DC OPIOID SUMMIT

SESSION REPORT

October 30, 2017

THE CLEARING

PURPOSE | OUTCOMES | AGENDA

PURPOSE:

To **align** and **amplify** the impact of stakeholders working to address the opioid crisis in the District of Columbia

OUTCOMES:

- Gain a **shared perspective** of the opioid stakeholder "ecosystem"
- Define success
- Commitment to **coordinated actions** among participants

AGENDA:

I. Opening Remarks
II. Creating Shared Perspective
III. Generating Shared Intent
IV. Outlining Coordinated Action
V. Closing Remarks and Next Steps

DR ROYSTER'S OPENING REMARKS:

- Be open, honest, and forward-thinking
- Find opportunities to collaborate and cooperate
- Use your voices freely
- This is just the beginning

SUMMIT PARTICIPANTS

Title	First Name	Last Name	Organization	Email Address	90 Day Working Group (see slides 13-14)
	Johnny	Allem	Aquila Recovery	johnny.allem@aquilarecovery.com	
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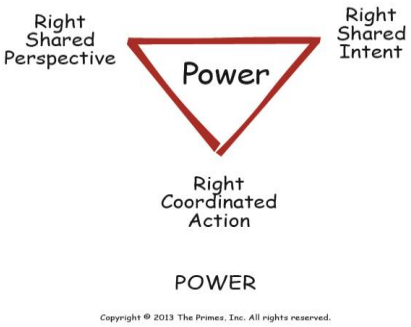
	James	W.	Commun	tpinkney@fmcsinc.org	Campaign

PRIMES OUTFITTING

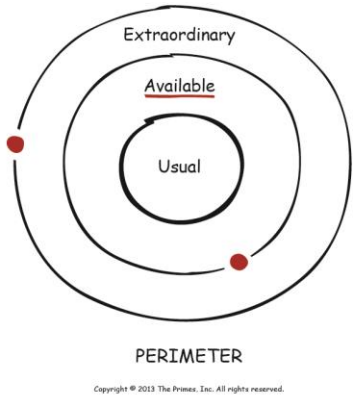
POWER

The **POWER** groups have the potential to generate is a function of the degree they operate from a **shared perspective,** the intensity of and alignment to their **shared intent,** and their commitment to **coordinated action**.



PERIMETER

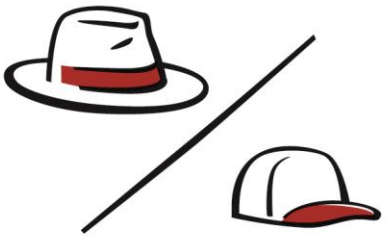
A group that expands its **PERIMETER** to "available" or "extraordinary" space will consistently allow people to provide new insights that would have otherwise been suppressed in "usual" space.



PRIMES OUTFITTING

BIG HAT – LITTLE HAT

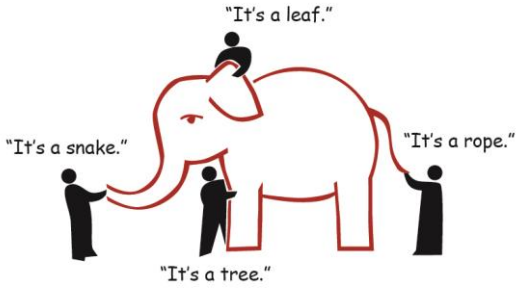
Leaders can put on their **BIG HAT** and make decisions that are good for the whole or put on their **LITTLE HAT** and assess how decisions will impact themselves and their teams. This Summit is a BIG HAT conversation.



