Passaic County Overdose Fatality Review Team

2022 End of Year Report

October 1, 2021 – September 30, 2022

PC OFRT Coordinator: ***Justin Winfrey***
Email: justinw@passaiccountynj.org
Phone: 201-468-1349

OFRT Supervisor/Fiscal Analyst:
Kiley Heine-Wondra
Email: kileyh@passaiccountynj.org
Phone : (973) 881-4396 Ext. 1335

Health Officer for Passaic County Dept. of Health Services: ***Charlene W. Gungil***
Email: charleneg@passaiccountynj.org
Phone: 973-225-3639

Assistant Health Officer: ***Araceli Pintle***
Email: aracelip@passaiccountynj.org
Phone: 973-225-3624

Community Profile:

Passaic County is one of 21 counties in the U.S. state of New Jersey that lies within the northern section of the state. As of July 1st, 2021, according to the United States census bureau, the population of Passaic County stands at an estimate of 518,117 people with 43.7% being Hispanic/Latino, 39.5% being White (alone), 14.9% Black/African American, 5.9% being Asian, and 1.7% being American Indian/Alaska Native (alone). Passaic County has the 9th largest county population within New Jersey. According to the 2019 Office of the Chief State Medical Examiner Annual Report, 161 people died due to Drug/Alcohol accidents and 4 people died due to Drug/Alcohol suicide. Currently, Passaic County is ranked in the lower middle range of counties in New Jersey in terms of Health outcomes. In 2021, there were 87,745 treatment admissions and 86,626 discharges reported to the NJ Department of Human Services and Division of Mental Health and Addiction Services by substance abuse treatment providers.

Background:

From 2016-2020, the County of Monmouth had 930 fatal overdose deaths and 3,963 documented naloxone administrations. This, in addition to the successful creation of Ocean County's OFRT lead to the Passaic County Department of Health Services establishing the Passaic County Overdose Fatality Review Team for the purpose of reviewing all available information related to the fatal overdoses in Passaic County and identifying any and all trends. The PCOFRT consists of representatives from the Passaic County Health Department, Passaic County Department of Human Services, Passaic County Division of Behavioral Health, Passaic County Prosecutor's Office, Passaic County Regional Medical Examiner's Office, United States Drug Enforcement Administration, New York/New Jersey High Intensity Drug Trafficking Area (HIDTA), New Jersey Department of Health and various other stakeholders.

The Passaic County OFRT meets monthly and through the decedent cases we receive, review factors, trends, gaps, and barriers that cause or play a role with fatal overdoses. From there we identify any and all gaps or barriers to services, promote and engage in cross sector coordination and collaboration, engage in thorough discussions, and develop then provide recommendations and implementations for change that will support the Team's ultimate goal in reducing fatal overdoses in Passaic County and saving lives.

Members, Participating Agencies, and Subcommittees:

a. Members of Administration
   I. Justin Winfrey (OFRT Coordinator, Data Analyst)
   II. Kiley Heine (Supervisor, Fiscal Analyst)
   III. Charlene W. Gungil (Health Officer of Passaic County Department of Health Services)
   IV. Araceli Pintle (Assistant Health Officer of Passaic County Department of Health Services)

b. OFRT Participating Agencies
   I. Paterson Counseling Center
   II. Passaic County Recovery Court
   III. Passaic County Office of Emergency Management
   IV. Paterson Police Department/Paterson Coalition for Opioid Assessment and Response

V. Paterson Public Safety
VI. Paterson Health/Human Services Department
VII. Passaic County Department of Human Services - Division of Mental Health and Addiction Services
VIII. St. Joseph's Health
IX. NY/NJ HIDTA (High Intensity Drug Trafficking Area)
X. NJ OCSME (Office of the Chief State Medical Examiner)
XI. Health Coalition at Passaic County
XII. Prevention Is Key/CARES
XIII. United for Prevention in Passaic County
XIV. Rutgers New Jersey Medical School
XV. Mainstream Recovery
XVI. SMART Recovery
XVII. Paterson Coalition Against Substance Abuse
XVIII. Adult Family Health Services
XIX. Passaic Vicinage Probation Division
XX. Passaic County Prosecutor's Office
XXI. Collaborative Therapy Services, LLC
XXII. Eva's Village
XXIII. SERV Behavioral Health Systems, Inc
XXIV. Straight and Narrow (IDRC)
XXV. Executive County Superintendent of School's Office
XXVI. Superintendent of School's Office for Passaic County
XXVII. Clifton Health Department
XXVIII. City of Passaic Division of Health
XXIX. Passaic County Public Health

c. Subcommittees
I. Groundwork Subcommittee
II. Resources Subcommittee
III. Decedent Info Subcommittee
IV. Data Acquisition Subcommittee
V. Education Subcommittee

Meeting logistics and facilitation

Passaic County OFRT meetings are held on the 3rd Tuesdays of each month (unless otherwise specified) that go from 1:00 PM to 2:00 PM. Decedent cases are provided by the Chief Investigator of the NJ OCSME. The cases are not chosen due to demographics but are chosen in order of when had passed, starting from late 2020 and moving on through 2021. Once all the members of the Team are present, we begin the meeting by first stating our Mission Statement, Vision Statement, Rules of Confidentiality, and Ground Rules for the meetings. From there, we go over each decedent case (3 each meeting), presenting all available information regarding the decedent and partake in our discussion, identifying gaps in the system, any and all barriers, and recommendations for potential legislative and local implementation in order to prevent further overdoses of such nature from happening again. Every member of the team is given ample opportunity and encouraged to share their thoughts and ideas to the team.

