



LIVE.LONG.DC. Stakeholder Summit

July 28, 2021

Summary Report

PURPOSE

To convene the LIVE.LONG.DC. (LLDC) stakeholder community in a generative discussion about how to continually implement strategies to address the District's opioid epidemic

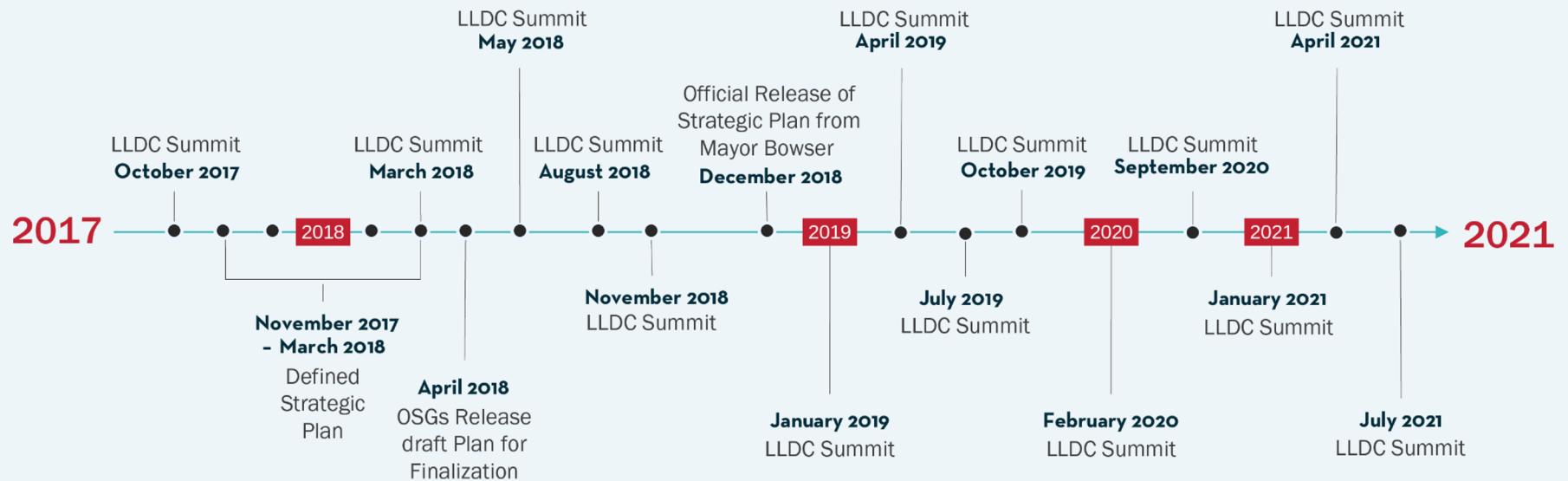
OUTCOMES

- 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
2. Presentations
 - I. Office of the Chief Medical Examiner (OCME)
 - II. Fire and Emergency Medical Services (FEMS) Overdose Data
 - III. Department of Forensic Sciences (DFS)
3. Communications Update
4. Unity Healthcare Update
5. Opioid Strategy Group (OG) Breakouts
6. District Addiction Consultation Service (DACS) Presentation
7. Integrated Care Presentation
8. Closing Remarks

LLDC Milestones



LLDC Stakeholders

DC AGENCIES

- Criminal Justice Coordinating Council (CJCC)
- Council of the District of Columbia
- Department of Behavioral Health (DBH)
- Department of Corrections (DOC)
- Department of Health (DC Health)
- Department of Human Services (DHS)
- Department of Forensic Sciences (DFS)
- Department of Health Care Finance (DHCF)
- Department of Human Services (DHS)
- DC Public Schools (DCPS)
- Department of Aging and Community Living (DACL)
- DC Public Libraries (DCPL)
- DC Superior Court
- Executive Office of the Mayor (EOM)
- 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 Deputy Mayor of Health and Human Services (DMHHS)
- Office of the Attorney General (OAG)
- 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)
- Federal Bureau of Prisons (BOP)
- Pretrial Services Agency (PSA)

