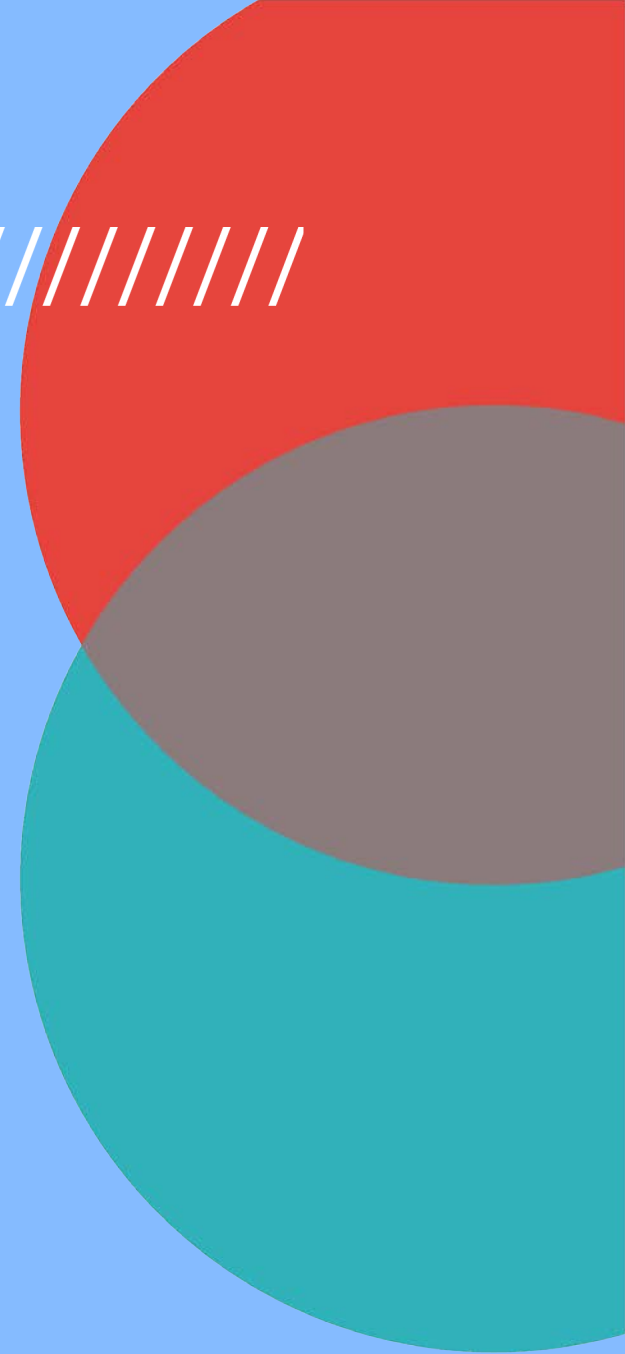


LIVE. LONG. DC.




DC Opioid Stakeholder Summit

APRIL 24, 2019



Overview



The 7th DC Opioid Summit was attended by approximately 120 people representing more than 40 public and private stakeholder groups/voices from across the District.

