DC OPIOID SUMMIT

THE CLEARING™

August 28, 2018

PURPOSE | OUTCOMES | AGENDA

Purpose: To convene all OSGs, understand progress to date, and chart a path forward for 2018.

Outcomes:

- Shared understanding of progress and actions taken across the city
- Shared perspective on each OSG's future actions and areas for collaboration

Agenda:

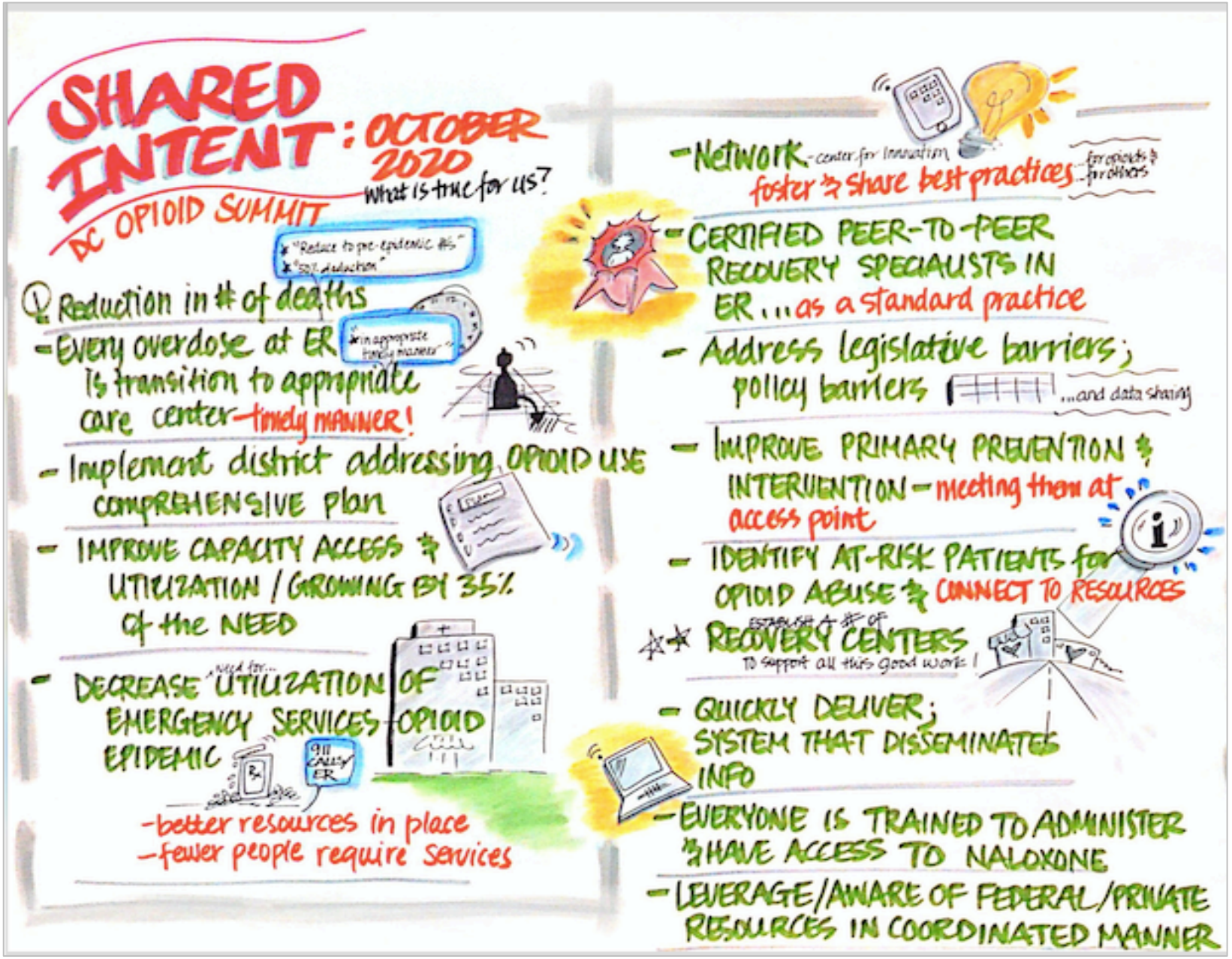
- Opening Remarks
- OSG Updates
- Innovation Lab
- OSG Working Time
- Closing Remarks

OPENING REMARKS – DR. ROYSTER

- Mayor's vision for DC: Healthier DC

- DBH submitted the State Opioid Response grant application for $21 million in August. Grant funds will be used for a variety of efforts and initiatives across the city – including many identified by the OSGs

WHAT DO WE WANT TO MAKE TRUE BY OCTOBER 2020?



OSG UPDATES

OSG 1 PRIORITIZED STRATEGIES

OSG 1: LEGISLATIVE & REGULATORY BARRIERS

STRATEGY 1: ESTABLISH AN OPIOID-RELATED DEATH REVIEW BOARD TO REVIEW ALL OPIOID RELATED DEATHS THAT OCCUR IN THE DISTRICT OF COLUMBIA.

