October 2025

LIVE.LONG.DC. Stakeholder Summit

LIVE LONG DC
Saving lives from the opioid epidemic

October 29, 2025

Opening Remarks

Dr. Barbara J. Bazron, DBH

Welcome

Jonathan Spector, The Clearing

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. Overdose Data
3. Innovative Approaches: Increasing MOUD Access via the P3 Model
4. Innovative Approaches: Encampments Intervention
5. FY25 Accomplishments
6. FY26 Path Forward
7. LLDC Strategy Gallery View
8. OSG Breakout

Overdose Data

Melanie Baylis, DC Health

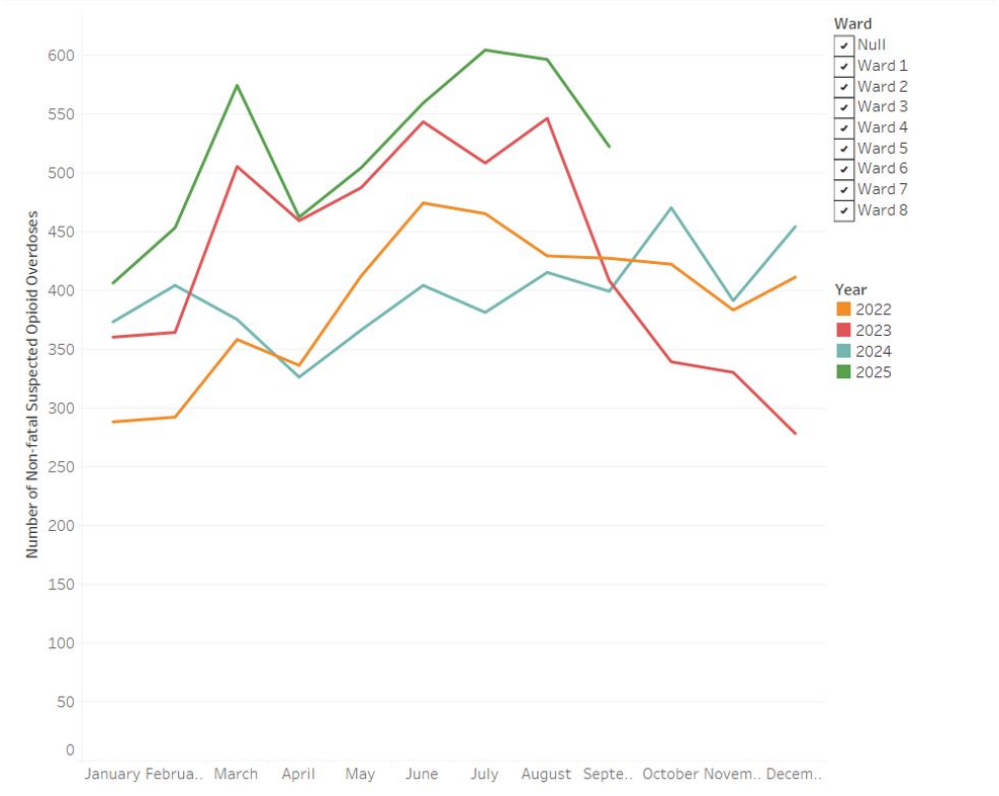
DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Opioid Overdose Surveillance and Trends for the District of Columbia

October 2025

Melanie Baylis | 10/27/2025

Non-fatal Opioid Overdoses by Month in District-Wide, 2022-2025 YTD



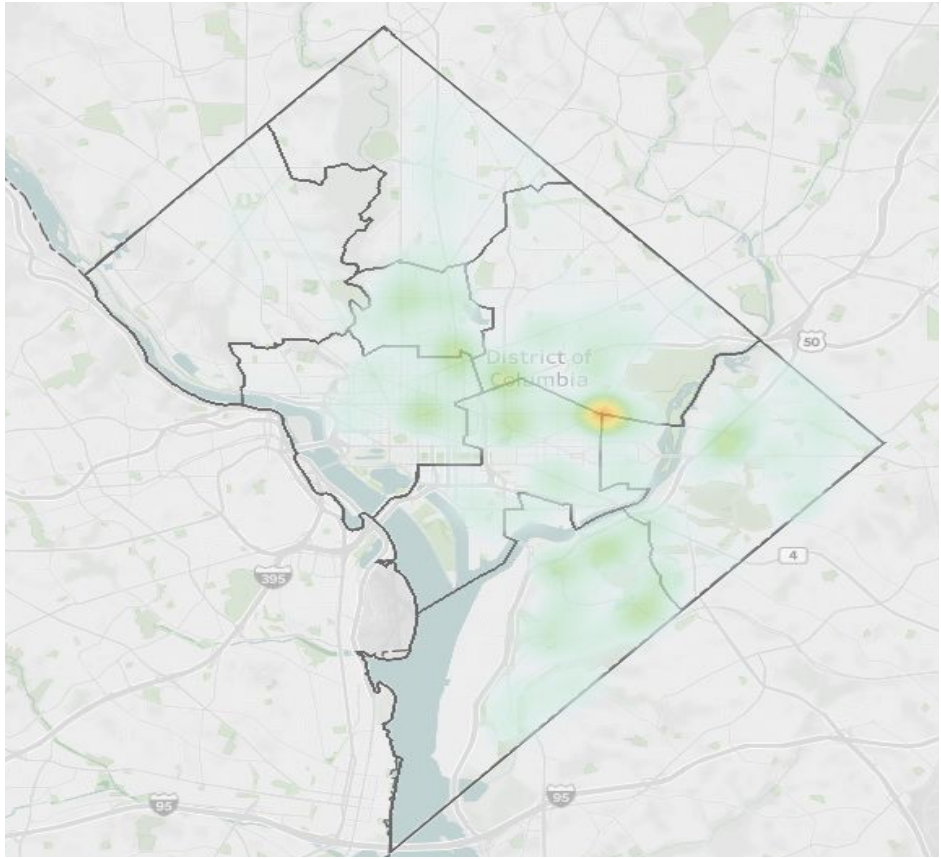
2025 YTD:
4,680

~1200 increase in nonfatal opioid overdoses (Jan-Sept 2025 vs Jan-Sept 2024)

Source: DC Emergency Medical Services Data
Data as of 10/3/2025

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

DC Overdose Heatmap 2025 YTD



Source: DC Emergency Medical Services Data
Data as of 10/3/2025

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

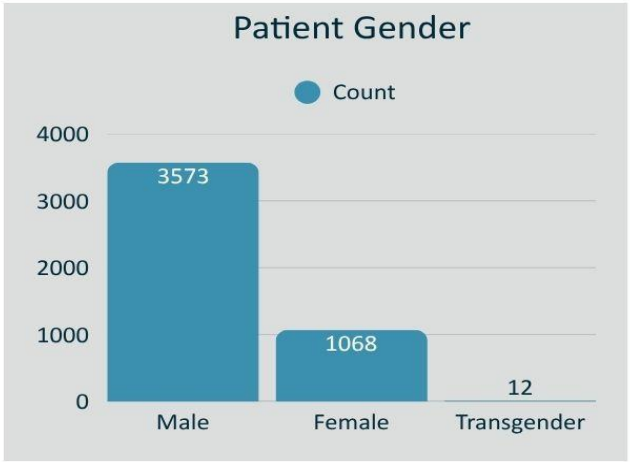
Demographics of Non-fatal Opioid Overdoses 2025 YTD