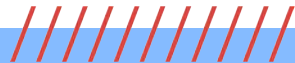
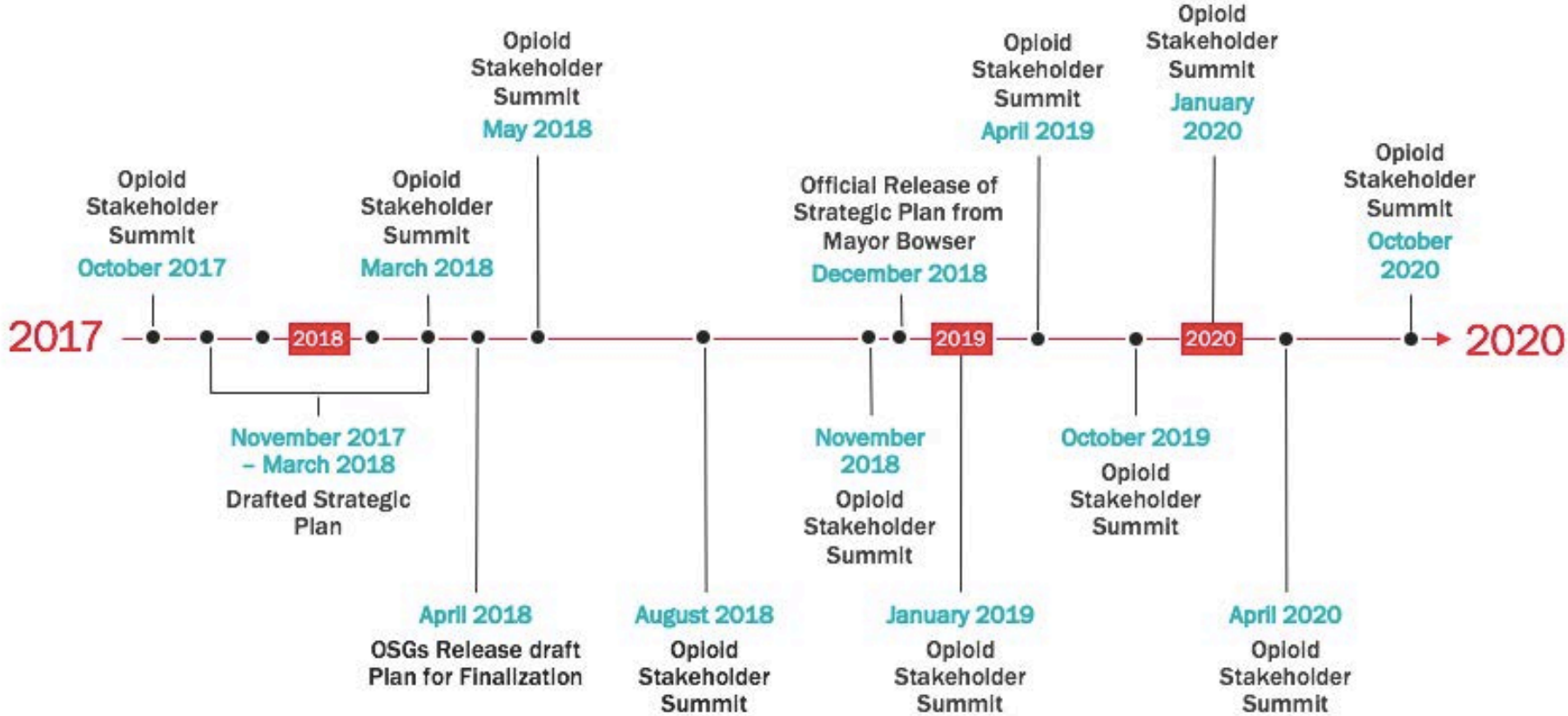
The purpose of the Summit was to bring stakeholders together to create a shared understanding and appreciation of the system that we all operate in. This enables us to identify gaps and opportunities in the system, see how the LIVE. LONG. DC strategies are working in our system, and most importantly, better serve consumers.

Dr. Nesbitt, Director of DC Health and Interim Director of the Department of Behavioral Health (DBH), opened the Summit with updates and shared accomplishments since the stakeholder group last convened in January. Highlights included:

- Significant death rate reduction in 2018
- New Downtown Day Center opened in February and is serving 100 clients per day
- Metropolitan Police Department (MPD) officers are now equipped with and carrying Naloxone
- Department of Health Care Finance (DHCF) policy to remove prior authorization for buprenorphine and naltrexone is now in place
- DBH is creating a comprehensive outreach team that will operate 24/7
- A training was offered to judges to help them better understand medication-assisted treatment (MAT) and see it as a viable option for individuals with opioid use disorders
- DBH submitted a grant application to the Substance Abuse and Mental Health Services Administration (SAMHSA) to receive an additional \$11 million in grant funding to further support LIVE. LONG. DC initiatives and strategies
- LIVE. LONG. DC website will be published soon and will house the LIVE. LONG. DC Strategic Plan, monthly progress updates on implementation of the plan, data dashboards, upcoming events, and more



