of 2023](https://rebrand.ly/f49z0ne) (URL: <https://rebrand.ly/f49z0ne>) went into effect on February 13, 2024 and aims to address and prevent deaths from drug overdoses. The act allows for the creation of OFR teams, which are tasked with reviewing individual overdose cases to identify systemic barriers and develop innovative prevention and intervention strategies. Due to procedural requirements, MiOFR and local OFR teams redirected some of their efforts to ensure strong operational structures are in place. These foundational steps are essential to ensure that, over time, data sharing, entry, and reporting processes become seamless. MiOFR and local OFR teams remain committed to their mission of reducing overdose deaths and continue to adapt their operations to best support this goal.

## Local OFR Case Selection

Not all overdose deaths in participating counties are reviewed. Local OFR teams select cases to review based on the number of deaths that occur, the resources available in the county, and the team's ability to access case information. Data about deaths reviewed are presented by year of review by the local OFR team, which may not be the same as the year in which the overdose death occurred.

In fiscal year 2025, the MiOFR State Advisory Group (SAG) developed optional data-driven case review themes (CRT) to assist local OFR teams in selecting cases for review. For communities experiencing higher rates of fatal overdose, the CRTs can offer guidance on prioritizing cases that reflect pressing local concerns. More broadly, the CRTs can help all teams reduce selection bias and focus on decedents who are representative of broader fatality trends, resulting in more generalizable and actionable prevention recommendations. A detailed overview of the SAG and CRTs is provided the

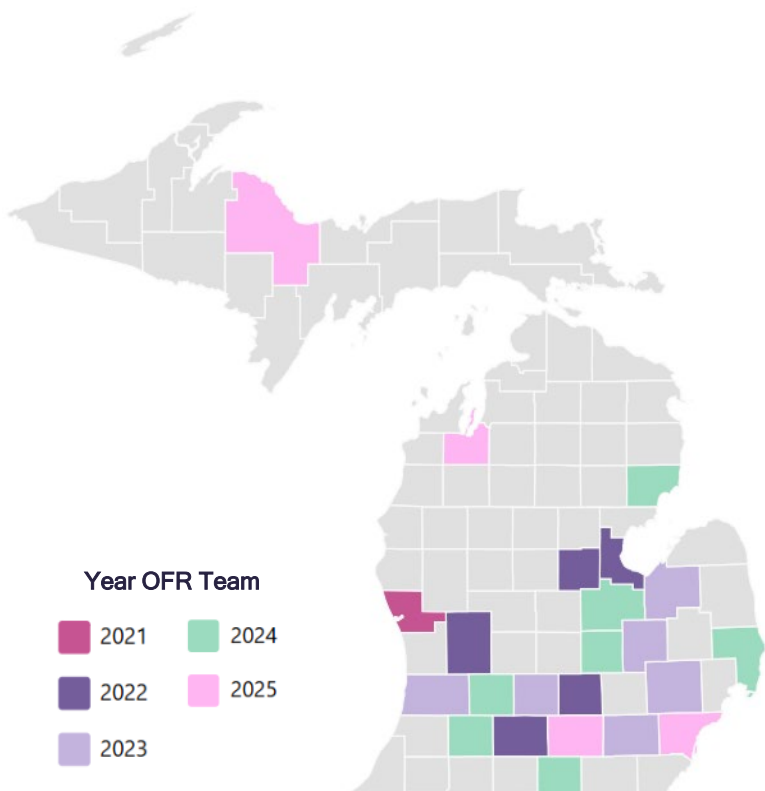
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[\*Michigan Overdose Fatality Review State Advisory Group\*](#) section of this report.

## **Data Sources**

The MDHHS Division for Vital Records and Health Statistics (DVRHS), Michigan Resident Death Files was used to report on drug overdose cause of death by county. Data include deaths of Michigan residents, including deaths that occur both in- and out-of-state. Out-of-state residents that died in Michigan are not included and small numbers (greater than zero and less than six) are suppressed to protect confidentiality. The decedent's county of residence, not necessarily the county of death, created county-level aggregated data represented within this report.

# LOCAL OVERDOSE FATALITY REVIEW TEAMS



The Michigan Overdose Fatality Review (MiOFR) Program was implemented in Michigan in 2020 to conduct in-depth reviews of overdose deaths and identify ways to prevent them. As of September 30, 2025, there are 23 local OFR teams in Michigan covering 22 counties and one city, and numerous others that are actively learning about the MiOFR program and working toward implementation.

Data about deaths reviewed are presented by year of review by the local OFR team, which may not be the same as the year in which the overdose death occurred.