Data collection, management, and analysis

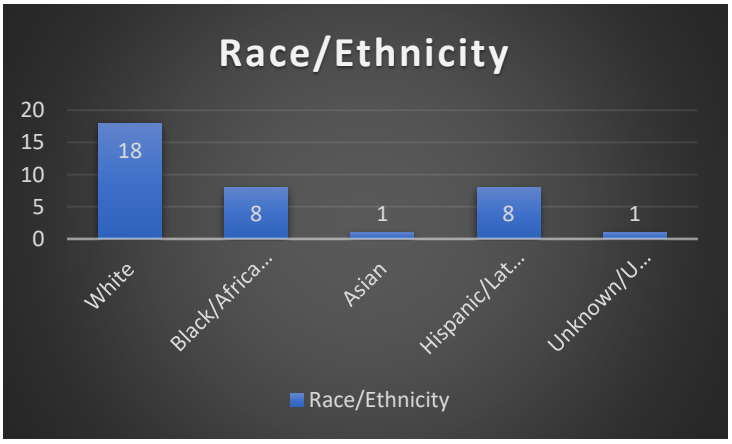
All information and recommendations produced during these meetings are recorded by the OFRT coordinator. After the meeting, a brief, general summary of the recommendations and highlights of the discussion are given to the members (decedents are not named nor specified) that were unable to make the meeting due to unforeseen circumstances. The documents that have all of the thorough information regarding the decedents and the meeting notes are kept organized and encrypted by the coordinator. The coordinator proceeds to take all of the encrypted documents into a flash drive that only the coordinator has accessibility to, ensuring confidentiality and protection of the data.

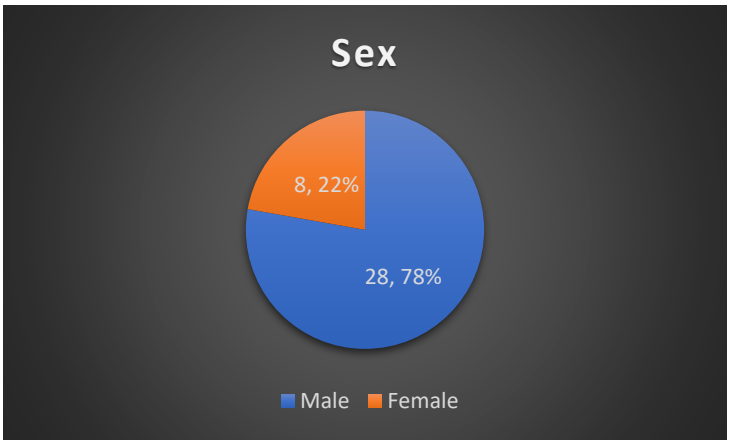
Acknowledgements

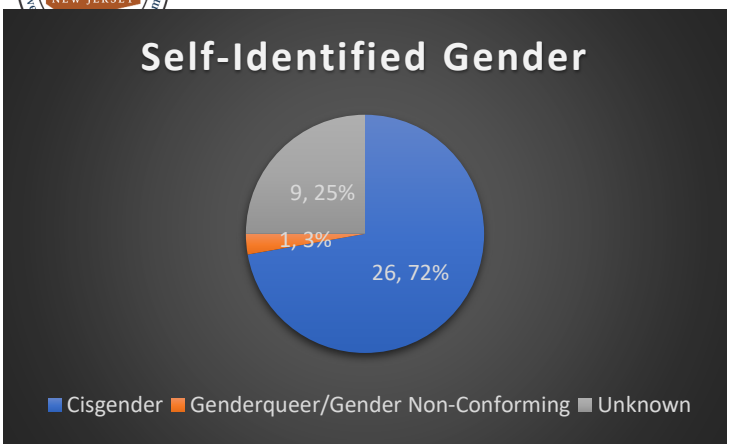
The PCOFRT would like to thank Passaic County Administrator Anthony DeNova III and the Board of County Commissioners—Director Thomas A. Arnone, Deputy Director Susan M. Kiley, Lillian G. Burry, Nick DiRocco, and Ross F. Licitra —for their support. The Passaic County OFRT would also like to thank all of their supporters, guest speakers, the Passaic County Department of Health Services Director Charlene Gungil, the Health Services Staff, Coalition for Opioid Assessment and Response and all of PCOFRT's collaborators, partners, and members for their continued support and assistance.

