

RODA – Overdose Fatality Review (OFR) Year 3 Recommendations: September 2021 – August 2022

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 requires 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, and RUHS - Behavioral Health present pertinent information on decedents.
- Updates from Epidemiology Department regarding overdose trends are provided at each meeting.
- 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

- Riverside University Health System
 - Public Health
 - Epidemiology and Program Evaluation
 - Injury Prevention Services
 - Public Health Nursing
 - Behavioral Health
 - Substance Abuse Prevention & Treatment Programs
 - Research
 - Prevention and Early Intervention
- Riverside County Sheriff
 - Coroner Department
 - Corrections Division*
- Riverside County Emergency Medical Services Agency (REMSA)
- Riverside County Probation Department
- Riverside County Department of Housing & Workforce Solutions
- Inland Empire Health Plan (IEHP)
- California Baptist University – Public Health, Drug-Free Communities*
- Riverside County, Department of Public Social Services*
- University of California, Riverside
- Inland Empire Harm Reduction (IEHR)
- Centers for Disease Control and Prevention (CDC) Foundation, High-Intensity Drug Trafficking Area (HIDTA)
 - SUDORS Data Abstractor*
 - Public Health Analyst
 - Los Angeles*
 - San Diego-Imperial Valley*
 - Drug Intelligence Officer
 - Los Angeles*
- Riverside County Office of Education (RCOE)*
- Desert Health Care District*

*New participant this year

Case Review

In year 3 (September 2021 to August 2022), a total of **38 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

