Reading Between the Lines: Uncovering Actionable Themes Through Qualitative Fatality Review Analysis

VANESSA MADRIGAL, BA, CLINICAL RESEARCH COORDINATOR, WEILL CORNELL MEDICINE

GREGORY GALLO, LCSW, CLINICAL PROGRAM MANAGER, DUTCHESS COUNTY DEPARTMENT OF MENTAL HEALTH

Overview

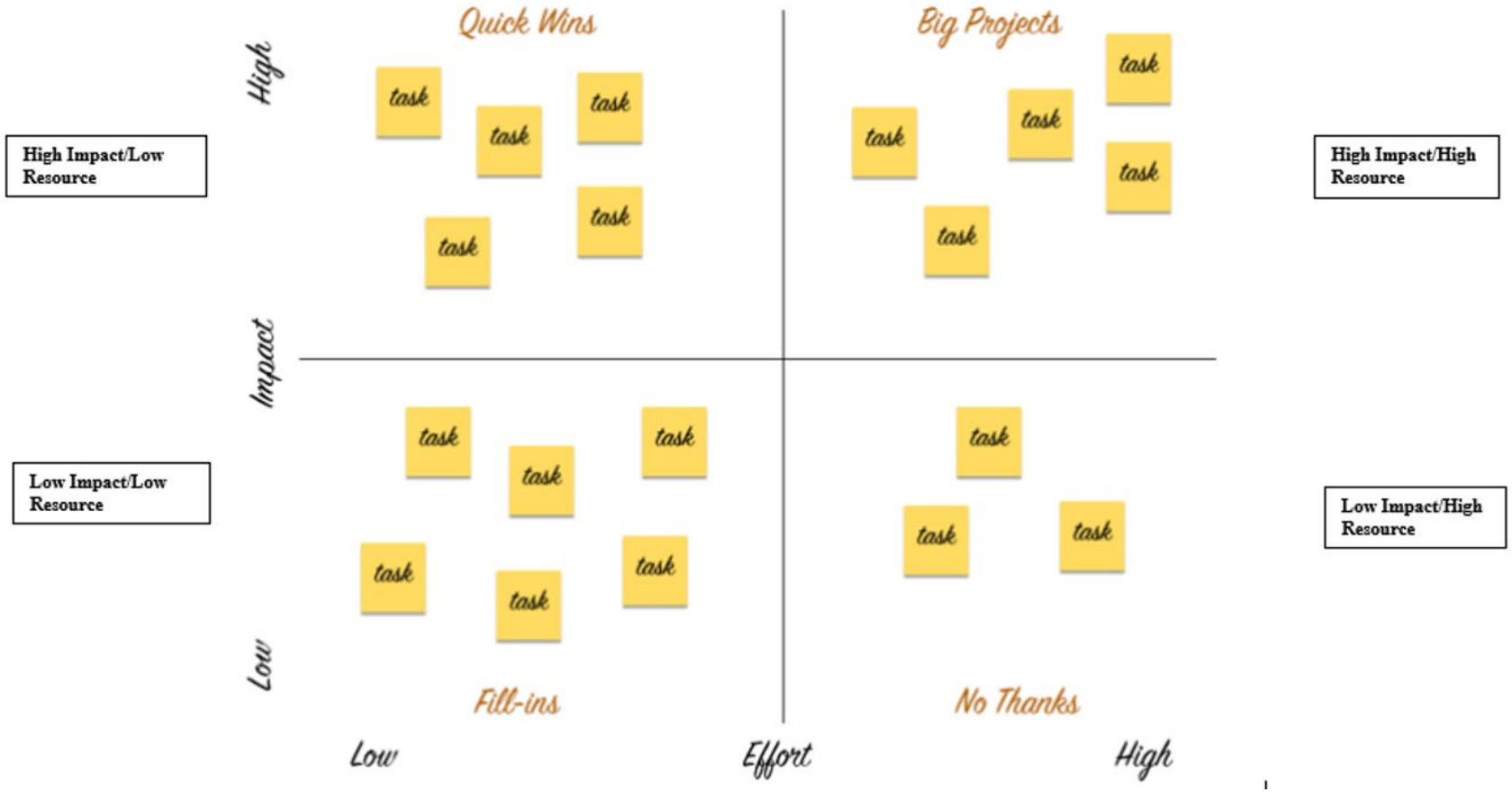
1. Introduction to Dutchess Fatality Review Committee
2. Background on Recommendation Subcommittee
3. Initial Collaboration and Renewed Partnership
4. Why Qualitative Research?
5. Research Questions
6. Methodology
7. Preliminary Results
8. Setbacks and Limitations
9. Next Steps
10. Questions

