



LIVE.LONG.DC. Stakeholder Summit

January 25, 2023

LIVE
LONG DC
Saving lives from the opioid epidemic

PURPOSE

To convene the LIVE. LONG. DC. stakeholder community in a forum of **learning and action planning** for executing strategies to save lives from opioid overdoses.

OUTCOMES

- Shared learning across the continuum of care for the LLDC stakeholder community
- Shared understanding of cross-agency and cross-organizational opportunities for collaboration and coordination

AGENDA

1. Opening Remarks

Learning

1. What is LIVE.LONG.DC?
2. 2022 Highlights and 2023 Focus Areas

Action Planning

1. Opioid Strategy Group Breakouts
2. Closing Remarks

LIVE.LONG.DC.

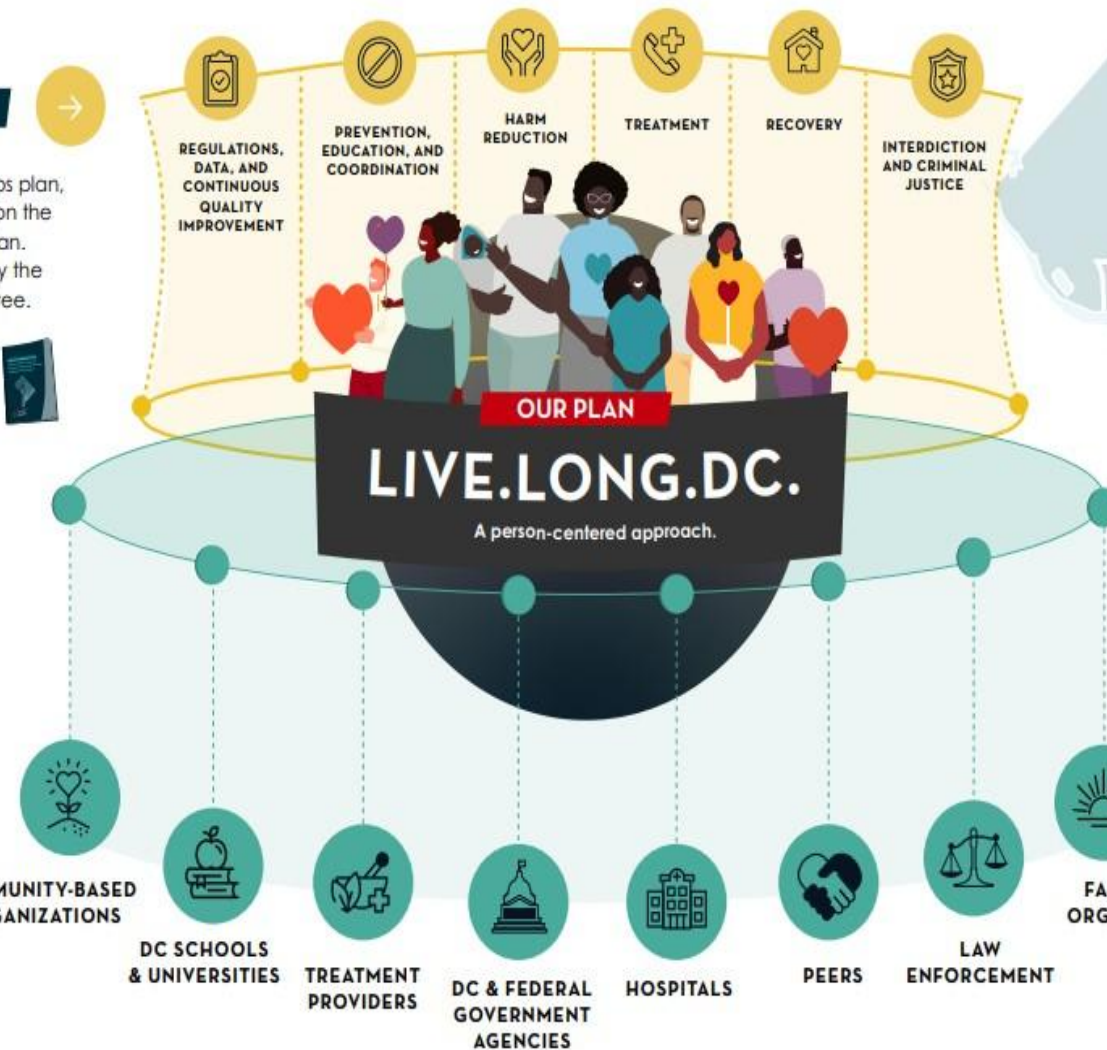
The District's Strategic Plan to Reduce Opioid Use, Misuse, and Related Deaths.

The LIVE.LONG.DC. (LLDC) Strategic Plan contains 49 strategies, organized across six (6) Opioid Strategy Groups (OSGs) that span the continuum of care. LLDC community members from across the District form a public-private coalition to collaborate on these strategies.

OUR WORK

The OSG working groups plan, support, and execute on the work in the Strategic Plan. These groups are led by the LLDC Steering Committee.

Visit the [full plan here](#).



OUR COMMUNITY

Hundreds of stakeholders from across the District, representing public, private, and community-based organizations work together within the OSGs in their area of expertise or interest, to deliver on the strategies.

LIVE.LONG.DC. (LLDC) and Relationship to State Opioid Response (SOR) and Center for Disease Control Overdose Data to Action (OD2A) Grants

- LLDC is the underlying strategic framework that dictates the objectives for SOR.
- SOR, along with some smaller grants (e.g., OD2A grant at DC Health) and local funding, is the primary funding mechanism for LLDC.



- The key priorities in LLDC 2.0 are the same for SOR:
 - Harm reduction, expanded access to treatment services and supports, care coordination, recovery support services, workforce development, and outreach to special populations
- There is considerable overlap between SOR and LLDC goals – all SOR initiatives support LLDC but not all LLDC strategies are funded by SOR



Year	FY21 SOR 1, Year 2 <i>No-Cost Extension</i>	FY21 SOR 2, Year 1	FY22 SOR 2, Year 1 <i>Carryover</i>	FY22 SOR 2, Year 2	FY23 SOR 2, Year 2 <i>No-Cost Extension</i>	FY 23 SOR 3, Year 1
Amount	\$15,685,682	\$23,821,155	\$8,169,687	\$23,821,155	\$6,769,519	\$24,139,141

SOR 3, Year 1 Budget (\$24,139,141)

In total, the DBH SOR team currently manages 42 unique initiatives – over 46 grants, 19 contracts, and 6 MOUs

- \$24,141,139 for each year, FY 23 and 24
- Can address stimulant use and stimulant use disorders as well as opioids
- Cannot support: food, construction, any service that can be billed to Medicaid, incentives, and hiring bonuses

