



STAKEHOLDER SUMMIT

JANUARY 30, 2019

AGENDA

Purpose: To set a strategic path forward for 2019 in our continued effort to reduce the death rate related to opioids

Outcomes:

- Shared perspective on progress to date
- Understanding of current issues and insights
- Clarity on priorities for each OSG in 2019

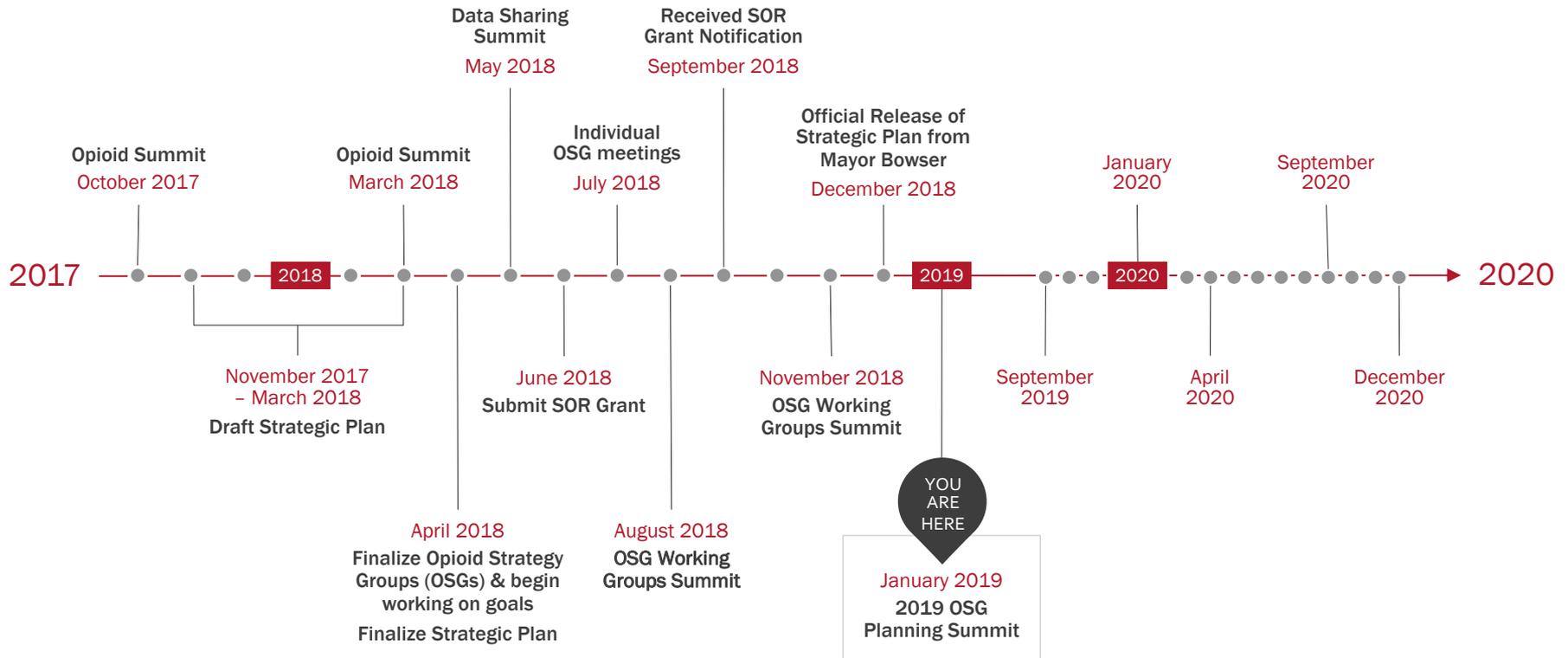
Agenda:

- I. Opening Remarks and Level-Set
- II. Looking Back and Looking Forward
- III. Data Presentations and Key Insights into the Opioid Crisis
- IV. Closing Remarks



The 6th DC Opioid Summit was attended by approximately 100 people, representing more than 35 organizations and agencies from across the District.

DC OPIOID MILESTONES



OPIOID STRATEGY CONTRIBUTORS



Individuals from these organizations have contributed to the work of the OSGs and overall strategy since October 2017.



