Mercer County
Overdose Fatality Review Team (OFRT)

End of Year Report
October 2021 - September 2022

Prepared by
Trenton Health Team
One West State Street, Floor Four
Trenton, New Jersey 08628

Overdose Fatality Review Team Administration Contacts

Mercer County Department of Human Services - Program Funder
Marygrace Billek, Director
Ann Dorocki, Deputy Director

Trenton Health Team - Implementing organization
Coiel Ricks-Stephen, Director of Population Health
Cheryl Towns, Director of Community Care
Jessica Burnett, Population Health Program Manager
Saisuma Scheff, Population Health Program Coordinator

You can access the previous Annual Report on the Trenton Health Team website.

Table of Contexts

n

Community Profile

Demographics

Population Size		
New Jersey	**Mercer County**	**Trenton**
9,288,994	387,340	90,871

The data in the table above is taken from the 2020 Census.

Race/Ethnicity				
	Black or African American	**Latino/ Latin Heritage**	**White**	**Asian**
New Jersey	13.13%	21.56%	55.05%	10.23%
Mercer County	19.36%	21.73%	46.07%	12.53%
Trenton	43.69%	45.01%	13.21%	.69%

The data in the table above is taken from the 2020 Census.

Families Living Below the Federal Poverty Line		
New Jersey	**Mercer County**	**Trenton**
7.0%	7.7%	23.7%

The data in the table above is taken from The American County Survey 2016-2020 (ACS).

Population With No Health Insurance Coverage		
New Jersey	**Mercer County**	**Trenton**
7.6%	7.1%	15.0%

The data in the table above is taken from The American County Survey 2016-2020 (ACS).

Healthcare Services

There are three main health care systems in Mercer County. They are, Capital Health System, Robert Wood Johnoson - Hamilton and St. Francis Medical Center. There is one federally qualified health center, Henry J. Austin Health Center. There is one syringe exchange program operated by Hyacinth Foundation.

Major Chronic Disease: Snapshot

In Mercer County, the estimated prevalence of diabetes among adults (18+) was 10.3 with 95% CI (8.2, 12.9) in 2018. The estimated prevalence of high blood pressure among adults (18+) was 29.6 with 95% CI (26.8, 32.5) in 2017. The estimated prevalence of high cholesterol among adults (18+) was 33.8 with 95% CI (30.6, 37.2) in 2017. Source: Places: Local Data

Opioid related data

Drug-related deaths

The 2019, NJ Office of the Chief State Medical Examiner's Annual Report confirmed 2,914 drug-related overdose deaths. Deaths by region are as follows:

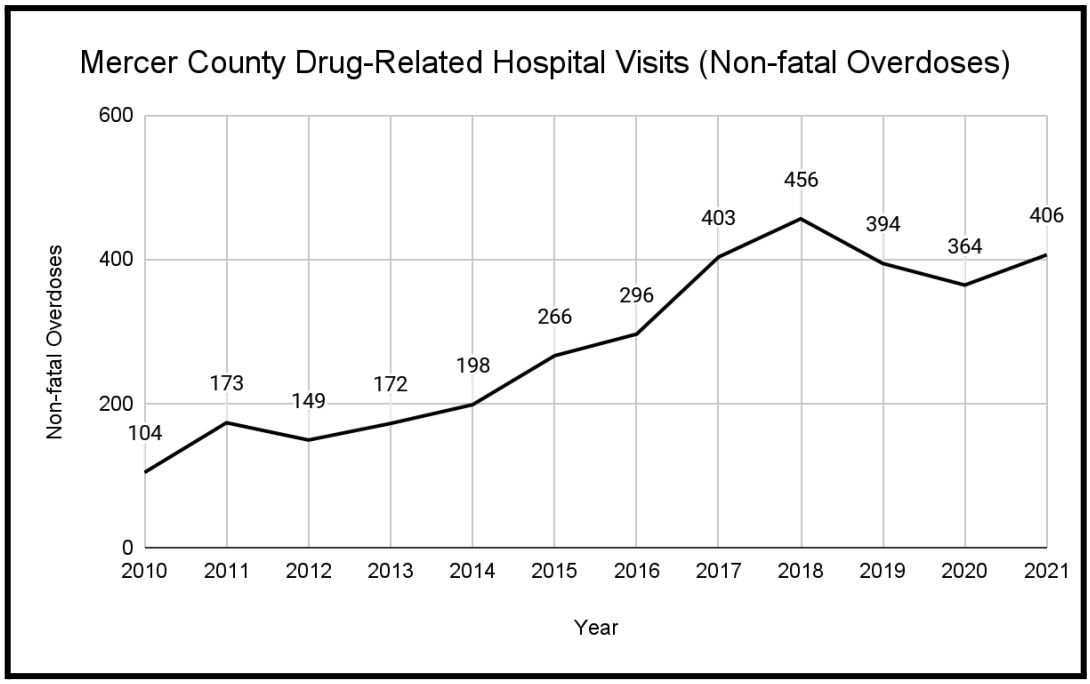
- Northern Counties 794 (27%)
    - Counties include: Essex, Hudson, Passaic, and Somerset
- Southern Counties 306 (11%)
    - Atlantic, Cape May, and Cumberland
- Other Counties 1,814 (62%)

