Opioid Abatement Advisory Commission Meeting

February 14, 2024

Agenda

I.	Call to Order	Mr. Jackson (2 minutes)
II.	Quorum Declaration	Mr. Jackson (2 minutes)
III.	Approval of Minutes	Mr. Jackson (5 minutes)
IV.	Welcome and Overview of Agenda	Mr. Jackson (5 minutes)
V.	Director's Report	Dr. Barker (10 minutes)
A.	Office of Opioid Abatement Budget Report	
VI.	FEMS Buprenorphine Initiative	Dr. Holman (FEMS) (10 minutes)

Agenda

VII.	**Proposed Recommendations for Areas of Focus**	**Dr. Barker (45 minutes)**
	A. Prevention Subcommittee	
	B. Harm Reduction Subcommittee	
	C. Treatment & Recovery Subcommittee	
VIII.	**Unfinished Business**	**Mr. Jackson (5 minutes)**
IX.	**New Business**	**Mr. Jackson (5 minutes)**
X.	**Public Comment**	**(20 minutes)**
XI.	**Adjournment**	**Mr. Jackson (5 minutes)**

Office of Opioid Abatement Report

- **Budget allocation for the Office of Opioid Abatement consists of the following:**
  - **Personnel = $528,000.00**
  - **Grants = $13,408,057.81***
  - **Supplies and Materials= $20,000.00**

As of 2/13/24, the Office of Attorney General informed the Office of Opioid Abatement that $4.7 million dollars have transmitted to the Department of Behavioral Health for deposit into the Opioid Abatement Fund. After processing the new budget should total approximately $19 million dollars.

OPIOID ABATEMENT
Advisory Commission

FEMS REPORT

EMS Care for Persons with OUD

DC Opioid Abatement Commission

February 14th, 2024

Robert P. Holman, MD

Medical Director

Stephen Gerber, MSHS, MSN, FNP-BC

Operations Manager Mobile Integrated Healthcare

Agenda

- Agency experience with opiate overdoses
- Review dangers of opiate overdose
- Opiate overdose morbidity reduction
- Emerging role of EMS in MOUD

