Mercer County
Overdose Fatality Review Team (OFRT)

End of Year Report
October 2022 - June 2023

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
Kimberly Mitchell, Population Health Program Manager
Easton Proffitt-Davis, Population Health Program Coordinator

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

Table of Contexts

Community Profile

Demographics

Population Size		
New Jersey	**Mercer County**	
9,261,699	380,688	
East Windsor	**Ewing**	**Hamilton**
29,813	34,589	91,543
Hightstown	**Hopewell Borough**	**Hopewell Township**
5,855	1,915*	17,410
Lawrence	**Pennington**	**Princeton**
31,808	2,531*	30,377
Robbinsville	**Trenton**	**West Windsor**
15,341	89,661	29,612

The data in the table above is taken from Census Bureau . (* taken from Mercer County Website)

Race/Ethnicity				
	Black or African American	**Latino/ Latin Heritage**	**White**	**Asian**
New Jersey	15.4%	21.9%	70.7%	10.5%
Mercer County	19.36%	20.4%	61.3%	13%
East Windsor	6.4%	25.5%	61.1%	21.8%
Ewing	29.2%	8.6%	59.1%	5%
Hamilton	12.7%	17.2%	73.1%	5.1%
Hightstown	2.9%	28.3%	85.7%	3.5%
Hopewell Borough	N/A	N/A	N/A	N/A
Race/Ethnicity Continued	**Black or African American**	**Latino/ Latin Heritage**	**White**	**Asian**
Hopewell Township	3%	4.6%	79.2%	12.2%
Lawrence	11.6%	14.5%	63.2%	15.3%

Pennington	N/A	N/A	N/A	N/A
Princeton	6.7%	6.3%	69%	16.5%
Robbinsville	4.7%	3.4%	62.3%	30.1%
Trenton	49.1%	36.7%	30.5%	0.9%
West Windsor	4.3%	5.4%	39.4%	48.6%

The data in the table above is taken from Census Bureau.
(N/A = Not Available on Census Bureau)

Families Living Below the Federal Poverty Line		
New Jersey	**Mercer County**	
7.0%	7.3%	
East Windsor	**Ewing**	**Hamilton**
3.9%	5.3%	5%
Hightstown	**Hopewell Borough**	**Hopewell Township**
0%	N/A	N/A
Lawrence	**Pennington**	**Princeton**
2%	2.8%	4%
Robbinsville	**Trenton**	**West Windsor**
.2%	22.6%	2.9%

The data in the table above is taken from The American County Survey 2017-2021 (ACS).
(N/A = Not Available on ACS)

Population With No Health Insurance Coverage		
New Jersey	**Mercer County**	
7.6%	6.9%	
East Windsor	**Ewing**	**Hamilton**

8.2%	4.2%	6.0%
Hightstown	**Hopewell Borough**	**Hopewell Township**
13.7%	N/A	N/A
Lawrence	**Pennington**	**Princeton**
4.8%	1.6%	1.1%
Robbinsville	**Trenton**	**West Windsor**
1.9%	14.1%	3.4%

The data in the table above is taken from The American County Survey 2017-2021 (ACS).
(N/A = Not Available on ACS)

Healthcare Services

There is one main health care system in Mercer County. It is the Capital Health System. 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 10.5 with 95% CI (8.0,12.0), and the age-adjusted prevalence was 9.4 (8.1, 10.9) in 2021. The estimated prevalence of high blood pressure among adults (18+) was 31.0% with 95% CI (27.7, 34.4), and the age-adjusted prevalence was 28.7% (25.5, 32,0) in 2021. The estimated prevalence of high cholesterol among adults (18+) was 33.0% with 95% CI (32.2-39.8), and the age-adjusted prevalence was 32.0% (28.2, 35.8) in 2021. The estimated prevalence of depression among adults (18+) was 18.8% with a 95% CI (15.9, 21.9), and the age-adjusted prevalence was 19% (16.1, 22.1) in 2021. 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