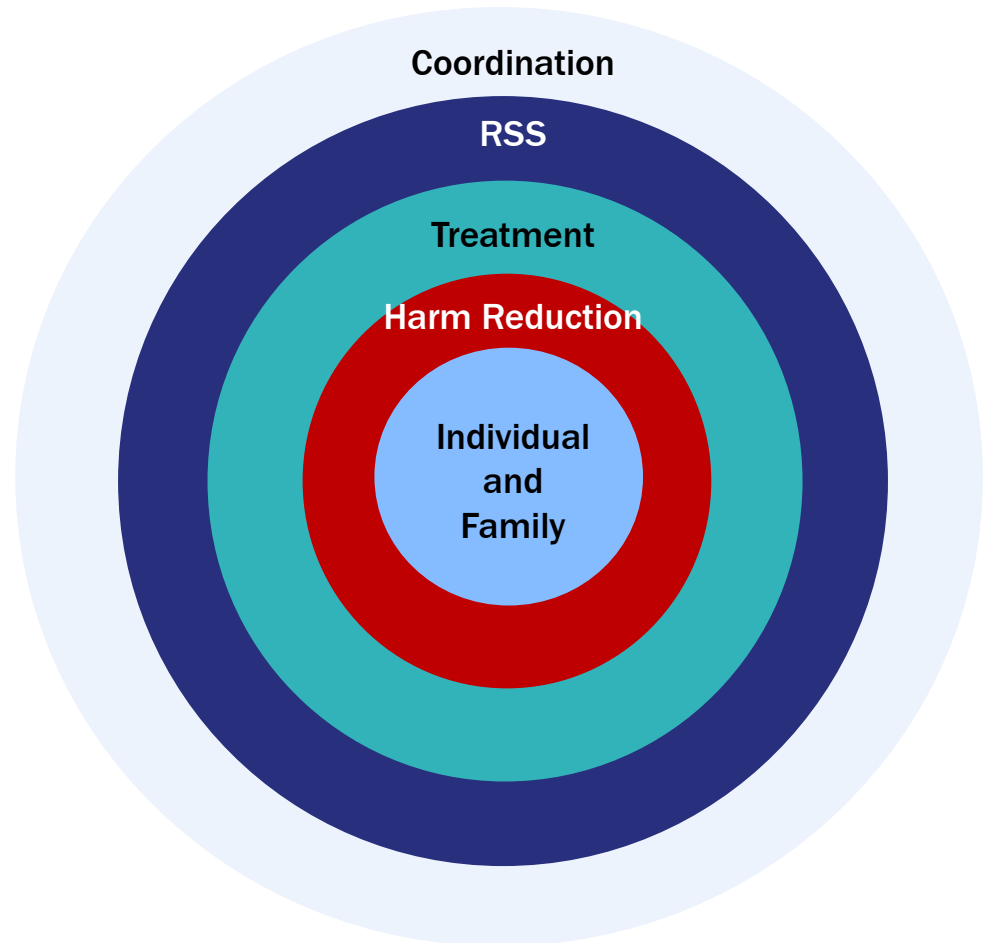


Treatment

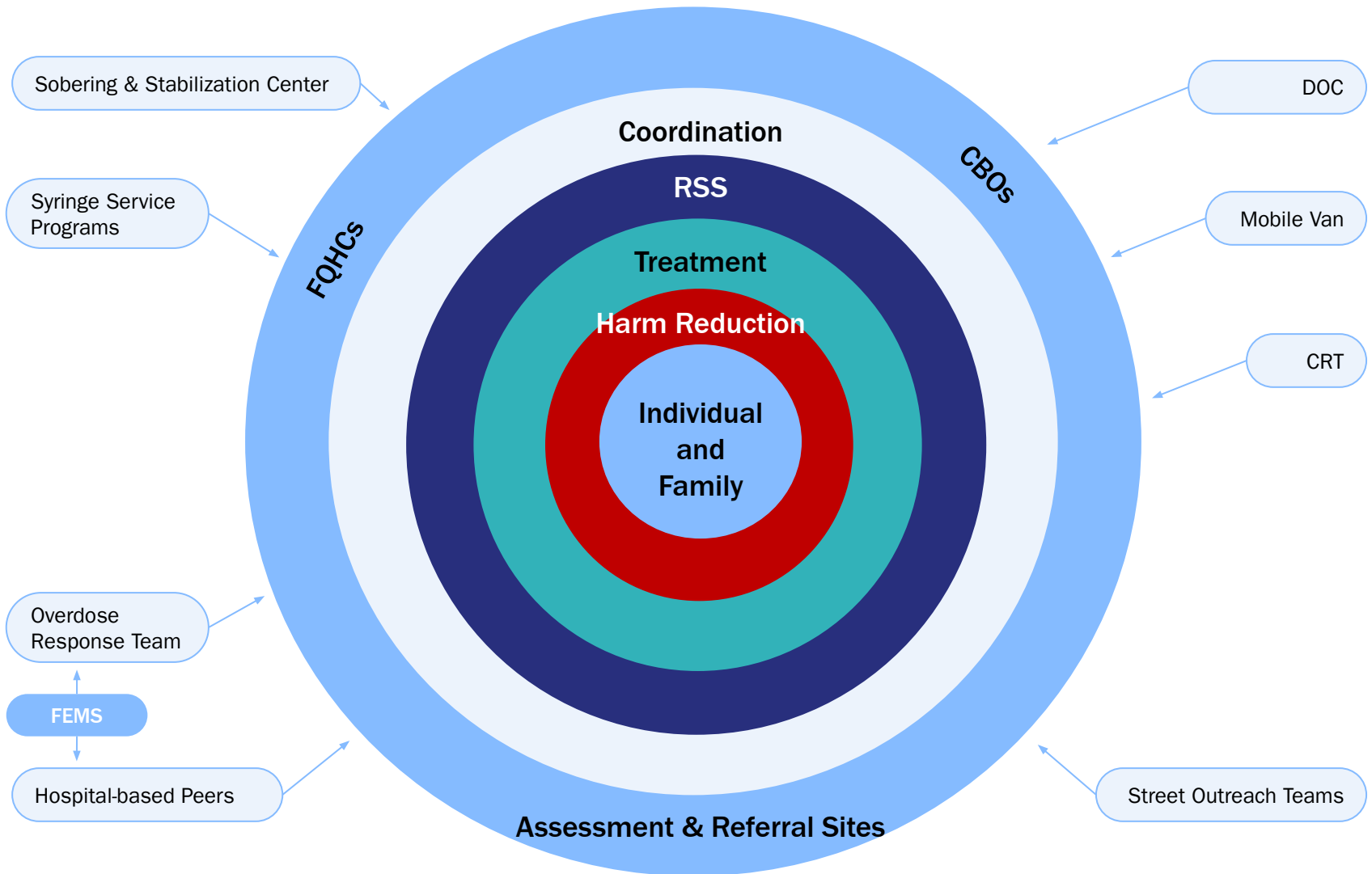
- Expanded access and retention in treatment
- Care management
- Hospital-based peers make connections to services post-OD, ED visit, inpatient visit
- Buprenorphine for uninsured
- Crisis stabilization and MOUD-induction
- MOUD at DOC

