



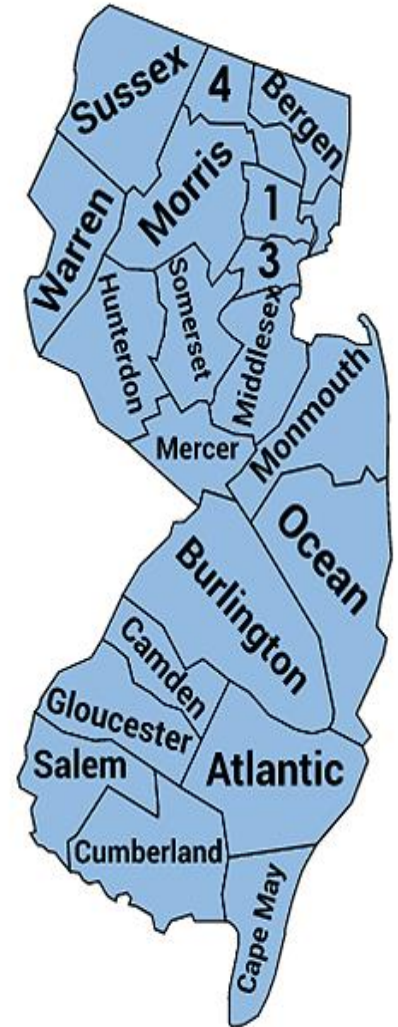
**DATA GAP OR
OPPORTUNITY?
INFUSING OFR WITH CREATIVE
DATA COLLECTION**

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Ocean County Health Department

Ocean County, New Jersey

- Population: 648,998 (2021 estimate) (suburban)
- One of the largest geographic counties in the state, situated directly on the East Coast
- Located approximately 60 miles from Philadelphia and New York City
- Affectionately nicknamed “**the Jersey Shore**”
- The racial and ethnic makeup of Ocean County is 2% Asian, 3.8% Black or African American, 9.8% Hispanic or Latino, and 92.3% White (U.S. Census)
- The senior population (65 and older) comprises almost 23% of the population, and those 18 and under make up 32% of the population
- 33 varying municipalities ranging from beach towns to rural farms
- There are 17 public high schools, vocational schools, and religious schools that provide education to the high school-aged youth and approximately 70 elementary schools for the younger children



Ocean County averages five fatal or nonfatal overdoses a day

In 2018, the overdose death rate per 100,000 population for Ocean County was 31.3; this surpassed both the overdose rates of New Jersey, 30.5, and the United States, 29.1

NJCARES Historic Data								
Ocean County	2013	2014	2015	2016	2017	2018	2019	2020
Suspected Overdose Death	154	132	157	253	189	217	204	245
Naloxone Administration	n/a	n/a	624	977	621	811	752	891
Opioid Prescriptions Dispensed	454,390	450,508	483,061	450,466	417,019	365,341	344,341	324,530

2006-2021 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
 2020- Essex (9%), Camden (8%), **Ocean (8%)**, Atlantic (8%) of 82,254 admissions
 2021- Essex (10%), Camden (9%), Atlantic (8%), **Ocean (8%)** of 87,745 admissions

Ocean County Overdose Fatality Review Program

- Officially began decedent review in January 2018
- Facilitated by a county health department
- 64 partners representing 36 community agencies
 - *Law enforcement*
 - *Behavioral health agencies*
 - *Hospitals*
 - *Federally qualified health care centers*
 - *Recovery support agencies*
- 182 cases reviewed to date
- Selected as a NACCHO Model Practice in 2019
- Overdose Fatality Review Peer Mentor Site





GAP 1:

Nobody is talking. This stinks.



