

## RODA – Overdose Fatality Review (OFR)

### Year 4 Recommendations: September 2022 – August 2023

#### **Purpose**

Piloted in February 2020 and launched in June 2020, Riverside County became the first and only county in California to establish an Overdose Fatality Review (OFR) team. The purpose of the Riverside County Overdose Data to Action (RODA) Program's OFR team is to integrate local overdose prevention efforts through strategic planning, data dissemination, and community collaboration. This multidisciplinary team meets monthly to review selected overdose cases within a pre-identified focus area and identifies opportunities to improve countywide overdose epidemiology. The team develops recommendations that will prevent the initiation of substance use and substance use disorders, increase access to treatment for people who use drugs (PWUD), and increase access to harm reduction resources to prevent overdoses and stop overdose deaths. The OFR team has proven to be a valuable tool for sharing data, strategic planning, promoting health equity, and aligning prevention efforts among Riverside County stakeholders through improved coordination and collaboration.

#### **Confidentiality**

All OFR team proceedings are strictly confidential and require that all attendees, regardless of whether or not they have access to confidential information to complete the investigation and analysis of data, sign a confidentiality agreement before participating in any OFR meetings. This protects the integrity of the team meetings while respecting the privacy of the deceased and their family members. The meetings are not recorded, and any notes transcribed during the meetings only reflect a general overview of key themes discussed. Members of the OFR may not disclose what transpired at the meeting except as necessary to carry out the team's purpose and duties. All data provided to the team must adhere to the protection standards of its original source and cannot be re-disclosed as a record of the fatality review team.

#### **Meeting Structure**

- Meeting takes place during the last Wednesday of every month from 1-3 p.m.
- RUHS - Public Health, Sheriff-Coroner's Department, Riverside County Emergency Medical Services (REMSA), and RUHS - Behavioral Health present pertinent information on decedents.
- The Epidemiology Department and REMSA provide an update regarding overdose trends.
- The OFR members are provided de-identified summaries and timelines on each decedent as preparation for each meeting.
- The OFR team has access to an action plan that is used to track all the recommendations made by the OFR team and any progress made on each recommendation.

## Agencies Present

There were 59 participants from 27 different organizations/programs.

- California Department of Public Health\*#
  - Substance and Addiction Prevention
- Centers for Disease Control and Prevention (CDC) Foundation, High-Intensity Drug Trafficking Area (HIDTA)
  - Central Valley
  - Los Angeles
  - Northern California\*
  - San Diego-Imperial Valley\*
- DAP Health\*
- Howard County, Maryland\*#
  - Bureau of Behavioral Health
- Inland Empire Harm Reduction (IEHR)
- Inland Empire Health Plan (IEHP)
- Institute for Intergovernmental Research (IIR)\*#
- Marin County\*#
  - Department of Health and Human Services
- Neighborhood Healthcare\*
- Riverside County
  - Department of Public Social Services (DPSS)
  - Emergency Medical Services Agency (REMSA)
  - Housing and Workforce Solutions (HWS)
  - Office of Education (RCOE)
  - Probation Department
  - Sheriff's Office (RSO)
    - Coroner Department
- Riverside University Health System
  - Behavioral Health (BH)
    - Substance Abuse Prevention & Treatment Programs (SAPT)
    - Research & Technology\*
  - Public Health (PH)
    - Epidemiology and Program Evaluation (EPE)
    - Injury Prevention Services (IPS)
    - Public Health Nursing (PHN)
- University of California, Riverside
- Wellpath\*#
- Yuba County\*#
  - Health and Human Services Department