Recovery Support Services

- Recovery housing – low-barrier and Oxford House, housing for returning citizens
- Recovery programming at DOC
- Peer-operated centers (POCs)
- MyRides



District Opioid Response System *Referral and Access Points*



Prevention, Community Outreach, and Engagement

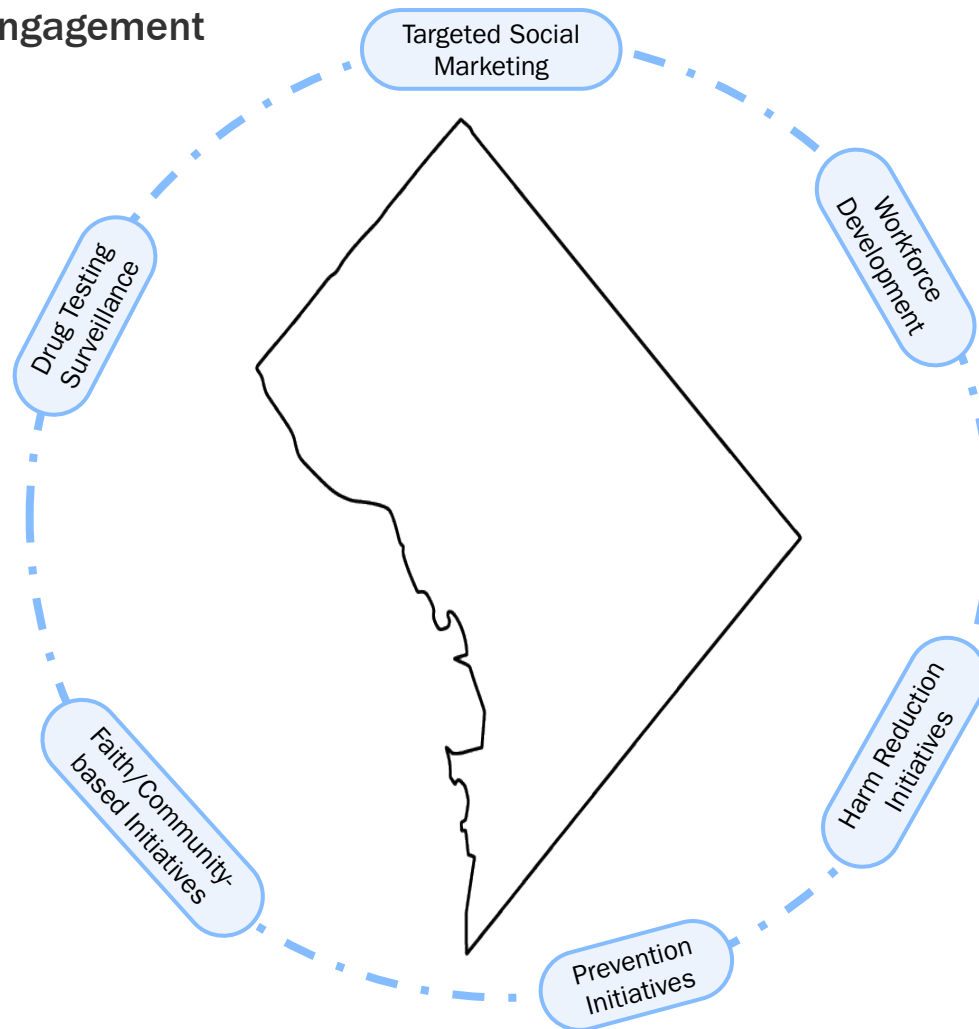
- DC Prevention Centers
- Faith-based and community-based organization partnership initiatives
- Social media/ social marketing campaigns
- School-based prevention
- FEMS overdose response

Harm Reduction

- Naloxone training and distribution with all partners
- Fentanyl test strips
- Low-barrier housing
- Syringe service programs

Workforce Development

- Certified Addiction Counselor training and internships
- Youth peer recovery coach training
- Supported employment for returning citizens



CDC Grant

OD2A supports jurisdictions in collecting high quality, comprehensive, and timely data on nonfatal and fatal overdoses and in using those data to inform prevention and response efforts.

- Opioid Fatality Review Board and enhanced toxicology testing (RD.1)
- Harm reduction vending machines (HR.2)
- Department of Forensic Sciences syringe exchange testing (IC.10)
- District Addiction Consultation Service (DACS) (TR.6)

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2022 Highlights | 2023 Focus Areas

Regulations, Data and Continuous Quality Improvement

The Regulation, Data, and Continuous Quality Improvement OSG focuses on data and information sharing between government agencies and community organizations as well as evaluation

This group helps make sure that our coordinated response to the opioid epidemic is data-informed and constantly improving

- Opioid Fatality Review Board (OFRB) held monthly case review meetings to share relevant information on decedents or specific programs with the goal of developing further recommendations.(RD.1)
- Continued to develop inter-agency opioid dashboard and added data from FEMS (RD.2)
- Partnered with the CDC Foundation to bring on Epidemiologists (RD.2)
- Regularly used data to identify overdose spikes and hotspots to inform our proactive outreach efforts (RD.2)
- Funded four Fire and Emergency Medical Services (FEMS) outreach teams to connect in real-time to overdose survivors and refer to services and supports (RD.2)
- CRISP DC launched the Consent tool in June 2022, which permits patient-directed information sharing of 42 CFR Part 2 information with care team members and payers (RD.5)

