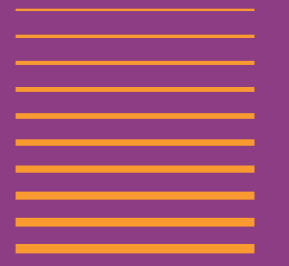


Collective Action: Addressing Gaps in Substance Use, Overdoses, and Recovery

Wendy Hetherington, MPH, Principal Investigator

Andrew Jimenez, MPH, CHES[®], Program Coordinator





01

**RODA
BACKGROUND**

02

**OFR TEAM &
BACKGROUND**

03

**PREPARING
FOR AN OFR
MEETING**

04

**OFR MEETING
OVERVIEW &
RECOMMENDATIONS**

05

SUCCESS STORY

06

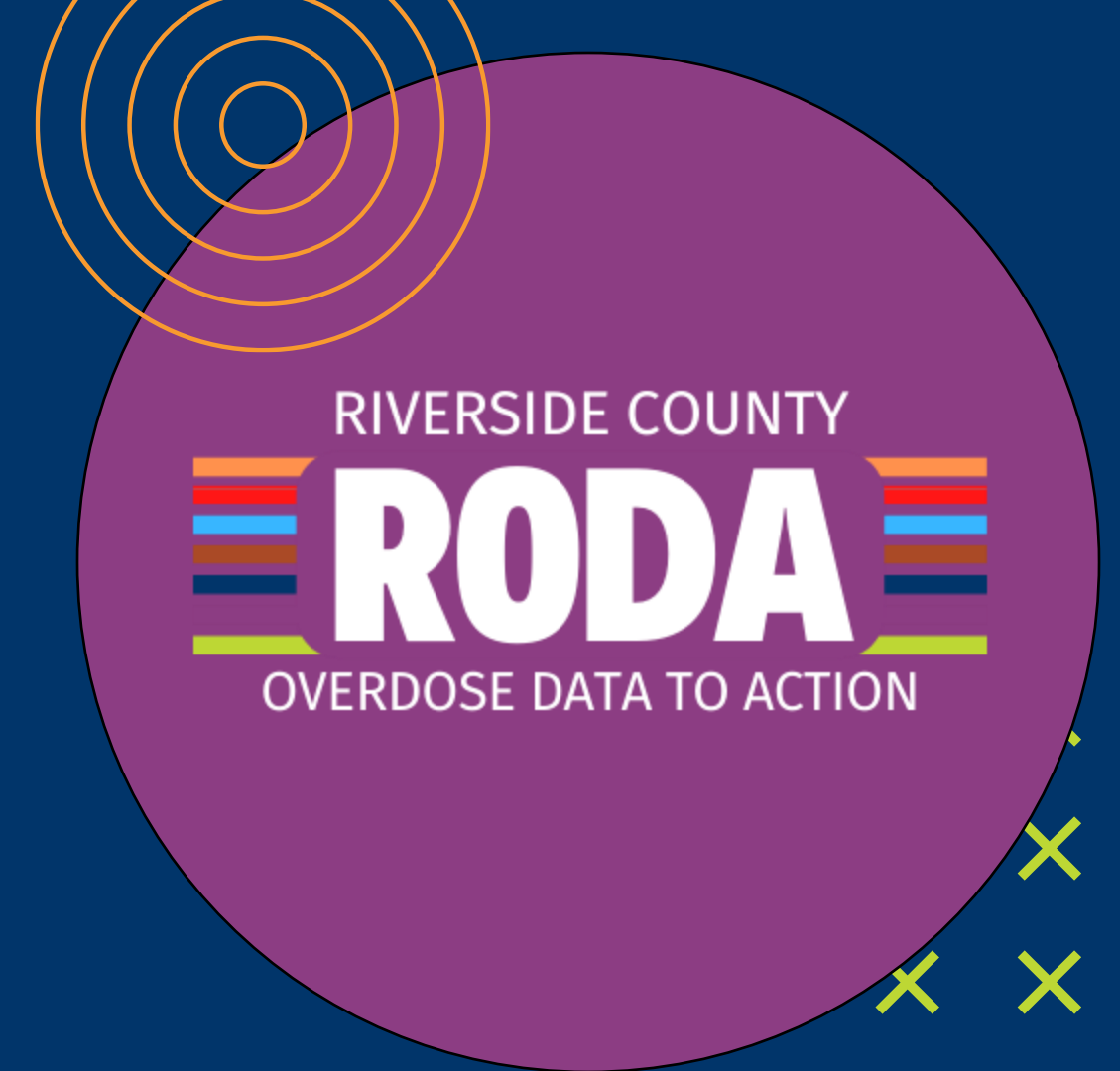