DC Fire and EMS Experience

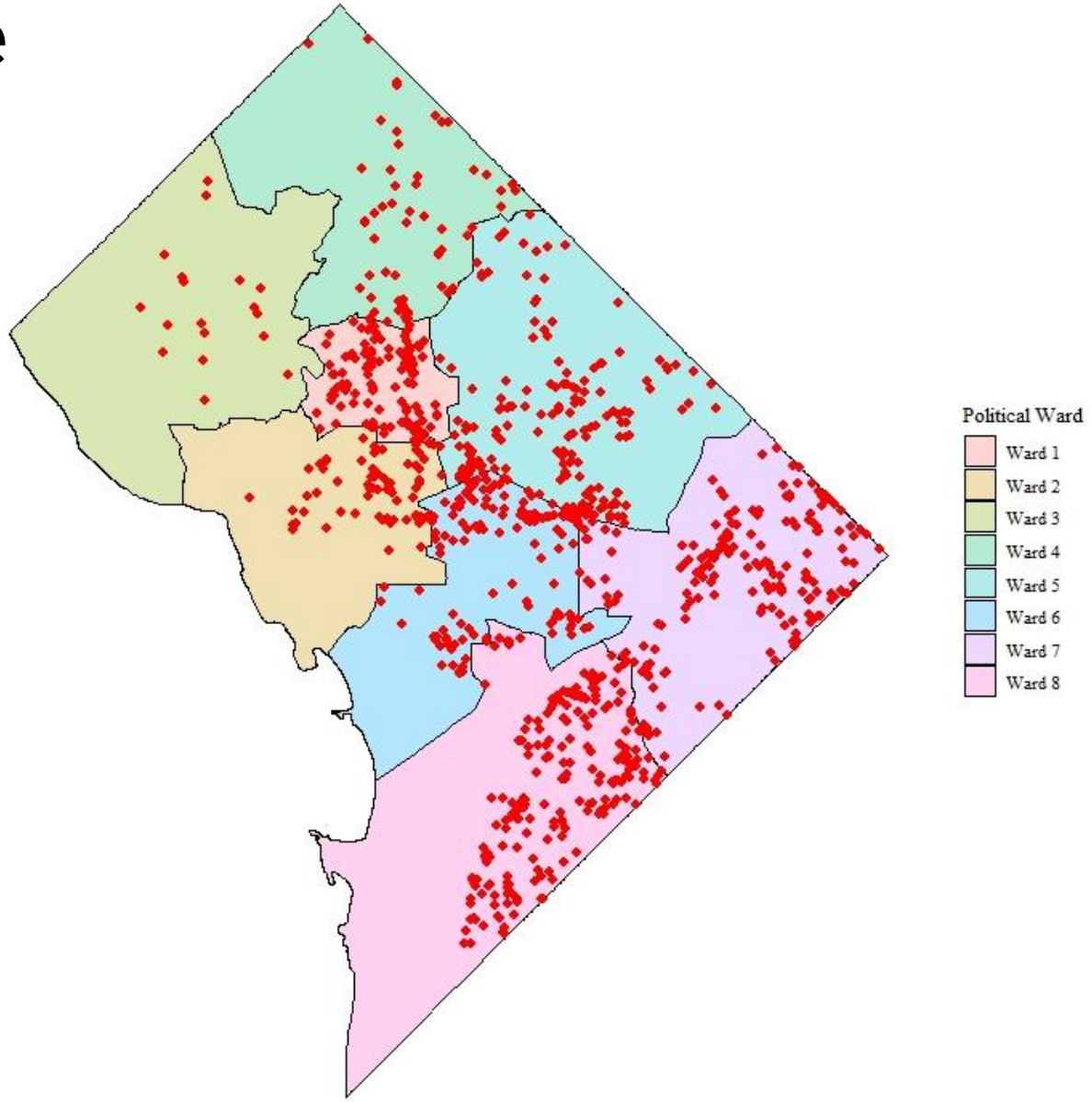
- 3,100 incidents in 2022 with naloxone administration

- Between 2017 and 2023 40% of patients treated with naloxone refused EMS transport to the ED

Mapping Narcan Use

Naloxone Administration by EMS

August 1st 2023 through January 28th 2024



The danger of an opiate overdose – Pennsylvania 2021

- Reviewed Pennsylvania Medicaid records 2014 -2016
- Calculated 180-day mortality rate of 3.6%.
- Stratified the risk into six subgroups with the lowest rate of 1.5% while the highest rate was 20.3%.
- Medication for OUD and risk mitigation interventions after overdose were more commonly seen in lower risk groups, while opioid prescriptions were more likely to be used in higher risk groups

Guo J, et al., *Predicting Mortality Risk After a Hospital or Emergency Department Visit for Nonfatal Opioid Overdose.* J Gen Intern Med. 2021 Apr;36(4):908-915. doi: 10.1007/s11606-020-06405-w.

The danger of an opiate overdose – Massachusetts 2020

- Retrospective analysis of three state-wide data bases in Massachusetts.
- Only opiate overdoses discharged from an ED.
- During the study period, 17,241 patients were treated for opioid overdose.
- Of the 11,557 patients who met study criteria, **635 (5.5%) died within 1 year**, 130 (1.1%) died within 1 month, and 29 (0.25%) died within 2 days.
- Of the 635 deaths at 1 year, 130 **(20.5%) occurred within 1 month and 29 (4.6%) occurred within 2 days.**

Weiner SG, et al., *One-Year Mortality of Patients After Emergency Department Treatment for Nonfatal Opioid Overdose*,
Ann of Emerg Med 2020, 75; 1:13-17.
https://doi.org/10.1016/j.annemergmed.2019.04.020

