

THE STORY OF THE INLAND EMPIRE OPIOID CRISIS COALITION

September 2021

Joshua Crouch, Inland Empire Health Plan
Hunter Gatewood & Rebecca Polan, Signal Key Consulting
www.ieocc.org

Contents

Introduction	1
The Opioid Crisis	1
The Evolution of IEOCC, from Task Force to Coalition.....	3
Key Partners.....	6
Accomplishments.....	7
Challenges	9
Appendix: IEOCC Workgroups 2021 Goals and Activities To-Date	11

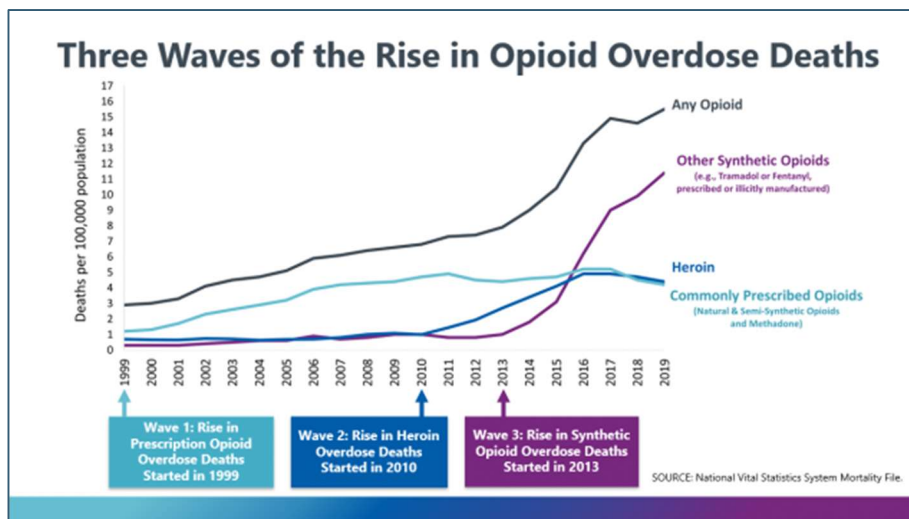
Introduction

The purpose of this document is to recognize and celebrate the efforts of the Inland Empire Opioid Crisis Coalition (IEOCC). Formed as a medical task force in 2015 focused on safe opioid prescribing, the IEOCC has grown into a robust, cross-discipline and community-level effort to meet the crisis on the many battlefronts that exist, from emergency overdose prevention to facing and fighting the stigma against people who use opioids and other drugs.

The IEOCC's success depends on its multidisciplinary mix of partners working across sectors that include clinical care, advocacy, outreach, policy, and research. Broad collaboration has yielded valuable community connections across the Inland Empire, and generated tangible results, including nearly 3,000 patients referred to Medication-Assisted Treatment (MAT) in the past two years, naloxone distribution and training to 250 first responders, a stigma reduction campaign, and the achievement of sooner and better data for decision-making and hot-spotting of interventions with a mapping dashboard. More results are included in "Accomplishments."

The Opioid Crisis

The opioid crisis has held the United States and the Inland Empire in its grip for decades. From 1999–2019, nearly 500,000 people died from an overdose involving any opioid.¹ Formal responses from government and health care began in earnest in 2013 and continue to grow in sophistication, capacity, and scope. Overdoses accelerated during the 2020 – 2021 COVID-19 pandemic.



As the CDC graphic above indicates, commonly prescribed opioids are no longer the primary driver of opioid overdose deaths; a significant surge of illicit, synthetic opioids occurred between 2015 and 2019. This surge continues to be the leading contributing factor to opioid-related overdoses and is the reason for IEOCC's shift in entity name from focusing on safe prescribing to harm reduction (described below).