**OFR SUCCESSES,
CHALLENGES, &
NEXT STEPS**



Overview

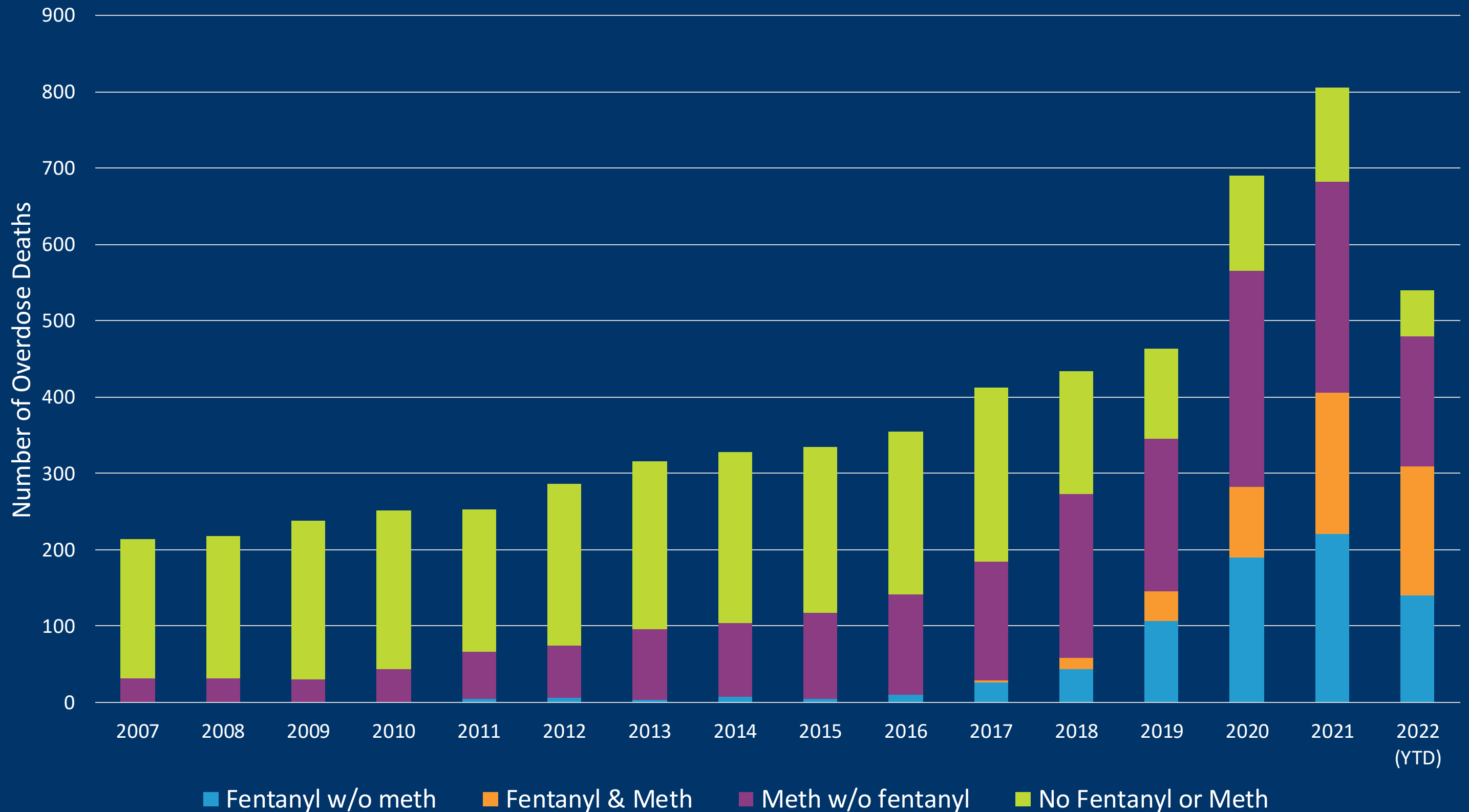
About Us

- Riverside County, California
- 2.5 million residents
- 10th largest County in the nation
- Home to Palm Springs, California



Sharp Increase in Overdose Deaths

- Trends depicted a 10-year increase in overdose deaths, emergency department visits, and hospitalizations
- Fentanyl and/or methamphetamine account for at least 80% of overdose deaths