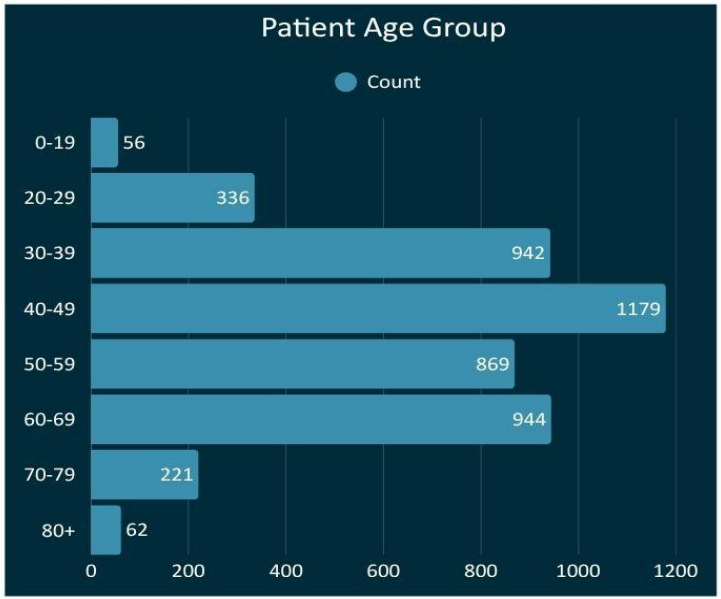
89%

Black or African American

44%

of nonfatal overdoses occurred on the street or highway

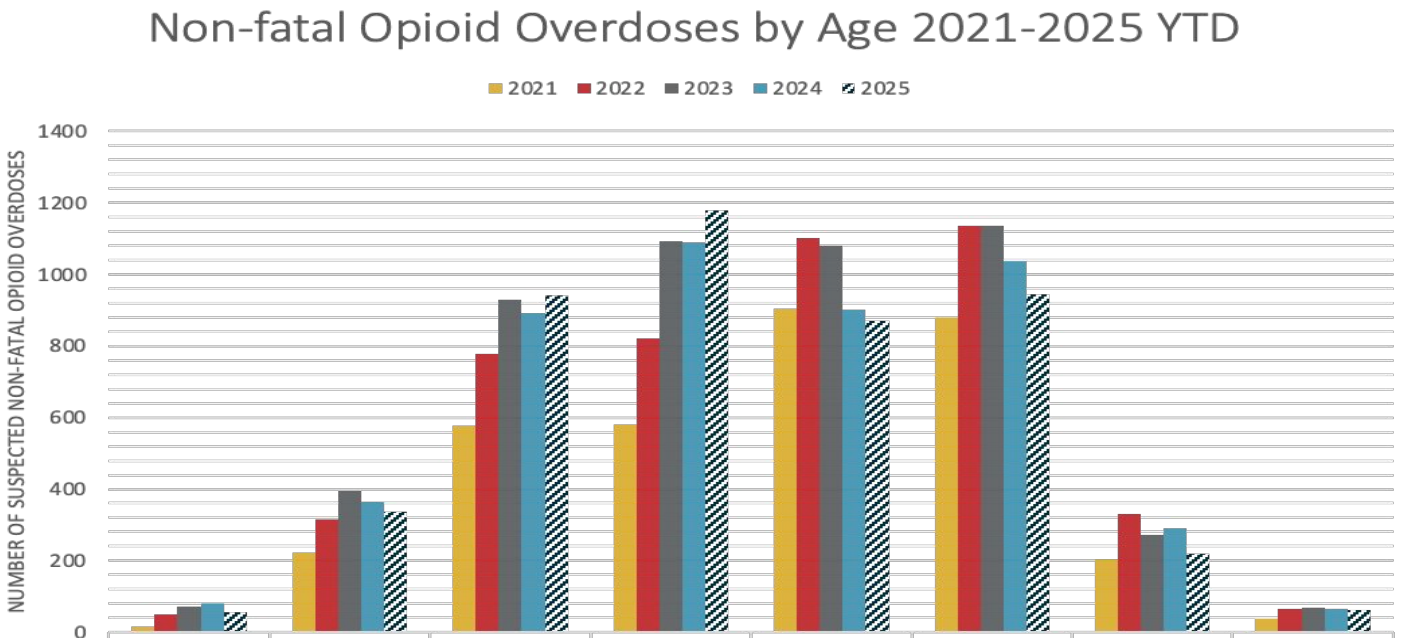




DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Source: DC Emergency Medical Services Data
Data as of 10/3/2025

Non-fatal Opioid Overdoses by Age 2021-2025 YTD



	0-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89
2021	17	224	576	579	904	881	204	39
2022	51	316	777	822	1103	1137	331	66
2023	73	394	929	1093	1080	1137	272	67
2024	82	365	893	1090	900	1036	290	66
2025	56	336	942	1179	869	944	221	62

2025 data is through September 30th

Source: DC Emergency Medical Services Data
Data as of 10/3/2025

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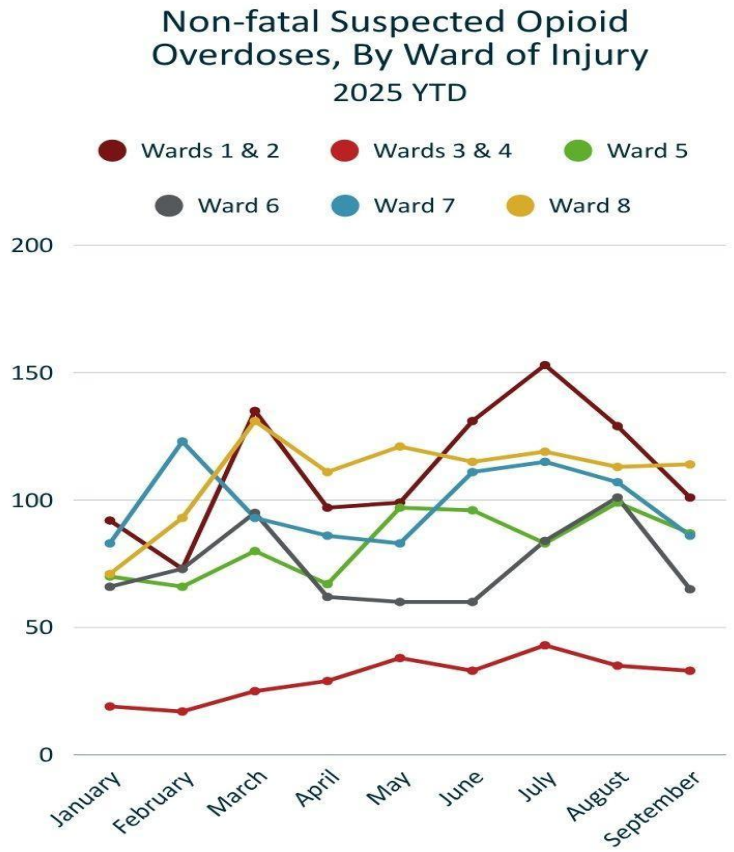
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Non-fatal Opioid Overdoses by Ward of Injury, 2025, YTD through September 30th



Source: DC Emergency Medical Services Data
Data as of 10/3/2025

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Non-fatal Opioid Overdoses by Month by Ward of Injury

Ward	July	August	September
1	91	52	45
2	62	77	56
3	13	14	12
4	30	21	21
5	83	99	87
6	84	101	65
7	115	107	86
8	119	113	144
Unknown	7	13	6
Total	604	596	522

Source: DC Emergency Medical Services Data
Data as of 10/3/2025

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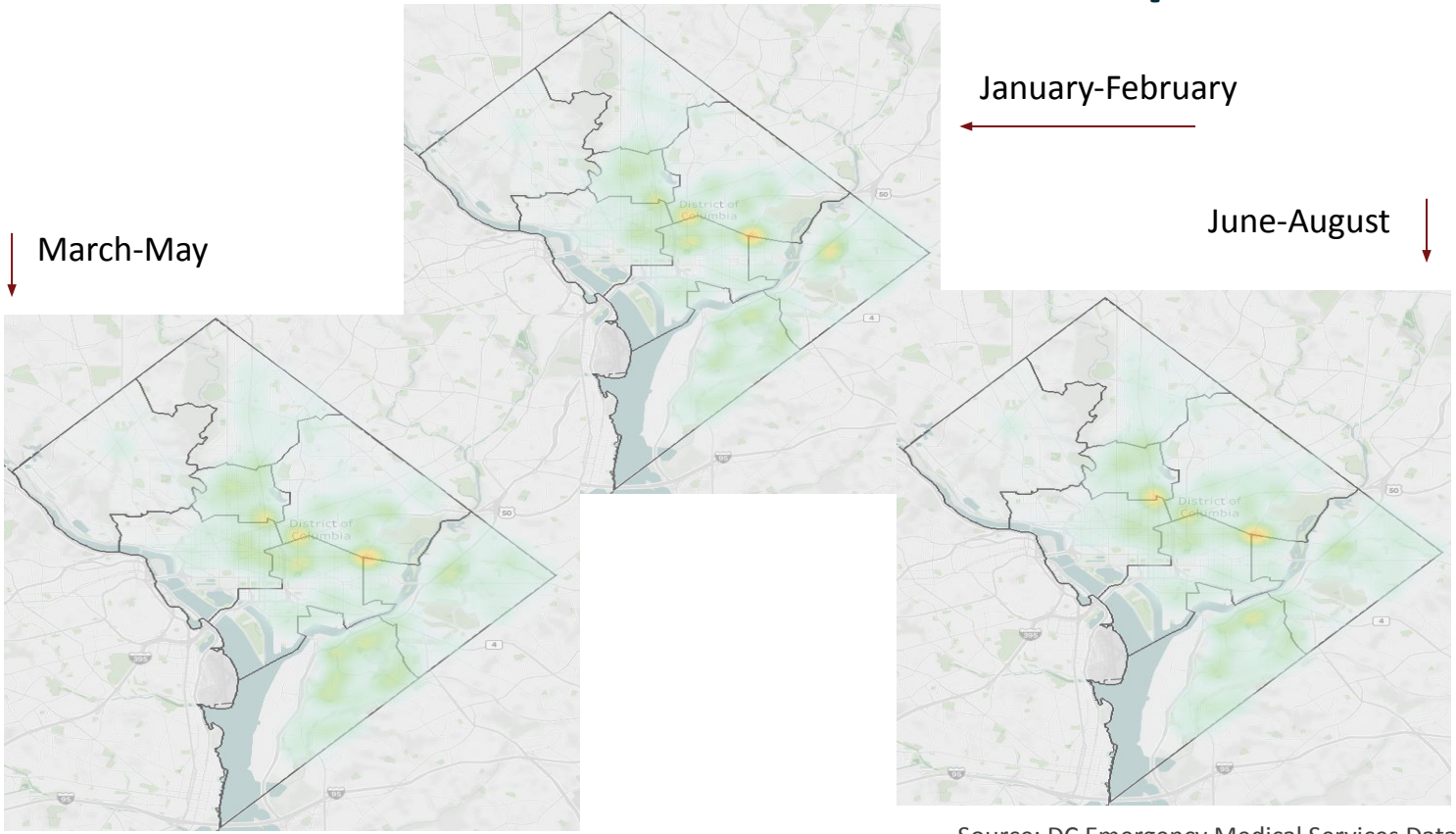
GOVERNMENT OF THE DISTRICT OF COLUMBIA