Introduction to Dutchess Fatality Review Committee

- Started in 2023
- Multidisciplinary
- In- person, 1.5 hours
- Average attendance: 30



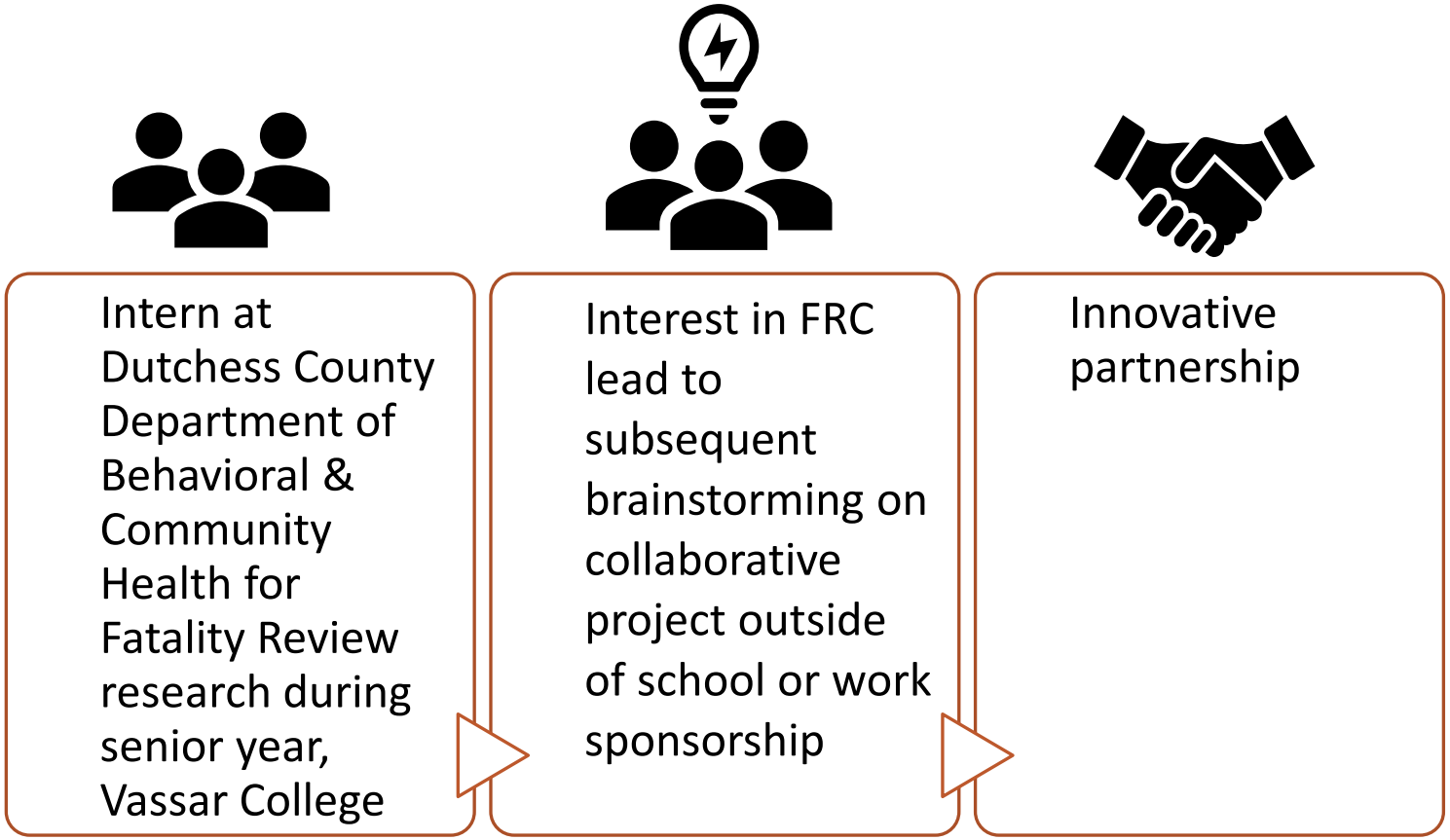
Background on Recommendations Subcommittee



