Mercer County
Overdose Fatality Review Team (OFRT)

End of Year Report
July 1, 2023 - June 30, 2024

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

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Community Profile

Demographics

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

Reference: 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%	0.69%

Reference: 2020 Census

Families Living Below the Federal Poverty Line		
New Jersey	**Mercer County**	**Trenton**
6.9%	7.3%	21.8%

Reference: The American Community Survey (ACS) 2022: ACS 5-Year Estimates Data Profiles

Population With No Health Insurance Coverage		
New Jersey	**Mercer County**	**Trenton**
7.5%	7.0%	14.5%

Reference: The American Community Survey (ACS) 2022: ACS 5-Year Estimates Data Profiles

Population With Public Health Insurance Coverage		
New Jersey	**Mercer County**	**Trenton**
32.2%	31.6%	51.6%

Reference: The American Community Survey (ACS) 2022: ACS 5-Year Estimates Data Profiles

Healthcare Services

There are two main health care systems in Mercer County. They are, Capital Health System and Robert Wood Johnoson - Hamilton. Additionally, Henry J. Austin Health Center is the lone federally qualified health center in Mercer County.

Harm Reduction Services

There are three established harm reduction centers (HRC) and one Syringe Exchange Program (SEP) in Mercer County. Hyacinth AIDS Foundation operates as an HRC and as a SEP while The KIND Collective and The Rescue Mission of Trenton operate mobile HRCs.

General Health: Snapshot

Mercer County holds significance in the state of New Jersey with Trenton being the state capitol. Historically, Federal Home Owners Loan Corporation (HOLC) Redlining, which happened between 1935 and 1940, in conjunction with other factors, caused some neighborhoods in Mercer County to experience intentional disinvestment which has led to decreased health outcomes, especially for black/brown and migrant communities. Overall, Mercer County's health outcomes fare worse than the average county in New Jersey, but better than the average county in the nation. In Mercer County, the age adjusted rate (%) of adults reported that they consider themselves to be in fair or poor health was **14.0** (12.0-17.0) in 2021, while the age-adjusted average number of physically unhealthy days reported during a 30 day period was **3.2** (2.6-3.9) in 2021. Whereas, the average number of mentally unhealthy days reported during a 30 day period was **4.5** (3.7-5.2). **Reference:** County Health Rankings & Roadmaps

Major Chronic Disease: Snapshot

Notable major chronic disease metrics in Mercer County include the estimated age-adjusted prevalence of high blood pressure among adults aged 18 years and older (%), which was **28.7** (25.5, 32.0) in 2021. The estimated age-adjusted prevalence of diagnosed diabetes among adults aged 18 years and older (%) was **9.4** with 95% CI (8.1, 10.9) in 2021. Notably, the estimated crude prevalence (%) of high cholesterol among adults (18+) was **36.0** with 95% CI (32.2, 39.8) in 2021. **Reference:** Places: Local Data

Mental Health: Snapshot

Regarding mental health metrics in Mercer County, the estimated age-adjusted prevalence (%) of depression among adults aged 18 years and older was **19.0** with 95% CI (16.1, 22.1) in 2021. Whereas, the estimated age-adjusted prevalence (%) of mental health days categorized as "not good" was **14.1** with 95% CI (12.1, 16.1) in 2021. **Reference:** Places: Local Data

Opioid Related Data

Drug-related deaths

In 2022, total unintentional overdoses in Mercer County fell for the first time since 2019 to **133**, from 140 deaths the year before. This mirrors overall state-wide trends as the total number of overdose deaths fell for the first time in New Jersey since 2019 from 3,144 to **3,054** deaths.

Similarly, in 2022, deaths specifically tied to all drug types, including all opioids, fentanyl/fentanyl

analogs, heroin, prescription opioids, stimulants, and benzodiazepines saw decreases from 2021 to 2022. Deaths caused by benzodiazepines and heroin have seen the most notable decreases in recent years. Benzodiazepines decreased from 33 in 2021 to **17** in 2022 and deaths caused by heroin have dropped significantly since 2018– from 63 deaths to **12** in 2021 (latest available data). Most notably, deaths in Mercer County continue to be driven primarily by fentanyl and fentanyl analogs, however, these deaths have also seen a decrease from 114 to **102** over the same time period.

When disaggregated by race and ethnicity, the number of unintentional overdoses for each population shows a stark difference in Mercer County, where white and hispanic/latino populations experienced decreases in overdose while overdoses for Black/African American populations increased. In 2022, white unintentional overdoses decreased from 62 to **52** and Hispanic/Latino overdoses decreased from 33 to **28**. Unintentional overdoses increased from 42 to **49** in Black/African American populations, a trend that is mirrored state and nationwide. **Reference:** New Jersey SUDORS Overdose Mortality Data Explorer

NJ Cares Opioid-Related Data and Information Dashboard

The latest data from New Jersey Coordinator for Addiction Responses and Enforcement Strategies (NJCARES) gives insight into the latest suspected overdose deaths (which pulls data from the New Jersey Office of the Chief State Medical Examiner), naloxone administrations, and Opioid prescriptions dispensed in Mercer County.