2025 Nonfatal Overdose Seasonal Map

January-February

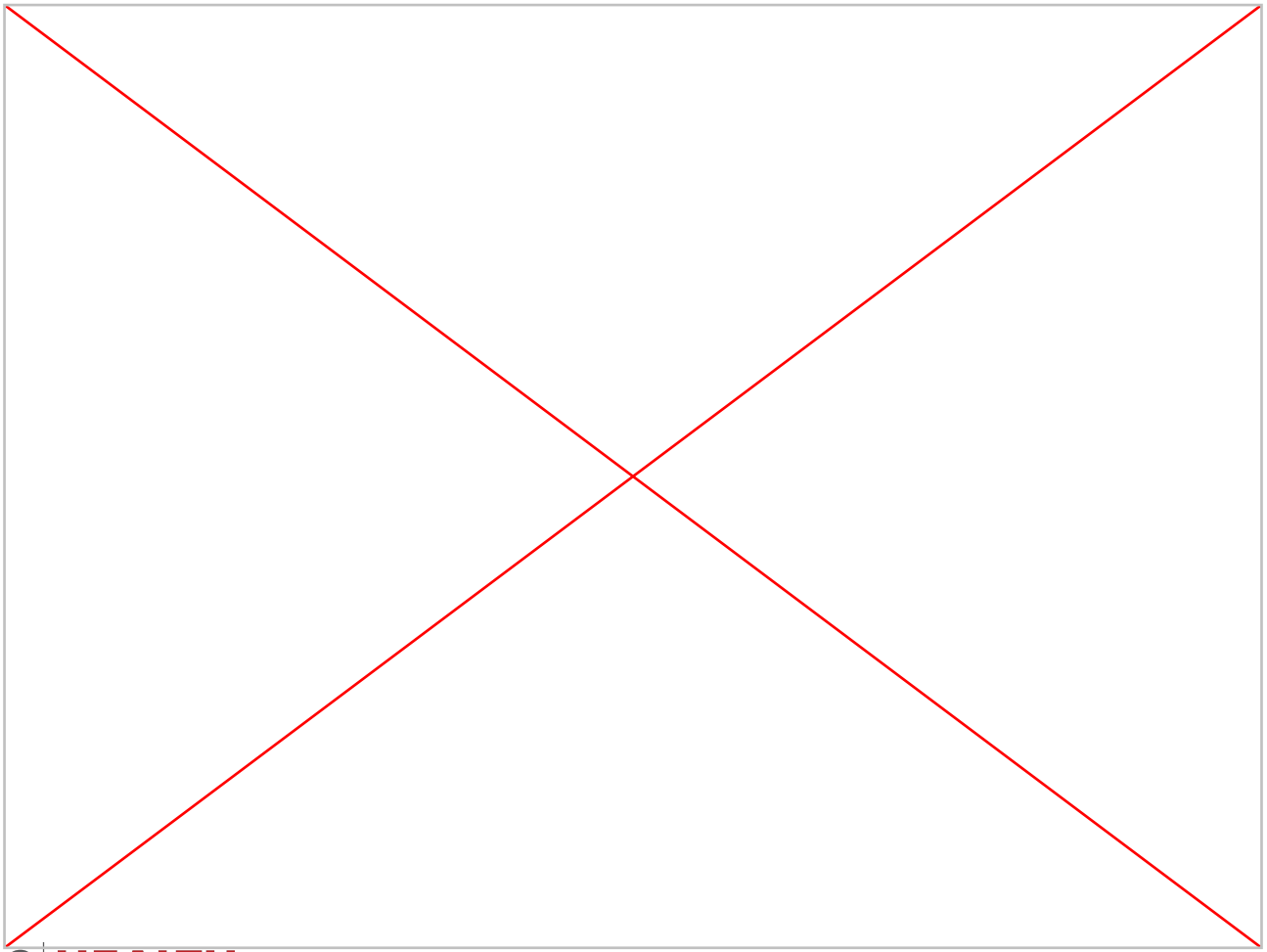
March-May

June-August



Source: DC Emergency Medical Services Data
Data as of 10/3/2025

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA



Source: DC Emergency Medical Services Data
Data as of 10/3/2025

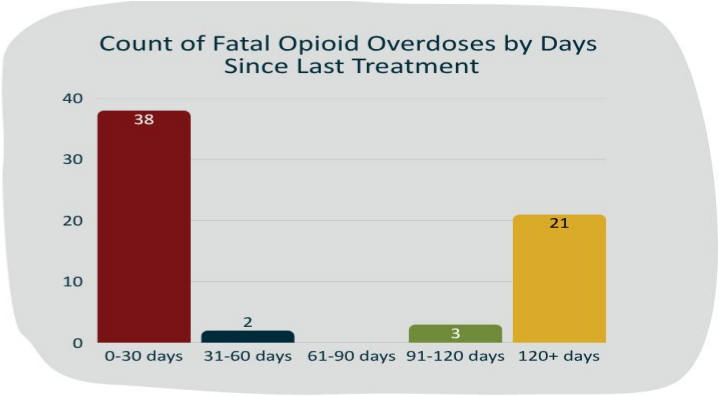
DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

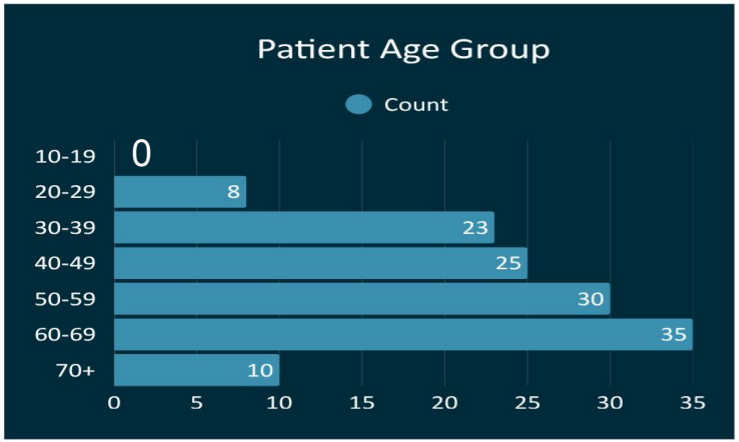
District of Columbia Surveillance Trends for Fatal Opioid Overdoses, 2025, YTD through July 31st

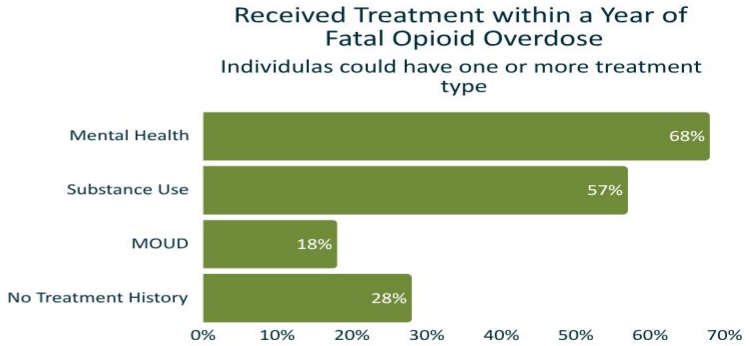
132
Total Fatalities

64% Male

36% Female







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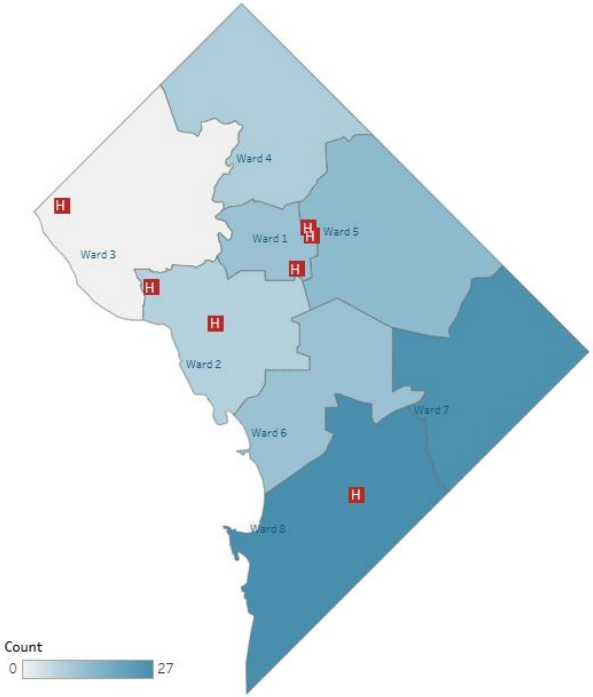
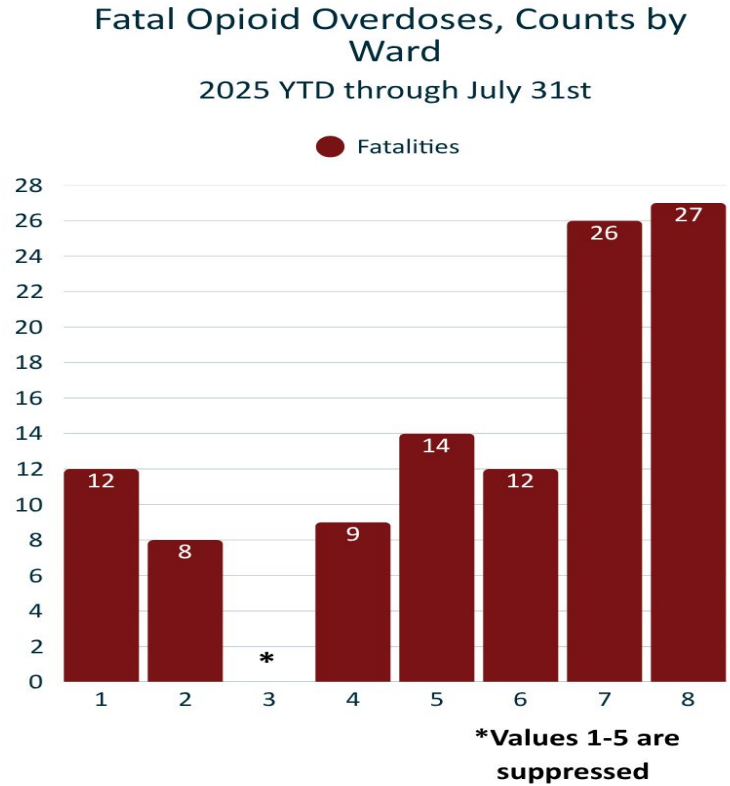
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Source: DC Opioid Overdose Dashboard | Data as of 10/27/2025