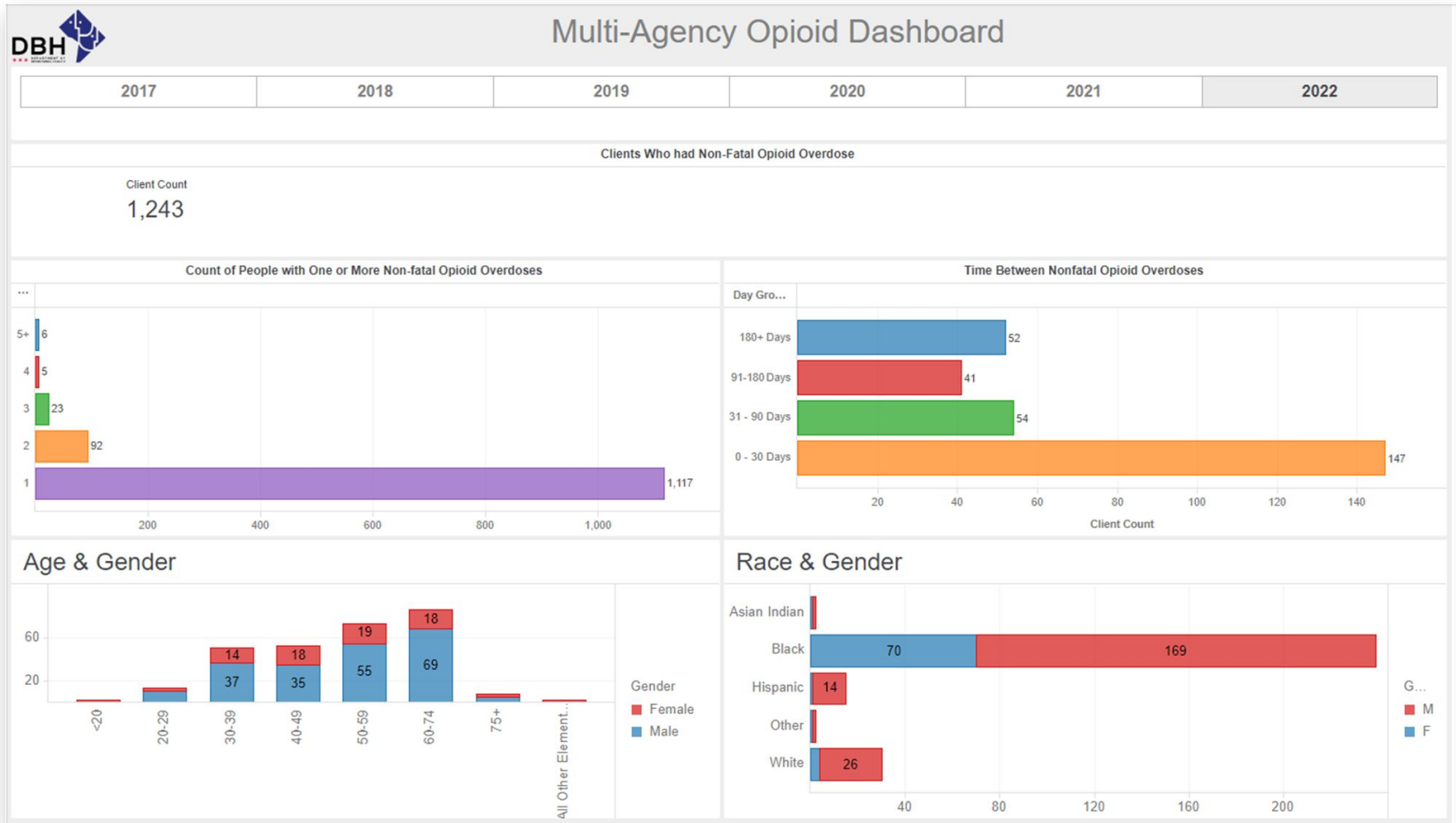
Multi-agency Opioid Dashboard: **Laura Heaven**, *Director of Data and Performance Measurement, Policy, Planning and Evaluation Administration, Department of Behavioral Health*

Non-Fatal Overdose Data: **Ben Turley**, *Epidemiologist, CDC Foundation*

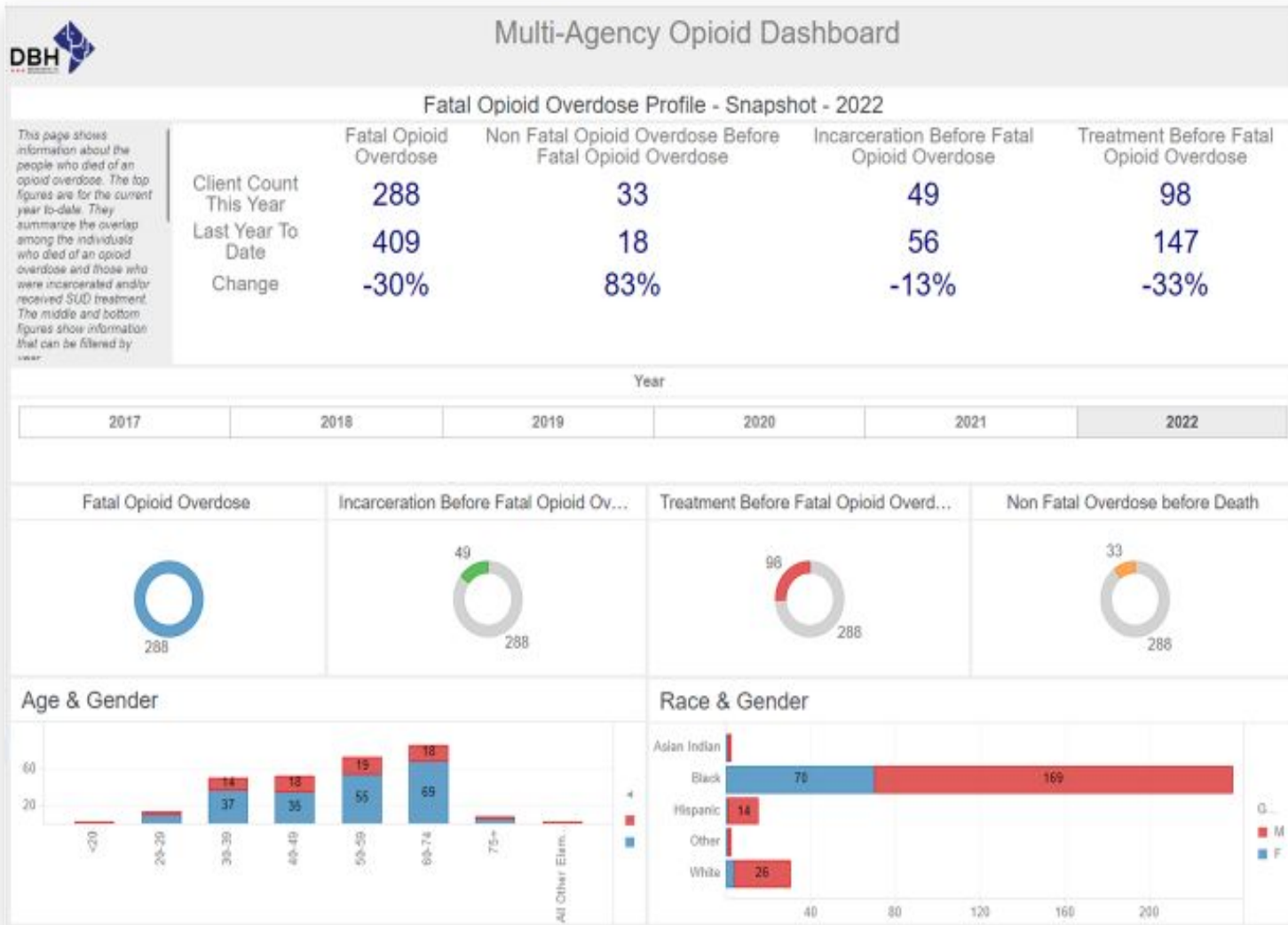
Opioid Response Team: **La’kisha Lacey**, *Captain, Fire and Emergency Medical Services*

