



# Ocean County Overdose Fatality Review Program Annual Report

# 2020



# **Ocean County Overdose Fatality Review Program 2020: Year 3 Report**

## **Ocean County Overdose Decedent Data**

### **January 1, 2020-December 31, 2020\***

At the end of 2020, 35 agencies were affiliated to conduct social autopsies with the Ocean County Overdose Fatality Review Program representing state, county and local entities. A total of 27 cases had been reviewed with 21 male cases (78%) and 6 female cases (22%). The ages in the reviewed decedent cases ranged from the youngest decedent who died at the age of 22 to the oldest who died at the age of 57.

- ❖ 26 or 96% had a known criminal history
- ❖ 19 or 70% had been linked to substance use treatment
- ❖ 16 or 59% did not graduated from high school
- ❖ 15 or 56% had been diagnosed or linked to mental health treatment
- ❖ 15 or 56% were not employed
- ❖ 14 or 52% were reported to have fair to poor health
- ❖ 12 or 44% were known IV users
- ❖ 10 or 37% had reported family substance use
- ❖ 9 or 33% had a known history of trauma (new 2020 data category)
- ❖ 8 or 30% had been convicted of a DUI
- ❖ 6 or 22% had a known history with domestic violence (new 2020 data category)
- ❖ 5 or 19% had parents who divorced (new 2020 data category)
- ❖ 4 or 15% had known engagement with DCPP (new 2020 data category)
- ❖ 1 or 4% had been diagnosed and known to have Hep C
- ❖ 1 or 4% was impacted by Hurricane Sandy

### **January 1, 2018-December 31, 2020\***

The OC-OFRP began reviewing cases in 2018 resulting in 138 cases with 90 male cases (65%) and 48 female cases (35%). The ages in the reviewed decedent cases ranged from the youngest decedent who died at the age of 16 to the oldest who died at the age of 67.

- ❖ 94 or 68% had a known criminal history
- ❖ 80 or 58% had been linked to substance use treatment
- ❖ 76 or 55% did not graduated from high school
- ❖ 74 or 54% were reported to have fair to poor health
- ❖ 71 or 51% were not employed
- ❖ 68 or 49% were known IV users
- ❖ 67 or 49% had been diagnosed or linked to mental health treatment
- ❖ 44 or 32% had known family substance use
- ❖ 35 or 25% had been convicted of a DUI
- ❖ 14 or 10% had been diagnosed and known to have Hep C
- ❖ 6 or 4% was impacted by Hurricane Sandy

\*Please note this information is obtained by multiple agencies. Some data may be missing.

## Key Issues Identified in 2020

Since January 2018, the recommendations and observations of the OC-OFRP could be organized into five general categories, which are outlined below. It continues to be the recommendation of the OC-OFRP that Ocean County providers should look at the issues below to see if they could facilitate any changes in their processes to address the items listed below.

Client Trends	Needed Programs/Gaps	Agency Policy and Procedures	County Level Issues	State Level Issues
<b>Primary Support issues</b> -parental, spousal use -domestic violence -lack of support  Use of benzodiazepines  Chronic pain reported  DUI prevalence  Suicidal Ideation  History Trauma (ACE)  High doses of methadone  Polysubstance use and increased use of stimulants  Decedents had outstanding child support  Many clients were employed and had private insurance so data on treatment is unknown  Domestic Violence reported in decedent cases  Multiple criminal charges  Underlying and untreated mental health  Divorce was a theme in cases  Kratom was evidenced in toxicology reports	Case management for those with SUD  Workforce development/case management  More education for doctors and primary care  Housing for those in recovery  Services for children of incarcerated parents  Grief groups for children with parents/guardians that overdosed  Increased prevention and early intervention programming (  Education and linkage/referral to Ocean County employers  Resource navigation to the families of those with SUD  More trauma informed care for agencies  COVID19 response to those with SUD and MH  DCPD placement out of the home may result in to follow up services for the parent who lost custody  More peer supports	Enhanced supervision for clinicians and recovery specialist  Discharge summaries with secured referrals, follow up procedures to ensure compliance  Ensure consents are being obtained to get an accurate history  Tracking of clients after discharge for compliance, provide assistance if needed  PMP checks and mandatory urine screens for decedents receiving multiple prescriptions  Education on potential of relapse to those in recovery  Doctors prescribing outside of medical scope	Silo's in treatment  Need for improved communication  PMP being checked  Questions on how probation is working with residents with SUD  Veteran Affairs needs to be a partner in the community  DCPD to be a partner in the social autopsy process	NJSAMS  Access to school records  Need for standardization in data  Flexibility in record sharing  Expansion of legislation to include PMP, medication counseling, and urine screens mandatory and doctor compliance supervised  A Marchman Act for NJ  Addition of methadone to PMP

