October 2024

LIVE.LONG.DC. Stakeholder Summit Report

LIVE LONG DC
Saving lives from the opioid epidemic

October 30, 2024

LIVE.LONG.DC. (LLDC) 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. Opioid Abatement Commission Updates
3. Opioid Response Network Presentation
4. LLDC Data Trends
5. Better Serving the Aging Population Panel
6. OSG Breakouts

Opioid Abatement Commission Updates

Orlando Barker, DBH

Opioid Abatement Commission Updates

- FY25 New Grant Updates
  - Opioid Strategic Impact Grants
    - 23 Grants Awarded totalling $8,323,696
    - Decision forthcoming on Digital Contingency Management Initiative
    - All grant awards will be posted on the Office of Opioid Abatement website.
- Opioid Abatement Fund
  - Total Amount Awarded: $14,867,112
  - Annual Report for FY24 due by December 31, 2024
    - Full update on funding will be given in January and can also be found online
- Staffing Update
  - Newly hired Grants Management Specialist: Tracy Bushee
- Looking to enhance treatment services
  - Expand hours, empower peers for outreach and retention, address service fatigue, and improve care coordination to keep individuals engaged.

Opioid Response Network (ORN) Presentation

Debora Doherty, ORN

Opioid Response Network (ORN)

SAMHSA's State Targeted Response Technical Assistance (STR-TA) grant created the Opioid Response Network (ORN) to assist states, individuals, and organizations by providing the resources and technical assistance they need locally to address the opioid crisis.

- The American Academy of Addiction Psychiatry (AAAP) is the lead agency for the ORN grant
- Technical assistance is available to support the evidence-based prevention, harm reduction, treatment, and recovery of opioid and stimulant uses disorders.
- The ORN provides local, experienced consultants in prevention, harm reduction, treatment, and recovery to communities and organizations to help address the opioid crisis.
- The ORN accepts requests for education and training. [Submit a request]
- Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS) who coordinates and moves each request forward.

To submit a technical assistance request or find additional information visit https://opioidresponsenetwork.org/

LIVE.LONG.DC. Data Trends

Laura Heaven, DBH

Jessica Zephir, DBH

Non-Fatal Opioid Overdoses in 55+ Population

In 2024, there have been 2,678 non-fatal overdoses (from January 1 to September 30, 2024) and 208 fatal overdoses (from January 1 to July 31, 2024). Of those nonfatal and fatal overdoses, 1,166 (44%) and 112 (48%) occurred in the Senior age range,* respectively.

- There has been an 18% increase in nonfatal opioid overdose in the 55+ population**
- However, there has been a 21.7% decrease in fatal overdoses in the 55+ population**
- For both fatal and nonfatal overdoses, the majority are occurring among 60-69 year old black men
- There are small increases in both fatal and nonfatal overdoses occurring at community housing and skilled nursing facilities**
- There is data that shows the need for continued follow up after mental health treatment as fatal overdose rates are high among the 55+ population

To view full slides, find the data presentations posted on the LLDC website

**Seniors in the presentation were defined as individuals ages 55+*
***This data compares January to September 2023 to January to September 2024 for nonfatal overdoses. Fatal overdose data go through July of each year.*

Non-Fatal Opioid Overdoses in 55+ Population (Q&A)

- Community Housing, how is it being defined?
  - HUD's subsidized housing. They provide the number and it also shows up in the DBH system.
- Once we see that there is an increase in overdoses in government funded housing, how are we using the data to address the problem?
  - We are identifying the demographics and populations that would benefit most from outreach efforts and systematically assigning outreach teams to target these groups. In the past, there have been challenges with gaining access to certain buildings, but we are focusing on areas with increased overdoses to provide necessary resources and support.

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Better Serving the Senior Population Panel

Better Serving the District's Senior Population Panel:

- ***Facilitated by Dr. Samaria Washington, BridgePoint Healthcare***
- Dr. Kathryn Baselice, Forensic Psychiatrist 35K
- Vanessa Edwards, Department of Aging and Community Living
- Lakesha Davis, Capitol City Rehabilitation and Healthcare Center
- Dr. Robert Cosby, Howard University Hospital
- Melina Afzal, DBH Consultant
- Regina Murphy, United Planning Organization

Panel Discussion - Q&A

What resources and services exist or need to exit in DC to support our senior population?

