



Mercer County Overdose Fatality Review Team (OFRT)

2020-21 Annual Report *Summary*



Reporting Period
10/1/2020-9/30/2021

Mercer County Overdose Fatality Review Team

In 2020, Trenton Health Team received funding from the Mercer County Department of Human Services to establish an overdose fatality review team to study drug-related deaths in hopes of finding better ways to address the needs of those struggling with addiction and prevent future overdose deaths.

The OFRT is an innovative collaboration among the Mercer County Department of Human Services/Office of Addiction Services, Mercer County Prosecutor's Office, Middlesex Regional Medical Examiner's Office and more than 30 other government, health care, and social service organizations.





Mercer OFRT Background

Similar to other communities in New Jersey, Mercer County is suffering a rise in opioid overdoses -- drug-related deaths more than doubled from 2016 to 2018, from 16.0 to 37.6 per 100,000 residents.

Mercer County has an established continuum of care in place through contracts awarded to local agencies providing services including detox management, residential treatment, outpatient treatment and halfway house services. Yet, overdose numbers continue to rise.

The Mercer OFRT offers a new approach to prevent future overdoses. OFRT meetings enable community care providers to come together and analyze patterns of overdose and develop local solutions to shape programming, policy and services within their jurisdiction.

Our Community

Mercer County, New Jersey

Demographics

- 367,922 population
- 62.9% White
- 20.7% African-American
- 17.5% LatinX
- 7.9% families living below the poverty line, with median household income of \$81,057

Data reflects the most recent available ACS data, which is the 5 year estimate from 2015 - 2019

Healthcare Services

- 3 hospital systems
- 1 federally qualified health center
- 1 syringe exchange program



Our Community

Mercer County, New Jersey

Opioid related data (2019)

- 115 suspected overdose deaths (compared to 48 in 2013)
- 534 naloxone administrations
- 17,520 opioids prescriptions (compared to 214,704 in 2013)

Source: <https://www.njoag.gov/programs/nj-cares/nj-cares-data-by-county/>



Health Outcomes

- In this area, the estimated prevalence of diabetes among adults aged 18 years and older (%) was 7.1 with 95% CI (6.7, 7.4) in 2018.
- In this area, the estimated prevalence of high blood pressure among adults aged 18 years and older (%) was 23.1 with 95% CI (22.5, 23.8) in 2017.
- In this area the estimated prevalence of high cholesterol among adults aged 18 years and older (%) was 28.6 with 95% CI (28.1, 29.0) in 2017.

Source: <https://experience.arcgis.com/experience/22c7182a162d45788dd52a2362f8ed65>

Mercer OFRT Year 1 Achievements

34

Organizations
participating

26

Decedent Cases
Reviewed

22

Organizations
Contributing data

7

Overdose Fatality
Review Sessions

5

Recommendations
Committee
Meetings

Mercer OFRT Participating Organizations

1. Capital Health System
2. Catholic Charities
3. Coordinated Entry and Assessment Services (CEAS) Center
4. Community Addiction Recovery Effort (C.A.R.E)
5. Corner House Behavioral Health
6. Hamilton School District
7. Harm Reduction Center - Hyacinth Foundation
8. Helping Arms Inc.
9. Henry J. Austin Health Center
10. High Intensity Drug Trafficking Area (HIDTA)
11. Iron Recovery and Wellness Center
12. Maryville Addiction Treatment Center
13. Mercer Council
14. Mercer County - Board of Social Services
15. Mercer County - Human Services
16. Mercer County Health Officer's Association
17. Mercer County Prosecutor's Office
18. Middlesex Regional Medical Examiner's Office
19. New Hope Integrated Behavioral Healthcare
20. New Jersey Department of Health
21. Oaks Integrated Care
22. Phoenix Behavioral Health
23. Recovery Advocates of America - Hamilton
24. Recovery Centers of America - Trenton Healthcare Clinic
25. Recovery Centers of America - Woodbridge
26. Rescue Mission of Trenton
27. Robert Wood Johnson Barnabas Health - Hamilton
28. St. Francis Medical Center
29. TCNJ - Intoxicated Driver Resource Center
30. Trenton Area Soup Kitchen
31. Trenton Health Team
32. Trenton Police Department
33. Turning Point United Methodist Church
34. University Behavioral Health Care

