



Opioid Collaborative

Treatment and Recovery

Transforming Opioid Treatment and Recovery

This initiative is made possible through a collaborative relationship between ***The Foundation for Contemporary Mental Health, McClendon Center, Federal City Recovery Support Services, the Psychiatric Institute of Washington, George Washington Emergency Medicine at United Medical Center, Medical Home Development Group, Howard University School of Social Work and The Medi.*** The Collaborative aims to increase access to treatment, recovery support and transitions to care for patients and families suffering with opioid addiction in Wards 5, 7 and 8.

One of our focus areas will be to work with hospital emergency departments and hospital case managers to implement opioid overdose protocols to connect patients with peer navigators and link them to follow-up treatment and recovery support services. The Collaborative will help plan for the increasing number of patients with opioid-related conditions, including overdose, injection-related concerns, and withdrawal. The Collaborative ***HubSpoke™*** transitions-to-care approach will enhance the [Yale Model](#).

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The Opioid Collaborative

**District of Columbia Interim Opioid STR Strategic Plan Grant # 1
H79 TI080229-01 August 31, 2017**

EXECUTIVE SUMMARY Memorandum of Understanding

This Proposal is contingent on the Parties reaching mutually agreeable terms and conditions and upon acceptance of any limitations described herein.



Overview

Over a year ago, February 2017, **DC Department of Behavioral Health and Medical Home Development Group (MHDG)** engaged to expand access to opioid Medication Assisted Treatment (MAT) in the District in support of the District State Targeted Response (STR) OPIOID response plan. The plan will govern only the STR-funded portion of the District's efforts to address the opioid crisis, which will be implemented by the District Department of Behavioral Health (DBH).

Treatment data were only available for DBH-certified SUD treatment providers, which include Medication-Assisted Treatment (MAT) provided by methadone opioid treatment programs (OTPs) but exclude non-methadone MAT provided by office-based opioid treatment (OBOT) providers currently not under DBH jurisdiction. STR funds will be largely directed towards the identified population of focus, middle-aged/older (ages ~40-69) African-American males, which the needs assessment revealed to be the most significantly affected subset of individuals in the District based on available data. Moreover, where possible, DBH will focus STR efforts on District Wards 5, 7, and 8—which also saw a disproportionate need, geographically. The bulk of DBH's STR funding is devoted to improving, expanding, and enhancing the department's ability to enroll and serve this population. (see attached)

The Collaborative:

District Opioid Treatment & Recovery Collaborative (DOTRC)

The high rate death from opioid addiction overdose, unlike most common substance use disorders, are common because opioid addiction is a chronic relapsing brain disease that requires chronic Medication Assisted Treatment (MAT). The fragility of opioid addiction population is a predictor of poor healthcare outcomes. Implementing DBH's STR plan requires a connected ecosystem (community based medical, social and recovery providers) of care to sustain individual's treatment and recovery and reconnection with family, work and community.

Through care coordination agreements with The Foundation for Contemporary Mental Health, Federal City Recovery Support Services, the Psychiatric Institute of Washington, George Washington Emergency Medicine and Medical Home Development Group and The Medi. The Collaborative aims to increase access to treatment, recovery support and transitions to care for patients and families suffering with opioid addiction in Wards 5, 7 and 8.

The Collaborative represents an academic-community collaboration with clinical leadership, subject matter expertise, technical assistance, healthcare information technology, clinical capacity to meet patients needs in all clinical settings including the emergency departments.



Collectively, for more than 50 years, members of the collaborative have been successful in achieving distinctive, substantial and lasting improvements in their performance.

Community-based Opioid Addiction Treatment, Recovery and Transitions To Care

Recent closures of the District inpatient behavioral health services and the lack of waived providers, who are willing to treat this population, continues to negatively impact access to detox, treatment and mental health services. The Collaborative **Patient Access To Care Transitions (PACT™)** is an integrated care coordination platform and clinical workflow tools that facilitates the coordination with and between the Collaborative partner and patients we serve. PACT™ team members involved in this collaborative have the skills and subject matter expertise to operationalize clinical programs. The Collaborative approach includes integrated healthcare information technology to manage and track progress, check-ins and daily interaction with patients and communications with care partners.

