Evaluation Brief

Riverside University Health System — Public Health
Riverside Overdose Data to Action

Integration of Overdose Prevention and Response Efforts:
Year 2 Progress & Evaluation

Established September 2019, the Riverside Overdose Data to Action (RODA) program is integrated into Riverside University Health System (RUHS) - Public Health's Epidemiology and Program Evaluation Branch. The purpose of RODA is to enhance surveillance of overdose morbidity and mortality and to use enhanced surveillance data to guide overdose prevention efforts. Funded by the Centers for Disease Control and Prevention (CDC), the program is organized around six overarching strategies [Figure 2].

This brief discusses RODA's work under the strategy *Integration of State and Local Prevention and Response Efforts* [Figure 1], including successes and barriers encountered, ending with recommendations for year 3. The overarching goal of this strategy is to increase efforts to better integrate state and local efforts through strategic planning, data dissemination, and community collaboration.

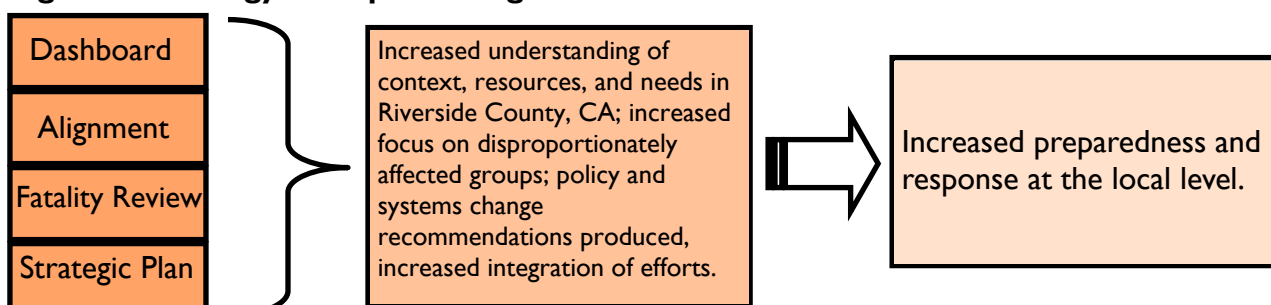Key activity areas within this strategy are:
- Overdose Data **Dashboard**
- Partnership mobilization and state/local **alignment** of goals
- Overdose **Fatality Review**
- RUHS—Public Health Overdose **Strategic Plan**

KEY MILESTONES

- Though the COVID-19 pandemic was a considerable barrier, significant progress in RODA activities continued.

- The Overdose Data Dashboard is fully implemented and updated monthly.

- Implementation of local policy and program changes based on Overdose Fatality Review recommendations have begun.

- Significant community input is incorporated into the draft Overdose Strategic Plan.

Future Evaluation Briefs will highlight each of the remaining prevention strategies; Prescription Drug Monitoring Programs, Establishing Linkages to Care, Providers and Health Systems Support, and Empowering Individuals to Make Safer Choices [Figure 2].

Figure 1: Strategy's Simplified Logic Model

Dashboard / Alignment / Fatality Review / Strategic Plan → Increased understanding of context, resources, and needs in Riverside County, CA; increased focus on disproportionately affected groups; policy and systems change recommendations produced, increased integration of efforts. → Increased preparedness and response at the local level.

The logic model below [Figure 2] shows the strategies, activities and expected outcomes of the RODA project. This brief discusses the *Integration of State and Local Prevention and Response Efforts;* activities and outcomes highlighted in orange.

Figure 2: Riverside Overdose Data to Action (RODA) Logic Model

Riverside Overdose Data To Action (RODA) Logic Model

	Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
Component 1: Surveillance	**Implement innovative surveillance to support RODA interventions:** enhanced surveillance capacity building; strengthen cross agency data sharing; explicit efforts to improve partner and community access to timely surveillance data.	**Timely and actionable surveillance data disseminated by recipients**: to enhance the implementation of RODA interventions; to recipients' stakeholders working to reduce drug overdoses in Riverside County; to CDC to rapidly inform the public and key regional and national stakeholders	**RODA surveillance data contributed to improvements in drug overdose interventions**	Decreased rate of opioid misuse and opioid use disorder Increased provision of evidence-based treatment for opioid use disorder Decreased rate of ED visits due to misuse or opioid use disorder Decreased drug overdose death rate, including prescription and illicit opioid overdose death rates
Component 2: Prevention	**Prescription Drug Monitoring Programs**: Access and utilize the Controlled Substance Utilization Review and Evaluation System (CURES) data to help inform overdose surveillance; Access and utilize CURES data to help guide prevention activities.	Increased measurable collaboration and communication; increased application of data to drive prevention and response activities between state and local efforts.	Identification of high risk prescribing and patient behaviors; better tracking of opioid prescriptions.	
	Integration of State and Local Prevention and Response Efforts: Explicit efforts to better integrate state and local prevention efforts; Enhance coordination of prevention and response strategies at the state and local level; improve local and state awareness of local overdose mortality for policy and systems change.	Increased understanding of context, resources, and needs in Riverside County, CA; increased focus on highest risk groups; policy and systems change recommendations produced.	Greater awareness of drug and opioid overdose epidemic by state health departments, with respect to burden and resources, including at the city/county level; increased state involvement in local-level prevention efforts; increased preparedness and response at the local level.	
	Establishing Linkages to Care: Identify systems-level strategies in healthcare, community programs, and public safety to support care linkages with improved awareness, coordination, and technology.	Increased awareness and coordination of linkages to care.	Increased referrals to and engagement in evidence-based treatment.	
	Providers and Health Systems Support: Clinical education and training based on evidence-based guidelines; insurer and health systems supports.	Provider, health system, and payer awareness of and supports for guideline-concordant opioid prescribing, non-opioid medications, and non-pharmacological treatments; Provider, health system, and payer awareness of and supports for medically assisted treatment for opioid use disorder and SAMHSA practitioner (X) waiver training and application process.	Increased use of non-opioid medications and non-pharmacologic treatments for pain by patients; decrease in high-risk opioid prescribing; increase in the number of providers with and use of X-waivers.	
	Empowering Individuals to Make Safer Choices: Build overdose prevention and lifesaving skills among high-risk youth; train first responders on trauma-informed practices; develop mass media campaign on harm reduction strategies for youth.	Awareness of the risks of prescription and illicit opioids; Increase number of youths trained in overdose prevention; Increase number of first responder trained in trauma-informed practices, safe coping skills, symptoms of behavioral health challenge; types and number of messages developed.	Decreased initiation of opioid use and misuse; Raise awareness among high-risk youth of overdose prevention; Raise awareness for trauma-informed practices, safe coping skills, and symptoms of behavioral health challenges.	

