New Jersey
Overdose Fatality Review Teams

Annual Report 2022

February 2026

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Introduction

On January 18, 2022, Governor Philip D. Murphy signed into law N.J.S.A. 26:3A2-20.4 et seq., permitting Overdose Fatality Review Teams (OFRTs) to operate within counties, large municipalities, and municipalities with high overdose rates in New Jersey.[1] The primary goal of OFRTs is to provide in-depth analyses of overdose fatalities to identify systemic gaps and opportunities for intervention to prevent future overdose and related harms. These teams are composed of an array of professionals who collaborate to review cases and develop recommendations. OFRTs are an important component of the comprehensive local and statewide efforts to combat the overdose crisis in New Jersey. This report covers results from OFRT decedent reviews conducted between October 2021 to September 2022, highlighting OFRT activities and recommendations to prevent future overdose deaths.

NJ OFRT Jurisdictions

Federal Fiscal Year (FFY) 2022

- County OFRT funded by NJDOH
- County and City OFRT (Atlantic City) funded by NJDOH
- Non-NJDOH funded OFRT
- City OFRT (City of Elizabeth) funded by NJDOH
- No OFRT in existence

County Key: 1 Essex, 2 Hudson, 3 Union, 4 Passaic

In FFY22, there were 17 county- and two city-run OFRTs funded by DOH in NJ.[2]

Map made using mapchart.net.

State OFRT Program

The NJ Department of Health (NJDOH) Division of Syndemic and Substance Use Services receives support from the Centers for Disease Control and Prevention (CDC) via the Overdose Data to Action (OD2A) grant program. With this support, the NJDOH awarded 19 local health departments (LHDs) grants to expand and integrate OFRTs across NJ in FFY22. Two LHDs (Monmouth County and Ocean County) used these funds to enhance operations for their well-established OFRTs, and 17 LHDs used these funds to continue operations for their newly developed OFRTs. The well-established teams also served as mentor sites for the newer OFRTs.

During FFY22, NJDOH supported and enhanced the activities of OFRTs across the state through:

- **Funding Allocation**
  - Allocated a total of $1.9 million across 19 local health departments to implement or expand OFRTs.

- **Training and Technical Assistance (TA)**
  - Provided training and TA to OFRTs for effective case reviews and high-quality data collection. This included training on trauma-informed care, next of kin (NOK) interviewing resources, and moving data to action.

- **Data Collection and Standardization**
  - Focused on integrating data sources. NJDOH developed standardized protocols for data collection across all OFRTs to ensure consistency and comparability.

- **Recommendation Development**
  - Assisted local teams with their recommendations that addressed overdose prevention, including for example, Good Samaritan laws, syringe service programs, and barriers to treatment.