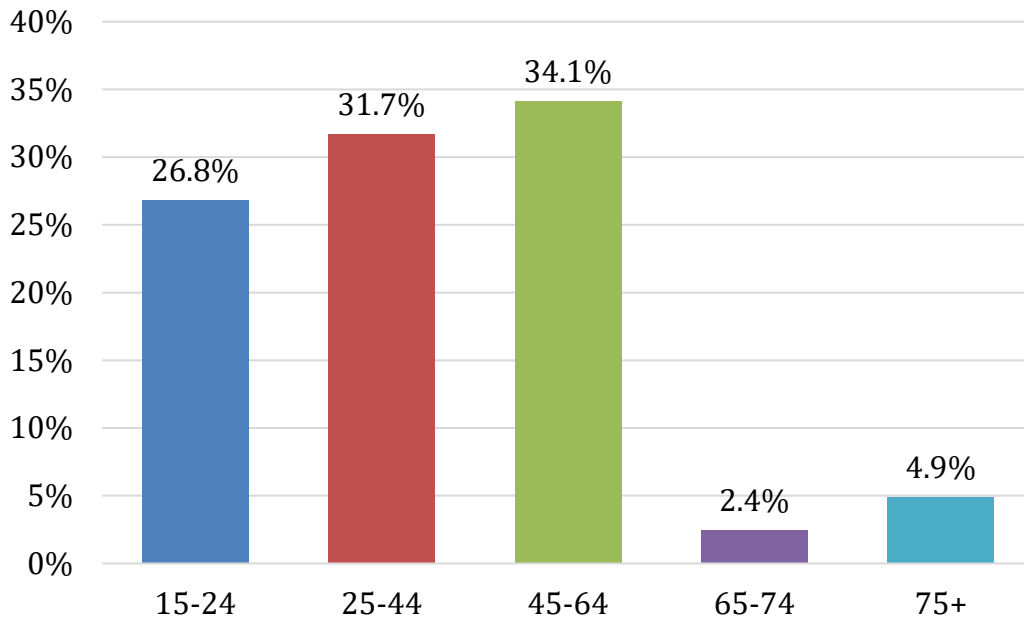
\*New participant in year 4

#Guest participant – Organizations joined the OFR Team meetings to learn how the meetings operate, so they could establish an OFR in their jurisdiction.

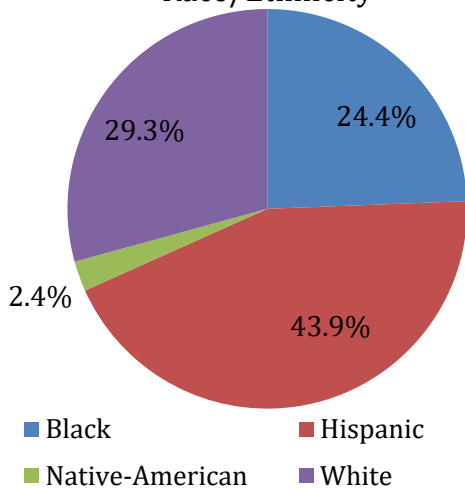
### Case Review

In year 4 (September 2022 to August 2023), a total of **41 cases were reviewed**. Below, the demographics for the decedents are displayed by age group (Figure 1), race/ethnicity (Figure 2), gender (Figure 3), and location of death (Figure 4).

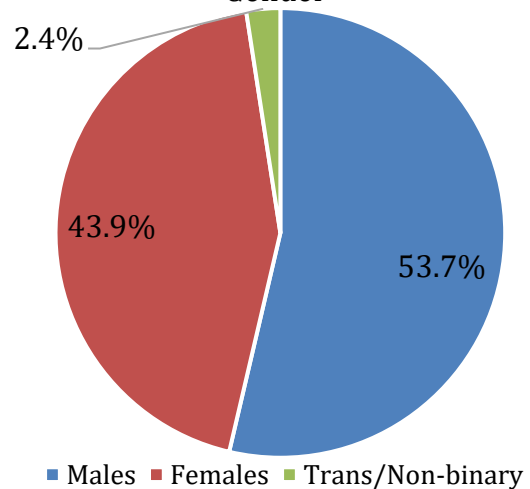
**Figure 1: Decedents Reviewed by Age Group**