Fatal Opioid Overdoses by Ward of Injury YTD, 2025, through July 31st





Source: DC Opioid Overdose Dashboard | Data as of 10/27/2025

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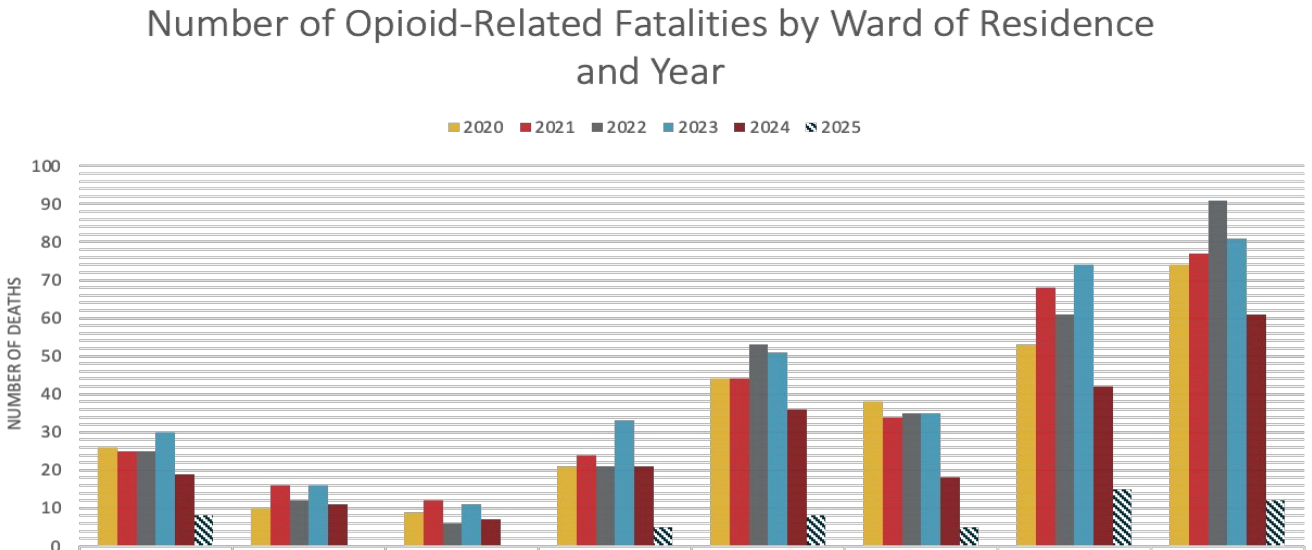
Fatal Opioid Overdoses by Ward of Residence 2020-2025 YTD



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
2020	26	10	9	21	44	38	53	74
2021	25	16	12	24	44	34	68	77
2022	25	12	6	21	53	35	61	91
2023	30	16	11	33	51	35	74	81
2024	19	11	7	21	36	18	42	61
2025	8	0 *	0 *	5	8	5	15	12

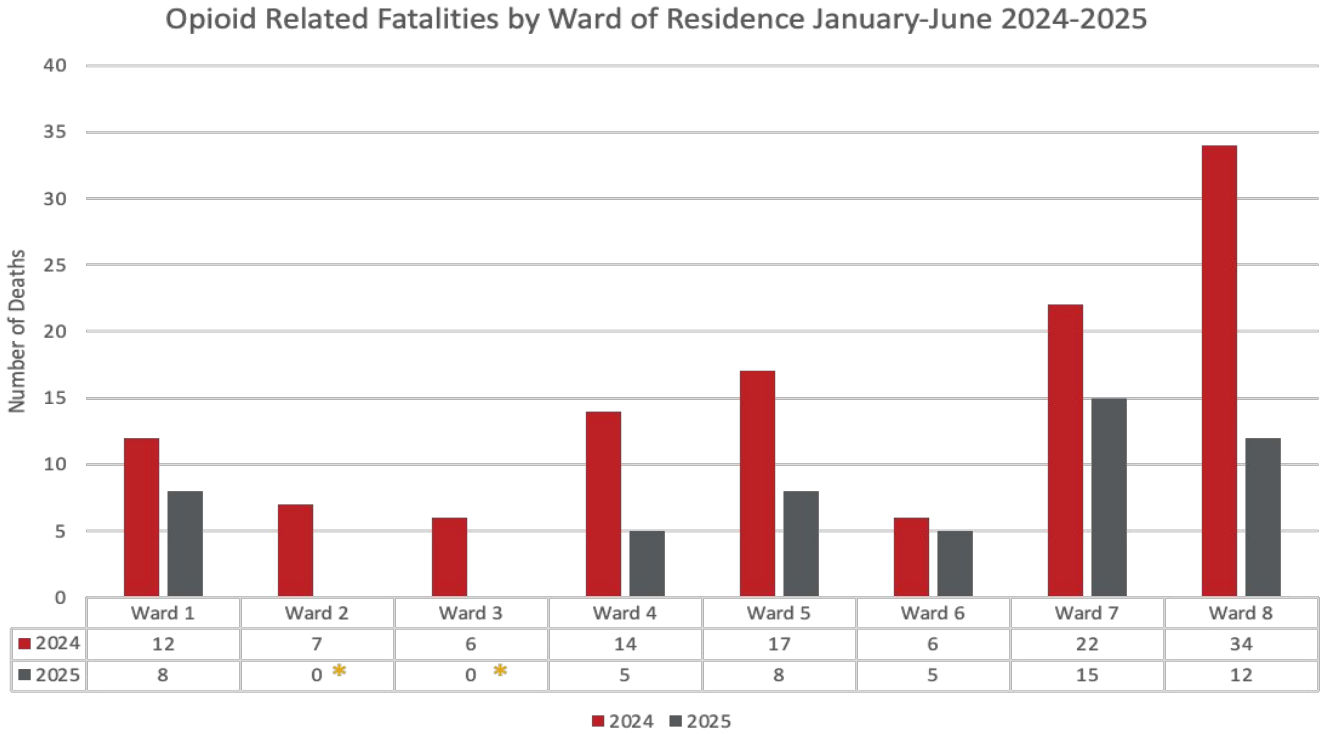
2025 data is through July 31st

*Values 1-5 are suppressed

Source: DC Opioid Overdose Dashboard Data as of 10/27/2025

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Fatal Opioid Overdoses by Ward of Residence, 2024-2025, YTD January 1st-June 30th

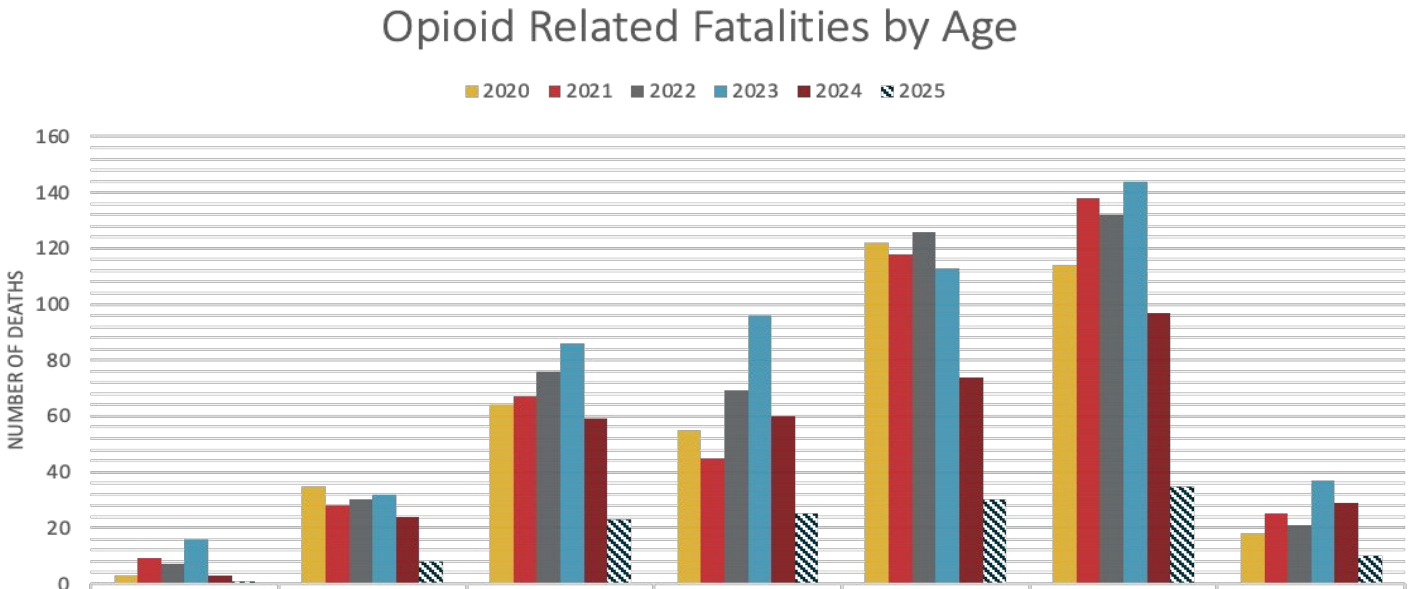


* Values 1-5 are suppressed

Source: DC Opioid Overdose Dashboard | Data as of 10/3/2025

DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Fatal Opioid Overdoses by Age, 2020-2025 YTD



	0-19	20-29	30-39	40-49	50-59	60-69	70+
2020	3	35	64	55	122	114	18
2021	9	28	67	45	118	138	25
2022	7	30	76	69	126	132	21
2023	16	32	86	96	113	144	37
2024	3 *	24	59	60	74	97	29
2025	1 *	8	23	25	30	35	10