Notably, NJSUDORS and NJCARES overdose metrics do not match. This is because NJCARES pulls from different data sources and/or possesses differing reporting standards. According to the NJSUDORS technical notes, NJSUDORS data is considered the most complete source of data for overdose deaths in New Jersey, as it includes cases that may not be included from other sources (for example, some hospital deaths and deaths of New Jersey residents who die out of state). Nonetheless, this data was included to illustrate that the trends shown in NJSUDORs data are reflected here as well.

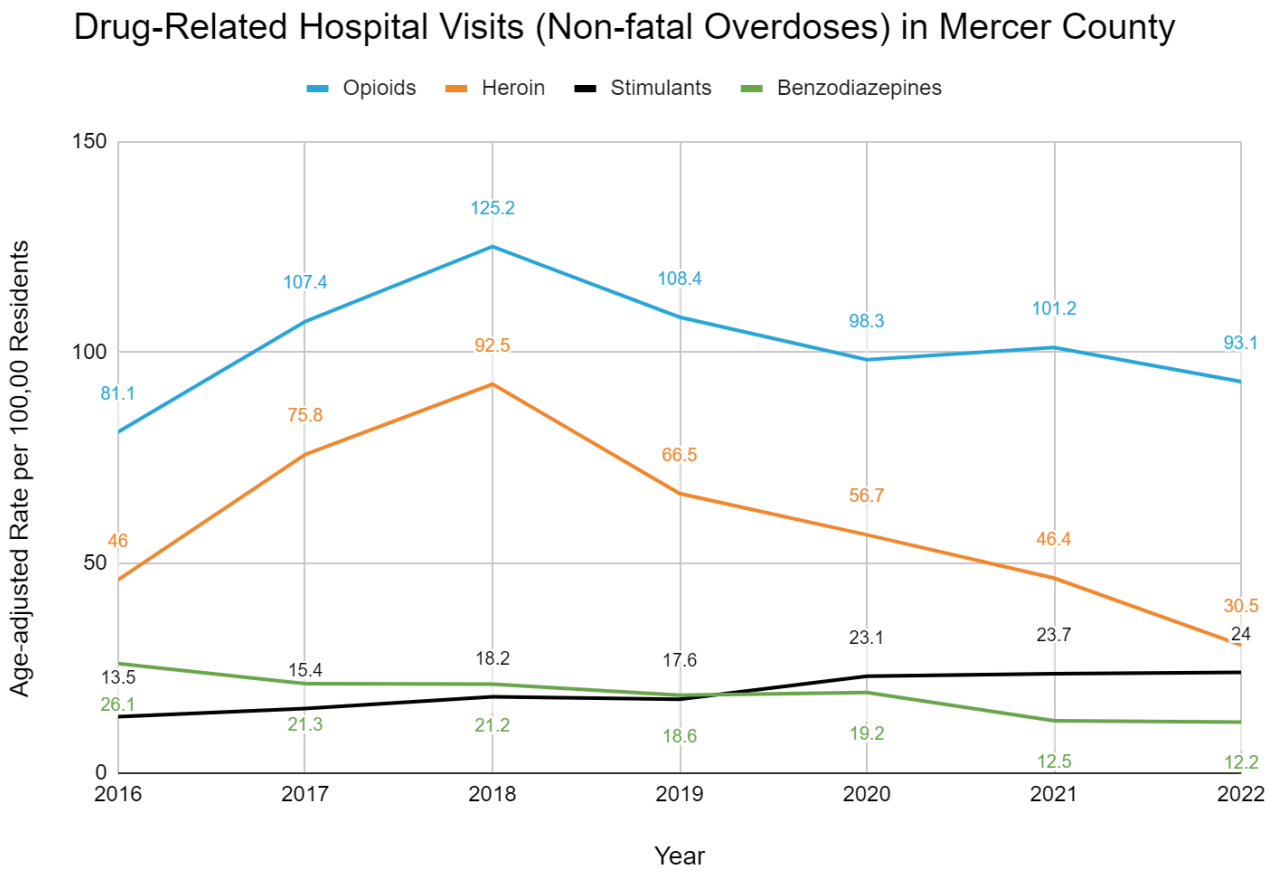
Mercer County: Suspected Drug- Related Deaths, Naloxone Administrations and PMP Data (2015 - 2023)									
	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
Suspected Overdose	59	59	106	138	115	128	138	108	108
Naloxone Administration	333	388	504	583	534	574	529	584	603
Opioid Prescriptions Dispensed	242,195	219,365	200,533	177,328	170,520	156,434	152,290	143,567	135,561

