



DATA-SHARING SESSION

MAY 7, 2018 — SESSION REPORT

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I. PURPOSE | OUTCOMES | AGENDA

PURPOSE:

To provide the Opioid Strategy Groups (OSGs) with the critical data needed to inform their work and move the Strategic Plan forward into action.

OUTCOMES:

- Shared understanding of the current, relevant data that exists
- Clarity on how this data can support the Strategic Plan and the actions of the OSGs
- Next steps determined for the OSGs to move forward

AGENDA FOR MAY 7th:

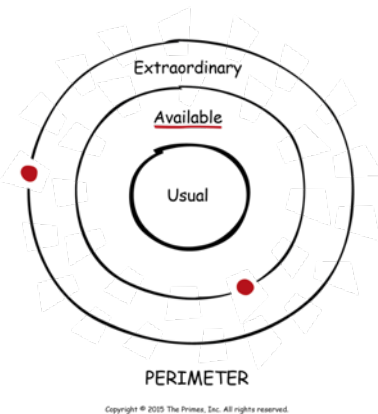
- I. Opening Remarks
- II. DC Opioid Roadmap
- III. Sources of Data
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- V. OSGs Working Session
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II. PRIMES OUTFITTING



PERIMETER

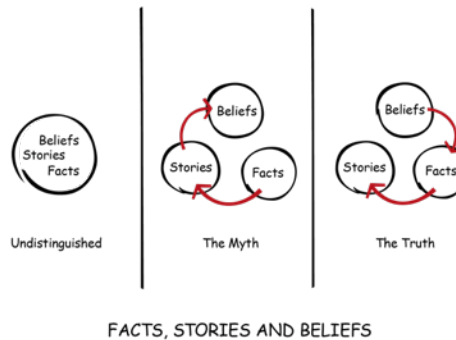
A group that expands its **PERIMETER** to 'available' or 'extraordinary' space will consistently allow people to provide new insights that would have otherwise been suppressed in 'usual' space. This leads to productive, transformative thinking that increases a group's ability to solve problems.



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FACTS, STORIES, BELIEFS

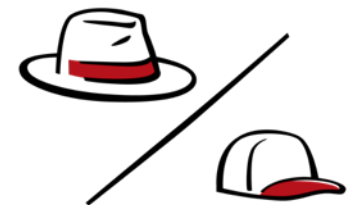
People enter conversations with their **BELIEFS** well entrenched. Their **BELIEFS** create their reality and they'll "shop" for **FACTS** to support the **STORIES** that reinforce their predetermined **BELIEFS**.



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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.



BIG HAT - LITTLE HAT

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III. SHARED VISION FOR OCTOBER 2020



SHARED INTENT: OCTOBER 2020
DC OPIOID SUMMIT
 What is true for us?

- Reduction in # of deaths
 - Every overdose at ER is transition to appropriate care center **timely manner!**
 - Implement district addressing OPIOID USE comprehensive plan
 - IMPROVE CAPACITY ACCESS & UTILIZATION / GROWING BY 35% OF THE NEED
 - DECREASE UTILIZATION OF EMERGENCY SERVICES OPIOID EPIDEMIC
 - better resources in place
 - fewer people require services
- Network center for innovation foster & share best practices for opioids & for others
- CERTIFIED PEER-TO-PEER RECOVERY SPECIALISTS IN ER... as a standard practice
- Address legislative barriers; policy barriers and data sharing
- IMPROVE PRIMARY PREVENTION & INTERVENTION - meeting them at access point
- IDENTIFY AT-RISK PATIENTS FOR OPIOID ABUSE & CONNECT TO RESOURCES
- RECOVERY CENTERS establish # of to support all this good work!
- QUICKLY DELIVER; SYSTEM THAT DISSEMINATES INFO
- EVERYONE IS TRAINED TO ADMINISTER & HAVE ACCESS TO NALOXONE
- LEVERAGE/AWARE OF FEDERAL/PRIVATE RESOURCES IN COORDINATED MANNER

The group revisited their Shared Intent from the October 2017 DC Opioid Summit and what they want to accomplish by 2020.