Mercer OFRT Recommendations Committee

Organization	Participant Official Title
Catholic Charities	○ Director of Addiction Services
Henry J. Austin Health Center	○ Senior Director of Behavioral Health
Mercer Council	○ Executive Director ○ Recovery Specialist
Mercer County Department of Human Services	○ Director ○ Deputy Director
Oaks Integrated Care	○ Director of Nursing
St. Francis Medical Center	○ Chair and Medical Director, Department of Emergency Medicine
Trenton Area Soup Kitchen	○ Director ○ Peer Recovery Specialist
Trenton Police Department	○ Pro. Lieutenant, Domestic Violence/Grant Manager/Procurement ○ Sergeant, Trenton Police Training Unit Supervisor



Mercer County OFRT Meeting Logistics and Facilitation

Mercer OFRT

How the OFRT was formed:

Organizations received an email invitation outlining the need and purpose of an OFRT along with information explaining this new approach to prevent future overdoses through established OFRTs supported by the New Jersey Department of Health.

Following the invitation emails, THT scheduled conversations with some stakeholders to discuss the initiative and data-sharing request. Agencies that agreed to share data then completed data-sharing and confidentiality agreements through DocuSign for electronic signature.

Participating organizations named at least two representatives to attend monthly meetings. Each participant received ZOOM calendar invitations and reminders for all convenings.

Mercer OFRT

How fatalities are reviewed:

The OFRT meeting facilitator is a registered nurse, with clinical experience in addiction and mental health services. The facilitator selects three to four decedents from a list of confirmed overdoses provided by the Middlesex Regional Medical Examiner's Office. The selected decedents are shared with the Medical Examiner and Mercer County Prosecutor's Office for approval to review.

The decedent's full name, date of birth, date of death, age, race and sex are shared with data-contributing participants only. Participants are asked to submit decedent information via secure email.

The meeting facilitator composes a case summary including information provided by data-contributing agencies, data acquired from the Trenton Health Information Exchange, the Mercer County Prosecutor's Office and NJDOH/HIDTA Social workers. The case summation is shared via secure email to OFRT participants who have completed a confidentiality form.

Mercer OFRT

What happens during case review meetings:

- Meeting participants remain in the Zoom teleconference waiting room until they can be matched to a completed meeting confidentiality form for that month
- OFRT ground rules are reviewed
- A slide listing major components of each case is displayed via screen share and remains on screen throughout the case discussion
- The meeting facilitator reads the case summation out loud and selects data-contributing partners to share their encounters
- The facilitator asks questions to encourage discussion, such as:
 - What were the missed opportunities?
 - What could we have done differently?
 - What information is missing?
- Participants share observations, trends and recommendations for each decedent. Comments are summarized and restated to the group to ensure accurate interpretation of the discussion and information shared.