Demonstrated Need To



Enhance the surveillance of overdose morbidity and mortality
in Riverside County

Use data to guide overdose prevention
efforts

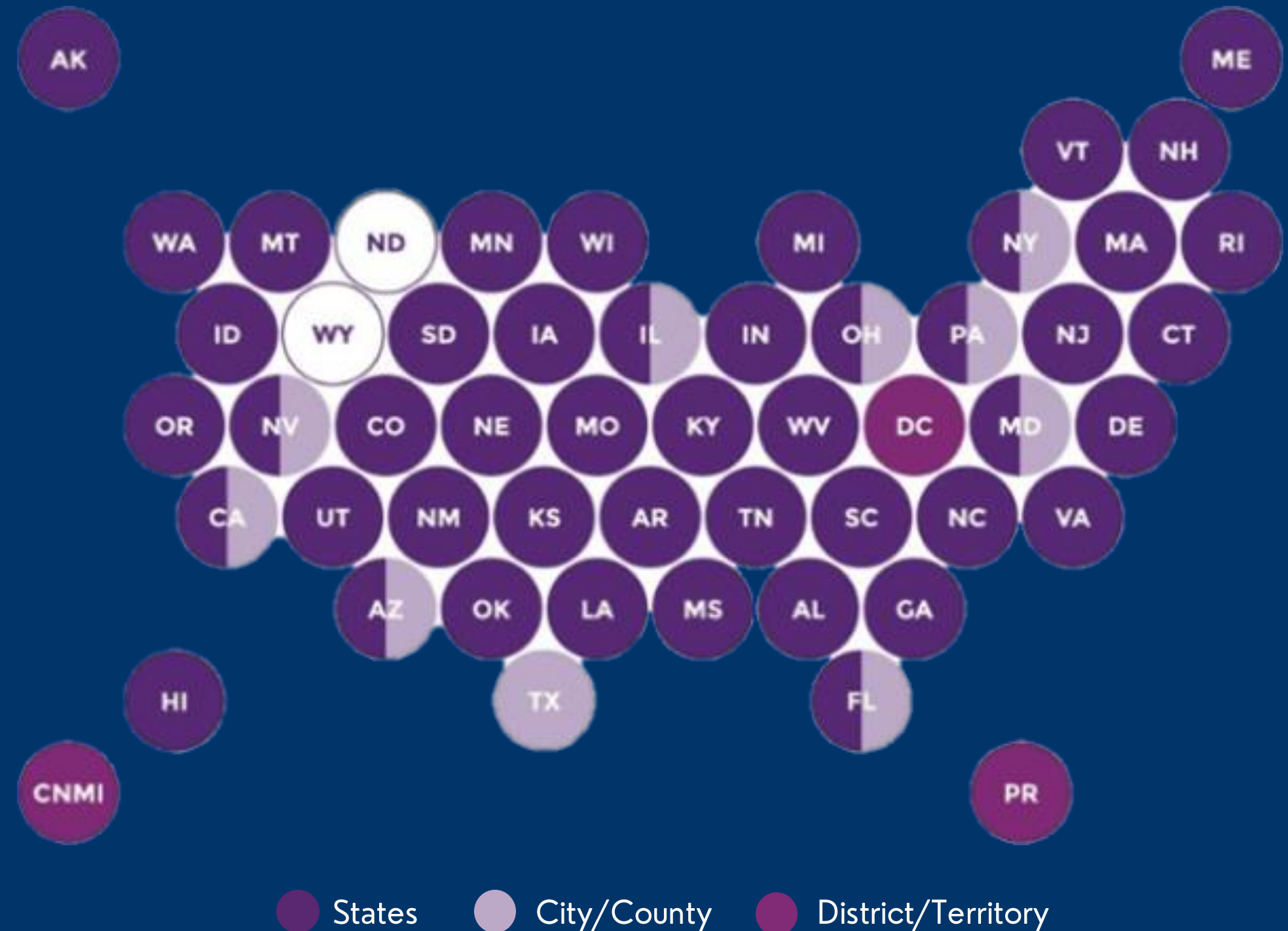


Create more responsive and collaborative prevention efforts
to **address the upstream causes** of substance use disorders and
overdose

Riverside County Overdose Data to Action (RODA)



- Established in 2019 through a four-year grant from the Centers for Disease Control and Prevention
 - Housed within Riverside University Health System – Public Health’s Epidemiology and Program Evaluation Branch
- Eligible recipients included: 50 states, 8 territories, and 20 local health jurisdictions