IV. SOURCES OF DATA



Representatives from several DC and federal agencies presented baseline data in regards to the opioid crisis in DC. Please refer to the Appendix for the full presentations.

Office of the Chief Medical Examiner: Dr. Chikarlo Leak presented data on deaths, fatal overdoses, and toxicology findings.

Drug Enforcement Administration: Richard Tilley presented data on the flow of opioids in DC and the emerging trends across the area.

Department of Health Care Finance: Trina Dutta presented data on substance use spending in Medicaid for adults and young people under the age of 18.

Department of Health and Department of Fire and Emergency Medical Services: Kenan Zamore and Dr. Neha Sullivan presented data on Narcan utilization and non-fatal overdose surveillance. Mr. Zamore displayed the common trends across DC and where the hotspots for overdoses are.

Department of Behavioral Health: Dr. Tanya Royster presented data on public treatment for opioid usage and trends in the cost, utilization, and types of services received.

V. STRATEGIC PLAN GOALS



Goal #1: Legislative and Regulatory Barriers – Reduce legislative and regulatory barriers to create a comprehensive surveillance and response infrastructure that supports sustainable solutions to emerging trends in SUD, opioid-related overdoses, and opioid-related fatalities.

Goal #2: Stakeholder Education - Educate DC residents and key stakeholders on the risks of opioid use disorders and effective prevention and treatment options.

Goal #3: Health Professionals Engagement - Engage health professionals and organizations in the prevention and early intervention of substance use disorder among DC residents.

Goal #4: Access to Harm Reduction Services - Support the awareness and availability of, and access to, harm reduction services in DC consistent with evolving best and promising practices.

Goal #5: SUD Treatment and Recovery Services - 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 #6: Shared Justice and Public Health Vision - 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 #7: Law Enforcement Strategies - Develop effective law enforcement strategies that reduce the supply of illegal opioids in DC.

VI. FOCUSING QUESTIONS



Each OSG brainstormed questions, that if answered, could further their ability to achieve their goal outcomes.

Goal #1: Legislative and Regulatory Barriers

- How might we work on federal and state regulatory barriers that prevent access to MAT?

Goal #2: Stakeholder Education

- What curricular or campaigns are currently available (both locally and nationally)?
- How do we measure the effectiveness of these campaigns?
- Who are the key stakeholders involved?
- How do we make the data about current campaigns more available?

Goal #3: Health Professionals Engagement

- What are the deliverables for the stakeholder campaigns?
 - How do we track them?
- How can we expand our ability to intervene for SUD?
- Which interventions are best targeted to which regions in DC?
- What is currently available for interventions?
- What do we need to serve our targets?
- Who is administering what for these programs?

VI. FOCUSING QUESTIONS (cont'd)



Each OSG brainstormed questions, that if answered, could further their ability to achieve their goal outcomes.

Goal #4: Access to Harm Reduction Services

- How well do people understand harm reduction services?
- How do we know if declines in fatal overdoses are attributed to our efforts or because people may have already died due to an overdose?
- What can we learn from overdose/ drug-related deaths from all drugs, not just opioids?
 - Which trends there can help us better address opioids?
- What are the costs for an EMS response to an overdose?
- Are services (especially harm reduction services) being provided in the hotspot areas in DC?
 - How can we align our services with the hotspot areas in DC?
- What regional conversations do we need to have (in MD and VA)?
- How are we reimbursing harm reduction peers?
 - How can we work with DHCF to get harm reduction peers reimbursed? Is that an option?
- How do we improve linkage from the left care individuals to harm reduction?
- What resources outside of Medicaid are available for harm reduction services?
- What number of prescriptions for Naloxone are covered by Medicaid?
- Are people actually going to their providers to get prescriptions for Naloxone?

VI. FOCUSING QUESTIONS (cont'd)



Each OSG brainstormed questions, that if answered, could further their ability to achieve their goal outcomes.