According to DBH, African Americans were disproportionately affected across all available datasets. The entirety of the District of Columbia Interim Opioid STR Strategic Plan should be read with a focus on the population as specified.

- African Americans accounted for 83% of fatal overdoses in CY2016
- African Americans accounted for 89% of individuals self-reporting an opioid as their primary drug of abuse during a DBH SUD assessment in FY2016.
- The 50-69 age group accounted for 67% of fatal overdoses in CY2016.
- The 45-64 age group accounted for 58% of non-fatal acute opioid poisonings over the last 12 months.

Males were disproportionately affected across all available datasets.

- Men accounted for 78% of fatal overdoses in CY2016.
- Men accounted for 68% of non-fatal acute opioid poisonings over the last 12 months.
- Men accounted for 70% of individuals self-reporting an opioid as their primary drug of abuse during a DBH SUD assessment in FY2016.
- Men accounted for 60% of enrollees at District-contracted OTPs in FY2016.

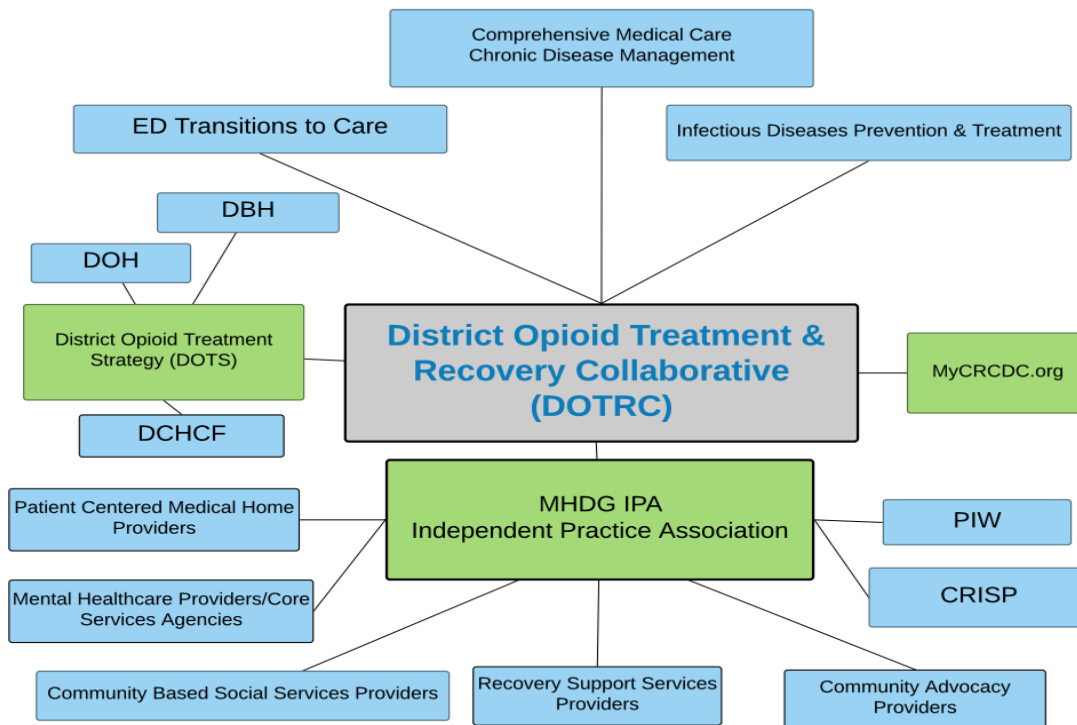
Community Mobilization Against The Opioid Threat

The Collaborative community partners led by the Medi and the Leadership Council For Healthy Communities (LCHC) will connect with organizations in the community that provide public health services, treatment, counseling, and naloxone distribution. Connected community-based organizations are best suited to assist in mobilizing a community response to those most at risk and provide resources to reduce harm and to encourage screening for HIV and hepatitis B and C, in combination with referral to treatment and naloxone provision.