BIG HAT - LITTLE HAT

BLIND MAN AND THE ELEPHANT

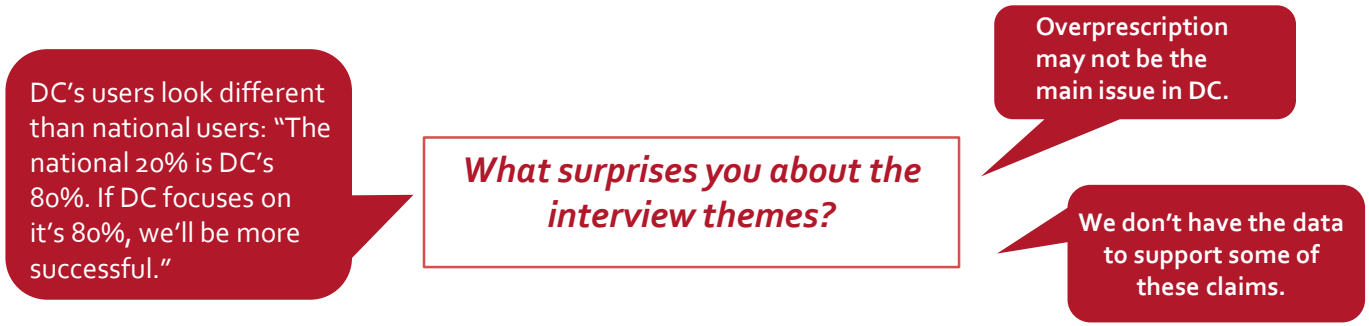
Members of a team often perceive problems differently. Once members of the team recognize this dynamic and understand they each only hold a *part* of the **ELEPHANT,** they can resolve differences more quickly.