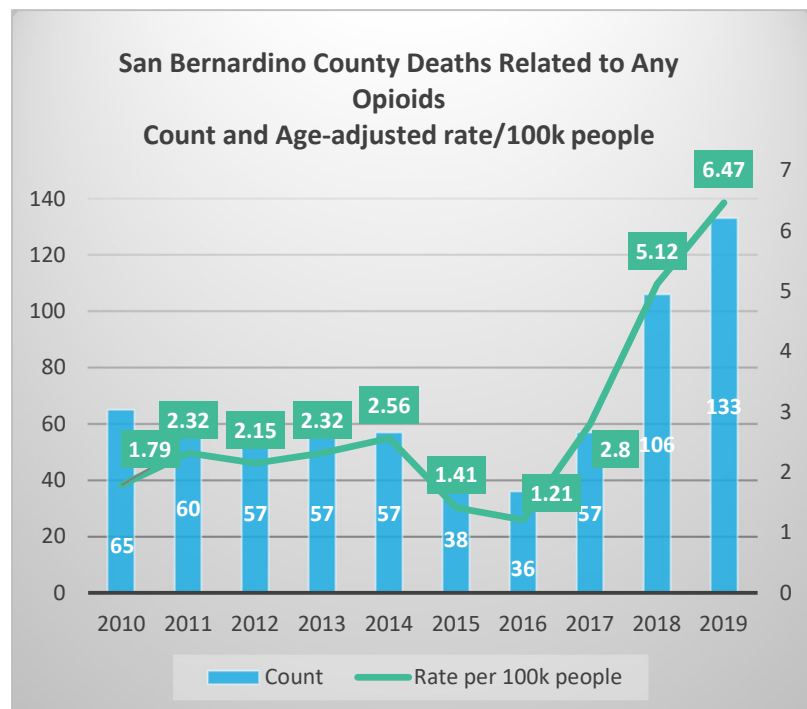
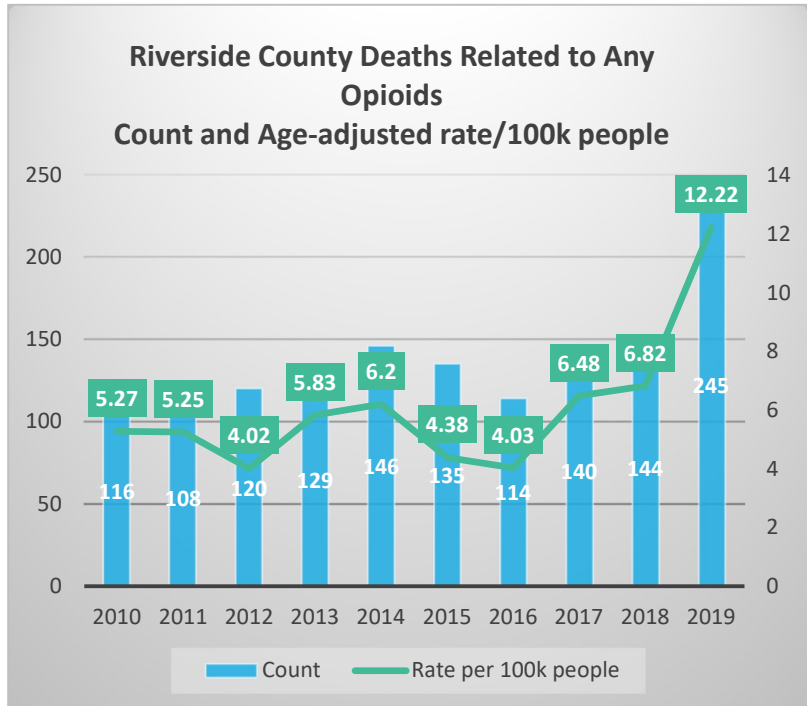
¹ <https://www.cdc.gov/drugoverdose/epidemic/index.html>

Local data from both Inland Empire counties indicate a similar trend, with the spike of opioid-related deaths in Riverside County between 2018 and 2019 more severe. This alarming rise speaks to the continued importance of the IEOCC, as well as its ability to keep adapting as the nature of the opioid crisis shifts.²

Emerging evidence points to this recent acceleration in opioid deaths being caused by the presence of fentanyl, which means a different, more harm-reduction-informed approach (e.g., assuring safe drug use by testing for the presence of fentanyl) is needed for effective overdose prevention efforts. This is reflected in IEOCC’s

2021 strategy goals, with the continued and expanding focus on harm reduction and community engagement outside of the health care delivery system.