Recommendation made for people to have places to socially gather (this could coincide with Clubhouse recommendation or Empowerment Center programming). Build programs that connect multigeneration ie seniors to school age
Recommendation made for a more robust public transportation system in Dutchess County
Suggestion that PROS/Clubhouse could counteract social isolation (similarly to Sara's suggestions of alternatives to Suicide Group, Live for Today group which may not be mandated reporting for SI.)
Increase training on how to help ppl on Autism Spectrum in MH system
Comment made by Kristin to consider screening for suicide in PCP offices…this was later seconded by Margot Schinella via email
Recommendation to help mother/neighbor with her guilt, grief, etc. of son's passing
Recommendation to adopt a school program helps to decrease bullying and increase elderly interaction
Start alternatives to Suicide Group in Dutchess County
When a program closes- who were those people serving, how do we ensure a warm handoff?
Recommendation to look into reasons why those awarded x hours of services would not take the hours they are entitled to
Recommendation made to increase amount of interviewees in FRC process
Recommendation for students to conduct project to put messaging in the bathrooms
Recommendation to intervene at schools and educate/train staff to identify early childhood ACEs, we cover this at Building Bridges Conference
Dr. Santiago – primary prevention perspective, why are men sexually abusing children? What is causing so many men to abuse, what can we do in terms of prevention to cut this shit out?
Better identify individuals who qualify for LEAD referrals
Comment made about importance of early intervention which address trauma and interplay of substance use and trauma.
Child Trauma screen is available from probation (recent development) and could have been useful in diagnosing decedent
Increase collaboration of care
Recommendation to examine how many suicide cases were previously incarcerated?
Recommendation to increase the amount Spanish speaking providers
Comment made suggesting providers are not scheduling transportation for clients, how do we change this?
Comment made that decedent was HARP eligible, how can we promote that more
Recommendation to support early intervention in school to ID underlying reasons for substance use ie trauma, eating disorders
Analyze what is our system of support for sex offenders
Comment, peers in cohort to recognize suicide warning signs in their friends, recommendation, trainings for gyms and college students?
Leave behind kits with resources in restaurants
Gun lock distribution project
Safe storing of firearm project
How do we reach the unhoused population, embed structure of support for people that are facing eviction
More providers should use Unite Us platform
Child Support Office – potential point for intervention
Shows the value of the BEAT Team or Behavioral Health Specialist riding along with police
Bridge barriers
Recommendation to send something to NOKs after event similar to hospice model
Community education if a gun gets stolen, what to do
Modality called emotional CPR for clinicians to have non-judgmental open convo- good for RAs knowing it. We should get RAs be comfortable with the knowledge.
A system improvement would be paying attention to those people who are not showing outward signs of struggle. We should provide universal prevention strategies from a young age
Question to ask in the stabilization center is "Do you have means?" We should be doing outreach to the hair styling and barbering industry because people talk while getting their hair done.
Recommendation around connecting with pharmacies re issues with filling MOUD Rx
Idea of safe consumption sites brought up
Recommendation to connect with Corrections leadership to help shape culture around SU & MH. The correctional system is reluctant to change to allow more open . discussion of resources. Better outreach about peers and recovery coaches that don't diagnosis people on a medical record may be their best option . Alternative resources that are non-local as an option, make it known to unions, EAPS, leadership so that first responders may have more options and privacy
Create workplace peer groups
Recommendation to bring transportation rep into FRC/OTF/etc to begin to address barriers to transportation
Coordinators, including Bob Bready, discussed the idea of an informational message sent out to all Dutchess County animal hospitals about safeguarding animal tranquilizers, including Xylazine
Increasing education around dangers of using alone, including don't-use-alone-hotline
Nicotine patches should be made more available to patients who are clearly struggling with that addiction and is impeding their recovery.
Developing some sort of program that destigmatizes sex work and normalizes it would help lower their barriers to care. (Judy: NYC has a similar program).
Better train treatment providers on sex workers and trauma surrounding that profession.
There should be a peer support group for peer support providers.
As the decedent had just contacted a divorce attorney, perhaps there should be a system in place that notifies when a high-risk individual is doing actions like this.
Liquor stores/divorce attorneys, or other high-risk stores/professions could have literature made available for their clients.
Chronic pain patients need increased support/education.

