



New Jersey Overdose Fatality Review Teams: Preliminary Findings and Recommendations

**FY21 Grant Period: September 2020 to August 2021
Cases Reviewed Occured in 2018-2020**

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Acknowledgements

Report Overview

1

Background

Includes information on overdose fatality review team (OFRT) history, members, purposes, and processes

2

OFRTs in New Jersey

Includes information on OFRT legislation in New Jersey and NJ OFRT grant operations

3

Cases Reviewed

Includes demographic information, overdose circumstances, social service usage, and life circumstances discovered through case review

4

Recommendations

Includes recommendations compiled from OFRTs

5

Next Steps

Includes next steps on statewide OFRT implementation, including legislation implementation

1. OFRT Background

History of OFRTs

With the contours of the overdose epidemic shifting so rapidly, it is vital that governments, clinicians, and the public have access to comprehensive data regarding overdose fatalities. Unfortunately, such data are rarely available in a timely manner and may not include important information about social and systemic factors that contribute to overdose deaths. To address this problem, New Jersey recently adopted a model, known as Localized Overdose Fatality Review Teams, first established by the state of Maryland to review overdose deaths and provide additional data regarding overdose decedents as well as make policy recommendations. OFRTs are based on previously established fatality review teams such as those focused on maternal mortality, domestic violence, child abuse, and elder abuse.¹⁻⁴ New Jersey has a long history with teams of this type including the Child Fatality and Near Fatality Review Board, Fetal-Infant Mortality Review, and a Maternal Mortality Review Committee that dates back to 1932.

OFRT Purpose

An OFRT is a multidisciplinary team that performs a series of individual overdose fatality reviews to uncover ecological factors or systems gaps that may have contributed to a fatal overdose due to substance use. In turn, OFRTs use the information collected about decedents to develop and implement innovative community-specific strategies, services, and/or policies to prevent future fatal overdoses. Additionally, OFRTs enable more effective collaboration and communication about overdoses within individual jurisdictions.⁵ OFRT membership varies, but typically includes local health officers, local medical examiners, local behavior health services directors, prosecutors' offices, substance use treatment providers, emergency department providers, local advisory committees on alcohol and substance use disorders, harm reduction specialists, and other community leaders who play a role in overdose prevention.⁶

OFRT Processes

OFRT Lifecycle

OFRTs across NJ complete the ongoing process of conducting case reviews, developing recommendations based on data, and incorporating new members, as shown in the figure below.