- Data are from Department of Behavioral Health (DBH), Department of Health Care Finance (DHCF), Office of the Chief Medical Examiner (OCME), FEMS, and Department of Corrections (DOC)
- FY22 completed project added FEMS non-fatal opioid overdose data to match with the other data sets
- There is a 90-day lag for both substance use disorder (SUD) treatment (DBH/DHCF) data and OCME data, so data displayed are current through September 2022
- Future enhancements include an ad hoc space for additional reporting/analysis, descriptive analytics of the fatal overdose population, and integration of DOC's information identifying individuals who use opioids

Multi-Agency Opioid Dashboard



Multi-Agency Opioid Dashboard



How Are We Using the Data?

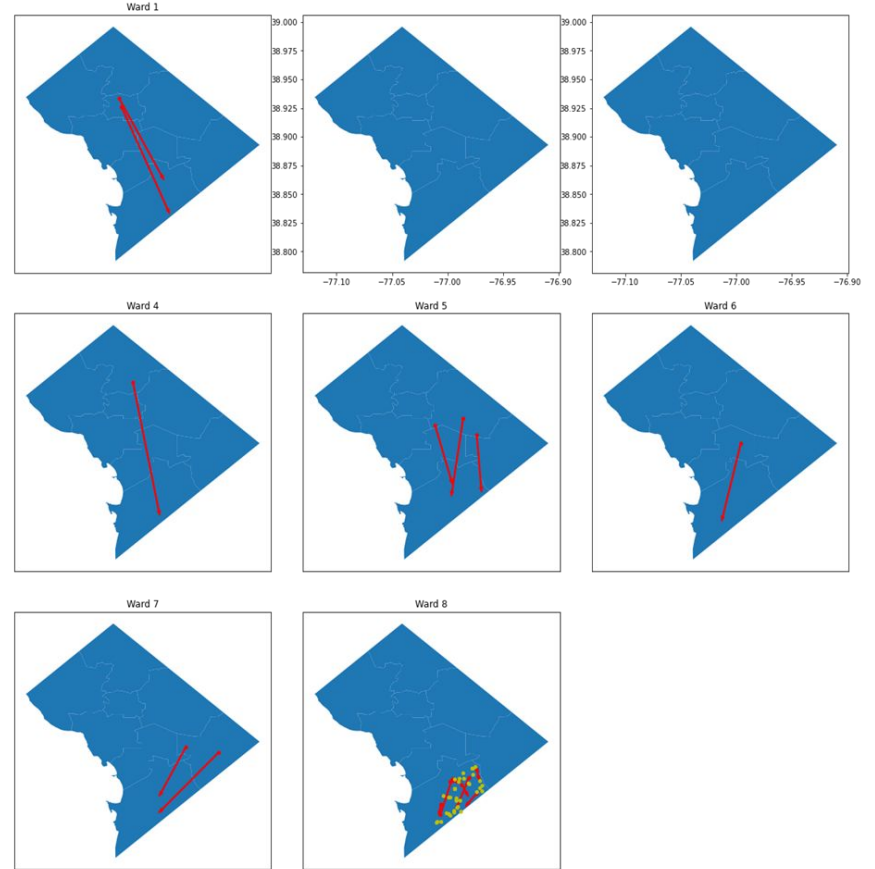
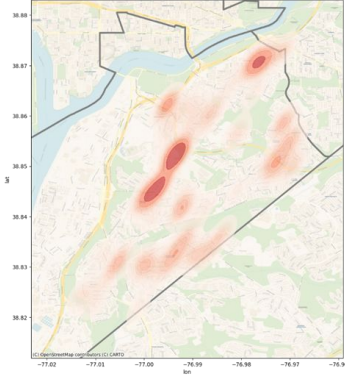
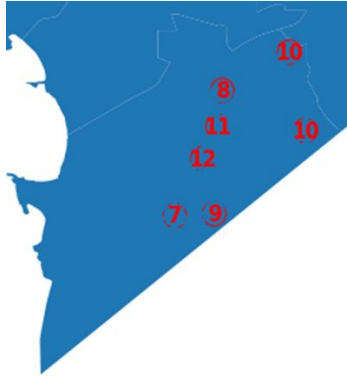
- Meeting monthly with DC governmental and other stakeholders to review dashboard and other opioid data
- Mapping specific overdose hotspots to inform outreach team efforts
- Analyzing holiday overdose spike data to create a strategy
- Sharing client-level information with current providers
- Posting monthly data summary on LLDC website – starting in February
- Planning for public dashboard of naloxone data on LLDC website