STRATEGY 2: COORDINATE WITH DISTRICT & FEDERAL REGULATORS TO REVISE LAWS & REGULATIONS THAT CURRENTLY IMPOSE RESTRICTIONS ON THE PRESCRIBING OF MAT (BUPRENORPHINE, NALOXONE, METHADONE), WHICH ARE IN CONFLICT WITH PROPOSED INITIATIVES IN THE DISTRICT, AND PROMOTE IMPROVED ACCESS TO MAT FOR INDIVIDUALS ON MEDICARE WITH PART D.

STRATEGY 7: BUILD THE CAPACITY (BY INCREASING THE NUMBER OF PROVIDERS, TREATMENT OPTIONS, NUMBER OF PTS. RECEIVING TREATMENT, THE SPEED OF TREATMENT, & LEVELS OF CARE) OF SUBSTANCE USE TREATMENT PROVIDERS BY MAXIMIZING THE USE OF MEDICAID FUNDS TO SUPPORT PREVENTION, TREATMENT AND SUSTAINED RECOVERY AND SEEKING THE ALIGNMENT OF PAYMENT POLICIES BETWEEN DHCF AND OTHER LOCAL AGENCIES.

OSG 1 UPDATES

A: OUTCOMES for December 2018

- Establish Opioid Death Review Board

B: IMPACTS

- Developing Opioid Death Review Board via Mayoral Order for 5 years
- Working on removing the preauthorization to remove lag of Buprenorphine prescribing
- DHCF considering removing restrictions on Buprenorphine formulary
- Aligning DHCF payment policies to support peer recovery specialists
- Collecting data from private providers

C: ASKS

- Name of the initiative coming out of OPLA's office

OSG 1 FEEDBACK

Yellow: Questions

- What will the opioid death review board collect info on?
  - Will it be demographics of patients so as to know the population better or will it be to review of each person's path through the system and where they could have benefitted most from intervention?
- Can we demand that MCOs – like AmeriHealth support film/strips and not tablets?
- Do we have a profile of who is experiencing overdose (age, race, income, etc.)? It seems like there could be different "profiles" of users and approaches should differ based on profile.
- Who sits on the review board for strategy 1?
- Where is the money coming from? Fiscal impact from changes to DHCF?
- For pre-authorizations – currently still have preauthorizations for 16/24 up to 32.
- How will you incentivize private providers to share data and how will you hold them accountable?
- For strategy 1, what is the breakdown of Medicaid funds for prevention and recovery?

Blue: Collaborate

- For strategy 2, potential overlap/impact in ED MAT (OSG 5)
- Strategy 7 aligns with strategies under OSG 5
- OSG 1 and 4 can collaborate using Suboxone as a harm reduction tool
- Collaborate with OSG 2 on education and resources for drugs / online

Red: Resources

- Look to Prince George's county on their opioid overdose death review board
- We need to tap more on #9 co-occuring mental health diagnoses
- For strategy 7, refer to STR grant and SOR grant goals and objectives

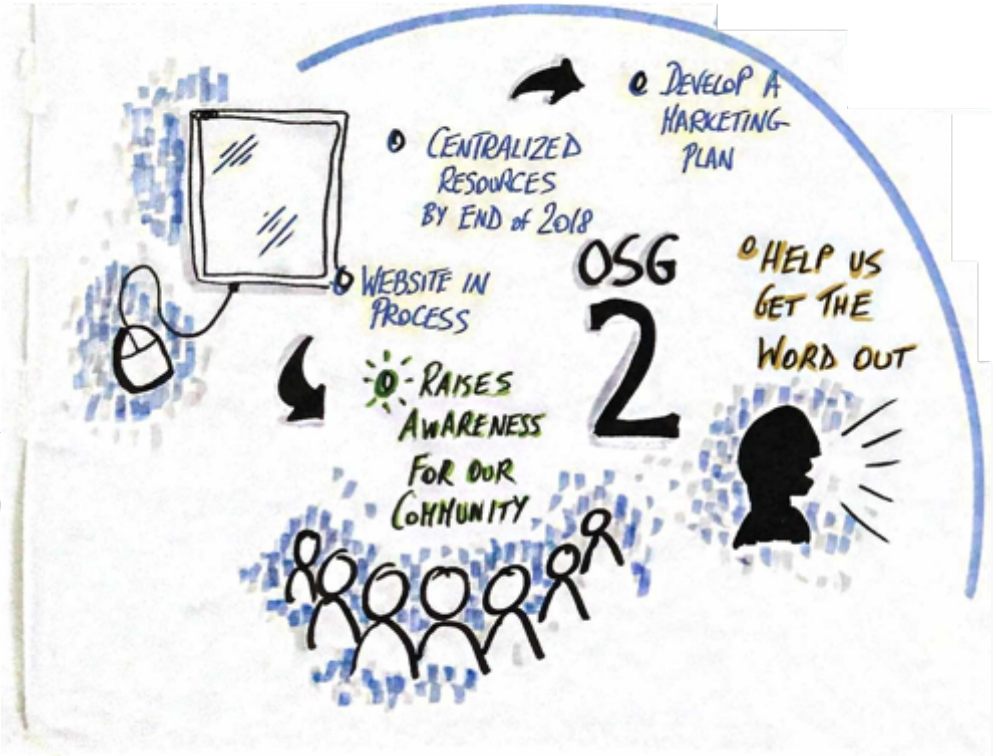
OSG 2 PRIORITIZED STRATEGIES

OSG 2: EDUCATE RESIDENTS ON RISKS OF OPIOIDS

STRATEGY 7: EDUCATE AND PROMOTE GOOD SAMARITAN LAW FOR COMMUNITY & LAW ENFORCEMENT.