RODA Grant Overview



STRATEGY 3

Innovative Morbidity & Mortality Surveillance



STRATEGY 4

Prescription Drug Monitoring Programs



STRATEGY 5

Integration of State and Local Prevention Efforts



STRATEGY 6

Establishing Linkages to Care



STRATEGY 7

Providers and Health Systems Support



STRATEGY 9

Empowering Individuals to Make Safe Choices



Establishing Our OFR Team

- OFR was piloted in February 2020
 - Determine case review criteria
 - Identify core team membership
 - Develop confidentiality agreements
 - Develop a method to capture missed prevention opportunities and gaps
- Officially launched in June 2020, virtually
- Monthly meetings



27 CONVENINGS



103 DECEDEMENTS REVIEWED

OFR Team Members



PARTNERS THAT PROVIDE IN-DEPTH INFORMATION ON DECEDENTS

- Riverside University Health System (RUHS)
 - Public Health (PH)
 - Epidemiology and Program Evaluation
 - Behavioral Health (BH)
 - Substance Abuse Prevention & Treatment Program
- Riverside County Sheriff
 - Coroner's Office
- Riverside Emergency Medical Services Agency (REMSA)
- Riverside County Probation Department

OTHER PARTICIPATING MEMBERS

- Riverside University Health System (RUHS)
 - Public Health (PH)
 - Injury Prevention Services
- Riverside County
 - Department of Public Social Services
 - Office of Education
- Inland Empire Health Plan (IEHP)
- Inland Empire Harm Reduction (IEHR)
- High Intensity Drug Trafficking Area (HIDTA)
Public Health Analyst
- California Baptist University – Public Health,
Drug-Free Communities

Confidentiality



- All team proceedings are strictly confidential
- Not recorded, and notes only reflect a general overview of themes discussed
- Signed confidentiality agreements are required before participating in the OFR meetings
 - All OFR team members
 - Support staff





01

**SELECT A FOCUS
AREA**

02

**REQUEST
DECEDENTS**

03

**REQUEST DECEDENT
INFORMATION FROM
PARTNERS**

04

**SUMMARIZE
DECEDENT
INFORMATION &
PREPARE MEETING
MATERIALS**

05

**SEND
MEETING
REMINDER
EMAIL**



Preparing for an OFR Meeting

STEP

01

SELECT A FOCUS AREA

- Doodle poll
 - Team members can vote for as many options as they'd like
 - Most votes is the focus area for the next OFR meeting
- Different focus areas allow us to take a closer look at the disparities that exist between the different groups

Previous Focus Areas

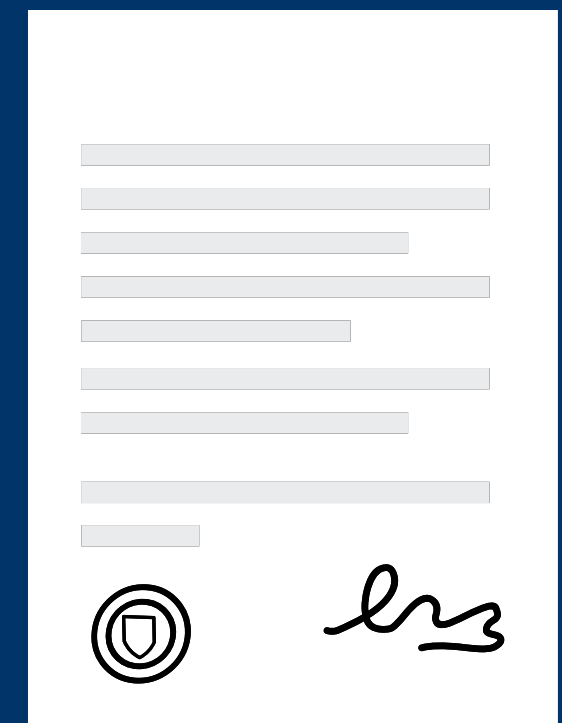
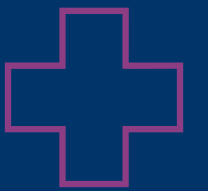
- Youth (<18)
- Injected drug use
- Individuals experiencing homelessness
- Phencyclidine (PCP) use
- Benzodiazepine use
- Native American population
- Young adults (15-24)
- Older adults (>65)
- Methamphetamine use
- Methamphetamine and fentanyl use
- LGBTQ+ community
- Multiple ODs at the same location
- Previous OD

STEP

02

REQUEST DECEDENTS

- 3-4 decedents within the determined focus area
- Send identifying information:
 - First and last name
 - Date of birth
 - Date of death
 - Case number (Sheriff-Coroner)