OFRT Framework

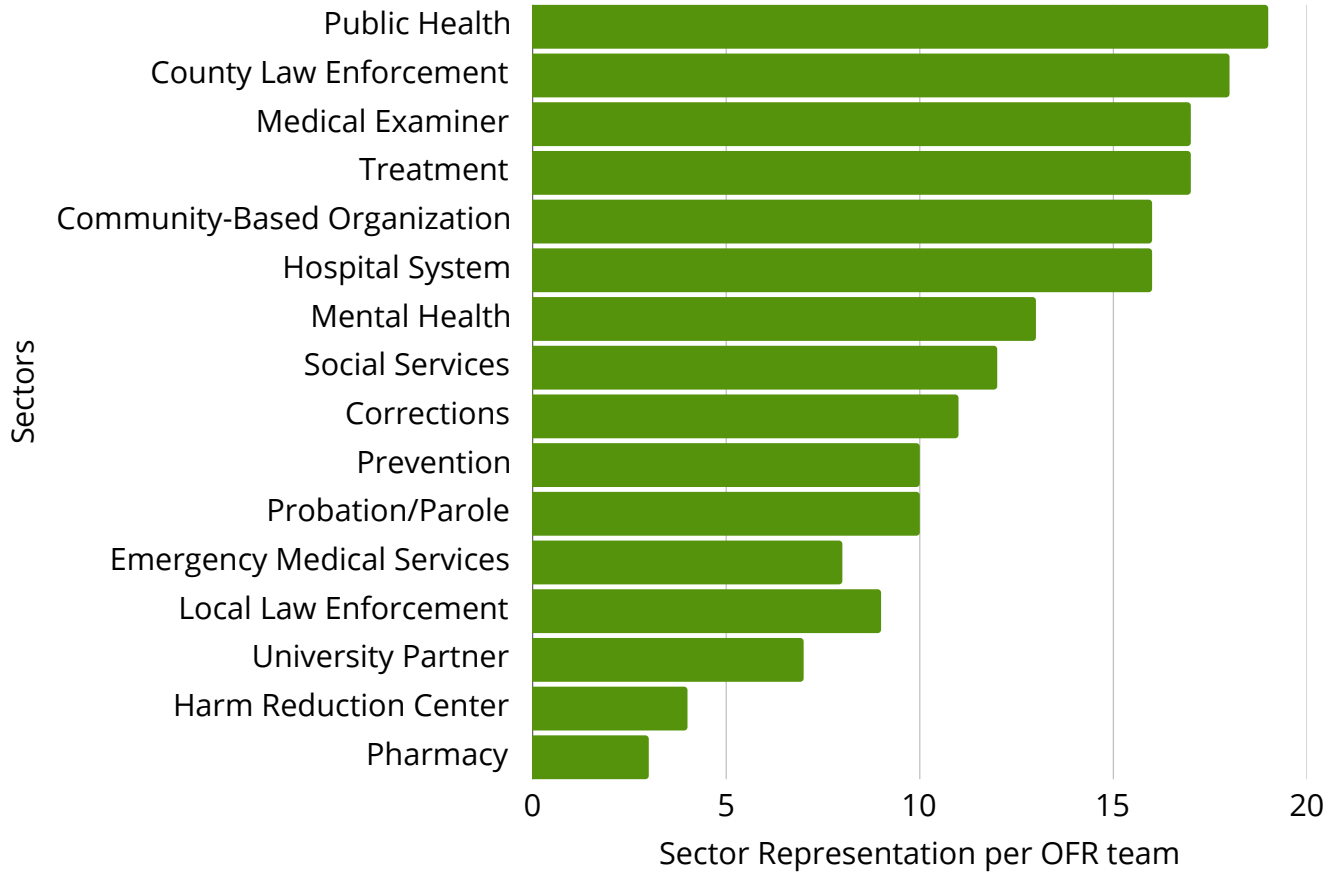
NJ OFRTs use the framework defined in the **Practitioner's Guide for Implementation**[3] developed by the U.S. Bureau of Justice Assistance's Comprehensive Opioid, Stimulant, and Substance Use Program. The following sections review each of these steps and describe how they were implemented by NJ OFRTs.

1. **Recruit Members from Diverse Agencies**
2. **Select Cases for Review and Plan Meeting**
3. **Facilitate Case Review Meeting**
4. **Collect and Analyze Data**
5. **Build and Implement Recommendations**

Findings

OFRT Membership

The operation of OFRTs relies on diverse representation from agencies who work on topics related to substance use. This multisector collaboration allows OFRTs to collect and share robust data and implement recommendations effectively.[4]



Less commonly, community representatives came from organizations focused on re-entry after incarceration, faith-based organizations, libraries, pharmacies, or halfway houses. Programmatic partners in attendance included the Office of National Drug Control Policy's NJ High Intensity Drug Trafficking Area, which supplied a next-of-nin (NOK) interviewer for most OFRTs, university partners serving as data analysts, and NJ DOH.

Case Review Selection and Meeting Planning Process

To prepare for a meeting, OFRT coordinators must select a case, request case information from OFRT members, summarize the case, document any recommendation updates, and prepare agenda. OFRT members should gather any information their agency may have about the decedent, consider any implications of the information collected, and summarize their findings.

In FY22, ten OFRTs reported the time period from which they drew their cases. For most, the decedents they reviewed passed away between **2020 and 2022**. Two OFRTs noted that they reviewed cases dating back to 2018. Most NJ OFRTs chose decedents randomly within the chosen time period. Four OFRTs noted different methods for selecting cases within their report, such as subpopulations by race, sex, age, and/or location of death..

