LIVE. LONG. DC.

DC Opioid Stakeholder Summit

JULY 24, 2019

Purpose, Outcomes Agenda

Purpose: To continue to inform and engage the LLDC stakeholder community on the current trends of the opioid crisis and progress on the strategic plan

Outcomes:

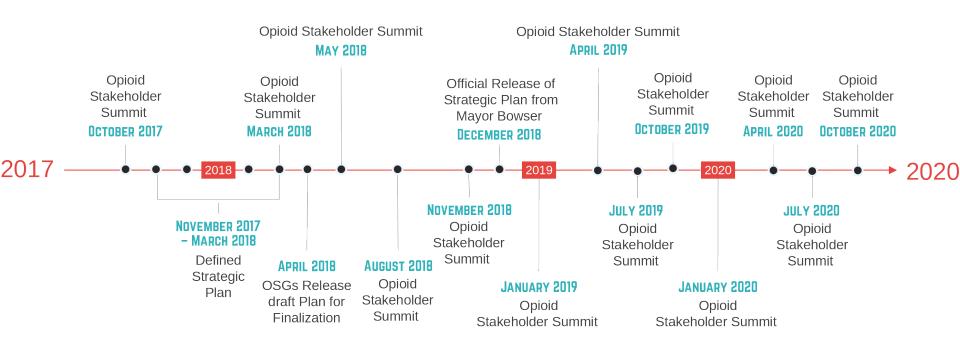
- Shared understanding of the data and trends to inform the work of LLDC
- Increased enrollment of stakeholder community in the work of LLDC
- Broader awareness of results, challenges, and opportunities
- Continued focus on reducing the death rate
- Coordinated call to action

Agenda:

- I. Welcome and Level-set
- II. Peer Workforce Presentation
- III. Data Presentations
 - DC Health
 - DFS
 - OCME
- IV. OSG Working Time
- V. Closing Remarks



DC Opioid Timeline



DC Opioid Strategy Contributors & 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) DC Public Schools (DCPS) 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 Office of the State Superintendent of Education (OSSE)

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



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Reduce legislative and regulatory barriers to create a comprehensive surveillance and response that supports sustainable solutions to emerging trends in substance use disorder, opioid-related overdoses, and opioid-related fatalities.

1.1: Opioid Fatality Review Board has been approved through Mayoral Order.

1.2: The **policy eliminating prior authorization (PA) requirements** for buprenorphine (up to 24 mg. per day) and naltrexone went into effect in April 2019.

1.4: Data dashboard that presents the scope of opioid related overdoses (fatal and nonfatal) and the demographics of population with OUD went live. Dashboard includes surveillance data from multiple District government agencies including DC Health, OCME, and FEMS, and is available on the DC Health website and LIVE. LONG. DC. website.

1.6: DBH certified **four SUD providers as Assessment and Referral (AR) sites**. They will provide greater access to SUD treatment across the District by providing the assessments required to establish the level of care need for consumers.

1.7: DBH and DCHF jointly **developed and submitted the 1115 demonstration waiver application** to the Centers for Medicare and Medicaid Services (CMS) on June 3, 2019. If approved, the waiver would begin implementation on January 1, 2020.



Educate DC residents and key stakeholders on the risks of opioid use and effective prevention and treatment options.

2.2: As of April 2019, 196 students across grades 5, 7, and 9 have been reached with the pilot of the Too Good for Drugs curriculum.

2.4: Launched social marketing campaigns, including anti-stigma campaigns, to increase awareness about opioid use, treatment, and recovery.

2.5: DBH is building on its current Network of Care resource navigator website to highlight opioid use disorder (OUD) services and supports available in the District.



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Engage health professionals and organizations in the prevention and early intervention of SUD among DC residents.

3.1: Nurses in the hospitals implementing the hospital ED medication-assisted treatment (MAT) induction program are actively screening patients using Screening Brief Intervention and Referral to Treatment (SBIRT).

3.2: Created a **24/7 Community Response Team (CRT)** to increase access to support services, including employment, education and enrollment in economic benefit programs; improve efficiency and response times to critical incidents; increase support to communities impacted by behavioral health concerns; increase access to services in all parts of the District; create citywide behavioral health and diversion supports for the Metropolitan Police Department (MPD); improve consumer engagement and linkage outcomes; and increase SUD support.