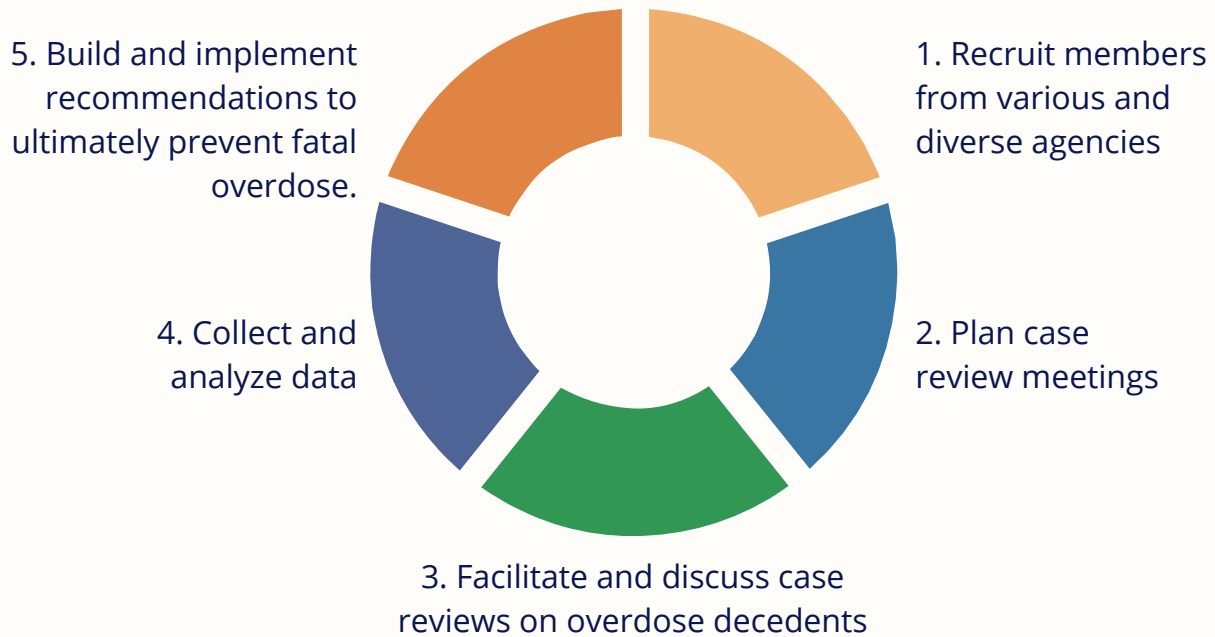


Figure 1

A Typical Case Review

The following figure is an example of the case review process, which may differ slightly based on the OFRT jurisdiction and members' needs.⁷

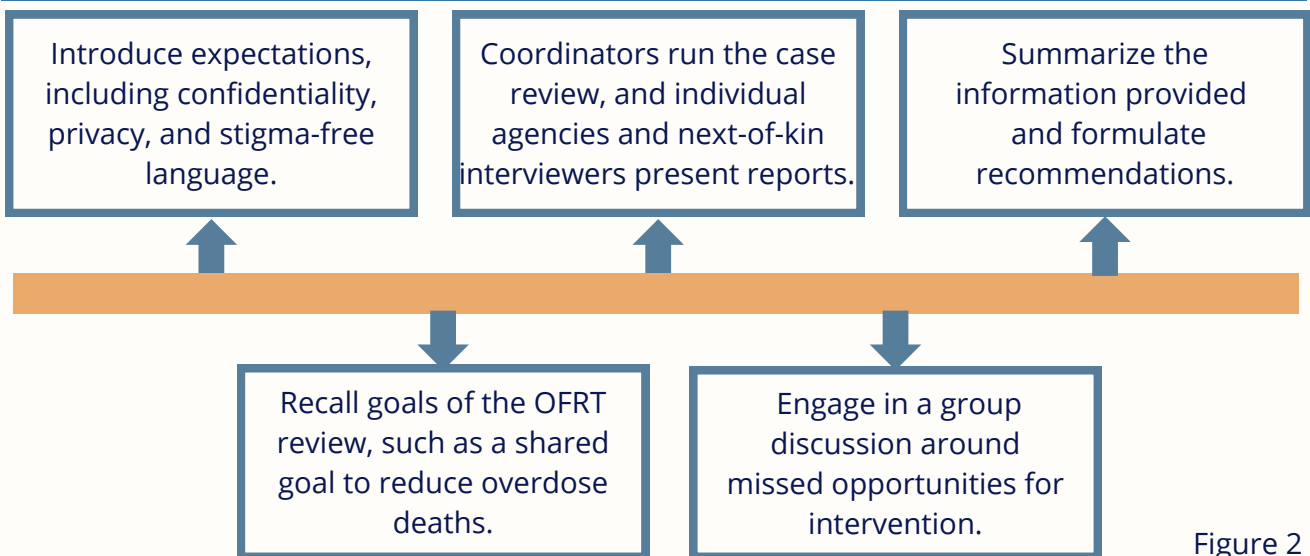


Figure 2

2. OFRTs in New Jersey

Fiscal Year 2021 (FY21) Grant Overview

The New Jersey Department of Health’s (NJDOH) Office of Opioid Response and Policy is a recipient of the Overdose Data to Action (OD2A) federal grant from the Centers for Disease Control and Prevention (CDC). Utilizing these funds, the NJDOH Office of Local Public Health awarded \$1.9 million to 19 local health departments (\$100,000 each) beginning in September 2020 under the grant "Expand and Integrate Overdose Fatality Review Teams (OFRTs) Across New Jersey." The local health departments used these funds to establish 17 new OFRTs and enhance operations for two existing OFRTs by bolstering data collection and analysis. Two additional OFRTs received funding from different sources, including the Bureau of Justice Assistance, and operated separately from those receiving funding from the NJDOH.