Evaluation Goals and Questions

The internal evaluation of the Riverside Overdose Data to Action's (RODA) strategies is designed to collect information that will convey a credible, well-rounded picture of the program's efforts. Highlighting what works well and areas that may need improvement.

The evaluation questions for this strategy can be summarized as:

- How and to what extent are the strategy's activities implemented?
- How have these activities increased understanding of context, resources, and needs in Riverside County?
- How have these activities increased focus on disproportionately affected groups?
- How have these activities produced policy and systems change recommendations?

Lead Partners for this Strategy

- Riverside University Health System – Public Health (RUHS - PH):
  - Epidemiology and Program Evaluation Branch (EPE)– As the lead Riverside County Public Health branch in the development and implementation of the RODA project, EPE coordinates the administrative, management, technical, and collaborative surveillance and prevention strategies.
- Riverside County Emergency Medical Services Agency (REMSA)
- Riverside County Sheriff-Coroner's Bureau (RSO)
- Riverside University Health System-Behavioral Health (RUHS-BH)
- Riverside County Probation Department
- Riverside County Department of Housing & Workforce Solutions (HWS)
- Riverside County Office of Education (RCOE)
- County of Riverside Office of the District Attorney (DA)
- Inland Empire Health Plan (IEHP) - Clinical Pharmacy Programs
- University of California-Riverside (UCR)
- Inland Empire Opioid Crisis Coalition (IEOCC)
- California Department of Public Health (CDPH)
- Starting Over, Inc.
- Inland Empire Harm Reduction (IEHR)

Figure 3: Strategy Partners

Baseline and Regional Context

From 2008 to 2017, Riverside County saw a sharp increase in overdose death numbers and rates [Figure 4]. Overdose deaths increased from 230 deaths in 2008 to 430 deaths in 2017 and rates increased 63% from 2008 to 2017 (from 11 to 18 per 100,000). Riverside County trends depicted a 10-year increase in overdose deaths, emergency department (ED) visits, and hospitalizations. For up-to-date data on overdoses in Riverside County see the RODA Overdose Data Dashboard.

Before the Riverside Overdose Data to Action (RODA) project, RUHS - Public Health had participated in minimal integration of state or local overdose prevention efforts. There was no countywide overdose data dashboard for information, no overdose specific fatality review, and RUHS - Public Health had no formal strategic planning for addressing the overdose crises.

A Note on COVID-19 impact on RODA operations

Beginning in March 2020, many of the core and supporting RODA staff were required to work at the Riverside County Emergency Operations Center (EOC). During this time, our epidemiologists and research analysts were conducting contact tracing and statistical modeling to understand the impact of COVID-19 in Riverside County. The public health nurses were monitoring calls on the Public Health nurse call line, contact tracing, and conducting follow-up with patients in quarantine. The RODA project investigator, program director, and program coordinators were all involved with planning and operational duties to ensure an effective county-wide response to COVID-19. The program director and one program coordinator returned to RODA operations full-time in July 2020. At the end of year 2, the RODA project investigator, surveillance lead, lead evaluator, and program coordinator continue to be partially or fully assigned to COVID-19 response.

Figure 4: Historic trend in overdose deaths, Riverside County, 2007—2018
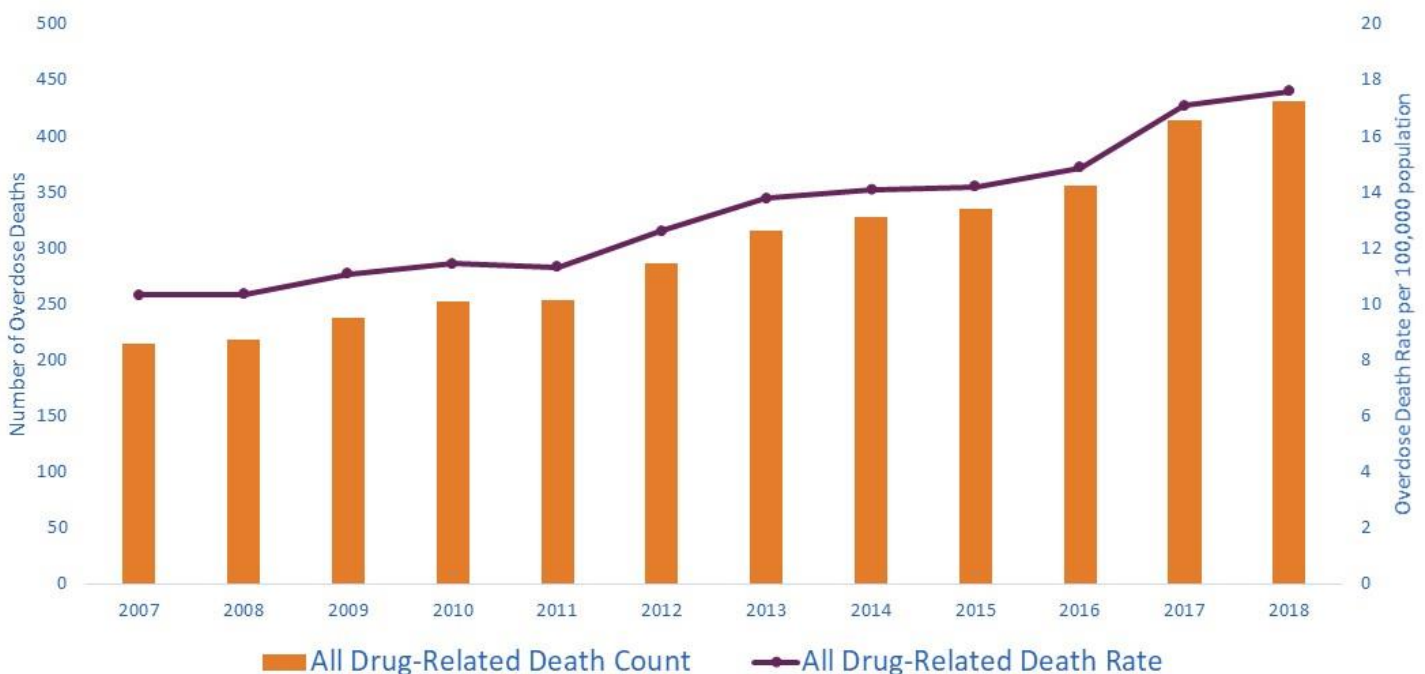
OVERDOSE DATA DASHBOARD