Example from Gloucester County:

"**Groups reviewed included:** Black women, Hispanic women, young adult males, adults 65 years or older, and decedents found in hotels or motels."

Teams plan meetings to allow adequate time to review pertinent information and maximize participation. For example, **Camden County** describes their planning process as follows:

"Decedent case information was requested to be submitted to the program manager **1-2 days prior** to the meeting date [...] Providers in Camden County are involved in numerous projects, in addition to delivering services. Continuing **follow-up through the month** with OFR members, sending meeting reminders, and case information submission due dates, has been found helpful. Information was then organized on the **meeting PowerPoint**. Members discussed case information they found, as opposed to simply reading off a slide. This **encouraged participation** and opened conversation for feedback and case analysis."

Case Reviews

OFRT case reviews begin with mission and vision statements as well as team ground rules, specifically around confidentiality. The group facilitator presents the case and leads the ensuing report-outs by participating members. After all information is presented, the group discusses the case, including participants asking clarifying questions, reviewing specific dates and circumstances, and adding any important contextual information. This allows the discussion to flow freely into recommendations for policy, systems, and environmental changes.

A key function of OFRTs is to identify missed opportunities across the individual's life that may have prevented the 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 (NOK) interviews are supportive conversations between a trained professional and a key figure in the decedent's life such as a family member, friend, 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 health history or criminal justice background.

How did jurisdictions use next-of-kin interviews?

Fifteen jurisdictions reported on their use of NOK interviews. Of those fifteen OFRTs, **13% of cases** had a corresponding NOK interview. Ten OFRTs reported “connecting with families” or “obtaining NOK interviews” as a barrier to implementation. NOTE: Since FY22, NJDOH has significantly increased support for NOK interviews for OFRT case reviews to facilitate uptake of this important tool.

Data Collection and Analysis

OFRTs gather quantitative and qualitative data from their partners through the processes described above. OFRTs analyze their data to identify trends that they deem important and actionable and report those trends to NJDOH in quarterly and annual reports.

The data included in this report represents only those cases reviewed by OFRTs funded during the FFY22 grant period and are not representative of statewide overdose trends. For complete data that includes all fatal overdoses in NJ, please refer to the **New Jersey State Unintentional Drug Overdose Reporting System (SUDORS) Dashboard.**[5] There are a few reasons why cases reviewed may not match statewide trends, including variability in the case selection process and the proportion of total cases reviewed in a given year.

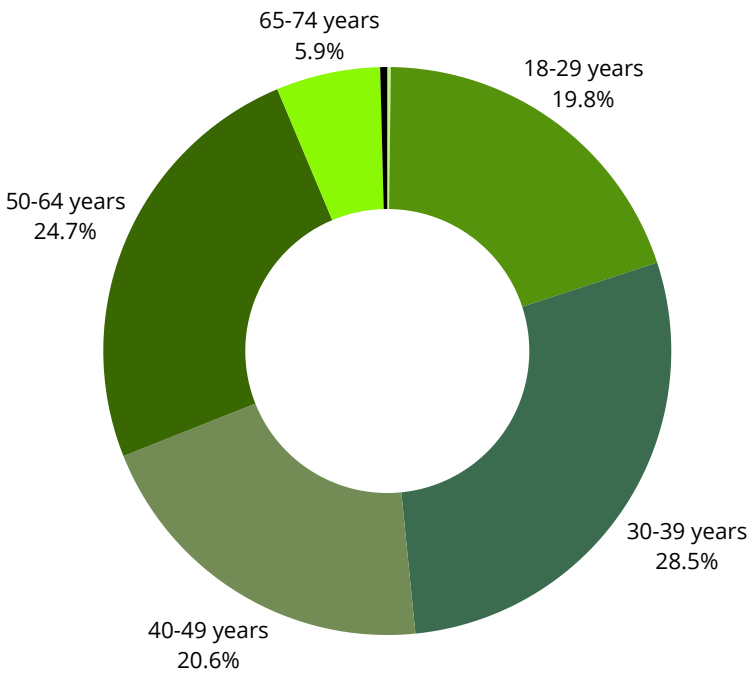
Ultimately, cases reviewed reflect the goals of an OFRT, which is to understand overdose on a **local** level, utilize aggregate data to analyze trends, identify systemic gaps and develop recommendations for overdose prevention.

