THE CLEARING®

90-DAY FOLLOW-UP SESSION

SESSION REPORT

MARCH 6, 2018

TABLE OF CONTENTS

I. PURPOSE | OUTCOMES | AGENDA

PURPOSE:

To **move** the *District of Columbia Strategic Plan to Reduce Opioid Use, Misuse, and Related Deaths* **into action**.

OUTCOMES:

- Clarity on **accomplishments** since the October DC Opioid Summit
- Shared perspective on the **Strategic Plan** and how it will tackle the District's opioid crisis
- Alignment on **tactical action plans** to accomplish specific strategies outlined in the Strategic Plan

AGENDA:

I. Opening Remarks
II. Updates on Summit Initiatives
III. Data Findings
IV. Strategic Plan Review and Goal Teams
V. Closing Remarks and Next Steps

DR. ROYSTER'S OPENING REMARKS:

- Saving lives- this is our BIG HAT
- DOH has increased distribution of naloxone
- DBH has launched two opioid awareness campaigns: one for older African American males and a second for youth
- How do we tie all of this work together to drive us forward?

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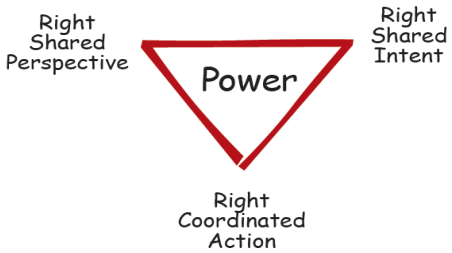
* denotes attendees of March 2018 Session.

PRIMES OUTFITTING

POWER

The **POWER** groups have the potential to generate is a function of the degree they operate from a **shared perspective**, the intensity of and alignment to their **shared intent**, and their commitment to **coordinated action**.



POWER

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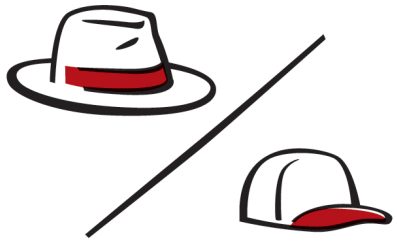
BIG HAT - LITTLE HAT

Leaders can put on their **BIG HAT** and make decisions that are good for the whole or put on their **LITTLE HAT** and assess how decisions will impact themselves and their teams. This Summit is a BIG HAT conversation.



BIG HAT - LITTLE HAT

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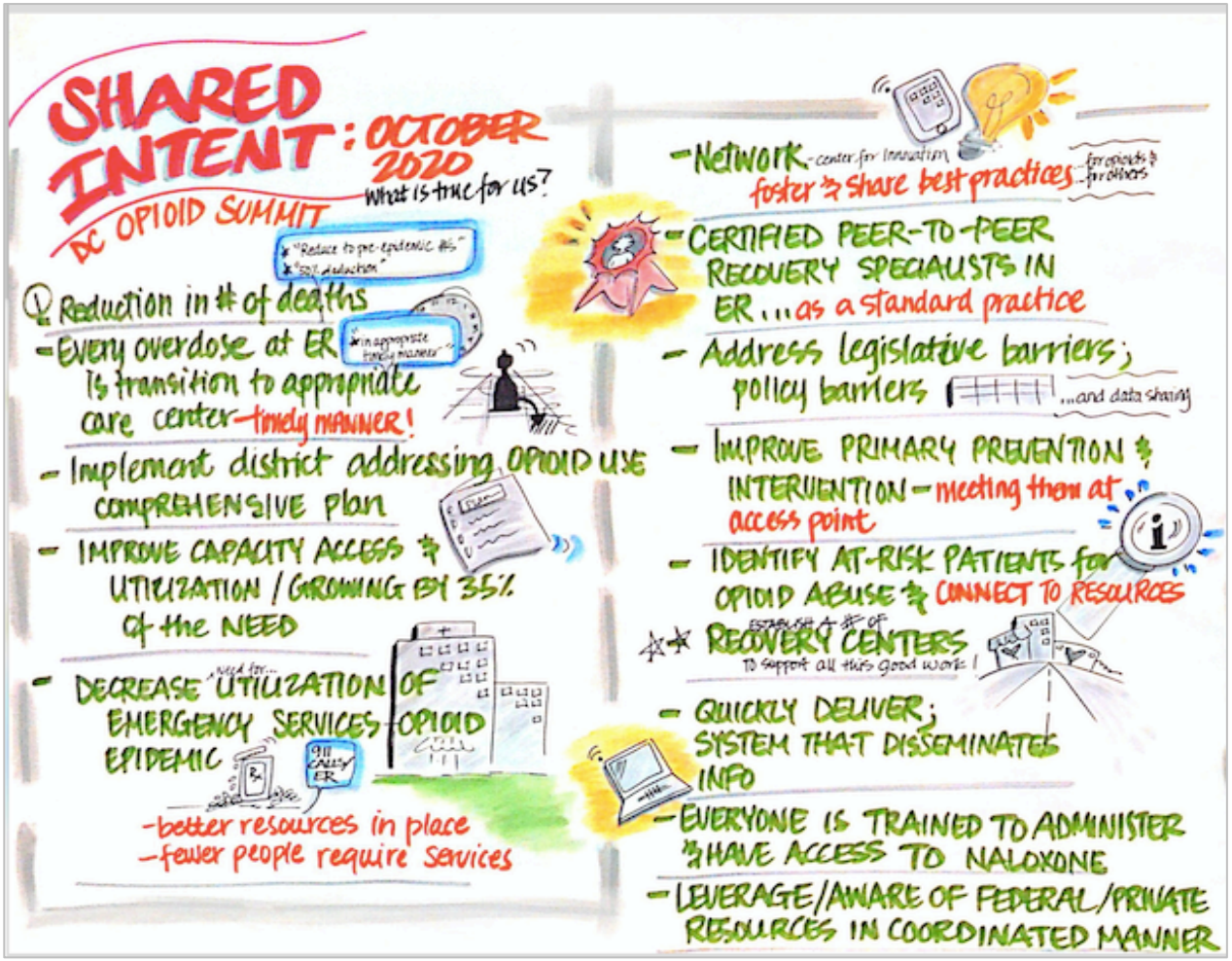
WHAT DO WE WANT TO MAKE TRUE BY OCTOBER 2020?