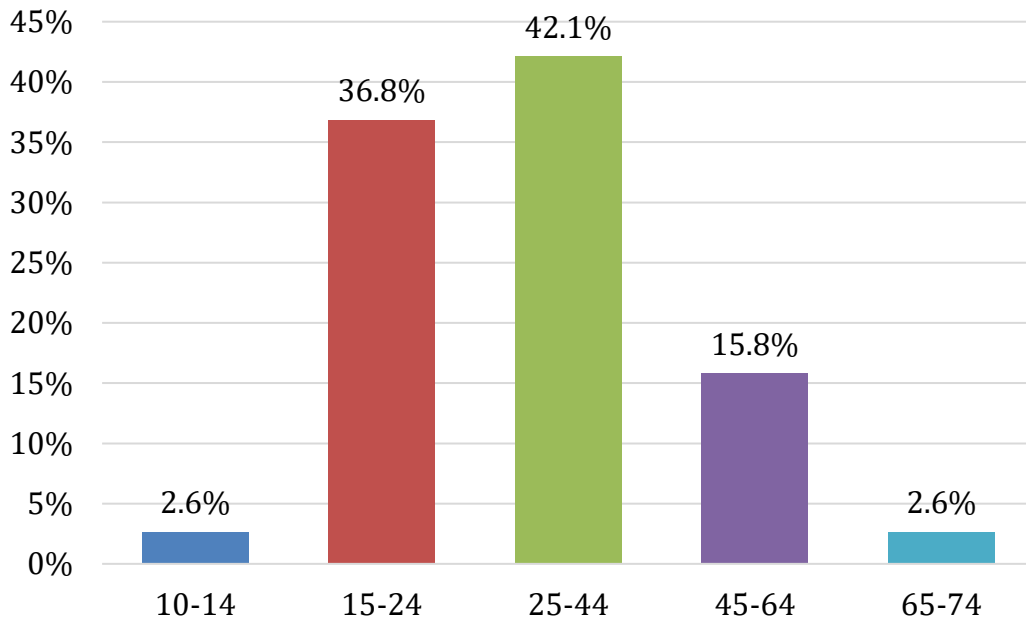


Figure 2: Decedents Reviewed by Race/Ethnicity

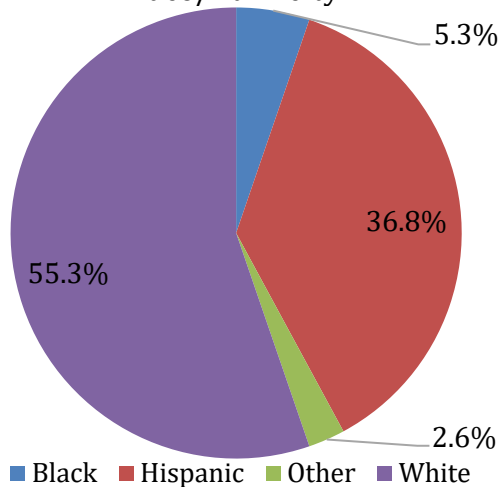


Figure 3: Decedents Reviewed by Gender

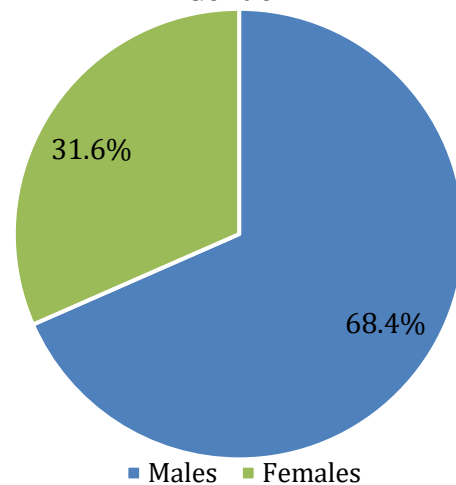
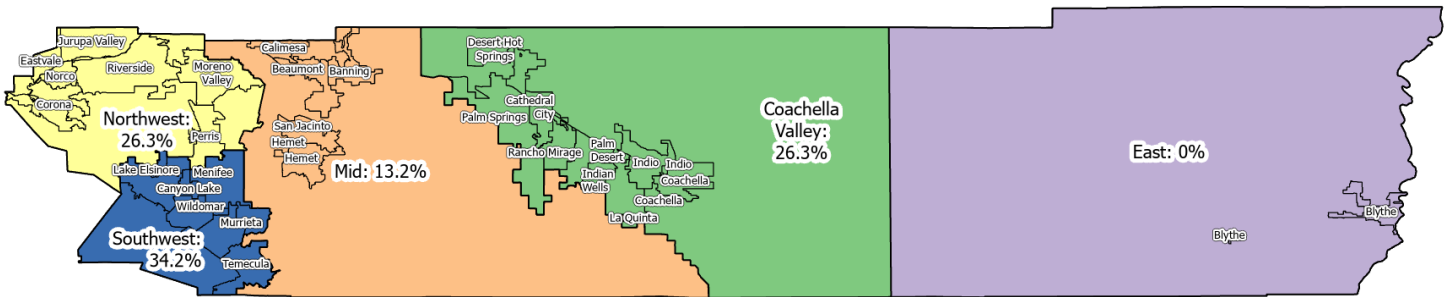


Figure 4: Decedents Reviewed by Location of Death (Region)



Focus Areas

Each month, focus areas (below) are chosen based on a review of the enhanced surveillance data indicating areas of particular concern or voted upon by the team.

- September: Reviewed four (4) overdose deaths in youth (ages 15-24).
- October: Reviewed four (4) overdose deaths not due to illicit drugs.
- January: Reviewed four (4) overdose deaths among individuals experiencing homelessness.
- February: Reviewed four (4) overdose deaths among individuals who have previously overdosed.
- March: Reviewed the 1st four (4) confirmed/registered overdose deaths of Riverside County residents for 2022.
- April: Reviewed three (3) overdose deaths from different events in which multiple overdoses occurred at the same location.
- May: Reviewed three (3) overdose deaths in which the decedent recently went to rehab.
- June: Reviewed four (4) overdose deaths involving Xanax.
- July: Reviewed four (4) overdose deaths involving youth.
- August: Reviewed four (4) overdose deaths among Latinx individuals.

Year 3 Recommendations

Prevent Substance Use

1. Pain Management:
 - a. Have physicians encourage their patients to follow up with pain management clinics.
 - b. Alert physicians for people that had been prescribed fentanyl/opioids following an injury.
2. For the purposes of overdose prevention, increase awareness and the use of Welfare and Institutions Code 18961.7 to establish a child abuse multidisciplinary team to respond to suspected child abuse/neglect and determine appropriate treatment based on risk, including but not limited to, mental health and/or substance use treatment to improve response times among different disciplines with warm handoffs.

3. Revisit working with Behavioral Health’s Trauma Intervention Program (TIP) to provide support to the decedent’s families, especially children on the scene.
4. Provide more education to individuals filling and picking up prescriptions:
 - a. Develop materials (e.g., infographics, brochures, posters, etc.) (**IN PROGRESS**).
 - i. Partnered with IEHP to discuss what materials and content would be useful for the pharmacy setting. The materials were developed and shared at the IEOCC pharmacy workgroup for feedback.
 - b. Provide resources on overdose prevention on pharmacy bags.
5. Increase mental health screenings and treatment for:
 - a. Youth.
 - b. Those with a history of suicidal ideations.
 - c. Untraditional mental health disorders associated with increased risk of substance use initiation and substance use disorders (e.g., ADHD).
6. Integrate substance use prevention education into schools along with or in conjunction with the Tobacco-Use Prevention Education (TUPE) Program and suicide prevention.