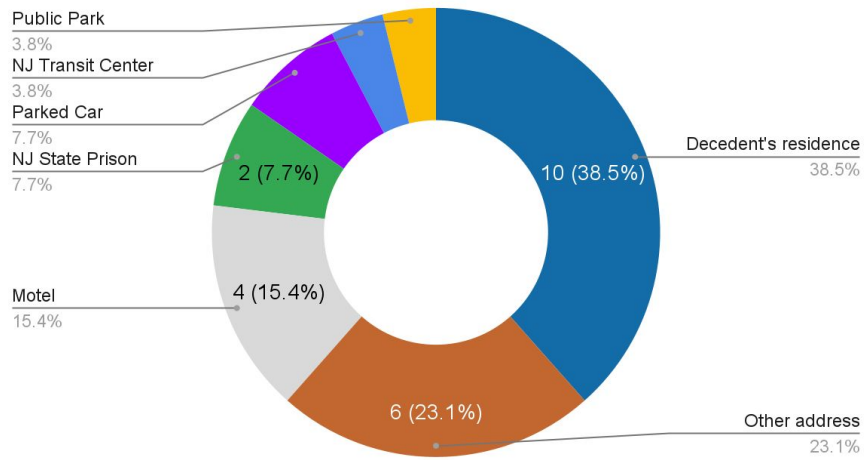
Mercer OFRT: Limitations on Data

- The primary source of data was limited to the Trenton Health Information Exchange (THIE) and our data sharing partners. As a result, case reviews were limited to the data shared. Furthermore, this limits our reporting of trends across all cases. For example, if we collected substance abuse treatment for 60% of the decedents reviewed, it cannot be concluded that only 60% of the decedents had a history of substance abuse treatment.
- Any clinical terms, such as depression are used to indicate that a clinical professional diagnosed and was included in the decedent's clinical record.
- In an attempt to reduce bias and error, any information gathered has been reported as found from source. For example, if information within the HIE reports a referral and no treatment, it is not recorded as treatment. If the referral was made to an OFRT data-contributing partner, the OFRT coordinator will request further information from the partner.
- Our sample size is not necessarily representative of the entire population of Mercer County
- Causation cannot be inferred from our model, since there is no control.
- We cannot rule out human error or implicit bias in reporting our findings, since we are a part of this community and have a connection with the stakeholders and systems in Mercer County.

Mercer OFRT Findings: Location of Death

This information was collected from 26 decedent case reviews.

Place of Death



Place of Death

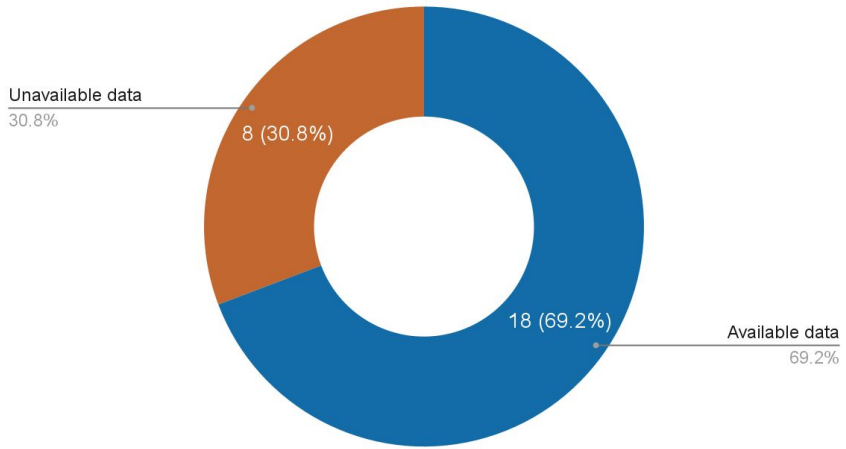
- 10 decedents 38.5% were found in their residence
- 6 decedents or 23.1% were found in a residence (a specific address that is not the decedent's residence, but is either someone else's current residence or an abandoned residence)
- 4 decedents or 15.4% were found in a motel
- 2 decedents or 7.7% were found in a NJ prison
- 2 decedents or 7.7% were found in a parked car
- 1 decedent or 3.8% was found in the Trenton Transit Center
- 1 decedent or 3.8% was found in a public park

Mercer OFRT Findings: Health Related Data

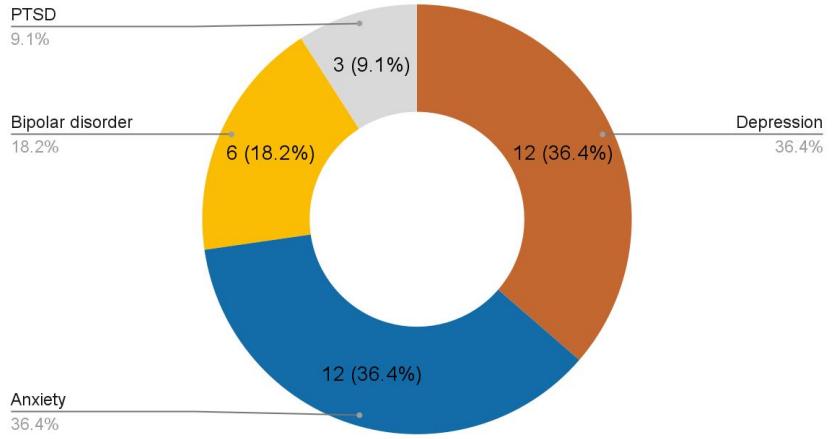
Mental Health History

8 out of 26 decedents (31%) had no identified record of a mental health diagnosis. The remaining 18 had at least one identified record of a diagnosed mental health condition shared by our data sources.