Aquila Recovery

Children's National Medical Center

DC Hospital Association (DCHA)

DC Medical Society

DC Prevention Center Wards 7 & 8

DC Primary Care Association (DCPCA)

DC Recovery Community Alliance (DCRA)

Medical Home Development Group (MHDG)

George Washington University (GWU)

HIPS

Howard University

Oxford House

Pathways to Housing

Partners in Drug Abuse Rehabilitation Counseling

Psychiatric Institute of Washington (PIW)

So Others Might Eat (SOME)

Sibley Hospital

Unity Health Care

Whitman Walker Health

Woodley House



DC Agencies

Court Services and Offender Supervision Agency (CSOSA)

Criminal Justice Coordinating Council (CJCC)

Department of Behavioral Health (DBH)

Department of Corrections (DOC)

D.C. Health (DCH)

Department of Forensic Sciences (DFS)

DC City Council

Department of Health Care Finance (DHCF)

DC Office on Aging (DCOA)

Fire and Emergency Services (FEMS)

Homeland Security and Emergency Management Agency (HSEMA)

Metropolitan Police Department (MPD)

Office of the Chief Medical Examiner (OCME)

Office of the Mayor



Federal Partners

Department of Justice (DOJ)

Drug Enforcement Agency (DEA)

Federal Bureau of Investigations (FBI)

Office of the Attorney General (OAG)

Each OSG lead presented their accomplishments from 2018 and their key strategies and priorities for 2019.

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

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

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

Goal 4: Support the awareness and availability of, and access to, harm reduction services in DC.

Goal 5: Ensure equitable and timely access to high-quality SUD treatment and recovery support services.

Goal 6: Develop and implement a shared vision between Washington, DC's justice and public health agencies to address the needs of individuals who come in contact with the criminal justice system to promote a culture of empathy for their families and residents.

Goal 7: Develop effective law enforcement strategies that reduce the supply of illegal opioids in Washington, D.C.

Refer to the appendix for the detailed OSG updates.

DATA PRESENTATIONS

Leads from several D.C. agencies presented data and trends related to the opioid crisis. Data presentations included:

- Office of the Chief Medical Examiner
- D.C. Health
- Department of Behavioral Health
- Department of Forensic Sciences

Summit attendees were asked to reflect on the following questions as they listened to the presentations:

- What is happening with overdoses?
- What are the demographics of people with SUD?
- What opioids are on the street?
- What is happening with naloxone?
- What is happening with treatment?
- What does this data mean in aggregate?
- What seems most important?
- What are the implications?
- What new possibilities are available because of this insight?
- For each OSG: What does this mean for you and your work on your 2019 priorities?

Refer to the appendix for the full data presentations.

CONSIDERATIONS FOR IMPLEMENTATION OF THE PLAN

The Interim Director of Behavioral Health asked the group if they heard anything that has shifted their thinking around implementation opportunities for the 2019 strategic priorities.

- Maximize opportunities to leverage public service announcements (PSAs) through television networks – particularly in specific wards with a big concentration of overdoses
- Opportunity to understand the qualitative data available (specifically in relation to the demographics of the epidemic)
 - Need to understand their attitudes, beliefs, biases in accepting MAT so we can start to break down those barriers and reduce the burden on this demographic group
- Clarification that DBH only has the authority to certify providers to administer methadone – DBH acts as an agent on behalf of federal government
 - DBH is not involved with certifying other two FDA-approved MAT options (e.g., buprenorphine, naltrexone)
 - The federal government requires waiver training for buprenorphine prescribers
- Acknowledgement that many buprenorphine-waivered practitioners don't prescribe
- Opportunity for the SOR grant to help DOC with Vivitrol access
- Acknowledgement that DBH is actively working on peer education and outreach

COMMUNITY UPDATES

Various Summit attendees shared updates on what their organizations were currently doing and how the work could be enhanced or amplified by others in the room.

- Oxford House is opening 3 recovery houses
- DHCF recently released an RFP for a resource inventory.
 - Goal 2 lead should connect with DCPCA as they are applying for this grant
- DCPCA recently did a Human Centered Design (HCD) project – this may be a good approach to undertake in understanding the opioid issue
- Prior authorizations (PA) for buprenorphine or Suboxone have been lifted
 - There is only a requirement for a PA if you prescribe Suboxone over 24mg
 - DHCF is currently working to lift the PA for Vivitrol

DC OPIOID SUMMIT DESIGN AND FACILITATION SUPPORT

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