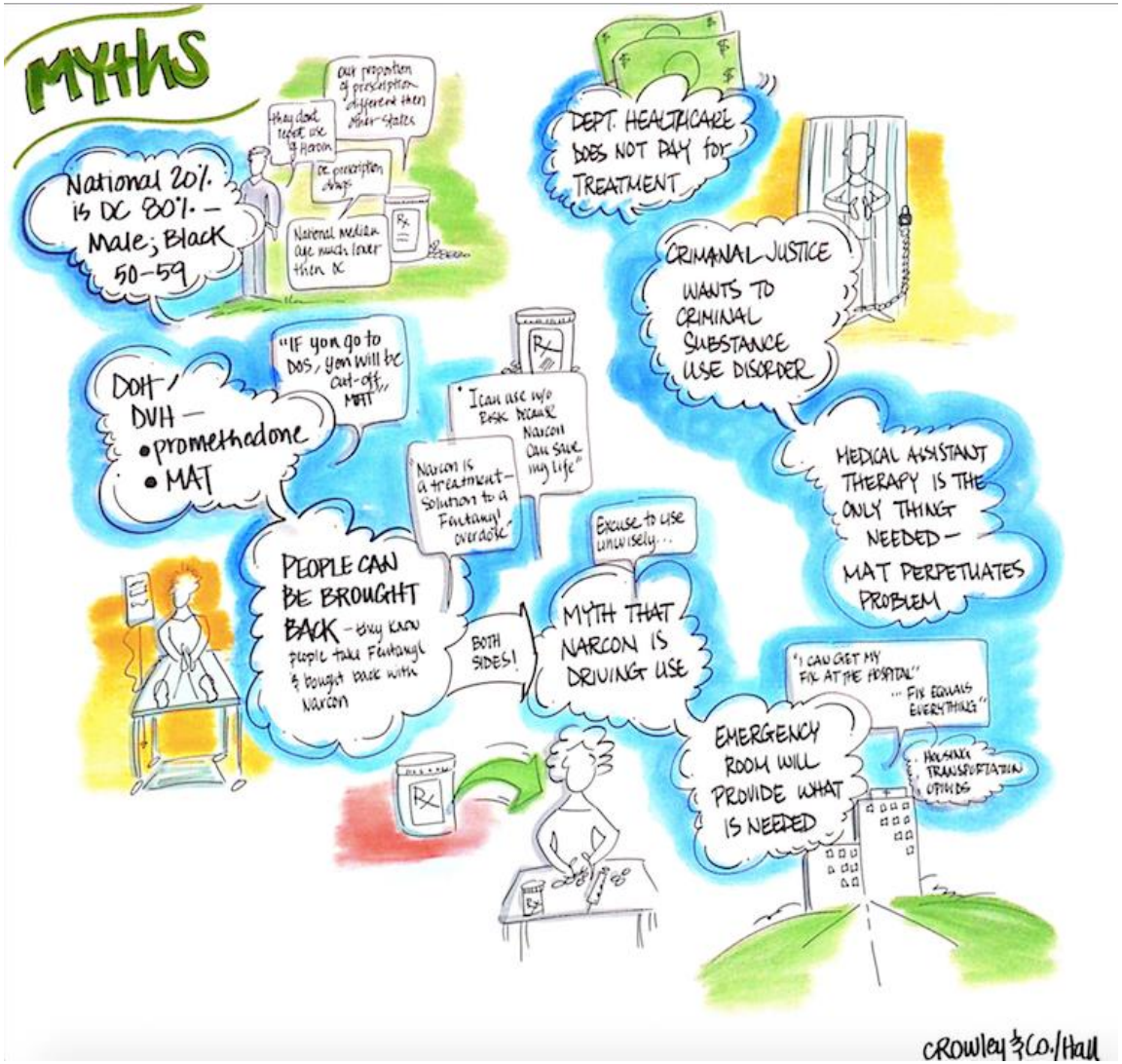
BLIND MEN AND THE ELEPHANT

'WHAT WE HEARD': PRE-SUMMIT STAKEHOLDER INTERVIEW THEMES

- ✓ "One size fits all" treatment approaches are ineffective.
- ✓ Medication-assisted treatment (MAT) is becoming a greater focus amongst treatment providers, but MAT is still controversial.
- ✓ Treatment alternatives should be available to interested users.
- ✓ Physicians need more education and training on proper opioid prescription practices.
- ✓ The public has a narrow understanding of the opioid crisis and could benefit from public awareness campaigns.
- ✓ Government entities lack understanding of what others are doing to address the opioid crisis.
- ✓ Overall resource scarcity contributes to opioid-related deaths. There should be wider access to Narcan, other pharmaceutical resources, and treatment options.
- ✓ Increased access to housing and other "stabilizers" could improve treatment success rates.
- ✓ Opioid addiction is stigmatized. Addiction should be viewed as a public health crisis not as a criminal issue.



WHAT MYTHS ARE WE LIVING WITH TODAY?



- "I can use without risk because narcan will save my life."
- Opioid use is high because narcan exists.
- The DC Department of Healthcare Finance does not pay for substance abuse treatment.
- The criminal justice system wants to criminalize substance abuse disorders.
- MAT perpetuates drug addiction.
- Users who receive MAT do not need additional forms of treatment and/or therapy.
- "I can get a fix if I go to the hospital."

WHAT IS TRUE TODAY? – MAPPING A USER'S JOURNEY

Participants introduced themselves and their organizations. Each person identified the first point at which they intervene in an opioid user's journey, and highlighted three key things their organization currently does to help address the District's opioid crisis.