Reducing morbidity for patients with an opiate overdose

- Retrospective analysis of Medicare Advantage pts Jan 2015 to Sept 2017.
- 40,885 individuals with OUD, mean age 47 years; 54.2% male; 74.2% white

-Wakeman SE, Larochelle MR, Ameli O, et al. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. *JAMA Netw Open.* 2020;3(2):e1920622. doi:10.1001/jamanetworkopen.2019.20622

Reducing morbidity for patients with an opiate overdose

Frequency of OUD treatments:

- Non-intensive behavioral health 59.3%
- Inpatient detoxification or residential services 15.8%
- MOUD treatment with buprenorphine or methadone, 12.5%
- Intensive behavioral health, 4.8%
- MOUD treatment with naltrexone. 2.4%.
- During 3-month follow-up, 707 participants (1.7%) experienced an overdose, and 773 (1.9%) had serious opioid-related acute care use.

-Wakeman SE, Larochelle MR, Ameli O, et al. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. *JAMA Netw Open.* 2020;3(2):e1920622. doi:10.1001/jamanetworkopen.2019.20622

Reducing morbidity for patients with an opiate overdose

- Only treatment with buprenorphine or methadone was associated with a **reduced risk of overdose** during **3-month** (adjusted hazard ratio [AHR], 0.24; 95% CI, 0.14-0.41) and **12-month** (AHR, 0.41; 95% CI, 0.31-0.55) follow-up.
- Treatment with buprenorphine or methadone was also associated with **reduction in serious opioid-related acute care use** during **3-month** (AHR, 0.68; 95% CI, 0.47-0.99) and **12-month** (AHR, 0.74; 95% CI, 0.58-0.95) follow-up.

-Wakeman SE, Larochelle MR, Ameli O, et al. Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. *JAMA Netw Open.* 2020;3(2):e1920622. doi:10.1001/jamanetworkopen.2019.20622

EMS 'Bupe in the field'

Contra Costa county, CA published initial pilot:

- 36 patients in first year
- No precipitated withdrawal
- All patients taken to the ED
- 50% enrolled in MOUD at 7 days
- 36% enrolled in MOUD at 30 days

H. Gene Hern, Vanessa Lara, David Goldstein, M. Kalmin, S. Kidane, S. Shoptaw, Ori Tzvieli & Andrew A. Herring (2023) Prehospital Buprenorphine Treatment for Opioid Use Disorder by Paramedics: First Year Results of the EMS Buprenorphine Use Pilot, Prehospital Emergency Care, 27:3, 334-342, DOI: 10.1080/10903127.2022.2061661

EMS 'Bupe in the field'

