#### October 2023

## LIVE.LONG.DC. Stakeholder Summit



October 25, 2023



#### **Purpose**

To convene the LIVE.LONG.DC. 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. LLDC Overview: 6-Year Anniversary
- **3.** Appreciation, Recognition and Community Building
- 4. Data Trends
- 5. LLDC Messaging and Communications
- 6. OSG Breakouts
- 7. Closing Remarks

#### **LLDC Milestones**



#### LIVE.LONG.DC.

#### The District's Strategic Plan to Reduce Opioid Use, Misuse, and Related Deaths.

The LIVE.LONG.DC. (LLDC) Strategic Plan contains 38 strategies, organized across six (6) Opioid Strategy Groups (OSGs) that span the continuum of care. LLDC community members from across the District form a public-private coalition to collaborate on these strategies.



# LLDC RECENT ACCOMPLISHMENTS



#### **Prevention**

Established a new contract to **train a cohort of 50 individuals** to become **Certified Prevention Specialists**.

Developed new partnerships with universities to provide education surrounding opioid and stimulant misuse.



In April 2023, established a partnership with DC Public Libraries and added two new collection sites. Expect to add more for the next event in October 2023. Held bi-monthly ward meetings to collaborate around events and outreach efforts. Two of my care managers went through the Certified Prevention Specialist training program through DBH!

Expanding "Too Good for Drugs" (evidence based prevention curriculum) for all of the DC Public Schools with school- based, community based organizations (CBOs): expected to roll out for 2023-24

school year.

Prevention-Mothers and Teen girls conference "We Adjust Our Crowns Over here" Over 50 Mothers and daughters participated At CAG.

#### **Prevention**

Through this year, we have worked closely with our subgrantees to successfully table their events, partake in Children's Legacy theater presentation of the youth & Successfully train UDC PD in Narcan.

Collaboration with community

partners to tap into high volumes

with the addition of SOR grantees

UDC Workforce development as well as developing partnerships with DCPS to educate on opioid stimulant use and misuse.

DBH has continued to partner with

Back Day. Collection has increased

MPD and the DEA for Drug Take

promoting and staffing the

collection sites.

Develop partnership with other Healthcare entities to provide information and distribute Narcan and various events throughout the community.

of our target population. Successful retreats for our target population. Maintaining a growing influx of community engagement.

Children's Legacy Theatre: Break Every Chain, Youth Production. Over 40 youth from Wards 7 and 8 created this production, from research about opioids, to script writing, set design and lighting.

Ward 7&8 PC Hosted International Overdose Awareness Day along with Marshall Heights CDO. As well as tabled at the Ward 8 MLK location hosted by ACC & Don't Mute DC/Check It.

**DBH Responses** 



#### **Harm Reduction**

In FY 23, we distributed 86,136 naloxone kits, a **32% increase** from FY 22 (65,124). We had a 14% percent increase from FY 21 to FY 22 and a 104% from FY 20 to FY 21.



Partnership with American University and coverage by NBC 4 at two events that allowed us to distribute over 1000 units of Narcan.

CenterPoint Baptist Church distributed over 2000 Narcan kits to the residents of Ward 7.

Dreamers and Achievers Center: We have people from the Shelters that has received WRAP certificates and increased participations and harm reduction trainings. Naloxone is now available to all DC public schools, with 73% (99/135) of charter school campuses participating, and private/parochial school rollout underway. We have **increased distribution of fentanyl test strips**: FY22, 12,082 (April-September); FY23, 52,573 (October August).

HIPS was able to increase mobile services to 7 days a week!

We have helped certify over 45 people in Naloxone with our monthly trainings.

CBO partners successfully reversed 549 overdoses in FY23 (October- August)-that we know of!

#### Treatment



Since the hospital-based peers program started in June 2019, **858,097 SBIRT screenings have been completed, One Agency. One Mission. One Voice**. which is 70% of all patient encounters. Integration with area hospitals to identify persons admitted to hospitals with a SUD. We now have an agreement to have an outreach worker in the hospital to increase enrollments.

1,583 patients have been induced with MOUD within District hospitals and nearly 90% of those patients have been linked to follow-up treatment. In Year 1, Whitman Walker Health (WWH) was able to successfully transition our SUD programming from HAHSTA's MAT format to DBH's SOR model. WWH retained more than 80 patients in care through the transition. We were able to integrate the care coordination program into our hospital system by building relationships with both the inpatient and outpatient programs.

Successfully got clients in residential treatment.

Rolled out wraparound services training to clinical staff outside of our department.

#### Recovery

Oxford House provided recovery housing to 477 individuals in DC, with an average monthly abstinence rate of 97.5% and an annual abstinence rate of 84.5%.

Reunited families previously estranged due to substance use.