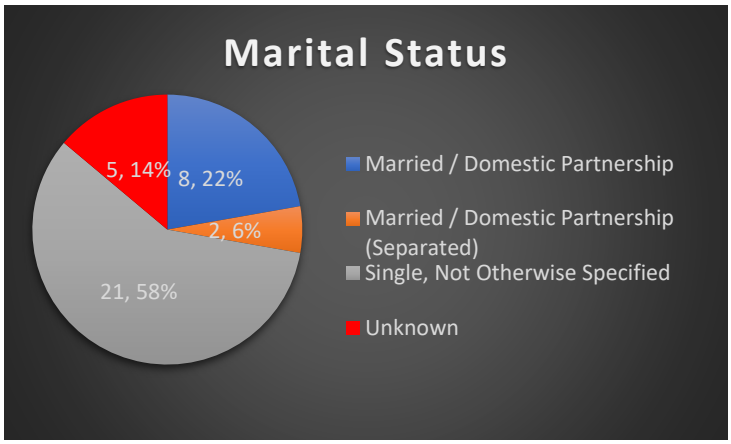
Decedent Case Information:

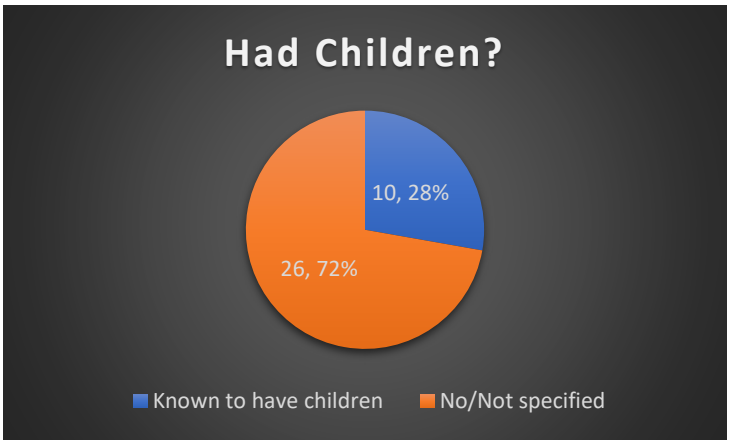
From October 1st, 2021, to September 30th, 2022, we reviewed **36 decedent cases**. Of those cases, we were able to conduct 6 Next of Kin Interviews. The demographic information of the decedents whose cases we reviewed are as follows. 28 of the decedents (78%) were biologically male while the remaining 8 decedents were biologically female (22%). 14 of the decedents were between the ages of 50-64 years old (the majority) (39%), 11 of the decedents were between ages 30-39 years (31%), 7 decedents were between ages 18-29 years of age (19%), and lastly 4 of the decedents were between ages 40-49 years (11%). Half of the 36 decedents (50%) were identified as white non-Hispanic with the remaining half being compromised of those that were Black/African American (8), Hispanic/Latino (8), and Asian (1) with one individual being of unknown race. Most cases (26) identified as cisgender, while the gender identity of (9) of the cases were unknown, with one (1) being genderqueer/gender non-conforming. 10 of the cases that were reviewed were confirmed to have children. Finally, many of the decedents were classified as Single (21), with (8) decedents being married or in a partnership, (2) decedents were divorced/broken up, with the remaining (5) having an unknown relationship status.











Age Range	# Of Decedents
0-17 years	0
18-29 years	7
30-39 years	11
40-49 years	4
50-64 years	14
65-74 years	0

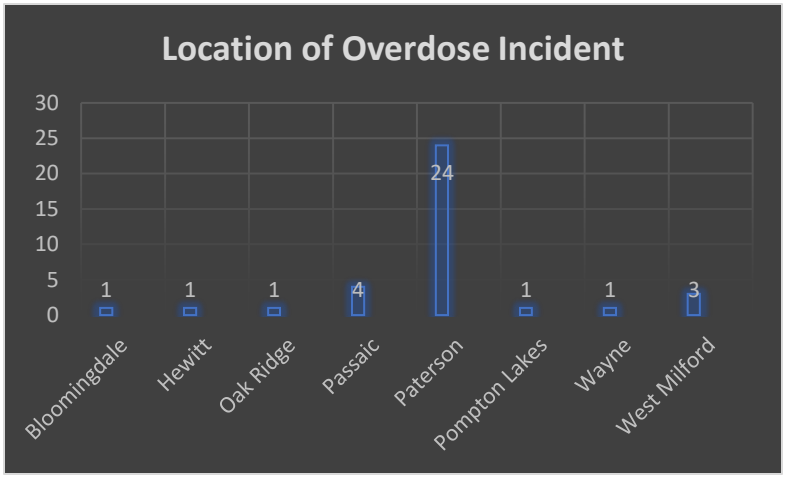
Health-Related Data:

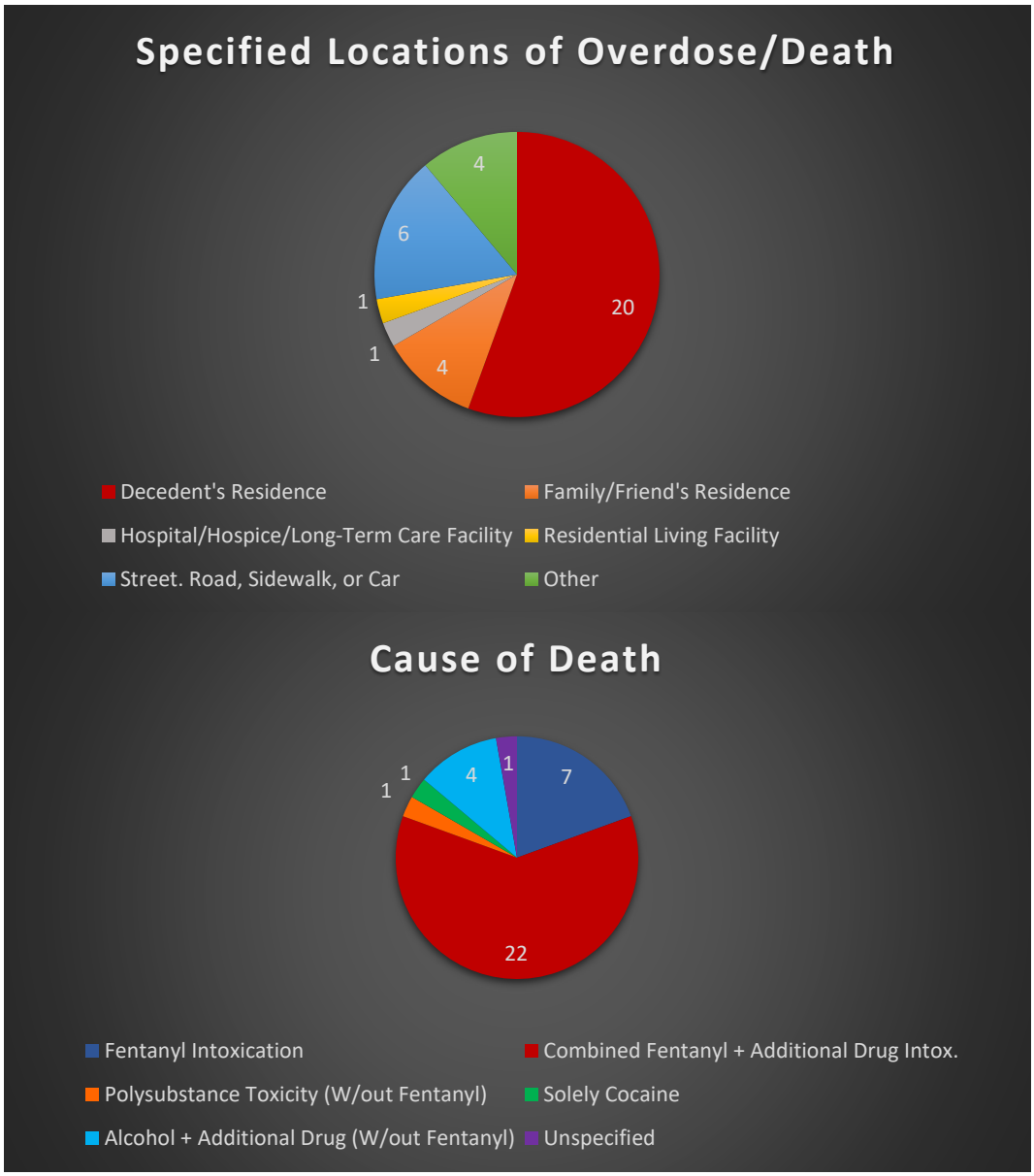
From our decedent reviews, we confirmed that **one-sixth** of the decedents had a known history of mental health problem(s)/diagnosis **(6 total)**. In terms of mental health treatment (or access to harm reduction services in general), it was reported that only **5 of the 36 cases** were known to have accessed some form of treatment in order to treat their addiction, substance misuse, and/or mental health condition(s). In terms of Emergency Department Visits, we confirmed that **a third (13)** of the decedent cases had previously visited the Emergency Department. Out of the 36 cases reviewed, **32 of the cases (89%)** have stated to have had a known history of substance use disorder/misuse/diagnosis with only **4** of the decedents having be confirmed to have accessed some form of Medication-assisted/opioid replacement treatment. Finally, **6** of the decedents were confirmed to have a known history of previous drug overdose incident(s).

Case Summary Data:

Among the 36 decedents that were reviewed over the course of this year, only **4 of the decedents were non-residents of Passaic County but had overdosed within the Passaic County jurisdiction.** We can confirm that all of the individuals' manners of death were all accidents. In terms of the causes of deaths reported, please see the attached tables placed directly below this section for specific data regarding causations as well as attached tables displaying specified locations of deaths.

	#	%
Manner of Death		
Accidental	36	100.0%
Other	0	0.0%
Opioid-Related Death		
Yes	33	92%
No	3	8%
Presence of Polysubstance Use		
Yes	22	61%
No	14	39%
Total		**100%**





Social/economic data:
Among the 36 decedents reviewed, 20 of them have had some form of criminal justice history of incarceration.