The group revisited their Shared Intent from the October DC Opioid Summit and what they want to accomplish by 2020.

II. UPDATES ON INITIATIVES:

1. **Accountability:** Establish a cadence of accountability for results.
2. **Directory:** Create an online, current resources directory to address all stages of substance use disorders.
3. **Campaign:** Launch a multi-modal campaign that reaches all stakeholders.
4. **Data:** Identify and share accurate data and ground truth.
5. **Strategy:** Develop a comprehensive opioid use disorder strategy.

1. ACCOUNTABILITY

Team Lead & Members

- **Dr. Tanya Royster (lead)**
- Anna Jones
- Vincent Keane

Accomplishments to Date

- Established DBH POC, Sharon Hunt, PhD
- Conducted regular check-ins with the other four groups to facilitate accountability and keep the work moving forward

Next Steps

- Develop Accountability Tracker to follow the work of the Strategic Plan when adopted
- Support expansion of the work to a larger audience

2. DIRECTORY

Team Lead & Members

- **Larry Gourdine (lead)**
- Dr. Orlando Barker
- Dr. Howard Hoffman
- Osa Imadojemu
- Dr. Erica Richards
- Dr. Neha Sullivan

Accomplishments to Date

- Identified critical operational functionality criteria:
  - Accuracy, Accessibility, Usability
  - Security, Data Management and Transmission
  - Maintenance and Support
- Identified critical user features and functionality criteria:
  - Search for resources
  - Collect information
  - Coordinate, track, and manage referrals
  - Manage user engagement analytics

Next Steps

- Assess how to build upon and take advantage of existing directories
- Understand the value of developing and maintaining a Directory
- Determine and clarify who the end user for the Directory is and what kind of data should be included

3. CAMPAIGN

Team Lead & Members

- **Dr. Orlando Barker (lead)**
- Desiree Hoffman
- Anna Jones
- Dr. Tanya Royster
- Richard Tilley
- James W.

Accomplishments to Date

- Conducted a Teleconference on 1/24/18
- Developed a preliminary list of organizations that may serve as stakeholders in a DC Opioid Campaign

Next Steps

- Coordinate with other teams to identify the purpose of the campaign
- Meet to discuss plan and goals for the campaign

4. DATA

Team Lead & Members

- **Claudia Schlosberg (lead)**
- Mannone Butler
- Cyndee Clay
- Jennifer Deltoro
- Dr. Barry Lewis
- Dr. Roger Mitchell
- Attorney General Karl Racine

Special thanks to Trina Dutta, DHCF

Accomplishments to Date

- Created template for Environmental Scan of Publicly Funded Opioid Treatment Programs
- Distributed template and received responses from **DBH, DOH, DOC, DHCF, DHS, OSSE**
  - Shared template with group on 3/6/18
- Held preliminary discussions with DHCF staff regarding Privacy Policy and Data Sharing
  - DHCF has developed a DUA that may be a useful starting point