The urgency to keep up with overdose prevention and harm reduction efforts has only grown during COVID. A concerning spike in overdose deaths (primarily driven by synthetic, illicit opioids) increased in mid-2020 in response to the pandemic and the many mental health stressors it brought for the general population, let alone those most vulnerable to addiction and overdose.³



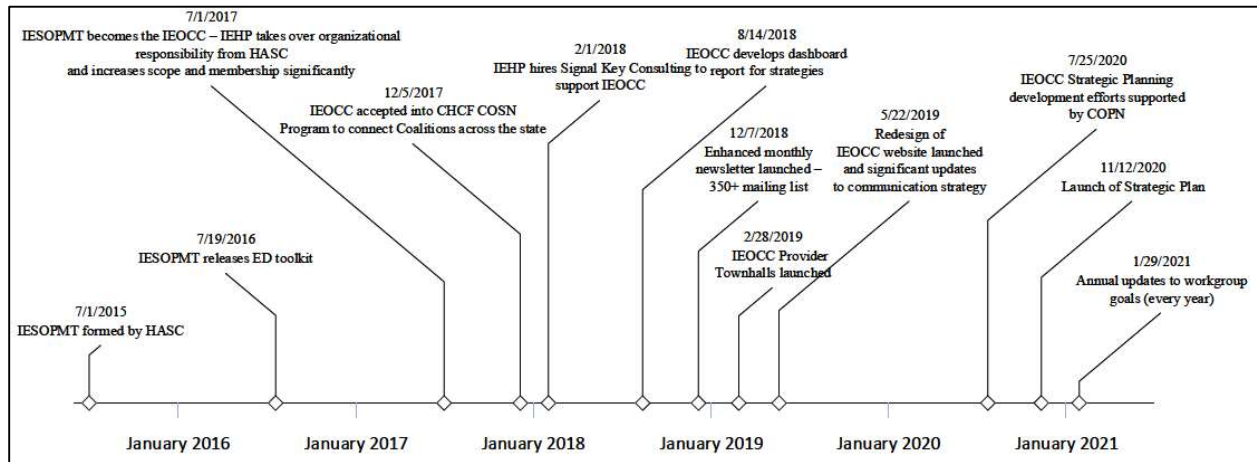
² <https://skylab.cdph.ca.gov/ODdash/>

³ <https://www.commonwealthfund.org/blog/2021/spike-drug-overdose-deaths-during-covid-19-pandemic-and-policy-options-move-forward>

The Evolution of IEOCC, from Task Force to Coalition

Recognizing the urgency of the crisis in the Inland Empire, a group of healthcare leaders across Riverside County and San Bernardino Counties formed the Inland Empire Safe Opioid Prescribing Medical Taskforce (IESOPMT) in 2015.⁴ The group was focused on hospital services. Its first major contribution to the effort to reduce harm caused by the opioid crisis was a hospital emergency department (ED) toolkit on safe opioid prescribing strategies, released in 2016.

IEOCC's Timeline 2015 to 2021



This emphasis on safe prescribing expanded in scope as the crisis evolved and more stakeholders came to the table.

In 2017, the Inland Empire Safe Opioid Prescribing Medical Task Force became the Inland Empire Opioid Crisis Coalition (IEOCC). This new name reflected the updated strategic objectives set by the expanded base of stakeholders to focus on specific approaches to reduce prescription drug use and death.

In 2018 the IEOCC was accepted into the California Health Care Foundation (CHCF) California Opioid Safety Network Accelerator Program, which helped connect the initiative to similar coalitions across the state.

Strategy Evolution

In 2017, the Coalition developed its first strategic objectives, including:

- Education of medical providers and community members of the risks of opioid use
- Monitoring local opioid-related outcome data
- Improved access to treatment
- Increasing the use of Naloxone in response to overdoses
- Interdisciplinary integration among health care and behavioral health roles and organizations.

⁴ Formerly known as the Inland Empire Safe Opioid Prescribing Medical Task Force.

While these objectives have been refined since 2017 as the opioid crisis evolves, they remain deeply embedded in the IEOCC's work more than four years later. An integrative approach still forms the foundation of the IEOCC's efforts, and the goals have been honed and revised to reflect a crisis that now involves not just opioids but stimulants, namely methamphetamine.