COMMUNITY PARTNERS

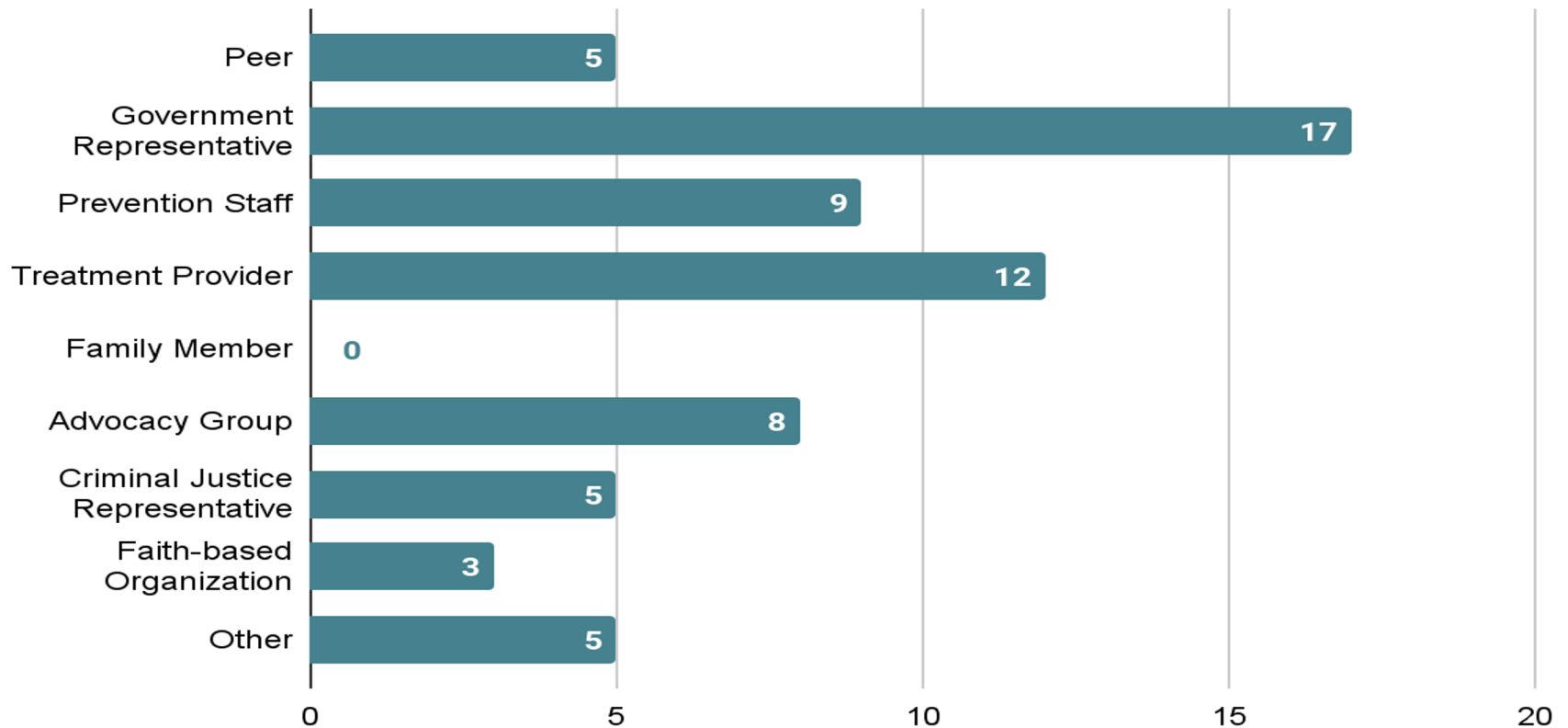
- Amazing Gospel Souls Inc.
- AmeriHealth Caritas DC
- Aquila Recovery
- BridgePoint Healthcare
- Bridging Resources In Communities (BRIC)
- Capital Clubhouse
- Children's National Health System
- Community Connections
- Consumer Action Network
- DC Hospital Association (DCHA)
- DC Prevention Centers
- DC Primary Care Association (DCPCA)
- DC Recovery Community Alliance (DCRCA)
- Dreamers and Achievers Center
- Engage Strategies
- Family Medical and Counseling Services (FCMS)
- Fihankara Akoma Ntoaso (FAN)
- Foundation for Contemporary Mental Health (FCMH)
- Medical Home Development Group (MHDG)
- Medical Society of the District of Columbia