Participating Jurisdictions

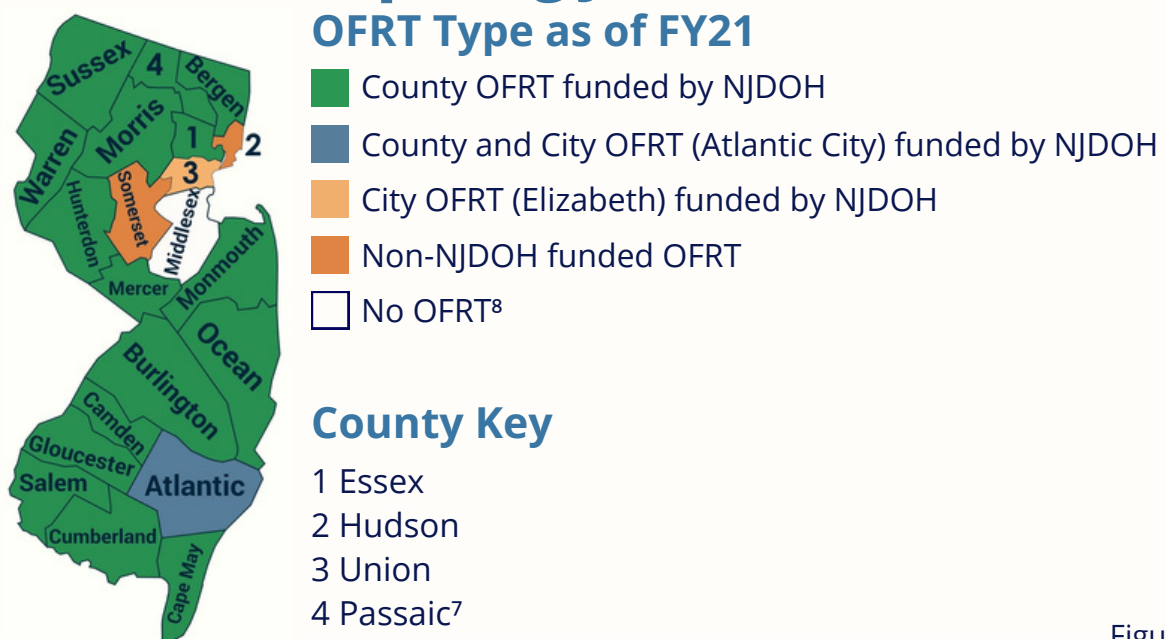


Figure 3

This report represents a summary of the reports submitted by jurisdictions that received funding from the FY21 OD2A grant. As described further under “OFRT Legislation,” on January 18, 2022, Governor Phil Murphy signed legislation that permits and sets parameters for OFRTs to operate locally within New Jersey.⁹ This report describes OFRT activities that occurred prior to that law.

3. Cases Reviewed

About the Data

The data included in this report represent only those cases reviewed by OFRTs funded during the FY21 grant period and are not representative of statewide trends. For complete data that includes all fatal overdoses in NJ, please refer to Appendix A, [CDC's State Unintentional Drug Overdose Reporting System \(SUDORS\) Dashboard](#), or [New Jersey's Office of the Chief State Medical Examiner Data Dashboard](#). There are a few reasons why cases reviewed may not match statewide trends. There was variability in how jurisdictions chose cases. Common methods included choosing cases sequentially within a specific timeframe or focusing on particular demographics of interest, such as age range.¹⁰ Additionally, within the first grant year, there was variability in how jurisdictions chose to report their data. For this report, please refer to the footnotes, which include the number of jurisdictions that reported on each variable. NJDOH has taken several steps to standardize and improve the quality and completeness of OFRT data, as described further under NJDOH Actions.