County	Calendar Year OFR Team Established	Number of Drug Poisoning/ Overdose Deaths Calendar Year 2022	Number of OFR Team Meetings FY24	Number of Cases Reviewed FY24
Allegan	2023	19	0	0
Barry	2024	9	2	2
Bay	2022	27	5	5
Calhoun	2022	51	2	2
City of Detroit	2025	471	3	3
Eaton	2023	25	3	4
Genesee	2023	241	5	5

Grand Traverse	2025	21	3	2
Hillsdale	2024	12	5	5
Ingham	2022	119	5	10
Iosco	2024	8	2	2
Jackson	2025	44	2	2
Kalamazoo	2024	43	8	8
Kent	2022	119	0	0
Marquette	2025	8	4	5
Midland	2022	10	2	3
Muskegon	2021	69	4	4
Oakland	2023	232	11	11
Saginaw	2024	55	2	2
Shiawassee	2024	21	4	4
St. Clair	2024	40	10	10
Tuscola	2023	6	5	5
Washtenaw	2023	98	2	2
<b>Total:</b>	<b>N/A</b>	<b>1,748</b>	<b>89</b>	<b>96</b>

Local OFR teams have developed a wide variety of recommendations, including evidence-based strategies such as targeted naloxone distribution, medication-assisted treatment (MAT), syringe services programs, and connecting individuals who use substances with peer recovery coaches. It is anticipated that recommendations developed during fiscal year 2025 will be shared at a future time, subject to availability and the discretion of individual local OFR teams. For more information about evidence-based strategies for overdose prevention, see the CDC’s [Evidence-Based Strategies for Prevention Opioid Overdose: What’s Working in the United States](https://rebrand.ly/3n6i0el) (URL: <https://rebrand.ly/3n6i0el>).

# MICHIGAN OVERDOSE FATALITY REVIEW STATE ADVISORY GROUP

The Michigan Overdose Fatality Review State Advisory Group (SAG) was established in 2022 to assist with standardizing OFR processes and procedures in Michigan, moving forward recommendations developed at local OFR team meetings, and supporting policy and practice changes at the local, state, and national levels. The SAG is responsible for supporting the MiOFR program through the following core functions:

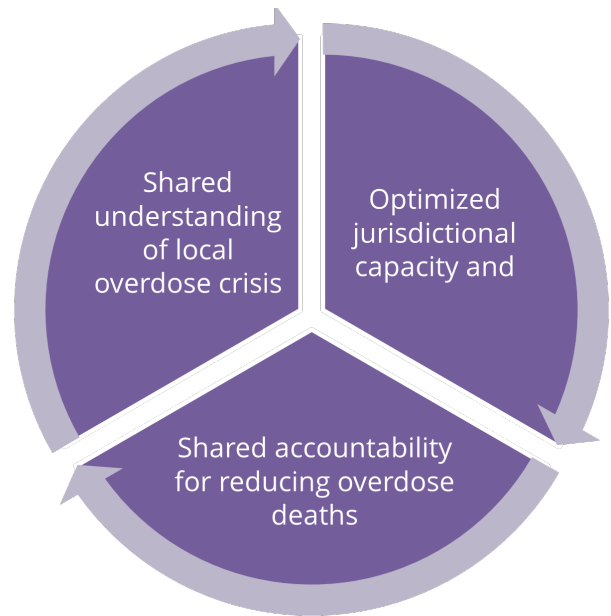
<b>SAG Responsibilities</b>
Identify best practices, trends, and common themes to inform MiOFR and local OFR practices and policy.
Review local level OFR team recommendations to identify themes and opportunities for improvement. Share findings with relevant parties to influence practice and policy at the local, state, and national level.
Provide member agency updates to increase awareness of ongoing developments and initiatives. Identify intersections with other member agencies and promote collaboration to enhance developments and initiatives.
Develop strategies to assist local OFR teams in reducing barriers experienced in conducting OFR and implementing change.

## **Overview of 2024-25 Activities**

The SAG formally convened on four occasions, November 12, 2024, December 6, 2024, March 11, 2025, and September 9, 2025, to develop and advance the CRT process and examine the implications of the Overdose Fatality Review Act 313 of 2023, which went into effect on February 13, 2024. Additionally, SAG members participated in the MiOFR Year in Review meeting on December 11, 2024, where they heard directly from local OFR team members about OFR team operations, successes, challenges, and the year ahead.

## Public Health and Safety Team Toolkit Framework

The SAG utilizes the Centers for Disease Control and Prevention’s [Public Health and Safety Team \(PHAST\) Toolkit framework](https://phast.org/) (URL: <https://phast.org/>) to help local jurisdictions reduce overdose deaths by utilizing data and increasing collaboration and coordination among all sectors, with a focus on public and public safety agencies. The SAG aligns their work with the three primary goals of the PHAST toolkit. The "SOS" goals represent the specific objectives of a PHAST's data sharing and collaboration activities.