Reference: NJ OAG

As expected, the number of suspected overdoses in Mercer County has fallen from its peak in 2021 and

has stayed consistent from 2022 to 2023. Similarly, the number of opioid prescriptions dispensed has fallen every year since 2015 to a new record low of **135,561**– which is almost 100% lower. Finally, naloxone administrations have increased every year since 2021 to a new record high of **603** in 2023. These trends indicate, however slightly, that recent overdose prevention strategies initiated in Mercer County have been successful in recent years.

Drug-Related Hospital Visits



Reference: NJDOH

Drug-related hospital visits, including non-fatal overdoses, have also seen a decrease from 2021 to 2022. The graph above disaggregates these visits by drug type. Drug related hospital visits involving opioids, the blue line, decreased from 101.2 to **93.1** visits per 100,00 residents. Visits involving heroin, the orange line, have seen a significant decrease from its high of 92.5 in 2018 to **30.5** in 2022. Visits involving benzodiazepines, the green line, have slightly decreased from 12.5 to **12.2** in 2022. Finally, visits involving stimulants, the black line, is the only drug type that has seen a slight increase in 2024 (from 23.7 to **24).** This coincides with various observations made regarding stimulant usage in this cycle's decedents.

OFRT Overview

Background of the Mercer OFRT

The Mercer County OFRT has convened for four (4) years. Beginning 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. The following year, 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. In 2023 the Mercer County OFRT contract was again awarded to THT who led a fourth cycle convening stakeholders from September 2023 - May 2024 which included eight (8) case review meetings and twenty-one decedent case reviews. To date, THT has led 33 Mercer County OFRT case review meetings and 107 total decedent case reviews.

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 includes identifying recommendations that are feasible, low-capacity, and have identifiable funding streams which contributes to the goal of moving recommendations into action. In compliance with newly established grant requirements, this cycle formally established a harm-reduction subcommittee as its second official subcommittee and introduced an administrative position titled the “OFRT Board Chair”. Building on a previous short-term harm reduction committee established in 2022, the purpose of the harm reduction subcommittee is for community stakeholder organizations to align on a collective understanding of “harm reduction”, advocate for harm reduction funding streams, mobilize and coordinate existing harm reduction resources, and better integrate harm reduction ideals into stakeholder policy and programmatic conversations. Lastly, the OFRT Board Chair’s role was to pre-screen completed decedent review cases for notable discussion topics and to populate these topics in the case review Google Jamboard (a digital, interactive, idea-sharing tool) prior to OFRT meetings.

Regarding next-of-kin interviews, this cycle, the Mercer County OFRT utilized NJDOH NOK interviewers to conduct NOK interviews. Previously, THT staff received the necessary training to be able to perform NOK interviews and conducted them as part of the OFRT decedent data collection process. This transition was successful as eight total interviews were conducted and documented for the twenty-one cases reviewed– more than any previous cycle. Additionally, all NJ OFRT’s were given access to limited prescription drug monitoring program (PDMP) data which greatly enhanced our understanding of the decedent's medical history and relationship with drugs writ large.

Administration/Executive Team

- Cheryl Towns, Clinical 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	
ACME Markets	Never Hopeless Again
Capital Health System	New Jersey Courts
Catholic Charities	NJDOH
CEAS Center	NJDOH- EMS
Center for Forensic Research and Education/NMS Labs	NJ Division of Parole
Community Addiction Recovery Effort (C.A.R.E)	NJ Operation RISE
Corner House Behavioral Health	NMS Labs
Creative Change Counseling	Oaks Integrated Care
Greater Mercer Public Health Partnership	Phoenix Behavioral Health
Hamilton School District	Pinnacle Treatment Services
Helping Arms Inc.	Princeton Police Department
Henry J. Austin Health Center	Recovery Advocates of America - Hamilton
Hyacinth AIDS Foundation- Mercer	Rescue Mission of Trenton
Iron Recovery and Wellness Center	Robert Wood Johnson Barnabas Health - Hamilton
Maryville	Salvation and Social Justice
Middlesex Regional Medical Examiner's Office	St. Francis Medical Center
Mercer Council	TCNJ - Intoxicated Driver Resource Center
Mercer County Board of Social Services	Trenton Area Soup Kitchen
Mercer County Department of Human Services	Trenton Health Team
Mercer County Division of Public Health	Trenton Housing Authority
Mercer County Health Officers Association	Trenton Police Department
Mercer County Prosecutor's Office	Trenton Free Public Library
Millhill Center	Turning Point United Methodist Church
Millhill Child and Family	We Level Up
Millhill Child and Family Development	The KIND Collective