## Quick Snapshot of Ocean County Data

*The OC-OFRP aims to have transparency in its process and corresponding data collection.*

### 2006-2019 County Percentages of Total Admissions as per NJSAMS

2006- Essex (12%), Monmouth (8%), Camden (7%), **Ocean (7%)** of 55,033 admissions  
 2007- Essex (14%), Monmouth (8%), Camden (7%), **Ocean (7%)** of 59,545 admissions  
 2008- Essex (13%), Monmouth (8%), Camden (8%), **Ocean (7%)** of 64,091 admissions  
 2009- Essex (11%), Monmouth (9%), Camden (8%), **Ocean (8%)** of 69,477 admissions  
 2010- Essex (10%), Monmouth (9%), **Ocean (9%)**, Camden (8%) of 71,874 admissions  
 2011- Monmouth (10%), **Ocean (9%)**, Essex (9%), Camden (8%) of 73,964 admissions  
 2012- Monmouth (10%), **Ocean (9%)**, Essex (9%), Camden (8%) of 75,837 admissions  
 2013- **Ocean (10%)**, Monmouth (9%), Essex (9%), Camden (8%) of 75,558 admissions  
 2014- **Ocean (10%)**, Monmouth (9%), Essex (9%), Camden (8%) of 65,553 admissions  
 2015- **Ocean (10%)**, Monmouth (9%), Essex (9%), Camden (8%) of 69,447 admissions  
 2016- **Ocean (9%)**, Camden (9%), Essex (9%), Monmouth (8%) of 76,509 admissions  
 2017- **Ocean (9%)**, Camden (9%), Essex (9%), Monmouth (7%) of 82,644 admissions  
 2018- Essex (9%), Camden (9%), **Ocean (9%)**, Monmouth (7%) of 89,629 admissions  
 2019- Camden (9%), **Ocean (9%)**, Essex (8%), Atlantic (8%) of 98,628 admissions

### New Jersey Substance Abuse Monitoring System, Substance Abuse Treatment Admissions Ocean County Residents (%)

	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
<b>Under 18</b>	6%	6%	8%	7%	7%	7%	7%	5%	1%	2%	2%	1%	1%
<b>18-21</b>	13%	10%	14%	15%	15%	16%	14%	11%	10%	8%	8%	7%	5%
<b>22-24</b>	11%	14%	13%	14%	13%	15%	14%	14%	16%	13%	13%	10%	7%
<b>25-29</b>	16%	16%	18%	18%	18%	18%	20%	20%	21%	21%	21%	21%	21%
<b>30-34</b>	10%	11%	11%	11%	13%	13%	15%	16%	18%	18%	17%	18%	18%
<b>35-44</b>	24%	23%	19%	18%	17%	15%	16%	16%	17%	19%	20%	22%	25%
<b>45-54</b>	15%	14%	14%	13%	12%	12%	11%	12%	12%	13%	13%	14%	15%
<b>55 and Over</b>	4%	3%	3%	3%	4%	4%	4%	5%	4%	5%	6%	7%	8%

<https://www.state.nj.us/humanservices/dmhas/publications/statistical/>

County specific data not updated at retrieval date 12/08/2020

34.2%

*the estimated adult population who did not receive treatment in the 12 months prior but felt they needed and wanted treatment.*

<https://www.state.nj.us/humanservices/dmhas/publications/statistical/>

### NJCARES Historic Data

Ocean County	2013	2014	2015	2016	2017	2018	2019	2020* as of 12/8/2020
Suspected Overdose Death	154	132	157	253	189	217	204	178
Naloxone Administration	n/a	n/a	624	977	621	811	752	690
Opioid Prescriptions Dispensed	454,390	450,508	483,061	450,466	417,019	365,341	344,341	241,397