Objective: RUHS-Public Health and other subject matter experts will develop, maintain, and promote an Overdose Data Dashboard to improve local and state awareness of local overdose mortality for policy and systems change.

The GIS driven Overdose Data Dashboard (ODD) displays data on fatal overdoses, opioid-related emergency department visits, and opioid related calls to poison control. Data displayed on maps are based on census tracts and interactive to allow the user to view more detail when a census tract is selected. Demographic data (when available) such as sex/gender, age, and race/ethnicity, are also displayed on the dashboard.

Year 1 (9/1/2019—8/31/2020):
In year 1 of the project, RODA increased staff and technical capacity, gained access to new sources of data, and developed the workflow and analysis methodology for the Overdose Data Dashboard.
- Staff reviewed possible data sources for the ODD during monthly RODA surveillance team meetings.
- Finalized methodology for incorporating the California Healthy Places Index (HPI) into the ODD.
- Finalized data sources for the ODD.
- Created a template for the ODD.
- Finalized a media release plan to announce the ODD and distribute the web address.

Year 2 (9/1/2020—8/31/2021):
In Feb 2021, the RODA dashboard was made public. It is currently update monthly and is routinely presented at partner meetings to increase visibility and usage.
- September 2020—January 2021, the ODD field-tested.
- December 2020, the RODA Steering Committee reviewed and provided comment on the ODD.
- February 2021, Emergency Department and Poison Control maps and indicators added.
- February 2021, data download functionality added.
- February 2021, the ODD finalized and published on the RUHS-Public Health website.
- August 2021, REMSA began investigating adding EMS data to the ODD in year 3.

Figure 5: Overdose Data Dashboard Site Usage, September 2020—August 31, 2021
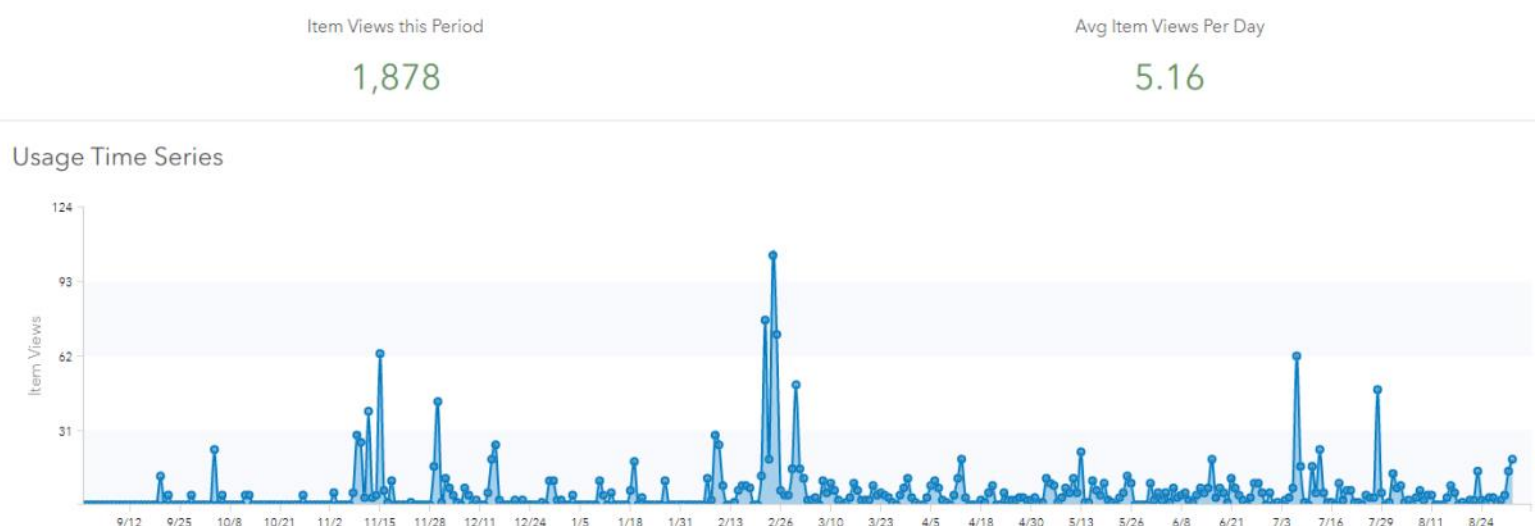
*Item Views is the number of visits to the dashboard.

Barriers / Challenges

- The source data is not standardized, is received in different intervals, and requires varying levels of data cleaning.
- Poison control data is received daily, but is exported via PDF file which requires manual data entry. The quality and clarity of the data can vary since it is self-reported.
- There are challenges in understanding how the dashboard is being used by community partners.
- Challenges remain in raising the visibility and use of the ODD.
- Emergency Department data is de-identified and the smallest geography is at zip code level creating barriers to understanding demographics, risk factors and geocoding.
- Poison control zip codes are limited to first 3 digits with trailing zeros presenting a barrier to geocoding.