Oxford House opened 3 new houses with 26 new beds. Total population served 477.

Continued certification as a Recovery Support Service.

Total Family Care Coalition worked with 8 families and encouraged the family to attend our recovery group.

Developed a partnership with our Medical Respite program.

Successfully competed and awarded new grants for Expanding Access and Retention in Treatment (EAR), Syringe Services Programs (SSPs) and recovery housing in FY23.

Provided a safe, recovery positive, sober living space for women.

In Year 1, we were able to add additional housing to our Recovery housing program.



# APPRECIATION, RECOGNITION AND COMMUNITY BUILDING

#### Appreciation, Recognition, and Community Building





"Trina has had family members who have died and experienced OUD - her story matters about why we do what we do. She's here to support us and support her personally as well." "OCME data is always a downer - but we said understanding the data and understanding what is happening is critically important. Inspire providers at hospitals to implement best practices, CBOs demonstrate need to get funding to expand programs"

"Purchased narcan cabinets to be placed in faith based organizations. Outreach to 400 youth at middle schools providing them with education around prevention/substance use."

"A client who kept coming back to CC needing more services, persevered over many years and finally the person is in recovery."

"DCPC 5&6: been around for 14 years, being able to respond and deliver what is needed."

"Reverend Lynda being instrumental in getting naloxone into schools." "I ran into someone who has been clean for a year (he has overdosed 45 times) - he made it!" "Telling people about naloxone, inspired by having convos with people that said "this is not for me/has nothing to do with me" and changed their perspective to show how this is about them."

> "A life was saved shortly after us getting naloxone in schools."

"Social marketing materials to get the information out to the community - youth can easily access the information."

# DATA TRENDS

#### Fatal vs Suspected Non-Fatal Opioid Overdose by Ward

January 1, 2023-June 30, 2023



	Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8
Fatal	10%	10%	3%	7%	21%	11%	15%	24%
Suspected Non-Fatal	10%	8%	1%	7%	18%	15%	18%	24%

**District of Columbia Department of Behavioral** 

#### Fatal and Suspected Non-Fatal Opioid Overdose Map

January 1, 2023-June 30, 2023



The darker the color the higher the number of total overdoses



**District of Columbia Department of Behavioral** 

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#### **District of Columbia Department of Behavioral**

# LLDC MESSAGING AND COMMUNICATIONS:

# Recommendations from the LLDC Community



- **1.** Target all audiences: But prioritize based on what the most pressing needs are, such as youth and high crime areas.
- 2. Explore additional ways to access information and PSAs: Deploy QR codes and distribute them throughout D.C. and target radio ads for those with limited access to TVs.
- **3.** Highlight fentanyl's ubiquity: Educate about its presence in substances like cocaine and heroin.
- **4.** Tailor messaging: Customize for specific audiences (e.g., seniors through news/TV, youth via social media) and target demographics (e.g., African American males aged 50-65).
- **5.** Utilize familiar faces: Feature familiar community people in communications campaigns faces of people who are working in the communities.

### OPIOID STRATEGY GROUPS BREAKOUT CONVERSATIONS

- Regional Resources (Urgent): DMV, how to get into schools, etc...
- Emphasized the need to invite DC Public Schools to the January Summit.
- Eric Chapman and Kecia Barnes will be the new Prevention OSG Leads.









- There is a huge need for more harm reduction within the medical system and emphasizing how we need to treat drug addiction as opposed to verbally telling people to stop doing drugs.
- In the future we need to invite more clinicians/people providing healthcare in the field to increase the social marketing in the medical space.
- Strategy: Instill a common working definition of harm reduction and adopt shared language to enable alignment within the community to work towards common goals.









- Prioritize TR 2 and 6: Build capacity of centers with respect to payment and how payment works while fully understanding the trauma endured through this process.
- We need to invite providers from the hospitals (more from FQHCs, youth representation, case managers/care managers in crisis intervention, etc..).







- There is anger in the community and a perception that resources are not being equally shared (i.e., unequal partners in the workforce, unequal salaries, burnout concerns, etc...).
- Housing: Need options for housing that are not stigmatized.
- 24-hour access to resources. Create better options for those who do not have access to technology / are not tech savvy.
- Work together: Open communication. Increase outreach and bring more people to the table. Create a more centralized area of resources.











- **Priorities:** Supporting drug court. Focus on pre-arrest diversion (let them stay home and get support). Transitions for people carrying over of care both ways. Increase investments in housing.
- Idea: Invite MPD to talk about their pre-arrest diversion (Bureau of Prisons, federal prisons).
- Incite: Entities that interact with criminal justice/federal partners involved in the justice system (i.e., people from pretrial services, public defenders, prisons, etc..).







# **THANK YOU!**

Summit design and facilitation provided by: The Clearing, Inc

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