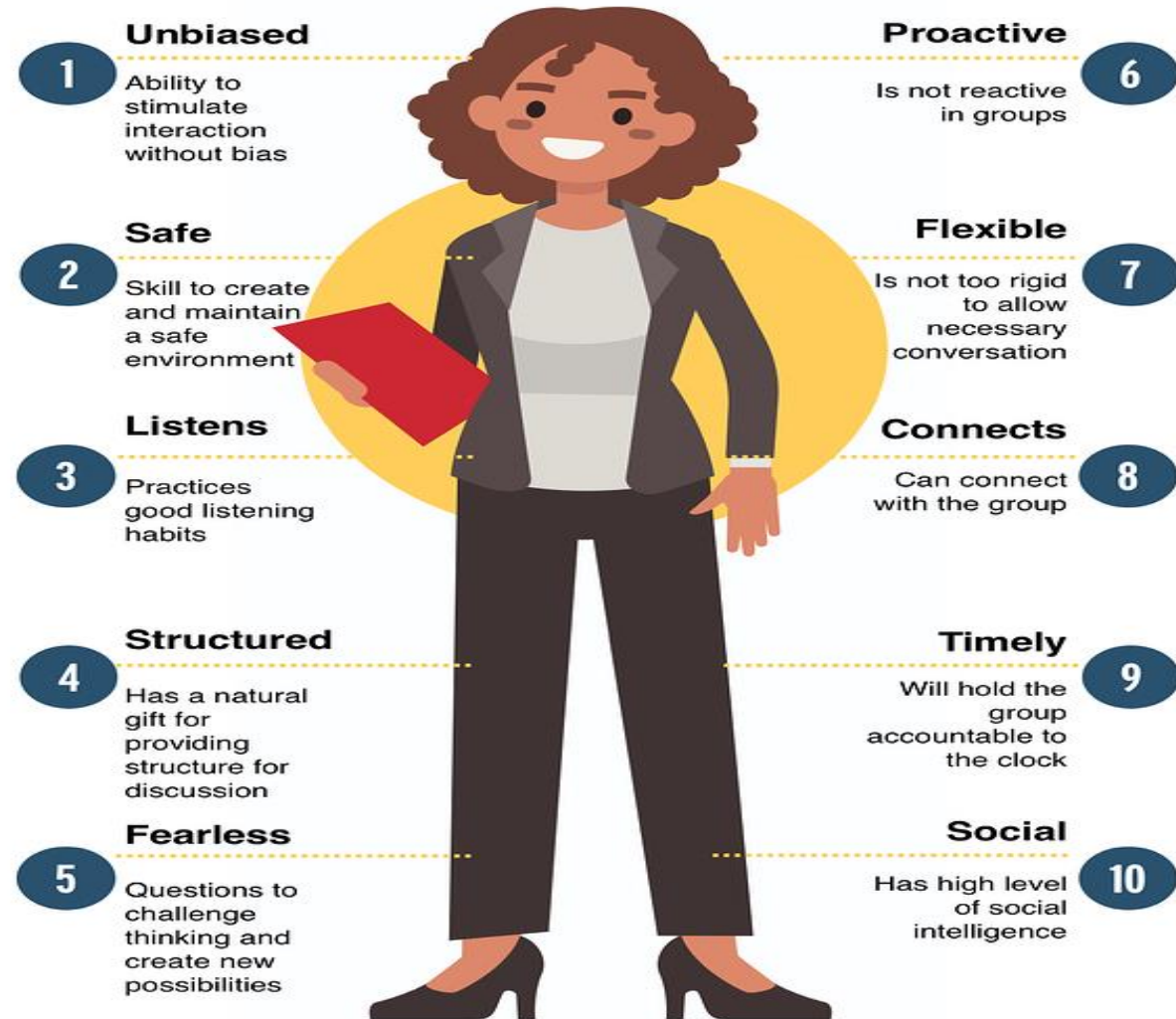
1. Facilitation

Being able to infuse an OFR meeting with energy, asking questions, knowing when to use silence, and being curious can yield tremendous information and data by getting members to open up and discuss.

Top 10

QUALITIES

OF A GREAT FACILITATOR



GAP 2:

I don't know what follow-up questions to ask my team during the review to generate conversation.