Impact of the Overdose Data Dashboard

- For the first time in Riverside County, there is a centralized location for the public to access local overdose data.
    - Extensive list of data sources and variables are available on the Dashboard.
    - Dashboard is updated monthly when data is available.
    - Partners can download data from Dashboard.
- Local press coverage featured a link to Overdose Data Dashboard.
    - Marian Bouchot, "93,000 people died of drug overdoses in U.S. in 2020, how local experts are responding" [T.V. News Broadcast]. KESQ News Channel 3, Palm Springs, CA. July 14, 2021.
    - Since the Dashboard's launch in September 2020 there have been over 1,800 visits [Figure 5].

Figure 6: Overdose Data Dashboard
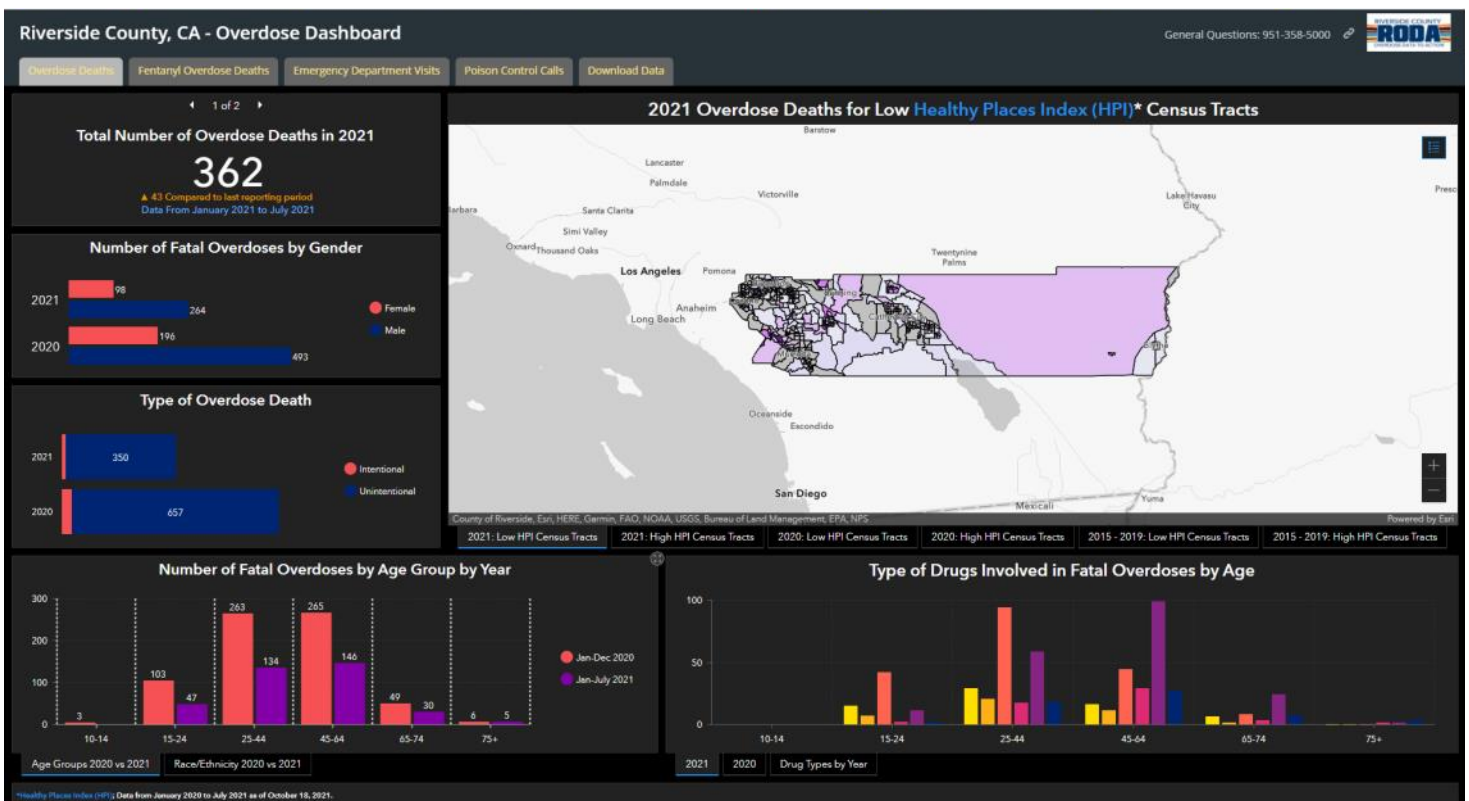
RUHS-PUBLIC HEALTH AND INLAND EMPIRE OPIOID CRISIS COALITION (IEOCC) INTEGRATED PARTNERSHIP

Objective: RUHS—Public Health will assist with the implementation of the IEOCC work plan that will result in at least three strategic actions.

The IEOCC was originally formed in 2015 to address the issue of safe prescribing, but has since evolved into a cross-discipline and community-level effort to address the overdose crisis from emergency overdose prevention to reducing the stigma against people who use opioids and other drugs. As part of RODA's work to integrate local and state overdose prevention efforts [Figure 7] RODA staff have become active participants in the coalition.

Year 1 (9/1/2019—8/31/2020):
In the original RODA grant proposal, RUHS-Public Health anticipated providing funding and technical assistance to IEOCC to assist in aligning the IEOCC workplan with CDPH goals and objectives. Shortly after RODA was created IEOCC successfully obtained funding and assistance directly from CDPH for this alignment work. Therefore, year one activities switched to identifying additional areas for work integration between IEOCC and RODA.
- RODA staff integrated into all IEOCC workgroups.
- IEOCC received funding/assistance from CDPH aligning workplan goals and objectives.
- RODA and IEOCC conducted crosswalk analysis identifying areas for collaboration.