Additionally, the SAG has integrated key action steps from the PHAST modules into its ongoing efforts to support local OFR teams and the MiOFR program. These modules offer a comprehensive framework of practices and strategies that equip both the SAG and local jurisdictions to better coordinate their efforts in reducing overdose deaths

	<p><b>Module 1, Building or formalizing a PHAST</b>, focuses on the steps to forming a new collaborative or expanding and enhancing an existing collaborative. (Note: the term “collaborative” is used to represent any multi-sector team or taskforce.)</p>
	<p><b>Module 2, Collaborative data sharing and use</b>, describes key data sharing and data use strategies to help PHAST members develop a shared understanding of the local overdose crisis. (Note: the term “data” is used broadly to include formal datasets, intelligence, information, lived experience, and observations.)</p>
	<p><b>Module 3, Collaborative problem solving and coordinated interventions</b>, provides PHAST teams with problem-solving strategies and suggested activities to move from “data to action” as partners implement changes that optimize capacity to reduce overdose deaths.</p>
	<p><b>Module 4, Monitoring and maintaining progress</b>, describes how measuring progress on a regular basis can help PHAST members develop and maintain shared accountability for achieving overdose prevention outcomes.</p>

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## Case Review Themes

In fiscal year 2025, the MiOFR SAG was charged with analyzing state-level data related to substance use disorders (SUD) and overdose fatalities to develop standardized case review themes (CRTs) for local OFR teams. These data-informed themes provide clear criteria to guide case selection, helping local OFR teams minimize bias and ensure that reviews reflect broader trends. This collaborative framework allows for the pooling of diverse perspectives and resources, enabling a more comprehensive understanding of systemic issues and informing policy and practice improvements at the local, state, and national levels. At the December 6, 2024, meeting, the SAG finalized the following CRT priorities for the 2025 calendar year:

- Decedents in one, or more, of the following demographic categories:
  - Black, Indigenous, and People of Color (BIPOC)
  - 62 years of age or older at the time of death
  - Pregnant or had given birth within the 12 months preceding death
- Decedents that had been incarcerated within the 6 months preceding death
- Decedents that experienced, or were perceived to have experienced, housing instability or homelessness

The CRTs were shared with local OFR teams in early 2025 as a reference to guide case selection. While the SAG encouraged teams to consider the themes, it is important to note local OFR team participation is entirely optional. Local OFR teams have the autonomy to determine which cases to review.

To support statewide learning and collaboration, MiOFR tracks and compiles recommendations from cases that align with the CRTs. These recommendations are shared with the SAG on a bi-annual basis, creating a valuable feedback loop. During this time, the SAG engages in a collaborative problem-solving process to better understand the recommendations, identify recurring patterns and statewide trends, and identify action-oriented priorities for future SAG work.

The SAG conducted its first CRT recommendation review on September 9, 2025, and is actively compiling resources to help connect local OFR teams with existing programs, relevant literature, and potential funding opportunities that would address their recommendations. The efforts also inform the development of next steps for the SAG's identified areas of focus. Through this collaborative and data-driven process, MiOFR is positioned to achieve a broader, more unified impact in reducing overdose deaths across Michigan.

Additional information about the CRTs and recommendations presented to the SAG on September 9, 2025, are outlined below.

<p><b>Inclusion Criteria</b></p>	<p>Cases were included if both were true:</p> <ol style="list-style-type: none"> <li>1. The case aligned with one or more of the CRTs.</li> <li>2. The case was reviewed between January 1 and June 30, 2025.</li> </ol>
<p><b>CRT Utilization</b></p>	<p>A total of 52 cases were reviewed from January 1 to June 30, 2025. During those case reviews, 189 recommendations were developed by local OFR teams.</p> <ul style="list-style-type: none"> <li>• Of the 52 cases reviewed, 63% (n=33) incorporated at least one of the CRTs.</li> <li>• 60% (n=114) of the recommendations developed can be connected to at least one of the CRTs.</li> </ul>
<p><b>CRT Recommendations</b></p>	<p>Of the recommendations included in the SAG review theme cohort (n=114):</p> <ul style="list-style-type: none"> <li>• 39% were connected to cases that involved BIPOC individuals.</li> <li>• 25% were connected to cases that involved individuals 62+ years of age or older at the time of death.</li> <li>• 6% were connected to cases that involved individuals that were pregnant or had given birth within the 12 months preceding death.</li> <li>• 7% were connected to cases that involved individuals recently incarcerated within the 6 months preceding death.</li> <li>• 59% were connected to cases that involved individuals that experienced, or were perceived to have experienced, housing instability or homelessness.</li> <li>• 15% of the recommendations involved 2 of the CRTs.</li> <li>• 11% of the recommendations involved 3 of the CRTs.</li> </ul>