STRATEGY 5: CONDUCT MULTIPLE SOCIAL MARKETING CAMPAIGNS, INCLUDING ANTI-STIGMA CAMPAIGNS, USING A VARIETY OF MEDIA WITH CLEAR MESSAGES TO MULTIPLE TARGET AUDIENCES (i.e: YOUTH, YOUNG ADULTS, CURRENT USERS).

STRATEGY 3: PROVIDE PARENTS, EDUCATORS, SCHOOL STAFF, & CHILDCARE PROVIDERS TRAININGS ON HOW TO COMMUNICATE EFFECTIVELY REGARDING SUBSTANCE USE DISORDERS, INCLUDING THE OPPORTUNITY TO ATTEND BRAIN SCIENCE FORUMS.



OSG 2 UPDATES

A: OUTCOMES for December 2018

- Make a centralized location of resources available to DC residents
- Develop a plan for marketing this centralized location

B: IMPACTS

- Resources will help DC residents better navigate support services

C: ASKS

- Ask other OSGs to spread the word about the centralized resources

OSG 2 FEEDBACK

Yellow: Questions

- How will the resources directory be validated and kept up to date?
- Will there be separate portals for providers and the public?
- Will the resources center be similar to the ARC in location and services?
- Will the resources center be a spin off of the interactive site the North Capital St Bill created?

Blue: Collaborate

- Opportunity to collaborate with DC Health to redirect people from their opioid campaign website to the resources directory website to receive more information
- Opportunity to collaborate with OSG 4 on education and awareness
- Opportunity to collaborate with OSG 3 & 5 to ensure that the directory meets the needs of providers who are trying to link their patients to SUD support services
- Opportunity to collaborate with OSG 6 on education/training for public safety partners
- Opportunity to partner with DHS Youth Division who has regular contact with parents and schools through the PASS & ACE programs. Contact madeleine.solan@dc.gov

Red: Resources

- Oxford House would like to partner on the campaign – particularly around stigma
- Charnetta Scott (DBH) can help with the website
- For the resources directory, create links from associations, other community orgs, and websites
- CJCC has developed the Resource Locator: http://www.cjccresourcelocator.net/ResourceLocator/
- Connect with Dr. Hunt (DBH) and Dr. Ballard about what was proposed in the SOR grant
- SOR grant and CABHI grant can be used to support the campaign

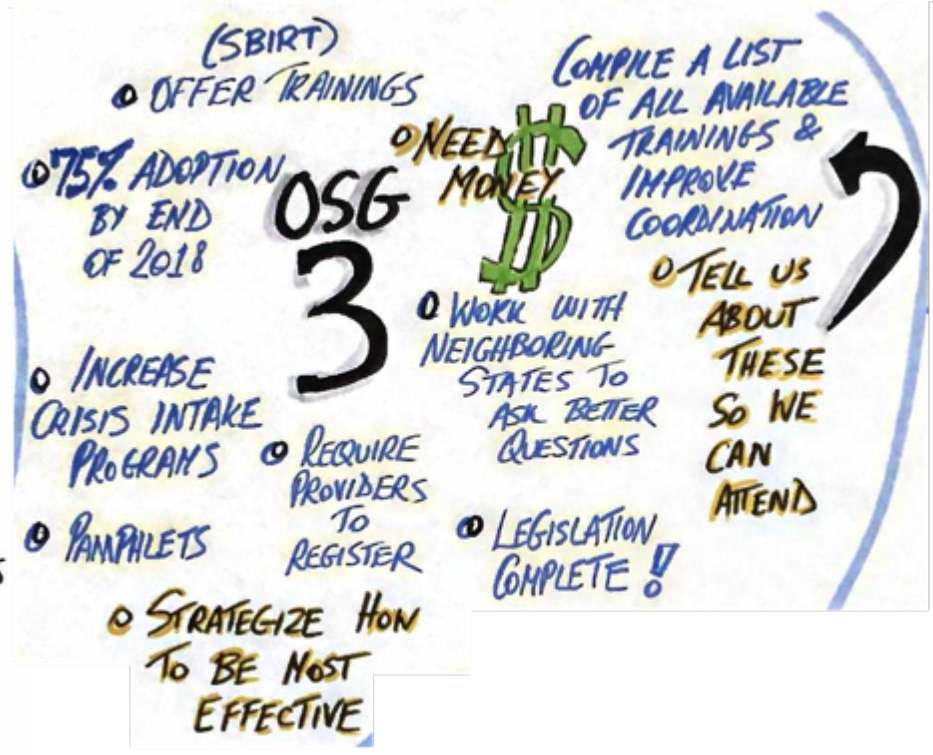
OSG 3 PRIORITIZED STRATEGIES

OSG 3: ENGAGE HEALTH PROFESSIONALS & ORGANIZATIONS IN PREVENTION & EARLY INTERVENTION

STRATEGY 1: EXPAND THE USE OF SCREENING, BRIEF INTERVENTION, REFERRAL, AND TREATMENT (SBIRT) PROGRAMS AMONG SOCIAL SERVICE AGENCIES WHO CONDUCT INTAKE ASSESSMENTS AS AN OPPORTUNITY TO PROVIDE ACCESS TO SUBSTANCE USE DISORDER (SUD) TREATMENT SERVICES, BUT NOT A REQUIREMENT FOR RECEIPT OF OTHER SOCIAL SERVICES.