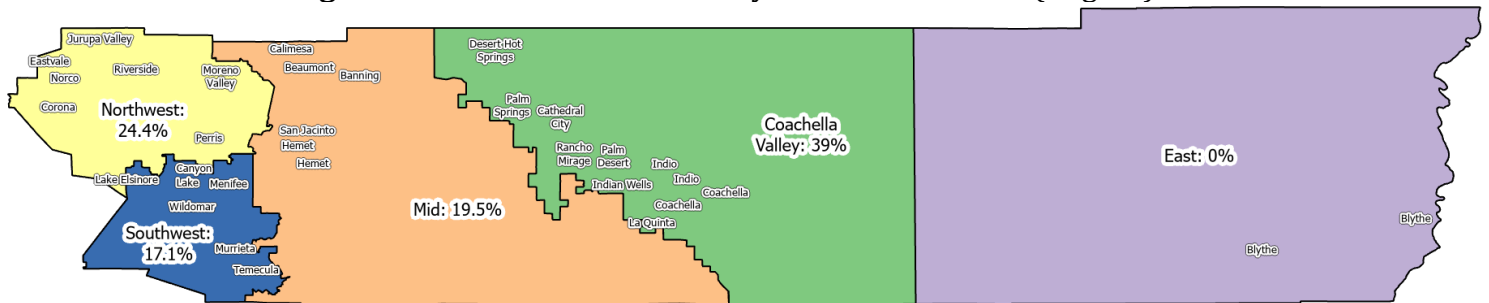
**Figure 2: Decedents Reviewed by Race/Ethnicity**



**Figure 3: Decedents Reviewed by Gender**



**Figure 4: Decedents Reviewed by Location of Death (Region)**



### Focus Areas

Each month, focus areas are chosen based on a review of the enhanced surveillance data indicating areas of particular concern or voted upon by the OFR team. The 41 cases reviewed were broken up by the focus areas below.

- September: Reviewed four (4) Black/African American individuals.
- October: Reviewed four (4) individuals recently released from jail/prison.
- January: Reviewed five (5) Latinx individuals.
- February: Reviewed four (4) methamphetamine (not including fentanyl) overdose deaths.
- March: Reviewed four (4) suicide deaths by overdose.
- April: Reviewed four (4) deaths with evidence of drug injection.
- May: Reviewed four (4) individual youths 18 and under.
- June: Reviewed four (4) Black/African American females.
- July: Reviewed four (4) overdose deaths of 19 – 24-year-olds.
- August: Reviewed four (4) individuals who have previously overdosed.

## Year 4 OFR Recommendations

### Data-Driven Activities

1. Messaging/outreach to communities regarding “bad batches” via social media or text messages.
2. Find or develop TikTok videos centered around harm reduction and substance use.
3. Outreach to businesses/employers with high-risk professions (e.g., construction workers, warehouse workers, truck drivers, flight attendants, etc.) regarding substance use (e.g., methamphetamine).

### Prevent Substance Use

1. Grief and crisis support for family/friends (prioritizing children) immediately after witnessing a traumatic event such as an overdose (OD) or an OD death.
2. Pain Management support for injuries and cancer patients.
3. School-based mental health services.
4. Increase mental health screenings and treatment for:
  - a. Youth – address trauma earlier in life.