Mental Health Data



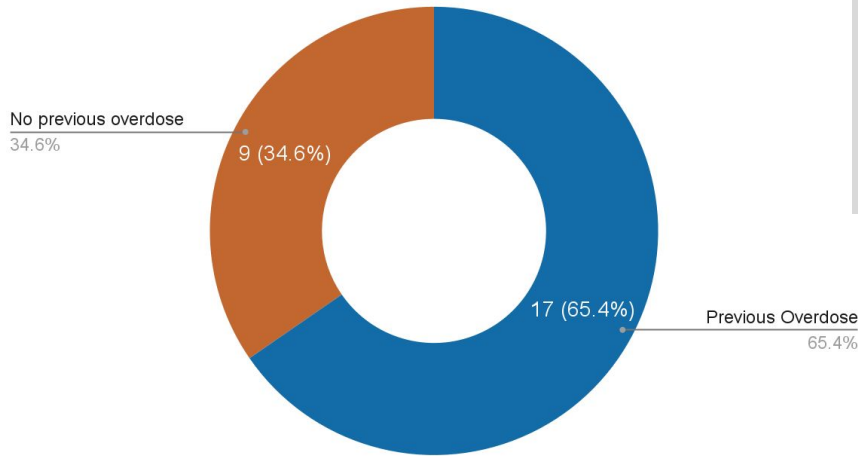
Mental Health Diagnosis



Mercer OFRT Findings: History of Overdose

This information was collected from 26 decedent case reviews.

History of Overdose



History of Previous Overdose

- 17 decedents or 65% had no identified record of a previous overdose.
- 9 decedents or 35% had an identified record of previous overdose(s).

Mercer OFRT Findings: Medical History

This information was collected from 26 decedent case reviews.

Medical History

- All 26 decedents had some form of medical history from our data sources
- 8 decedents (31%) had hypertension
- 7 decedents (27%) had a physically traumatic incident with moderate to severe injuries i.e. gunshot wound, motor vehicle crash)
- 5 decedents (19%) had Hepatitis C
- 3 decedents (12%) had chronic pain
- 1 decedents (4%) had HIV

Prescription Medications

- 11 decedents (42%) were prescribed at least 1 opioid medication

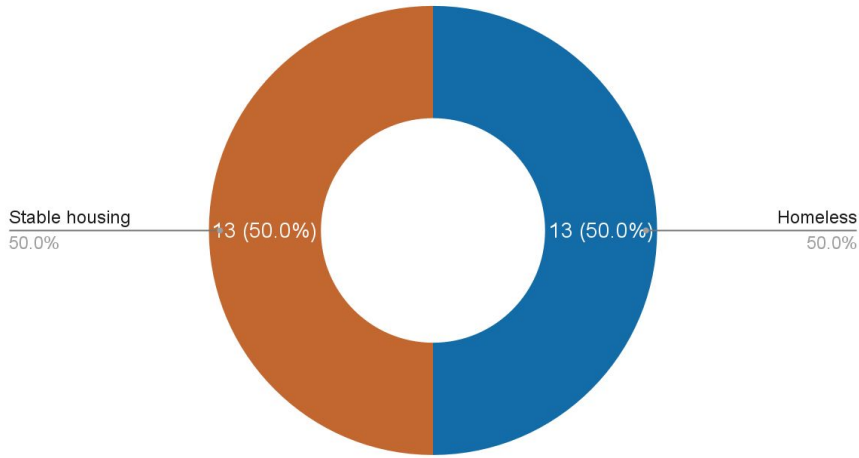
Substance Abuse Treatment & Recovery History

- 9 decedents (19%) went to treatment facilities for substance use.
- 4 decedents (15%) were undergoing medication assisted treatment (MAT)

Mercer OFRT Findings: Social & Economic Data

This information was collected from 26 decedent case reviews.