NJ Cares Opioid-Related Data and Information Dashboard

Mercer County: Suspected Drug- Related Deaths, Naloxone Administrations and PMP Data (2013 - 2021) *(Data pulled from the NJ Office of the Attorney General)*									
	2013	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
Suspected Overdose	48	44	59	59	106	138	115	128	138
Naloxone Administration	n/a	n/a	333	388	504	583	534	574	529
Opioid Prescriptions Dispensed	214,704	223,748	242,195	219,365	200,533	177,328	170,520	156,434	152,290

Source: NJ OAG

Drug-Related Hospital Visits



Source: NJDOH

OFRT Overview

Background of the Mercer OFRT

In 2020 Trenton Health Team (THT) was awarded a contract from the Mercer County Department of Human Services, Office of Addiction Services to establish an Overdose Fatality Review Team (OFRT). Often playing the role of convener, THT is uniquely positioned in the community to gather stakeholders around specific health topics to discuss solutions to improve health outcomes. They collaborate with community and healthcare partners to advance the well-being of Trenton residents and the greater Mercer County area. From October 2020 - September 2021, the Mercer OFRT held seven case reviews and reviewed twenty-six decedent cases. After completing one cycle of activities the OFRT contract was extended for a second year. From October 2021 - September 2022, the OFRT held eleven case review meetings and reviewed thirty-six decedent cases. All together sixty-seven decedent cases were reviewed in eighteen months.

With a growing list of observations and recommendations three committees were formed to move recommendations to action. A recommendations committee was established to refine and prioritize recommendations offered by stakeholders in case review meetings. The Community Outreach Subcommittee, a group of OFRT members and community members organically formed to brainstorm and exchange ideas to expand their outreach efforts. Lastly, to gather stakeholder input to develop a harm reduction campaign in 2022, a short-term harm-reduction subcommittee was formed. As the work continues THT will form additional short-term subcommittees that will support defined priority areas to prevent overdose deaths.

Administration/Executive Team

- Cheryl Towns: Clinical Lead
- Coiel Ricks-Stephen: Executive Project Lead
- Jessica Burnett: OFR Coordinator, Meeting Facilitator
- Saisuma Scheff: Data Manager, Meeting Facilitator

The table below lists the community stakeholders that have volunteered their time to participate on the Overdose Fatality Review Team.

Participating Agencies	
Capital Health System	Middlesex Regional Medical Examiner's Office
Catholic Charities	Millhill Child and Family Development
Central Jersey Family Health Consortium	New Hope Integrated Behavioral Healthcare
Community Addiction Recovery Effort (C.A.R.E.)	NJ Courts
Corner House Behavioral Health	Oaks Integrated Care
Empower Somerset	Phoenix Behavioral Health
Hamilton School District	Recovery Advocates of America - Hamilton
Helping Arms, Inc.	Recovery Centers of America - Trenton Healthcare Clinic
Henry J. Austin Health Center	Rescue Mission of Trenton
High Intensity Drug Trafficking Areas (HIDTA)	Robert Wood Johnson Barnabas Health - Hamilton
Iron Recovery and Wellness Center	St. Francis Medical Center
Maryville	TCNJ - Intoxicated Driver Resource Center
Medical Examiner's Office	The City of Trenton - CEAS Center
Mercer Council	Trenton Area Soup Kitchen
Mercer County Board of Social Services	Trenton Police Department
Mercer County Department of Human Services	Turning Point United Methodist Church
Mercer County Health Officers Association	University Behavioral Health Care
Mercer County Prosecutor's Office	We Level Up