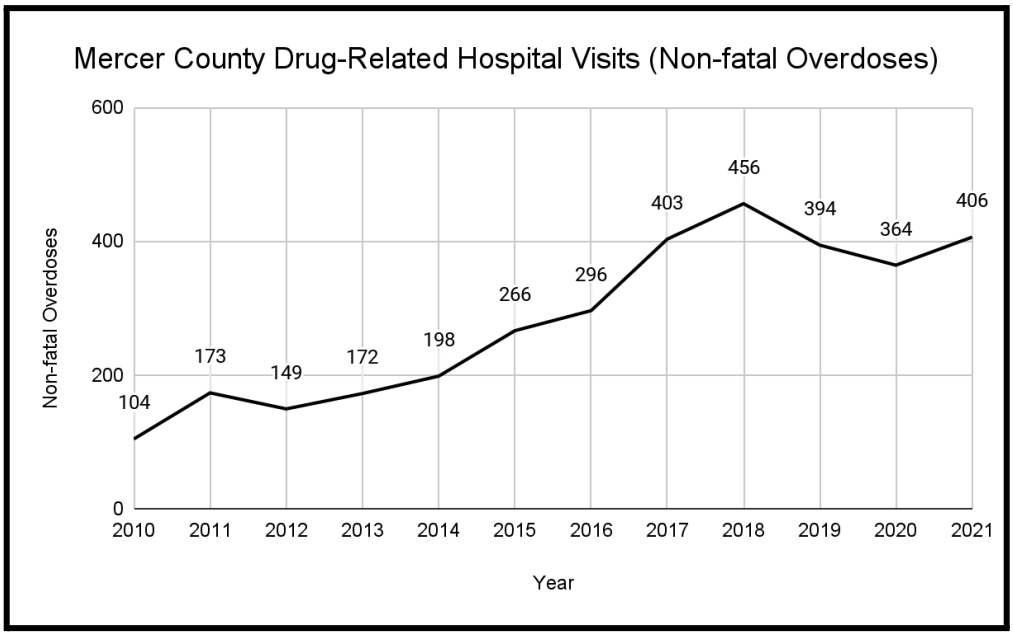
Mercer County data shows that suspected drug-related deaths (overdose) had a large increase from 2016-2017 nearly doubling, and exceeding 100 deaths(year). This was followed by a 5-year period of continuing to exceed 100 deaths(year) with 2022 deaths being the lowest since the 2017 report. Though suspected overdose and naloxone administration have fluctuated, there has been a steady decrease in opioid prescriptions dispensed since 2013.

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**	**2022**
Suspected Overdose	48	44	59	59	106	138	115	128	138	108
Naloxone Administration	n/a	n/a	333	388	504	583	534	574	529	584
Opioid Prescriptions Dispensed	214,704	223,748	242,195	219,365	200,533	177,328	170,520	156,434	152,290	143,567

Source: NJ OAG

Drug-Related Hospital Visits

Drug-related hospital visits had a sharp increase from 2016 to 2018 followed by a steady decline from 2018 to 2020. However, data from 2021 shows that the number of non-fatal overdoses in Mercer County were increasing once again.



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. Once again the Mercer County OFRT contract was extended and THT led a third cycle, albeit a shorter timeline than the prior cycles. From October 2022 - June 2023, the OFRT held seven case review meetings and reviewed twenty-four decedent cases.

Throughout multiple cycles, the Mercer County OFRT has seen the list of observations and recommendations continue to grow. A recommendations committee, formed in prior cycles, continued to meet during cycle three to refine and prioritize recommendations offered by stakeholders in case review meetings. This refinement contributes to the goal of moving recommendations into action. Lastly, to gather stakeholder input to develop a harm reduction campaign in 2022, a short-term harm-reduction subcommittee was formed, and in 2023 there was an overview of the campaign and the launch of a Harm Reduction microsite on THT's webpage. As the work continues, THT will form additional short-term subcommittees and create additional resources that will support defined priority areas to prevent overdose deaths.