Outcomes and impacts of opioid use surveillance

Ben Turley, MS
Epidemiologist



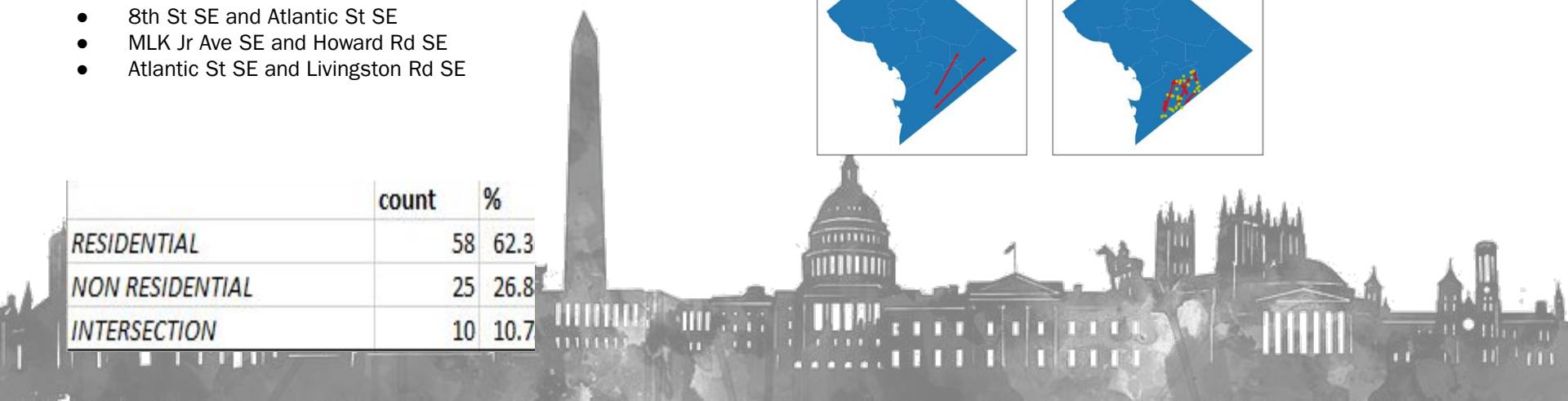
Community input in Ward meetings



Notable intersections

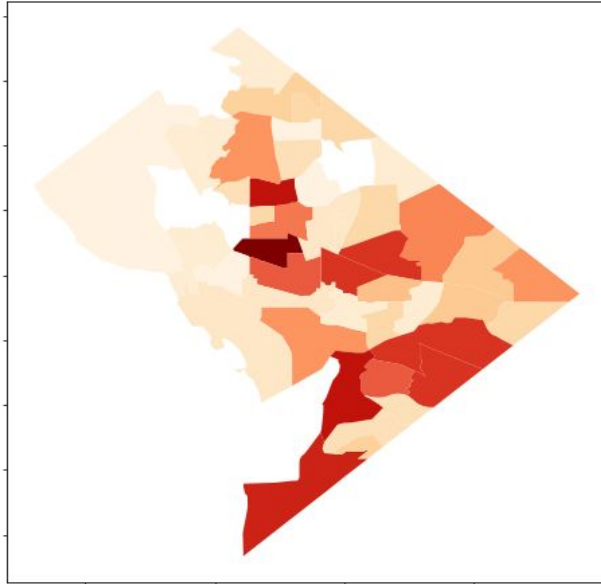
- Malcom X Ave. SE and MLK Jr Ave. SE
- St. Elizabeth Hospital (MLK Jr Ave SE)
- Alabama Ave SE and 24th St SE
- Minnesota Ave SE and 22nd St SE
- 8th St SE and Atlantic St SE
- MLK Jr Ave SE and Howard Rd SE
- Atlantic St SE and Livingston Rd SE

	count	%
RESIDENTIAL	58	62.3
NON RESIDENTIAL	25	26.8
INTERSECTION	10	10.7



Monthly reporting

Non-lethal weekly overdoses by Neighborhood



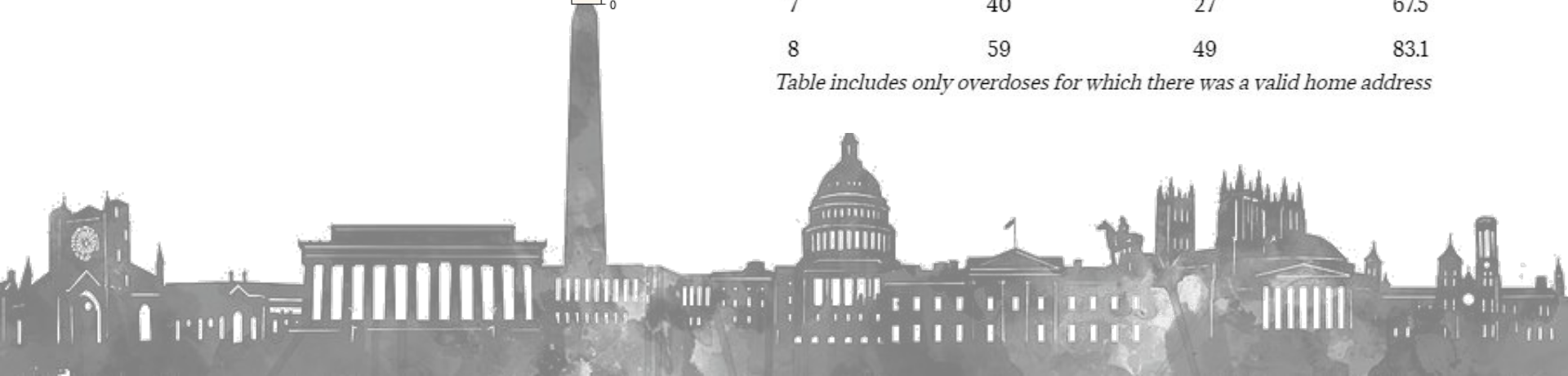
Residence and Distance From Overdose

The average travel distance from home location to overdose was 0.91 miles for the month of December. 40.1% of home locations were not included in the event data or were unable to be geocoded.

T4.1 Overdoses Occuring in Home Ward (% Agreement)

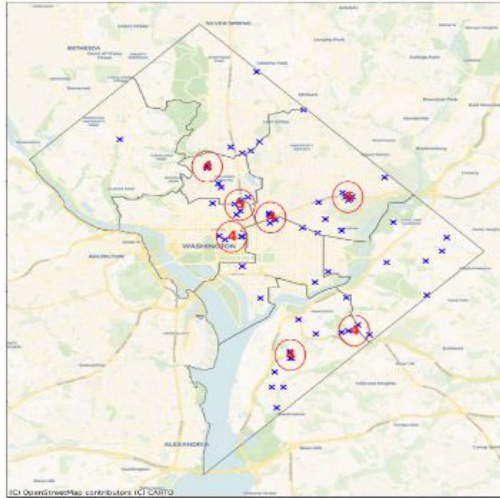
Ward	Total Overdoses	Overdoses in Home Ward	% Agreement
1	18	13	72.2
2	16	7	43.8
3	5	3	60
4	20	17	85
5	27	20	74
6	20	17	85
7	40	27	67.5
8	59	49	83.1

Table includes only overdoses for which there was a valid home address



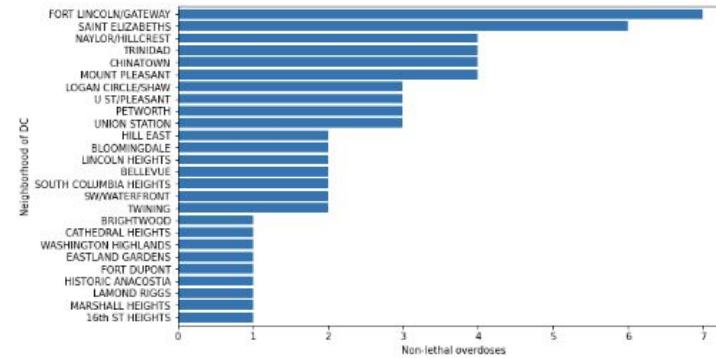
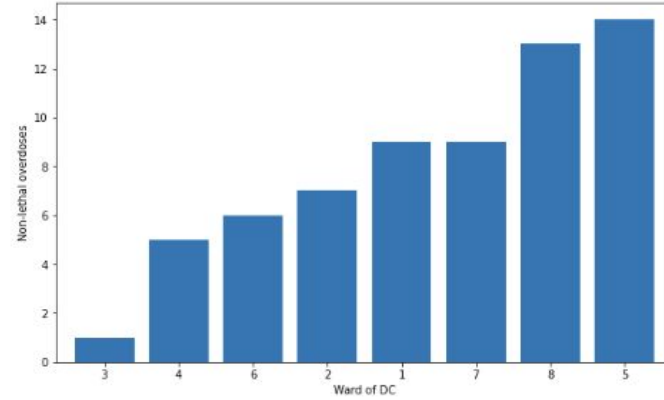
SPIKE REPORT