Participating Agencies	
New Hope Integrated Behavioral Healthcare	

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. To date, thirteen organizations sit on the recommendations subcommittee. They are: Oaks Integrated Care, Mercer County Office of Addiction Services, Mercer Council, The KIND Collective, Capital Health System, Trenton Public Schools, Mercer County Department of Human Services, Catholic Charities, Trenton Police Department, Hyacinth AIDS Foundation, New Jersey Department of Health, Trenton Area Soup Kitchen, and Henry J. Austin Health Center. In this cycle, the recommendations committee focused on identifying top recommendations created throughout all previous cycles and identified effective advocacy strategies to acquire and responsibly distribute opiate settlement funds that will become available to Mercer County in coming years.

A permanent harm-reduction subcommittee was created in 2023 to coordinate harm reduction services and resources and to align on harm reduction approaches throughout Mercer County. Committee members were asked to share harm reduction approaches, methods for acquiring supplies for distribution, harm reduction events, and often held brainstorming sessions to identify how harm reduction strategies could be implemented in Mercer County. Twenty-two organizations joined this committee. They were: EMS “5 Minutes to Help” Training Program, Mercer County Office of Addiction Services, New Hope Integrated Behavioral Health Center, Mercer County Department Health and Safety, Oaks Integrated Care, Mercer Council, The College of New Jersey, Iron Wellness, The KIND Collective, Trenton Housing Authority, Trenton Public Schools, Catholic Charities, Greater Mercer Public Health Partnership, Salvation and Social Justice, New Jersey Department of Health, Henry J. Austin Health Center, New Jersey State Police RISE Program, Hamilton NJ Public Health Officer, NMS Labs, Trenton Area Soup Kitchen, Capital Health System, and Trenton Police Department.

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 by the designated OFRT Redcap Administrator into the Redcap system within one-two weeks after the conclusion of the case review meeting. Additionally, the OFRT Redcap Administrator maintains other reported information such as NOK Recommendations Monitoring, Mercer County NOK Interview records, and the Mercer County Profile. The data exports, reports, and statistics tab in Redcap 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-one cases were selected and reviewed within eight months with eight next-of-kin interviews

successfully completed. Cases were selected at random from a list provided by the Middlesex Regional Medical Examiner. The data below represent the twenty-one cases reviewed during the 2023-2024 cycle and were compared to cases from the previous cycle (2022-2023) which reviewed twenty-four cases.

Decedent Demographic Data

Race/Ethnicity		
	Cycle 2022-2023	**Cycle 2023-2024**
White	54.2%	61.9%
Black/African American	29.2%	19.0%
Hispanic/Latino	16.6%	19.0%
Asian/Pacific Islander	0%	0%
Unknown	0%	0%

Sex		
	Cycle 2022-2023	**Cycle 2023-2024**
Male	79.2%	76.2%
Female	20.8%	23.8%

Note: 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		
	Cycle 2022-2023	**Cycle 2023-2024**
0-17	4.2%	4.8%
18-29	20.8%	14.3%
30-39	37.5%	14.3%
40-49	16.7%	28.6%
50-64	12.5%	28.6%
65-74	8.3%	4.8%
75-84	0%	4.8%

Marital Status		
	Cycle 2022-2023	**Cycle 2023-2024**
Married/Civil Union/Domestic Partnership	8.3%	14.3%
Divorced	16.7%	14.3%
Never Married	-	23.8%
Single, not otherwise specified	-	23.8%
Single/Never Married	70.8%	-
Separated	4.2%	0%
Widowed	-	9.5%
Unknown	0%	14.3%

Relationship Status	
	Cycle 2023-2024
Currently in a Relationship	28.6%
Not Currently in a Relationship	4.8%
Unknown	66.7%

Note: This metric was not captured in 2022-2023

Percentage of Decedents with Children Under 18 Years Old		
	Cycle 2022-2023	**Cycle 2023-2024**
Under 18 Years of Age	4.2%	19%

Residential Data		
	Cycle 2022-2023	**Cycle 2023-2024**
Resident of Mercer County, NJ	87.4%	90.5%
Resident of Burlington County, NJ	0%	4.8%
Resident of Bucks County, PA	0%	4.8%
Resident of Queens County, NY	4.2%	0%
Resident of Hunterdon County, NJ	4.2%	0%