Year 2 (9/1/2020—8/31/2021):
In year 2, RODA has continued to be actively engaged with the IEOCC working to establish new partnerships, provide support, and align strategies when possible.
- RODA staff are integrated in all IEOCC workgroups.
- IEOCC disseminates RODA enhanced overdose surveillance reports to their providers and publishes the reports on the IEOCC website and quarterly newsletter.
- Based on enhanced surveillance provided by RODA, IEOCC expanded the focus of the coalition to include addressing non-prescription drugs such as methamphetamine, including best practices for treatment and prevention. Leveraging RODA's partnership with Inland Empire Harm Reduction (IEHR), the IEOCC Prevention and Public Agencies workgroup added representatives from IEHR to their leadership team.
- RODA's partnership with IEOCC has led to collaborative efforts with neighboring counties, including San Bernardino. RODA is assisting San Bernardino County Behavioral Health to replicate similar overdose surveillance efforts.
- September 2020 – August 2021, CA Opioid Safety Network Learning Collaborative Accelerator 2.0 program with IEOCC and Starting Over Inc. The learning collaborative focused on building strategic partnerships for overdose prevention. This cohort was designed for teams that want to foster strategic partnerships in their community.
- The lead evaluator conducted a brief (30 minute) semi-structured interview with IEOCC's Clinical Programs Manager and two members from Signal Key Consulting, the IEOCC's consultants. The interview took place in December 2021 with discussion covering years 1 and 2 of the grant. Challenges, impacts and recommendations from the interview are incorporated into those sections on pages 8 and 14.

Barriers / Challenges

- In year 1, the workplan with IEOCC needed to be rewritten.
- Year 1, RODA team were new participants to the IEOCC and needed time to get oriented.
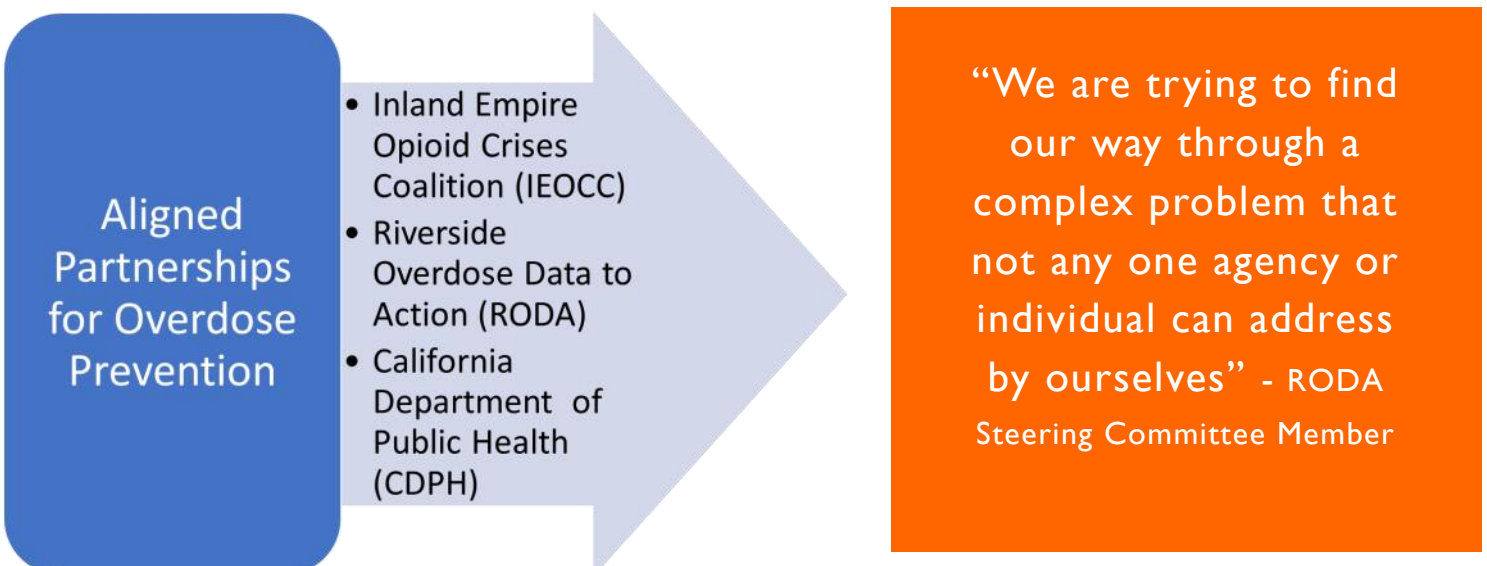- Some IEOCC meetings were canceled or rescheduled due to COVID-19 response.

Impact of the RODA + IEOCC integrated partnership

- IEOCC expanded its focus to address non-prescription drugs such as methamphetamine, including best practices for treatment and prevention.
- IEOCC members received training on the RODA academic detailing curriculum and training on naloxone administration and harm reduction practices.
- RODA and IEOCC expanded their understanding of Riverside County resources through a joint asset mapping project.
- RODA's partnership with IEOCC has led to collaborative efforts with neighboring counties, including San Bernardino.

> "I think information sharing is one of the great benefits of this collaboration and with the addition of IEOCC into this is great. I think Riverside County has a great team approach to the opioid epidemic with these different arms into the system."
>
> - RODA Steering Committee and IEOCC member

Figure 7: Integration of local and state overdose prevention efforts

Aligned Partnerships for Overdose Prevention

- Inland Empire Opioid Crises Coalition (IEOCC)
- Riverside Overdose Data to Action (RODA)
- California Department of Public Health (CDPH)

"We are trying to find our way through a complex problem that not any one agency or individual can address by ourselves" - RODA Steering Committee Member

OVERDOSE FATALITY REVIEW

Objective: RUHS - Public Health and subject matter experts from partner agencies will establish an overdose fatality review team to inform strategic planning, policy change, and other program improvements at the local level.