STRATEGY 4: MANDATE THAT ALL LICENSED PROVIDERS IN D.C. WHO ARE PERMITTED TO PRESCRIBE AND/OR DISPENSE CONTROLLED SUBSTANCES BE REQUIRED TO REGISTER WITH THE PRESCRIPTION DRUG MONITORING PROGRAM & TO IDENTIFY A MORPHINE MILLIGRAM EQUIVALENT THRESHOLD ALERT.

STRATEGY 9: PROVIDE EDUCATION ABOUT OVERCOMING STIGMA AGAINST ADDICTION AND MAINTAINING SOBRIETY TO PATIENTS RECEIVING OPIOID MEDICATIONS AND INDIVIDUALS IN RECOVERY.



OSG 3 UPDATES

A: OUTCOMES for December 2018

- Have 75% of social service agencies use SBIRT (can use other tools)
- Increase the number of crisis intake intervention programs in Wards 7 & 8 using SBIRT
- Introduce legislation mandating that providers register with PDMP – complete
  - All providers may not be ale to register by this December but within the next year
- Form list of what trainings currently exist and then try to organize so that the right message is getting out and folks know where to go with their question

B: IMPACTS

- Offer SBIRT trainings to providers
- Identified potential health fairs to provide education

C: ASKS

- Strategizing on how to be most effective given limited time and resources
- Any existing trainings out there that the group knows of?

OSG 3 FEEDBACK

Yellow: Questions

- Film being denied for pill or generic only – this can be a barrier to core
- Strategy 9: this seems subjective as it relates to changing folks minds about "opinion".
- Strategy 1: What research supports SBIRT effectiveness with opioid use disorder?
- Can PDMP get access to methadone prescription flow history?
- Has Medicaid been fully leveraged to pay for SBIRT?
- Who, how, and when will clients be assessed in the PDMP? Will there be a policy around this?
- How are you identifying providers for crisis services & screening?

Blue: Collaborate

- Partner with ED induction project (OSG 5) – we will be training in SBIRT
- Currently PDMP does not include data from private treatment clinics/ Suboxone clinics
  - Consider how to engage this population
- Coordinate with OSG 6 on a calendar of trainings
- Opportunity to collaborate with OSG 1
- Consideration of using smart pill bottle technology such as bottles designed by "Pilleve"

Red: Resources

- DBH SOR grant includes money to do SBIRT training so please ensure we're including your population
- CUA NCSS has trainers or relationships with SBIRT trainers
- Dr. Denise Scott (Howard University) has been providing SBIRT training
- Many programs – like homeless services – already ask about substance use but there is a big challenge in making referrals. There needs to be enough providers who do significant outreach to come meet the client.

OSG 4 PRIORITIZED STRATEGIES

OSG 4: HARM REDUCTION SERVICES AWARENESS, AVAILABILITY, & ACCESS

STRATEGY 1: INCREASE HARM REDUCTION EDUCATION TO FAMILIES & COMMUNITIES. DISTRIBUTE NALOXONE TO ACTIVE USERS, FAMILY MEMBERS, & CAREGIVERS WITH TRAINING TO EMPHASIZE RESUSCITATION, DISSEMINATION OF INFORMATION REGARDING GOOD SAMARITAN LAWS, & ACTIVATION OF THE DISTRICT'S 911 SYSTEM.

STRATEGY 5: PERMIT USE OF TESTING KITS BY MEMBERS OF THE GENERAL PUBLIC TO SCREEN DRUGS FOR ADULTERANTS THAT MAY CAUSE A FATAL OVERDOSE.

STRATEGY 6: USE PEERS WITH LIVED EXPERIENCE TO ENGAGE INDIVIDUALS WITH SUDs IN HARM REDUCTION PROGRAMS & SERVICES.

OSG 4 UPDATES

A: OUTCOMES for December 2018

- Work toward doubling supply of Naloxone kits in the communities by June 30, 2019
- Expand Naloxone distribution from 2 to 8 identified sites
- Implement community awareness program
- Extend emergency legislation to make testing kits legal
- Develop a plan for DBH to have peer certified specialists focused on harm reduction

B: IMPACTS

- Train shelter staff on naloxone distribution
- Trainings and outreach programs through coordination of efforts

C: ASKS

- Coordinate different trainings and outreach programs across DC to expand our reach
- How to be an effective group and maximize our efforts