## Treat Substance Use

1. Treat both mental health and substance use disorders at the same time.
2. Substance Use Disorder (SUD) screenings.
  - a. EMTs screen for SUD when there is no known history of seizures.
  - b. Telehealth nurses screen older adults to meet them where they're at.
  - c. Uniform screening protocols at all EDs, that include commonly used substances and emerging substances (e.g., xylazine).
  - d. Look at BH practices to ensure Behavioral Health patients are automatically referred to SAPT for screening if substance use is on file.
3. Appropriate linkages to care/treatment and/or direct follow-up with individuals following an OD:
  - a. Examine REMSA barriers:
    - i. Initiate buprenorphine out in the field.
      1. **IN PROGRESS** - In early 2024, REMSA will make changes to the electronic patient tool and train EMTs on using the screening tool for withdrawal. Expected to launch in June/July 2024.
  - b. Increase communication/connections with substance use navigators (SUNs).
    - i. **IN PROGRESS** - Conducted two meetings between RODA, REMSA, BH, the California Bridge Program, and the SUNs in Riverside County. The purpose of the meetings is to coordinate efforts and standardize an approach to manage or treat existing addictions, establish additional linkages to care, and prevent overdose deaths.
  - c. EMS/EDs provide a referral(s) or follow-up for individuals with known substance use disorders.
  - d. Address transportation barriers.
    - i. **IN PROGRESS** - Began identifying departments/programs with transportation and/or wrap-around services.
  - e. Work with drug court, probation, and parole systems to implement a pre-diversion arrest program (instead of arresting, divert to a substance use program).
  - f. Address gaps for crisis response teams
    - i. Expand the Community Assessment and Transport Team (CATT) to other service areas in the County.
  - g. Physicians refer/treat substance use-related morbidity (e.g., heart conditions from chronic stimulant use).
  - h. Address systemic barriers to treatment/referrals for Black, Indigenous, and people of color.
  - i. Educate hospitals to administer buprenorphine.
4. Improve transition before (outpatient services) and after release from County jail (follow-up).
  - a. Address an individual's hierarchy of needs before release. Screen and address all levels of care before mandating treatment or reducing use.
5. Address stigma and social norms.

- a. Normalizing conversations around substance use through non-stigmatizing drug education, safe usage practices, etc.
  - b. Reduce individual shame/stigma to increase disclosure of poly/substance use and mental health disorders to receive proper treatment, especially in the older age groups.
  - c. Educate families on how to support their family members (e.g., mini substance use counselor sessions) to receive proper treatment and/or continue treatment for their mental health and/or SUD.
  - d. Train physicians to provide education on how substances may exacerbate preexisting conditions and/or the importance of medication adherence and provide referrals to treatment.
6. Trauma-informed education for staff working in the following sectors:
- a. Court.
  - b. Education.
    - i. **IN PROGRESS** – IPS is developing a Substance Use Prevention Toolkit for schools. The Toolkit will include staff training programs to build capacity for substance use prevention.
  - c. Law enforcement.
    - i. **IN PROGRESS** - IPS and REMSA are collaborating on training the Riverside County Probation Department, which includes education on adverse childhood experiences (ACEs), motivational interviewing, and recognizing and responding to an overdose.
  - d. Physicians and medical staff.
7. Expand support/outreach for those experiencing homelessness.
- a. Promote supportive housing services and harm reduction education.
  - b. System for families to find loved ones who are unhoused.
  - c. Educate on how and where to get medical attention.

### **Stop Overdose Deaths & Promote Harm Reduction**

1. Increase/promote harm reduction strategies:
  - a. Educate community members/families on harm reduction strategies; the signs and symptoms of an OD, and how to respond.
    1. **ONGOING** - The Overdose Awareness Prevention Program and IEHR provide education to the community. Additionally, RODA partnered with End Overdose. REMSA also provides naloxone and education through the Leave-Behind Naloxone (LBN) Program.
      - i. Family/friends to be hypervigilant when PWUD is not feeling well (e.g., snoring, asthma, hydration, etc.).
      - ii. Incorporate overamping – signs, symptoms, and how to respond.
      - iii. Clear messaging on naloxone administration – intended for someone else to administer on PWUD and not on self.