Treat Substance Use

1. Increase mental health screenings to treat comorbidities for people who use substances.
2. Address the gaps to improve connections to care/treatment and/or direct follow-up with individuals following an overdose or encounters with law enforcement:
 - a. Examine REMSA barriers:
 - i. REMSA has had conversations with Loma Linda University and RUHS – Behavioral Health to work through the details of how a warm handoff would work following an overdose (**IN PROGRESS**).
 - ii. Community Assessment and Transport Team (CATT) Pilot Program (**IN PROGRESS**).
 - b. Work with drug court, probation, and parole systems to implement a pre-diversion arrest program (instead of arresting, divert to a substance use program).
3. Address stigma for people with mental health and/or substance use disorders at different levels leading to better outcomes:
 - a. Individuals – Reduce shame/stigma to increase disclosure of poly/substance use and mental health disorders to receive the proper treatment.
 - b. Parents/families – Increase support for their child to receive proper treatment for their mental health and/or substance use disorder.
 - c. Physicians – Educate how substances may exacerbate preexisting conditions, and/or the importance of medication adherence, and provide referrals to treatment.
4. Increase trauma-informed education for people working in:
 - a. Court system.
 - b. Education.

5. Promote supportive housing services:
 - a. Expand outreach for those experiencing homelessness.

Stop Overdose Deaths & Promote Harm Reduction

1. Increase/promote harm reduction strategies:
 - a. Educate families on harm reduction strategies, the signs and symptoms of an overdose, and how to respond (**ONGOING**).
 - i. The Overdose Awareness Prevention Program (OAPP), RUHS-Behavioral Health, and Inland Empire Harm Reduction (IEHR) provide education this education. EMS also provides naloxone and education through the Leave Behind Naloxone Program.
 - b. More outreach to mid & east County.
 - c. Promote staggered use for multiple users.
 - d. EMS to provide harm reduction training to school staff and administration (**IN PROGRESS**).
 - e. Increase harm reduction education for people experiencing homelessness.
 - f. Good Samaritan Law (**ONGOING**).
 - i. Information has been added to RODA's website.
2. Increase access to naloxone:
 - a. RUHS Emergency Department - provide naloxone and harm reduction resources following an overdose (**IN PROGRESS**).
 - b. Include with AED boxes - make them available at pharmacies, liquor stores, smoke shops, restaurants, motel offices, etc.
3. Provide training and education on fentanyl testing strips to the community – how to use them, intended uses, and where to get them (**IN PROGRESS**).
 - a. RODA has partnered with IEHR and Rainbow Pride Youth Alliance (RPYA) to conduct education and outreach.
4. Make fentanyl testing strips (FTS) available to the community (**ONGOING**).
 - a. RODA has purchased a small batch of FTS. The FTS has been distributed to organizations that frequently encounter people who use drugs.
5. Provide bystander CPR training to high school students and the community.
6. Work with private recovery/rehab centers to educate patients on harm reduction strategies upon discharge.
 - a. Help establish their standing order of Naloxone (if one doesn't exist)
 - b. Train to education on the risk of overdose after periods of not using, Naloxone (education & distribution), and the Never Use Alone Hotline
 - c. Make connections to support groups upon release

OFR Structure

1. Recruit new members from the following sectors:
 - a. Department of Social Services (**COMPLETE**).
 - b. Riverside County Office of Education (**COMPLETE**).
 - c. District Attorney representatives.
 - d. Survivors of overdose.

- e. Substance Use Navigators (SUNs).
2. Conduct next-of-kin interviews to get more information about the decedents.
3. Update the meeting agenda to always include updates from EMS (**COMPLETE**).
4. Include a screenshot of the toxicology report on the decedent reports (**COMPLETE**).

Recommendations from Prior Years Implemented in Year 3

1. Youth Media Campaign (**COMPLETE**).
 - a. RODA and Injury Prevention services partnered to develop and implement a media campaign to educate youth on substance use.
2. Promote the “never use alone” hotline (**ONGOING**).
 - a. OAPP promotes the hotline with its curriculum, it’s included with the QR codes REMSA utilizes to share resources and added to RODA’s website.
3. Increase access to naloxone by providing it to individuals that use substances and/or their families and friends (**ONGOING**).
 - a. REMSA launched the Leave Behind Naloxone Program on March 15th. Up to the end of August, 79 kits were distributed.
 - b. RUHS – Behavioral Health and IEHR distribute naloxone to the community.