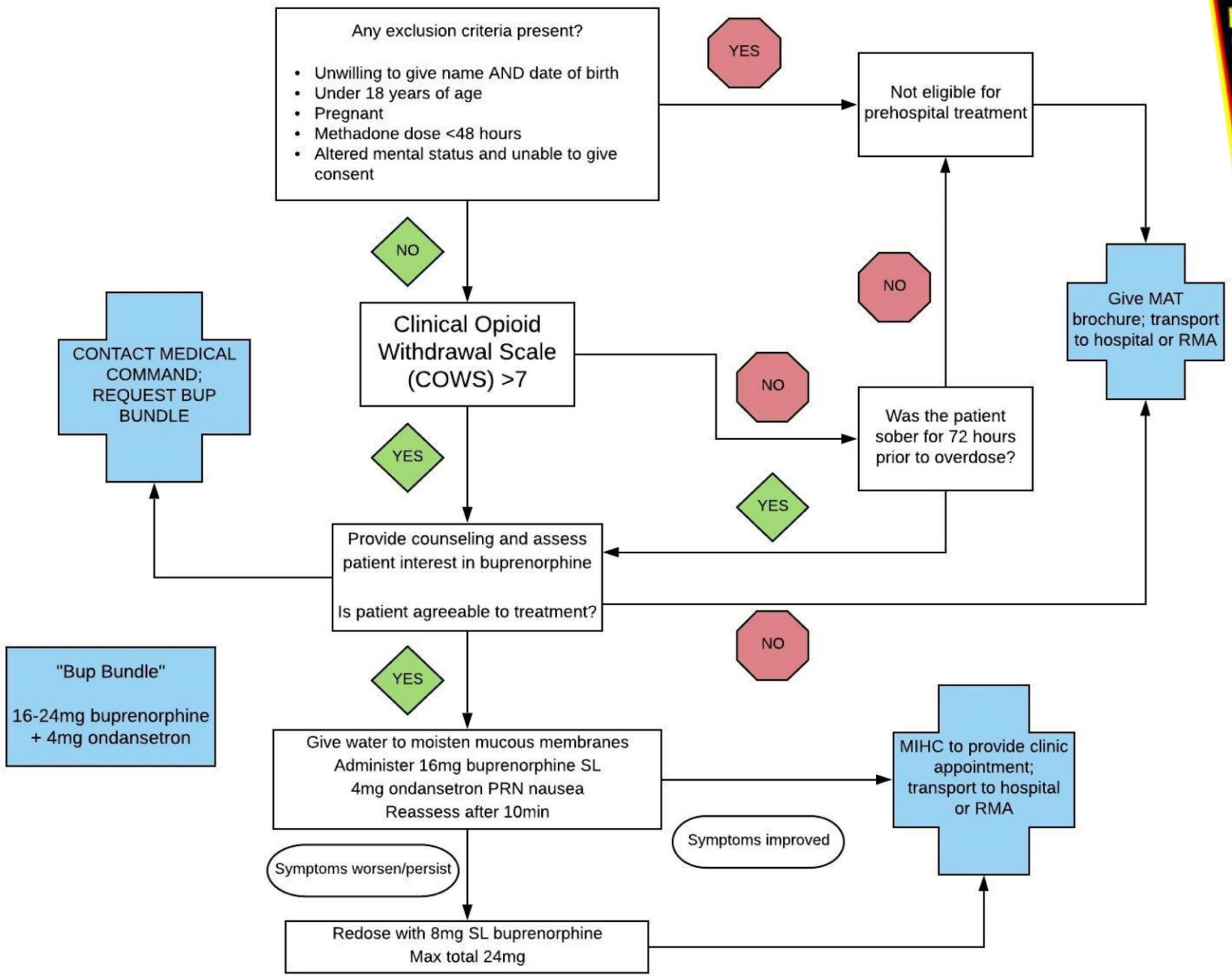
Camden, NJ

18 patients; none had precipitated withdrawal

Dosing buprenorphine after opiate OD reversal with naloxone

Gerard G. Carroll , Deena D. Wasserman , Aman A. Shah , Matthew S. Salzman , Kaitlan E. Baston , Rick A. Rohrbach , Iris L. Jones & Rachel Haroz (2021) Buprenorphine Field Initiation of ReScue Treatment by Emergency Medical Services (Bupe FIRST EMS): A Case Series, Prehospital Emergency Care, 25:2, 289-293, DOI: 10.1080/10903127.2020.1747579

Opioid overdose requiring administration of naloxone



Camden and Contra Costa county – unpublished combined experience

~225 patients combined
2/3 of their OUD calls to EMS are for opiate withdrawal not overdose.

They have changed the need to call the medical director for orders by expanding the Medic's scope of practice to include Bupe.

30-day MOUD retention is 23.2%

Contra Costa county will Rx pregnant and teenagers.

Other EMS Delivery Models

- Austin/Travis county Bupe induction 24/7 entails five days of EMS visits with dosing

- After these five days of engagement their 30-day engagement in MOUD is reported to be 90%.