Subcommittees

A recommendations subcommittee was established in 2020 to refine and prioritize recommendations offered during the OFR case review meetings. The committee members are asked to confirm if the final compilation of recommendations reflect their impressions of content presented during case discussions, to consider if similar recommendations or interventions existed or currently exist in the community, to suggest solutions implemented in other communities that can be modified for our community, to connect key stakeholders to the OFR administration team to gain more insight into an observation or to design a recommendation fitting for the community. Nine organizations volunteered to participate on the recommendations subcommittee. They were; Trenton Area Soup Kitchen, Trenton Police Department, Catholic Charities, Henry J. Austin Health Center, Mercer County Department of Human Services, Mercer Council, Oaks Integrated Care and St. Francis Medical Center.

A short-term harm-reduction subcommittee was created in 2022 to gain stakeholders input in developing a communications campaign that aims to destigmatize substance use disorder, promote opioid harm reduction tools and raise awareness of the Recovery Support Services Mobile Unit operated by the Rescue Mission of Trenton. Committee members were asked to think about messaging, content outlets and tactics. A padlet board was created to gather their thoughts. Eight organizations joined this short term committee. They were; Mercer County Department of Human Service, Trenton Police Department, Henry J. Austin Health Center, Trenton Area Soup Kitchen, Catholic Charities, Rescue Mission of Trenton, Oaks Integrated Care, Mercer County and one community member.

Meeting logistics and facilitation

Since its inception in 2020, the OFRT has continued to convene on the third Monday of each month, virtually via Zoom. Four weeks before a scheduled meeting, the data manager sends an email to remind members of the upcoming meeting and includes instructions to complete the meeting confidentiality form. A two week and one week email reminder follows. Two to three business days before the case review meeting a case summation is sent via secure email to all members that completed the meeting confidentiality form. A corresponding Excel sheet is automatically created and updated as members complete the confidentiality form. At the start of the case review meeting, members remain in the Zoom waiting room until the waiting room manager confirms that their form was completed.

The designated meeting facilitator(s) will welcome new attendees, review the agenda and read aloud ground rules. The case review begins with the facilitator reading the case summation aloud and inviting data-sharing members to read their summaries. The meeting facilitator and OFR administration team contribute to the case discussion by probing, asking follow up questions and recording meeting notes.

For new organizations joining the OFRT, a formal invitation letter is shared, outlining the need and purpose of an OFRT. They are asked to select at least two representatives to commit to monthly two-hour meetings. Finally, agencies that agreed to share data, are asked to complete participation and confidentiality agreements through DocuSign for electronic signature.

The Trenton Health Team maintains the local Health Information Exchange (HIE) and with the permission from its steering committee, is used to access decedent information to incorporate into case discussions. Prior to sharing selected decedents with members, the data manager conducts a soft search within the HIE to identify decedents and any encounters with health care institutions participating in the Trenton HIE. The decedent is identified in the HIE by their date of birth, name and date of death. These fields are cross referenced with the documents presented from the Medical Examiner's Office. Once cases are confirmed for further review by the data manager, an email is sent to the Mercer County Prosecutor's Office and the Regional Medical Examiner's Office to receive approval to review the cases. Next, the data manager completes a Next-of-Kin form and sends via secure email to all data-contributing partners and asks that summaries be submitted to PreventOD@trentonhealthteam.org by no later than 2 weeks before the next OFRT case review meeting. The OFRT manager will collect case summaries and file in appropriate folders within the shared OFRT folder. If agencies list other organizations in their summaries the data manager will follow-up with the mentioned organization if a summary is not received within two weeks of the upcoming meeting. Finally, the summaries are created using a standard template and are reviewed by the OFRT coordinator and project executive before forwarding to members.