STEP

03

REQUEST DECEDENT

INFORMATION FROM PARTNERS

- Each decedent is assigned a number, then the information is shared with Epidemiology, Behavioral Health, Sheriff-Coroner, REMSA, and Probation
- Include a link to a Google Sheet to add what interactions their agency had with each decedent
 - **NO** identifiable information is utilized – only the number assigned to each decedent
 - They'll also report this information during the meeting



STEP

04

SUMMARIZE DECEDEDENT INFORMATION & PREPARE MEETING MATERIALS

- A report for each decedent includes information from Sheriff-Coroner's report, toxicology results, and any information found online



- Utilize Healthy Places Index data
- Information from Google Sheets is used to develop a timeline of events
- Develop a meeting agenda and Jamboard

STEP

05

SEND MEETING REMINDER EMAIL

- Focus area for the meeting
- Prepared reports for each decedent
- Meeting agenda
- Doodle poll link - vote for the focus area for the next meeting



OFR MEETING OVERVIEW

- 01 → ICE BREAKER/INTRODUCTIONS
- 02 → OFR GROUP AGREEMENTS & PERSON-FIRST LANGUAGE
- 03 → EPIDEMIOLOGY & RIVERSIDE COUNTY EMERGENCY MEDICAL SERVICES AGENCY (REMSA) UPDATES
- 04 → REVIEW AND DISCUSS SELECTED DECEDENTS
- 05 → RECOMMENDATIONS RECAP
- 06 → ACTION PLAN UPDATES
- 07 → NEXT MONTH'S FOCUS AREA



04

REVIEW AND DISCUSS SELECTED DECEDENTS

- **Demographic information**
 - Age, race/ethnicity, date of death, education, occupation, city, homeless
- **Incident narrative**
 - Location of OD/death, cause of death, who discovered the body, toxicology findings, the investigative summary, scene description, and medical, social, and medication history.

Decedent's Last Name:		First:	Middle:	Marital status:	
Alias?		Veteran Status:		Birth date:	Age: 26
Street address:		Homeless: Yes <input type="radio"/> No <input checked="" type="radio"/>	Race/Ethnicity: White	Date of Death: 7/17/2021	
Highest Education Completed: HS Grad	City: Palm Springs	State: CA	ZIP Code: 92262		
Occupation: Plumber	Employee Status/Employer:		Sexual Orientation:		
Location of Overdose (i.e. home, car, park, hospital, etc.):		City:	County:		
Location of Death (i.e. home, car, park, hospital, etc.): A Residence		City: Palm Springs	County: Riverside		
Cause of Death, including Contributing Factors & Autopsy Findings: Acute Fentanyl Intoxication Other Significant Conditions Contributing to Death but Not Related to Cause: Hypertrophic Cardiomyopathy Accident - Overdose of an illicit drug					
Who Discovered Body? The partner		Relationship?	Toxicology Findings: Amphetamine Fentanyl/Norfentanyl 4-ANPP		
<p>Investigative Summary: The decedent was just released from Kern County Prison on 7/14/2021 and returned home with his partner in Palm Springs. According to the partner, since returning home, all the decedent talked about was getting high. On 7/15/2021, the partner witnessed the decedent buy two (2) M30 pills. On 7/17/2021 at approximately 1230 hours, the partner went to go run errands and asked the decedent to come with him. The decedent declined as he had not slept in the past couple of days and stayed in bed. The partner along with a friend left the residence at 1254 hours. The residence was equipped with indoor cameras in every room except for the bathrooms. The partner continuously checked the cameras to check on the decedent. The cameras were checked at approximately 1315 hours and the decedent was sitting up in bed. The partner checked again approximately 30 minutes later and couldn't find the decedent on any of the cameras. The partner arrived home at about 1445 hours and looked for the decedent. The decedent was found sitting on the floor of the master bathroom face down, with a piece of burnt foil in front of him. The friend called 9-1-1 while the partner started CPR and administered Narcan. Medics responded and moved the decedent to the bed. Paramedics established an intraosseous infusion to his lower left leg and administered two milligrams of Narcan as well as ten milliliters of saline. The decedent was intubated and given oxygen and an additional two milligrams of Narcan were administered. With no response to treatment, the decedent was pronounced at 1528 hours.</p> <p>Scene: A mobile home in moderate condition. The decedent was lying supine on a bed with medical intervention in place. No defensive wounds or obvious signs of trauma. Multiple Narcan containers in the restroom. Burnt piece of foil on the counter. Hallowed out pen on the floor as well as in the decedent's pocket. A bottle of vodka on the counter.</p> <p>Medical History: Asthma</p> <p>Social History: Illicit drug use, primarily fentanyl.</p> <p>Medications: Mirtazapine, Bupirone</p> <p>Additional Info: Has a son.</p>					