OSG 4 FEEDBACK

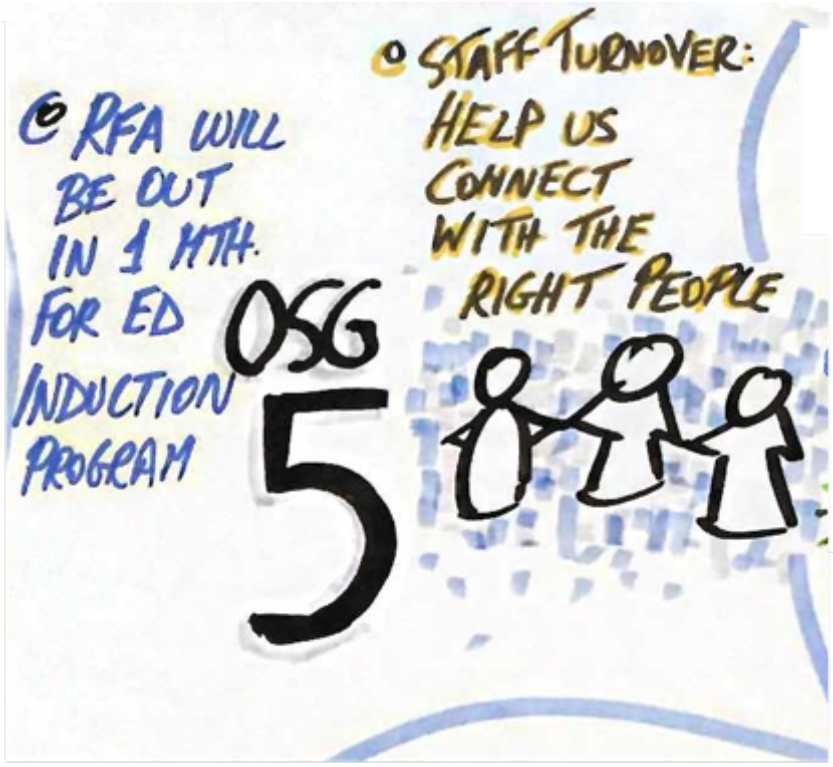
Yellow: Questions

- What is the data surrounding naloxone availability? Is there a shortage?
- How effective are testing kits? What do they test for?
- Clarify what is meant by "expand naloxone distribution from 2 to 8 sites".
  - Do you intent to state DC government funded sites?
  - There are already more than 2 organizations in DC that distribute (not have available but distribute) naloxone.
- What legislative support do you need for strategy 5?
- Support audience and distribution of fentanyl testing kits

Blue: Collaborate

Red: Resources

OSG 5 PRIORITIZED STRATEGIES



OSG5: ACCESS TO SUD TREATMENT & RECOVERY SUPPORT SERVICES

STRATEGY 2: ASSESS THE EFFICIENCY & EFFECTIVENESS OF THE DISTRICT'S REFERRAL SYSTEM FROM ACUTE DETOX TO LONG-TERM, INTENSIVE OUTPATIENT AND/OR RESIDENTIAL TREATMENT FACILITIES (AS DEFINED BY ASAM CRITERIA) AND DEVELOP PROTOCOLS (INCLUDING TRAINING) THAT ARE PATIENT-CENTERED AND PRACTICAL FOR BOTH THE REFERRING & RECEIVING FACILITY.

STRATEGY 5: DEVELOP & IMPLEMENT A MODEL FOR INITIATING MAT IN EMERGENCY DEPTS. ASSURING DIRECT PATH TO ONGOING CARE DEPENDING ON LEVEL OF NEED (BEGINNING IN ACUTE CARE FACILITIES WITH A HIGH VOLUME OF OPIOID-RELATED OVERDOSES) THAT IS PATIENT-CENTERED, SUSTAINABLE, & TAKES INTO CONSIDERATION THE DEMOGRAPHICS OF THE IMPLEMENTING HEALTH SYSTEM.

- ↳ ELIMINATE BARRIERS TO ACCESSING MAT.
- ↳ ESTABLISH 24-HOUR CONSULTATION SERV. FOR PHYSICIANS PRESCRIBING MAT.
- ↳ ASSESS PHARMACEUTICAL PROTOCOLS TO ENSURE APPROPRIATE THERAPY IS BASED ON PHARMACOGENOMICS OF PATIENTS.
- ↳ EDUCATE PATIENTS ON THE RISKS & BENEFITS OF EACH TYPE OF THERAPY & SWITCHING FROM ONE TYPE OF MAT TO ANOTHER TO ALLOW FOR INFORMED DECISION MAKING & AVOID THE USE OF ANY THERAPY AS A COURT-MANDATED REQUIREMENT.

STRATEGY 6: TO ENSURE WARM HANDOFFS & TO PROVIDE DIRECT LINKS TO TREATMENT & SOCIAL SUPPORT SERVICES (AS A FOLLOW-UP TO MAT INITIATION) AND CREATE A WORKFORCE OF CARE COORDINATORS, PREFERABLY PEER CARE COORDINATORS WITH LIVED EXPERIENCES TO BE STATIONED IN EMERGENCY DEPTS. IN ACUTE CARE FACILITIES WITH A HIGH VOLUME OF OPIOID-RELATED OVERDOSES.

OSG 5 UPDATES

A: OUTCOMES for December 2018

- Accomplish strategies 5 & 6 – develop ED induction programs

B: IMPACTS

- NOFA and RFA currently out for the ED induction programs

C: ASKS

OSG 5 FEEDBACK

Yellow: Questions

- Why are we not selecting a goal under peer support services?