In total, NJ OFRTs reviewed
625 overdose cases
in FFY 2022.

This is an increase from 411 cases reviewed in the previous grant period FFY21. The increase reflects the rapidly growing capacity of NJ OFRTs between the first and second year of grant funding.[6]

Demographics of Team-Reviewed Deaths

Age

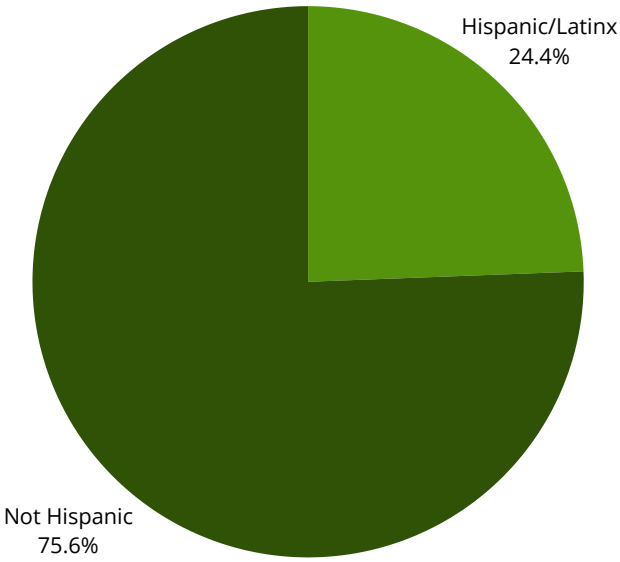


Most (93.6%) cases reviewed were aged 18-64.

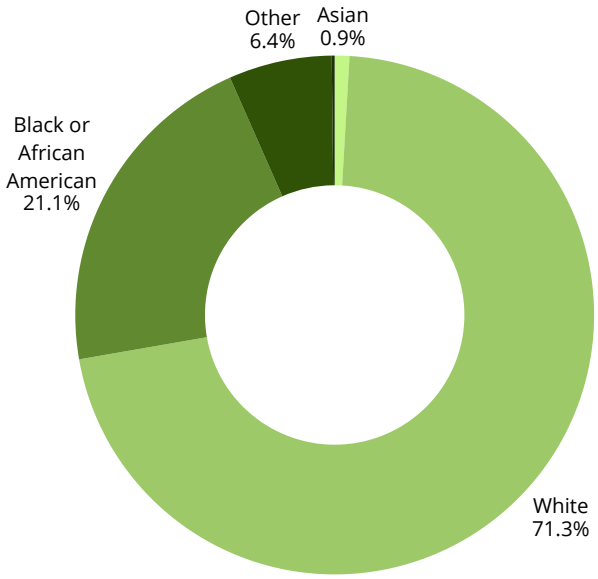
Sex

68% of cases reviewed were male.

Race & Ethnicity



Nearly 1 in 4 cases reviewed were Hispanic.