Housing Status

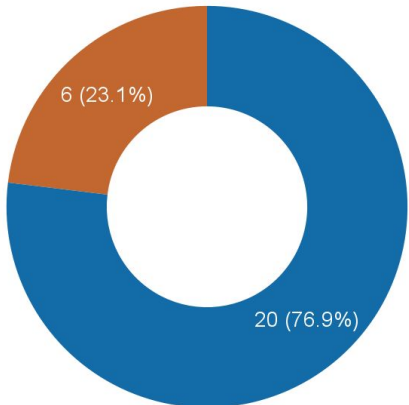


- Housing Status
- 13 decedents or 50% were considered homeless, as defined by HUD. [Find definition here.](#)
 - 13 decedents or 50% had stable housing.

Mercer OFRT Findings: Social & Economic Data

This information was collected from 26 decedent case reviews.

Criminal History



● Criminal history identified ● No identifiable criminal history

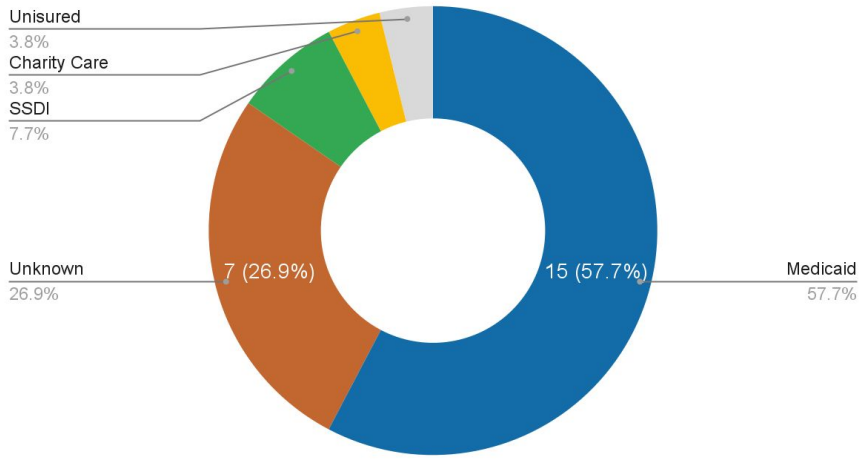
Criminal History

- 12 out of 20 decedents with criminal history or 60% of decedents with criminal history (46% of all the decedents) had possession of DEA controlled dangerous substances as a charge in their criminal history
- Of these 20 decedents, there was a total of 114 NJ arrests
- 4 out of 30 decedents or 20% were charged with possession of needle/syringe or drug paraphernalia in their criminal record

Mercer OFRT Findings: Social & Economic Data

7 out of 26 decedents (8%) had no record of medical insurance.
The remaining 19 had documented medical insurance identified from data sources.

Health Insurance Coverage



Criminal History

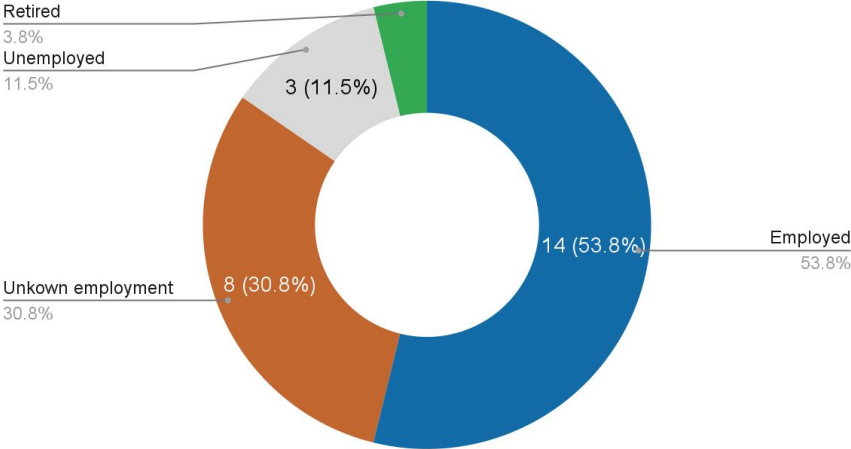
- 15 decedents or 57.7% had NJ medicaid insurance.
- 7 decedents or 26.9% had an unknown health insurance status
- 2 decedents or 7.7% had SSDI
- 1 decedent or 3.8% had Charity care
- 1 decedent or 3.8% was uninsured