Next Steps

- Develop provider survey
- Continue discussions on DUA and data sharing

5. STRATEGY

Team Lead & Members

- **Dr. LaQuandra Nesbitt (lead)**
- Quincy Booth
- Jacqueline Bowens
- Ann Chauvin
- Dr. Bruno Petinaux
- Dr. Randy Pumphrey
- Claudia Schlosberg
- Dr. Jennifer Smith

Accomplishments to Date

- Held Working Group meetings to establish a framework for the Strategic Plan
- Achieved alignment with existing health plans and initiatives culminating in 2020
- Achieved alignment with federal grants and locally funded projects
- Hosted key stakeholder engagement sessions (see pg. 12)
- Vetted the draft Strategic Plan by the DC Opioid Working Group

Next Steps

- Review draft Strategic Plan with Summit attendees
- Establish priorities and create implementation strategy for city-wide rollout

OPIOID STRATEGIC PLAN WORKING GROUP

The organizations listed below were participants in key stakeholder sessions to collectively develop the Strategic Plan.

- AmeriHealth Caritas
- Community Action Group (CAG)
- Children's National Medical Center
- DC Behavioral Health Association
- DC Board of Pharmacy
- DC Coalition of Disability Service Providers
- DC Health Care Association
- DC Recovery Community Alliance (DCRA)
- DC Primary Care Association
- Family Medical Counseling Services (FMCS)
- Georgetown University
- George Washington University Hospital
- Howard University
- Howard University Hospital
- IONA/Long Term Care Association
- Johns Hopkins Sibley Memorial
- McLendon Center
- Medstar Georgetown University Hospital
- Medstar Washington Hospital Center
- Psychiatric Institute of Washington, DC
- Regional Addiction Prevention (RAP)
- United Planning Organization (UPO/CTC)

III. DATA FINDINGS:

ENVIRONMENTAL SCAN OF PUBLICLY FUNDED OPIOID TREATMENT PROGRAMS

KEY FINDINGS AND QUESTIONS

After understanding the key findings from the Environmental Scan, the group discovered open questions that the data may answer.

Summary of Findings:

- We are seeing more providers and more services being provided to more people, but utilization suggests we are not reaching everyone we need to
- DC is currently investing in Outreach & Education, Acute Treatment, and Sustained Recovery
- DC is spending less on Prevention & Early Intervention and Harm Reduction

Key Questions Raised:

- Data raises more questions than answers
- How are we coordinating all of these current services among the agencies responsible for them?
- Are we truly maximizing the opportunity to use Medicaid funds?
- Why do we see more people getting methadone than Suboxone?
    - Is it a choice or due to availability?

What Questions Do We Have That the Data Might Answer:

- What are the metrics for success for methadone clinics?
- What money are we leaving on the table that could be used to further these efforts?
- Why is the District spending so little of its resources on harm reduction and prevention?
- What is the metric for determining the individuals not receiving services?
- Is there a geographic element to consider?
- How do we factor private funding and private insurance into this equation?
- How are we best leveraging local dollars to maximize our federal funding?
- How are we optimizing coordination of resources across agencies?
- How many providers accept Medicaid?
    - How many providers waive new Medicaid patients at 30 patients? 100 patients? 275 patients?

IV. STRATEGIC PLAN OVERVIEW:

DISTRICT OF COLUMBIA STRATEGIC PLAN TO REDUCE OPIOID USE, MISUSE, AND RELATED DEATHS

STRATEGIC PLAN OVERVIEW

Dr. Nesbitt shared with the Group:

- We stuck to our October commitment of rolling out the Strategic Plan
- Many stakeholders were involved in crafting this Plan (see pg. 12)
- The Plan began with a template containing the following overarching categories:
  - **Prevention and Early Intervention**
  - **Harm Reduction**
  - **Treatment**
  - **Criminal Justice**
  - **Policy, Outreach & Education, Coordination of Services**
- Efforts to tackle various strategies under each goal are already underway in the District

As Dr. Nesbitt shared this overview, participants were encouraged to write down:

- What you liked?
- What remains unclear?
- What opportunities can we lean forward in?

OPPORTUNITIES TO UPGRADE THE STRATEGY

- Law Enforcement Assisted Diversion (LEAD) should be incorporated into Goal #6
- Developing separate treatment sites that people can go to instead of the ER
- Strategies related to residential treatments
  - Unique needs of homeless population for housing and treatments must be considered
- Goal #6 and #7
  - How do we work collectively with law enforcement and the public health community to also achieve our individual missions?
  - "I feel that Goal #7 is dangerous and not substantiated by public health. Specifically Strategy #4 and Strategy #6 are problematic in some cases."