Data collection, management, and analysis

A member of the OFRT administrative project team will make a request to the Regional Medical Examiner's office for the most recent decedent list. The list is sent via email and maintained on the Trenton Health Team Google Workspace Drive. Access is given to the data manager, coordinator and Director of Analytics and Insights. Monthly folders are created to organize case contributions from OFRT members and monthly case summations. Information gathered from case reviews are documented in a shared spreadsheet that include key fields outlined in a Redcap template, but not limited to the fields provided. This spreadsheet is de-identified and is the main aggregated source of OFRT data from all case review sessions. The spreadsheet is used to observe patterns, create reports and also provides efficient access to metrics to inform case review discussions.

Decedent Case Information

Decedent Cases Reviewed and Discussed

Thirty-seven cases were selected and reviewed within eleven months. Only two next-of-kin interviews were successfully completed.

Decedent Demographic Data

The data in the tables below represent the thirty-seven cases reviewed.

Race/Ethnicity	
White	56.8%
Black/African American	24.3%
Hispanic	13.5 %
Asian/Pacific Islander	2.7%
Unknown	2.7%

Sex	
Male	62.2%
Female	37.8%

Gender identity was not collected or reported in case content presented by data-contributing partners. Thus, 100% of the decedents reviewed have an unknown gender identity.

Age in Years	
0-17	0%
18-29	21.6%
30-39	18.9%
40-49	21.6%
50-64	24.3%
65-74	13.6%
75-84	0%

Marital Status	
Married	13.5%
Divorced	10.8%
Single/Never Married	67.6%
Separated	2.7%
Unknown	5.4%

Children of Decedent (Under 18 Years Old)	
Under 18 Years of Age	0%

Health Related Data	
History of Mental Health Problems	64.9%
History of Mental Health Treatment	32.4%
Emergency Department Visits (12 months prior to DOD)	45.9%
Diagnosis of Opioid Use Disorder (OUD)	43.2%
Medication Assisted Treatment (MAT)	24.3%
History of Previous Opioid Overdose(s)	35.1%

Naloxone Administration (By First Responders/Police at Scene of Death)	
Naloxone Administered	27.0%
Naloxone *Not* Administered	35.2%
No Information Available on Naloxone Administration	37.8%

Naloxone administration reported by scene investigator, police, emergency medical services or emergency department.

Residential Data	
Resident of Mercer County, NJ	94.6%
Resident of Monmouth County, NJ	2.7%
Resident of Bucks County, PA	2.7%

Manner of Death (As Listed by the Medical Examiner's Office)	
Accident	78.4%
Accident (acute and chronic substance abuse)	13.5%
Suicide	2.7%
Natural	2.7%
Undetermined	2.7%

Location of Death	
Decedent's residence/licensed foster care home	70.3%
Family/Friend/Acquaintance's Residence	16.2%
Street, road, sidewalk, or alley/motor vehicle	8.1%
Hotel or motel	2.7%
School/ark, playground, or public use area	2.7%
Jail, prison or detention /residential living facility	0%
Substance use disorder or mental health inpatient treatment program	0%