Bringing Treatment to EMS in the District

- Collaborative effort with DOH EMS Scope of Practice Committee to include Bupe and other adjunctive therapies
- Team Training
- Stand up of 24/7 team
- Facility and vehicles to accommodate 24/7 capability
- Increase community awareness of the availability of therapy

Bringing Treatment to EMS in the District

- Partner with DCSC for patient handoff
- Integration of this model to the spectrum of alternative dispositions already in place
- Adoption of episodic patient care documentation with seamless integration to HIE
- Creation of appropriate mechanisms to capture reimbursement where appropriate in collaboration with EOM

Now it's your turn:

Questions and Input

Stephen.Gerber@dc.gov

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PROPOSED RECOMMENDATIONS FOR AREAS OF FOCUS

Recommendations

- Opioid Abatement Advisory Commission Subcommittees (Prevention, Harm Reduction, and Treatment & Recovery) were tasked with developing recommendations on the areas of focus for spending.

- In total the Subcommittees have provided 14 recommendations for this first phase of funding.
  - Prevention Subcommittee- 4 recommendations
  - Harm Reduction Subcommittee- 6 recommendations
  - Treatment & Recovery Subcommittee- 4 recommendations

Recommendations

All approved recommendations will be reviewed and evaluated by the Office of Opioid Abatement.

- The Office will prioritize recommendations that:
  1. Address stated gaps in service;
  2. Can be enacted expeditiously; and
  3. Create new initiatives or enhanced existing initiatives.

Recommendations

1. **Faith-based Prevention**
2. **Prevention Media Campaign**
3. **Engagement/ TA with Physicians**
4. **Supplemental funds for Community-Based Organizations providing Opioid Remediation Services**
5. **Enhancement of Fire and Emergency Services (FEMS) Overdose Response Team**
6. **Expansion of Youth Peers at DC Prevention Centers**
7. **Expansion of Harm Reduction Vending Machines**
8. **Expansion of Harm Reduction Marketing**
9. **Establishment and Enhancement of Drop-in Centers with Peer Support**
10. **Expansion of Youth Peers at DC Prevention Centers**
11. **Housing - Abstinence and Non-Abstinence Based Housing**
12. **Mobile Methadone Medication Unit Pilot**
13. **Contingency Management Pilot**
14. **Housing - Temporary Housing with Wrap-Around Services**

Prevention Subcommittee Recommendations

Prevention

- **Recommendation Title: Faith-based Prevention**
- **Description:** The Subcommittee recommends using Opioid Abatement Fund monies to increase the funding of the current grantees at an amount that would allow the work to increase substantially (for example, moving from 1 event to 2, or distribute twice as much naloxone). This increase should happen immediately through current grant enhancements. It should also include the option to renew up to two times (for a total of three years) to allow longer-term work. Activities would focus on prevention and outreach.

- **SOR Funding: $950,000**
- **LLDC Area of Focus:** *Increase prevention and wellness promotion*

Prevention

- **Recommendation Title: Supplemental funds for Community-Based Organizations providing Opioid Remediation Services**
- **Description:** The Subcommittee recommends supplemental financial support for community-based or other non-governmental groups doing opioid abatement work to increase capacity or impact (e.g., peer programs). This funding would be for any eligible entities, not just faith-based groups.
- **LLDC Area of Focus:** *Increase prevention and wellness promotion*

Prevention

- **Recommendation Title: Engagement/ TA with Physicians**
- **Description:** The Subcommittee recommends resources be provided to facilitate DC agencies' engagement with healthcare providers to educate them on best practices on supporting patients with opioid use disorder. Healthcare providers are uniquely positioned to support individuals who have a substance use disorder (SUD) or who are at risk of developing an SUD. Supporting them with evidence-based and promising interventions, educating healthcare partners on emerging SUD trends and interventions, and conducting outreach to primary care providers and emergency responders to ensure they understand how to support patients with SUDs.