2025 data is through July 31st

*Values 1-5 are suppressed

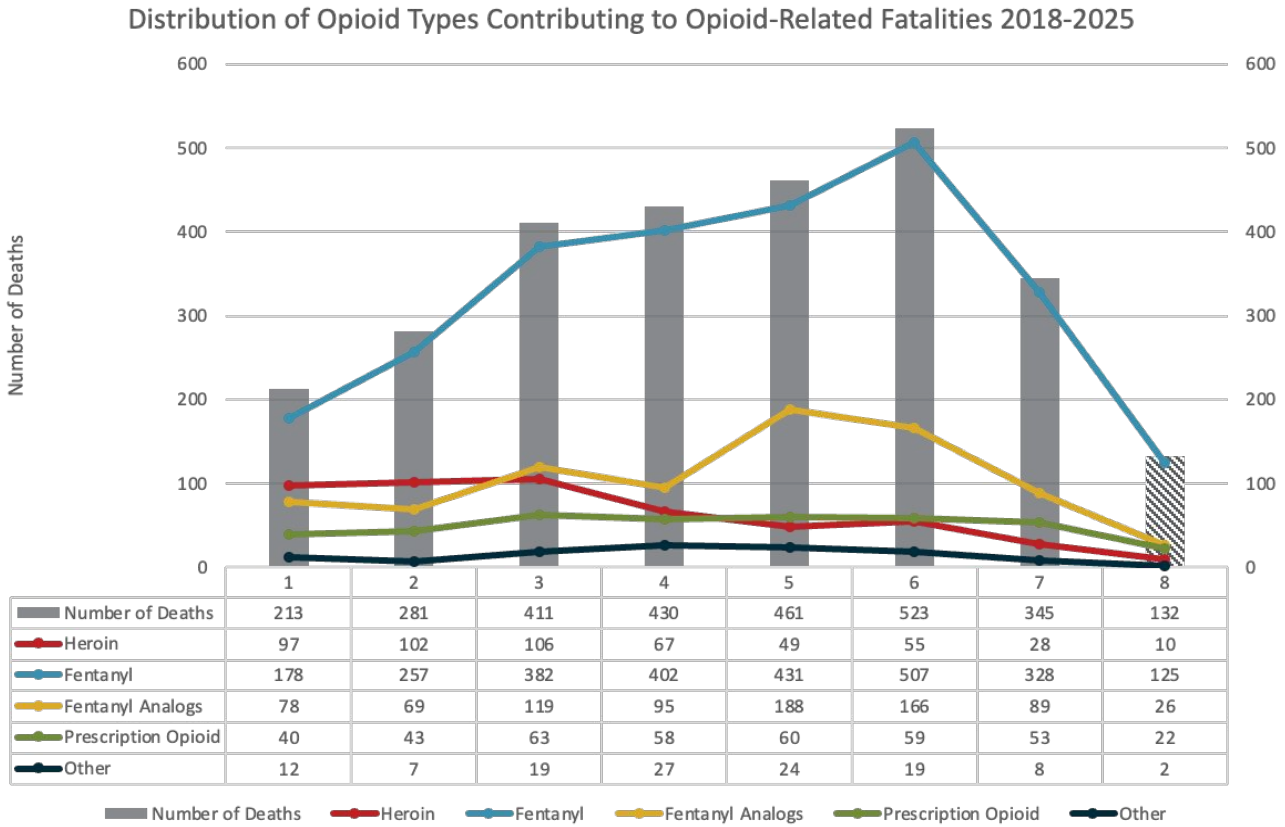
Source: DC Opioid Overdose Dashboard Data as of 10/27/2025

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Opioid Types Contributing to Opioid Related Fatalities, 2018-2025 YTD

2025 data is through July 31st

Source: DC Opioid Overdose Dashboard
Data as of 10/27/2025



	1	2	3	4	5	6	7	8
Number of Deaths	213	281	411	430	461	523	345	132
Heroin	97	102	106	67	49	55	28	10
Fentanyl	178	257	382	402	431	507	328	125
Fentanyl Analogs	78	69	119	95	188	166	89	26
Prescription Opioid	40	43	63	58	60	59	53	22
Other	12	7	19	27	24	19	8	2

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GOVERNMENT OF THE DISTRICT OF COLUMBIA

899 North Capitol Street NE, 5th Fl, Washington, DC 20002

dchealth.dc.gov

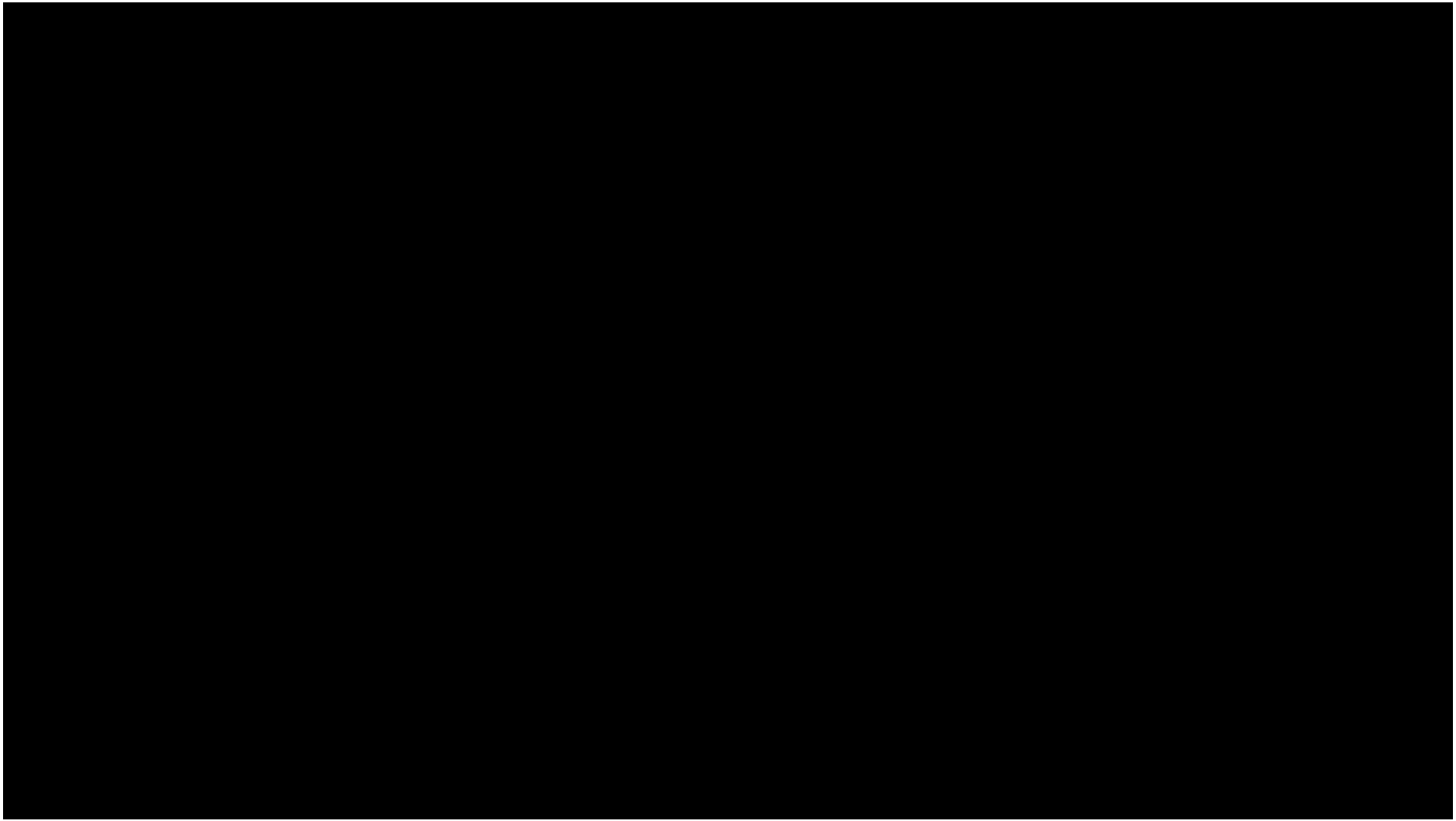
@_DCHealth dchealth DC Health

Please visit https://livelong.dc.gov/livelongdashboard to see the latest surveillance data on both fatal and non-fatal opioid overdoses.

Innovative Approaches

The P3 Model: A Collaborative Approach to MOUD Access

Dr. Franklin, Pharmacy Consultants of The DMV Foundation



Foundation *for* Opioid Response Efforts

Increasing Access to Medications for Opioid Use Disorder Using the Pharmacist-Physician-Peer Coach (P3) Collaborative Model

Careen-Joan Franklin, Pharm.D.
Clinical Consultant Pharmacist
National Pharmaceutical Association
Pharmacy Consultants of The DMV Foundation

Project Goals

Goal 1

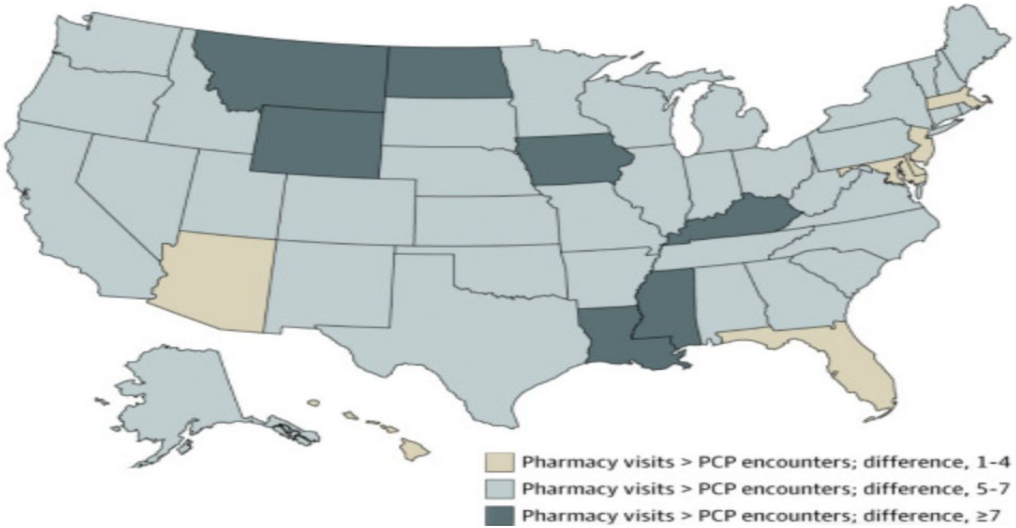
Train at least 80 pharmacy personnel on evidence-based management of OUD and stigma reduction strategies.

Goal 2

Recruit at least 3 pharmacies to implement Recovery Coach (P3) Collaborative Model

Why Community Pharmacists?