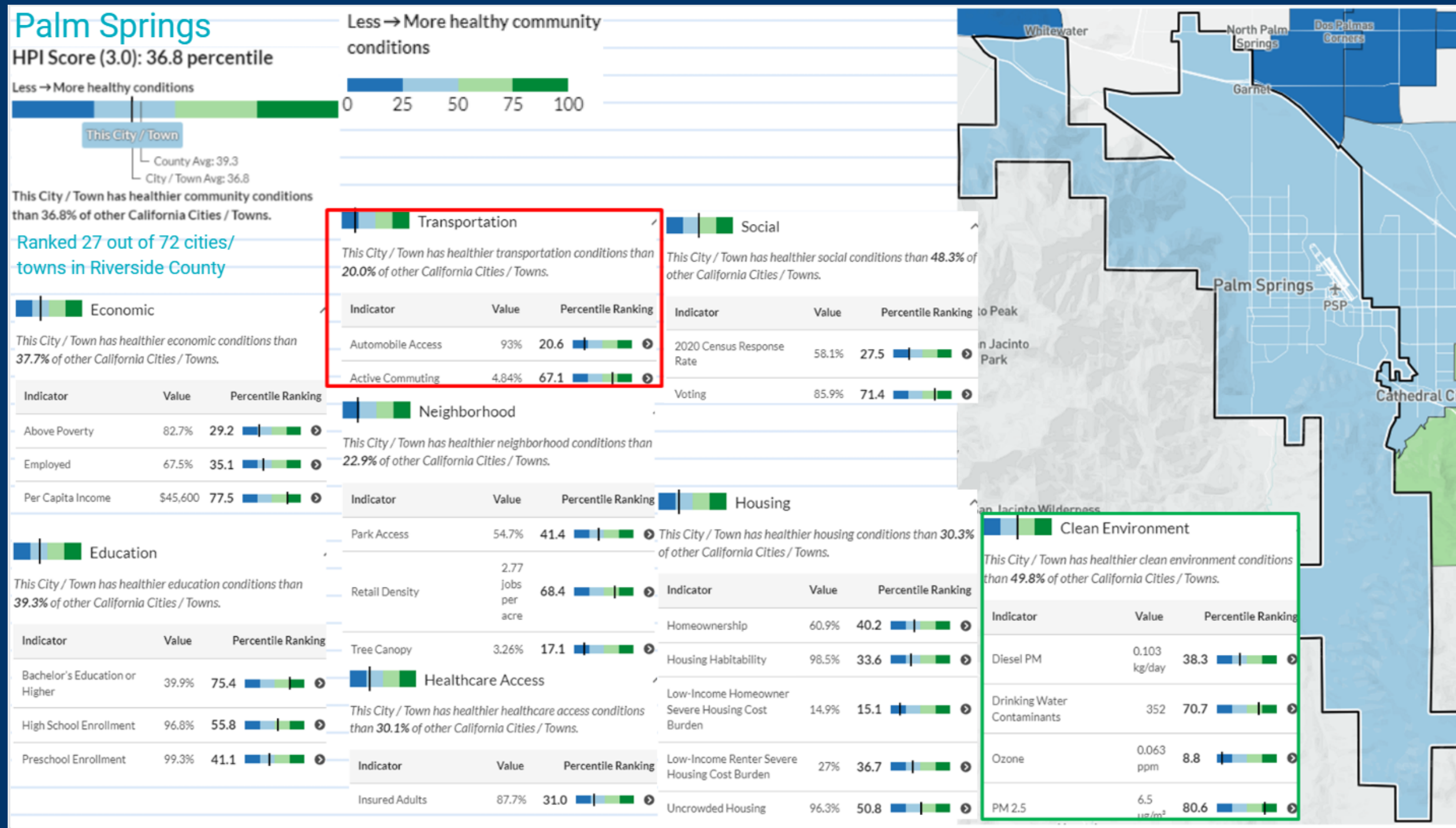
Toxicology Report

Femoral Blood	
ETHYL ALCOHOL	0.000% (W/V)
AMPHETAMINES	DETECTED
METHAMPHETAMINE, LC/MS/MS	NONE DETECTED
AMPHETAMINE, LC/MS/MS	0.008 mg/L
FENTANYL	DETECTED
FENTANYL, LC/MS/MS	0.0084 mg/L (8.4 ng/mL)
NORFENTANYL, LC/MS/MS	0.0007 mg/L (0.7 ng/mL)
4-ANPP, LC/MS/MS	DETECTED