There should be education for friends and family members after a person's first suicide attempt.
Holiday support for high-risk individuals
Putnam County is flagging 911 calls for high risk for previous calls of similar nature (this was recommended by Margot Schinella from Vassar College previously)
Include resource one pagers for discharge plans in EDs
We could add a field into CaseFacts regarding gender/sexuality
Increase data collection efforts regarding LGBTQIA and OD/suicide
Leave behind kits in funeral homes
Leave behind kits with ME's
Connecting more with family of the decedents
Care package for funeral homes, have information for Trauma Team
Family Court "the house of pain" point of intervention. Intake screenings for Family Court Public Defender Social Workers?
Loss Team forming in Putnam County for survivors of suicide, combination of volunteers with lived experience and professionals, early stages
Put flyers for Never Use Alone hotline in the college clinics
Never use alone hotline – if we were to empower people with info on that hotline….one way we can support people that might be at risk for return to use, make sure everyone has that hotline phone number. Especially for people who isolate or live alone.
High Risk navigators are only in ERs for 8 hours out of 24 hour system, "we need to think about systemic, 24 hour solutions"
I think providing information at age 8 (DARE, etc.) I think that's where we're missing the mark, you've got to do it before 12 or 13 with the peer pressure
Missed opportunity for NYSP to call Mobile Crisis
Look at ongoing support for the child survivors of murder and suicide
Add never use alone hotline info into Narcan kits
Reach out to Tracey for Family Court cases
Education for parents around identifying child sexual abuse for parents
Consider workplace supports for peers, "he was one himself and lacked support…bring way more work place support for peer roles…we have OSHA for construction, but peers are lacking support in the workplace"
Research around tetris and other repetitive activities to be conducted at moment of trauma, download this on your phone and start playing this game
Investigate rate and variables related to evictions in Dutchess County

Initial Collaboration and Renewed Partnership



Why Qualitative Research?



Type of dataset



Provides a response to the "how" and "why" of a phenomenon



Gives a voice to lived experience



Ideal for exploring new and nuanced data

Research Questions

Aim 1: What are the touchpoints in an individual's life for preventing deaths by overdose or suicide?

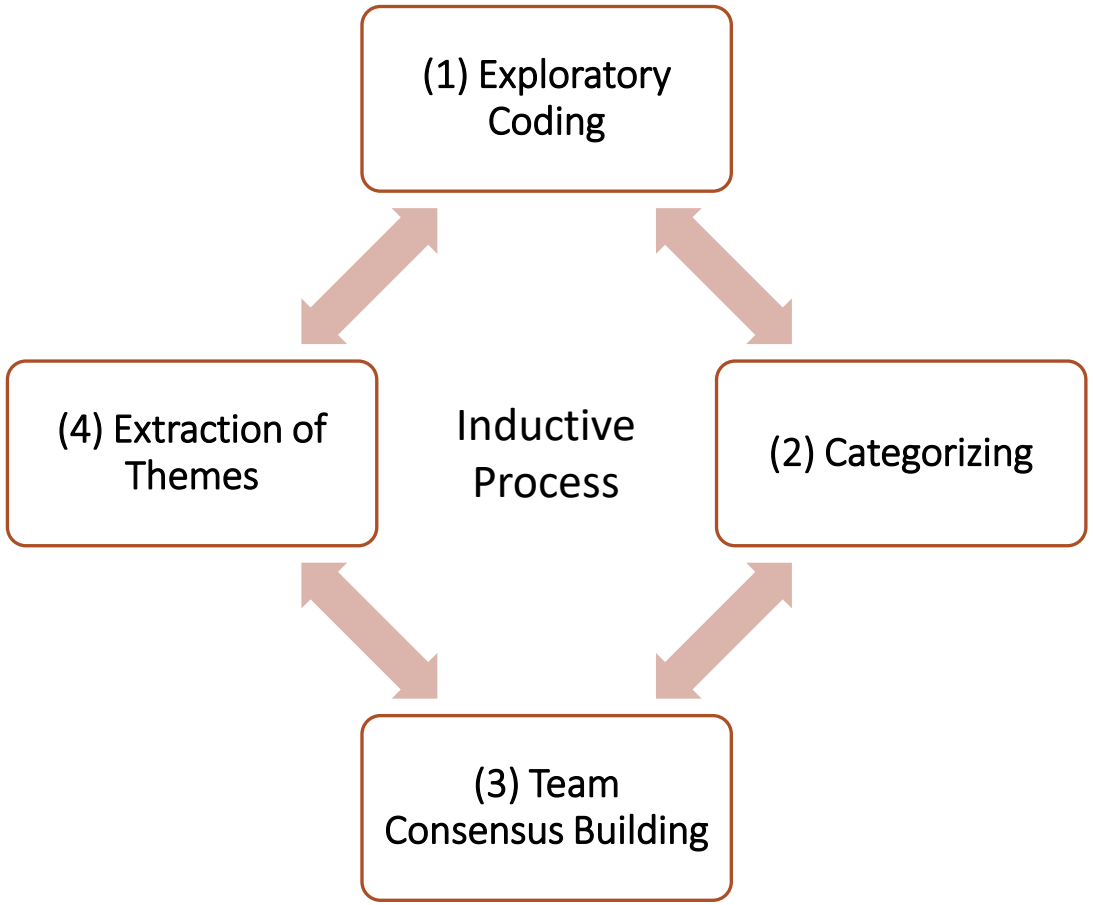
- Case study comparison of biopsychosocials (9 overdoses, 6 suicides) via qualitative analysis to provide support and confirmation for recommendations