60 overdoses in 4-days
12/31/2022 - 1/3/2023 and



Intersections in Hotspots
4+ overdoses within a half-mile radius

- 6 ODs – NEW YORK AVE AND BLADENSBURG RD NE
- 5 ODs – S ST NW AND 7TH ST NW
- 4 ODs – 25TH ST SE AND ALABAMA AVE SE
- 4 ODs – PARK RD NW AND 16TH ST NW
- 4 ODs – NEWCOMB ST SE AND MALCOLM X AVE SE
- 4 ODs – H ST NW AND 11TH ST NW
- 4 ODs – NEW YORK AVE NW AND NORTH CAPITOL ST NE



Spike response



- Local media
- LLDC Stakeholders
 - HIPS
 - FMCS



- DBH mobile van
- Crisis Response Team
- DC Health Peers



ben.turley@dc.gov



Individual Resource Teams

- Street Calls 1
- Street calls 2
- ORT 1
- ORT 2

Challenges to Program Implementation

- Consumer being gone when team arrives
- Resistant to receiving recovery information, but will accept Narcan
- Transportation to treatment and recovery services and supports
- Support while in the program
- Being judged by peers
- Fear of retaliation from suppliers

Success Story: January 18, 2023

- ORT and Community Response Team (CRT) collaboration
- 69 year-old male, using drugs since age 14, history of incarceration
- Participated in several treatment programs with several overdoses and multiple attempts at recovery
- Transported to Assessment and Referral Center (ARC) by CRT and has scheduled appointment for Suboxone Treatment Program at Mary's Center

- Public-facing dashboards (e.g., naloxone)
- Exploring a partnership with the Lab@DC to improve and evaluate several initiatives
- Proactively identify when individuals are most at risk for relapse and overdose based on if/when they have interacted with the behavioral health system in the past

How Can YOU Get Involved?

- Government employees: join the monthly opioid data call hosted by Laura Heaven
- Non-government employees: reach out to julie.wiegandt@dc.gov
- We are especially interested in using data to help community members better prevent overdoses and link family/friends/neighbors to local resources

Prevention, Education and Coordination

Through coordinated community efforts at the Ward-level, educate District residents, stakeholders, and health professionals about opioids, OUD, and effective prevention/early intervention, harm reduction, treatment, and recovery approaches.

- Four DC Prevention Centers (DCPCs) reached 12,108 individuals through: 47 naloxone trainings, 87 educational panels, 6 school-based events, and 32 youth-focused community events. (PE.2 and 3)
- Eight faith-based grantees reached 25,814 contacts through over 60 community events and 37 naloxone trainings. (PE.3)
- Three social marketing campaigns running (PE.4):
 - “Be Ready” naloxone campaign: encourages District residents to carry naloxone.
 - Hope campaign: targets individuals who need to be re-engaged in treatment and advertises the District’s treatment and recovery services and supports.
 - Fentanyl campaign: warns the public about the dangers of fentanyl mixed into drugs like cocaine and methamphetamine.

Lynda Brown-Jackson: *Nevertheless Outreach Ministry*

Clinton Perrow: *Ward 3 and 4 Prevention Center*

- Collaboration with schools
- Expand partnerships with faith-based organizations and provide training and technical assistance
- Ongoing continuation of prevention work with partners beyond one-off events
- Marketing campaign that targets youth

Harm Reduction

Support the awareness and availability of, and access to, harm reduction services in the District of Columbia.

- Pharmacy naloxone distribution: 1,624 units (HR.1)
- People receiving naloxone training: 3,461 (2,256 from certified trainers, and 840 from online course and 365 from online course for providers) (HR.1)
- The District of Columbia Stabilization and Sobering Center (DCSSC) has a planned opening for the Spring of 2023 and will operate 24/7 offering immediate connections to treatment, including MOUD initiation, and support (HR.7)
- Fentanyl test strips distributed: 19,773 (HR.3)
- SSP funding increase: \$1.28 million in FY22 to \$2.33 in FY23 (HR.4)

Text-to-Live Naloxone Delivery Program (HR.1): Robert Stevenson, *Rapid Peer Responder, DC Health*

Leave Behind Program (HR. 2): La’kisha Lacey, *Captain, Fire and Emergency Medical Services*

- One of the first text-based naloxone delivery services in the country
- Text “LiveLongDC” to 888-811 to request home delivery and a brief training on naloxone use by a peer
- Program started in Spring 2021 with the DC Health Rapid Peer Responders
- SSP teams now also do deliveries as well to manage growing demand
- ~409 deliveries completed in 2022

Total units distributed by ORT January 2022 to current date – 3,586

- Street Calls 1 – 967
- Street Calls 2 – 656
- ORT – 1134
- SC/ORT – 829

First Responders – 1,037

Total: 4,623

Information Captured by ORT

Date	Incident Number or Event Worked	Unit	Location (i.e. 100 Block of Minnesota Ave., SE, 1234 S Rd. North)	Number of Naloxone (Narcan) Kits given.
4/29/2022		Street Calls 2	400 block of 8th St. SE	10 kits
4/29/2022		Street Calls 2	217 V St NW	0
4/29/2022		Street Calls 2	6100 block of Georgia Ave NW	1 kit
4/29/2022		Street Calls 2	967 Florida Ave NW	2 kits
4/29/2022		Street Calls 2	3016 14th St NW	8 kits
5/1/2022		Street Calls 2	Anacostia Metro	11
5/1/2022		Street Calls 2	MLK jr. Ave @ Park	18
5/1/2022		Street Calls 2	MLK jr.ave SE & Talbert st se	12
5/1/2022		Street Calls 2	16 and Good Hope Rd SE	6
5/3/2022		ORT	4660 MLK Ave SW	4
5/3/2022		ORT	South Capitol St Se & Southern ave Se	4
5/5/2022		ORT	1101 Howard Rd SE	6
5/5/2022		ORT	New Jersey / M St SE	12
5/5/2022		ORT	Martin Luther King Jr. Ave. / V ST SE	8
5/10/2022		ORT	3400 Blk 14th St NW	22 kits

- Enhanced drug checking in the field
- Strategic naloxone partners for optimal distribution and reporting
- Increased access to naloxone—certifying more people to become naloxone trainers
- Naloxone legislation changes to meet the needs of the District’s naloxone initiative
- The implementation of the District of Columbia Stabilization and Sobering Center (DCSSC) so that individuals have a safe place to go, other than a hospital or jail, after consuming drugs

Treatment

Treatment Opioid Strategy Group Goals

Improve quality of and access to treatment for substance use disorders in the District.