Cause of Death (As Listed by the Medical Examiner's Office)	
Case	
1	Acute intoxication due to the combined effects of heroin and fentanyl
2	Acute intoxication due to the combined effects of olanzapine, trazodone, methanol and acetone
3	Toxicity by the combined effects of Heroin, Fentanyl, Pseudoephedrine and Ethanol
4	Toxicity due to the combined effects of Fentanyl, Heroin, and Alprazolam
5	Acute fentanyl intoxication
6	Mixed drug intoxication including cocaine, fentanyl, and heroin
7	Combined toxic effects of fentanyl, alprazolam, and xylazine
8	Hypoxic-ischemic encephalopathy following cardiopulmonary arrest due to probable heroin and cocaine toxicity
9	Mixed drug intoxication including fentanyl
10	Fentanyl and tramadol toxicity
11	Fentanyl intoxication
12	Acute fentanyl, morphine, and gabapentin toxicity
13	Multidrug toxicity including Morphine, Cocaine, Methadone, and Fentanyl
14	Multidrug toxicity including Fentanyl, Methadone, and Ethanol
15	Fentanyl and heroin toxicity
16	Acute fentanyl, para- Fluoroisobutyrylfentanyl, Acute fentanyl, para- Fluoroisobutyrylfentanyl, and heroin toxicity
17	Mixed drug intoxication (alprazolam, cocaine, fentanyl, oxycodone)
18	Acute Cocaine toxicity
19	Multidrug toxicity including Fentanyl
20	Complications following probable acute mixed drug toxicity including cocaine, ethanol and a benzodiazepine
21	Mixed drug toxicity including fentanyl, gabapentin, and clonazepam
22	Mixed drug intoxication including cocaine and fentanyl
23	Acute intoxication due to the combined effects of fentanyl, acetyl fentanyl, cocaine and ethanol
24	Acute toxicity due to the combined effects of fentanyl, cocaine, buprenorphine, and cyclobenzaprine
25	Mixed drug intoxication including fentanyl and oxycodone
26	Acute intoxication due to the combined effects of cocaine and fentanyl
27	Probable acute cocaine toxicity
28	Acute intoxication due to the combined effects of fentanyl, heroin and cocaine
29	Toxicity by the combined effects of para-Fluorofentanyl, Fentanyl, Acetyl Fentanyl, Cocaine and Amitriptyline
30	Mixed Drug Toxicity Including Fentanyl, Quetiapine, Hydromorphone, Gabapentin, Xylazine and Trazadone
31	Toxicity by the combined effects of Cocaine, Fentanyl, Tramadol, Ethanol, Gabapentin, Mirtazapine and Hydroxyzine
32	Acute intoxication due to the combined effects of heroin, fentanyl, oxycodone, oxymorphone and alprazolam
33	Toxicity by the combined effects of Fentanyl, Acetyl Fentanyl, Heroin, Cocaine, Ethanol and Olanzapine
34	Acute intoxication due to the combined effects of cocaine, heroin, fentanyl and acetyl fentanyl
35	Mixed drug toxicity including fentanyl, para-fluoroisobutyrylfentanyl, and xylazine
36	Acute fentanyl toxicity
37	Complications of acute Fentanyl and Cocaine toxicity

Social and Economic Data

Criminal/Justice History	
Had Criminal Justice History/Record	81.0%

Employment	
Unemployed	5.4%
On Disability	2.7%
Unknown Employment Status	27.0%
Employed	64.9%

For the decedents reported as employed, their professions included being a cosmetologist, laborer, chemist, student, medical assistant, chef, homemaker, sex worker, fork-lift operator, construction worker and accountant.

Education (highest level of education attained)	
Unknown	10.8%
8th grade	2.7%
some high school	10.8%
GED/high school	40.5%
Associate's Degree	8.1%
some college	16.2%
Bachelor's Degree	8.1%
none reported	2.7%

Housing Status	
Homeless	5.4%

Homeless: As defined by the U.S. Department of Housing and Urban Development

Health Insurance	
Unknown	43.2%
Medicaid	35.1%
Private health insurance	21.6%

Data on the utilization of other social service benefits was not collected.

Patterns and Trends

The information in the table below indicate points of potential intervention and programming.

Category	Description
Race	56.8% of decedents self-identified as White.
Sex	62.2% of decedents were male.
Location of Death	70.3% of decedents were located in their residence.
Criminal Justice History	81.0% of decedents had encounters with the criminal justice system.
Toxicology (fentanyl)	86.4% of decedents had fentanyl present in their toxicology reports.
Mental Health	64.9% of decedents had a reported history of mental health problems.
Emergency Department Visits	45.9% of decedents had an emergency department visit 12 months prior to their date of death.

Race and Sex

Although substance use disorder impacts every demographic and socioeconomic status in our community, the information gathered from the small sample of cases reviewed during this cycle of activities highlight the need for targeted interventions and communication to specific demographics.

Location of Death

A majority of decedents reviewed were found in their homes at the time of their death. Considering effective methods to reach people where they are most frequently could be a tactic to connect and inform people of resources and services.

Criminal Justice History

Many decedents had multiple encounters with the criminal justice system. Having such a high touch-point with people who use drugs, it may be ideal to co-design an intervention with this system.