04

REVIEW AND DISCUSS SELECTED DECEDEDENTS

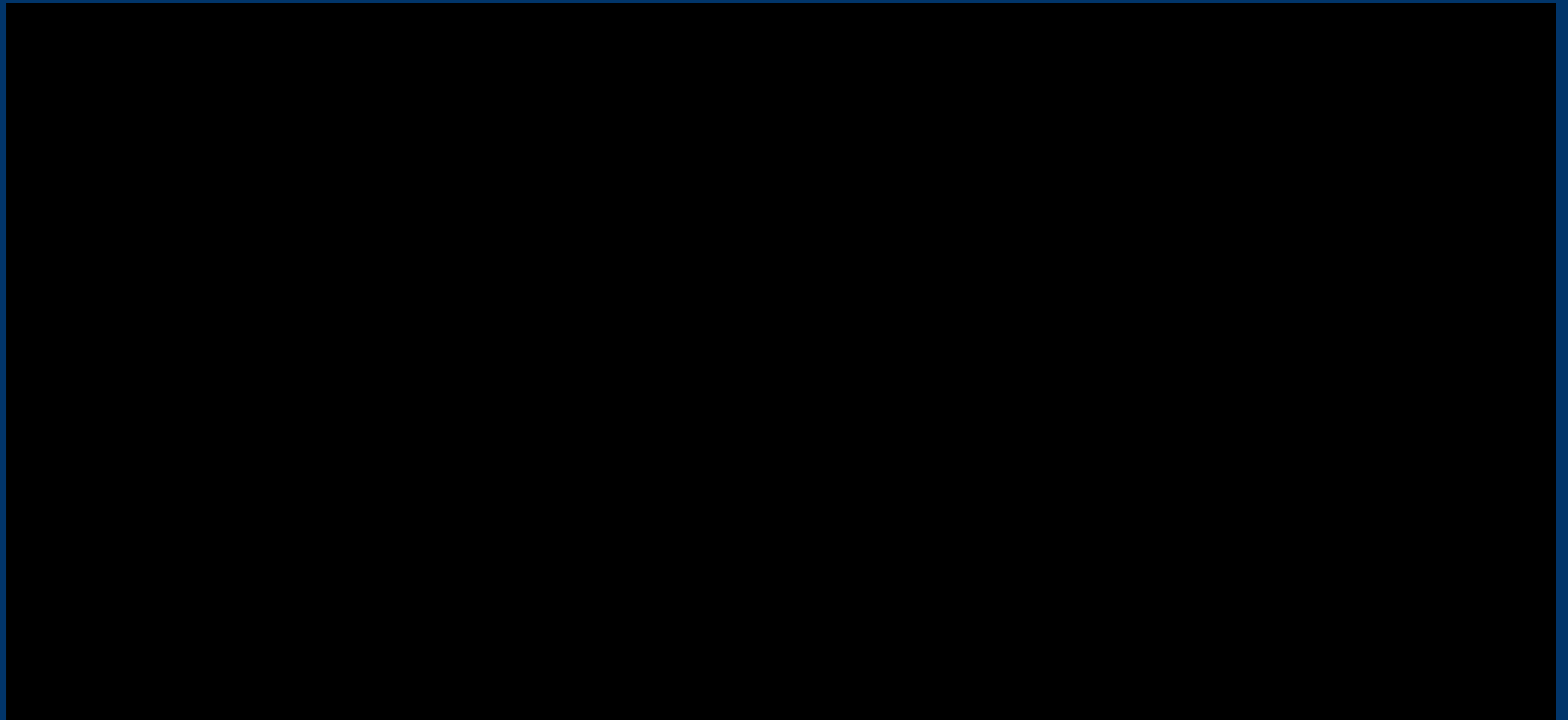
- Healthy Places Index data

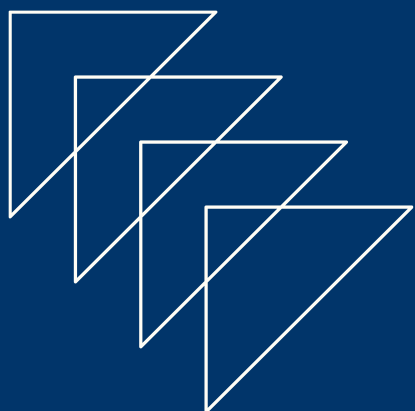


04

REVIEW AND DISCUSS SELECTED DECEDENTS

- Decedent timeline & partner report outs
 - Sheriff-Coroner, REMSA, Probation, and Behavioral Health
- Recommendations
 - Jamboard