2. Community Context

- Do you know the existing resources, providers, practices, legislation, and regulations in your county and state? Does your OFR team?
- Host a focus group with your overdose fatality review
- Ask, “How does somebody in our jurisdiction access substance use services?”
 - *What programs currently exist?*
 - *Where are the programs located?*
 - *How do different systems respond to substance use/overdose?*

We have clinical programs but are lacking recovery supports

Most residents go to this detox and inpatient, but it is located two counties away

Our county jail does not offer substance use services

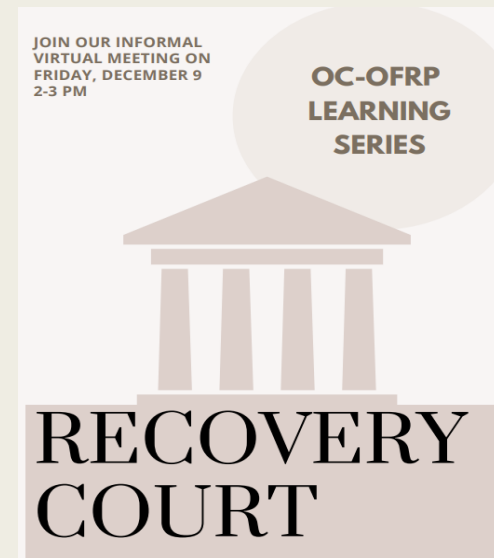
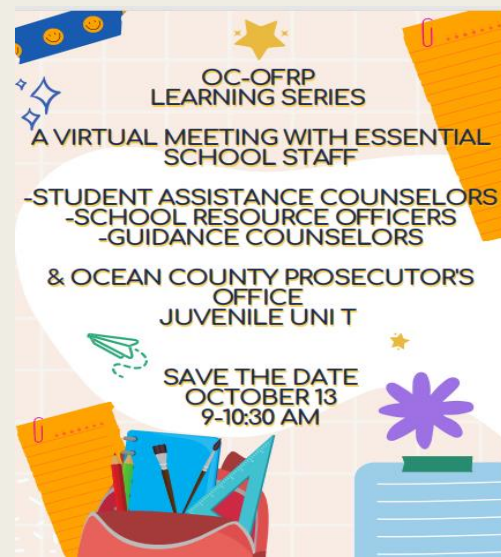


GAP 3:

*I have some amazing partners, but it would be great if
this >fill in the blank< provider would participate!*

3. Subject-matter Expert/Focus Group

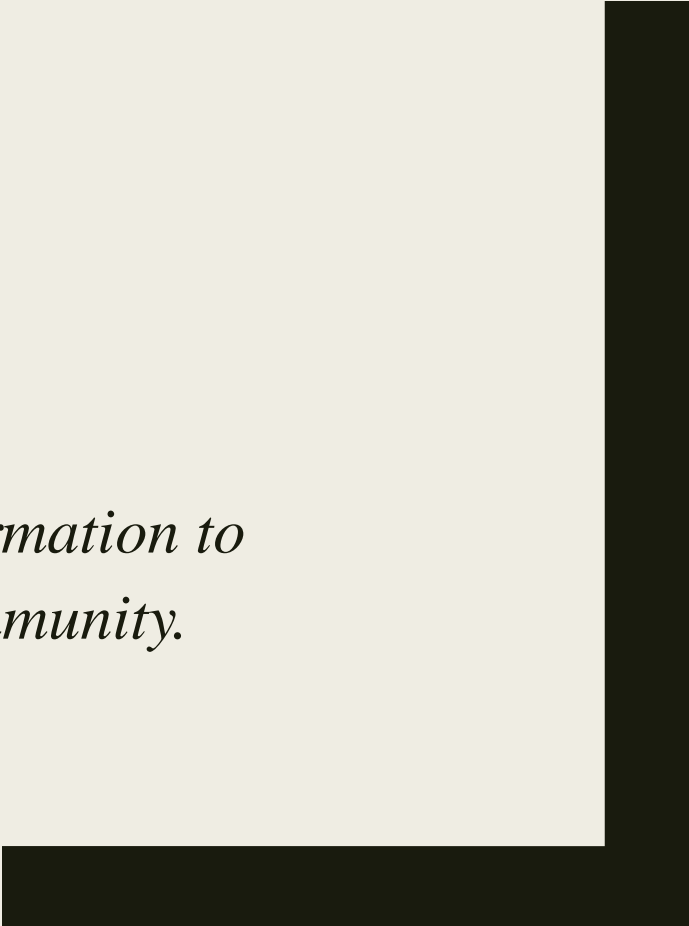
- Some community partners will not participate in meetings, resulting in data gaps
 - *Meet these agencies where they are at*
- Subject-matter Expert
 - *Would the partner agree not to receive decedent-specific information but come to meetings to participate with general information?*
- Focus Group
 - *Benefits both the partners and OFR to better understand their agency*
 - *This knowledge can be used in case review to make more informed observations and recommendations*