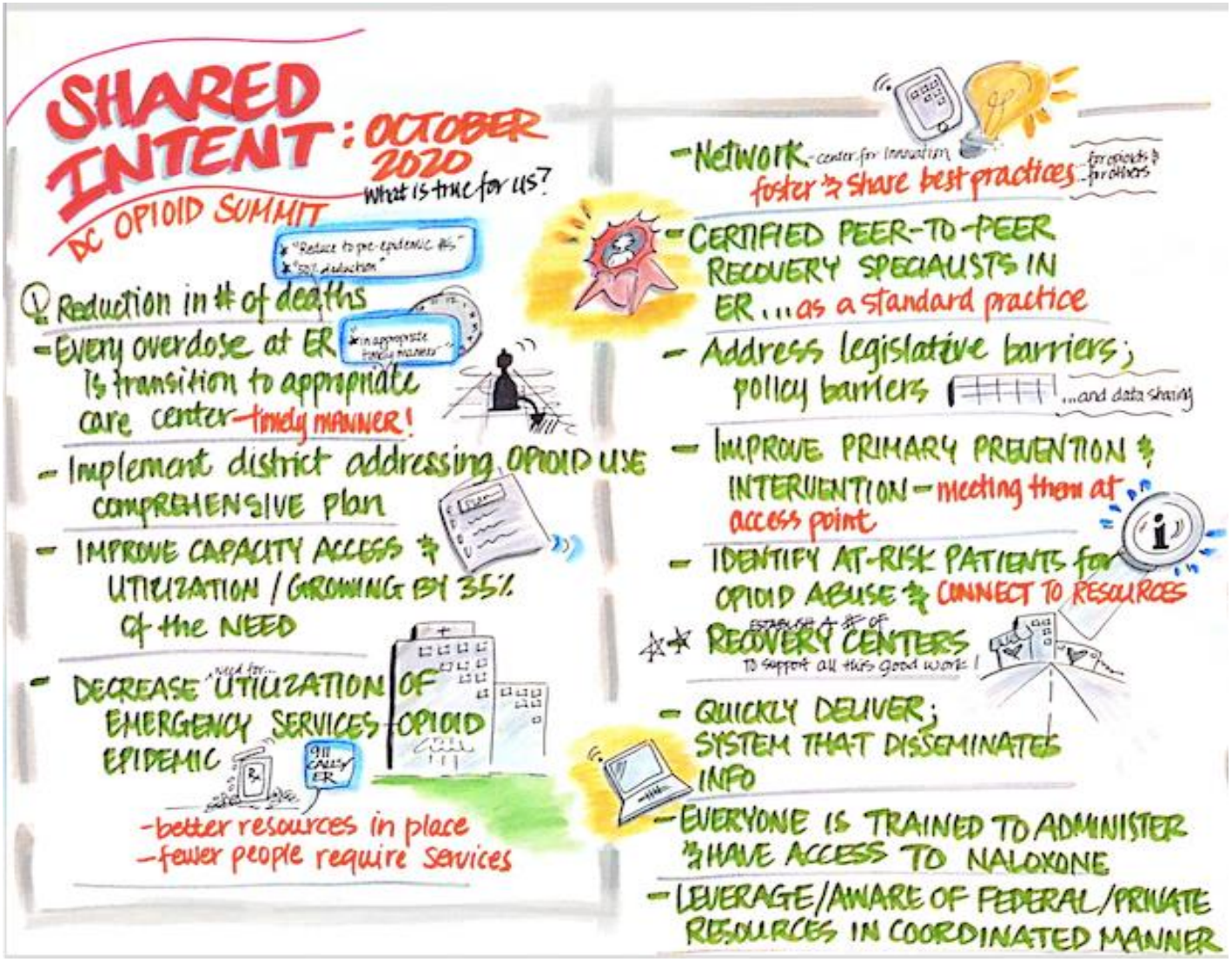
Participants represented the following groups: Providers, DC Health, Public Safety, Recovered, DC Executive, and DC Legislative. Intervention points were clustered around milestone ages in an opioid user's life.

Through this activity, Summit participants began to gain a shared perspective on what is true today.

WHAT OPEN ISSUES MUST WE WORK TO ADDRESS?

- Managing the transition from acute to longer-term care and/or treatment
- Local and federal funding for MAT and other treatment
- Better coordination of care at the right time
- Sufficient capacity – for prescribers, narcan, detox beds, residential treatment, etc.
- Proper follow-up and assistance in navigating healthcare and social services systems
- Lethality of fentanyl vs. actual increase in number of people with substance abuse disorders
- Education beginning in elementary schools
- Better intervention within criminal justice system
- Better primary prevention and understanding of key indicators and initiating events
- Provision of appropriate services for individuals returning from BOP and DOC
- Overcoming barriers to information sharing within silos of care
- Addressing social isolation of users
- Openness to diverse pathways to recovery, even approaches that are not medically accredited

WHAT DO WE WANT TO MAKE TRUE BY OCTOBER 2020?



WHAT OUTCOMES WILL BE TRUE BY OCTOBER 2020?

- We have a reduction in number of deaths.
  - We have a 50% reduction in opioid death from 2017.
  - We have reduced number of deaths to pre-epidemic numbers (2012=70).
- Every overdose patient presenting at ER is connected to appropriate care setting in a timely manner.
- We have implemented a District-wide comprehensive plan for addressing opioid use disorder.
  - We have improved capacity, access, and utilization by 35% of the need.
- We have a decreased utilization of emergency services for opioid related dependencies; more quick-time availability.
  - We have better resources in place other than ER.
  - We have fewer DC residents requiring these services.
- We have established a "Center for Innovation" to foster and share best practices for opioid use disorder and other substance abuse disorders.
  - We have a system to quickly disseminate new information on new drugs.
- We have improved primary prevention and intervention for emerging and/or existing users at the most relevant access points.
  - We have certified peer recovery specialists in ER as a standard practice (to assist with overdose management and treatment).
  - We have identified at risk patients for opioid abuse and connect them to appropriate resources.
- We have addressed legislative and policy barriers to information and data sharing.
- Everyone who needs to be is trained to administer narcan and has access to it.
- We are aware of and can effectively leverage federal and private resources in a coordinated manner.