Demographics of Cases

Within the FY21 grant year, grantees reviewed **411 cases**. These overdoses took place between 2018 and 2021. The demographic data of the cases reviewed, as available, is shown below.

Gender **Two-thirds** of cases were male.

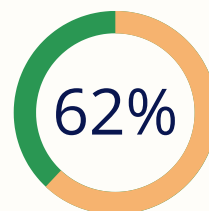
**Race
Ethnicity** **Two-thirds** of reviewed cases were identified as White/Caucasian, roughly **one-third** were identified as Black/African American, approximately **10%** were reported as Hispanic/Latino, and **1%** were reported as Asian.¹¹

Age The average age of cases was **40 years**.¹²

Overdose Characteristics

Medical examiners are important members of the OFRT, providing key information regarding the circumstances surrounding fatal overdose, such as toxicology and location.

Sixty-two percent of reviewed cases were confirmed for **polysubstance use** at the time of the fatal overdose.¹³ Polysubstance use indicates that more than one substance was found in the decedent's system at the time of death.



Consistent with statewide trends, most cases reviewed by OFRTs in FY21 had toxicology screenings containing **fentanyl** (approximately 80%). Other opioids were also commonly identified, as well as cocaine (approximately 43%), benzodiazepines (32%), and alcohol (29%).¹⁴



Three out of four overdose deaths took place at a private residence.¹⁵ Five percent took place at a hotel or motel, and 4% took place in a public space. The locations of the remaining overdose cases were unknown or not reported.¹⁶

Health and Social Service Involvement

Social service agencies and health providers play a key role in the OFRT process. They discuss decedents' involvement with services during their life and provide insight into and strategies for recommendation implementation.¹⁷

Forty-two percent of reviewed cases had a history of incarceration, while **62%** had an interaction with law enforcement or a history of incarceration.¹⁸

Almost half of reviewed cases may have had a mental health condition or sought mental health care as reported by next-of-kin or a representative agency.¹⁹



Life Circumstances

A key function of OFRTs is to identify missed opportunities across the individual's life course that may have prevented a fatal overdose. OFRTs accomplish this not only by including a wide variety of agencies that may have interacted with the decedent but also by conducting **next-of-kin interviews**.

What are next-of-kin interviews?

Next-of-kin interviews are supportive conversations between a trained professional and a key figure in the decedent's life such as a friend, family member, or significant other. The purpose of the conversation is to gain insight about the decedent's life events and circumstances that cannot be gleaned from existing records, such as school or mental health history. Additional insights obtained through next-of-kin interviews are included below.²⁰

How did jurisdictions use next-of-kin interviews?

Eighty-five percent of jurisdictions conducted next-of-kin interviews. Four jurisdictions included the number of next-of-kin interviews that they conducted in their report. For those jurisdictions, they were able to obtain next-of-kin interviews for **36% of their case reviews**. OFRT members indicated that obtaining next-of-kin interviews was a challenge. Thus, recommendations to improve the next-of-kin interview process are included below.

Interview Themes

Through next-of-kin interviews, **stigma** was noted as a significant barrier for loved ones to access care. Next-of-kin also mentioned serving as a pseudo case manager for their loved one, which they described as difficult given the barriers in **a complicated health and social service system**.

Adverse childhood experiences (ACEs) were another common theme of interviews with next-of-kin.²¹ These included family history of substance use, financial insecurity, domestic violence, and family history of mental health issues.²²

4. OFRT Recommendations

OFRT members are uniquely situated to provide **local and state level recommendations** to prevent overdose deaths. Within the first grant year, OFRTs were expected to compile recommendations, but ultimately they are expected to implement those on the local level. Below are the compiled recommendations across the OFRT jurisdictions.