GAP 4:

My membership is small; I need more information to understand what is happening in my community.



4. Community Surveys/Need Assessment

- Develop a survey for your community. What do you want to know?
 - *Use your distribution lists to email*
 - *Social media blasts!*
 - *Survey Monkey can develop a QR code, put that on everything to generate responses*
- Many organizations (local health departments, hospitals) are required to conduct community planning
 - *Can you participate in their planning efforts and bring back information to the OFR?*
 - *Is there a substance use subcommittee?*
- Do you have grant funds?
 - *Can you hire an agency to do the data collection for you?*

GAP 5:

*I don't have enough (or any) decedent information for
a robust case review.*

5. Bringing ODMAP Into the OFR

2/18/2021: 2 nonfatal overdose cases

- 1 single-dose naloxone: *Toms River*
- 1 multi-dose naloxone: *Brick*

2/19/2021: 4 nonfatal overdose cases

- 2 single-dose naloxone: *2 Toms River*
- 2 multi-dose naloxone: *1 Brick, 1 Toms River*

2/20/2021: 4 total—3 nonfatal overdose cases, 1 fatal

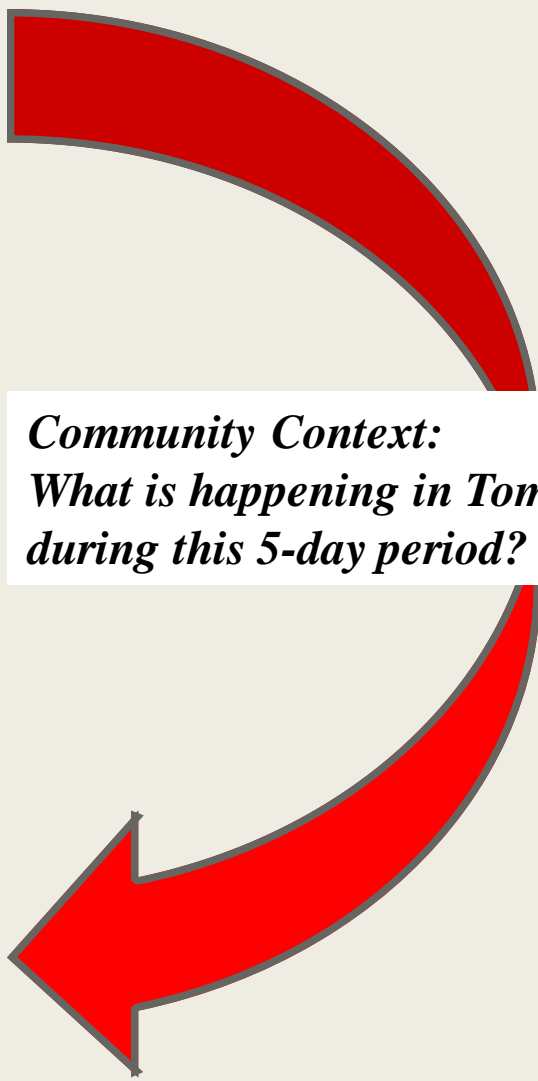
- 1 nonfatal no naloxone: *Lacey*
- 2 nonfatal single-dose naloxone: *Point Pleasant Boro*
- 1 fatal no naloxone: *Toms River*