Mercer OFRT Findings: Social & Economic Data

8 out of 26 decedents (30.8%) had an unknown employment status.
The remaining 18 were identified to be employed, unemployed or retired by data sources.

Employment

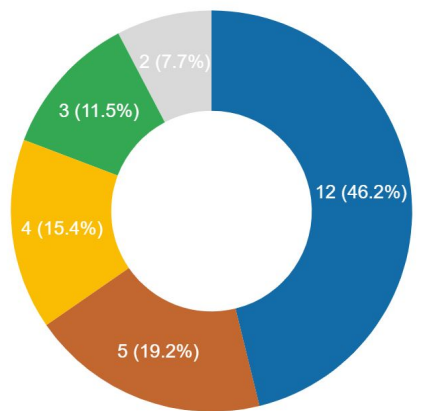


- ### Employment Status
- 14 decedents or 53.8% were employed
 - 8 decedents or 30.8% had an unknown employment status
 - 3 decedents or 11.5% were unemployed
 - 1 decedent or 3.8% was retired

Mercer OFRT Findings: Social & Economic Data

4 out of 26 decedents (15.4%) had an unknown level of education attained.
The remaining 22 had an identified level of education attained

Level of education attained



● High School Diploma/GED ● High School, no diploma or GED ● Education level unknown
● Associate Degree ● Bachelor Degree

Level of education attained

- 12 decedents or 46.2% attained a high school diploma or GED.
- 5 decedents or 19.2% attended high school and did not attain a diploma.
- 4 decedents or 15.4% had an unknown level of education attained.
- 3 decedents or 11.5% attained an Associate degree.
- 2 decedents or 7.7% attained a Bachelor degree.

Mercer OFRT Findings: Childhood/Adolescence

This information was collected from 26 decedent case reviews.

- **Family Mental Health History**
 - 19 decedents (73%) had no family history of mental health diagnosis from our data sources
 - 5 decedents (19%) had a family history of mental illness, including a family member who committed suicide
 - 5 decedents (19%) had a family history of domestic abuse, including other members of the family besides decedent being abused
- **Family History of Substance Abuse**
 - 20 decedents (77%) had no family history of substance use disorder from our data sources
 - Of the 6 remaining decedents, 67% had family history of alcohol use disorder, 17% had family history of opioid use disorder, and 17% had a family history of cocaine use disorder.

Mercer OFRT Findings: Patterns & Trends

This information was collected from 26 decedent case reviews.

- Gender
 - 20 decedents (77%) were Male.
- Marital status
 - 19 decedents (73%) were Single.
- Housing
 - 13 decedents (50%) were homeless, as defined by [HUD](#).
- Health insurance
 - 19 decedents (73%) received public health insurance or were uninsured. This trend highlights incomes of decedents and the importance of considering the social determinants of health that influence substance use disorder.
- Mental Health History
 - Attempted suicide or suicidal ideation was mentioned in 12 (46%) of decedent cases reviewed
 - Decedents with a known mental health history had a diagnosis of depression and anxiety disorders



Mercer OFRT Patterns & Trends at System Level

Through shared data and collaboration, forty organizations were identified to have at least one encounter with decedents reviewed. On average each decedent encountered four different agencies. One decedent encountered ten different agencies. Organizations with three or more documented encounters are listed below. The remaining thirty-two organizations had one or two encounters or were mentioned in a case note.