Pharmacists The Most Accessible Providers



Berenbrok LA, Gabriel N, Coley KC, Hernandez I. Evaluation of Frequency of Encounters With Primary Care Physicians vs Visits to Community Pharmacies Among Medicare Beneficiaries. *JAMA Netw Open*. 2020;3(7):e209132. doi:10.1001/jamanetworkopen.2020.9132

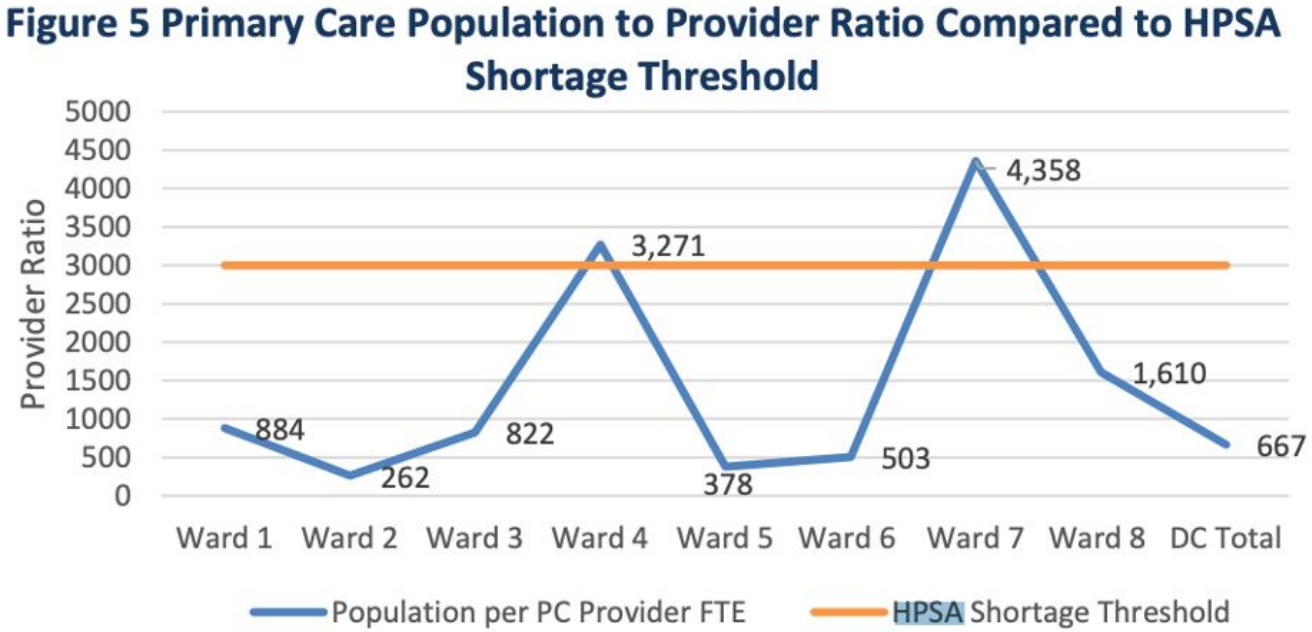
Evidence

The NEW ENGLAND JOURNAL of MEDICINE

Physician-Delegated Unobserved Induction with Buprenorphine in Pharmacies

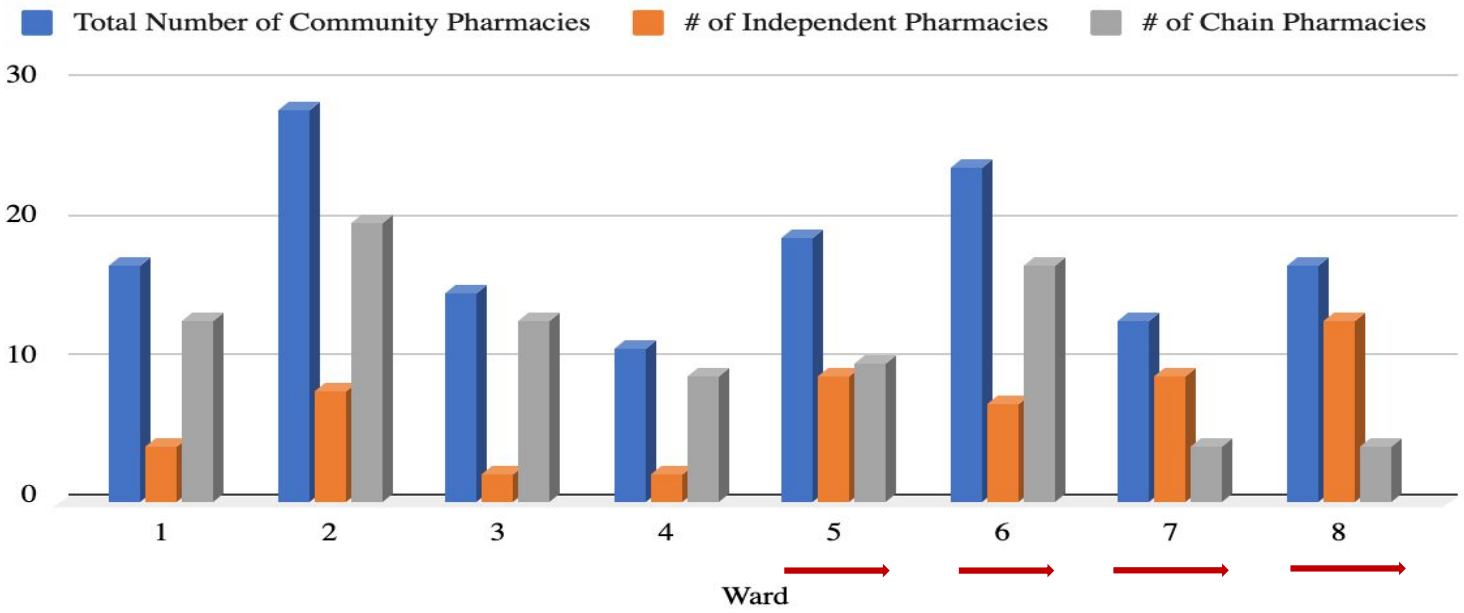
Green TC, Serafinski R, Clark SA, Rich JD, Bratberg J. Physician-Delegated Unobserved Induction with Buprenorphine in Pharmacies. *N Engl J Med*. 2023;388(2):185-186. doi:10.1056/NEJMc2208055

DC Population to Provider Ratio



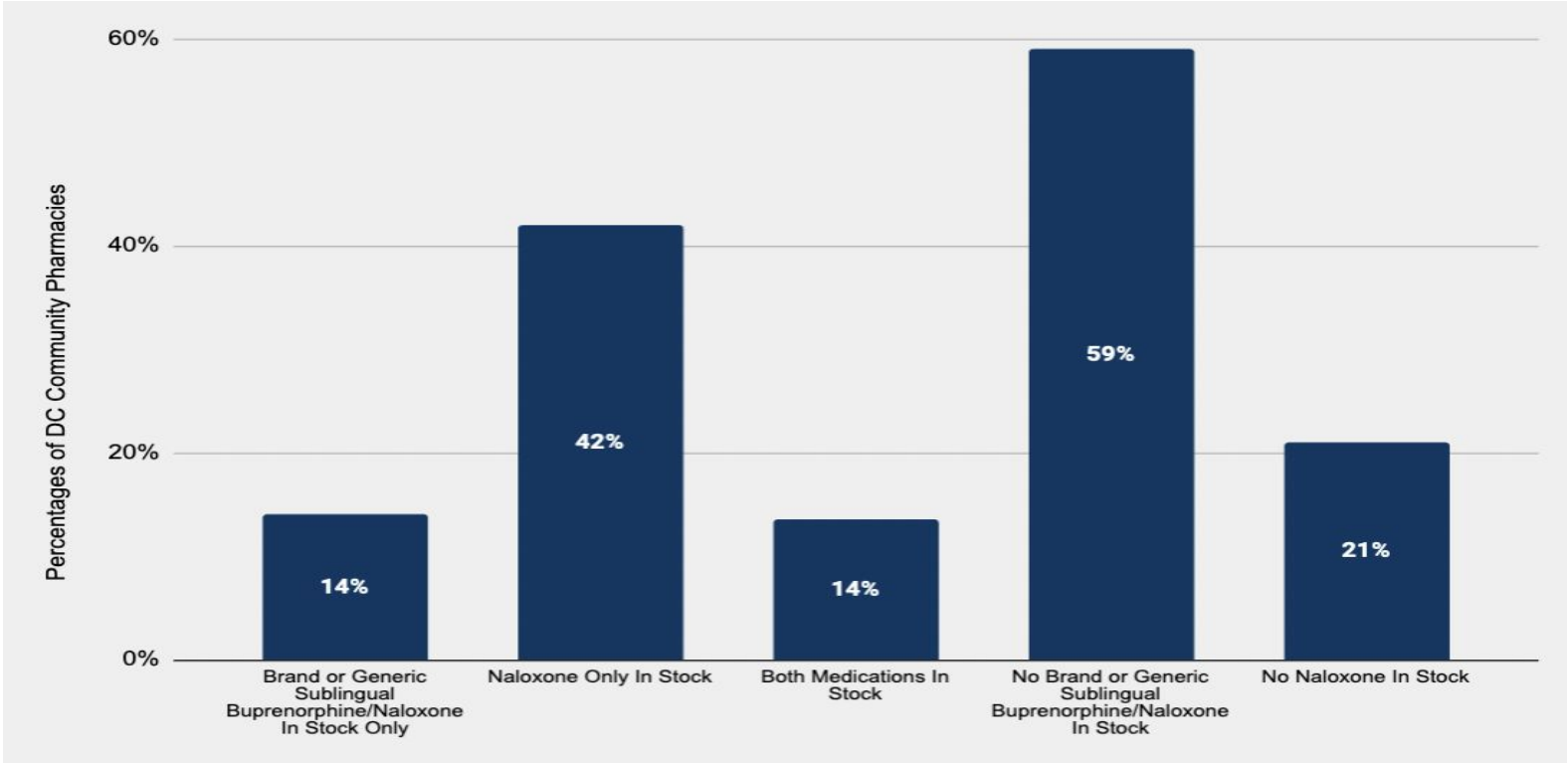
District of Columbia Primary Care Needs Assessment 2018. Available at https://dchealth.dc.gov/sites/default/files/dc/sites/doh/page_content/attachments/DC%20Primary%20Care%20Needs%20Assessment%202018.pdf. Accessed September 17th, 2024

Total Number of Community Pharmacies (Independent Pharmacies vs Chain Pharmacies)



FORE

Sublingual Buprenorphine Access In DC Community Pharmacies



FORE

Barriers to The Use of OUD Treatment

	Patient-Identified	Provider-identified	Administrator-identified or systems level
Stigma	Social stigma Self-stigma Buprenorphine stigma	Social stigma Stigma of patients with OUD Buprenorphine stigma	
Treatment experiences and beliefs	Willpower more important than treatment Treated poorly by treatment center staff Rigid treatment structure	Lack of patient need/demand for buprenorphine Lack of interest/motivation in prescribing	Perception of anti-pharmacotherapy attitudes among providers
Knowledge Gaps	Lack of education on OUD treatment Uncertainty about where to obtain care	Lack of training on OUD Lack of confidence in treating OUD Perception that OUD medication not effective	Lack of provider awareness of buprenorphine
Logistics	High out of pocket costs Long wait times “Fist-fail” policies	Time constraints Low insurance reimbursement Inability to refer to psychosocial supports Diversion concerns Lack of institutional support	Prior authorizations Cost Requirements for concurrent counseling or Stepped treatment