COMMUNITY PARTNERS

- Miriam's Kitchen
- Georgetown University
- George Washington University (GWU)
- Grubbs Pharmacy
- Hillcrest
- Honoring Individual Power and Strength (HIPS)
- Howard University
- Johns Hopkins University
- MBI
- McClendon Center
- Mosaic Group
- Oxford House
- Pathways to Housing
- Partners in Drug Abuse Rehabilitation Counseling (PIDARC)
- Pew Charitable Trusts
- Psychiatric Institute of Washington (PIW)
- Revise, Inc.
- Second Chance Care
- So Others Might Eat (SOME)
- Sibley Memorial Hospital
- Total Family Care Coalition
- United Medical Center (UMC)
- United Planning Organization (UPO)
- Unity Health Care
- Whitman-Walker Health
- Woodley House
- Zane Networks LLC

Poll Question 1

How would you MOST identify your role in this group?



n= 64

1. Opioid-Related Fatal Overdoses

Dr. Stephen Raso, OCME

2. Fire and Emergency Medical Services (FEMS) Non-Fatal Opioid Overdose Data

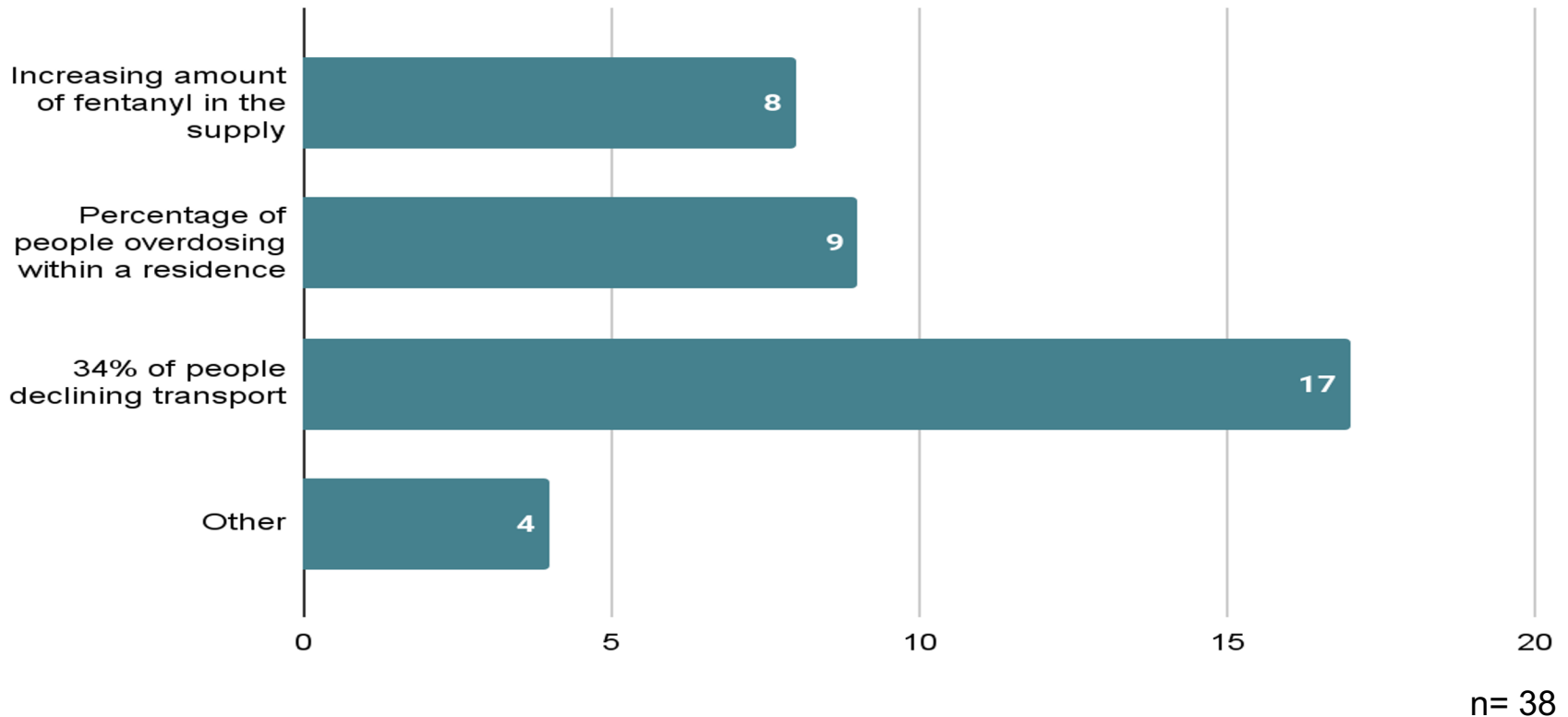
Sari Frankel, DC Department of Behavioral Health (DBH)

3. Opioid Supply and Surveillance

Dr. Luke Short, DFS

Poll Question 2

What was your main takeaway from the data presentations?