Strategy goals include...

- Expand medication for opioid use disorder (MOUD) induction and SBIRT through DC Hospital inpatient units and emergency departments to improve initiation of care and access to services.
- Provide screening and treatment for co-occurring conditions such as HIV/HCV, offer wellness activities and expand telehealth to make treatment more accessible and patient-centered.
- Employ peers to engage patients in hospitals and post-discharge, offer 24/7 intake and crisis intervention, and provide transportation to appointments in order to empower patients to seek treatment.
- Create of a provider community of learning and education opportunities for providers to improve quality of care

- 198,775 SBIRT screenings completed in six acute care hospital and at PIW; 9,974 patients received brief interventions; and 693 patients eligible to receive MOUD were induced in the hospital. Additionally, peers engaged 945 patients as part of their post-discharge outreach in the community. (TR.1)
- Buprenorphine Drug Assistance Plan (BupDAP), a benefit for residents who are uninsured or underinsured, supplied 121 individuals with buprenorphine. (TR.1)
- 4,333 individuals were contacted through outreach and 276 were enrolled in care management services. The care management teams made 311 referrals to behavioral health services and 189 successful linkages. (TR.8)
- The MyRides program provided 2,731 rides to treatment and recovery supports. (TR.3)

**Care Coordination (TR. 8): Darryl Johnson, Patient Care Management/Coordination,
Hillcrest Children and Family Center**

**Hospital-Base Peers (TR. 1 and 5): Ean Bond, Team Lead Recovery Coach,
MedStar Washington Hospital Center**

- Female African American, 59 years old
- Two adult daughters
- History of heroin use
- Stable housing
- Diagnosed major depression
- Cancer survivor with diabetes, high blood pressure, chronic obstructive pulmonary disease (COPD), gout, and high cholesterol

- Monthly Care Team meetings with 50% informal and 50% formal support. (Primary and specialty incl.)
- Sober with avg 7 session/mo and 12-step program
- 100% fidelity to SUD, BH treatment and care plans
- Increased health literacy for her and family
- Providers more knowledgeable about her SUD and BH
- Now leading own care (schedules appts, tracks meds, etc.)
- No hospital stays, ER visits, or overdoses since involvement in program

Care Management Expansion: Youth Program

- 92% decrease in ER visits
- 95% decrease in hospitalizations
- 37% increase in SUD engagement
- 71% increase in following tx plan
- 79% increase in following doctors' orders
- 100% engagement through transitions through levels of care

- Continue to work towards implementation of integrated and patient-centered care models in treatment
- Develop tools and trainings to address stigma by providers
- Provide MOUD consultation, technical assistance, and education to DC providers
- Continue to expand the hospital-based peer program and naloxone distribution through District hospitals
- Continue to expand access to treatment through referrals, My Rides, 24/7 CRT, mobile van, and telehealth

How Can YOU Get Involved?

Join our Treatment OSG monthly meetings
on the last Tuesday of each month

For meeting information, visit [LiveLong.DC.gov](https://www.livelongdc.gov) and click on
'Visit The News Room' for a calendar of upcoming meetings



Recovery

Expand reach and impact of the highest quality recovery support services available and promote a recovery-oriented system of care.

- The four Peer-operated Centers enrolled 233 new individuals with OUD/STUD and made 104 linkages to employment services, 37 linkages to treatment services, and 738 linkages to recovery support services. (RE.1)
- Oxford House admitted 163 new individuals with OUD/STUD into recovery housing. Oxford House staff made 47 referrals to treatment and provided peer-led recovery support services to 111 individuals. (RE.2)

Norman Jenkins: Member, *Oxford House Friendship Court*

Mark Lassiter: Executive Director, *DC Recovery Community Alliance*

- Identify Peer Workforce Opportunities
 - Opioid Ambassador Training
 - Recovery Coaching: A Harm Reduction Pathway Training
 - National Certification
- Raise awareness about recovery resources (e.g., <https://myrecoverydc.org/>)
- Work with Interdiction and Criminal OSG on recovery forums
- Start a Medication-Assisted Recovery Anonymous (MARA) Group <https://www.mara-international.org/>

Interdiction and Criminal Justice

Strengthen public safety and justice strategies that reduce the supply and usage of illegal opioids in the District of Columbia.

- The men's SUD unit at the jail opened in August 2022 and had 15 residents in September and the women's unit, which opened late 2021, had 9 residents.
- In addition to the residential units, in the month of September, 272 individuals were receiving MOUD (228 buprenorphine, 44 methadone, and 0 naltrexone). Certified addiction counselors in the jail made 1,734 contacts with jail residents with OUD. (IC.3)
- Recovery housing was provided to 20 women and 5 men who recently returned from jail and all clients were engaged in weekly care management. Ten women identified permanent housing and 12 clients found employment. (IC.4)
- 308 incarcerated individuals with a history of opioid or stimulant use who participated in release planning through the READY Center at DOC; 108 of those returning citizens were linked to DBH behavioral health services.(IC.4)
- Conducted two forums for justice partners for individuals to discuss their road to recovery. (IC.5)
- In August 2022, Director Bazron and Chief Contee attended a national chief's meeting to gather additional data about formal co-responder models and to drive renewed planning activities related to a reinvigorated pre-arrest diversion program. (IC.9)
- Continued to share findings from the DFS testing program to improve understanding of drug use trends. (IC.10)

Recovery Housing for Returning Citizens (IC. 4): Shena McFadden,
Director of Housing, Community Family Life Services

- Continue to expand recovery housing for returning citizens.
- Continue to build a robust pre-arrest diversion program to keep individuals out of jail.
- Conduct a journey map to develop a common understanding about the landscape of the justice system that is broader than interdiction.

- **Prevention, Education, and Coordination:** 1:00–2:00 p.m. fourth Thursday of every month
- **Harm Reduction:** 1:00–2:00 p.m. last Tuesday of every month
- **Treatment:** 3:30–4:30 p.m. last Tuesday of every month
- **Recovery:** 3:00–4:00 p.m. last Wednesday of every month
- **Interdiction and Criminal Justice:** 11:00 a.m.–12:00 p.m. last Tuesday of every month

***** Note that Opioid Strategy Groups (OSGs) meet during the quarterly summits so we don't meet separately that month *****

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