Goal #5: SUD Treatment and Recovery Services

- What is the staffing at homeless shelters?
 - Do the staff in homeless shelters have the capacity and skills to work with SUD?
 - Can shelters be a source of outreach?
- What Medicaid data can we get to see the true need for SUD treatment and recovery support services?
- What percentage of people who overdose do not make it to the hospital?
 - What happens to people who overdose but do not go to the hospital? What are the numbers?
 - How can we ensure referrals are made for people who overdose but do not go to the hospital?
- What is the data for needle exchange sites?
 - How many people are served by needle exchange sites?
- Is there data about SUD/ODU screenings that are being done by providers?
- Is there a universal screening tool being utilized across DC?
- What is the actual picture of the people who need access to SUD services?
- Should there be peer navigators at the hotspots in DC during the peak times?
- Is there a way to pay for outreach (possibly through DHCF?)?
- What percentage of the treatment providers in our network are solely 12 Step or abstinence and do not provide MAT and/or harm reduction? **shift occurring in DC that harm reduction and treatment are not considered separate*

VI. FOCUSING QUESTIONS (cont'd)



Each OSG brainstormed questions, that if answered, could further their ability to achieve their goal outcomes.

Goal #6: Shared Justice and Public Health Vision

- How do we ensure that treatment is available when we find individuals on the Sequential Intercept Model?
- Do we collect data on why individuals are not or have not successfully completed treatment?

Goal #7: Law Enforcement Strategies

- How can we maintain low incarceration rates in DC?
- How can we ensure we do not create the unintended consequence of increasing incarceration rates through our efforts?

VII. OSG OUTCOMES TO ACHIEVE



Each OSG shared their ‘best current thinking’ on key outcomes they want to achieve by December 31, 2018. These outcomes will help drive the activities and actions of the OSGs over the next seven months.

Goal #1: Legislative and Regulatory Barriers

- Develop a data dashboard that includes multiple agencies – DBH, DOH, OCME, FEMS, PDMP
- Create an opioid-related death review board that will review all DC overdoses
- Improve the reporting infrastructure for private providers

Goal #2: Stakeholder Education

- Make available in a centralized location the resources available to DC residents
- Begin marketing this centralized location of resources

Goal #3: Health Professionals Engagement

- Have 75% of the social services agencies use a standardized screening tool (such as SBIRT)
- Increase the number of crisis intake intervention programs (in Wards 7 and 8) and define what is contained in the 24-hour programs
- Have all providers register with PDMP by 12/31/2018 or by the next renewal of their license
- Set morphine milligram equivalent threshold alert
- Develop a plan for an educational strategy focused on providers and patients
 - Incorporate this strategy into an existing health fair for patients and families

VII. OSG OUTCOMES TO ACHIEVE (cont'd)



Each OSG shared their 'best current thinking' on key outcomes they want to achieve by December 31, 2018. These outcomes will help drive the activities and actions of the OSGs over the next seven months.

Goal #4: Access to Harm Reduction Services

- Expand the Naloxone distribution pilot program from two to eight sites
- Increase the number of trained individuals and Naloxone kits on the street
- Decrease the number of overdoses and fatal overdoses

Goal #5: SUD Treatment and Recovery Services

- Increase the number of consumers using MAT options, including counseling
- Have 2-3 emergency room induction programs active and link it to continuing treatment

Goal #6: Shared Justice and Public Health Vision

- Leverage the Sequential Intercept Model to frame our efforts and enhance services and treatments
- Focus on unified communications and messaging around our efforts

Goal #7: Law Enforcement Strategies

- Develop a more cohesive strategy to reduce the supply of illegal opioids

VIII. ACTION ITEMS & NEXT STEPS



In the next 30 days, each OSG is to convene and produce the following:

Refine outcomes for success for December 31, 2018 as it relates to the group's Goal.

- How can these outcomes be made more specific?

Address the following questions to ensure results can be achieved by December 31, 2018 .

- What actions/activities must we undertake in the next:
 - 30 days – by June 7
 - 60 days – by July 7
 - 90 days – by August 7
- What activities can support achieving these outcomes?
- Who needs to be engaged?
- What funding sources can be leveraged?
- What other data do we need?

Prioritize these activities based on which will have the most impact, and which can be done with few resources.

The larger group will be convened in late August 2018.

DC OPIOID DATA-SHARING SESSION

FOR FURTHER INFORMATION CONTACT

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