Administration/Executive Team

- Cheryl Towns: Clinical Lead
- Coiel Ricks-Stephen: Executive Project Lead
- Kimberly Mitchell: OFR Coordinator, Meeting Facilitator
- Easton Proffitt-Davis: 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	Millhill Child and Family Development
Catholic Charities	New Hope Integrated Behavioral Healthcare
CEAS Center	Never Hopeless Again
Central Jersey Family Health Consortium	NJDOH/HIDTA
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	Pinnacle Treatment Services
Helping Arms, Inc.	Recovery Advocates of America - Hamilton
Henry J. Austin Health Center	Recovery Centers of America - Trenton Healthcare Clinic
High Intensity Drug Trafficking Areas (HIDTA)	Rescue Mission of Trenton

Hyacinth	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 Health Team
Mercer County Department of Human Services	Trenton Fire Department
Mercer County Health Division of Health	Trenton Police Department
Mercer County Health Officers Association	Turning Point United Methodist Church
Mercer County Prosecutor's Office	University Behavioral Health Care
Middlesex Regional Medical Examiner's Office	We Level Up

Subcommittees

A Recommendations subcommittee was established in 2020 to refine and prioritize recommendations offered during the OFRT 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 Hyacinth AIDS Foundation.
A short-term Harm-reduction subcommittee was created in 2022 to gain stakeholder input in developing a communications campaign 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. This campaign launched in 2023 with THT working alongside NJ Advanced Media. A campaign wrap-up in April of 2023 showed the successful engagement with the content produced and distributed, including an interactive facebook live harm-reduction panel, the launch of THT's harm reduction microsite, distribution of content via social media and print, commercial spots, and more.

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) welcome new attendees, review the agenda and read aloud ground rules at each meeting. 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 OFRT 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. Additionally, they receive an introductory overview of the OFRT from a THT lead and have the opportunity to ask questions before their first meeting. 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.

Trenton Health Team maintains the local Health Information Exchange (HIE) that 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

Twenty-four cases were selected and reviewed within nine months. Only one next-of-kin interview was successfully completed.

Decedent Demographic Data

The data in the tables below represent the twenty-four cases reviewed.

Race/Ethnicity	
White	54.2%
Black/African American	29.2%
Hispanic	16.6%
Asian/Pacific Islander	0%
Unknown	0%

Sex	
Male	79.2%
Female	20.8%

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	4.2%
18-29	20.8%
30-39	37.5%
40-49	16.7%
50-64	12.5%
65-74	8.3%
75-84	0%

Marital Status	
Married	8.3%
Divorced	16.7%
Single/Never Married	70.8%

Widowed	4.2%
Unknown	0%

Children of Decedent (Under 18 Years Old)	
Under 18 Years of Age	4.2%

Health Related Data	
History of Mental Health Problems	66.7%
History of Mental Health Treatment	33.3%
Emergency Department Visit (12 months prior to DOD)	62.5%
Diagnosis of Opioid Use Disorder (OUD)	75%
Medication Assisted Treatment (MAT)	41.7%
History of Previous Opioid Overdose(s)	37.5%

Naloxone Administration (By First Responders/Police at Scene of Death)	
Naloxone Administered	20.8%
Naloxone *Not* Administered	0%
No Information Available on Naloxone Administration	79.2%

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

Residential Data	
Resident of Mercer County, NJ	87.4%
Resident of Queens County, NY	4.2%
Resident of Hunterdon County, NJ	4.2%
Resident of Middlesex County, NJ	4.2%

Manner of Death (As Listed by the Medical Examiner's Office)	
Accident	100%

Location of Death	
Decedent's residence	45.8%
Family/Friend/Acquaintance's Residence	33.3%
Street, road, sidewalk, or alley/motor vehicle	4.2%
Hotel or motel	12.5%
School/ark, playground, or public use area	0%
Jail, prison or detention /residential living facility	0%
Substance use disorder or mental health inpatient treatment program	0%
Store	4.2

Cause of Death (As Listed by the Medical Examiner's Office)	
Case	**Cause of Death**
1	Cocaine and fentanyl toxicity
2	Fentanyl and para-fluorofentanyl intoxication
3	Mixed drug toxicity including fentanyl, para-fluorofentanyl, heroin, and methadone
4	Cocaine and Ethanol Intoxication
5	Mixed drug toxicity including Fentanyl and Cocaine
6	Multidrug toxicity including Fentanyl, Cocaine and Ethanol
7	Acute intoxication due to the combined effects of fentanyl, para-fluorofentanyl, cocaine and xylazine
8	Toxicity by the combined effects of Fentanyl, Cocaine and Ethanol
9	Multidrug toxicity including Fentanyl and Alprazolam
10	Acute fentanyl intoxication
11	Anoxic-ischemic encephalopathy following cardiopulmonary arrest due to the combined effects of fentanyl, para-fluorofentanyl, cocaine, and xylazine.
12	Mixed drug intoxication including fentanyl and xylazine
13	Fentanyl, acetyl fentanyl, and xylazine intoxication
14	Fentanyl and probable heroin toxicity
15	Acute mixed toxicity including fentanyl, para-fluorofentanyl, cocaine, ethanol, and xylazine
16	Toxicity by the combined effects of Fentanyl, Xylazine, and Ethanol
17	Combined toxic effects of cocaine, para-fluorofentanyl, fentanyl, and ethanol