In fall 2020, the Steering Committee (described below under "Structure") met to establish its working goals for 2021. When compared to the 2017 goals, these goals show the growing sophistication and reach of the IEOCC, the changing needs of the community as the opioid crisis itself evolves, and the focus of the organizational capacity-building that is essential to deepen the impact of the IEOCC's future efforts.

IEOCC Strategic Goals for 2021

- Add a focus on methamphetamine without changing primary emphasis on opioids
- Increase equity in care and community outreach
- Continue to build capacity for harm reduction (HR) and support HR leaders
- Pursue a new more sustainable and scalable structure.
- Shared patient- and client-level data on MAT to ensure access and coordination across care sites.

The addition of a focus on methamphetamine is one notable change for IEOCC, and shows the coalition's commitment to evolve to meet community needs and to respond to the overdose data for the two counties. Given the primary emphasis on opioids, this addition needed to be implemented in a way that did not take away from opioid harm reduction work. This new methamphetamine-focused strategy formed the basis for the new Methamphetamine Pilot Workgroup described in the next section.

The transition to expanding the IEOCC's charter to address other substances was no small decision to make for a coalition focused solely on the opioid crisis for over five years. However, all of the recent data pointed to the reality that the use of amphetamines exceeds the use of opioids in both Riverside and San Bernardino Counties. Since these substances are often used together according to IEOCC workgroup physicians and substance use navigators (SUNs), it was a natural and necessary next step for the IEOCC to adopt a new stimulant-focused workgroup.

This shift the IEOCC has made also reflects a statewide trend of broadening the scope of the substance use crisis from a focus on just opioids to a broader focus on overdoses. The former California Opioid Safety Network (the Center for Health Leadership and Practice/Public Health Institute-led network of county safe prescribing coalitions of which IEOCC is a member) officially changed its name to the California **Overdose** Prevention Network in September 2020.

The IEOCC's Mission, Vision and Values

Since its inception, the IEOCC's charter has evolved to the mission, vision and values it holds today:

Mission: The IEOCC creates effective community collaborations between member organizations and individuals who need help with pain management and substance use disorders.

Vision: To reduce opioid use and opioid-related deaths in the Inland Empire.

Values: The IEOCC achieves its mission employing the values of harm reduction and care integration.

Other notable shifts from 2017 to 2021 strategy include growing emphasis` on the principles of Harm Reduction⁵ in the treatment of individuals with substance use disorder. The principles of Harm Reduction include the reduction of stigma and judgment in all care settings, which led to the renaming of the original Safe Prescribing Workgroup to its new name: Pharmacy Partnerships for Harm Reduction.

Based on survey input, ensuring equity in how care is accessed was added as a strategic goal that shows up in the efforts and goals of all IEOCC workgroups.

What is Harm Reduction?