- Just being in this room there are a multitude of resources; networking and community is the best way to get access.
- There is access to naloxone or methadone.
- Having multiple tools in your bag so you know what your community needs.
  - Get out on the street, get in your community.
- A more comprehensive approach involves interdisciplinary teams and community resources that reach out to DBH and other partners to connect families, identify different areas for support and ensure safe discharge from the facility.
- Resources to assist in finding services:
  - www.helpfinder.org
  - www.FindTreatment.gov

Panel Discussion - Q&A

What are some of the most significant challenges the senior population encounter?

- Many have been undergoing treatment for pain and loneliness, particularly seniors with cancer who have had limited access to appropriate care. This issue is compounded for individuals of color, who often receive inadequate treatment. It has been observed that doctors tell patients, “This is what you are going to have to work with.”
- Loneliness: Seeking community in places they used to use.
  - **Do you feel that because some of these clients may have had prior SUD, maybe their pain is not treated effectively because they have been labeled “drug seeking”?**
    - It's always an assumption that because they have a history of substance use that they are automatically seeking drugs.
- Housing is another major concern.
  - Individuals are being institutionalized and released back into the community and subsequently end up in skilled nursing facilities / nursing homes that are not fully equipped to help them.
  - It's important to recognize that individuals in the community may resort to self-medicating, as obtaining medication illegally is often too easy. Many choose to leave their homes and go to the streets to find what they need.

Panel Discussion - Q&A

What are some of the most significant challenges the senior population encounter? continued..

- Stigma associated with being a black American, fear of abuse and idea of having a higher tolerance for pain (black women in particular).
    - Trying to change this by raising awareness at hospitals and medical schools to be more understanding of this issue.

Call to Action: What is something that Summit attendees can join you all in doing to better support the senior population in DC?

- Put emphasis on individuals who are institutionalized who often cannot return home and struggle to afford both treatment and housing.
- We need to focus on education related to nutrition and hydration, as well as addressing the gaps in education and medication.
- The importance of community support workers in reinforcing the education provided to individuals and training home health workers to empower them in their roles.
- Resources are limited and many of our clients face extreme disabilities, leading to homelessness due to the lack of accessible and affordable housing options.

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Opioid Strategy Groups (OSG) Brief Outs

Prevention and Coordination

Accomplishments FY24

Prevention and Coordination Co-Chairs:

- Kecia Barnes, Program Manager for East of the River Clergy Police and Community Partners (ERCPCP)
- Bruce Points, Interim Manager of SUD Prevention Services, DBH.

Strategy Accomplishments:

- PC.1: “Too Good For Drugs” curriculum was purchased and distributed to community-based organization school-based clinicians. Curriculum has been made available to faith-based organizations and Prevention Centers.
- PC.2: 496 prevention events were held with 21,268 individuals touched (duplicated)
- PC.3: Continue to hold bi-monthly Ward-level meetings with representation from diverse partners.

OSG Accomplishments:

- Over 20 attendees each meeting
- Core prevention messaging confirmed
- Shared ideas on need to stay up-to-date on data (by Ward, demographics, etc.)
- Events and activities around prevention and harm reduction taking place

What's Next?

Where could you use this group's support?

- As we look forward and build upon the existing services that are provided, the hope is to receive more feedback on what is working well and not working well (i.e., what the group wants to start, stop, and continue).
- Support advocating for any additional support and resources needed to make this work more impactful.
- Sharing relevant information and data that applies to everyone's work and our ultimate goals within this strategy group.

Who else needs to be involved?

- Mental health professionals, individuals with lived experiences, and youth/young adults.


Harm Reduction

Accomplishments FY24

Harm Reduction Co-Chairs:

- George Kerr, Westminster Presbyterian
- Looking for a Co-Chair!