Toxicology (fentanyl)
More than 80% of cases reviewed contained fentanyl in their toxicology reports. Effective communication about the impacts of fentanyl accompanied with harm-reduction messaging may impact behavior and reduce overdoses.

Mental Health
Targeted interventions that incorporate mental health professionals, primary care physicians and substance use treatment providers may be effective in combating overdose deaths. Determining where knowledge gaps among professionals are may be a feasible starting point.

Emergency Department Visits
With nearly 50% of decedents visiting the emergency department (ED) twelve months prior to their date of death, a practical and structured intervention in local EDs could be an ideal location to intervene.

Limitations of Data Collection & Reporting

The compiled data used to formulate conclusions, make observations and recommendations is limited to the data made available for review. Some data was unretrievable because OFR members no longer had access to a legacy data system, or a decedent had no encounter with agencies in our jurisdiction. Our primary source of data is the Trenton Health Information Exchange (THIE). However, if decedents have no recorded encounters with agencies in our jurisdiction that contribute data to the HIE we are limited in our review.

We rely on next-of-kin interviews to collect specific data points. For example, childhood trauma, social service involvement, family environment and gender identity. With only two successfully completed interviews, we were limited in making observations and conclusions with this missing data.

With a limited amount of time to review cases, we can not make any generalizations about all individuals that lost their lives to a fatal overdose. For example, if 60% of the decedents reviewed had a history of mental health problems, it cannot be concluded that 60% of all decedents had a history of mental health problems.

Clinical terminology, substances or diagnoses, such as “overdose” or “suboxone” are used to indicate that a clinical professional made a diagnosis and was explicitly noted in the decedent’s clinical record, either in the HIE or through a data-contributing partner. In an attempt to reduce bias and error, any information gathered has been reported as close to as it was found from the primary source. For example, if information within the HIE reports a referral and no treatment, it is not recorded as treatment. This also includes not changing anything other than obvious typos in primary sources. We cannot rule out human error or implicit bias in reporting our findings, we have no control in how decedents were perceived or the language used in summary/outcome notes to describe their condition and encounters.

Recommendations

The recommendations listed in the table below are not listed in order of priority.

Recommendations Table				
Recommendation	**Action steps**	**Agencies**	**Barriers and facilitators**	**Key OFRT observations**
● Consider the use of technology to support data-sharing and the exchange of electronic referrals between key providers within the SUD sector in Mercer County with features that confirm appointment attendance, services received and outcomes.	● Co-design a referral workflow with stakeholders and leverage an accessible technology available in the community to pilot the workflow. Use learnings from pilot to identify a sustainable technology to support electronic referrals.	● A key stakeholder that provides consistent SUD and behavioral health funding to multiple agencies in Mercer County ● The county's only Federally Qualified Health Center ● The county's two health care systems ● The county's Certified Community Behavioral Health Clinics	● Cost of technology ● Resistance to change ● Lack of tech savviness ● Training time	● Fragmented referral systems and limited data sharing between agencies. As a result, providers have little to no insight into previous diagnosis, treatment plans and outcomes from other facilities. ● Referral connections and outcomes are often unknown
Recommendation	**Action steps**	**Agencies**	**Barriers and facilitators**	**Key OFRT observations**
● Consider a strategic communications campaign to inform the public of fentanyl and raise more awareness of MAT, harm-reduction tools and treatment options.	● Gather key stakeholders to co-design the campaign and agree on shared language and vision. ● Locate funding and identify a vendor with demonstrated experience in curating innovative content that is culturally sensitive and familiar with SUD.	● **All agencies listed above**	● Funding ● Conflicting agency priorities ● Limited staff availability	● Cross contamination of substances that contain fentanyl. ● Roughly 80% or 97 of the 119 fatal overdose deaths confirmed by the County's regional medical examiner in 2020 contained fentanyl in their toxicology reports.