The Overdose Fatality Review (OFR) team investigates the circumstances and events leading up to an individual's death, particularly the systems that the individual came into contact with throughout their life, to identify system-level and policy changes that will prevent future overdose deaths.

Year 1 (9/1/2019—8/31/2020):
Year 1 began with an intensive review of overdose fatality review materials from jurisdictions across the country, recruiting partners, and establishing data sharing agreements. The RODA OFR was pilot tested in February 2020 and went live in June 2020.
- Initial partners recruited (RUHS - Public Health, RSO, REMSA, RUHS-BH, IEHP, UCR, IEHR).
- Data sharing agreements established.
- Participant confidentiality forms developed.
- 4 meetings conducted (2 in-person, 2 online) 15 cases reviewed.
- Recommendation report developed for year 1.

Year 2 (9/1/2020—8/31/2021):
In year 2, the OFR increased capacity in both the number of organizations represented and subject matter expertise. Meetings remained virtual throughout the year in response to COVID-19 safety concerns.
- Partner organizations increased from 7 to 12.
- Subject matter experts increased from 11 to 20.
- A total of twelve (12) meetings conducted with fifty (50) cases reviewed.
- Draft recommendation report developed for year 2.
- The lead evaluator conducted brief (15-30 minute) semi-structured interviews with nine regularly attending members of the OFR. These 9 interviews represent five county departments and three non-county agencies. Interviews took place in November/December 2021 with questions covering years 1 and 2 of the grant. Listed below is a summary of results:
    - All members interviewed expressed their conviction for the work and belief in the potential of the OFR.
    - When discussing the structure of the meetings participants stated that the multidisciplinary team, flow of the meetings, hearing from different agencies, allowing time for discussion, and sharing surveillance data at the beginning of each meeting are all working well. Areas mentioned that need improvement are stating a clear vision, and expected outcomes of the OFR, especially for new members.
    - When discussing the partners on the OFR team, respondents were appreciative of the level of engagement of everyone involved and many have incorporated these partners into their networks, working on additional projects outside of the OFR. Areas for improvement included recruiting additional partners and ensuring team members know the agencies, subject matter expertise, and contact information of everyone present.
    - Not all of those interviewed were aware of the current outcomes of the OFR [see page 10]. In addition, there was a general theme of wanting to increase the number and reach of programs, projects, or policies initiated out of the OFR recommendations.

Barriers / Challenges

Due to COVID-19 reassignments, the RODA team has never been fully staffed. This has limited the number and scope of OFR policy recommendations that can be worked on at a time.

Only participating Riverside County agencies have a decedents identifying information. This information is masked from our non-county partners. This helps protect the privacy of decedents and their families/friends but also limits the information that can be gathered and discussed.

Impact of the Overdose Fatality Review

The Overdose Fatality Review (OFR) team has recommended changes that will have long term impacts on public health by strengthening systems processes along with communication and collaborations among entities. OFR efforts also inform public health and partner agency activities and strategic planning related to overdose prevention. Based on OFR recommendations to date the following activities have been completed or are in development:

Year 1 and 2 recommendation activities initiated (activities related to OFR function or format are not counted):
- **QR code resource lists for EMT's (completed):** REMSA and RUHS - Public Health partnership to develop easy to access resource lists to help first responders provide referrals to patients and their families, friends, and bystanders.
- **Harm reduction and naloxone training (completed):** RUHS - Public Health contracted with Inland Empire Harm Reduction to provide harm reduction and naloxone trainings to partner agencies' staff and the community.
- **REMSA Leave Behind Naloxone (planning started):** Emergency medical services providers will do an assessment to determine if patient or individual is at-risk of opioid overdose and offer to leave behind naloxone with just-in-time training to patient and/or appropriate bystander.
- **Community Assessment and Transport Team (CATT) (planning started):** A partnership between REMSA and RUHS-BH to form a crisis response system with a team of a RUHS-BH clinician and an Emergency Medical Technician (EMT) working toward decreasing involuntary detentions and increasing linkages to services.
- **Bystander Naloxone Training (planning started):** EMS providers will present community education trainings on how and when to use naloxone and how to respond effectively to opioid overdose emergencies. measures.