Aim 2: How do touchpoints identified align with SODFRC current recommendations strategies?

- Triangulating themes identified in Aim 1 to current recommendations and procedures

Methodology Overview

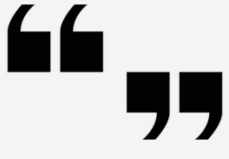




Methodology: Immersion of Data



Reading, rereading, memeoing

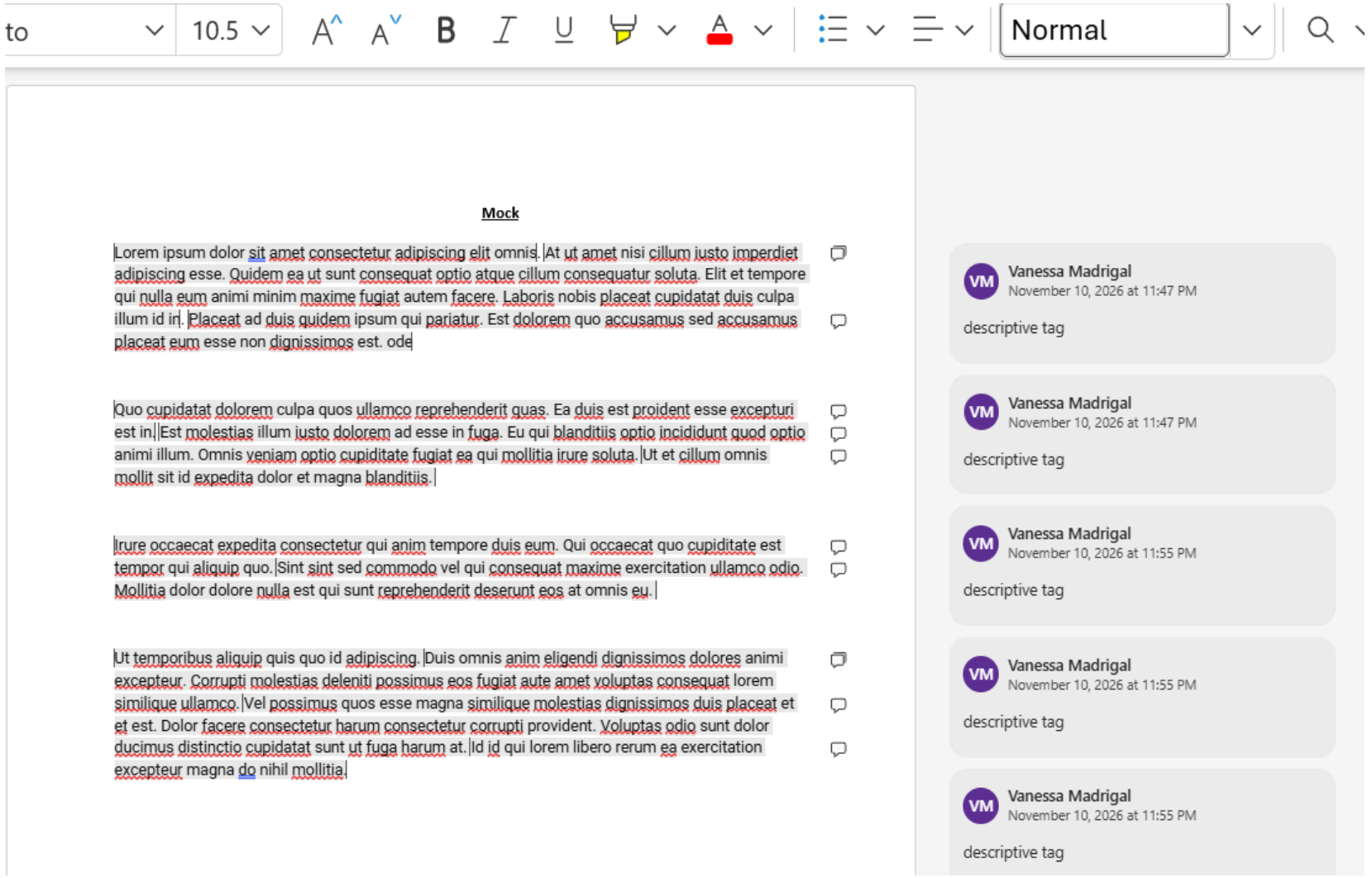


Questions asked:

1. **What I noticed:** (Observations or quotes) Ask yourself: - What stood out? - What surprised me? - What feels important? Write brief notes capturing observations without over-interpreting
2. **What I think it might mean:** (Interpretation or hypotheses) Ask: - What might this mean? - What is the participant trying to convey? - What assumptions am I making? Begin exploring possible explanations.
3. **Connections or patterns:** (Links to other cases or codes) Where have I seen this before? - Are there similarities or contradictions across participants? conditions seem to shape this experience? Look across cases. How do these ideas connect? - What process or mechanism could explain this? - Articulate tentative explanations

Methodology: Exploratory Coding

- Open coding
  - Completed via comments on a WordDoc
  - Assigns descriptive labels (codes) to data fragments without using pre-set categories
  - Generates large volumes of codes that will later be organized



Methodology: Categorizing

- Exported comments into Excel using OnStyle
- Index coding
  - Organizing by topic