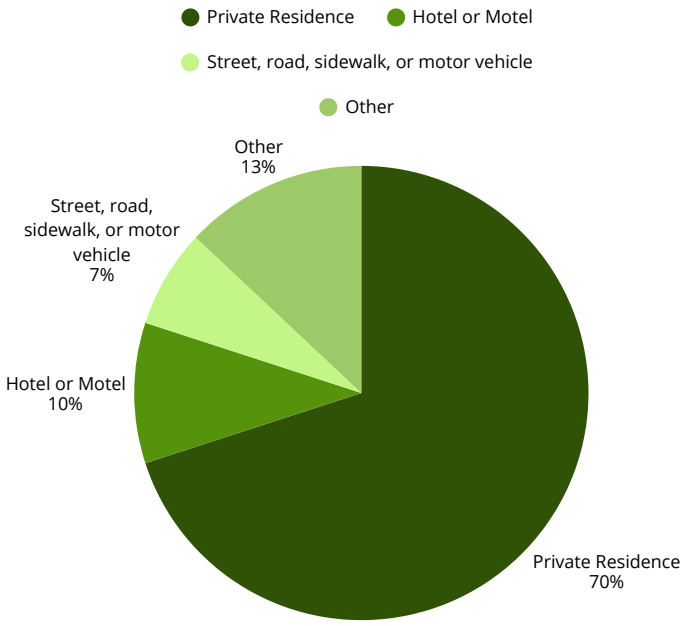


Nearly 3 in 4 cases reviewed were white.

Characteristics of Team-Reviewed Cases

Location

In **70%** of cases reviewed, the death occurred at a private residence.

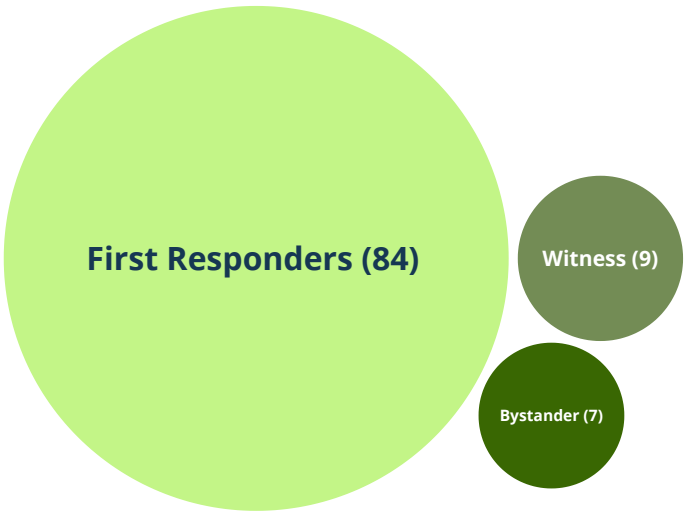


Substances

Multiple OFRTs noted that **fentanyl** continued to be the most common substance implicated in the fatal overdose. Similarly, they noted that **polysubstance use** was common within toxicology findings.

Naloxone Administration

In most cases where naloxone was administered (84%), it was given by a **first responder** (EMS, law enforcement officer, etc.). However, first responders often **arrive after the individual has died**, so naloxone is not administered in those situ**.**



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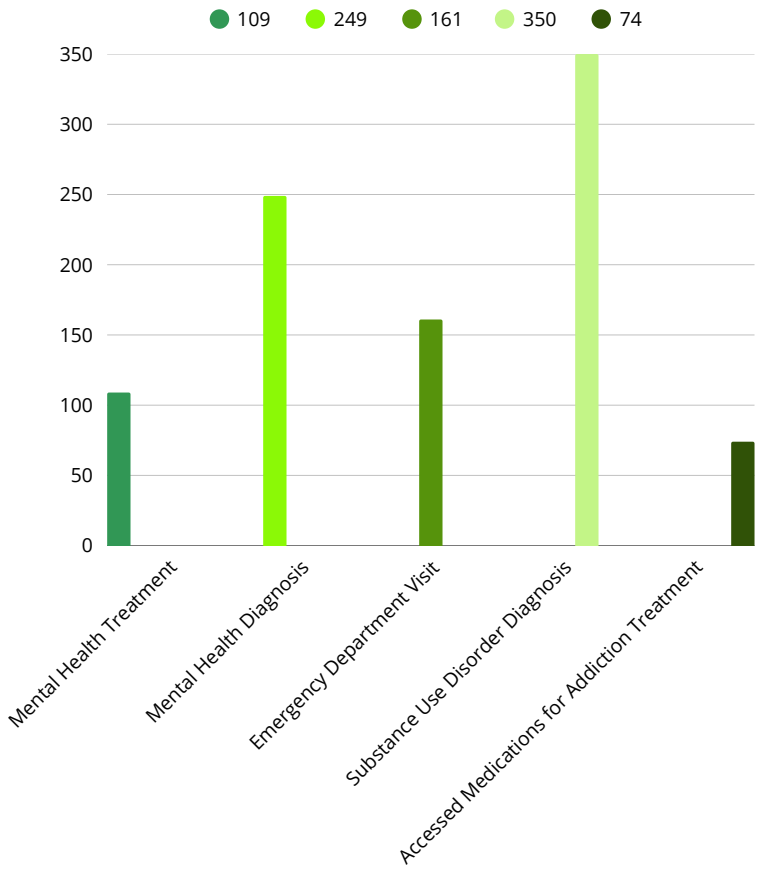
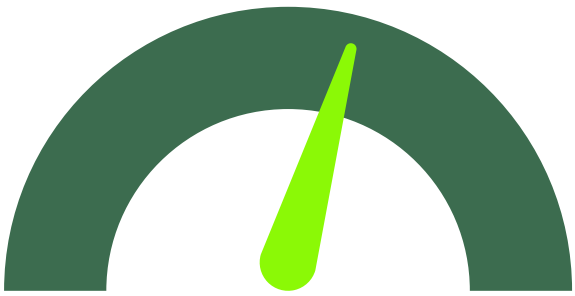