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# MIOFR PROGRAM TECHNICAL ASSISTANCE & OUTREACH

## **Program Support**

MPHI's MiOFR team provides comprehensive support and technical assistance to the SAG, local OFR teams, and those interested in learning more about the OFR process. Staff conduct training sessions and workshops to build the capacity of local champions and OFR team members, ensuring they have the necessary skills and knowledge to implement OFR within their jurisdiction. Additionally, MiOFR assists in problem-solving by identifying challenges, offering practical solutions and best practices, and developing essential resources, such as tools and templates, to streamline operations and improve efficiency. MiOFR facilitates networking opportunities, connecting the program and participants with other organizations, and partners to foster collaboration and share knowledge. Through these supports, MiOFR aims to enhance the overall effectiveness and impact of OFR within Michigan. Below is a list of support provided in fiscal year 2025:

- **Three OFR introductory meetings** for those wanting to learn more about the OFR process, establish expectations, and outline next steps in forming a team.
- **Three OFR team trainings** ahead of a team's first case review, to further clarify team member roles, set expectations, and prepare members to have engaging and effective meetings.
- **Two mock OFR case reviews** presented in partnership with MDHHS staff, to prepare, train, identify gaps, improve processes, build confidence, and gather feedback from newly established local OFR teams.
- **Three OFR case abstractor trainings** presented in partnership with MDHHS staff, to ensure the individual in this role understands their responsibilities and how to implement best practices regarding case selection, data collection techniques, and presenting case information to the local OFR team.
- **Quarterly OFR team coordinator and case abstractor check-in meetings**, which allow for statewide networking, sharing of best practices, and opportunities for professional development that enhance local OFR team operations.
- **Annual OFR Year in Review meeting**, which took place in December 2024 and provided an opportunity for all MiOFR partners to come together virtually to discuss successes, barriers, and goals for the year ahead. The Michigan Overdose Data to Action (MODA) surveillance team, the Bureau of Emergency Preparedness, EMS, and Systems of Care provided presentations on statewide SUD and overdose trends, highlighting the need for collaborative groups such as local OFR teams.
- **Quarterly MiOFR newsletters** were sent to active OFR team members and

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included important MiOFR program updates, upcoming events, resources, funding opportunities, a county spotlight, and updates regarding OFR legislation.

- **The [Michigan Overdose Fatality Review website](https://michiganofr.org/)** (URL: <https://michiganofr.org/>) received ongoing management and enhancements. This included expanding the 'Tools for Teams' page to include additional resources for OFR team coordinators, case abstractors, and team members as well as updating the 'Data and Reports' page to better connect local counties to state and national databases.

## Program Outreach

Program outreach has been a vital component of MiOFR's success and includes a proactive effort to connect with individuals, communities, and organizations that could benefit from having an understanding of OFR, launching an OFR team, or becoming a MiOFR program partner. MiOFR program outreach strategies include a mix of communication channels from newsletters to national presentations. In fiscal year 2025, MiOFR delivered presentations to:

- The Clare Human Services Council
- The Michigan Association of Local Public Health
- The Michigan Opioid Settlement and Overdose Data to Action Annual Meeting
- The Michigan State Police Comprehensive Opioid, Stimulant, and Substance Use Program Annual Meeting
- The National Association of State Emergency Medical Services Organization
- The Northern Michigan Opioid Response Consortium
- The State Epidemiological Outcomes Workgroup

## PROGRAM EVALUATION

Evaluation plays a critical role in guiding decision-making and strengthening the MiOFR program. To assess the effectiveness of the OFR process, feedback is collected from local OFR team members through targeted surveys. One such tool is the *OFR First Impressions* survey, which is designed to capture insights from team members during their initial involvement with the OFR process. The survey also gathers feedback on the support provided by MiOFR, with the goal of improving how local OFR teams are established across Michigan.

In fiscal year 2025, MiOFR developed an *Annual OFR Survey* to better understand local OFR teams' ongoing thoughts and perceptions of the OFR process. The aim is to identify opportunities for enhancing the support MiOFR offers statewide. To ensure the survey was relevant and inclusive, input on its development was gathered from individuals engaged in overdose fatality prevention. A draft was reviewed by the MDHHS MODA team, MSP, the University of Michigan, and the SAG, which includes members with lived experience.

### **OFR First Impressions Survey Responses**

In fiscal year 2025, six new local OFR teams were established and conducted their first case review. A total of 93 team members who attended the first case review meeting were invited to take the *OFR First Impressions* survey. MiOFR received 68 responses to the survey, yielding a 73% response rate. Among respondents, 74% (n=50) participated in an introductory meeting designed to familiarize them with the OFR process. Of those participants, 94% (n=47) shared they found the introductory meeting helpful in preparing them for the first OFR case review meeting. Additional responses from the *OFR First Impressions* survey are presented below to provide a broader understanding of team members' early experiences and perspectives.