Blue: Collaborate

- Collaborate with OSGs 3, 4, 5 to create a seamless system of care across harm reduction, early intervention, treatment and recovery support – with peer support at every step
- Create opportunity to bring peer into workforce development. This is already happening in MD
- Permit detox facilitates to refer to FQHCs

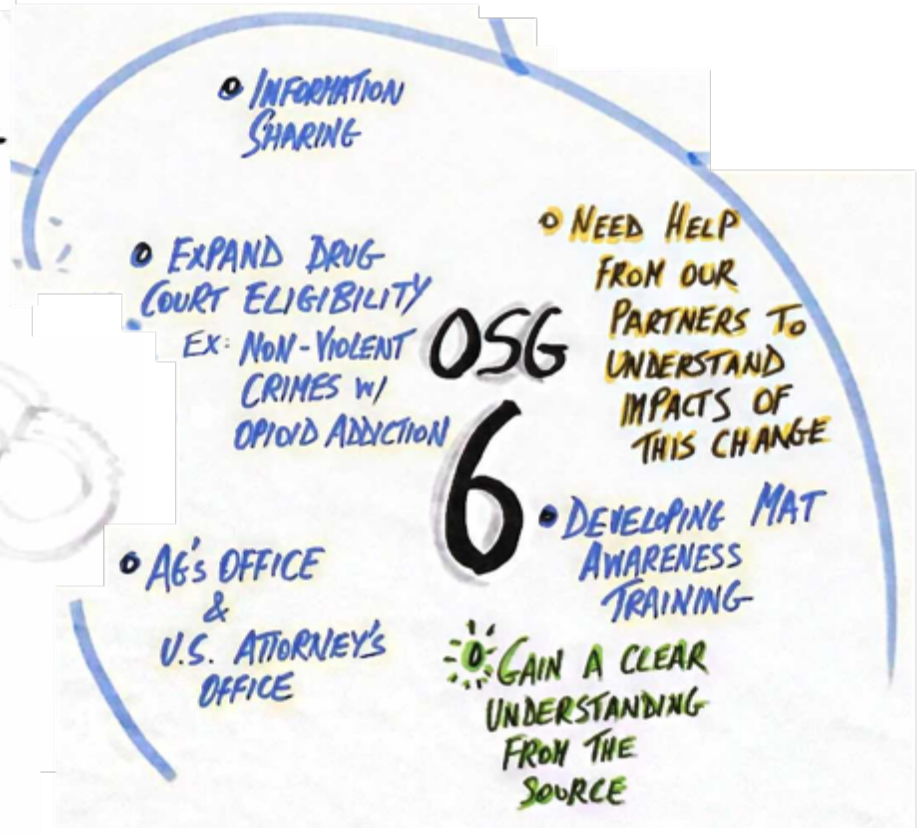
Red: Resources

OSG 6 PRIORITIZED STRATEGIES

OSG 6: SHARED VISION BETWEEN THE DISTRICT'S JUSTICE & PUBLIC HEALTH AGENCIES TO ADDRESS THE NEEDS OF INDIVIDUALS WHO COME INTO CONTACT WITH THE CRIMINAL JUSTICE SYSTEM

STRATEGY 1: EXPAND DRUG COURT ELIGIBILITY FOR DIVERSION OF INDIVIDUALS WITH SUD WHO ARE ARRESTED.

STRATEGY 2: CONDUCT TARGETED EDUCATION & AWARENESS CAMPAIGNS FOCUSED ON REDUCING THE USE OF INCARCERATION AS A MEANS OF ACCESSING SUD TREATMENT. IDENTIFY TRAINING OPPORTUNITIES WITH JUDGES, PROSECUTORS, & DEFENSE ATTORNEYS ON ACCEPTING MAT AS A VIABLE TREATMENT OPTION FOR OFFENDERS.



OSG 6 UPDATES

A: OUTCOMES for December 2018

- Expand drug court – involving prosecutors, judges, defense attorneys, AG's office, USOAG office, etc.
- Collaboration with OSG 2 on an awareness / education campaign
- Developed and delivered trainings for judges to see MAT as a viable option
- Scheduled trainings with prosecutors and defense attorneys

B: IMPACTS

- Understanding what the implications of expanding the criteria for drug court are
- Greater effort for information sharing

C: ASKS

- Collaboration with OSG 2 on an education campaign

OSG 6 FEEDBACK

Yellow: Questions

- How will court ordered MAT interact with health care providers / insurance?
  - What if offenders/ patients cannot afford MAT?

Blue: Collaborate

- Is there opportunity for legislation for drug court diversion?
- OSG 2, 4, and 6: regarding training and educating public about MAT, Narcan and all the trainings targeted in OSG 2 and 6
- Consider opportunities with MORCA , the WIRE, and Pre-Trial

Red: Resources

- May be good to look at Rhode Island's program – provides MAT to all inmates and connects them to services on release
- Connect with Sharon and Dr. Ballard about what was proposed in the SOR grant
- DBH SUD prevention does presentations at the DC Jails and could use any information you have to strengthen the presentations

OSG 7 PRIORITIZED STRATEGIES

OSG7: EFFECTIVE LAW ENFORCEMENT STRATEGIES THAT REDUCE THE SUPPLY OF ILLEGAL OPIOIDS

STRATEGY 1: IDENTIFY CURRENT JOINT AGENCY (LOCAL, STATE, FEDERAL) TASK FORCES & WORKING GROUPS TASKED TO DETERMINE & CHARACTERIZE STATUS OF THE SUPPLY OF ILLEGAL DRUGS IN THE REGION TO ENSURE AVAILABILITY OF SUFFICIENT DATA CONCERNING PREVALENCE OF ILLEGAL OPIOIDS IN D.C. & SURROUNDING AREAS. IN THE ABSENCE OF SUFFICIENT DATA, EMPOWER & PROVIDE RESOURCES TO OBTAIN DATA.

