January 2024

LIVE.LONG.DC. Stakeholder Summit Report

LIVE LONG DC
Saving lives from the opioid epidemic

January 31, 2024

LIVE.LONG.DC. Stakeholder Summit

Purpose

To convene the LIVE.LONG.DC. (LLDC) stakeholder community in a forum of community building, learning and action planning to save lives from opioid overdoses.

Outcomes

- Refresh and build new face-to-face community connections.
- Recognize and appreciate the work of this LLDC community.
- Commit to working together in delivery of the LLDC strategies.

Agenda

1. Opening Remarks
2. History of LLDC
3. Data Trends
4. FEMS/MOUD Presentation
5. Stabilization Center Presentation
6. OSG Breakouts
7. Closing Remarks

Data Sharing: Fatal and Non-Fatal Overdoses

Laura Heaven, Department of Behavioral Health

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Fatal and Non-Fatal Overdoses

Data was presented from the Office of the Chief Medical Examiner (OCME) and Fire and Emergency Services (FEMS): January 1, 2023 - September 30, 2023.

- Ward of injury was reported for both fatal and suspected non-fatal overdoses.
  - Deaths occurring in hospitals skew the fatal overdose Ward data.
- Suspected non-fatal overdose numbers are significantly higher than what was presented in October due to DBH better aligning the logic to identify suspected non-fatal overdoses with DC Health definition. (This work is ongoing.)
- There are unknown Wards in the location breakdowns. Work is ongoing to clean address data and map these addresses.

Q&A - Consideration to Improve Data in Future Summits

- Can you show the data on fatalities of those in homeless shelters, schools, incarcerated, etc..?
  - It is possible to map data by location (the specific address of where pick up was).
- What was your methodology to connect repeat cases?
  - Used a multi-agency dashboard and matched the date of birth, first name, last name (common identifying information).

Data Sharing
Fire and Emergency Services (FEMS)

Dr. Robert Holman, FEMS

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Fire and Emergency Services (FEMS)

- The presentation on "EMS Care for Persons with Opioid Use Disorder (OUD)" covered the danger of opioid overdoses, emphasizing the need to reduce morbidity associated with them. It also highlighted the emerging role of FEMS in connecting patients to medication for opioid use disorder (MOUD), and showcasing how FEMS can play a crucial role in addressing the opioid crisis.

Q&A:

- If a person is revived in a hospital after an opioid overdose and goes back out to use again, are they more likely to die? (certain time period)
  - Yes, there is a higher risk of mortality, with 5.5% dying in a year with 1 in 5 of those deaths occurring within the first month.
- What does it look like for people who are in the field working?
  - FEMS may revive them in the field and transport them to the hospital, but they may not receive further treatment there and could be discharged.
- If this is the crisis paradigm, is there any aftercare/follow up being done to prevent this mortality rate?
  - FEMS partners with the DC Stabilization Center for aftercare and engagement, but there is recognition that more integration is needed with other teams involved.

Fire and Emergency Services (FEMS) - *Q&A Continued*

- Are FEMS personnel peers or do they have peers on staff taking them to the hospital? If they refuse transportation, could the barrier be because someone that is not a peer is interacting with them?
  - The Department of Behavioral Health funds community outreach specialists, some of whom may be peers. There is a system in place where teams respond to transport refusals after naloxone administration, but there are suggestions for a paradigm shift to improve immediate action.
- Is there any group or entity opposed to expanding the practice of paramedics?
  - There is no opposition, and there are plans to do a pilot program in collaboration with partners at DC Health.
- Are there any plans to expand the practice of paramedics in responding to overdose cases?
  - Yes, there are plans to develop a system where paramedics can receive early alerts and expand training beyond the current Street Calls team to improve response times.
- Where are naloxone dispensers located and are there plans to expand their placement?
  - (response from DBH) Vending machines are currently located at fire stations and community-based organizations. There are plans to expand their placement in collaboration with organizations such as Family and Medical Counseling Services (FMCS) and Honoring Individual Power and Strength (HIPS).