<https://www.njcares.org>, retrieved 12/8/2020



# Ocean County Overdose Fatality Review Program 2021-2022 Est. 2017



Goal: To reduce overdose death in Ocean County

Data Collection for Program Development and Policy Change			Provider Education and Networking	Community Healing/ Stigma Reduction	Funding for Program Development	
<b>Ocean County Overdose Fatality Review Program Executive Committee</b>	<b>Ocean County Overdose Fatality Review Program</b>	<b>Chief's Opiate Response Committee</b>	<b>Ocean County Partner Meetings</b>	<b>Share Your Story</b> <i>Funded to Hope Sheds Light in 2020-2021</i>	<b>Review of Funding Opportunities</b>	<b>Management of Grant Opportunities</b>
The Ocean County Fatality Review Program (OC-OFRP) Executive Meeting meets bi-monthly to discuss the overarching trends and issues observed in the OC-OFRP, data sets from local, state and federal partners, and ways to utilize partnerships to develop programming and policy change in Ocean County.	The Ocean County Overdose Fatality Review Program (OC-OFRP) meets monthly to conduct a social autopsy on overdose decedents to identify trends within those with Substance Use Disorder (SUD) and gaps in the Ocean County system of care.	Collaborate with the local police departments and participate in meetings to discuss the public safety and public health collaborations. Conduct interviews of family's post-narcan or overdose death.	Various Ocean County agencies host monthly meetings; these meetings provide opportunities to discuss SUD and overdoses as well as address the program and policy changes identified. These meetings bring together partners to break down silos and collaborate to ensure residents have access to appropriate clinical care.	A multi-prong effort to reduce stigma in the community. Share Your Story interviews families in the community on their experiences with SUD and overdose. Host stigma free campaign in community.	OCHD review of federal, state and local opportunities for funding to support local agencies and partners to develop programming needs identified in various planning meetings.	<p><b><u>Department of Health Grant</u></b> Fatality Review Grant -enhance our OC-OFRP 10/1/2020-9/30/2021</p> <p><b><u>BJA COSSAP</u></b> Database Pilot Site -enter OC-OFRP data into REDCAP for national data analysis 10/1/2020-9/30/2021</p> <p><b><u>NACCHO</u></b> Implementing Overdose Prevention Strategies at the Local Level -develop Ocean County Overdose Response Plan Ends 6/30/2022</p>
← Collaboration throughout the continuum →						

*The COVID-19 pandemic has changed the lives of many Ocean County residents as we continue to shift into another wave of concerns, uncertainty, and the tremendous negative impact on the community. Many families are experiencing economic and health concerns due to the pandemic. Poor mental health, life stressors, and the challenges of coping with isolation is significantly increasing as residents search for resolution. Residents directly impacted by the pandemic, which include job loss, are more sensitive to anxiety, depression, and increased rates of substance use and suicide. The OCHD has a social support coordinator for residents with COVID19 and some of the social support service requests include food, clothing, emotional/behavioral support, illness, medical assistance, eviction, utility payment, increase of unemployment, grief, health care coverage, and transportation concerns. OCHD continues to meet the critical needs of the community with resources, partnerships, and innovative leadership. As we continue to monitor the data for trends to initiate new policies, practices, and support systems, COVID-19 has certainly challenged us, as it demands a new era of change, at a rapid speed.*

*Keysha Carpenter, Social Support Coordinator, Ocean County Health Department*

As per the CDC's, "Increase in Fatal Drug Overdoses across the United States Driven by Synthetic Opioid Before and During the COVID19 Pandemic" (2020)

- "Approximately 81,230 drug overdose deaths occurred in the United States in the 12-months ending in May 2020." This represents a worsening of the drug overdose epidemic in the United States and is the largest number of drug overdoses for a 12-month period ever recorded."
- "Synthetic opioids are the primary driver of the increases in overdose death. The 12-month count of synthetic opioid deaths increased 38.4% from the 12-months ending in June 2019 compared with the 12-months ending in May 2020."
- "Overdose deaths involving cocaine also increased by 26.5% from the 12-months ending in June 2019 compared with the 12-months ending in May 2020."
- "Provisional 12-month counts of overdose deaths involving psychostimulants in the United States increased by 34.8% from the 12-months ending in June 2019 compared with the 12-months ending in May 2020. The number of deaths involving psychostimulants now exceeds the number of cocaine-involved deaths."

As per the CDC MMWR, "Mental Health, Substance Use, and Suicidal Ideation during the COVID-19 Pandemic – United States, June 24-30, 2020" (2020)

- "Elevated levels of adverse mental health conditions, substance use, and suicidal ideation were reported by Adults in the United States in June 2020. The prevalence of symptoms of anxiety disorder were approximately three times those reported in the second quarter of 2019 (25.5% versus 8.1%), and prevalence of depressive disorder was approximately four times that reported in the second quarter of 2019 (24.3% versus 6.5%)."
- "Mental health conditions are disproportionately affecting specific populations, especially young adults, Hispanic persons, black persons, essential workers, unpaid caregivers for adults, and those receiving treatment for preexisting psychiatric conditions."
- "Community level intervention and prevention efforts should include strengthening economic supports to reduce financial strain, addressing stress from experienced racial discrimination, promoting social connectedness, and support persons at risk for suicide."
- "Communication strategies should focus on promotion of health services and culturally and linguistically tailored prevention messaging regarding practices to improve emotional well-being."



Ocean  
County

Health  
Department



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**Thank you to all of our partners in 2020!**

**Thank you to the Ocean County Board of Chosen Commissioners and Ocean County Board of Health  
for your support!**

For more information on the Ocean County Overdose Fatality Review Program, please contact:

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