Residential Data		
Resident of Middlesex County, NJ	4.2%	0%

Decedent Health Related Data

Health Related Data Overview		
	Cycle 2022-2023	**Cycle 2023-2024**
History of Mental Health Problems	66.7%	61.9%
History of Mental Health Treatment	33.3%	61.9%
Percentage of Decedents with Emergency Department Visits (12 months prior to DOD)	62.5%	42.8%
History or Diagnosis of Opioid or Substance Use Disorder (SUD)	75%*	85.7%
History of Previous Drug Overdose(s)	37.5%*	28.6%
Percentage of Decedents with Medications Entered in the PDMP Within Two Years Prior to DOD	-	52.3%

Note: The number of Emergency Department visits in the 12 months prior to DOD per decedent range from 1 to 11: 1, 1, 2, 2, 2, 4, 5, 11

* Data captured in 2022-2023 was limited to only opioid overdoses and OUD diagnoses

Number of Reported Mental Health Disorder Diagnoses	
	Cycle 2023-2024
None	2
Addictive disorders	2
Anxiety disorders	3
Bipolar and related disorders	4
Depressive disorders	8
Disruptive, impulse-control, and conduct disorders	1
Neurodevelopmental disorders	1
Schizophrenia spectrum and other psychotic disorders	3
Trauma- and stress- related disorders	4

Note(s): Some decedents had more than one mental health disorder diagnosis. This metric was not

captured in 2022-2023

Most Recent Number of Known Visits with a Mental Health Provider	
	Cycle 2023-2024
In Adulthood	2
In the Last 12 Months	4
In the Last 14 Days	1
No Visits	6

Note: This metric was not captured in 2022-2023

Known Naloxone Administration at Date of Death		
	Cycle 2022-2023	**Cycle 2023-2024**
Naloxone Administered	20.8%	28.6%
Naloxone *Not* Administered	0%	71.4%
No Information Available on Naloxone Administration	79.2%	0%

Naloxone Administrator	
	Cycle 2023-2024
EMS/Fire	16.7%
Intimate Partner	16.7%
Unknown	66.7%

Note(s): Naloxone administration is reported by scene investigator and can include administrations by the police, emergency medical services, emergency department, or by friends and family before first responders arrived. This metric was not captured in 2022-2023

Case Summary Data

Manner of Death (As Listed by the Medical Examiner's Office)		
	Cycle 2022-2023	**Cycle 2023-2024**
Accident	100%	90.5%
Suicide	0%	4.8%

Undetermined	0%	4.8%

Location of Death		
	Cycle 2022-2023	**Cycle 2023-2024**
Decedent's residence/licensed Foster Care Home	45.8%	71.4%
Family/Friend/Acquaintance's Residence	33.3%	4.8%
Street, Road, Sidewalk, or Alley/Motor Vehicle	4.2%	0%
Hotel or Motel	12.5%	0%
Residential Living Facility	0%	4.8%
Store	4.2	0%
Hospital	0%	14.3%
Other	0%	4.8%

Cause of Death (As Listed by the Medical Examiner's Office)	
1	Fentanyl and acetyl fentanyl toxicity
2	Acute phenobarbital toxicity
3	Acute fentanyl intoxication
4	Acute doxepin, fluphenazine and gabapentin intoxication
5	Acute diphenhydramine toxicity
6	Fentanyl, xylazine, and alprazolam toxicity
7	Acute fentanyl, cocaine and diltiazem intoxication
8	Cocaine, ethanol, and fentanyl toxicity
9	Mixed drug toxicity including cocaine, fentanyl, and morphine
10	Acute toxicity due to the combined effects of fentanyl, xylazine, hydroxyzine, and doxepin
11	Acute phencyclidine and alcohol intoxication
12	Mixed Drug Toxicity Including Cocaine, Phencyclidine, Amphetamine, Fentanyl and Xylazine
13	Mixed Drug Toxicity Including Fentanyl, Tramadol and Xylazine
14	Ethanol and fentanyl intoxication

Cause of Death (As Listed by the Medical Examiner's Office)	
15	Cocaine, Fentanyl and Gabapentin Intoxication complicated by Hypothermia
16	Multidrug toxicity including xylazine, fentanyl, and acetyl fentanyl
17	Cocaine, fentanyl, and xylazine intoxication
18	Acute fentanyl, alprazolam, duloxetine and hydroxyzine intoxication
19	Acute toxicity due to the combined effects of fentanyl, cocaine, ethanol, xylazine, gabapentin, and clonazepam
20	Mixed Drug Toxicity Including Fentanyl and Xylazine
21	Acute fentanyl intoxication

Substance Usage and Treatment Data

Age at First Known Use of Substances	
	Cycle 2023-2024
0-17	28.6%
18-29	19.0%
30-39	9.5%
40-49	9.5%
50-64	4.8%
65-74	4.8%
Unknown	23.8%