18	Complications of etizolam and para-fluorofentanyl intoxication
19	Combined toxic effects of fentanyl, heroin, hydromorphone, xylazine, etizolam, lorazepam, and buprenorphine
20	Mixed Drug Toxicity Including Fentanyl, Amphetamine, Promethazine, Fluoxetine and Quetiapine
21	Acute intoxication due to the combined effects of ethanol, fentanyl, para-fluorofentanyl, cocaine and xylazine
22	Combined toxic effects of methadone, buprenorphine, and promethazine
23	Mixed drug toxicity including fentanyl and cocaine
24	Fentanyl, xylazine, methadone, and cocaine toxicity

Social and Economic Data

Criminal/Justice History	
Had Criminal Justice History/Record	70.8%

Employment	
Employed	62.5%
Student	8.3%
Unknown Employment Status	25%
Unemployed	4.2%

For the decedents reported as employed, their professions included being a security guard, laborer, chauffeur, student, store clerk, homemaker, and construction worker.

Education (highest level of education attained)	
8th grade or less	8.3%
Some high school	20.8%
GED/high school	58.3%
Some college	8.3%

Bachelor's degree	4.2%

Housing Status	
Homeless (Unsheltered)	12.5%

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

Health Insurance	
Unknown	58.3%
Medicaid Fee for Service	4.2%
Horizon (NJ Medicaid Replacement)	20.8%
Medicare	4.2%
Private health insurance	8.3%
Uninsured	4.2%

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	54.2% of decedents self-identified as White.
Sex	79.2% of decedents were male.
Location of Death	70.3% of decedents were located in their residence.
Criminal Justice History	70.8% of decedents had encounters with the criminal justice system.
Toxicology (fentanyl)	91.7% of decedents had fentanyl present in their toxicology reports.
Mental Health	66.7% of decedents had a reported history of mental health problems.
Emergency Department	62.5% of decedents had an emergency department visit 12

Visits	months prior to their date of death.

Race and Sex

Although substance use disorder impacts every demographic and socioeconomic status in Mercer County, 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 90% of cases reviewed contained fentanyl in their toxicology reports. This number has steadily increased from last cycle through this cycle. Effective communication about the impacts of fentanyl accompanied with harm-reduction messaging may impact behavior and reduce overdoses. Changes in policy and access to fentanyl testing strips may reduce use of opioids containing deadly amounts of fentanyl.

Mental Health

Targeted interventions that incorporate mental health professionals including grief counselors and support specialists, 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. For example, in this cycle we identified a gap in connecting people to appropriate grief management resources and have identified it as an area to explore more actionable items in.

Emergency Department Visits

With more than 60% 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. This can include support for partnering organizations to be placed in the ED as a point of intervention and outreach.

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 OFRT members no longer had access to a legacy data system, a decedent had no encounter with agencies in our jurisdiction, or a decent had interactions both inside and outside of our jurisdiction creating gaps in informational timelines. Our primary source of data is the Trenton Health Information Exchange (HIE). 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 one successfully completed interview, we were limited in making observations and conclusions with this missing data. These interviews have been identified by members of the OFRT as very important for filling in data gaps.

With a limited amount of time to review cases and a limited number of decedents reviewed, generalizations cannot be made 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. But we can ensure that we transfer and translate data in an unbiased manner from our point of summation.