WHAT MUST HAPPEN BY 2018 TO MAKE 2020 OUTCOMES POSSIBLE?

- We have established a cadence of accountability for results.
  - We have identified a single person to drive us through/help us deliver each step of the plan.
- We have developed a comprehensive opioid use disorder strategy:
  - Strategy developed in the next 90 days.
  - incorporates community input, including ANC and churches.
  - Socialized with the community.
  - Strategy reflects a better understanding of peer support work; could create policy enablers.
- We have an online, up-to-date directory of resources to address all stages of substance use disorders.
  - Leverage the CJCC database.
- We have launched and sustained a multi-modal campaign that reaches all stakeholders.
  - We have used methods that reach people where they are.
  - We have engaged public and private stakeholders.
- We have accurate data and ground truth.
  - We have completed an environmental scan-sources of funding, what are we providing.
  - We are providing information and guidance for what we can and cannot share.

WHAT MUST HAPPEN IN THE NEXT 90 DAYS?

Five initiatives were committed to and launched in the Summit.
Initiative teams/working groups are listed below, with initiative drivers names in bold.

1. **ACCOUNTABILITY: Establish a cadence of accountability for results.**
   Dr. Royster, *Vince Keane, Anna Jones*
   - Establish a point of contact at DBH (30 days)- Dr. Royster to drive and coordinate this group
   - Ensure support from the Mayor who is looking to this group to define direction in this area
   - Maintain an action list

2. **STRATEGY: Develop a comprehensive opioid use disorder strategy.**
   Dr. Nesbitt, *Jackie Bowens, Ann Chauvin, Quincy Booth, Claudia Schlosberg, Dr. Bruno Pentinaux, Randy Pumphrey, Dr. Jenifer Smith*
   - Develop a shared agenda using today's themes by the POC- this allows the stakeholders to contribute
   - Create template using themes to capture data from stakeholders (30 days)
     - Reconvene group (45 days)
   - Identify existing gaps
   - Review and align current thinking with existing plans (80 days)
   - Create plan framework to bring back to group (90 days)

3. **DIRECTORY: Create an online, current resources directory to address all stages of substance use disorders.**
   Larry Gourdine, *Dr. Howard Hoffman, Dr. Barker, Dr. Erica Richards, Dr. Puppala, Osa Imadojemu*
   - Consider linking existing databases that are already vetted
   - Identify types of services requested; leverage CJCC
   - Develop a website for people to register and advertise their resources (60 days)
   - Advertise the website
   - Vetting of agencies/programs and list funding source

WHAT MUST HAPPEN IN THE NEXT 90 DAYS? (CONTINUED)

4. CAMPAIGN: Launch a multi-modal campaign that reaches all stakeholders.

***Dr. Barker**, Anna Jones, James W., Dr. Royster, Richard Tilley, Desiree Hoffman*

- Engage policy and decision makers for potential funding
- Identify stakeholders to build campaign
- Create plan, goals for campaign

5. DATA: Identify and share accurate data and ground truth.

***Claudia Schlosberg**: Dr. Mitchell, Dr. Barry Lewis, Cyndee Clay, Mannone Butler, Karl Racine, Jennifer Deltoro*

- Take an inventory of public programs and what they are funding
- Create a template (10 days)
  - Services offered
  - Service limitations
  - Target population
- Receive information back (30 days)
- Share with larger group (45 days)
- Conduct provider survey to understand at community level what our providers are offering, what barriers exist, where they see the gaps
- Develop standard privacy policy to allow for us to share information across agencies

DC OPIOID SUMMIT DESIGN AND FACILITATION SUPPORT

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