Note: This metric was not captured in 2022-2023

Most Used Substances by Drug Type	
Alcohol	47.6%
Marijuana	47.6%
Cocaine	42.9%
Benzodiazepines	38.1%
Prescription opioids	38.1%

Fentanyl	33.3%
Heroin	33.3%
Nicotine	23.8%
Xylazine	9.5%
Hallucinogens	9.5%
Methamphetamine	9.5%
“Spice”	4.8%

Note(s): Some decedents were known to use more than one substance. The percentage shown here is how many of the twenty-one decedents were known to use that substance at any given time. Not all substances listed here are considered controlled substances and could even have been prescribed to the decedent. This metric was not captured in 2022-2023

Most Common Time for SUD Treatment Initiation	
	Cycle 2023-2024
No Known Initiation	33.3%
In Adulthood	28.6%
In Last 12 Months	14.3%
In Last 14 Days	9.5%

Note(s): Data includes only a subset of decedents who were known to initiate treatment.This metric was not captured in 2022-2023

Social and Economic Data

Criminal/Justice History		
	Cycle 2022-2023	**Cycle 2023-2024**
Had Criminal Justice History/Record	70.8%	61.9%

Employment

	Cycle 2022-2023	Cycle 2023-2024
Employed	62.5%	28.6%
On Disability	0%	4.8%
Student	8.3%	4.8%
Unknown Employment Status	25%	52.4%
Unemployed	4.2%	9.5%

Education (highest level of education attained)		
	Cycle 2022-2023	**Cycle 2023-2024**
8th grade or less	8.3%	4.8%
9th to 12th grade; no diploma	20.8%	14.3%
High school graduate or GED (graduate equivalent diploma) completed	58.3%	61.9%
Some College Credit but no Degree	8.3%	4.8%
Associate's Degree	0%	4.8%
Bachelor's degree (e.g., B.A., A.B., B.S.)	4.2%	4.8%
Master's degree (e.g. ,M.A., M.S., Mend, Med, M.S.W., M.B.A.)	0%	4.8%
Unknown	0%	4.8%

Unhoused or Experiencing Homelessness at the Time of the Death		
	Cycle 2022-2023	**Cycle 2023-2024**
Yes	12.5%	14.29%
No	87.5%	85.71%
Yes: Sleeping outdoors or in a Shelter or	-	9.52%

Transitional Housing Program		
Yes: 'Couch Surfing' or Residing in Motel or Hotel	-	4.76%

Health Insurance		
	Cycle 2022-2023	**Cycle 2023-2024**
Public	29.2%	47.6%
Private	8.3%	4.8%
Unknown	58.3%	42.9%
Uninsured	4.2%	4.8%

Patterns and Trends

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

Category	Description
Race	61.9 % of decedents self-identified as White
Sex	79.2% of decedents were male
Location of Death	71.4% of decedents were located in their residence
Criminal Justice History	61.9% of decedents had encounters with the criminal justice system
Toxicology (fentanyl/xylazine)	81.0% of decedents had fentanyl and 38.1% of decedents had Xylazine present in their toxicology reports
Mental Health	61.9% of decedents had a reported history of mental health
Emergency Department Visits	42.8% of decedents had an emergency department visit 12 months prior to their date of death
Age at First Known Use of Substances	28.6% of decedents were known to use substances before the age of 18

Race and Sex

Substance use disorder impacts every demographic and socioeconomic status in our community, however, 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. Although it does not show up in the quantitative data, the OFRT identified the need to translate substance use and harm reduction programming into other majority minority languages in Mercer such

as Spanish.

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. Additionally, providing access to effective overdose prevention planning training to people who use drugs (PWUD), their families, and neighbors could increase the awareness and knowledge of what to do in the event of an overdose.

Criminal Justice History

Although this metric seems to be trending down, 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 interventions with this system at outreach, arrest, sentencing, pre/during/ post incarceration, and during the parole process

Toxicology (fentanyl/xylazine)

More than 80% of cases reviewed contained fentanyl in their toxicology reports and almost 40% of decedents had xylazine present. Effective communication about the impacts and pervasiveness of fentanyl accompanied with harm-reduction messaging and strategies may impact behavior and reduce overdoses. Since fentanyl and xylazine are often used together, education regarding what to in the event of a xylazine overdose compared to fentanyl is important to communicate. Additionally, information, education, and accessibility regarding xylazine wounds and wound care should be widely available.

Mental Health

Targeted interventions that incorporate mental health professionals, primary care physicians and substance use treatment providers may be effective in combating overdose deaths. Interventions may be more successful if specifically targeted at understanding a patient's past trauma and thier acute daily stressors (such as income, housing status, food insecurity, social supports, etc.). There remains a gap in connecting people to appropriate grief management resources for both PWUD and PWUD’s family members.