Childhood and adolescence data
Missing/Unknown

Decedent Patterns/Trends:
Among the 36 decedent cases that were reviewed, a majority of the overdose incidents were located in **Paterson, New Jersey (67%),** which correlates with identifications of Paterson being akin to a central hub environment for drug distribution, usage, and ultimately overdose. According to the data, most decedents were found to be more likely to **overdose alone in their room of their own residence (57%).** Every single overdose that was reviewed were all found to be **accidental complete with the cause of death mostly involving illicit drugs, alcohol, or (most prominently) polysubstance combinations with combined fentanyl being the highest cause of death (61%)**. Going off of the information presented prior, a small number of decedents (5) were found to have utilized or accessed some form of treatment for their harmful/hazardous use while the vast majority of the decedents (31 decedents) may not have accessed such resources or may have been unable to do so.

Also, there seems to be a decrease in Suspected Overdose Drug Death Cases in Passaic County this year compared to last year according to the *Office of the Chief State Medical Examiner* as last year (2021), the number of suspected overdose drug deaths was around 117 (between January 2021-August 2021) while this year, the number (between January 2022 – August 2022) is around 90. This may likely be due to the fact that in 2021, COVID cases were still rising, meaning many locations and services were either strictly online (limited in what they could do) or were completely closed, with left many without direction, without employment, and without any services keeping them from harmful substances and harmful use.

A core issue (that will be discussed in more detail in the Recommendations portion of this Report), within the County community/State where there is a noticeable trend involves a small amount of Harm Reduction locations/sites that, if implemented, could have potentially provided a means for many decedents (especially those that hailed from Paterson) to check the drugs they use to see if what they are taking is laced or combined with a dose of fentanyl that could cause a fatal overdose.

Recommendations

Recommendation	Actions to Achieve Recommendation	Agencies Involved	Barriers and facilitators	Information from OFRT Case Reviews
Harm Reduction Implementation Ex: Specifically, Fentanyl Testing Sites, Syringe Access/Exchange Programs, Safe Spaces for Use and Support Provision	1. Provision of Narcan, Fentanyl test strips, condoms, and referrals throughout areas within the County via Passaic Hope One *(Currently in Progress)* 2. Syringe Access Program implemented in Paterson *(Currently in progress)* 3. NJ Harm Reduction Coalition/ – DMHAS Naloxone provision *(Currently in progress)* 4. Further education within the community about the benefits of Harm Reduction and what such actions fully entail and achieves *(Work-in-Progress)* 5. Advocacy efforts and consistent pushes to legislative government about the importance and needed grant funding for the implementation of a Harm Reduction site(s). *(Work-in-Progress)*	• NJ Harm Reduction Coalition • NJ DMHAS • Passaic Hope One • United for Prevention • St. Joseph's • Passaic County Department of Human/Health Services • HYCANITH • Paterson Coalition for Opioid Assessment and Response (COAR) • Local Advisory Commission on Alcoholism and Substance Abuse (LACADA) • Paterson Coalition Against Substance Abuse • Remaining Harm Reduction Treatment Facilities/Agencies in NJ	One such barrier may be in regard to time as pushing legislature or acquiring funding to produce new Harm Reduction efforts, let alone a site, will take a substantial amount of time, resources, and collaborative efforts. Another barrier would be needing to gradually change the preconception of Harm Reduction, removing the idea that it "enables" addiction and allows more overdoses to occur. There are various facilitators within Passaic County that promote, provide, and/or are affiliated with Harm Reduction services and efforts and as such, communication and resources between these facilitators can make gradual progress in providing Harm Reduction services (as is being done) and can potentially push legislation to provide greater forms of support.	Almost, if not, all of the decedents that had overdosed were found either in their own residence or in the streets where they were by themselves. Considering how most illicit drugs these recent years have fentanyl within them, without any tangible means to check for said fentanyl or any form of surveillance from professionals in case an overdose occurs while using, the decedents were left in a position where they would ultimately overdose without anyone around that could save them from their unfortunate demise.
Eliminating Stigma related to SUD/addiction	1. Providing education and educational resources during public events or hosting health education events/meetings that speaks about the struggles of addiction and SUD *(Currently in Progress)* 2. Promoting appropriate language and manners when working with/speaking to those with addiction/SUD via education, webinars, and advocacy within the field,	• Eva's Village • Damon House • Mainstream Recovery • Passaic County Department of Human/Health Services • United for Prevention and its partner organizations • Hope ONE • LACADA	One such barrier may be the challenge of shifting the conception of SUD/addiction as our current culture is a shackled product of the past where SUD and addiction was (and is) demonized, treated as a moral failing, and deserving of punishment. Considering that there are various organizations each holding a number of	There were a few cases where it was clear that there was indeed pushback regarding treatment with a good number of other cases never stating that there was an attempt at treatment. Though not explicitly stated, a reason this may be that was discussed is due to the stigma regarding addiction and SUD. Currently, our society and culture push a narrative, paints a picture that those that