2/21/2021: 5 total—4 nonfatal overdose cases, 1 fatal

- 4 single-dose naloxone: *2 Brick, 1 Lacey, 1 Tuckerton*
- 1 fatal no naloxone: *Toms River*

2/22/2021: 4 nonfatal overdose cases

- 2 single-dose naloxone: *both Toms River*
- 2 multi-dose naloxone: *1 Brick, 1 Toms River*



Community Context:
What is happening in Toms River during this 5-day period?

GAP 6:

My reviews are becoming redundant, and we are losing momentum. I am worried members will begin to lost interest.

6. Find complementary data sets to discuss

- Toxicology – Substances of Concern
- Residence vs. Non-residence
- ODMAP Data
 - *Locations*
 - *Dates*
 - *Naloxone administrations*
 - *Fatal vs. nonfatal*
- State-generated data
- Federal-generated data



GAP 7:

It would be great to have a family perspective on the decedent.

-OR-

*It would be great to know what was going on when the
decedent was a youth.*

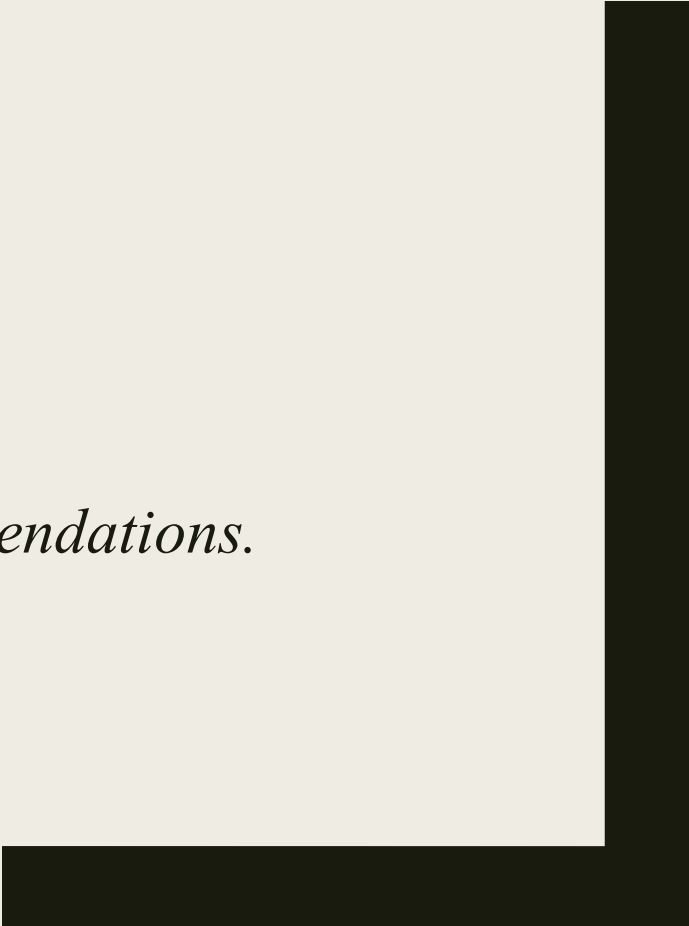
7. Next of Kin





GAP 8:

I don't know how to get to building recommendations.



8. Observations and Recommendations

Step 1:

- Are you asking for observations after each decedent case?
- Are you asking if there are recommendations?

Step 2:

- Are you tracking the observations and recommendations?