Emergency Department Visits

With over 40% 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 and possibly providing training for ED staff to be knowledgeable to the latest trends in addiction medicine such as xylzine wounds and novel MAT initiating/dosing methods.

Age at First Known Use of Substances

With almost 30% of decedents using substances before the age of 18, more than any other age group, structured interventions initiated in schools and social media could be ideal locations to educate children about substance use. This can include implementing family-oriented after school education campaigns about the dangers of fentanyl and the unknown drug supply and could be an opportunity for parents to initiate non-shaming conversations regarding substance use. Utilizing up-to-date social media data to understand where and how children consume media could be a good starting point when deciding how to communicate overdose prevention and harm reduction

information to this demographic.

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 eight successfully completed interviews, we are gaining more information than ever before, but we remain limited overall in making observations and conclusions with this missing data. Additionally, interviews may be with family members that may not have had contact with the decedent and thus may be limited. Nonetheless, any NOK information is valuable for OFRT data collection

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**

● Initiate culturally appropriate Spanish speaking education programs and harm reduction outreach cycles/events for Latino communities. ● Consider a targeted communications campaign to inform this community about programs available to undocumented clients.	● Convene stakeholders that provide spanish-speaking services and accept undocumented clients to create drug-user informational events and messaging to reach this population	● Stakeholders that provide Spanish speaking services ● The county's Harm Reduction Centers	● Staff, especially bilingual staff availability ● Cost of materials ● Cost of marketing	● Lack of awareness of Latino-specific substance use programs ● Fear of pursuing treatment for substance use, mental health, or physical health for undocumented individuals ● Lack of awareness of programs available to undocumented clients
Recommendation	**Action steps**	**Agencies**	**Barriers and facilitators**	**Key OFRT observations**
● Consider a strategic communications campaign to inform the public of the latest MOUD best practices. ● Consider a strategic communications campaign to de-stimatize substance use, homelessness, perceptions of HIV/HepC, and sex work ● Consider a strategic communications campaign regarding the nuances of	● 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** ● The county's federally qualified health center ● Relevant Mercer county government programs ● The county's hospital systems ● Organizations that provide social services ● Organizations familiar with the drug supply (toxicologists, drug-checking and monitoring agencies)	● Funding ● Conflicting agency priorities ● Limited staff availability	● Cross contamination of substances that contain fentanyl. ● Fentanyl being present in most decedent toxicologies of this cycle ● Lack of adherence to MOUD treatment regimens ● Homeless folks and sex workers not seeking care due to stigma. ● Lack of resources targeted at simulant users (compared to opioid users)

stimulant usage and the contamination of the drug supply.				
Recommendation	**Action steps**	**Agencies**	**Barriers and facilitators**	**Key OFRT observations**
● Identify funding streams to help cover the cost of burials/cremations for those who die of fatal overdoses ● Embed a family advocate or social worker in the ME office to provide grief and aftercare assistance to families of loved ones who died of a fatal overdose	● Identify funding streams ● Identify organizations that provide grief counseling and services	● **All agencies listed above** ● Social work agencies that provide grief services ● Middlesex Regional Medical Examiner	● Insufficient funds available ● Social work and substance use workforce shortages	● The impact of SUD on family, friends and loved ones. ● Decedents not having reachable NOK's and buried without family present ● 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.
Recommendation	**Action steps**	**Agencies**	**Barriers and facilitators**	**Key OFRT observations**
● Set up a flagging system for individuals with a history of substance use	● Identify entities that track data on substance use and social services ● Identify a geographical area that's in-scope ● Connect with neighboring county OFRT's	● **All agencies listed above** ● County OFRT's ● Data monitoring organizations	● Data privacy concerns and differing laws/regulations regarding data sharing across counties and organizations ● Staff availability ● Funding to support a flagging system	● Transient decedents coming from other counties and passing away in Mercer County ● Lack of data for houseless individuals that receive care in other counties ● Lack of integrated behavioural health data in the substance use care continuum

Recommendation	Action steps	Agencies	Barriers and facilitators	Key OFRT observations
● Coordinate a standardized mobile unit community outreach plan	● Hold an inaugural kickoff meeting between organizations that operate a mobile unit across Mercer County	● Organizations that operate harm-reduction mobile units ● Organizations that operate primary care mobile units ● Organizations that operate social service mobile units	● Staff availability ● Viable locations to hold these events ● Differing mobile outreach schedules	● Decedents travelend long distances to receive different types of services ● Mobile units seem to be successful in reaching PWUD ● Transportation is a barrier
Recommendation	**Action steps**	**Agencies**	**Barriers and facilitators**	**Key OFRT observations**
● Advocate for alternative temporary housing solutions tailored towards individuals still using drugs or individuals initiating treatment	● Review housing regulations and relevant laws ● Convene a housing and substance use stakeholder group to discuss implementation options	● **All agencies listed above** ● Organizations that provide housing services	● Strict housing laws and regulations ● Funding	● Lack of adequate housing options for people who use drugs ● Decedents often use after they are discharged from treatment due to housing instability ● Strict regulations at existing temporary housing shelters regarding the use and possesion of drugs