OFR Recommendations

- Action plan created to track progress on recommendations formed by the OFR team

Date of recommendation	Recommendation	Activity/Action Steps	Lead & (Supporting) Agencies	Start Date	End Date	Progress	Notes
1/26/22	Provide fentanyl testing education and awareness to the community	1. Identify curriculum/educator	PH	1/26/22	1/2022	Complete	IEHR to provide trainings 06/22: RPYA will also do education/outreach
		2. Create agreement between agencies to provide trainings	IEHR (PH)	06/2022	7/2022	Complete	
		3. Outreach to partner agencies and community orgs. to offer training	PH (IEHR & RPYA)	06/2022		In Progress	IEHR will pair up with RPYA & Starting Over Inc.

- Education & Training
 - Expand knowledge of harm reduction practices
- Resources
 - Promote the Never Use Alone Hotline
- Populations
 - People without housing
- RODA develops and disseminates quarterly and yearly recommendations





Community Assessment and Transport Team (CATT) Pilot Program - Hemet

- Ambulance personnel are not trained in delivering psychiatric care, and EDs are not optimal locations for these clients
- BH clients are not transported to other, more appropriate, levels of care
- Hospital is overcrowded due to the one-solution-for-all model, which doesn't often meet individual needs
- Transporting behavioral health clients without the need for medical attention by 911 ambulance is costly
- There are numerous gaps between connecting those who would benefit from substance use treatment services and accessing care



SUCCESS STORY

CATT Pilot Program Overview

- The goal is to better serve patients coping with behavioral health and substance use-related incidents through on-scene assessment and more appropriate resource referral
- Pairs a Licensed Clinical Therapist (RUHS – BH) with an EMT (AMR) to respond in a non-emergency vehicle to people in crisis
- BH Clinician assesses the person in crisis on-scene
 - EMT - reviews medical history, allergies, current medications, vital signs, and medical care when appropriate
- Eligible individuals transported by CATT
 - Mental health facilities, sobering centers, shelters, etc.

CATT Pilot Program Timeline

- 2017 – First attempt to develop the CATT program between REMSA & RUHS – BH
 - No funding sources were identified
- 2021 – OFR offered a shared space for sectors to breakdown silos and revived discussions around the CATT Pilot Program
 - Identified funding - COVID
 - Identified Champions within each department and biweekly meetings
- 2022 – Planned to launch the program in January 2022 but had difficulties in hiring BH clinician
 - Continued biweekly meetings
 - Pilot Program launched on October 18th, 2022!



OFR RECOMMENDATIONS INTEGRATED INTO PREVENTION ACTIVITIES

**Mass
Media
Campaign**

**QR Codes
for 1st
Responders**

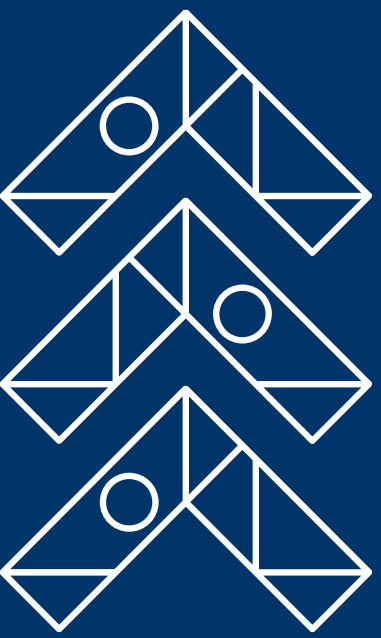
**Expanded
Access to
Naloxone
Data**

**Naloxone
Bystander
Training**

**Leave
Behind
Naloxone
Program**

OFR SUCCESSES

- First and only OFR in California
- RODA strengthened existing relationships with key partners for expanded access to data
- Increased collaboration among partners
- Expanded membership
- Adapted OFR meetings due to the pandemic



CHALLENGES

- Coordinating with different partners to share decedent information
 - Confidential information for OFRs is not protected by state or federal mandates
- COVID-19 reassignment and virtual platform/participation during meetings
- Can only review a small proportion of overdose cases



NEXT STEPS



- Next-of-Kin interviews
- Recruit new members
 - In-depth information
 - General feedback & collaboration
- Continue to integrate OFR recommendations into prevention activities



THANKYOU!

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