STRATEGY 5: IDENTIFY EXISTING FEDERAL TASK FORCE ASSETS & ENSURE EFFORTS ARE IN PLACE TO INVESTIGATE & DISRUPT THE FLOW OF ILLEGAL OPIOIDS INTO THE DISTRICT OF COLUMBIA

STRATEGY 6: COORDINATE MPDC EFFORTS TO IDENTIFY LOCATIONS WHERE OPIOIDS ARE ILLEGALLY SOLD (STREET LEVEL TRAFFICKING) AS WELL AS INDIVIDUALS WHO TRAFFIC OPIOIDS, AND DIRECT ENFORCEMENT EFFORTS TOWARDS THESE TARGETS.

OSG 7 UPDATES

A: OUTCOMES for December 2018

- Representative picture of illegal opioids in DC

B: IMPACTS

- Generated a survey to assess current data out there for strategy 1
- Working with MPD and HSEMA to characterize the supply
- Potentially use CDC grant money to understand all opioids in DC and where they are sold, gather the data, and then test the chemicals and mixes of opioids

C: ASKS

OSG 7 FEEDBACK

Yellow: Questions

- Are you only planning to test opioids – since fentanyl is showing up in other drugs?

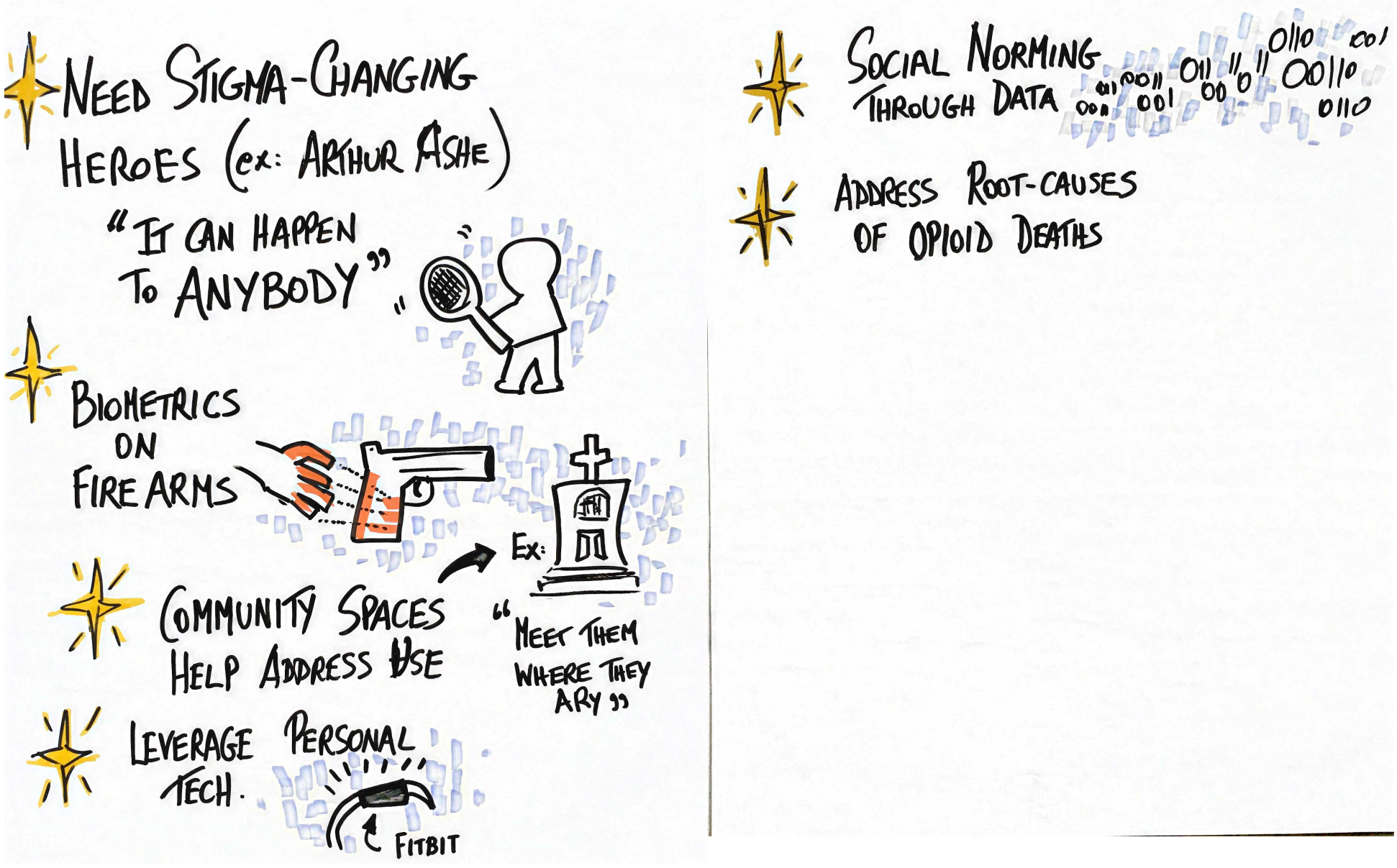
Blue: Collaborate

- Potential collaborators:
  - US Attorney's office Heroin/opioid working group
  - FBI Washington field office
- How much would it cost DC to test all opioids? Has that number been shared with EOM?
  - FYLO endorsements could help
- Treatment centers provide info on substance abuse trends among their clients

Red: Resources

INNOVATION LAB

INNOVATION BRAINSTORM: "HOW MIGHT WE?"



NAMING BRAINSTORM

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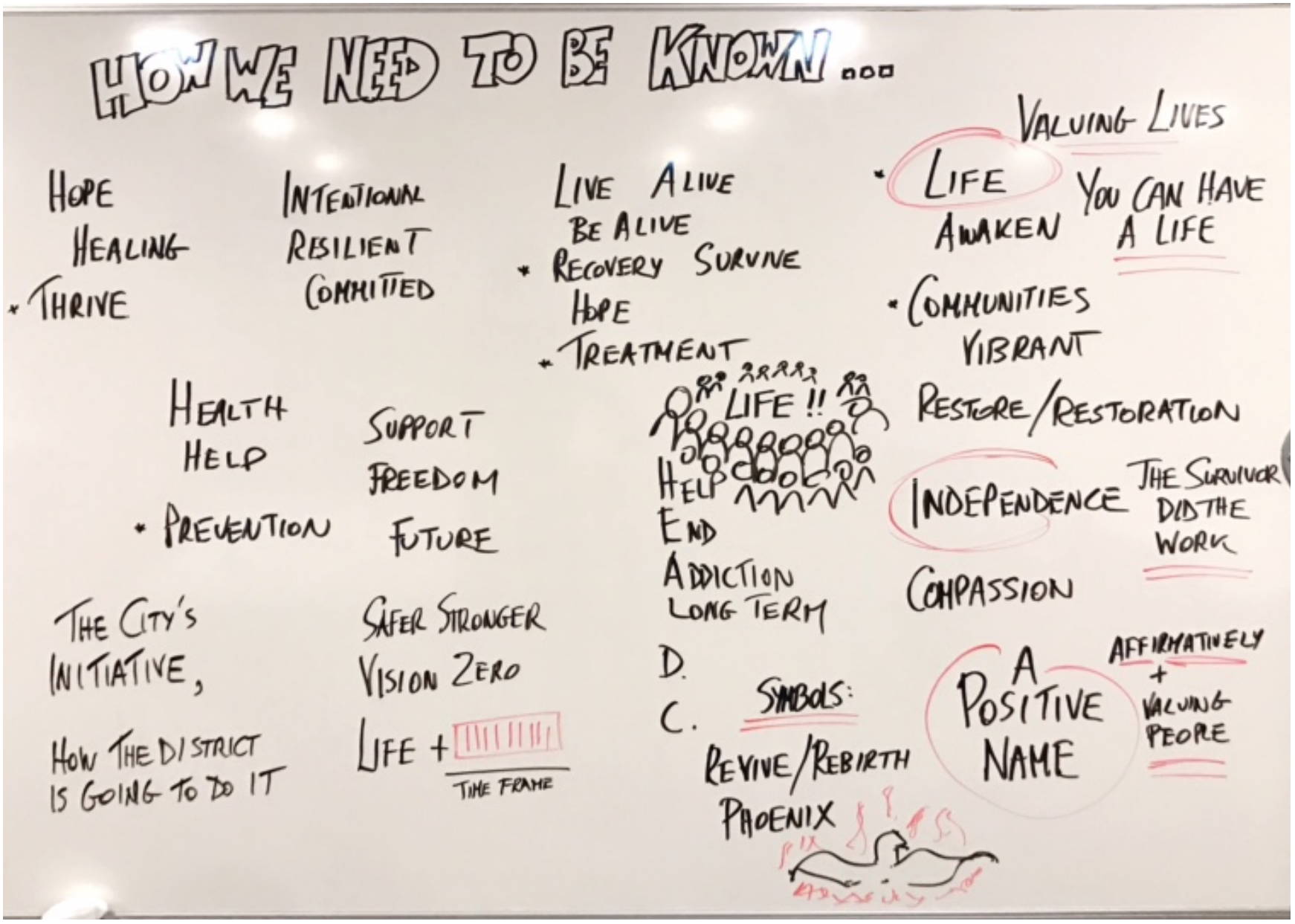
INITIATIVE NAMING BRAINSTORM



NEXT STEPS

NEXT STEPS

- Next Summit will take place in early November
- Submit any name ideas for the initiative to anisha.agrawal@theclearing.com

DC OPIOID SUMMIT DESIGN AND FACILITATION SUPPORT

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