<b>Respondents reported they...</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>
Felt comfortable sharing their opinions and ideas during the case review discussion at the initial OFR meeting.	97%	3%	0%
Planned to use something shared at the initial OFR meeting (recommendation, finding, data, etc.) in their professional role.	68%	26%	6%
Felt they were ready to participate in future OFR meetings.	100%	0%	0%

## Annual OFR Survey Responses

To assess the experiences of established local OFR teams, an online survey was distributed to individuals who had actively participated in case reviews for at least six months and had attended a minimum of two case review meetings. The survey included 16 questions across seven sections; each designed with the intention of understanding how the OFR process is functioning in communities throughout the state.

In total, the survey was emailed to 501 individuals across 17 local OFR teams, resulting in 75 completed responses, which represents a 15% response rate. Notably, all 17 teams had at least one respondent, ensuring that 100% of teams were represented in the survey results.

Of those who responded, 45% had been involved with OFR teams for one to two years, and the majority, 63%, reported consistent attendance at OFR meetings. These findings suggest that survey participants were well-engaged and brought meaningful experience to their feedback. While the response rate was lower than anticipated, the insights gathered are highly valuable for informing improvements to the MiOFR program.

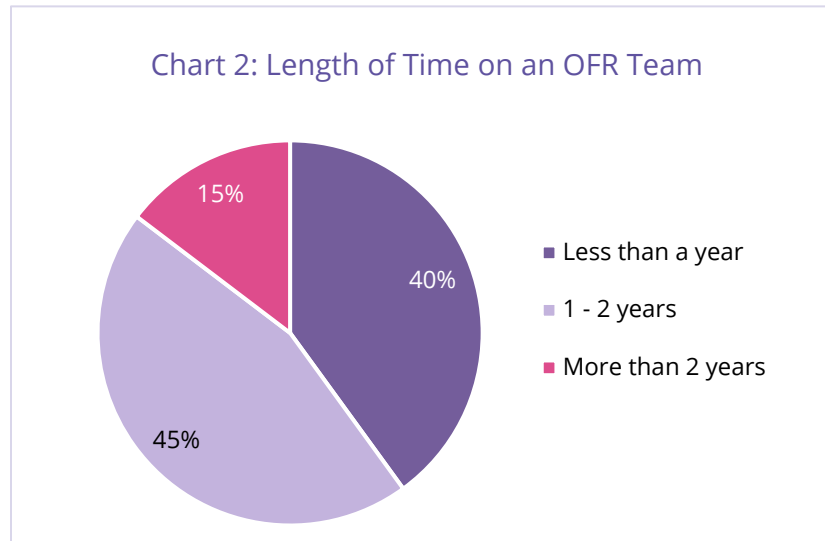
### *Demographics*

The following demographic data provides an overview of survey participation and the composition of respondents, offering insight into the breadth of team representation and experience across Michigan’s local OFR teams.

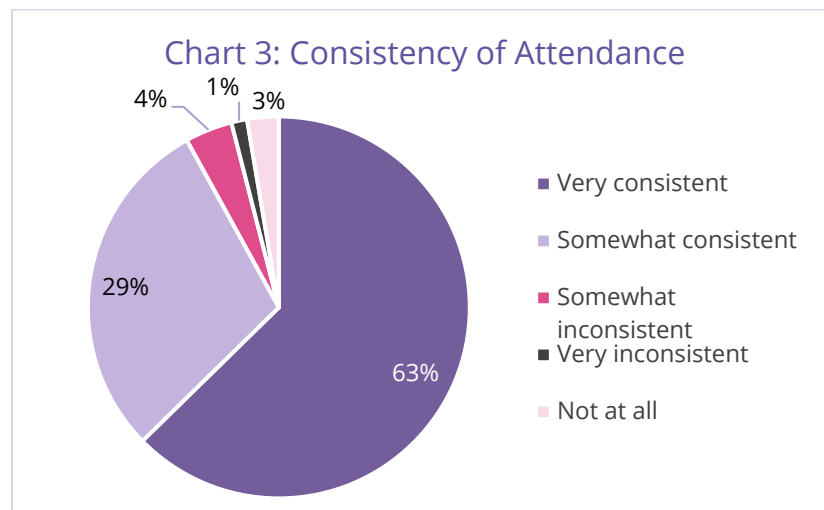
Metric	Value
Total Survey Responses	75
Total Teams Represented	17
Average Respondents per Team	4
Unique Professional Disciplines Represented	31
Respondents on the OFR Team Less Than 2 Years	85%
Respondents on the OFR Team More than 2 Years	15%

### Participation in OFR

Since the establishment of OFR teams, member retention has remained strong. Sixty percent (60%) of team members have participated for over a year, including 15% who have served for more than two years, demonstrating early stability and sustained commitment. Meanwhile, the 40% of newer members contribute to ongoing growth and renewal across teams.