- b. Outreach to businesses/employers with a high likelihood of encountering PWUD or high-risk professions (e.g., hotels/motels, restaurants, construction workers, truck drivers, etc.).
  - c. Education for people with pre-existing conditions that increase the risk of OD/fatality.
  - d. Connect with the Native American community.
  - e. Partner with LGBTQ+ support/advocacy groups/organizations.
    - i. **ONGOING** – RODA has partnered with Rainbow Pride Youth Alliance on numerous substance use prevention or harm reduction activities. In the next grant cycle, RODA will partner with TruEvolution.
  - f. Fentanyl test strip distribution.
    - i. **ONGOING** – RODA launched its distribution program on March 30<sup>th</sup>, 2023. From its inception until the end of August, over 23,000 test strips have been distributed to organizations serving Riverside County.
  - g. Connect with higher education institutions.
    - i. **IN PROGRESS** – RODA has provided California Baptist University’s Drug-Free Project, UC Riverside’s The Well, and Riverside City College’s Student Health and Psychological Services with fentanyl test strips. RODA intends to develop stronger relationships with said institutions and expand its reach to mid and east County.
  - h. RODA naloxone distribution.
    - i. **ONGOING** – RODA started distributing naloxone at the beginning of May 2023. From May through the end of August, over 700 naloxone kits have been distributed.
  - i. RUHS Emergency Department naloxone distribution.
    - i. **ONGOING** – In April, the Emergency Department began providing low-barrier access to naloxone, available to all visitors, without having to provide any personal information.
  - j. Provide family/friends with an LBN kit after an OD fatality in case they too use substances.
  - k. Review jail system policies around naloxone distribution and resources when individuals are released.
  - l. Implement a model like AED boxes and make them available at businesses/employers with a high likelihood of encountering people who use drugs or high-risk professions (e.g., pharmacies, liquor stores, smoke shops, restaurants, hotel/motel offices, etc.).
  - m. Consent form to mail naloxone to family (if OD occurred outside of the home) and follow-up with linkages to care.
2. Work with private recovery/rehab centers to educate patients on harm reduction strategies upon discharge.
    - a. Ensure centers educate on the risk of OD after periods of not using, naloxone education and distribution, and using the Never Use Alone Hotline.
    - b. Make connections to outpatient and/or support groups upon release.
    - c. Follow up with patients after release, including support structure.

### **OFR Structure**

1. Conduct next-of-kin interviews to get more information about the decedents.
2. Connect with:
  - a. Riverside County Office of Aging about their services.
  - b. Churches/faith-based communities that conduct outreach to people who are experiencing homelessness.
  - c. Sheriff Coroner’s Office - Get educated on how to read toxicology reports/lethal doses.

### **Recommendations from Prior Years Implemented in Year 4**

#### **Data-Driven Activities**

1. Conduct more outreach to mid and east County.
  - a. **COMPLETE** - RODA partnered with Desert Healthcare District & Foundation, Visión y Compromiso, and El Sol to utilize a Community Health Worker Model to deliver substance use prevention and harm reduction education among Latinx communities.

#### **Prevent Substance Use**

1. Provide family grief support after an overdose.
  - a. Contact the Trauma Intervention Program (TIP).
    - i. **COMPLETE** - Will have to look for alternatives as TIP doesn’t have the capacity to respond to all ODs or follow-up.
2. Integrate substance use prevention education into schools along with or in conjunction with the Tobacco-Use Prevention Education (TUPE) Program and suicide prevention.
  - a. Increase overdose prevention, suicide prevention, and resilience education in school settings.
    - i. **IN PROGRESS** – IPS is developing a toolkit to support school districts with a common approach to substance use prevention practices.

#### **Stop Overdose Deaths & Promote Harm Reduction**

1. Increase/promote harm reduction strategies.
  - a. Good Samaritan Law education and awareness.
    - i. **ONGOING** - The information has been updated on RODA’s website.
  - b. Promote the “never use alone” hotline.
    - i. **ONGOING** - The hotline has been included as a resource on the fentanyl test strip instruction guide that’s included with the fentanyl test strips that RODA distributes.