Conduct community-wide outreach and education:

- Develop or bolster interventions to improve bystander responses
- Provide education and harm reduction materials to lay members of the community who may frequently witness an overdose (e.g., motel and hotel owners/workers)
- Increase education to address stigma among community members

Utilize a variety of harm reduction methods:

- Increase access to naloxone and improve naloxone monitoring
- Increase distribution of fentanyl test strips
- Increase number of Harm Reduction Centers
- Bolster existing Harm Reduction Centers

Address gaps in services:

- Provide case management and wraparound services for formerly incarcerated people
- Expand peer recovery support services
- Promote continuity of care for individuals with substance use disorder, particularly between hospitals and low-cost community service providers

Enhance OFRT operations:

- Recruit additional agencies (i.e., schools, housing, EMS) to participate in OFRTs
- Screen, train, and monitor next-of-kin interviewers
- Include mental health providers as part of the review process

5. Next Steps

OFRT Legislation

On January 18, 2022, Governor Phil Murphy signed a bill into law (N.J.S.A. 26:3A2-20.4 et seq.) that permits OFRTs to operate within counties, large municipalities, and municipalities with high overdose rates.²³ More specifically, the legislation:

- Permits OFRTs to be established by county or local health departments
- Establishes minimum membership requirements for OFRTs and describes their duties
- Establishes requirements for local OFRTs, including:
 - Conducting comprehensive reviews of confirmed overdose fatalities, or a sample thereof
 - Including specific risk factors, social determinants of health, and points of contact with health, social services, and other systems in decedent reviews
 - Recommending prevention and intervention strategies to reduce overdose deaths
 - Producing confidential case reports, which shall be submitted to the NJDOH
- Grants rule-making authority for OFRTs to NJDOH
- Establishes annual reporting requirements for local OFRTs and NJDOH
- Sets minimum privacy and confidentiality standards for OFRT and NJDOH data collection, storage, transmittal, and destruction
- Lists entities that may provide OFRTs with information and records related to the decedent's health, substance use disorder treatment, criminal history, social services, educational history, etc.

Implementing OFRTs in New Jersey is a relatively new initiative. Therefore, it is important to consider what actions NJDOH can take to continually support and improve OFRT operations.

NJDOH Actions:

NJDOH continually evaluates Overdose Fatality Review teams and implements best practices and standards. The actions listed below are not exhaustive, but an overview of the many actions taken between October 2021 and June 2023 in order to increase capacity and standardize processes. These actions aim to improve both the decedent case review process and the intended outcomes of OFRTs.

Steps Taken:

- Convening OFRT leaders on a monthly basis to ensure timely access to pertinent updates
- Developing privacy and data acquisition protocols to use Prescription Drug Monitoring Program information in case reviews
- Providing ongoing training and education for OFRT members around evidence-based interventions to address overdose to catalyze effective and actionable recommendations
- Hiring two full-time state employees to conduct next-of-kin interviews and standardizing training for local teams who utilize their own next-of-kin interviewers
- Developing new quarterly and end-of-year report templates to increase data quality and consistency across OFRTs and allow for more detailed reports including county specific information

Most importantly, as county/local teams continue to produce annual recommendations and data, the state will identify regional and state level themes and identify opportunities to enhance state level policy and responses to the overdose epidemic. Here are additional next steps we are actively pursuing to improve OFRT processes.

Next Steps:

- Implementing drafted rules for OFRT legislation
- Implementing a rigorous data collection system designed by national partners at the Bureau of Justice Assistance
- Publishing annual reports to summarize the prior year's OFRT aggregate data and recommendations

Endnotes:

¹Wilson, J., & Websdale, N. (2006). Domestic violence fatality review teams: An interprofessional model to reduce deaths. *Journal of Interprofessional Care*, 20(5), 535-544.

²Durfee, M., Parra, J., & Alexander, R. (2009). Child Fatality Review Teams. *Pediatric Clinics of North America*, 56, 379-387.

³American Bar Association. (n.d.). Elder Abuse Fatality Review Team. Retrieved from Elder Abuse Fatality Review Teams:

https://www.americanbar.org/groups/law_aging/resources/elder_abuse/elder-abuse-fatality-review-team-projects-and-resources/

⁴Haas, E., Truong, C., Bartolomei-Hill, C., Baier, M., Bazron, B., & Rebbert-Franklin, K. (2019). Local overdose fatality review team recommendations for overdose death prevention. *Health Promotion Practice*, 20(4), 553-564.