After discussing the Strategic Plan, the group gave their full support for the Strategic Plan in principle. They recognized that adjustments to individual strategies may still be needed and will work to drive the Strategic Plan forward.

V. STRATEGIC PLAN GOAL TEAMS

Participants were asked to self-select one of the seven goals they had the most energy around. They were tasked with setting up an initial meeting with fellow Goal Team members to upgrade any of the goal's corresponding strategies and to begin developing tactical plans for driving these strategies into action.

STRATEGIC PLAN GOAL TEAMS

Goal #1

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

Goal Team Members: Dr. Nesbitt

Goal Team Point of Contact: Dr. Nesbitt

Goal #2

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

Goal Team Members: Dr. Orlando Barker, Johnny Allem

Goal Team Point of Contact:

Goal #3

Engage health professionals and organizations in the prevention and early intervention of substance use disorder among District residents.

Goal Team Members: Dr. Erica Richards, Anna Jones, Dr. Daphne Bernard, Dr. Vince Keane

Goal Team Point of Contact: Dr. Erica Richards

Goal #4

Support the awareness and availability of, and access to, harm reduction services in the District of Columbia consistent with evolving best and promising practices.

Goal Team Members: Cyndee Clay, Ann Chauvin

Goal Team Point of Contact: Cyndee Clay

STRATEGIC PLAN GOAL TEAMS (CONTINUED)

Goal #5

Ensure equitable and timely access to high-quality substance use disorder treatment and recovery support services and a network of treatment services that is adequate to meet demand consistent with the criteria of the American Society of Addiction Medicine (ASAM).

Goal Team Members: Jackie Bowens, Claudia Schlosberg, Dr. Randy Pumphrey, Sharon Hunt, Corina Freitas, Dr. Neha Puppala, Dr. Neha Sullivan, Dr. Howard Hoffman

Goal Team Point of Contact:

Goal #6

Develop and implement a shared vision between the District's justice and public health agencies to address the needs of individuals who come in contact with the criminal justice system.

Goal Team Members: Cyndee Clay, Larry Gourdine, Osa Imadojemu, Mannone Butler, Medical Home Development Group

Goal Team Point of Contact: Mannone Butler

Goal #7

Develop effective law enforcement strategies that reduce the supply of illegal opioids in the District of Columbia.

Goal Team Members: Cyndee Clay

Goal Team Point of Contact: Cyndee Clay

VI. ACTION ITEMS & NEXT STEPS

ACTION ITEMS & NEXT STEPS

In the next **30 days**, each Strategic Plan Goal Team is to **convene** as a group and **produce** the following:

- **Define success for 12/31/18** as it relates to the group's selected goal.
  - By 12/31/18, what are the specific **outcomes and impacts** as a result of your work towards achieving this goal?
- In order for the 12/31/18 results to be achieved, what **actions** must we take in the next **90 days?**

Goal Teams can utilize the template below to capture their action items for the next 90 days and by when they should be completed.

Action Item Number	Action Item	By Date
1		
2		

DC OPIOID SUMMIT DESIGN AND FACILITATION SUPPORT

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VII. APPENDIX

D.C. Department of Health Care Finance

Environmental Scan of Publicly Funded Opioid-Related Program in the District of Columbia

January 31, 2018

Presented by
Claudia Schlosberg, JD
Senior Deputy/Medicaid Director
Department of Health Care Finance

Environmental Scan

Goal: identify all publicly supported programs and services to prevent and treat opioid addiction in Washington, DC

Purpose: identify service gaps and to explore opportunities to increase funding and streamline service delivery

Service Categories:
- Outreach and Education;
- Prevention & Early Intervention;
- Harm Reduction;
- Acute Treatment;
- Sustained Recovery;
- Care Coordination or Navigation;
- Other

Reporting agencies: DBH; DOH, DOC; DHCF; DHS; OSSE

- DCPS & CFSA had no activities to report

Big Picture

- Challenges with data include:
  - Lack of funding data
  - Overlap in reporting
- Shared Responsibility among Multiple Agencies
- DC is investing in:
  - Outreach & Education (DOH, DOC)
  - Acute Treatment (DHCF, DBH, DHS)
  - Sustained Recovery (DHCF, DBH, DOC)
- DC is spending less on:
  - Prevention & Early Intervention (DBH)
  - Harm Reduction (DOH)

Source: This report was prepared by DHCF's Division of Analytics and Policy Research. Enrollment data was obtained from the D.C. Medicaid Management Information System (MMIS)

Outreach & Education

Activities include:

- Health Education Standards, instructional resource (OSSE)
- Health and Physical Education Booklist (OSSE)
- Narcan Training for Correctional Officers and Case Managers (DOC)
- DC Center for Rational Prescribing (DCRx) provides information about medications and other therapeutic options to physicians and healthcare professionals (DOH)
- Manufacturers and labelers of prescription drugs dispense and engage in marketing in the District of Columbia to report to the Department of Health their costs for pharmaceutical drug marketing in the District (DOH)
- Buprenorphine-specific provider training & enrollment (DOH)

Prevention & Early Intervention

Activities include:

- Assessment/Diagnostic and Treatment/Recovery Planning (DBH)*
- Drug screening (DBH)

*Medicaid-funded service via ASARS (Adult Substance Abuse Rehabilitative Services) SPA

Source: This report was prepared by DHCF's Division of Analytics and Policy Research. Enrollment data was obtained from the D.C. Medicaid Management Information System (MMIS)

Harm Reduction

Activities include:

- Syringe services (DOH)

Acute Treatment

Activities include:

- Overdose intervention policy guidance to accompany the distribution of Narcan kits to emergency shelter staff (DHS)
- Short-term inpatient SUD treatment (DBH)*
- Crisis intervention (DBH)*
- Short-term Medically Monitored Intensive Withdrawal Management (DBH)*
- Emergency department (DHCF)
- ED transport (DHCF)
- Inpatient treatment (DHCF)

*Medicaid-funded service via ASARS (Adult Substance Abuse Rehabilitative Services) SPA

Sustained Recovery

Activities include:

- Counseling (Individual, Family, Group, Psychoeducation, PyschoEd) (DBH)*
- Recovery Support Services (DBH)
- Prepare clients for independent living, by providing a structured and stable living environment and recovery support system for up to six months while the client participates in Recovery Support Services (DBH)
- Medication management (DBH)*
- Federally qualified health centers (DHCF)
- ASTEP (Adolescent Substance Abuse Treatment) program (DBH)**
- Free-standing mental health centers (DHCF)
- Office-based opioid treatment (i.e., suboxone and buprenorphine) (DHCF)
- Methadone (DBH)
- MAT for inmates entering DC Jail (DOC)
- Residential Substance Abuse Treatment the Jail for inmates at least 90 days (DOC)

*Medicaid-funded service via ASARS (Adult Substance Abuse Rehabilitative Services) SPA
**Medicaid-funded service

Case Management & Navigation

Activities include:

- Clinical Care Coordination (DBH)
- Case Management (DBH)

Other

Activities include:

- Planning and data monitoring (DOH)
- Surveillance of non-fatal opioid overdoses (DOH)
- Toxicology testing and surveillance (DOH)

Medicaid Funded SUD Services

Adult Substance Abuse Rehabilitative Services

Service Type	2016		2017	
	Count	Percent	Count	Percent
MAT - Methadone Clinic	1,726	42%	124,206	65%
Substance Abuse Counseling	8,636	37%	39,389	21%
Short-Term Medically Monitored Intensive Withdrawal Management	4,221	6%	16,129	8%
Diagnostic Assessment, Comprehensive, Adult	9,223	12%	8,006	4%
Medication Management	1,066	1%	1,942	1%
Clinical Care Coordination	1,456	2%	476	< 1%
Crisis Intervention	93	< 1%	275	< 1%

Adolescent Substance Abuse Treatment Expansion Program

Service Type	2016		2017	
	Count	Percent	Count	Percent
Short-Term Medically Monitored Intensive Withdrawal Management	181	36%	36	34%
Diagnostic Assessment, Comprehensive, Adult	327	64%	69	66%
Substance Abuse Counseling	1	<1%	-	0

Total Expenditures (FY17)

DHCF: $38.6M* (Reflects both local and federal expenditures)

DBH: $10.2M** (Reflects only local dollars expended--Medicaid-funded services are reflected under DHCF)

DOH: $2.4M

DOC: $1.02M

DHS: $15,000

OSSE: $19,500

Total: $52.3M (Likely represents double counting in certain areas; does not include in-kind resources)

Source: This report was prepared by DHCF's Division of Analytics and Policy Research. Enrollment data was obtained from the D.C. Medicaid Management Information System (MMIS)

Questions Raised?

How are we coordinating service delivery among the agencies that are responsible for delivery?

Are we maximizing the opportunity to use Medicaid funds to support assessment, diagnosis and clinical care coordination? Where is funding needed most?

Can we expand opportunities for OBOT (buprenorphine) treatment at the point of assessment and referral?

Are we meeting demand for services? What's missing?