DC Stabilization Center (DCSC)

Anna Jones, DCSC
Mary Page, DCSC
Dr. Robert Holman, FEMS
Tracey Wright, Federal City

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DC Stabilization Center

The presentation on the District of Columbia Stabilization Center (DCSC) gave an update since implementation began October 2023. The facility offers low-barrier access to therapeutic substance use disorder (SUD) treatment and crisis stabilization services for adults aged 18 and older, with no cost, insurance, or residency requirements. Individuals can be referred by FEMS, community providers, family/friends, or walk-ins. The center can accommodate up to 22 individuals at one time, with 16 recliners for stays of up to 23 hours and 6 beds for patients with acute SUD needs requiring observation and monitoring for up to 72 hours. Additionally, the DCSC serves as a 24/7 naloxone distributor for the community.

Q&A:

- Is the DC Stabilization Center fully ADA compliant?
  - Yes, the center is fully ADA compliant, with facilities and staff capable of assisting with bathing and dressing for individuals with disabilities.
- Is there an ID requirement for individuals seeking services at the Stabilization Center?
  - No, there is no ID requirement. People from all over, including DC, VA, and PA, have accessed the center without any ID requirement.

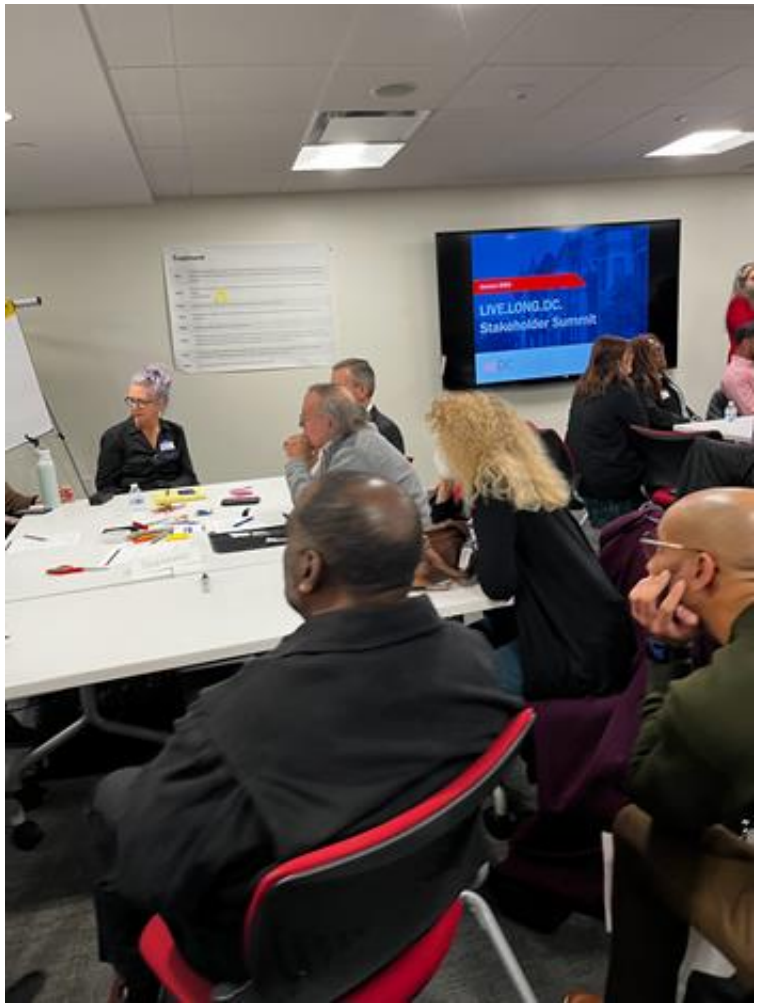
DC Stabilization Center - *Q&A Continued*

- Why was 35 K Street N.E. chosen as the site for the Stabilization Center?
  - The current location was chosen based on FEMS data, which indicated that 35 K St NE was the perfect place at the time. The data currently leans more towards Columbia Heights than East of the River for the next center, and there has been advocacy for Columbia Heights.
  - We presumed that the majority of cases would be alcohol use disorder, but our data shows that 10% of admissions are related to opioid use disorder. However, when data on opioid use disorder cases is separated out, the map changes. The decision on the location of the next center will consider all relevant factors.