Figure 8: Overdose Fatality Review Participation and Outcomes
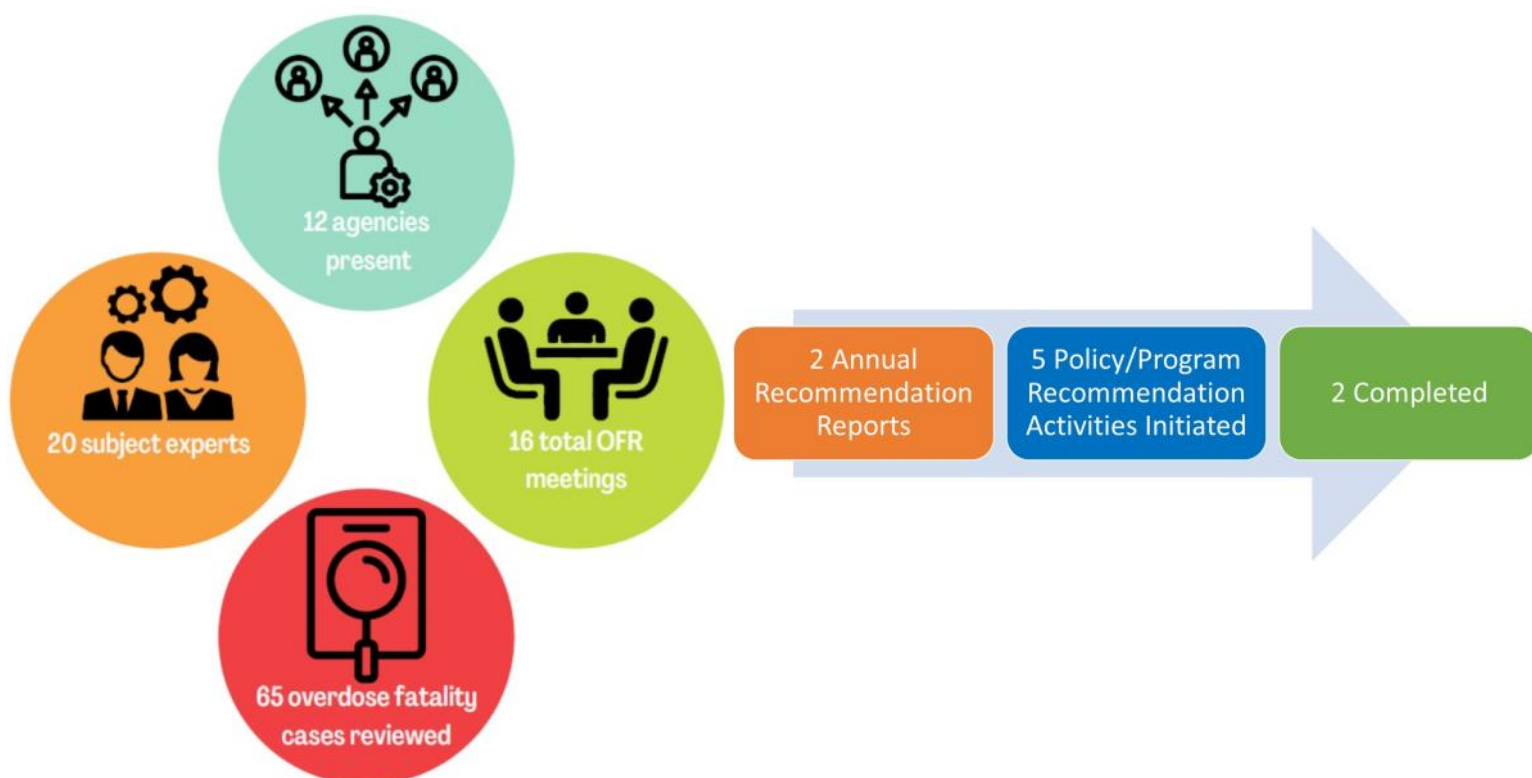
RUHS-PUBLIC HEALTH OVERDOSE STRATEGIC PLAN

Objective: RUHS - Public Health will create and disseminate an actionable Public Health overdose prevention plan that reflects local priorities and aligns with California Department of Public Health objectives.

The Overdose Strategic Plan is being developed with significant community/partner input. This plan will inform all substance use prevention activities within RUHS—Public Health and will inform the agency's overall strategic plan once finalized in year 3.

Year 1 (9/1/2019—8/31/2020):
In the first year of the grant, staff conducted a scan of overdose related strategic plans from across the United States in consultation with the CDC to orient the project on best practices and lessons learned from other jurisdictions. Once this was completed work began with identifying strengths, weaknesses, opportunities, and threats (SWOT) to overdose prevention strategies by RODA partners.
- Fact-finding to understand how other local jurisdictions developed overdose strategic plans.
- Completed a strengths, weaknesses, opportunities, and threats (SWOT) analyses with 3 county partners (RUHS—Behavioral Health, RUHS - Public Health - Injury Prevention Services, RUHS - Public Health - HIV-STD Program).

Year 2 (9/1/2020—8/31/2021):
In year 2, SWOT analyses, asset mapping, RODA surveillance, and feedback from the RODA steering committee were completed, resulting in a draft overdose strategic plan ready for community review and feedback.
- SWOT analyses completed with 5 additional county partners (Public Health Nursing, Inland Empire Harm Reduction, Inland Empire Health Plan, Starting Over Inc., and Emergency Medical Services Agency).
- Overdose prevention community asset inventory completed.
- The RODA Steering Committee met 3 times and provided guidance on the strategic plan development.
- RODA staff have identified priority areas for the strategic plan based on SWOT analysis and a community asset inventory survey completed by 43 individuals.
- RODA Surveillance team identified surveillance data that guided the development of the Strategic Plan.
- Draft strategic plan developed.
- June 2021, Planning began for three (3) Overdose Prevention Collaborative Series workshops to gain community input on individual priority areas.

Barriers / Challenges

Five of the seven RUHS - Public Health executive level administrators have been in their positions less than one year. Time was needed to allow these new staff to acclimate before providing their insight, assisting with the alignment of the overdose strategic plan with the overall agency strategic plan. Though necessary, it caused delays in finalizing this activity.

Impact of the RUHS-Public Health Overdose Strategic Plan

Though the Overdose Strategic Plan continues to be under development, the work has strengthened both internal and external partnerships with active involvement of the RODA Steering Committee providing feedback plan development.

SUMMARY OF EVALUATION QUESTION RESPONSES

How and to what extent are the strategy's activities implemented?

- **Overdose Data Dashboard (ODD)**: The ODD has been fully implemented since February 2021. It is updated monthly and the RODA surveillance team continues to investigate additional data sources (e.g. EMS first responder data) that may enhance the usefulness of the dashboard.
- **Partnerships and state/local alignment of goals:** RODA is actively engaged with the IEOCC and is working to establish new partnerships, provide support, and align strategies when possible.
- **Overdose Fatality Review (OFR):** The OFR has been fully implemented since June 2020. OFR team members continue to identify and recruit new agencies and individuals to fill gaps in expertise. The OFR team has begun implementing recommendations that result from case review.
- **RUHS—Public Health Overdose Strategic Plan:** A draft strategic plan was completed by the end of year 2. A final version has been delayed to gain additional community input and to get insight from the new RUHS - Public Health executive team staff before finalization and workgroups are assigned.

How have these activities increased understanding of context, resources, and needs in Riverside County?