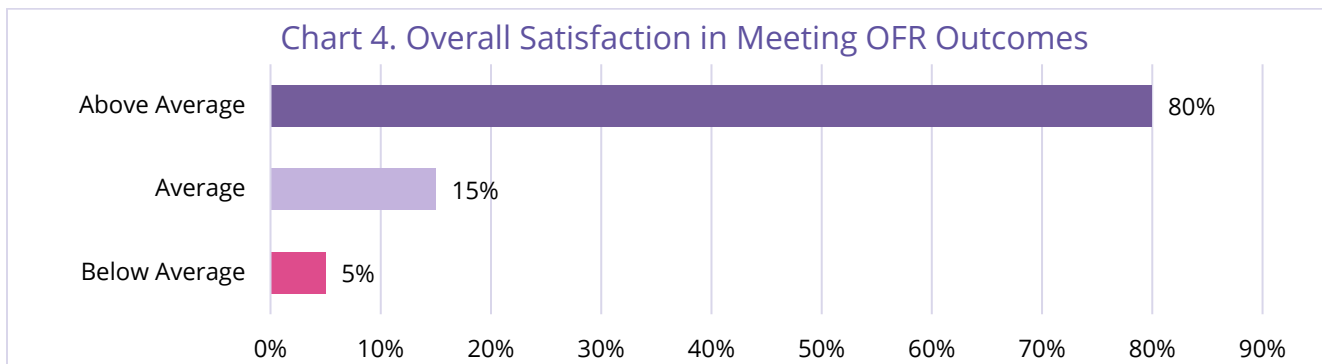


The majority of OFR team members demonstrate strong engagement, with 63% reporting very consistent attendance and 29% somewhat consistent participation. Only 7% fall into inconsistent or non-attendance categories, indicating overall reliable participation across teams.



## Outcomes of OFR

Building on strong engagement and participation, survey respondents also rated OFR outcomes highly. Eighty-seven percent (87%) agreed that OFR is useful for improving understanding of overdose behaviors. Additionally, 80% felt OFR was effective in identifying gaps, 78% saw improvements in collaboration, and 75% rated the process as beneficial in highlighting community strengths. Overall, 80% agreed that OFR is useful at achieving positive outcomes in their community.



Multidisciplinary collaboration is a core component of the OFR process. In partnership with several external evaluation partners, questions from the validated 5-point Wilder Collaboration Factors Inventory were reviewed to identify those most relevant to OFR participation and team dynamics in Michigan.

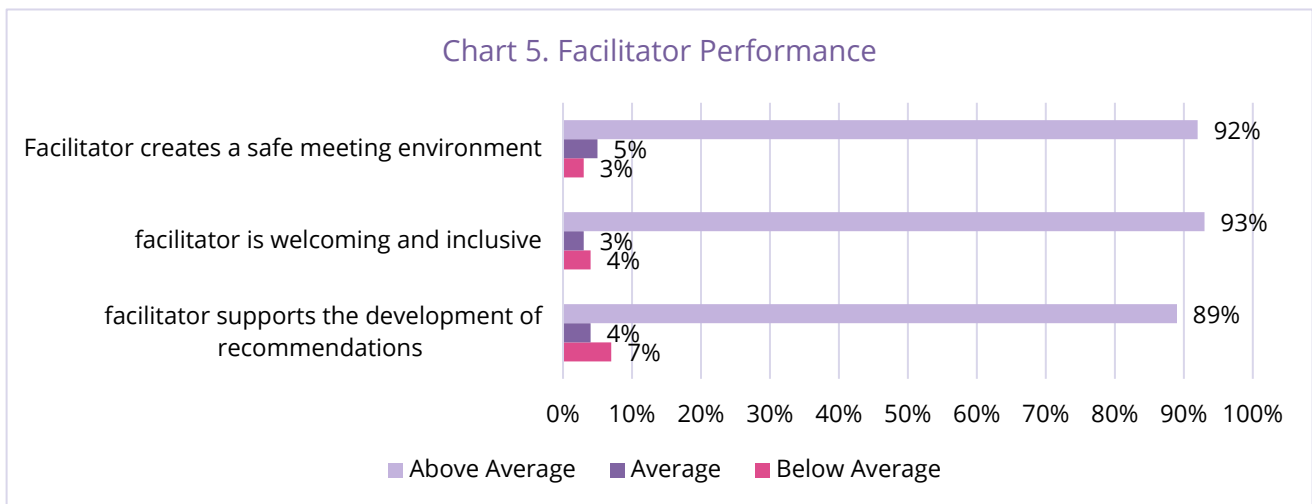
The overall collaboration score is 3.99, which indicates a moderately strong level of collaboration among team members. Respondents rated highest the statements affirming that this is the right time for OFR to be implemented in their community and that their organizations benefit from their participation in this collaborative effort. Lower-rated statements revealed gaps in representation, indicating that not all necessary organizations are consistently included, and highlighted limited outreach to individuals outside of the core team. Additional details from the Wilder Collaboration Factors Inventory are presented in the table below, offering further insight into how respondents rated key aspects of team collaboration.