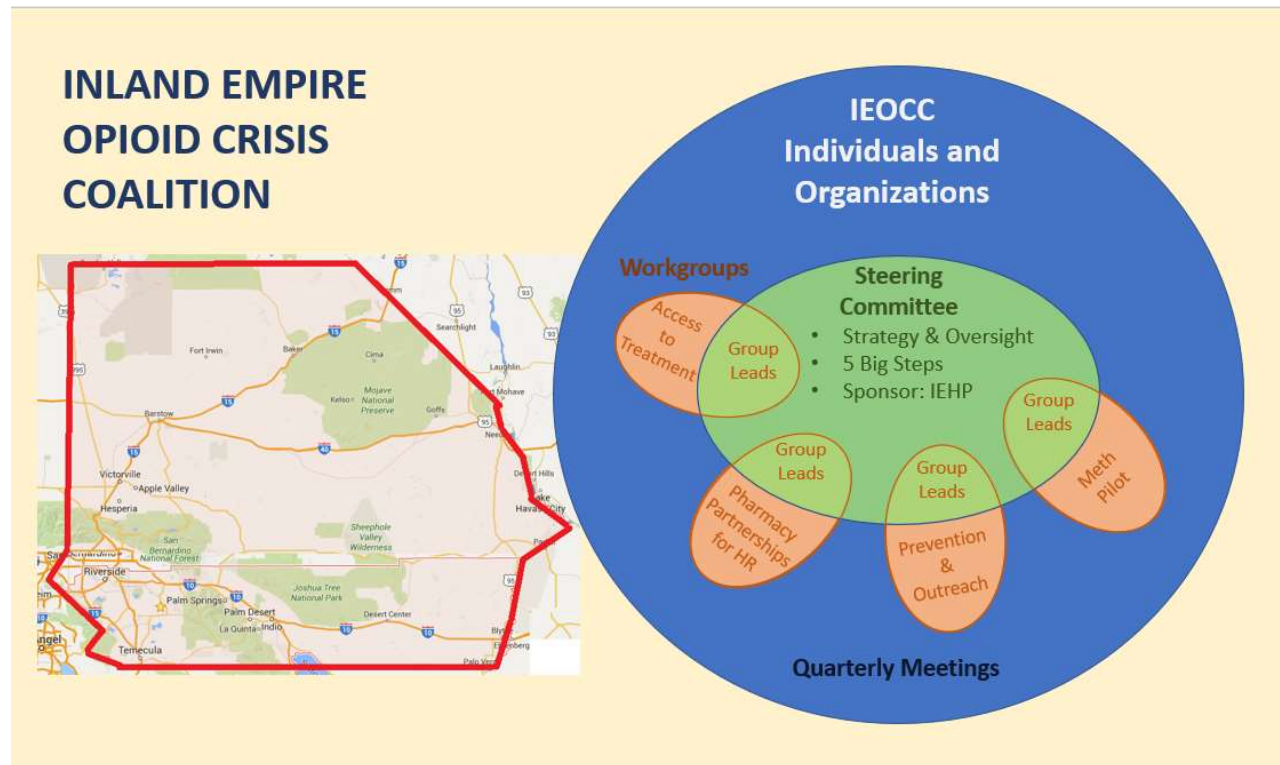
From the National Harm Reduction Coalition:

“Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.

Harm reduction incorporates a spectrum of strategies that includes safer use, managed use, abstinence, meeting people who use drugs ‘where they’re at,’ and addressing conditions of use along with the use itself.”³

Structure Evolution

In 2017, the IEOCC began to take shape into the coalition that exists today. Each strategic objective was assigned a workgroup that worked closely with a Steering Committee made up of Workgroup leaders and jointly led by Inland Empire Health Plan (the IEOCC sponsor) and its hired facilitator, who has helped organize the meetings, facilitate discussions, develop communication materials and ensure communication between the steering committee and workgroups.



The IEOCC workgroups meet monthly and execute implementation steps throughout the month. The workgroups are overseen by a Steering Committee of 15 to 20 Inland Empire leaders. This

⁵ <https://harmreduction.org/about-us/principles-of-harm-reduction/>

committee meets bimonthly to set high-level strategy and quarterly workgroup input to guide strategic goal development. All IEOCC members meet on a quarterly basis to review performance data and discuss ways to continue to make a positive impact on the opioid crisis in the Inland Empire.

IEOCC workgroups evolve over time as goals are achieved, new challenges are addressed in turn, and as partners in the coalition evolve. As of 2021, the IEOCC workgroups are:

- **Access to Treatment**, including Medication-Assisted Treatment and other Harm Reduction and recovery community services
- **Pharmacy Partnerships for Harm Reduction**, an updated focus for group formerly known the Safe Prescribing Workgroup
- **Methamphetamine Pilot**: A new effort launched in March 2021 to address methamphetamine’s role in overdoses
- **Prevention and Outreach**: A new iteration of the former Prevention and Public Agencies workgroup, created to develop outreach and implementation strategies based on insights gained from growing opioid data resources

Feedback: “IEOCC helps me think regionally and across organizations’ roles.”

The 6-month Methamphetamine Pilot began its meetings in March of 2021 and so far has goals to develop and share information on best practices, which will eventually inform the pilot’s outreach strategy. The workgroup plans to establish one to two MAT modalities for methamphetamine to study (likely mirtazapine and Vyvans) and share information and best practices to refine treatment. After 6 months, the pilot workgroup may decide to continue its efforts on a more permanent basis.