  - *Examples: Treatment history, NOK perceptions, Time leading up to death*
- Open coding
  - Provides more structure to index code categories
  - Flexible enough to create new categories as insights emerge
  - *Examples: periods of stabilization, experience with prescribed medication in "treatment hx" category*
- Development of a codebook

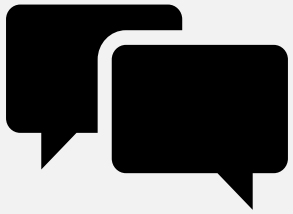
Docum	Code #	Page	Reference Text	Descriptive Tag	Index Code	Child Code
A	1	1	[redacted]	Initially sought treatment for drug usage	treatment	periods of stabilization
A	2	1	[redacted]	Loved one's misconception of use of MAT medication	treatment	experience with prescribed medications
A	3	1	[redacted]	Loved one's perception of usage of MAT treatment	treatment	experience with prescribed medications
A	4	1	[redacted]	Loved one's unaware of decedent's drug habits	NOK perce	open or closed communication about drug usage
A	5	1	[redacted]	Avoidance towards drug usage	NOK perce	open or closed communication about drug usage
A	6	1	[redacted]	Perception that decedent was isolated, little leisure	time leadir	social relationships

Codebook

- 17 total index codes
  - Treatment hx
  - Social relationships
  - Manner or state of death
  - Time leading up to death (defined as 6 months or less)
  - Mental health
  - Job hx
  - Legal hx
  - Court involvement
  - Housing
  - Medical hx
  - Perceived major life stressors or crises
  - Perceived major life changes
  - NOK perceptions
- Each category has about 2 – 7 subcategories or "child codes"