- **Overdose Data Dashboard (ODD):** The ODD provides a single, publicly accessible, location for countywide overdose morbidity and mortality data. Partner agencies have used this data to guide internal policy development and education.
- **Partnerships and state/local alignment of goals:** Understanding of local resources, context, and needs has increased through a joint asset mapping project, supporting naloxone and harm reduction training and academic detailing training to participating IEOCC workgroups. RODA staff began meeting with colleagues from San Bernardino County to begin broadening this understanding to a larger regional approach.
- **Overdose Fatality Review (OFR):** The OFR has contributed to the knowledge of the epidemiology of overdoses in Riverside County and has identified several opportunities for prevention. The OFR is also a space for staff and partners to gain knowledge about pharmacology, criminal justice, emergency response, the Substance Use Disorder treatment landscape, and other important factors related to overdose in Riverside County.
- **RUHS - Public Health Overdose Strategic Plan:** Through extensive SWOT analysis, asset mapping, and multiple points of community feedback, the development of the Overdose Strategic Plan has increased understanding of context, resources and needs in Riverside County.

SUMMARY OF EVALUATION QUESTION RESPONSES (CONT.)

How have these activities increased focus on disproportionately affected groups?
- **Overdose Data Dashboard (ODD):** The ODD publicly displays overdose data by age, gender, race/ethnicity, geography and drug type, aiding the public and RODA partners in identifying groups disproportionately affected by overdose.
- **Partnerships and state/local alignment of goals:** The sharing of data and alignment of goals has allowed multiple partners to established a cooperative focus on high-risk groups.
- **Overdose Fatality Review (OFR):** Based on RODA overdose surveillance data and member experience, different risk groups are reviewed each month. The team analysis and recommendations from these reviews support policy and program development.
- **RUHS—Public Health Overdose Strategic Plan:** The Overdose Strategic Plan incorporated RODA enhanced surveillance data and feedback from the community to highlight highest risk groups.

How have these activities produced policy and systems change recommendations?
- **Overdose Data Dashboard (ODD):** The data from the ODD supports and validates the continued partnership between RODA and partner agencies.
- **Partnerships and state/local alignment of goals:** These strategic partnerships have increased RODA's partner network allowing for multidisciplinary approaches to the overdose epidemic in Riverside County.
- **Overdose Fatality Review (OFR):** Recommendations and supporting data from the OFR has supported internal policy and systems change within RUHS - Public Health, RUHS-BH, and REMSA.
- **RUHS—Public Health Overdose Strategic Plan**: The Overdose Strategic Plan is not finalized but information gained from the SWOT analysis and community feedback in combination with OFR analysis is informing program activities such as the RUHS-BH and REMSA Community Assessment and Transport Team project.

"I just hope that in Riverside County we can come up with a response that comes out of all the RODA activities that are innovative, that can be a model for other places, and really rethink our whole response to overdose." - RODA Steering Committee member

RECOMMENDATIONS FOR YEAR 3

The recommendations below reflect the position of the author and not necessarily those of RUHS - Public Health or partner agencies.

Overall Strategy Recommendations

Much of this strategy involves improving collaboration between county agencies and those agencies and community partners. In years 1 and 2 of the grant, COVID-19 response curbed involvement by RUHS - Public Health leadership. In year 3, this strategy will benefit from increased involvement from the RUHS - Public Health executive team.

Many of the activities in this strategy could be enhanced with heightened engagement from the RUHS - Public Health media team.

Overdose Data Dashboard (ODD)

1. By the end of year 2, the RODA project did not have a website. Establishing a website would assist in amplifying RODA efforts to the community and facilitate access to the ODD.
2. RODA staff should encourage partners to provide a link to the ODD on their websites.
3. COVID-19 response limited RUHS - Public Health's media unit support in broadcasting the launch of the ODD. In year 3, it would be helpful for the media team to assist in increasing the reach of the Overdose Data Dashboard.

Partnerships and state/local alignment of goals

1. RODA has made impressive strides in engaging local partnerships and aligning overdose prevention efforts at the local level. In year 3, the RODA team will focus on working closer with the California Department of Public Health (CDPH) Overdose Prevention Initiative (OPI) expanding the alignment and partnership work and intensifying the relationship with state level agencies.
2. RODA should encourage leadership from RUHS-Public Health, RUHS-Community Health Centers, and RUHS-Medical Center to join the IEOCC executive committee.
3. Continue reaching out and providing overdose surveillance technical assistance to San Bernardino County. This will aid the IEOCC and other partners gain a larger regional perspective on the overdose crises.

Overdose Fatality Review (OFR)

1. To maintain a focus on prevention and aid the work of the OFR, a member packet with a clearly stated vision, anticipated outcomes, and member expectations should be distributed to established and new members.
2. Begin using subcommittees to work on additional programs, projects and policies based on OFR recommendations outside of regular meetings.
3. Increase membership to include representatives from Riverside County Department of Public Social Services.
4. Strengthen the network of OFR members by distributing a directory of members, agencies, and contact information.

RUHS—Public Health Overdose Strategic Plan

1. Develop an implementation plan detailing the assignment and tracking of activities, highlighting of successes, and documenting challenges.

LIST OF ACRONYMS USED IN THIS BRIEF

CATT: Community Assessment and Transport Team

CDC: Centers for Disease Control and Prevention

CDPH: California Department of Public Health

DA: County of Riverside Office of the District Attorney

EPE: Epidemiology and Program Evaluation Branch of RUHS-Public Health

EMT: Emergency Medical Technician

HWS: Riverside County Department of Housing & Workforce Solutions

IEHP: Inland Empire Health Plan - Clinical Pharmacy Programs

IEHR: Inland Empire Harm Reduction

IEOCC: Inland Empire Opioid Crisis Coalition

ODD: Overdose Data Dashboard

OFR: Overdose Fatality Review

RCOE: Riverside County Office of Education

REMSA: Riverside County Emergency Medical Services Agency

RODA: Riverside Overdose Data to Action project

RSO: Riverside County Sheriff-Coroner's Bureau

RUHS – BH: Riverside University Health System – Behavioral Health / Riverside County Department of Behavioral Health

RUHS – Public Health: Riverside University Health System – Public Health / Riverside County Department of Public Health

SWOT: Strengths, weaknesses, opportunities, and threats (SWOT) analyses

UCR: University of California-Riverside