Another evolution in workgroups in 2021 was the transition of the Prevention-based workgroup. In light of the opportunity to incorporate community outreach and equity in care access to the prevention strategy, the previously named IEOCC Prevention & Public Agencies Workgroup is evolving to become the Prevention & Outreach Workgroup. In addition to leadership from San Bernardino and Riverside County Public Health Departments, two community-based organizations (Inland Empire Harm Reduction and REACH OUT) are co-leading this workgroup.

The new scope of the Prevention & Outreach Workgroup (which met for the first time in May of 2021) will include an effort to gather data on opioid overdose hotspots to target communications (e.g. public health posters) and on-the-ground resources (e.g. volunteers). This shift is notable from the workgroup’s previous emphasis on data collection and sharing; the data is being put to work in the community so action can be taken to reduce the harm caused by opioids.

Key Partners

The IEOCC is only as successful as the presence and action of many working together to reduce opioid use and opioid-related deaths in the Inland Empire. Its partners collaborate across many fields: health care including mental health and behavioral health care providers, public health agencies, community-based organizations,

Feedback: “For non-physician coalition members, the updates on MAT and ways to address and treat SUD and OUD are VERY helpful.”

pharmacies, universities, emergency services, health plans, and more, with over 40 member organizations participating since 2017.

In 2020 and 2021, the following health care and community organizations have provided the strongest leadership contributions and most reliable presence, as the leaders in IEOCC workgroups and as members of the Steering Committee:

- Acadia Health
- Arrowhead Regional Medical Center
- Riverside and San Bernardino County Behavioral Health Departments
- California Department of Health Care Services
- California Emergency Physicians
- California University of Health and Sciences
- Dignity Health
- Hospital Association of Southern California
- Inland Empire Harm Reduction
- Inland Empire Health Plan
- Inland Empire Pharmacy Association
- Kaiser Permanente
- Loma Linda University Health
- Los Angeles Field Division of the United States Drug Enforcement Administration
- Molina Healthcare
- National Harm Reduction Coalition
- REACH OUT
- Riverside Comprehensive Treatment Center
- Riverside Psychiatric Medical Group
- Riverside Suicide Prevention Coalition
- Riverside University Health System Department of Behavioral Health
- Riverside University Health System Department of Public Health
- Riverside County Medical Association
- San Bernardino County Probation
- San Bernardino Department of Public Health
- San Bernardino Department of Behavioral Health
- San Bernardino County Medical Society
- San Bernardino Sheriff's Department
- Saint Bernardine Medical Center
- San Geronimo Memorial Hospital
- Saint Mary Medical Center
- Western University College of Pharmacy
- Vituity

Accomplishments

The IEOCC's success depends on its multidisciplinary mix of partners able to play many cross-sector, collaborative roles including research, advocacy, policy, implementation and outreach. This coalition takes an integrative approach, therefore a great deal of information-sharing and coordination is entailed to get the opioid harm reduction results the IEOCC has achieved since it was founded in 2015.

Feedback: "Love the connection and the focus on Harm Reduction."

Some accomplishments of IEOCC's coordinated efforts are listed here. Current 2021 workgroup goals and progress so far as of July 2021 are included as an appendix titled "Goals and Activities of Workgroups."