Wilder Collaboration Factors Inventory Statement	Scaled Score
Trying to solve problems through collaboration has been common in this community. It has been done before.	4.03
The time is right for this collaborative project.	4.43
People involved in our collaboration trust one another.	4.01
The people involved in our collaboration represent a cross-section of those who have a stake in what we are trying to	4.34

accomplish.	
All the organizations that we need to be members of this collaborative group have become members of the group.	3.37
My organization will benefit from being involved in this collaboration.	4.44
The level of commitment among the collaboration participants is high.	3.97
People in this collaborative group are open to different approaches to how we can do our work. They are willing to consider different ways of working.	4.01
Information about our activities, services, and outcomes is used by members of this collaborative group to improve our joint work.	3.76
Our collaborative group engages other stakeholders, outside of the group, as much as we should.	3.51
<b>Overall Average Collaboration Score</b>	<b>3.99</b>

### Facilitation in OFR

Survey results show consistently high satisfaction with the facilitator’s role in OFR meetings. Respondents overwhelmingly rated the facilitator as above average in creating a safe meeting environment (92%), welcoming diverse community groups (93%), and supporting the development of recommendations (89%). These findings highlight the facilitator’s effectiveness in fostering inclusive, respectful, and productive discussions.



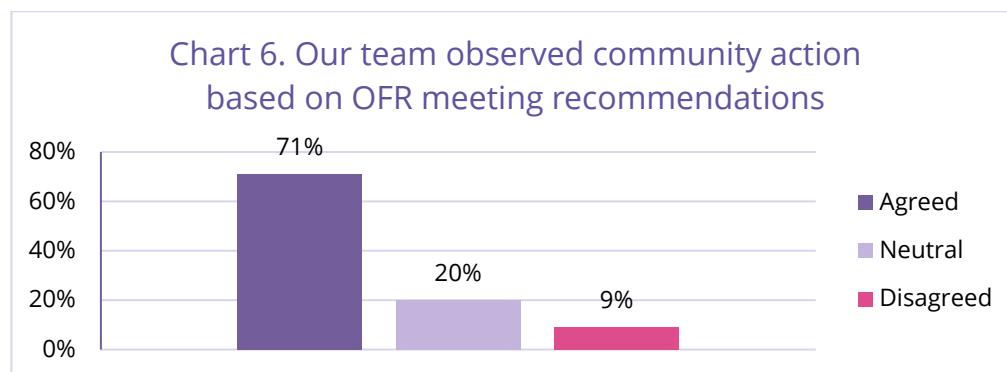
### State Advisory Group Review Theme Implementation

Nearly two-thirds of respondents indicated the SAG CRTs were relevant to the overdose fatalities occurring in their communities. Forty-two percent (42%) of respondents indicated that their OFR team was utilizing the SAG review theme criteria in the case selection process, while 54% were unsure.

SAG CRTs included decedents in one, or more, of the following demographic categories	Relevance
Black, Indigenous, and People of Color (BIPOC)	66%
62 years of age or older at the time of death	59%
Pregnant or had given birth within the 12 months preceding death	58%
Decedents that had been incarcerated within the 6 months preceding death	74%
Decedents that experienced, or were perceived to have experienced, housing instability or homelessness	80%
<b>Average</b>	<b>67%</b>