- **LLDC Area of Focus:** *Increase prevention and wellness promotion*

Prevention

- **Recommendation Title: Prevention Media Campaign**
- **Description:** The Subcommittee recommends funding be spent on a media campaign directed towards impacted groups with prevention messaging. The campaign could take the form of bus stop ads and flyers in a community struggling with a high rate of SUDs and overdoses. The messages can be tailored to direct individuals to resources in their community for treatment and support.
- **LLDC Area of Focus:** *Increase prevention and wellness promotion*
-

Prevention

- **Complete Prevention Subcommittee Recommendations**
  1. Faith-based Prevention
  2. Supplemental funds for Community-Based Organizations providing Opioid Remediation Services
  3. Engagement/ TA with Physicians
  4. Prevention Media Campaign

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Harm Reduction Subcommittee Recommendations

Harm Reduction

- **Recommendation Title: Enhancement of Fire and Emergency Services (FEMS) Overdose Response Team**
- **Description:** Expand FEMS Overdose Response Team, by hiring more peer community outreach specialists with an emphasis on the hiring of certified peer specialists in these positions. Expand Peer Emergency services utilizing FEMS model, by connecting with Peers currently in place throughout the District of Columbia to include Peer organizations and agencies, especially in high-risk Wards (6, 7 and 8) as on-site emergency responders to connect with a Peer in crisis as a result of a 911 call. This expansion can be expedited by utilizing Certified Peer Specialist (CPS) organizations and agencies already in existence throughout the District of Columbia while still hiring and recruiting CPS to the Emergency Peer Response Teams.
- **SOR Funding: $558,239**
- **LLDC Area of Focus:** *Expand overdose survivor outreach teams*

Harm Reduction

- **Recommendation Title: Expansion of Youth Peers at DC Prevention Centers**
- **Description:** This recommendation would provide more funding to build capacity and infrastructure of the prevention centers to create Youth Ambassadors, or youth who have completed evidence-based youth peer support training.

- **LLDC Area of Focus:** *Increase prevention and wellness promotion*

Harm Reduction

- **Recommendation Title: Expansion of Harm Reduction Vending Machines**
- **Description:** Expansion of drug-checking technology such as with the provision Harm Reduction Vending machines throughout the District of Columbia encourages harm reduction by providing individuals using or mis-using opioids (and even other substances) a safe and convenient way for these individuals to obtain harm reduction supplies, to include fentanyl testing strips and drug supply surveillance. There are currently 7 harm reduction vending machines in the District with more to be established with funds from the State Opioid Response grant. This recommendation could provide more funds to potentially purchase even more machines or cover tangential costs.
- **SOR Funding: $269,646**
- **LLDC Area of Focus:** *Expand drug-checking technology and drug supply surveillance*

Harm Reduction

- **Recommendation Title: Expansion of Harm Reduction Marketing**
- **Description:** This recommendation would fund the expansion of social marketing of LiveLongDC campaigns at venues in high-risk areas of opioid and substance use. This funding would allow for more targeted work to occur in these high-risk areas, including more advertising on more billboards, buses and in establishments found in these areas, such as smoke shops, clubs and social venues, and hair/barber shops.

- **SOR Funding: $1,580,000**
- **LLDC Area of Focus:** *Expand drug-checking technology and drug supply surveillance*

Harm Reduction

- **Recommendation Title: Establishment and Enhancement of Drop-in Centers with Peer Support**
- **Description:** The recommendation provides funding for the establishment of new drop-in centers or enhancement of existing drop-in centers where District residents in need can go to receive peer support and get access to referrals to necessary services.

- **LLDC Area of Focus:** *Expand and build on existing harm reduction activities*

Harm Reduction

- **Recommendation Title: Expansion of Youth Treatment Services**
- **Description:** The recommendation provides funding to expand youth behavioral health services at mental health, psychiatric and substance use treatment facilities, in order to expand and enhance the treatment of youth substance use and co-occurring disorders, particularly youth referred from the justice system.