Encounters with Decedents	
Organization Name	Count (%)
Capital Health System	18 (69%)
St. Francis Medical Center	17 (65%)
Henry J. Austin Health Center	11 (42%)
Trenton Police Department	9 (35%)
Princeton House, Trenton Area Soup Kitchen	4 (15%)
Robert Wood Johnson - Hamilton Trenton - EMS	3 (12%)



Mercer OFRT Patterns & Trends (continued)

This information was collected from 26 decedent case reviews.

- Medical History
 - 7 decedents (27%) had a physically traumatic incident with moderate to severe injuries
 - Though this statistic is not a majority of decedents reviewed, it was a point of discussion in case reviews. Stakeholders discussed how having a physically traumatic incident can affect a person.
- Prescription of Opioids
 - 11 decedents (42%) were prescribed at least 1 opioid medication
 - This number is close to a majority, and was also a point of discussion during case reviews.
- Criminal History
 - 20 decedents (77%) had criminal history -- a majority of the decedents reviewed.



Mercer OFRT Outcomes

Mercer OFRT Recommendations

The following recommendations are grouped into three major observations.

Observations

- a. Lack of insight into system workflows to offer informed solutions
- b. Contributing environmental factors in known neighborhood/ buildings where illegal substances and overdose are present and overdoses have occurred
- c. Enthusiasm from OFRT members to advocate for system change and standards of care

Mercer OFRT Recommendations

Observation: lack of insight into system workflows

Recommendations:

- Gain OFRT participation from local emergency departments, emergency medical services and jail/prison system.
- Convene key stakeholder groups from emergency departments, emergency medical services and jail/prison to gain insight into their workflows and processes.

Mercer OFRT: Recommendations

Observation: contributing environmental factors in known neighborhood/buildings where illegal substances are present and overdoses have occurred

Recommendations:

- Consider a sustainable funding source to support targeted, tiered harm reduction outreach, using geospatial analysis of overdoses in Mercer County. Collaborate with community organizations located in targeted outreach locations to support the three tiers of outreach - street level, motels and known active use areas and advocacy.
- Consider the feasibility of a mobile harm reduction unit for targeted harm reduction that offers additional social service supports and referrals to treatment.
- Consider the sustainability and feasibility of placing naloxone in rooms of known motels where overdoses have occurred.

Mercer OFRT: Recommendations

Observation: Enthusiasm from OFRT members to advocate for change

Recommendations:

- Establish an advocacy subcommittee to:
 - promote standards of care for MAT induction in emergency department
 - promote naloxone administration by all emergency medical services
 - promote fentanyl testing in emergency departments
 - promote timely referrals to treatment and prevention agencies
 - encourage private treatment facilities to accept Medicaid patients and/or advocate for increase Medicaid reimbursement

Mercer OFRT: Reflections

Successes:

1. Participation
 - Thirty-four organizations agreed to participate in monthly 2 hour meetings and twenty-two agreed to contribute data. On average, 29 participants attended case review meetings.
 - Eight agencies agreed to participate on a recommendations committee to discuss case observations and provide recommendations.

2. Building Community and Information-Sharing
 - The data-sharing component of OFRT gave our community an opportunity to examine system barriers, to discuss shared challenges and to provide local solutions to prevent future overdose deaths. Members also exchanged information and discussed programmatic successes.
 - An OFRT work group organized and convened independently to brainstorm a targeted harm reduction intervention. Members of the work group were invited to attend an OFRT recommendations committee to share their ideas for consideration.
 - There is active cross-sector collaboration and partnership building outside of OFRT convenings.
 - Case review discussions also help destigmatize substance use disorder by shifting the focus from the individual to the systems and environments that hinder successful treatment and recovery.

Mercer OFRT: Reflections

Challenges:

1. System Insight

- The OFRT had limited representation from particular sectors. As a result, the team lacked insight into their workflows and was limited in its ability to make adequate recommendations.

2. Case Content

- Although twenty-two stakeholders agreed to share-data, many decedents had little to no contact with our data-contributing partners.
- Some data-contributing organizations transferred their records to new systems and historical information could not be retrieved.
- Some data-contributing members were unresponsive to case content request and/or unavailable to attend scheduled OFRT sessions.

Thank You

We are grateful to all Mercer OFRT partners for their ongoing commitment to preventing future overdoses in our community.