OSG Accomplishments:

- HR.1: 91,790 naloxone kits and 91,257 fentanyl test strips distributed
  - 647 successful overdose reversals reported by community-based partners
- HR.2: 318,084 syringes collected by syringe services programs; 455,451 distributed
- HR.8: Agreed on a definition for “harm reduction”

What's Next?

Where could you use this group's support?

- Figure out how to take harm reduction to the next level

Who else needs to be involved?

- We need to figure out what it means to take this to the next level and then determine who needs to be involved.


Treatment

Accomplishments FY24

Treatment Co-Chairs:

- Gayle Hurt, DC Hospital Association
- Dr. Maxine Lawson, United Medical Center

OSG Accomplishments:

- Added Children's National Hospital to implement hospital-based screening, brief intervention and referral to treatment (SBIRT) for medication for opioid use disorder (MOUD) and naloxone distribution upon discharge for the child and adolescent population
- Expanded access to the Health Information Exchange (CRISP) and shared information on the associated consent processes
- Provided 5,263 rides through the MyRides program
- Shared education opportunities and resources for providers on MOUD best practices and addressing the impact of stigma on treatment.
- Shared a resource guide to address substance use disorders (SUDs) for pregnant and postpartum women

What's Next?

Where could you use this group's support?

- Identifying methods to share learning and treatment options with providers and the community

Who else needs to be involved?

- New providers and stakeholders to ground our work and contribute to promoting next steps and action items related to the Treatment OSG goals


Recovery

Accomplishments FY24

Recovery Co Chairs:

- Anna M. Jones CCEP, RCPF, NCPRSS, Community Liaison DC Stabilization Center - Community Bridges Inc.
- Orlando Fox, MSW, LMSW, Treatment & Recovery Support Services Coordinator, DBH

OSG Accomplishments:

- Increased the presence of peer support groups/programs throughout the community for individuals in recovery and monitor the quality and effectiveness of programming.
- Improved the quality and quantity of recovery housing.
- Linked the DC recovery community to the national recovery movements.

Recovery: Expand reach and impact of the highest quality recovery support services available and promote a recovery-oriented system of care.

What's Next?

- Explore implementing community forums or mechanisms for individuals to discuss their road to recovery. Hold forums twice a year for the criminal justice community, faith-based organizations, friends and family members of individuals with OUD, and other community partners for individuals to discuss their road to recovery.
- Establish a Peer Academy to provide comprehensive training, education, and workforce opportunities for peers that will help them be eligible for national/international certification. Create and implement a training plan that incorporates DBH Certified Peer Specialist and Recovery Coach trainings as well as material on trauma-informed care, co-occurring and whole-person care, medications for opioid use disorders, and harm reduction and align to national/international certifications (e.g., National Association for Alcoholism and Drug Abuse Counselors [NAADAC]).
- Expand family services and resources for individuals with OUD including supports that help families address stigma for family members.
- Establish MARA (Medication-Assisted Recovery Anonymous) meetings in the District.
- Increase Nar-Anon and Al-Anon meetings in the District.


Criminal Justice

Accomplishments FY24

Criminal Justice Co-Chairs:

- Mark Robinson, Family Medical and Counseling Services
- Charles Thornton, Office of Human Rights

OSG Accomplishments:

- Revamped the groups membership with critical municipal agency, community based and formerly incarcerated representatives.
- Worked with the Department of Corrections to establish a (RSAT) residential substance abuse treatment unit for women.
- Began facilitating AA and NA meetings at the CDF for men.

What's Next?

Where could you use this group's support?

- Continue to grow membership.

Who else needs to be involved?

- Attorneys, leadership from criminal justice agencies, peers with lived experience

Opioid Strategy Groups (OSG) Breakout Discussions

Prevention and Coordination FY24

The Prevention and Coordination group provided input/feedback on some of the drafts provided by Octane for the new social marketing campaign.