	office, and community *(Currently in Progress)* 3. Potentially allowing platforms for those that have previously used or experienced addiction/SUD to have a voice, speak about their experiences to those in the public (if able), have a place in the conversations related to efforts to mitigate overdoses *(Currently-In-Progress)*	• Health Coalition of Passaic County • CarePlus NJ • OFRT Members and supporters	educated and immersed individuals within them, the county is in no shortage of educational material, events, programs, and community efforts to advocate and promote the idea of providing compassion instead of punishment to those that are struggling with SUD/addiction	use substances are weak, have no self-control or morals, and should be seen as deserving punishment rather than compassion and help. This has been the case for some time ever since the War on Drugs and this mindset is still present in our current culture which serves to act as only a deterrent for those struggling with addiction to want to try and seek help. And the most common aspect of addiction is that when those with addiction/SUD feel like they are alone, not only does their mental health become drastically affected for the worse, but they are also more likely to use excessively
Basic Needs Being Met for Living and Stability	1. Production of a thorough, in-depth resource guide encompassing various services and resources for basic necessities and achieving stability throughout Passaic County and neighboring counties that can be shared throughout the county and many communities *(Work-In-Progress)* 2. Implementation of social workers/peer recovery specialist that can offer services, resources, or a listening ear in establishments such as hospitals, clinics, shelters, centers, etc. *(Currently-In-Progress)* 3. Sharing educational materials and resources throughout the community during education events, trainings, outreach, public events, clinics, etc. *(Currently in Progress)* 4. Analysis of the populations within the County and assessment of the basic needs not being generally met as	• Passaic County Department of Human/Health Services • Passaic Hope ONE • Paterson Coalition for Opioid Assessment and Response (COAR) • United for Prevention and its partner organizations • Local Advisory Commission on Alcoholism and Substance Abuse (LACADA) • Paterson Coalition Against Substance Abuse • OFRT Members of the Resource and Groundwork Committee • Neighboring Northern Counties' Health Departments	Barriers may involve time constraints, a need for more individuals involved in such a project to mitigate the amount of time spent on production and release, and acquisition of funding in order to produce this resource guide in bulk for the populace. In addition, some services such as rental assistance and/or housing in general is a very difficult resource to come across during these times. On the other hand, there are numerous active resources that exist meaning there is little shortage of resources that can be of use to individuals. In addition, due to the many connections within and outside of OFRT, this would allow a greater reach of potential resources, some of which may be unknown to clients	Though this was not explicitly in every decedent case, a common trend that can be attributed to what was found and what is currently seen is the availability of different resources for the community. During outreach and during COVID especially, a good number of people have asked about potential services that could help them in their time of need but have had difficulty finding ones that caters to their situation in particular. This is likely to be doubly true for those struggling with the aftermath of COVID and those struggling with SUD/addiction along the many physical and mental ailments that comes with it and though they may be in the process of recovery or wanting to get treatment, if they have no direction of who to turn to or do not have their basic necessities (like food, shelter, clothing, basic stability) met, then they are very likely to end up falling

	stated by the people *(Currently in Progress)*	• Research Initiatives within Passaic County	and individuals within the community.	through the cracks and end up unable to complete or consider treatment/recovery.
Education on alternative treatment methods	1. Information on alternative treatment methods being shared and demonstrated to various health providers and clinicians via webinars, trainings, education seminars, and other events pertaining to addiction and treatment *(Currently in Progress)* 2. Sharing information on alternative treatment methods for addiction and recovery to clients during assessments, screenings, intakes, and at Harm Reduction sites *(Currently in Progress)* 3. Offering this information to future clinicians and health specialists in the field via college presentations, information shared via college campuses/database, and (potentially in the future) standard part of the Public Health, Counseling, Substance Use, and/or Social Work curriculum if it is not something highlighted already. *(Work In Progress)*	• St. Joseph's • MAT Center of Excellence • Passaic County Hope ONE • CarePlus NJ • United for Prevention • NJ Harm Reduction Coalition • Paterson Coalition for Opioid Assessment and Response • RealFix • Rutgers University Medical School • OFRT and its members and supporters	A barrier to this effort would be time as making these efforts reach further heights throughout the community as well as undertaking new efforts to spread awareness and information regarding alternative methods of treatment would take a considerable amount of time. Another barrier would involve the content itself as there are those high up in the field of health in leadership positions of control may be opposed to such changes and information leading to potential pushback. However, there have been (and will be) continued efforts to spread this information throughout the community and to those within public health to ensure that alternative methods of treatment are considered, discussed further, and utilized for clients.	Compounding the fact that only a handful of decedents reviewed from the OFRT meetings have undergone treatment for their addiction/hazardous use, another potential reason for such a small reason is due to current methods of treatment, specifically the ideology of full detoxification of drugs which has been stated to be such an excruciating process that there are individuals in the community that stated to rather overdose than entertain the thought of detoxification. With such a painful process propagated as the main treatment option for those with addiction/SUD, it becomes clear why this target population avoids seeking treatment, fearing that this is the only avenue available to them.
General Education on mental health/SUD, treatment options, and how to support	1. Similar to the previous recommendation, having agencies out in the community during public events, clinics, health-related events, and other opportunities provide educational material on addiction and its correlation with mental health, effective treatment methods (not just relying on detoxification) and referrals for helpful services. • Such information would also include advice and "what-to-know" for those	• United for Prevention and its partnered agencies • Passaic Hope ONE • SMART Recovery • MAT Center of Excellence • NJ Harm Reduction Coalition • Health/Substance Use Education Agencies	Though the information from these agencies is readily available and can become tangible resources for public usability, it will still require time in order to produce such material translated for different populations that are either immigrants or current individuals living in the country that do not primarily speak language. Also, having the information being presented in a manner that	While about a fifth of the decedents were of Hispanic origin, a trend noticed among those decedents was that treatment/recovery efforts were not attempted and one such reason that was formulated was due to language barriers. In addition, another aspect that was noticed among the decedent cases was a lack of information or a lack of understanding regarding the utilization of various