- **LLDC Area of Focus:**
  - *Invest in infrastructure for youth services;*
  - *Create new or expand the substance use disorder treatment infrastructure;*
  - *Divert people with substance use disorders from the criminal justice system and into treatment*

Harm Reduction

- **Complete Harm Reduction Subcommittee Recommendations**

1. Enhancement of Fire and Emergency Services (FEMS) Overdose Response Team
2. Expansion of Youth Peers at DC Prevention Centers
3. Expansion of Harm Reduction Vending Machines
4. Expansion of Harm Reduction Marketing
5. Establishment and Enhancement of Drop-in Centers with Peer Support
6. Expansion of Youth Treatment Services

Treatment & Recovery Subcommittee Recommendations

Treatment & Recovery

- **Recommendation Title: Housing Services for Post-SUD Treatment and Non-Abstinence Based (Harm Reduction/Housing First) Housing**
- **Description:** Funding housing services for both "abstinence-based" housing and "abstinence not required" housing. Abstinence-based housing funding could cover 18 months of group housing living costs or/until permanent housing is available. "Abstinence not required" funding could cover the cost of living in individual or congregate settings for those who do not meet the eligibility criteria for permanent housing vouchers funded through HUD or DBH.

- **SOR Funding: $2,056,731** (Related Housing Spending)
- **LLDC Area of Focus:** *Expand Recovery Housing & Other Housing*

Treatment & Recovery

- **Recommendation Title: Mobile Methadone Unit Pilot**
- **Description:** Issue an RFA to utilize the revised federal guidelines to initiate a mobile methadone service operated by an existing certified methadone program using a van or other vehicle. Extend treatment sites to SUD facilities, shelters, and encampments and where hard-to-reach groups congregate. Provide all FDA-approved MOUD, counseling and harm reduction supplies like Narcan, test strips, clean needles, and wound care materials. Success and sustainability will be supported by active stakeholder engagement and a robust financial strategy that includes Medicaid billing.
- **LLDC Area of Focus:** *Create new or expand the substance use disorder treatment infrastructure*

Treatment & Recovery

- **Recommendation Title: Contingency Management Pilot**
- **Description:** Issue an RFA to solicit proposals first for the design and then the pilot of a District of Columbia Contingency Management (CM) system founded on human-centered design and rapid cycle iteration to harness the power of tangible incentives for achieving drug-free tests, session attendance, and milestones, all while guiding a transition to intrinsic self-motivation. The CM system will be embedded across outpatient, inpatient, and residential facilities, incorporate peer recovery support, and target populations at higher risk. Robust research shows CM's efficacy in increasing adherence, retention and reducing reuse. Plans must detail the execution and long-term viability.
- **LLDC Area of Focus:** *Create new or expand the substance use disorder treatment infrastructure*

Treatment & Recovery

- **Recommendation Title: Temporary Housing and Wrap-Around Services for Unsheltered Individuals with SUD**
- **Description:** Initial funding to acquire or refurbish a facility for 15-20 beds, including office space and a communal area. Provide comprehensive onsite services akin to DCs PEP-V program from COVID. Private rooms with amenities, three meals plus snacks, and 24/7 security. Daily primary care and 24-hour mental health support. Access to medical and community transportation, linkage to care, and support for accessing community services and long-term support. Housing-focused case management with permanent housing exit planning. Staffed by people with lived experience, clinicians and peers for clinical, psychosocial support, and skill-building. Regular SUD-specific meetings and structured non-therapeutic activities.

Treatment & Recovery

- **Complete Treatment & Recovery Subcommittee Recommendations**

1. Housing – Abstinence and Non-Abstinence Based
2. Mobile Methadone Medication Unit Pilot
3. Contingency Management Pilot
4. Temporary Housing with Wrap-Around Services

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UNFINISHED BUSINESS

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NEW BUSINESS

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PUBLIC COMMENTS

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THANK YOU!

LET'S WORK TOGETHER AND SAVE LIVES!