⁵Minimum membership requirements have been set by the statute and include: the county health officer, or a designee; the regional or county medical examiner, or a designee; a member of the Local Advisory Committee on Alcohol Use Disorder and Substance Use Disorder, if one exists within the local team's jurisdiction; a State, county, or municipal law enforcement officer or county prosecutor; a substance use disorder health care professional; and the county or municipal director of behavioral health services, or a designee.

⁶Heinen, M., & O'Brien, M. (2020). *Overdose Fatality Review: A Practitioner's Guide to Implementation*. Washington, D.C.: Bureau of Justice Assistance.

⁷The information in these figures was modified from materials provided by the Bureau of Justice Assistance (cited in footnote 5).

⁸Middlesex County formed an Overdose Fatality Review Team in 2022.

⁹Map made using mapchart.net.

¹⁰Please see N.J.S.A. 26:3A2-20.4 et seq., [linked here](#) and described in [this press release](#) from the Governor's office.

¹¹Local Health Departments are the entities that are required to maintain privacy and record retention. State data collection systems in development have been reviewed for privacy standards according to the related statutes.

¹²Due to differences in reporting across jurisdictions, this report presents race and ethnicity as one combined variable. The race and ethnicity of decedents was reported by 14 jurisdictions.

¹³Seven jurisdictions reported the average age of decedents.

¹⁴Five out of 19 jurisdictions reported on polysubstance use.

¹⁵10 jurisdictions reported on fentanyl, seven reported on cocaine, five reported in other opioids, four reported on benzodiazepines, and five reported on alcohol.

¹⁶Private residences include the resident's home or another private residence, such as a residence of a friend or family member.

¹⁷Fourteen out of 19 jurisdictions reported on the location of the overdose.

¹⁸Data reported from local agencies was inconsistent across jurisdictions. These inconsistencies will be amended in future grant cycles through changes in quarterly and annual report templates.

¹⁹Five jurisdictions reported on incarceration history, and 16 jurisdictions reported on interactions with law enforcement but did not specify what those interactions entailed.

²⁰Twelve jurisdictions reported on possible mental health issues/treatment.

²¹You can find more information about next-of-kin interviews from the [Bureau of Justice Assistance website here](#).

²²If you are interested in more information about ACEs, [please refer to this CDC website](#).

²³Please see N.J.S.A. 26:3A2-20.4 et seq., [linked here](#) and described in [this press release from the Governor's office](#).

Appendix A - SUDORS Data Representing all NJ Unintentional and Undetermined Overdoses in 2020

The following data represents **all unintentional and undetermined intent overdose deaths** in New Jersey in 2020 and serves as a comparison to the cases reviewed by OFRTs, many of which took place in 2020. Data source: [CDC State Unintentional Drug Overdose Reporting System \(SUDORS\) dashboard](#).

There was a higher proportion of white decedents and a lower proportion of Hispanic decedents within OFRT cases in comparison to the proportions within overall unintentional and undetermined overdose deaths.

Decedents were of the following race/ethnicities:	
Race/Ethnicity	% of Decedents
White/Caucasian	60%
Black/African American	23%
Hispanic/Latino	16%
Asian	1%

Men accounted for **three-quarters** of overdose deaths included within SUDORS. This is a slightly greater proportion of men than that of OFRT cases.

Deaths involved the following substances:	
Substance	% of Deaths Involving Substance
Any Opioid	90%
Fentanyl	82%
Heroin	27%
Prescription Opioids	35%
Cocaine	18%
Methamphetamine	6%

Overall undetermined and unintentional overdose deaths had a notably lower percentage of cocaine involvement than OFRT cases. Involvement of fentanyl is very similar. Because of differences in definitions, other substances are difficult to compare.

The most common age ranges for an unintentional or undetermined fatal overdose were **25-34, 35-44, and 45-54 years**. Each of these age ranges represented about a quarter of fatal overdoses. This can be compared to the average age of OFRT decedents, which was 40 years old.