FORE

Mackey K, Veazie S, Anderson J, Bourne D, Peterson K. Barriers and Facilitators to the Use of Medications for Opioid Use Disorder: a Rapid Review. *J Gen Intern Med*. 2020;35(Suppl 3):954-963. doi:10.1007/s11606-020-06257-4

PhARM-OUD Guideline

1. Maintenance pharmacotherapy with buprenorphine
2. Interpreting prescription drug monitoring program data
3. Early refills
4. Providing care to persons utilizing telehealth
5. Buprenorphine mono-product
6. Optimizing the safety and effectiveness of buprenorphine pharmacotherapy
7. Care coordination and prescriber communication
8. Stigma toward persons with OUD
9. Employer oversight

A Joint Consensus Practice Guideline from the National Association of Boards of Pharmacy and the National Community Pharmacists Association

FORE

Biopsychosocial Model

P3 Model for Collaborative Management of Persons with Opioid Use Disorder (OUD)

50%

Pharmacist

40%

Physician or Other Provider

10%

Peer Recovery Specialist

P-3 Model of Collaborative Management

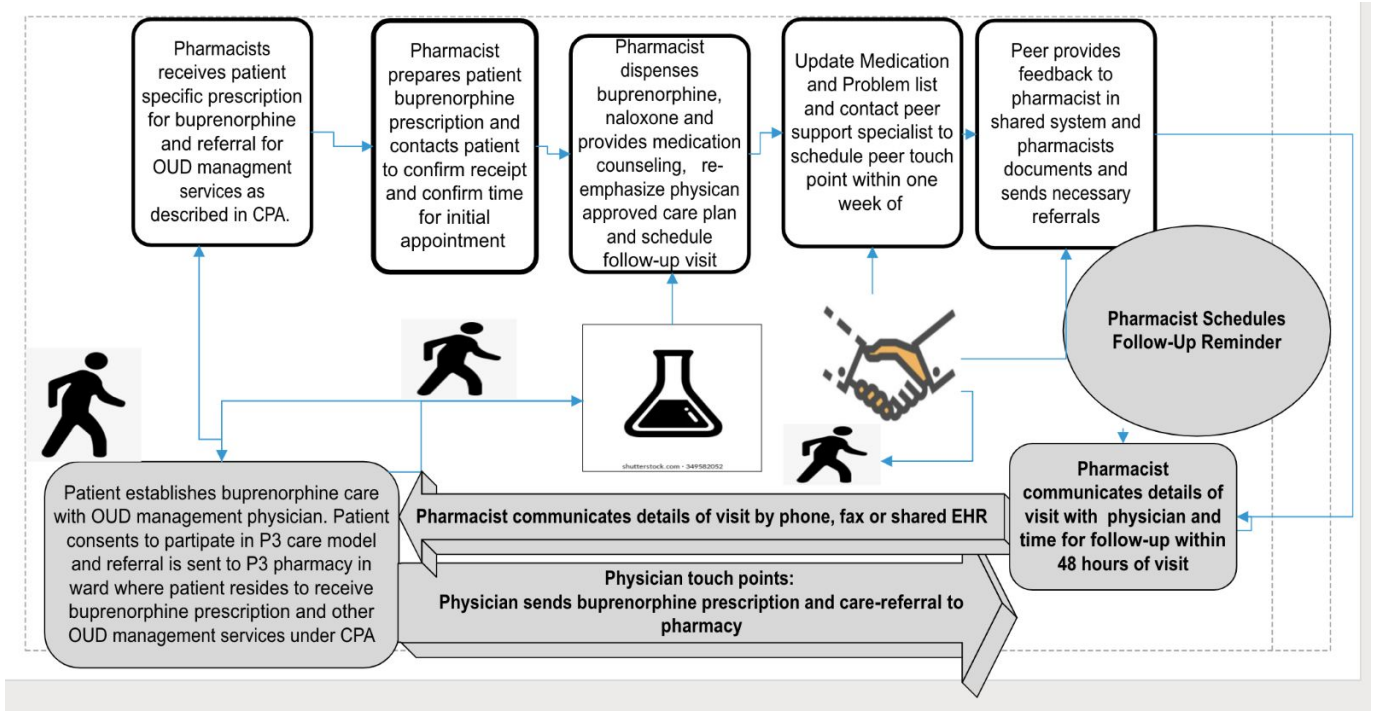
FORE

About the P3 Program

- Increase access to MOUD in neighborhoods most impacted by the opioid crisis.
- Provide follow-up care in community pharmacies or via telehealth.
- Reduce stigma and improve treatment retention with peer recovery support.
- Help patients connect to wraparound services for long-term recovery success.

FORE

P3 Model for Collaborative Management of Persons with Opioid Use Disorder (OUD)



FORE

Partner Pharmacies

BelleVue Pharmacy

Sterling Pharmacy

Specialties:
Pharmacy

LIVE

www.htpharmacy.co Tel: 433.3725

HealingTouch PHARMACY

Mon - Fri 9:00AM - 6:00PM

Partner with a P3 Pharmacy

- **Convenience**: Patients can access MOUD and follow-up care in their local community pharmacy
- **Support**: Peer recovery coaches guide patients between visits, ensuring connection and encouragement
- **Collaboration**: Partner organizations can directly refer patients to trusted P3 pharmacies.
- **Impact**: Working together helps save lives, reduce overdoses, and close gaps in access to care

“Alone we can do so little;
together we can do so much.”

– Helen Keller

Thank you

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Website

www.pcofthedmv.com

Phone

571-368-6092

FY25 Accomplishments

LIVE.LONG.DC. Steering Committee

LIVE LONG DC
Saving lives from the opioid epidemic

LIVE.LONG.DC.

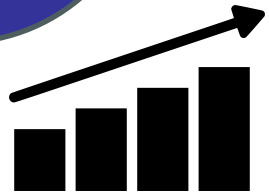
DBH
DEPARTMENT OF BEHAVIORAL HEALTH

Opioid Summit
LIVE.LONG.DC. Accomplishments
October 29, 2025
Opioid Strategy Group Leads

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Guiding Principles

LIVE.LONG.DC.…strategic framework of State Opioid Response (SOR), Opioid Abatement, and Overdose to Action (OD2A) investments to address post-overdose response



Data-driven decision making

Rooted in the strengths of the community

Person Centered

Embraces overdose prevention

Target Populations Most in Need

Continuum of prevention, treatment of recovery services and supports

Supports a robust provider and peer network

Rooted in the strengths of the community

LLDC Prevention Goal

Educate District residents and stakeholders on opioid use disorder, its risks, and prevention and overdose prevention approaches through coordinated community efforts.

Community engagement and empowerment to educate about overdose prevention and response

- **Community engagement –** In FY 25, funded 10 faith-based grantees and 4 Prevention Centers to conduct hundreds of events (e.g., community conversations) and outreach.
- **Bi-modal communication with residents** - Facilitated coordination across Wards through bi-monthly Ward-level meetings with representation from diverse partners.

Social Marketing to Engage Community to Be Involved

Embraces overdose prevention

LLDC Overdose Prevention Goal

Support the awareness, availability of, and access to, overdose prevention services in the District of Columbia.

Overdose Prevention Activities

- The District is a leader in per-capita naloxone distribution with 110,544 naloxone kits and 94,026 fentanyl test strips distributed in FY25.
- Naloxone is available free of charge, no identification needed. Residents can get it by *texting live.long.dc to 888-811 for home delivery* or information regarding where it can be picked up.
- Naloxone is available in all DC public schools and 71% of DC public charter schools
- Twelve vending machines have been placed in high overdose areas. Machines contain naloxone, hygiene kits, HIV/hepatitis test kits, condoms, PPE and treatment and education materials.
- In FY25 (through June), **948** reversals of suspected opioid overdoses using naloxone by MPD and community-based partners savings hundreds of lives.

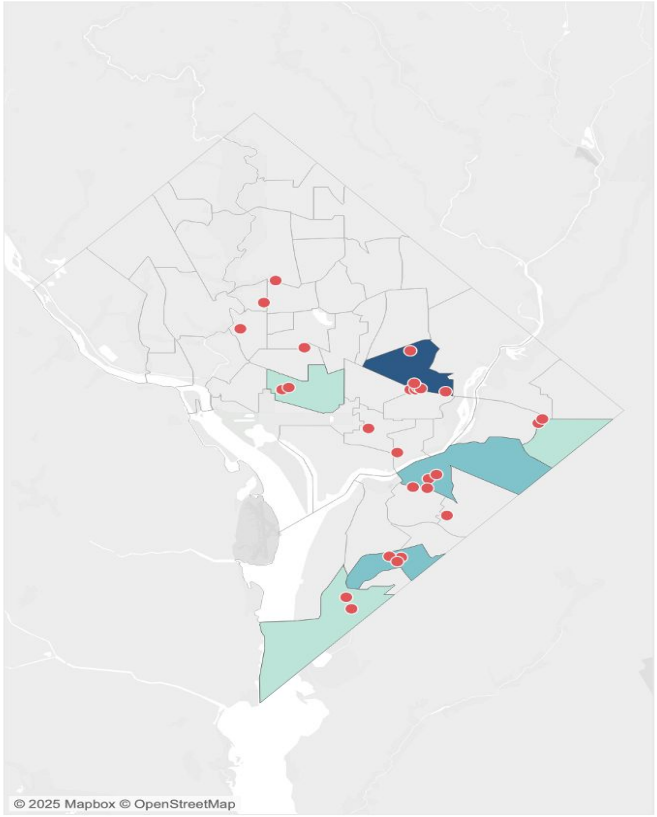
DBH

Fire and Emergency Services (FEMS) Post-Overdose Response

- FEMS has a post-opioid overdose response system for individuals who overdose but refuse hospital transport. Four teams, each containing a community outreach specialist and a paramedic, make multiple outreach attempts to the individuals who refused transport and connect them to overdose prevention resources, treatment, and recovery support services.
- In the first 6 months of FY25, FEMS post-overdose response teams responded to 497 overdoses, of which there were 222 engagements.