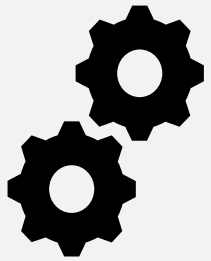
Index Code	Child Code	Definition
Demographics		
	Class	Socioeconomic class while under care of guardian
	Education	Description of type of education experience of individual
	Sexual Orientation	Sexual Orientation of individual
	Gender Identity	Gender identity of individual
	Race or ethnicity	Race or ethnicity of individual
	Religion	Relationship with religion/spirituality
	Place of Origin	Area where individual grew up
Family History		
	Family Hx	Description of family history (medical, work, etc)
	Relationship with Family	This could also be directional (e.g. close relationships, tense relationships)
	Familial involvement in substance use behaviors	Description of the type of presence family had in individual's substance use history (ex. Enabled use, supported recovery, absent in recovery, etc)
Decedent Interests/Hobbies		
Substance Use History		
	Used alone or with others?	Description of who individual used substances with
	Previous overdoses?	Overdose hx

Methodology: Team Consensus Building



- Discussion of codebook at Fatality Review Committee meeting
  - Added child codes based on committee members prior theoretical and experiential understanding
    - *Ex. chronic pain, service refusal*
- Integrated critique in codebook resulted in subsequent rounds of coding
- Consulted FRC members to seek clarification related to occupational and regional specific language

Methodology: Extraction of Themes



- Breaking down subcodes
  - Summarizing various themes that arise
  - Counting for prevalence between and within cases

Preliminary Results: Demographics

Table 1. Next of Kin Interviewed (N=9)

Characteristic	Category	Case	Frequency
Relationship to Decedent	Mother Father Sibling	A, C, E, F, G A, H, I B, D	4 3 2
Quality of Relationship	Close Distant	A, C, D, E,F,G,H,I B,	8 1

Table 2. Demographics of Decedents (N=9)

Characteristic	Category	Case	Frequency
Gender	Cis-Female Transgender-Female Cis-Male	C, D, G, H B A, E, F, I	4 1 4
Class	Working class Middle class Upper class Missing	F, H A, G, I, D B C, E	2 4 1 2
Race	Non-Hispanic White Hispanic	A, B, C,D,F,G,H,I E	8 1
Education	High school degree GED obtained from Dutchess Community College Vocational School Some College College graduate, out of state Traditional Path Non-Traditional path (affected by behavioral/substance issues)	E C, H,I B F,G A,D A, B, D, E C, H, I, F, G	1 3 1 2 2 4 5
Place of Origin	Local Out of State	A, B, E C, D, F, G,H,I	3 6
Religion	Raised catholic, non-practicing as adult Antagonistic to Religion Raised catholic, remained spiritual No relationship to religion Missing	A,B,H C E,F,I, G D	3 1 3 1 1
Sexual Orientation	Straight Lesbian Bisexual	A, C, D,E,F,G, I B H	7 1 1

Table 3. Sample of Extracted Themes from Subcategories

Category	Theme	Case	Prevalence
Family History- Familial Involvement in Substance Use Behaviors	1. Unsuccessful intervention for decedent to receive treatment, feeling of helplessness	A (42), C(31), D(48), G, (34),G(35), G(47), H(30)	5
	2. Reduced parental involvement due to limited ability to help	C (22), D(75), F(52)	3
	3. Forced treatment by family member	C(31), H (30) I(27)	3
	4. Distrust of treatment	C(31), H(p4)	2
	5. Family member abusing substances at home affecting decedent	C(73), E(31), H(18), H(p5)	3
	6. Successfully assisted decedent in obtaining treatment	D(41), I(27)	2
	7. Family collaboration in care	C(75), F(52), I(47), I(3)	3
	8. Family resistance to contribute to care	F(53)	1
	9. Missing	B	1
Legal History-- Incarcerations	1. Repeated criminal justice involvement and incarceration related to substance use, probation/parole violations, or noncompliance with court-mandated programs.	C(39), C(78), C(93), C(95), E(34), F(40), I(54)	4
	2. Incarceration as a setting for treatment stabilization	E(41.2), H(40), F(p3)	3
	3. Transitions from jail or prison to the community were marked by abrupt medication discontinuation, limited healthcare follow-up, and difficulties accessing treatment services.	E(41.2), H(45)	2
	4. Substance use contributing to supervision violations	C(78), F(30), F(40)	2

Setbacks and Limitations

Limitations of data—what data do/don't we have?

Unavailability to "member check" that enhances rigor of methodology

Lack of protected time increased length of project completion

Next Steps


Complete extraction of themes
Overlay existing Fatality Review Committee (FRC) recommendations with research findings
Present findings to FRC
Replicate process for suicide cases

Thank you!

- Do you have any suggestions?
- Have you done something similar?
- Any questions for us?