Communications Update

- **Mike Bento, Engage Strategies** shared a communications update on the tactics used to address the increase in overdose deaths in residences.
 - The “Be Ready at Home” campaign is putting Text to Live information on 30,000 pizza boxes, 50,000 coffee sleeves, and 69,000 door hangers in targeted zip codes.
 - A 30-second public service announcement (PSA) is also being played before PG13- and R-rated movies at movie theatres in DC.



Substance Use Disorder (SUD) at DOC

- **Mary Wozniak, Unity Health Care**, shared updates on the substance use disorder (SUD) program at the Department of Corrections (DOC).
- The State Opioid Response (SOR) grant has provided DOC the opportunity to grow the program and almost tripled the number of residents being served.
 - Unity at DOC provided medication-assisted treatment (MAT) to almost 500 patients in 2020.
 - Expanded the team by hiring new Certified Addiction Counselors, Peer Navigators, and an Addiction Medicine Specialist.
- DOC is a certified Opioid Treatment Program (OTP) and is offering all three Food and Drug Administration–approved medications for opioid use disorder (naltrexone, buprenorphine and methadone).
- Soon will be opening specific facilities for both men and women to receive therapeutic treatment focused on SUD and group sessions.
- Effective connection upon discharge to community treatment programs.
- Over 1300 naloxone kits providing to patients upon release to the community.

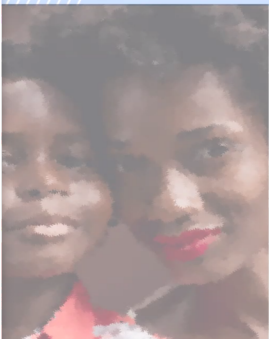
- 1. Regulations, Data and Continuous Quality Improvement (Formerly OSG 1)**
- 2. Prevention, Education, and Coordination (Formerly OSG 2 and 3)**
- 3. Harm Reduction (Formerly OSG 4)**
- 4. Treatment (Formerly OSG 5)**
- 5. Recovery (Formerly OSG 5)**
- 6. Interdiction and Criminal Justice (Formerly OSG 6 and 7)**

Summit participants self-selected into OSG-specific breakout groups to have focused conversations on the strategies in that topic area. Below are conversation highlights.

Prevention, Education, and Coordination: Community Conversation with the Ward 7 & 8 DC Prevention Center

- Discussed scenarios relating to concerns and challenges that youth face with overdoses
- How do they support the youth:
 - Family engagement and the right responses
 - Relationship building - engage with peers and organizations that will help them
 - Increase awareness about the Good Samaritan Law
 - Youth peer organization that is coming up online

Scenario 1



A mother has noticed unusual behavior with her 15-year-old son. For over a month the son has been very agitated, and almost combative with her. He sleeps throughout the day and barely eats. She feels he is there but not really. Last year when the pandemic hit, the mother saw him become depressed because he could no longer meet up with his friends and create rap lyrics. Now she notices him smelling like weed and she asked if he was smoking. He knows how she feels about drugs and promised her he's not smoking. He says, "it's probably from walking by folks on the 'Avenue' who are smoking." One day, he was standing and leaning but never fell over. She called him several times, but he did not respond. Finally, she nudged him hard, and he came through. He was upset and went to his room. What's going on here? How should the mom handle this? Is it weed or something else? What resources does DBH provide? What steps can the mom take to help her son?