	that may have friends or family that have an addiction or SUD and they need direction on how to be there for them while practicing self-care for themselves. *(Currently in Progress)* • Information such as knowing which medications react with specific drugs (drugs most likely to be used by the target population) and other pieces of general information regarding what to "watch out for" would be included too. 2. In addition, sharing this general information to diverse communities such as primarily Hispanic/immigrant communities for example. *(Work-In-Progress)* 3. This information could very well be part of the Resource Guide project or be provided via booklets, pamphlets, giveaways, or supplementary materials from different organizations. *(Work-In-Progress)*	• Collaborative School Systems/Colleges • Passaic County Department of Health/Human Services • OFRT Members on Resource and Groundwork Subcommittee	can be easily understood and absorbed (as well as caters to multiple languages).	prescribed medications and illicit drugs for their addiction and for their other co-existing ailments. Combinations which had led to painful side effects and potential overdoses. Many of the case reviews found individuals using substances meant to mitigate symptoms such as back pain, other forms of physical pain, internal ailments, mental illnesses such as bipolar disorder or schizophrenia, and more. A Next of Kin interview also revealed that the interviewee that initially attempted to help the decedent with treatment was very stressed, at their limit, and felt essentially lost to the point where their bond was strained to the limit.
Learning from COVID and Having Measures in Place for Future Pandemic	1. Legislation that guarantees that during times of emergency or pandemic, health insurance companies will be paid what they are due *(Work-In-Progress)* 2. Ensuring that vulnerable communities during the pandemic have immediate access to things like phones, tablets, and/or resources and materials so they do not feel lost, aimless, or without support during a potential pandemic when almost everything is shut down. *(Work-In-Progress)* 3. Having funding readily available, as well as	• All available shelters and agencies whose target population are those that are without a home • Harm Reduction agencies • HYACINTH • Passaic County Department of Human Services • Alcohol Anonymous, SUD support groups, SMART Recovery • SUD/Addiction Advocacy Movements	Accumulation of these resources and materials beforehand can be a daunting, difficult task considering what needs to be prepared for a potential pandemic, especially since most available resources are being used daily and attention is being mainly placed on cases and needs of the present. Though the 2020-2021 pandemic was devastating, many organizations and agencies have learned from the experience and have more of a clear idea and plan in mind in the	The COVID pandemic hit almost everyone hard and for those struggling with mental health, addiction, and/or SUD, it was especially grueling. Many agencies/locations were closed, limiting many services exponentially, jobs and job opportunities were reduced, and with illicit drugs were becoming all the more rampant, the target population was essentially left to fall through the cracks and succumb. All of the decedent cases were during the increase of COVID cases and though not all of the cases were directly

	widespread instructions, for those that need rental assistance. 4. Preparation efforts put into place in order for shelters to have enough space and resources to keep those among the homeless population safe especially during a Code Blue. *(Work-In-Progress)* 5. Tying back to the first recommendation, having a harm reduction site or more setup in appropriate areas so those that are especially vulnerable to cravings, anxiousness, or have little resources have somewhere to go to satiate the urgings and receive care and referrals. *(Work-In-Progress)*	• Volunteer + Community Service Groups/Programs • Mainstream Recovery • Damon House • Passaic HOPE One • Paterson Coalition for Opioid Assessment and Response • United for Prevention • COVID-19 Taskforce	event such a pandemic occurs once again. In addition, thanks to the forged collaborative efforts and newly formed efforts that were done before and after the pandemic, there are more active and capable parties available in terms of ensuring that the needs of the people are being met as efficiently as possible amidst another crisis.	affected by COVID, it was clear that some were and without resources readily available, their suffering was unfortunately assured.