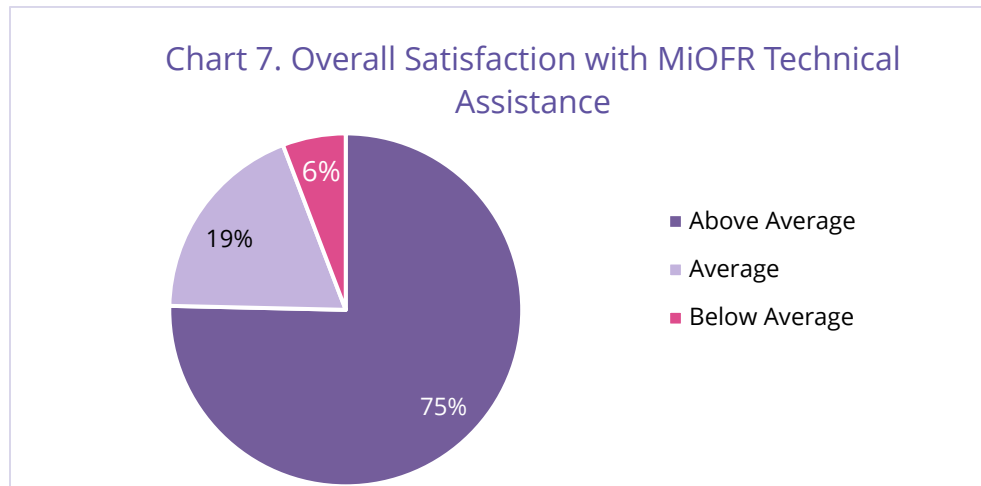
### Recommendations

Survey results indicated strong agreement that the recommendations generated as a result of OFR case reviews accurately reflect OFR meeting discussions, with 82% rating this aspect above average. Most respondents (74%) also plan to apply the recommendations in their professional roles, suggesting high potential for practical use. While 71% of participants said they have seen community action based on the recommendations, a mix of neutral and negative responses suggests that progress may not always be visible or consistent. Overall, the findings suggest strong alignment and intent to act, alongside opportunities to enhance communication and demonstrate progress in the community.



## Perceptions of MiOFR Technical Assistance

Respondents positively rated MiOFR's technical support. The majority found the various resources, services, and tools such as the Data Sharing Agreement and Confidentiality Agreement templates, along with electronic communications (e.g., newsletter and funding announcements), to be above average. They also rated the technical assistance provided by MiOFR Consultants to be above average. Overall, 75% of respondents rated MiOFR's technical assistance as above average, 19% average, and only 6% as below average, reflecting broad satisfaction with the support offered.



Respondents' written feedback highlighted several positive aspects, including collaboration, multidisciplinary engagement, community awareness, inclusivity, prevention focus, gap identification, and the potential for meaningful change. Those providing suggestions for improvement focused on increasing professional engagement, refining meeting schedules and facilitation, enhancing information sharing, addressing legal concerns, and improving team composition.

Respondents also expressed interest in expanding their team's case selection criteria to include more diverse populations, such as women and veterans, as well as cases reflecting emerging trends and system touchpoints. Additionally, team members suggested that education level, alcohol use, emergency room diversion, participation in non-evidence-based treatment programs, and involvement with children's protective services should be considered when selecting cases for review.

Overall, the survey revealed elevated outcomes, including improved understanding of overdose behaviors, stronger collaboration, enhanced professional relationships, and a sense of hope and energy surrounding the OFR process.

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## LOOKING AHEAD

MPHI's MiOFR staff will continue to provide extensive support and technical assistance to local OFR teams, those interested in the OFR process, and the SAG in the year ahead. This includes ongoing efforts related to:

- Developing and maintaining state-level partnerships between public health and public safety.
- Facilitating the activities of the MiOFR SAG, including overseeing the implementation of the CDC's PHAST Toolkit and framework and utilizing the CRT process to support local OFR teams.
- Building and expanding the infrastructure of the MiOFR program, including establishing new OFR teams with a focus in rural, northern Michigan, standardizing OFR practices and procedures, and integrating feedback learned from the Annual OFR survey.
- Continued utilization of the MDHHS Michigan Substance Use Vulnerability Index (MI-SUVI) as a tool to guide MiOFR expansion and equitable SUD program and policy decision-making.
- Developing an OFR facilitator training to ensure that local OFR team coordinators have the knowledge and tools needed to successfully manage and facilitate the efforts of an OFR team. The training will include how MiOFR program staff support local OFR teams, what is and is not expected of an OFR team coordinator, an overview of the Overdose Fatality Review Act 313 of 2023, how unconscious bias impacts OFR, and the necessity of utilizing a trauma-informed approach and centering de-stigmatization of substance use disorder.
- Expand OFR case abstractor resources to include information about utilizing MiCelerity, a real-time drug poisoning surveillance system hosted by MDHHS, to build the capacity of local OFR teams to support the OFR process.
- Building local OFR team capacity and encouraging membership to dedicate time within meetings to discuss, review, prioritize, and assign recommendations developed.
- Continuing to explore ways to connect local OFR teams, including coordinators and case abstractors, to resources to support efforts.
- Navigating the implications of the Overdose Fatality Review Act 313 of 2023 and developing supplemental resources to support teams.

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For additional information about Michigan's Overdose Fatality Review Program, please visit <https://michiganofr.org/> or contact us at [MichiganOFR@mphi.org](mailto:MichiganOFR@mphi.org).

This report was created by the Center for Child and Family Health (CCFH) at the Michigan Public Health Institute (MPHI) on behalf of the Michigan Overdose Fatality Review (MiOFR) Program.

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