ACTIONS TO TRACK FOR NEXT MONTH'S MEETING:

- Data across all 8 wards (How many reversals? Demographics? School based curriculum implemented amongst prevention partners? How many naloxone kits were distributed in the prior month? Best practices in other jurisdictions?)
- Youth-focused programming/activities/events
- Gather data on how many entities trained individuals on naloxone
- Invitation to health care providers and individuals with lived experiences

Harm Reduction

The Harm Reduction group discussed:

- Recognizing the impact of fatigue among healthcare providers and recovery community members, with an emphasis on expressing gratitude for their ongoing work. Interested in meaningful acknowledgment initiatives, such as bringing individuals who have successfully navigated recovery into the ER to connect with and motivate staff.
- Reinvigorating past community events like “block parties” and “Beat the Streets” programs that foster a community-centered approach.
- Brainstorming ways to combat “Holiday Blues,” such as leveraging existing government resources (like DC Parks and Recreation) to create accessible, low-barrier events that offer a “pause and play” approach for mental wellness.
- Reducing service silos and the potential for more coordinated annual events where these resources—including testing, food, and clothing—could be consolidated for easier access by the community.
- Suggesting a participatory approach where those directly involved in recovery and community work come together to co-design future events.

Treatment

The Treatment group discussed:

- TR1: The group thought adding long-term facilities into the goal was important; they need to be incorporated into the conversation.
- TR 2: Inclusion of CRISP to understand what is happening to individuals; discussed care management team focused on older adults.
- Discussion then led to what is considered an older adult? Senior? Age range discussion?
- Discussion also included things around the DC Stabilization Center—FEMS talked about bringing individuals there.
    - Discussion came up about the 2nd Stabilization Center; the proposed location was not preferred by the group given the needs East of the River.
- The group asked about harm reduction tools for long-term facilities; concerns were raised about home aides not being able to administer naloxone.
- Concerns about individuals and caregivers truly not understanding medication instructions, which then leads to misuse.

Recovery

The Recovery group discussed:

- Develop community forums for individuals to share their road to recovery.
  - ***Action Communities*** - A community of dedicated members who share a common vision, often found in schools, churches, local neighborhoods and other homogenized settings.
  - ***Learning Communities*** - A space where individuals can gather to share expertise, acquire knowledge, and collaborate on educational endeavors. Individuals can exchange ideas and resources to enhance their understanding and skills.
  - The aforementioned forums will be implemented to help facilitate meaningful conversations and understand the pathways to recovery.
- Vendors
  - Identify key stakeholders with resources to include those with in-kind goods and/or services (i.e., giveaways, support group info, recovery support services providers, employment and housing services, food…).
- Guest speakers
  - Identify seasoned speakers with at least 10 years or more in recovery.
  - Identify speakers with less than 10 years in recovery.
  - Identify a natural supporter (i.e., family member, friend, neighbor…) who can speak about their story as an advocate.
  - Identify a keynote speaker/moderator who can facilitate the “run of show.”

Recovery (continued)

- Event time and location
  - Discuss window of event; morning, afternoon or evening.
  - Number of attendees – venue capacity.
  - Identify location that's accessible to Metro; bus/subway or parking; meter/garage and/or surface.
- Budget
  - Incidental expenses.
- Date
  - January/February 2025

Criminal Justice

The Criminal Justice group discussed:

Three priorities targeted at improving connections to treatment, services, and recovery supports for individuals who are involved in the criminal justice system:

- The first priority discussed was enhancing the District's Superior Court Drug Intervention Program, known as “Drug Court,” by strengthening collaboration with federal partners.
    - Key next steps include building a thorough understanding of participation obstacles, coordinating a meeting with Judge Craig Iscoe (the DC Superior Court Judge overseeing Drug Court), and seeking representation in the Drug Court Steering Committee to improve support for this initiative.
- The second priority focuses on enhancing educational opportunities for incarcerated individuals, particularly in foundational areas such as literacy. This initiative recognizes that educational support can empower those returning from incarceration to articulate their needs, identify available services, and effectively engage with those services. To discuss further in the next meeting.
- The third priority aims to connect individuals returning from incarceration with stable housing to prevent homelessness. Next steps include fostering connections between Oxford House and the Mayor’s Office for Returning Citizens Affairs (MORCA) and exploring a potential contract between Oxford House and CSOSA to secure housing options for individuals under CSOSA supervision.

THANK YOU!

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