Results from Recommendations:

- One such result would be the gradual implementation of Harm Reduction materials that are being provided to various organizations within NJ. The Division of Mental Health and Addiction Services have begun distributing to organizations such as law enforcement, shelters, peer recovery centers, support centers and more. With this connection, OFRT and the Health Department have begun the process of receiving Narcan from DMHAS and intend to proceed providing it to our partner organizations that would make great use of this product.
- In addition, the NJ Harm Reduction Coalition as well as MAT Center of Excellence and other organizations have numerous resources, videos, and material that covers Harm Reduction, its implementation, alternative methods of treatment, proper instruction, consistent meetings, and so much more, all available to those in the field that wishes to learn and implement these teachings at their agencies and for their clients.
- Though progress regarding the Resource Guide is still in its infancy, having resources akin to this project such as NowPow, Impact Passaic (which is being shared more frequently to the public), and other miniature guides not only gives the public information on available resources but also provides direction to social workers and others in the field that are looking for proper referrals or proper sources of assistance for their clients.
- Education on not only Harm Reduction but on the many factors pertaining to the opioid crisis as a whole (alternative methods of treatment, barriers, social support systems, etc.) has proven to be not only enlightening but also successful as shown by the Passaic County OFRT Forum Event (collaborated with Paterson COAR) where all of these elements were highlighted that had a great showing, positive reviews, and an immense amount of information shared to community leaders, clinicians, providers and more.

Reflections

Successes

- Progression on the plan to implement Social Workers and Peer Recovery Specialists into St. Joseph's Hospital
- With naloxone being more readily available, this allowed OFRT members and their organizations to communicate and begin obtaining Narcan for their organizations for distribution or training purposes
    - In addition, Narcan training and communicating information on it has increased substantially
- OFRT membership has increased compared to last year, bringing in new organizations and faces with fresh insights and information to share
- Utilizing partnerships forged from OFRT in order for partnered organizations to further share and promote their services to the community during various public events within the community such as the County Fair for example. This also allowed new connections and information being more effectively shared between these organizations.
- More resources and information being shared on a much faster and consistent basis
- In collaboration with Paterson COAR and assistance from the Passaic County Department of Health Services, OFRT had succeeded in planning and co-hosting an In-Person Forum Event complete with over 80 attendees, guest speakers and facilitators. The attendees, consisting of health specialists, clinicians, and community leaders, were brought together to discuss the opioid crisis, alternative methods of treatment for addiction, barriers keeping individuals from getting treated, and how such barriers can be mitigated.
    - Ultimately, the event was a great success, with almost every attendee gaining new knowledge and insights regarding the opioid crisis, enjoying the activities, and utilizing their time to network and connection with one another.

Barriers

- Limited information due to a lack of completed Next of Kin Interviews which gives a considerable amount of information regarding the background, upbringing, and experiences the decedent dealt with prior to their overdose. These interviews unfortunately couldn't be completed most of the time due to NOK numbers being outdated, the interviewee leaving only voicemails, or the interviewee not arriving at the time of the interview, in conjunction with understandable hesitation from the next of kin wanting to discuss such heavy topics that may still be affecting them.
- Participation being limited at times due to conflicting schedules or, specifically during meetings, some members stay silent most of the time or feel they do not have much to share. This also ties with the Next of Kin information barrier as less information means less to work with when it comes to discussion.
- Inability to obtain in-depth information of decedent prescription medications as of current.
- Commitment of subcommittee involve due to some members having increasing responsibilities and time conflicts in their own place of employment.

- Time constraints in terms of OFRT Meeting planning, data organization, data acquisition, and other responsibilities for the monthly meetings in addition to potential burnout from the members since the monthly meetings come very fast.
- Few members that would be key players with OFRT initiatives not returning call or attending meetings.

Lessons Learned

- How Bi-monthly meetings could be utilized in order to give time for data acquisition, members to be adequately prepared for meetings and not rushed and can allow other non-decedent review OFRT-related meetings and activities to occur on the side organically.
- How to properly organize decedent data in a way that is comfortable for the OFRT members and easy to utilize for future Reports.
- Though OFRT had its first successful Forum Event that went great, there were indeed rooms for improvement in terms of planning and organization of necessary materials. In addition, the OFRT case reviews and interactions with other community/agency leaders have given clarity in terms of how to evolve the next Forum Event and the content that will be provided.
- How with the connections gained from OFRT, there is potential for various activities and plans such as:
    - Educating the public health/community leaders of the county with updated information on addiction, recovery, treatment, and alternative methods to mitigating overdoses (Ex: Forum Event).
    - Spreading information on resources and existing agencies that can produce potential networks and collaborations to further OFRT goal of mitigating overdoses and generally helping the populace
    - More potential collaborations for outreach and provision of services
    - Increased sources of reliable information that can be shared to County residents
- How I can potentially invigorate OFRT meetings and achieving more participation
- The proper mindset of how the OFRT needs to be operated. Rather than the Coordinator being the central figure that does nearly everything OFRT-related, it needs to be a Team effort with each member contributing, putting in similar amounts of effort, and ultimately having the OFRT run like a well-oiled machine that will only continue to adapt and grow.
    - With the subcommittees created, new plans developed, and learning from OFRT Coordinators with more experience and from previous barriers, this ultimate goal is looking to be gradually but surely achieved.