Timeline



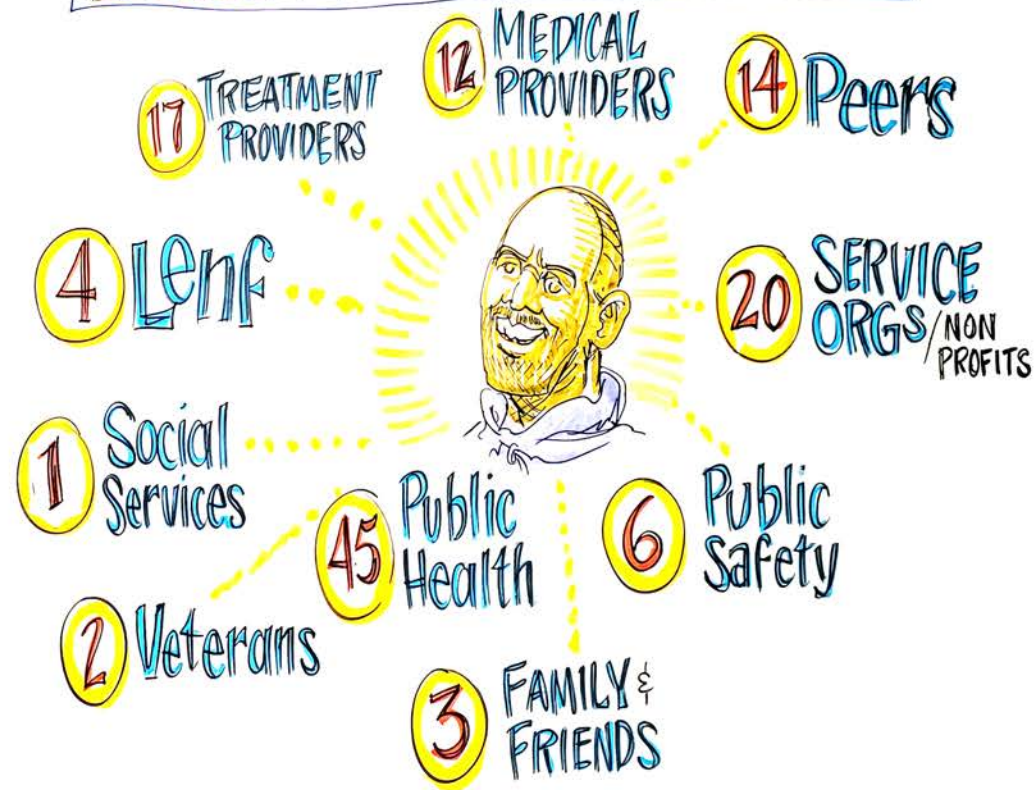
Voices in Our System

DC OPIOID SUMMIT April 24 2019

1

Voices Represented in Our System

The group collectively identified the voices that were present at the Summit in order to create a whole systems view. Numbers next to each stakeholder group indicate how many people from that group were in attendance. Some individuals belonged to more than one group.



GREG GERSCH the CLEARING

DC Opioid Strategy Contributors and Stakeholders

DC Agencies

Criminal Justice Coordinating Council (CJCC)
Department of Behavioral Health (DBH)
Department of Corrections (DOC)
D.C. Health (DCH)
Department of Human Services (DHS)
Department of Forensic Sciences (DFS)
DC City Council
Department of Health Care Finance (DHCF)
DC Office on Aging (DCOA)
Fire and Emergency Services (FEMS)
Homeland Security and Emergency Management Agency (HSEMA)
Metropolitan Police Department (MPD)
Office of the Chief Medical Examiner (OCME)
Office of the Mayor

Federal Partners

Court Services and Offender Supervision Agency (CSOSA)
Department of Justice (DOJ)
Drug Enforcement Agency (DEA)
Federal Bureau of Investigations (FBI)
Office of the Attorney General (OAG)

Community Partners

Aquila Recovery
Children's National Medical Center
DC Hospital Association (DCHA)
DC Medical Society
DC Prevention Center Wards 7 & 8
DC Primary Care Association (DCPCA)
DC Recovery Community Alliance (DCRCA)
Medical Home Development Group (MHDG)
George Washington University (GWU)

Community Partners

Grubbs Pharmacy
Helping Individual Prostitutes Survive (HIPS)
Howard University
McClendon Center
Mosaic Group
Miriam's Kitchen
One Common Unity
Oxford House
Pathways to Housing
Partners in Drug Abuse Rehabilitation Counseling (PIDARC)
Psychiatric Institute of Washington (PIW)
So Others Might Eat (SOME)
Sibley Hospital
Unity Health Care
Whitman Walker Health
Woodley House
Zane Networks, LLC

Data Presentation: DBH

A brief data presentation was shared with Summit attendees regarding the demographics and trends of users in the DBH system.