- **Increased access to MAT treatment:** Over 2,000 patients have been referred to community treatment through California Bridge programs in six IE hospitals, and induction of over 200 patients into integrated Multidisciplinary Medication-Assisted Treatment (MMAT) through the innovative grants program of Inland Empire Health Plan. There are more than 200 waived providers in each county (per 2019 data).
- **MAT evaluation and referrals for at-risk populations:** Supporting the Riverside University Health Systems Public Health Department (RUHS-PH) with the RODA grant, including the development of a robust data dashboard and programmatic collaborative for opioid overdose mortality in Riverside County. A knowledge transfer is also underway to create similar resources in San Bernardino County.
- **Riverside Overdose Data to Action (RODA):** Through a multi-year CDC grant, Riverside County created a robust data dashboard and programmatic collaboration to fight opioid overdoses and overdose mortality. A knowledge transfer is underway for San Bernardino County.
- **More Frontline Support with Naloxone:** The introduction of life-saving naloxone and related training to over 185 police officers in the Inland Empire, along with supporting the Inland Empire Harm Reduction (IEHR) team in naloxone distribution throughout the community.
- **Stigma reduction campaign:** Stigma reduction publications and ongoing education efforts help reduce barriers to care and addiction recovery services, targeted to health care professionals (including physicians and hospital staff, and pharmacists and pharmacy staff).
- **"Success During the Pandemic" video update (live link below):** The IEOCC created a video update that shared its continued success during the pandemic and encouraged providers and partners to keep going in the midst of the negative synergy of these overlapping public health crises.
- **Emergency Department (ED) Bridge Program:** PHI (Public Health Institute) grant-stimulated opening of the ED MAT Bridge Programs. 7 Hospital ED's in the Inland Empire received these grants and began systematic treatment of Opioid Use Disorder in their respective communities. Each of these programs produced SUN's, who work ground level with SUD patients, helped to develop a treatment network of Pharmacies and MAT centers as well as a functional compendium of X-waivered providers. It is the SUN's and their respective Bridge sites which really opened up the concepts and elements of Harm Reduction, which included more widespread distribution of Naloxone and safe injection habits.

- **Overall success as a coalition**

- The number of partner organizations grew from about 15 in 2017 to 30-plus in 2021. The number of individuals attending quarterly meetings grew from about 25 in 2017 to 30 - 50 in 2020 and 2021.
- Starting in 2018, IEOCC established annual measurable goals for multiple strategies and tracked these data.
- IEOCC has a robust communications infrastructure:
 - A website with extensive resources and news, and a members section for meeting materials and internal resources and documents
 - A monthly newsletter, with distribution to over 400 individuals
 - Social media presence on LinkedIn
 - Ongoing special events: townhalls, webinars, presentations to professional, educational, and community audiences.
- Member organizations support and spread strategies across services and sectors, and between the two counties.
- A core leadership group participates in statewide COPN technical assistance and peer learning activities.
- The Steering Committee and coalition members support each other and the coalition in seeking and securing grant funding for their efforts.

Feedback: “[IEOCC offers a] multidisciplinary collaboration throughout the Inland Empire to address an urgent need for our patients and community.”

Success During Pandemic: Video Update



[Screenshot from the mid-pandemic update video. *Click image to view.*]

Challenges

Sustainability. The Inland Empire Opioid Crisis Coalition requires sustained time, attention and resources in order for it to continue making an impact on access to life-saving interventions such as MAT, naloxone and Harm Reduction interventions. Grant funding is essential in order to keep a minimum-viable level of dedicated staffing focused on the operations of IEOCC's workgroup, Steering and quarterly meetings.

Members of the IEOCC Steering Committee have noted the importance of creating organizational infrastructure to keep the coalition growing. If the IEOCC is to deepen its ability to provide continuity of care to individuals struggling with OUD, it would need to invest in developing data-sharing capabilities that bridge the ED to primary care to community outreach and recovery.

Access to grant funding is essential to not only sustainability, but also shorter-term programming such as the Bridge Program, public health nursing/outreach for community education and naloxone distribution.

Changes over time in the trends in drugs of addiction. The IEOCC Steering Committee has noted the growth in methamphetamine use alongside opioids and the increasing death toll of fentanyl and non-prescribed opioids. This shift requires new strategy, from an emphasis solely on what the healthcare industry can do to more community-based and holistic efforts. The importance of Harm Reduction, community outreach, stigma reduction at the pharmacy is growing, while concerns about safe prescribing have abated. These changes are ongoing and ever-evolving and require continued conversation across sectors within the Inland Empire in order for the IEOCC to remain nimble and responsive.

Avoiding duplication and overlap. One "good" challenge to have at the IEOCC is the increased sophistication and capacity of IEOCC members in their own efforts. The Riverside Overdose Data to Action (RODA) initiative, which also involves outreach and community education and engagement, represents an example of where IEOCC's efforts need to be careful to add value rather than duplicate efforts.