Recommendation	Action steps	Agencies	Barriers and facilitators	Key OFRT observations
● Compile and maintain a list of bereavement/grief support services for individuals impacted by SUD. ● Make a recommendation for treatment providers to incorporate support systems into treatment planning.	● Conduct a community assessment to identify bereavement/grief support services. Create an easily accessible list of resources for community members to access and for providers to distribute.	● **All agencies listed above**	● Insufficient services available in the community ● Resources to conduct an assessment ● Services are not easily accessible	● The impact of SUD on family, friends and loved ones. ● Family present at the scene of an overdose ● Unknown if bereavement services were offered to support systems and if naloxone education and medication were provided.

Description of results from recommendations

Current Recommendations and Status (10/1/2021 - 9/30/2022)

1. Consider the use of technology to support data-sharing and the exchange of electronic referrals between key providers within the SUD sector in Mercer County with features that confirm appointment attendance, services received and outcomes.
    - **Status:** Two organizations agreed to leverage a technology currently available to community stakeholders for free to test electronic referrals. The pilot began August 2nd. As of October 25, more than sixty referrals were made for behavioral health, SUD and other social services.
2. Consider a strategic communications campaign to inform the public of fentanyl and raise more awareness of MAT, harm-reduction tools and treatment options.
    - **Status:** No community-wide action to establish a communications campaign. However, when the county released an RFP to establish a Recovery Support Services Mobile Unit, the Trenton Health Team sought funding to support a campaign to destigmatize SUD treatment, promote harm-reduction tools and raise awareness about the mobile unit. Campaign materials will be composed and disseminated between October 2022 and December 2022.
3. Compile and maintain a list of bereavement/grief support services for individuals impacted by SUD. And make a recommendation for treatment providers to incorporate support systems into treatment planning.
    - **Status:** No activity

Previous Recommendations and Status (10/1/2020 - 9/30/2021)

1. 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.

- **Status:** As mentioned above in the OFRT overview a stakeholder subcommittee organically formed to take action on the observations and recommendations produced through case reviews. This is an engaged group of professionals that demonstrated their interest in combating the opioid crisis prior to the formation of the OFRT. They are engaged in many other committees and stakeholder groups throughout the county. They developed a plan to conduct targeted outreach using a geospatial analyst of overdoses in Mercer County. They convene monthly and discuss collaboration opportunities to enhance their outreach efforts.

2. Consider the feasibility of a mobile harm reduction unit for targeted harm reduction that offers additional social service supports and referrals to treatment.
    - **Status:** On April 13, 2022 Mercer County Department of Human Service, Office of Addiction Services released a request for proposals for a Recovery Support Services Mobile Unit. The Rescue Mission of Trenton was the recipient of this program and are currently offering services throughout the county. The unit is staffed with Peer Recovery Specialists that can connect visitors to services that meet their needs. In addition, hygiene kits, naloxone, harm-reduction supplies and beverages and snacks are available to anyone that visits the unit.
3. Convene key stakeholder groups from emergency departments, emergency medical services and jail/prison to gain insight into their workflows and processes.
    - **Status:** Key stakeholder conversations were conducted with one of the county's hospitals, county corrections and the opioid overdose recovery program. Conversations were conducted during the second cycle of activities and were intended to understand the intake and referral making processes. Workflow facilitators and barriers were shared with the recommendations committee to consider refining into final recommendations. Stakeholders were introduced to strengthen communication and collaboration.

Reflections (successes, barriers and lessons learned)

Over the course of eleven months we have observed consistent participation from stakeholders. We have a core group of individuals that are passionate about fighting the opioid crisis. They offer creative solutions and are honest about systemic barriers they and their clients/patients face in navigating social services and health care. Their honesty is helpful and key as we consider points of intervention.

Data-sharing is still a barrier to case reviews. More than often the data compiled and shared does not provide enough insight into a decedent's life and encounters with local agencies. As a result, observations are made with incomplete information. Additionally, we have encountered individuals that have out of county addresses, indicating that they spent some of their lives outside of Mercer. However, New Jersey OFRTs do not have guidance on how to share data across county lines. This observation resonates with a common gap in case reviews when an individual has received services across state lines and throughout New Jersey. Even when contact is established with another OFR or agency outside of Mercer or New Jersey, they often are unwilling to share data due to the lack of protection that would come from having data-sharing laws. Without data-sharing, care providers are limited to the data available through their agency.