Key Highlights:

- 49% of consumers who are admitted to DBH for treatment use opioids
- Majority of consumers use opioids on a daily basis
- Majority of users are men
- Majority of users are in Ward 8 or are experiencing homelessness
- Average age of first admission for treatment services: 50-65 years old
- Average age of first use of opiates: 14-20 years old

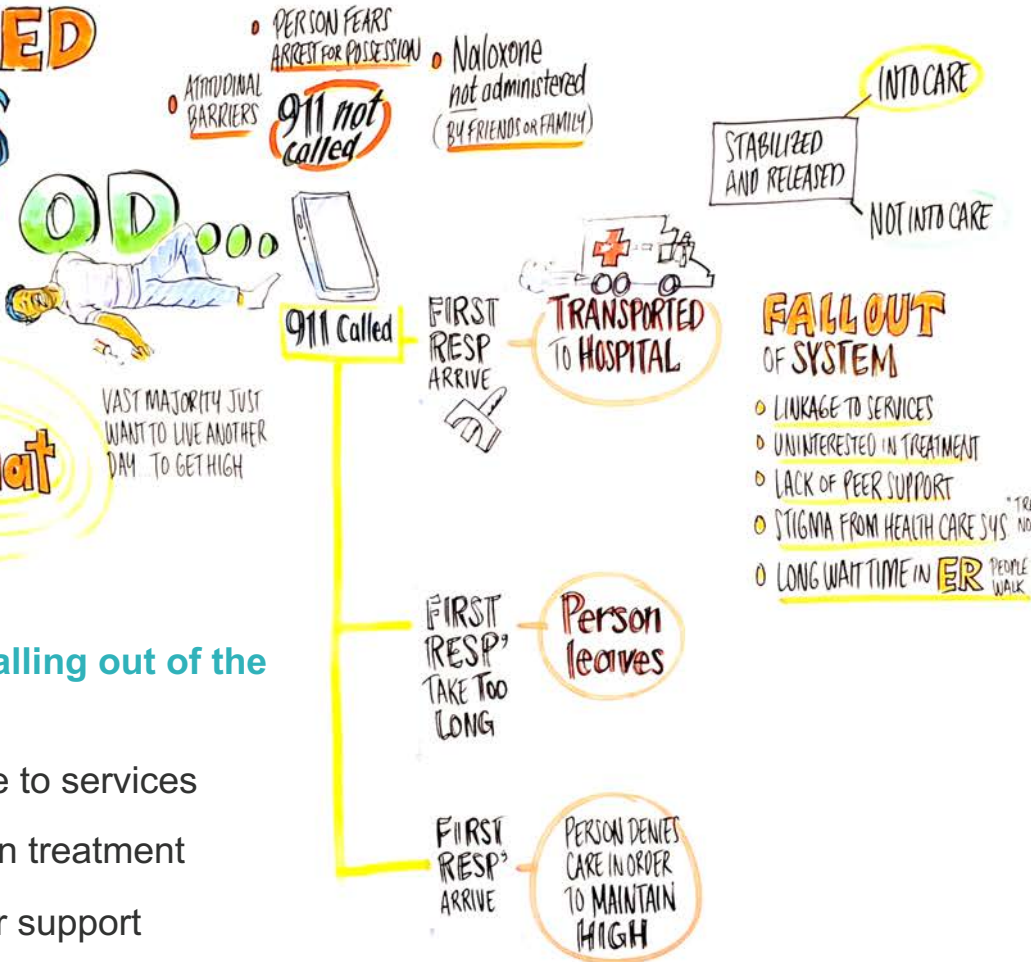
Shared Systems View - Scenario 1:

When an individual experiences an overdose and 911 is called

A SHARED SYSTEMS VIEW

HOW DO WE DEFINE THE COLLECTIVE EXPERIENCE?

Who DOES What To Whom?

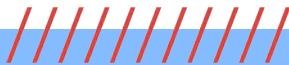


Potential Outcomes:

- Consumer is taken to the ED and then falls out of the system after leaving
- Ambulance takes too long and the consumer has already received Narcan and left the scene of the overdose
- Consumer refuses Narcan because they want to keep their high
- Consumer refuses treatment because they are afraid of arrest
- The wait time at the ER is too long, and the consumer leaves before receiving treatment

Reasons for Falling out of the System:

- Poor linkage to services
- Disinterest in treatment
- Lack of peer support
- Stigma from providers
- Long wait time in ED



Shared Systems View - Scenario 1:

When an individual experiences an overdose and 911 is called

Opportunities:

- Leverage the 'Shot of Life' program through Grubb's Pharmacy
- Increase training for peers
- Reduce stigma in the healthcare system and communities (especially amongst providers in hospitals)
- Increase access to and convenience of services
- Reduce wait times at emergency departments
- Utilize drop-in centers
- Increase education, peer support, and linkage to services and treatment in emergency departments



GREGGERSCH the CLEARING

Shared Systems View - Scenario 2:

MPD stops by due to calls of drug use or general neighborhood patrol



GENERAL Neighborhood PATROL

- ☐ WHITE
- ☐ AFRICAN AM
- ☐ HISPANIC



BLACK ARRESTED, INCARCERATED

TAKEN INTO CUSTODY

HISPANIC IMMIGRATION CITIZENSHIP STATUS QUESTIONED

CAUCASIAN DEPENDS ON USER'S AND OFFICER'S PRIOR HISTORY

URINE TOXICITY TEST ADMINISTERED

TREATMENT DURING INCARC'

INCARCERATED

Released

- CONTINUED DRUG USE
- CEASE DRUG USE

Potential Outcomes:

If the consumer is African-American:

- MPD determines the person is a user, takes them into custody
- The person falls out of system after they are released

If the consumer is Hispanic:

- MPD may ask about the person's current immigration status, which may impact the officer's reaction

If the consumer is Caucasian:

- The outcome is dependent on both the officer and the consumer's record

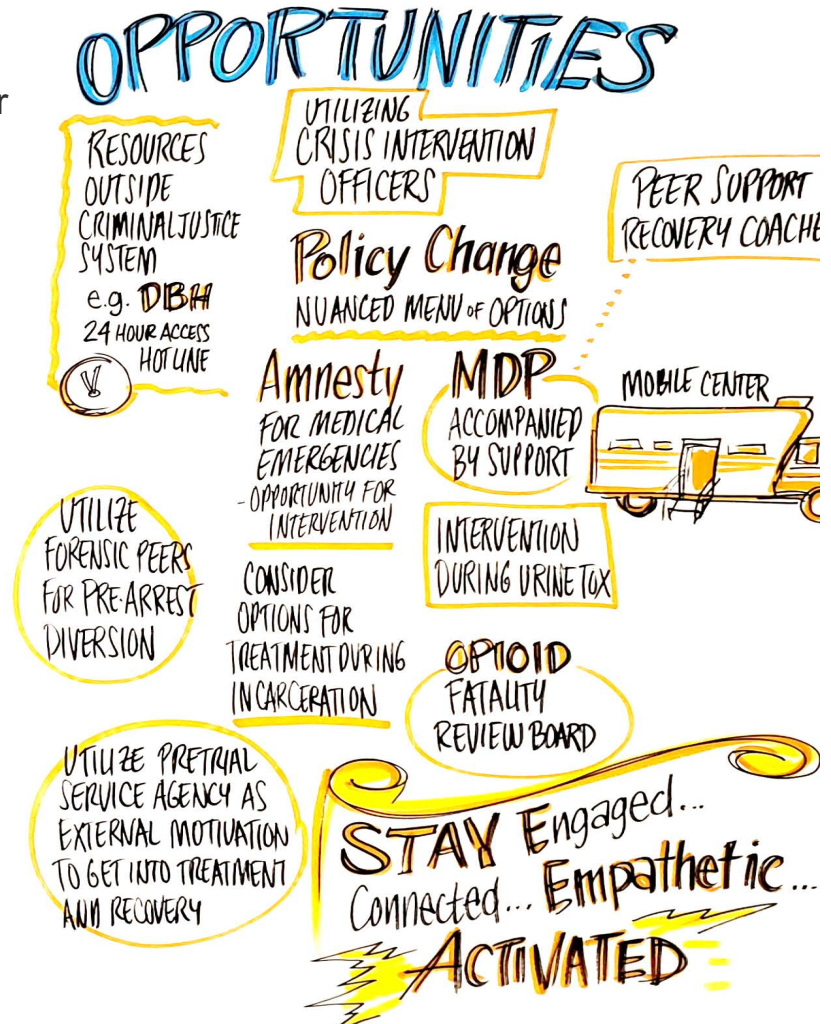


Shared Systems View - Scenario 2:

MPD stops by due to calls of drug use or general neighborhood patrol

Opportunities:

- Collect and remove substances from the streets to identify potential existence of a larger problem or larger OD population
- Offer amnesty for people who call for help and for consumers on whose behalf they are calling
- Provide additional resources for police officers; partner police officers with peers or recovery coaches
- Engage forensic peers for pre-arrest diversion
- Provide additional resources for incarcerated individuals with opioid use disorder; offer medication-assisted treatment while incarcerated
- Promote greater educational awareness of the Good Samaritan law
- Use Pretrial Services Agency as an external motivator to get users into treatment
- Leverage opioid 'Fatality Review Board'
- Use D.C. Crisis Intervention Officers (CIOs)



LIVE. LONG. DC.



DC Opioid Stakeholder
Summit
Design and Facilitation
Support

THE CLEARING, INC.
JONATHAN SPECTOR
202.558.6499
JONATHAN.SPECTOR@THECLEARING.COM