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**

● Advocate for widespread hospital standard of practice to discharge patients who have a recent history of overdose(s) or substance use with Suboxone/Naloxone	● Identify best pathway to advocacy that will lead to a change in policy ● Formulate a unified statement by providers who work with people that have SUD.	● Key stakeholders that provide consistent SUD support/ treatment as well as linkage to care sectors with knowledge and experience with MAT. ● The county's only Federally Qualified Health Center ● The county's health care system	● Resistance to change ● Time it takes for policy change to be enacted and then adopted ● Physician comfortability with MAT induction.	● Recurring themes of several ED visits and multiple non-fatal overdoses prior to fatal overdose ● Emerging theme of patients attempting to self-detox
Recommendation	**Action steps**	**Agencies**	**Barriers and facilitators**	**Key OFRT observations**
● Explore and identify provider practices for pain management with people on MAT or that have SUD and investigate what methods are being used to educate non MAT sectors of healthcare on MAT and SUD	● Identify what providers would be most valuable to gather data from. ● Formulate a survey/interview that addresses things like: aspects of pain management practices that can have a negative impact for people on MAT or that have SUD and identifying what education providers have received or been offered in their sector.	● **All agencies listed above**	● Gaining access to interviewing or surveying appropriate individuals. ● Relationships that have been built between THT and providers may provide opportunity to connect with the select providers. ● Even if access is given to surveys, response rate may be low.	● A need for standard protocols when considering pain management and/or care management for individuals with SUD or on MAT. ● Need for more information about prescription access. ● Lack of uniformity regarding known hospital Methadone prescribing practices post-surgery and communications with clinics.
Recommendation	**Action steps**	**Agencies**	**Barriers and facilitators**	**Key OFRT observations**

● Develop a centralized list of all substance use treatment/harm reduction services in the county and disseminate effectively (ex. Public QR codes).	● Create a resource guide that is easily accessible and has information on contacts, services offered, and other pertinent information for both temporary and long term services. ● Foster relationships between temporary treatment services and long term treatment providers to ensure patient connectability and reduce gaps in services.	● **All agencies listed above**	● Keeping information up to date ● OFRT continues to increase how many partners and sectors that are engaged, which would aid in promoting widespread use for appropriate organizations and groups.	● When there is a lack of a "warm handoff" there can be a gap in service that leads to absence of resources like medications, support, and more for a period of time.
Recommendation	**Action steps**	**Agencies**	**Barriers and facilitators**	**Key OFRT observations**
● Explore resources pertaining to safe drug storage tools and techniques.	● Investigate organizations or grants that provide safe storage tools. ● Create materials that exhibit safe storage techniques	● **All agencies listed above**	● Funding ● Locating organizations/ grants ● If secured, distributing items to target populations can be done through the many outreach efforts partners engage in	● If there are no safe drug storage tools or a lack of knowledge on safe drug storage, it can be accessed (accidentally or purposely) by others in household or area.
Recommendation	**Action steps**	**Agencies**	**Barriers and facilitators**	**Key OFRT observations**

● Consider a communications campaign regarding the dangers of fentanyl that endorses fentanyl-specific harm reduction strategies. ● In addition, have a targeted communication campaign directed at ages 12-19 (adolescents to young adults).	● 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** ● Mercer County Harm Reduction Centers ● Communications agencies	● Funding ● Conflicting agency priorities ● Limited staff availability ● Finding a pathway to engage with schools/ universities for the adolescent /young adult focused communications campaign.	● 22 of the 24 (92%) fatal overdose cases reviewed in the 2022-2023 OFRT cycle contained fentanyl or fentanyl analogs. ● Of the 87 total cases reviewed by the Mercer County OFRT in the past three cycles, cycle three saw the first two teenage decedents (16, 19) who both had fentanyl or fentanyl analogs present in their toxicology report.