Engagement with Care

More than half (56%) of cases reviewed had a substance use disorder (SUD) diagnosis and about four in ten (39%) had a mental health diagnosis. Nearly two in ten (17%) received mental health treatment. Approximately 12% accessed medication for addiction treatment. Approximately one in four (26%) had an emergency department visit.

Criminal Justice Involvement



364 of the 625 reviewed cases (58.2%) had a **known criminal justice history**. This history included arrests, incarceration, and post-conviction supervision.

TIP: It is important to note that the case data referenced in this report is limited to that available to OFRT members and may depend on the completion of a next-of-kin interview, the specific sectors/organizations represented on the OFRT, attendance at case review meetings, and decedent residence or service locations. The data should be interpreted accordingly.

Recommendations

A driving tenet of OFRTs is to create and implement recommendations based on data and trends discovered through the case review process. The following is a broad representation of the unique recommendations that local NJ OFRTs discuss and implement.

Enhance Data Collection and Sharing:

- **Timely Data Access:** Improve the timeliness and accessibility of overdose data by investing in real-time data systems and integrating various data sources (e.g., from medical examiners, hospitals, and law enforcement).
- **Standardize Data Collection:** Develop standardized protocols for data collection across all OFRTs to ensure consistency and comparability of data.[7]

Strengthen Community Involvement

- **Diverse Representation:** Ensure OFRTs include diverse members from various sectors such as healthcare, law enforcement, social services, education, and community organizations. Encourage the involvement of individuals with lived experience in substance use and recovery.
- **Community Outreach:** Invest in community outreach and education programs to raise awareness about overdose prevention, harm reduction, and available resources.

Support Next-of-Kin Interviews:

- **Training and Resources:** Provide training and resources to OFRTs to conduct next-of-kin interviews effectively. Ensure that these interviews are conducted sensitively and respectfully to gather valuable insights into the decedents' life circumstances.

Focus on High-Risk Populations:

- **Targeted Interventions:** Develop targeted interventions for high-risk populations identified in the report, such as young adults, Black and Hispanic individuals, and those with a history of trauma or adverse childhood experiences.
- **Support Services:** Enhance support services for high-risk groups, including mental health services, substance use treatment, housing support, and social services.

Local Actions

The following are examples of how county and city OFR teams identified actionable recommendations for sustainable community change. All OFRT recommendations are available by contacting the county health department.[8]

Burlington County

The Burlington County OFRT noted that in cases where the **decedent had previously been incarcerated,** there was a need for improved *peer recovery services* after being released. As a result, the county **provided targeted outreach and increase services available** to incarcerated individuals, their families, and correctional facilities.