Step 3:

- Revisit observations and recommendations often
- Assess if there are trends
- Form a subcommittee and begin working on a formal recommendation

Ocean County Overdose Fatality Review Recommendations					
Meeting Date (initial)	Recommendation	Supporting Data	Action Steps?	Follow Up	Outcome
Jan-18	School records are needed for history of decedents	revisited March 2018 mtg	discussed with various schools	Complete	*FERPA prohibits sharing of student records *SME only *October 2022 informal meeting to continue to garner general information
Jan-18	No standardization of records, need to improve record sharing	revisited March 2018 mtg , May 2022	develop universal release for Ocean County providers. Discussed with county counsel, not allowable	Pending at May meeting this resource was offered: https://www.crisphealth.org/	*Encourage partners to have clients sign release *continue to discuss the important of data sharing i.e. NJSAMS (request made to DOH Spring 2022) *October 2022 shared with CADAD to advocate?
Jan-18	Identify if there is a link between receipt of monthly benefits and overdose		internal review of overdose death dates and when benefits are received	Complete	No supporting data to continue
Jan-18	Identify if there is a link between having private insurance as a youth (until age 26) then overdose rates when moving to public insurance coverage		internal review of overdose death dates and insurance benefits	Complete	No supporting data to continue
Feb-18	During medical examiner visit, have prescription pills checked to identify prescriber, ME should be able to have PMP access				
Feb-18	Better dissemination of resource information			On-Going	OC-OFRP distribution list receives consistent communication on programming and information on OD>SUD (average 1-3 e-mails a week)
Feb-18	Increase services for those working in blue collar positions/assistance in re-entering the workforce			On-Going sharing of resource	Hope Sheds Light (partner) has workplace resources
Feb-18	Case management at municipal court	revisited March 2019		On-going	This is being completed in municipal specific courts - Ocean County would benefit from a county-wide initiative - OCPO has multiple programs as well

GAP 9:

*I have some data from the OFR, but is it enough to
make a recommendation?*

9. Subcommittee

- Can discuss the recommendation in more detail
- Assess if additional data to support is needed
- Bring in the OFR member “experts” to provide their expertise

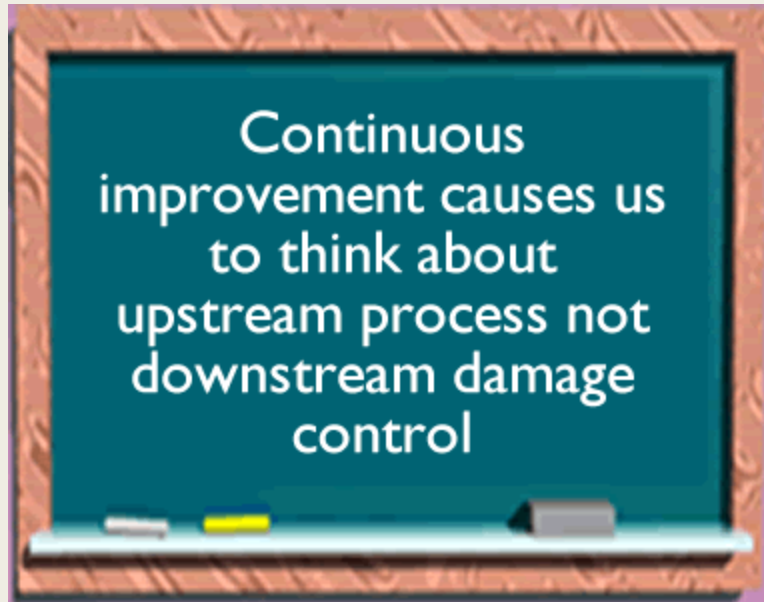




GAP 10:

*I don't know how members feel about this process—
are they invested?*

10. CQI With Members



Get your process right, the results will definitely follow.

SACHIN TENDULKAR

MINIMALISTQUOTES.COM





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