OPIOID STRATEGY GROUPS BREAKOUT CONVERSATIONS

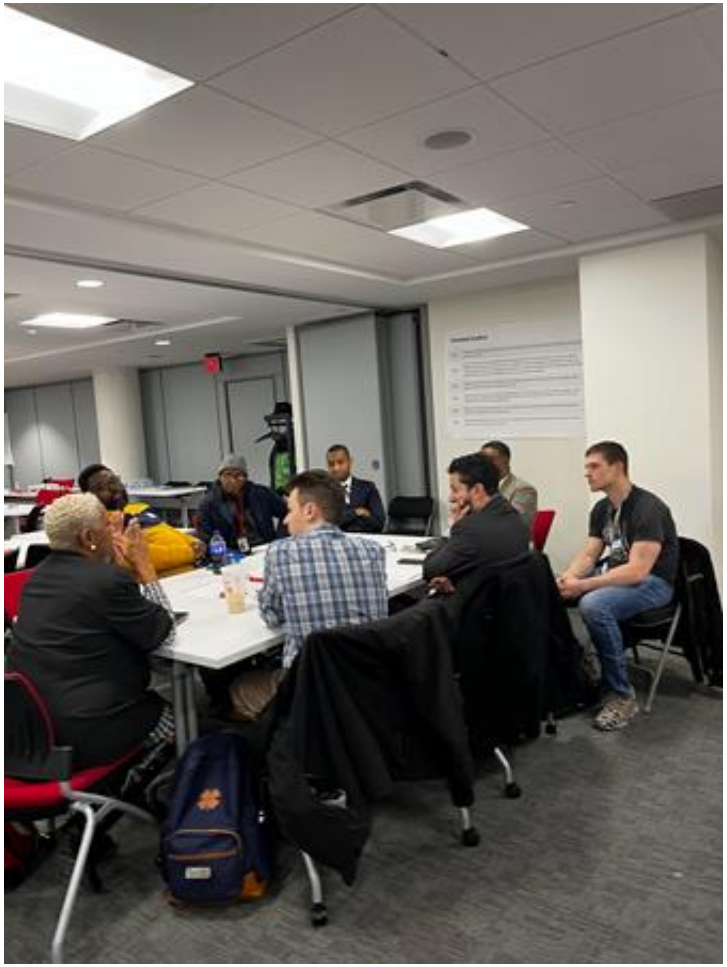
Treatment

- Transportation Van Issues: These are critical to tackle and fall under our goals. Specific follow-up activities include:
  - MyRides: Determine how to call for services.
- Community Engagement for Health Information Exchange: Involve community peers and others in workflows to address health information exchange.
- Expansion to Include Behavioral Health and Comorbidities: Explore how to expand our services to include behavioral health and address comorbidities.
- Need to identify who else should be involved with OSG.



Criminal Justice

- Criminal Justice Plan Improvement: Enhance the plan to ensure people receive treatment without entering the criminal justice system.
- MPD and DBH Pilot: A new pilot between MPD and DBH began in October 2023 to respond to crisis stabilization events.
- Expansion of Peer Support: Increase the number of peers and coaches for individuals exiting the criminal justice system or Bureau of Prisons to facilitate smoother transitions.
- Diverse Treatment Sources: Bring more treatment options into the city from a wider range of sources.