Description of results from recommendations

Current Recommendations and Status (10/1/2023 - 6/30/2024)

1. Initiate culturally appropriate Spanish speaking education programs and harm reduction outreach cycles/events for Latino communities. Consider a targeted communications campaign to inform this community about programs
    - **Status:** No specific communications campaigns have been initiated. However, when materials are developed regarding a program or event in the community, special emphasis is placed on producing both Spanish and English versions
2. Consider a strategic communications campaign to inform the public of the latest MOUD best practices. Consider a strategic communications campaign to de-stimatize substance use, homelessness, perceptions of HIV/HepC, and sex work. Consider a strategic communications

campaign regarding the nuances of stimulant usage and the contamination of the drug supply.
    - **Status:** No current communications campaign has been initiated, however, THT has prioritized identifying funding opportunities to produce these communications. Additionally, THT initiated an un-funded short-form video campaign to create educational videos regarding MOUD, co-occurring disorders, latest drug supply trends, and xylazine wound care. Videos are still in production and have not yet been released.
3. Identify funding streams to help cover the cost of burials/cremations for those who die of fatal overdoses. Embed a family advocate or social worker in the ME office to provide grief and aftercare assistance to families of loved ones who died of a fatal overdose.
    - **Status:** No activity regarding embedding a social worker. The recommendations committee will advocate to use future opioid settlement dollars to cover the cost of burial/cremations for decedents that have died without NOK involvement or family contact.
4. Coordinate a standardized mobile unit community outreach plan
    - **Status:** Efforts have been made to coordinate organizations that operate mobile units. Next steps involve identifying who has staff capacity and resources to supply such a community wellness event.
5. Explore cross-county communication and data-sharing to set up a flagging system for individuals with a history of substance use.
    - **Status:** No activity
6. Advocate for alternative temporary housing solutions tailored towards individuals still using drugs or individuals initiating treatment
    - **Status:** No activity. However the recommendations committee discussed advocating for expanded housing options in the next round of opioid settlement funding.

Previous 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. However, due to the wide availability of free naloxone across the city of Trenton, efforts have focused on educating the community on these locations.
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:** In September 2023, THT and key OFRT stakeholders were awarded a grant to collect data on several opioid indicators and prevention strategies. The project surveilled the opioid treatment landscape in healthcare and investigated the policies and procedures used by SUD treatment and hospital providers at significant points of entry such as 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 the fall of 2023, THT launched an interactive mapping tool that provides geographical information regarding Mercer County's harm reduction, substance use, and

mental health treatment resources. This centralized list of services contains filters for language, insurance type, harm reduction resources (naloxone, syringe services, etc.), patient care level (IOP, OP, etc.) so that community members seeking these services can tailor results to their needs. Additionally, the site contains information and links to important substance use programs statewide and internationally.

4. Explore resources pertaining to safe drug storage tools and techniques.
    - **Status:** No activity. However, there will be opportunities to advocate for safe drug storage materials in upcoming opioid settlement funding cycles.
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:** No communications funding opportunities have been identified. However, currently, THT has initiated an un-funded short-form video campaign to create educational videos regarding MOUD, co-occurring disorders, fentanyl-specific strategies, latest drug supply trends, and xylazine wound care. Videos are still in production and have not yet been released.

Reflections (successes, barriers and lessons learned)

Over the course of twelve 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. Additionally, the introduction of access to PDMP records and consistently completed NOK interviews has greatly enhanced the quality of data collected and gives access to important factors when considering overdose prevention strategies. This honest review of cases and increased access to valuable information is key to formulating recommendations and exploring interventions.

Despite increased access to decedent 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.

The establishment of the permanent harm-reduction subcommittee has been successful in understanding what harm reduction resources and strategies already exist in Mercer County and how county stakeholders can work together to efficiently disseminate those resources throughout the community. It has been especially successful in attracting an increasingly broad number of

stakeholders both inside and outside of the substance use care continuum in Mercer County to understand and implement harm reduction ideals into social service work throughout the county. Moving forward, the harm reduction subcommittee will network with innovative harm reduction organizations from across the country to present novel strategies and solutions they implement in their communities. This exchange of ideas and information will hopefully foster a community of harm reduction and substance use treatment providers that collaborate effectively and provide effective, sustainable, and non-stigmatizing care to PWUD in Mercer County.