Slide from Prevention, Education, and Coordination breakout presentation

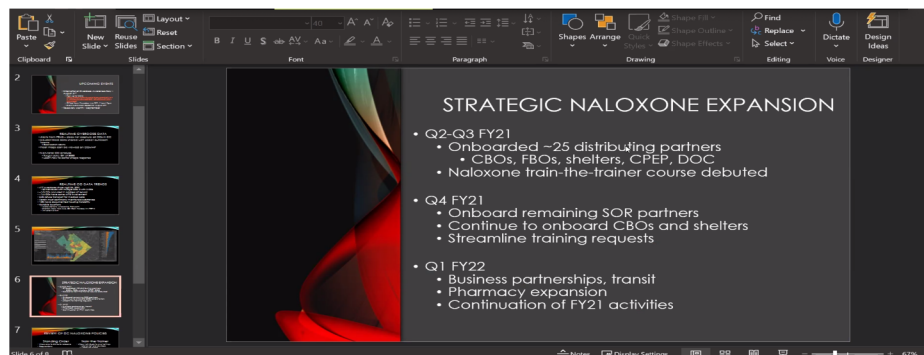
Opioid Strategy Group (OSG) Breakout Sessions (continued)

Harm Reduction: Highlighting progress on the District's harm reduction efforts

- There was a significant interest in the non-fatal overdose data shared earlier in the Summit. What new ways can we share this data?
- Remember International Overdose Awareness Day (IOAD) is August 31

Recovery: Engaging with family members and friends of individuals with SUD

- Supporting families and how best to use the peer centers to do so:
 - Increasing advertisement - people in recovery need to connect to the peer- operated centers
- How do we market resources to families more?
- The importance of lived experience is huge
- Stigma is not discussed as often: how is this happening and this varies between people
- International Overdose Awareness Day is on August 31; share events with LLDC so that these events can be marketed to the community



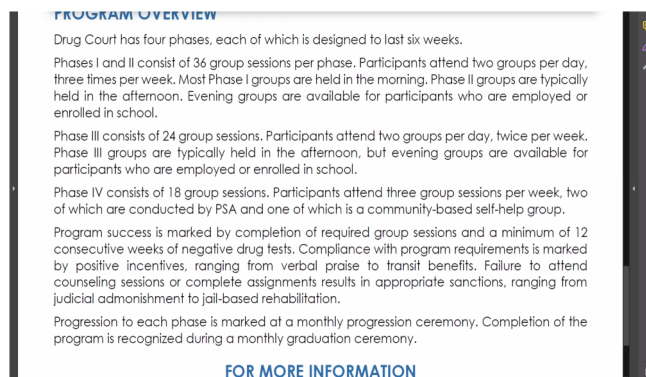
Slide from Harm Reduction
breakout presentation

Treatment: Leveraging data to push treatment strategies forward

- The overdose data presented earlier that showed that individuals who overdose in residences was similar between 2019 and 2020 was shocking and emphasizes the importance of strategies TR. 3 and 7, which focus on mobile services
- Importance of TR. 2 that focuses on an integrated treatment model that will get the right care to Wards 7 and 8 (social determinants of health)
- The refusal rate for transport – there is a need for more qualitative data to tackle this and understand why this is the case
- When an overdose occurs after receiving treatment, what can we do to increase resources to mitigate this issue?

Interdiction and Criminal Justice: Understanding the District's Drug Court

- Understanding who and how people are eligible for drug court using the updated PSA flyer
 - Recognizing differences between inpatient and outpatient regulations



Slide from Interdiction and Criminal Justice breakout presentation

District Addiction Consultation Service (DACS) Presentation

Sarah Sweeney (DACS) presented on their support and primary care services, as well as guidance for how individuals can participate.

Consultation Process



Prescriber calls
1-866-337-DACS

Call is answered
by a behavioral health
consultant.

Addiction Specialists
are available to
answer
prescriber's
questions

Within 24 hours prescriber
receives a summary of their
consultation along with
relevant resources, referrals,
and tools.



Dr. Edwin Chapman, MD presented on *Building “Structural Competency.”* The highlights from his presentation included discussion on:

- Medical treatment vs. incarceration
- Increased understanding of “harm reduction” through patient and community education
- Increase provider capacity through mentoring and network collaborative care
- Maximize technical access to care by expanding telehealth
- Remove regulatory barriers to care for medication for opioid use disorder (MOUD)
- Provide universal housing support as medical necessity
- Update payment systems to include monthly capitated payment system of P-COAT (PATIENT-CENTERED OPIOID ADDICTION TREATMENT: MOUD + mental health + primary care + peer support + social determinants of health)



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Stakeholder Summit

Design and Facilitation Support

The Clearing Inc.

Jonathan Spector

202.558.6499

jonathan.spector@theclearing.com

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Saving lives from the opioid epidemic