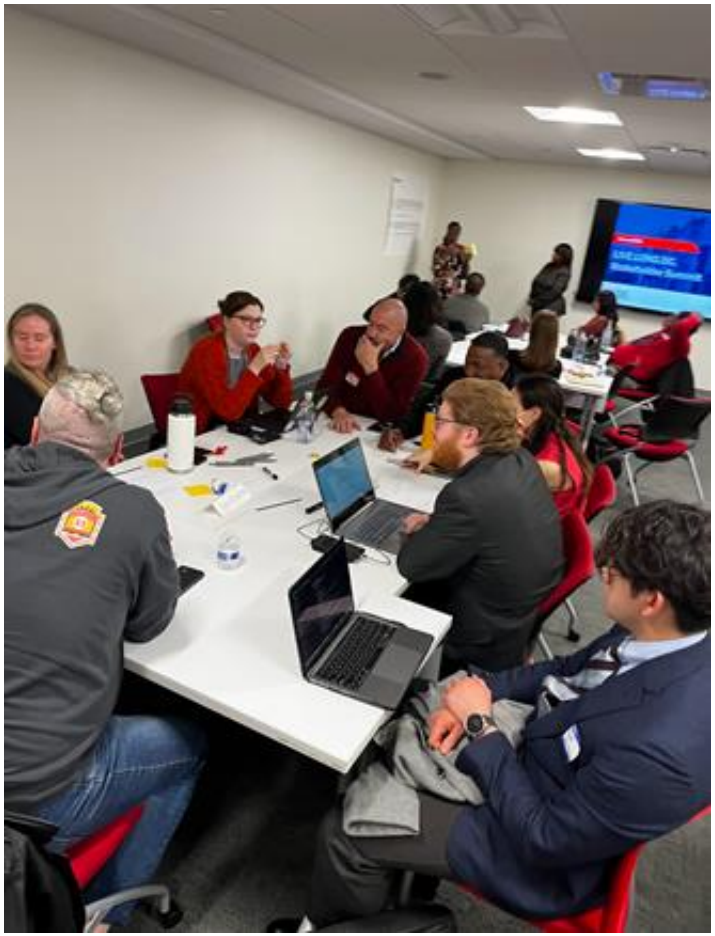


Recovery

- Balanced Storytelling: While fatal overdose deaths are well covered, there's a need to highlight the thousands in recovery. It's important to share their stories to raise awareness about recovery support.
- Networking for Support: Connect with peers to share stories, build empathy, and strengthen community bonds.
- LLD Plan and Strategies:
  - Forums for Diverse Groups: Host forums in Summer and September for those in recovery, the criminal justice system, faith-based, and family-centered communities.
  - National Connection: Connect DC's recovery community with the national movement, focusing on Recovery Month. Encourage everyone to hold events for Recovery Month.

Harm Reduction

- Data Integration: Improve the fragmented data infrastructure by creating a cohesive system.
- Immediate Notifications: Enhance immediate notifications around overdoses and identify the required resources and policy changes.
- Addressing Challenges: Address the challenge of reaching people at the right moment.
- Community Resources: Identify and acquire the necessary resources for community work.
- Unresolved Challenge: Solve the ongoing challenge of coordinating resources effectively.



Prevention and Coordination

- Strategy and Direction: Outline plans for grants and mini grants and define the vision for grassroots work.
- Clarity in Requests: Clearly define what is being asked for in grants.
- Agency Partnerships: Provide guidelines for proposed community partnerships, including do's and don'ts.
- Support from the Start: Develop ways to support grantees from the beginning of their engagement.
- Targeting Special Populations: Discuss strategies for targeting special populations across the city.
- Innovative Approaches: Explore innovative approaches for engaging special populations.
- Future Grant Allocations: Define the objectives for additional grant money in the prevention space.

THANK YOU!

Summit design and facilitation provided by:
The Clearing, Inc

www.theclearing.com

Emily Davis
Emily.Davis@theclearing.com
202.558.6499