Outreach Following an Overdose "Spike"

Outreach teams go to areas where there were cluster overdoses within 24 hours to distribute naloxone and information and make referrals.



May 8-9
Total Cases- 27

Top 5 Neighborhoods

TRINIDAD	6
CONGRESS HEIGHTS/SHIPL..	3
TWINING	3
BELLEVUE	2
CHINATOWN	2
MARSHALL HEIGHTS	2

Time of Day

12am to 5am	4
6am to 11am	7
12pm to 5pm	10
6pm to 11pm	6

Age Groups

21-40	12
41-60	13
61+	2

Sex

Female	10
Male	17

Person Centered

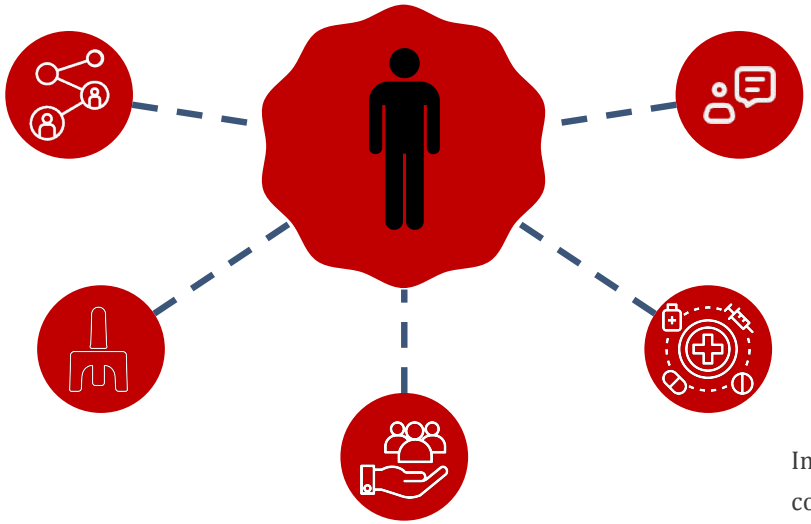
Service Delivery System

Referral and Access Points

Stabilization Center, Assessment and Referral Center (ARC), Hospitals, Overdose Prevention Programs, FEMS Co-Response Teams, DBH Community Response Team, Access Helpline

Overdose Prevention Services

Naloxone Program, Social Marketing Strategies, Fentanyl and Xylazine Test Strips



Prevention Services

4 Prevention Centers, Faith-based Entities

Treatment Services

Incorporate ASAM levels of care across continuum, Adult Residential Facilities, Outpatient Substance Use Providers, FQHCs, Medication for Opioid Use Disorders, Opioid Treatment Providers

Recovery Support Services

Peer-Operated Centers Recovery Housing, Care Coordination Services, Recovery Coaching and Mentoring, Life Skills Support, Education Support Services, Transportation (public), Environmental Stability, Supported Employment

LLDC Treatment Goal

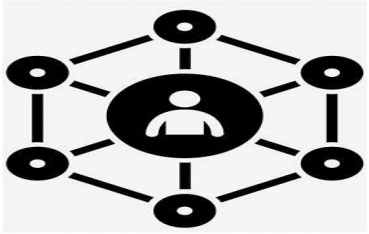
Implement a robust communications plan to disseminate knowledge of, and ensure access to, high-quality, trauma-informed, recovery-oriented SUD treatment.

Hospital-Based Peer Program

- Screening, Brief Intervention, and Referral to Treatment (SBIRT) occurs in all five acute care hospital emergency departments and on their inpatient units as well as at Psychiatric Institutes of Washington (PIW). Children's Hospital is ramping up their hospital-based peer program, and placing peers at Cedar Hill (new hospital in Ward 8) is in the planning stages.
- Peers follow up with individuals who have overdosed and refuse a referral to treatment for 90 days.
- For the first six months of FY25, peers linked 340 individuals to treatment (133 patients were linked to MOUD treatment).

Medication for Opioid Use Disorder (MOUD)

- MOUD is the standard of care for opioid use disorder (OUD).
- MOUD options in the District include methadone, buprenorphine, naltrexone.



Supports a robust provider and peer network

DC Stabilization Center

- **24/7/365 Medical crisis and stabilization clinical services**
- **Low-barrier, compassionate, person-centered care and services**
- **16–23-hour treatment recliners and 6 extended-stay beds (up to 3 days) designed for observing and treating complex cases**

IMPACT BY THE NUMBERS

(October 31, 2023 to September 30, 2025)

12,751
total admissions

3,588
unique consumers

The DBH Certified Provider Network

- Mental Health Providers - 55
- Substance Use Disorder Providers - 34
- Dual Providers – 13
- Free Standing Mental Health - 21

Treatment Services

- American Society of Addiction Medicine (ASAM) Levels of Care available in the District:
  - Clients are assessed based on a biopsychosocial assessment process and a level of recommended care
  - Level 1: Outpatient
    - Opioid Treatment Program (“OTP”)
  - Level 2.1: Intensive Outpatient
  - Level 2.5: Day Treatment
  - Level 3.1: Clinically Managed Low-Intensity Residential
  - Level 3.3: Clinically Managed Population-Specific High-Intensity Residential
  - Level 3.5: Clinically Managed High-Intensity Residential Services (Adult Criteria)
  - Level 3.7-WM: Medically Monitored Inpatient Withdrawal Management
- All providers can refer clients to MOUD as appropriate.
- Clients can receive MOUD regardless of level of care.

Field induction of buprenorphine!!

DC Fire and EMS can help you with your opioid use

- DC Fire and EMS now has buprenorphine medication available to assist with starting opioid use disorder treatment.
- Buprenorphine can help with withdrawal symptoms even if you haven't received Narcan.
- We can meet you where you are.

For more information call our Mobile Integrated Health Team:

202-480-3224 (Daily from 10am until 8pm)

This program is funded in part by the Government of the District of Columbia Department of Behavioral Health

DBH

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Treatment Workforce Development Highlights

- Training 40 individuals each year to become certified addiction counselors and support some with paid internships.
- Providing training and technical assistance to CRF, senior housing, and skilled nursing/long-term care facilities staff with higher number of overdoses on how to recognize the signs and symptoms of substance use and how to refer as well as understand various prevention and overdose prevention strategies.

LLDC Recovery Goal

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

LLDC Recovery Goal, continued

- **Expand reach:** Make recovery services available to more individuals. For example, increase access in more communities, improve community awareness, and/or remove barriers so more individuals can benefit.

- **Expand impact:** Improve the effectiveness and outcomes of those services (i.e., help more individuals achieve lasting recovery, enhance quality of care, or strengthen community well being.

- **Optimal recovery support services available:** Provide the most evidence-based, and comprehensive services that help individuals maintain recovery from substance use and/or mental health challenges. For instance, peer support, counseling, housing, employment assistance, and ongoing community support.

Building a Recovery-oriented System of Care

1. Build awareness and advocacy.
2. Strengthen peer support and lived experience voices.
3. Expand services across the continuum of care.
4. Foster collaboration among stakeholders.
5. Host community events for visibility.
6. Develop sustainable funding and resources.

Individuals with lived experience are critical partners across the continuum

- Hospital-Based Peers Program
- DC Health Peer Program
- Four Peer-Operated Centers
- New Peer Drop-In Centers
- Peer Outreach Staff on FEMS Co-Response Teams
- Peers on site at the Stabilization Center
- Peers support DBH's Community Engagement Team
- Peer Specialists across the Provider Network

Recovery Support Services (RSS)

- **Environmental Stability**
  a. 6-month respite program
- **Supported Employment**
  a. Rapid Job Search *(helping individuals get real jobs quickly rather than long employment training.)*
  b. Integrated Support *(employment specialists work closely with treatment and recovery teams)*
  c. Individualized Services *(based on person's interest)*
  d. Ongoing Support *(provide support after employment)*
  e. Competitive Employment *(regular jobs in the open labor market)*
  f. Benefits Counseling - understanding how employment affects public benefits *(housing, disability, or health care)*

- Recovery Housing-**246** individuals were supported in recovery housing in FY25 (through March) with support of SOR grants.

Working with National Recovery Networks

Target Populations Most in Need

LLDC Criminal Justice Goal

Implement a shared vision between justice and public health agencies to address the needs of individuals who come into contact with the criminal justice system.

Initiatives to Target Individuals Involved with the Criminal Justice System

An SUD wellness unit in the DC Jail supports males with SUD. Can support up to 50 individuals.

The Department of Corrections relaunched their LEAD UP/LEAD Out Program. The LEAD Out Program includes a comprehensive workforce development program.

Bringing More Peer Support to the Jail

- Conducting AA and NA meetings in the jail twice a week.
- Will be conducting forensic peer training this week.
- Conducting forums during special events.

Criminal Justice Accomplishments

- **1000 +** individuals in the DC Jail received MOUD in FY24.
- In FY24, there were **193 new participants** in the DC Jail workforce development program (LEAD UP/LEAD OUT), of which 40 obtained new long-term employment.

- In FY25 (through March), **twelve women and four men** were newly housed through the Housing for Returning Citizen program. All clients were engaged in weekly case management.

FY26 Path Forward

Maura Gaswirth, DBH

LIVE LONG DC
Saving lives from the opioid epidemic

Interactive Strategy Gallery View

Steering Committee

LIVE LONG DC
Saving lives from the opioid epidemic

As you review the strategies, use markers and stickies to tell us:

Mark a dot next to strategies to indicate:

- What feels really important?
- What resonates with you?

On stickies, please add and place next to the related strategy:

- What's missing or needs to be adapted?
- What innovative ideas have you seen, either in DC or beyond, that we should consider?


OSG Breakouts

Opioid Strategy Groups (OSG) Co-Chairs

- **Prevention:** Kecia Barnes and Bruce Points (Stay in Room)
- **Overdose Prevention Services:** George Kerr (Stay in Room)
- **Recovery:** Anna Jones and Orlando Fox (Room 242)
- **Treatment:** Gayle Hurt & Adaku Ofoegbu (Cafeteria)
- **Criminal Justice:** Mark Robinson (Room 255)


Thank you!