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

4.1: Conducted **community conversations** about harm reduction vs. abstinence, the Good Samaritan Law, treatment options in the District, as well as other opioid-related topics, in all eight wards.

4.1: DC Health continues to offer its' Opioid Overdose Prevention and Naloxone trainings. An online training is currently being developed and will be available at the end of July. **Distribution of Naloxone kits has increased** in communities, neighborhoods, community organizations, and DC sister agencies.



Ensure equitable and timely access to high-quality substance use disorder treatment and recovery support services.

5.1: A pool of six Federally Qualified Health Centers (FQHCs) are delivering MAT services. Patients are receiving primary care while receiving MAT services.

5.4: The **ED MAT induction program is operating in four hospitals** – Howard University Hospital, United Medical Center, Washington Hospital Center, and George Washington University Hospital.

5.5: DC Health is funding telehealth programs at three organizations and one hospital.

5.7: DBH is working to establish new recovery houses and create additional avenues for supportive employment.

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Develop and implement a shared vision between Washington, DC's justice and public health agencies to address the needs of individuals who come in contact with the criminal justice system to promote a culture of empathy for their families and residents.

6.3: Delivered a **training for judges and criminal justice lawyers** to see MAT as a viable option. As a follow up to the training for judges, DBH created a resource guide that judges can reference to learn where treatment services can be accessed.

6.4: The Department of Corrections (DOC) provides **methadone and buprenorphine to individuals in the jail**, and the Vivitrol program will be launched in August 2019. **Individuals are given Naloxone kits and a prescription for Naloxone upon leaving the jail**.

6.8: DOC is planning for a **medical home SUD unit at the jail that is MAT focused**. This unit is considered a therapeutic housing unit and 50–60 individuals will be in this housing unit on a continual basis. DOC held a training with the judges in May to educate them on the substance use and mental health programming available in the jails.



Develop effective law enforcement strategies that reduce the supply of illegal opioids in Washington, D.C.

7.1: The Department of Forensic Sciences (DFS) surveillance lab has increased capacity to determine the composition of substances in the District, via direct drug samples and even biological samples.

Presentations

Raphaelle Richardson, Department of Behavioral Health (DBH): Overview of the Peer Workforce

• The District believes that peers are vital to OUD recovery supportive services; their interaction with consumers reaches beyond clinical offerings and provides a more holistic recovery experience.

Dr. Jenifer Smith, Department of Forensic Sciences (DFS): What Opioids Are On The Streets?

• DFS is focused on discovering the contents of drugs on the streets, discovering geographical and demographical trends, and sharing that information with the community for education and awareness.

Dr. Adam Visconti, DC Department of Health (DOH): Vulnerability Assessment

• DC Health conducted a vulnerability assessment to understand the relationship between opioid overdoses, HIV, and HCV (Hepatitis C Virus). The data shows what populations and neighborhoods are at most risk and ways interventions such as, needle/syringe exchange programs and strategic placement of primary care facilities, could be leveraged.

Dr. Chikarlo Leak, Office of the Chief Medical Examiner (OCME): Opioid-Related Fatal Overdoses in the District of Columbia

• OCME shared data on the emergence of fentanyl in the District's illegal drug supply, which ranges from heroin to cocaine and PCP. It also reminded the group of important statistics on the death rate and associated demographics.

Full presentations can be found in the appendix.

Next Steps

- To maintain momentum on LIVE. LONG. DC., OSG meetings will take place in early September 2019. Please look for an email soon.
- If you are interested in joining an Opioid Strategy Group and being a part of the membership list, fill out this link: <u>https://forms.gle/ApuQdjmUSoLGv4Q68</u>
- Next stakeholder summit will be in October 2019
- Visit <u>https://livelong.dc.gov/</u> to learn more information about upcoming events, strategic plan implementation progress, and available resources.

Appendix

- I. Overview of the Peer Workforce Raphaelle Richardson, DBH
 - II. What Opioids are on the Streets? Dr. Jenifer Smith, DFS
- III. Vulnerability Assessment Dr. Adam Visconti, DC Health
 - IV. Opioid-related Fatal Overdoses Dr. Chikarlo Leak, OCME

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DC Opioid Stakeholder Summit Design and Facilitation Support

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