Member engagement. The onset of the Covid-19 pandemic exacerbated a trend at the IEOCC of dwindling member participation over the past two years. The efforts at IEOCC require a critical mass of participation from complementary health and community sectors, which requires a regular recruitment and renewal of members. As articulated earlier in this report, the value of IEOCC is about collaboration and information-sharing across counties and disciplines; this necessitates a base threshold of multidisciplinary participation.

Access needs shifting. Access challenges have shifted from getting providers X-waivered and have shifted to lack of services in remote areas, lack of equitable access (diversity of providers), patient self-stigma of accessing resources, also pharmacy side

Pharmacy stigma. The challenges at the pharmacy level have become more nuanced than they were at IEOCC's outset. While safe prescribing and access to buprenorphine and naloxone can be addressed with education and awareness-building, reducing stigma (which is often hidden in unconsciously held bias) requires a different approach. IEOCC is having to change their approach from changing minds to changing deeply held beliefs. The Pharmacy Partnerships for Harm Reduction is in the process of addressing this challenge with a multi-pronged stigma reduction campaign.

APPENDIX

IEOCC workgroups 2021: Goals, activities, outcomes to date

This is a summary version of the active dashboard that IEOCC workgroups use to manage their activities. This is current as of July 2021.

Access to Treatment Workgroup

Goals 2020/2021	Outcomes (Calendar Year 2020 Partial Data)
More MAT: 2000 new patients	2,320 new patients
California Bridge: 1200 new patients	4 of 7 programs reporting partial data through December 2020: <ul style="list-style-type: none"> • ED Bridge patients seen: 1,051 • Accepted referral: 644 • Received buprenorphine: 491
MAT for at-risk populations <ul style="list-style-type: none"> • Offered to 500, Medication to 300 • Incarcerated, released with meds: 200 	RUHS: 361 treatment inductions Oct '19 – Sep '20. SB County: 59 Youth 12-24 treated for Jan - Dec '20, of 5,638 screened

Pharmacy Partnerships for Harm Reduction Workgroup

Goals 2020/2021	Activities
Reduce stigma in pharmacies against people with OUD.	<ul style="list-style-type: none"> • Webinars scheduled for September 2021. (tent.) • Increasing participation of community organizations: Inland Empire Harm Reduction, Riverside Suicide Prevention Coalition • RODA and IEHP partnering for academic detailing.
Increase access to and accuracy of opioid mortality and morbidity reporting, <i>utilize to target resources.</i>	<ul style="list-style-type: none"> • RODA system, SB County engaging to replicate • Working with data to identify target pops and geographic “hotspots” to get community resources on ground (incl pharmacy partners)
Engage payers for easier authorizations for MAT medications.	<ul style="list-style-type: none"> • Partnering with Access Workgroup to advocate for easier Rx coverage, fewer snags at pharmacy. • Inquire/track advocate for stronger data sharing • Engage govt partners and law enforcement.

Methamphetamine Pilot

Goals 2021	Activities
Share knowledge and best practices for Methamphetamine SUD treatment.	<ul style="list-style-type: none"> • Developing knowledge repository (shared drive) for benefit of IEOCC members with information on treatment protocols, findings, shared experiences, and recovery resources • Meeting monthly for duration of 6-month pilot, may continue meeting or other mode of communication to continue sharing knowledge.
Integration of physical/mental/behavioral health into methamphetamine treatment.	<ul style="list-style-type: none"> • Multi-disciplinary information sharing and conversations with physicians, behavioral health, SUNs, Harm Reduction advocates, addiction-RNs. • Approach is moving away from psychiatric versus other less severe symptom-causing interventions

Prevention and Outreach Workgroup

Goals 2021	Activities
Develop community outreach plan for OUD in Inland Empire	<ul style="list-style-type: none"> • Develop hotspot maps for OUD-related mortality and morbidity (as well as housing status) • Map resources like MAT sites, primary care sites, recovery community locations • Identify service and resource gaps and develop outreach/resource allocation plans
Increase availability of Harm Reduction Services	<ul style="list-style-type: none"> • Community organizations Inland Empire Harm Reduction and REACH OUT collaborating with National Harm Reduction Coalition for information sharing and service area analysis • Grant research to expand Harm Reduction services in Inland Empire