Salem County

The Salem County OFRT noted that **one third of decedents had a criminal background**. They recommended targeting attorneys who may encounter someone with opioid use disorder through the judicial systems. Within the FY22 year, they **mailed information to all Salem County attorneys** about resources, services, and programs offered through the County Health & Human Services department, as well as information about the OFRT. As a result of this outreach, the OFRT has formed a relationship with the **Office of the Public Defender**. *Resources are consistently shared, and clients have an increased opportunity for linkages to care.*

City of Elizabeth

Through the OFRT's engagement with next-of-kin, it was discovered that **families of the decedents often are unaware of available resources**. Noting this gap, Elizabeth City applied for further funding through the National Association of County and City Health Officials (NACCHO) to develop an **information delivery system for families supporting individuals with SUD.**

Statewide Actions

NJDOH partners with OFRTs to support overdose prevention efforts statewide. Below are examples of specific actions NJDOH took during this time period:

Expansion of OFRTs: NJDOH efforts included establishing and standardizing OFRTs in all counties in New Jersey to ensure comprehensive coverage and data collection. This expansion provides a more complete understanding of overdose trends and patterns across the state.

Targeted Interventions for High-Risk Populations: Based on the demographic and circumstantial data collected, targeted interventions were developed for high-risk populations such as young adults, Black and Hispanic individuals, and those with a history of trauma or adverse childhood experiences. Enhancements to support services included mental health services, substance use treatment, housing support, and social services.

Promotion of Harm Reduction Strategies: Unique partnerships within local communities were supported to improve connections between individuals and needed services. NJDOH also collaborated with partners to expand access to the overdose reversal medication naloxone for first responders, community organizations, and individuals at risk of overdose.

Improvement of Treatment Access and Quality: Expanded access to medications for addiction treatment (MAT) for individuals with opioid use disorder through primary care settings, mobile clinics, and telehealth services. Integrated care models combining substance use treatment with mental health services and primary care were promoted.

Support for Next-of-Kin Interviews: Provided training and resources for OFRTs engaging NOK. These interviews allow OFRTs to gather critical insights into the life circumstances and factors leading to overdose, informing prevention strategies, and engaging community members. Often, the interviews also become a gateway for family and friends of overdose decedents in New Jersey to get connected to further resources to address their own trauma and grief.

NJDOH continuously reviews OFRT recommendations for actionable opportunities to enhance the statewide response to the overdose epidemic in New Jersey.

Acknowledgments

The Department honors the lives lost due to the overdose crisis in New Jersey and beyond. We stand with the family, friends, and communities remembering them, including those reviewed by an Overdose Fatality Review Team in New Jersey.

We also commend the dedication of our local Overdose Fatality Review Teams and their participants. Their tireless commitment to the vision that all overdoses are preventable through coordinated strategies and evidence-based interventions drives our work every day.

With gratitude,
New Jersey Department of Health
Substance Use Services

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**Ms. Scherder was employed at NJDOH at the time period reflected in this report.*

Endnotes:

1. Please see N.J.S.A. 26:3A2-20.4 et seq., linked here and described in this press release from the Governor's office.
2. Middlesex County formed an Overdose Fatality Review Team in 2022.
3. Heinen, M., & O'Brien, M. (2020). *Overdose Fatality Review: A Practitioner's Guide to Implementation*. Washington, D.C.: Bureau of Justice Assistance.
4. Minimum membership requirements are set by N.J.S.A. 26:3A2-20.4 and include: (1) county health officer, or a designee; (2) regional or county medical examiner, or a designee; (3) a member of the Local Advisory Committee on Alcohol Use Disorder and Substance Use Disorder, if one exists within the local team's jurisdiction; (4) State, county, or municipal law enforcement officer or county prosecutor; (5) substance use disorder health care professional; and (6) county or municipal director of behavioral health services, or a designee.
5. New Jersey State Unintentional Drug Overdose Reporting System (SUDORS) Mortality Data Explorer, available online at https://www.nj.gov/health/populationhealth/opioid/sudors.shtml.
6. NJDOH FY21 OFRT Annual Report, available here: https://www.nj.gov/health/populationhealth/documents/FY21OFRTFinalReport.pdf
7. Local 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.
8. A directory of NJ local health departments is available at https://nj.gov/health/lh/documents/LocalHealthDirectory.pdf