Description of results from recommendations

Current Recommendations and Status (10/1/2022 - 6/30/2023)

1. Advocate for widespread hospital standard of practice to discharge patients who have a recent history of overdose(s) or substance use with Suboxone/Naloxone
    - **Status:** There have been successful efforts to engage with the hospital system and there has been progress, however the engagement has been inconsistent. There continues to be effort made for more consistent engagement. Additionally, in an upcoming grant cycle there will be a harm reduction subcommittee as well as an OFRT Chairperson to help guide discussions and move recommendations into actionable items. This is a recommendation that the subcommittee can lead in making action and outlining a clear plan of approach that can aid in strengthening and advancing the engagement that has been initiated.
2. Explore and identify provider practices for pain management with people on MAT or that have SUD and investigate what methods are being used to educate non MAT sectors of healthcare on MAT and SUD.
    - **Status:** There is currently a partnership being formed between THT and key members of the OFRT to seek funding for data collection on several opioid indicators and prevention strategies. If funding were secured the project would include surveilling the opioid landscape in healthcare and investigating what methods are being used as well surveying the knowledge on SUD and MAT of staff at significant points of entry, like emergency departments.
3. Develop a centralized list of all substance use treatment/harm reduction services in the county and disseminate effectively(ex. Public QR codes).
    - **Status:** In progress. THT is currently identifying, compiling and updating the resources to create a centralized list that will be accessible through the Trenton Health Team's

Harm Reduction Microsite.

4. Explore resources pertaining to safe drug storage tools and techniques.
    - **Status:** No activity. However, there will be a harm reduction subcommittee as well as an OFRT Chairperson to help find pathways to move recommendations into actionable items. The subcommittee can aid in locating opportunities for safe storage items and/or educational materials.
5. Consider a communications campaign regarding the dangers of fentanyl that endorses fentanyl-specific harm reduction strategies. In addition, have a targeted communication campaign directed at ages 12-19 (adolescents to young adults).
    - **Status:** In an internal OFRT survey, this topic was the most requested communications campaign by OFRT participants. Building on the momentum and infrastructure of the previous cycle's communications campaign which included building out a Mercer County harm-reduction specific website, THT is actively searching for partners and funding opportunities to expand awareness of the dangers of fentanyl and effectiveness of the harm reduction philosophy.

Previous 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:** THT currently uses the NowPow/UniteUs community referral platform and can help CBO's and partners with getting onto the platform and training them to use it. Though there is a platform, utilization is fairly limited. NowPow has recently been acquired by another company, so THT is in the process of deciding the need, value, and use of referral platforms and what platform would be the best fit.
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:** THT secured a grant from Vital Strategies to expand harm reduction efforts in Mercer County, NJ. This project made a harm reduction communications campaign possible. The campaign reporting period was from September 2022-March 2023. Highlights from this campaign included: a facebook live event with a virtual Harm Reduction Panel Discussion, the launch of THT's Harm Reduction Microsite containing information and resources to increase harm reduction knowledge and efforts, printed information materials as well as the production of two videos. THT worked alongside NJ Advance Media on the project and in the final wrap up the metrics showed promising numbers of engagement with all communications outlets.
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:** This is a recommendation that continued to appear throughout cycle 3. THT has begun to seek out individuals from that sector (grief services and support) to possibly join the OFRT so that their key insights can be part of the review/discussion. Additionally, there is currently a grief support booklet being created by the THT Program Coordinator which includes the compiled list of resources and grief support contacts. This booklet and list will be available to all as an open resource.

Reflections (successes, barriers and lessons learned)

Over the course of nine months we have observed consistent participation from stakeholders and an increase in people from different organization's joining the OFRT. These individuals all share a passion for fighting the opioid crisis and amplifying harm reduction work. They are exceedingly knowledgeable about the opioid landscape, updates in policies and programs, as well as being knowledgeable about the harm reduction landscape. They are honest and introspective about the barriers that exist for their clients in navigating social services, health care, and recovery resources. This honest review of cases is key to formulating recommendations and exploring interventions.

Data-sharing is still a barrier to case reviews. Particularly with the lack of completed NOK interviews. This has been observed in numerous reviews as a large gap in data. The data compiled also isn't guaranteed to be a complete list of the decedent's interactions with agencies, just those that have been documented in the HIE or reported by our data sharing partners. This means that despite all of the information that is gathered, observations are made with incomplete information. New Jersey OFRT's still do not have a pathway presented for sharing data across counties, which would help with creating a more complete picture of the decedent's interactions leading up to their fatal overdose. As witnessed in this report, there are cases where though the decedent had their fatal overdose in Mercer County, they lived in another. Additionally, we have reviewed cases where the provider's notes mention the decedent stating care that they received outside of our jurisdiction and when that happens we know there is a pocket of information that is incomplete for that decedent.