Mitigating Opioid Overdose Impact On Ward 8 Community and United Medical Center

The Collaborative will coordinate our efforts in 3 Phases, Phase I will consist of a collective assessment of each participant's current state, Phase II will use this current state assessment to build a project plan with timelines, milestones and budget. Phase III will be the engagement process delivery of an Emergency Department Care Transitions program at United Medical





Center. With the introduction of fentanyl, which is 100 times more potent than heroin, it is impossible for substance users to know the potency street drugs. In the urban communities, the introduction of fentanyl is a driver of rising opioid deaths —especially in the black community. More than 80 percent of opioid deaths in DC are African-American people. Since FY 2016, deaths in the District, from opioid overdoses, has exceeded the rate of homicides. United Medical Center Emergency Department has experienced a significant increase in these overdose patients. Many of these patients use United Medical Center, Providence Hospital and MedStar Emergency Departments as a revolving door as a result of fragmentation in access to care. According to the DC Office of the Medical, overall opioid overdose deaths among black men between the ages of 40 and 69 increased 245 percent from 2014 to 2017. Nationally, the drug death rate is also rising most steeply among blacks in urban counties, deaths rose by 41 percent in 2016, according to the Centers for Disease Control and Prevention.

Wards 5, 7, and 8 were disproportionately affected across all available datasets.

- Wards 5, 7, and 8 accounted for 44% of fatal overdoses in CY2016.
- Wards 5, 7, and 8 accounted for 53% of non-fatal acute opioid poisonings over the last 12 months.
- Hospitals in Ward 8 (United Medical Center) and Ward 5 (Washington Hospital Center and Providence) accounted for 73% of non-fatal acute opioid poisonings over the last 12 months.

Recent published data from Yale researchers found that patients given the medication buprenorphine in ER and connected to follow-up treatment were more likely to engage in addiction treatment and reduce their illicit opioid use. Seventy-eight percent of patients in the buprenorphine group vs. 37% in the referral group were engaged in addiction treatment on the 30th day after randomization. The DOTC approach, *coordinated connected care*, insures that patients are connected to comprehensive medical care and bio-psychosocial recovery support services. [Yale Model](#).



The Opioid Collaborative approach to Emergency Department overdoses includes coordinated, informed efforts that can better prevent opioid overdoses and deaths. We aim to coordinate with hospital Emergency Departments and hospital case managers to implement opioid overdose protocols to connect patients with peer navigators and link them to follow-up treatment and recovery support services. The Collaborative will help plan for the increasing number of patients with opioid-related conditions, including overdose, injection-related concerns, and withdrawal. The Collaborative **HubSpoke™** transitions to care approach will improve the Yale model. **HubSpoke™** facilitates Provider mentoring and coaching via on-demand televideo *Technical Assistance* (TA) support for Emergency Department physicians using buprenorphine induction. The McClendon Center will coordinate transitions to care process to connect patients to PIW, FCRC and access to mental health services.



Addendum A:

I. Data Collection and Evaluation

All data reported will be collected from electronic health record and Community Resource Center (MYCRC) database. Data elements will consist of the following:

- New Patients
- Frequency of New Patients Visits
- Assessment of Social Needs
- Assessment of Physical and Mental Health Needs
- Referrals to medical specialists and social services
- Vascular Assessment (EKG)
- Health Home 2 Assessment and ongoing care management
- CRISP – Hospital and ED Discharges
- Med Reconciliation
- Vaccines
- Hep C and PPD Tests and Treatments
- HIV test
- Tuberculosis
- Preventive Screenings
- Copy of Care Summary Provided
- Patient Portal Access
- Transition from Methadone, Buprenorphine/Vivাত্র
- Provider Capacity
- Patient Experience Surveys

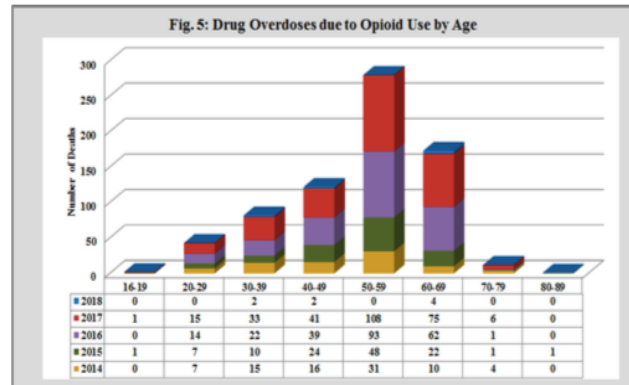


DC 2018 Opioid Overdose Report

Demographics¹

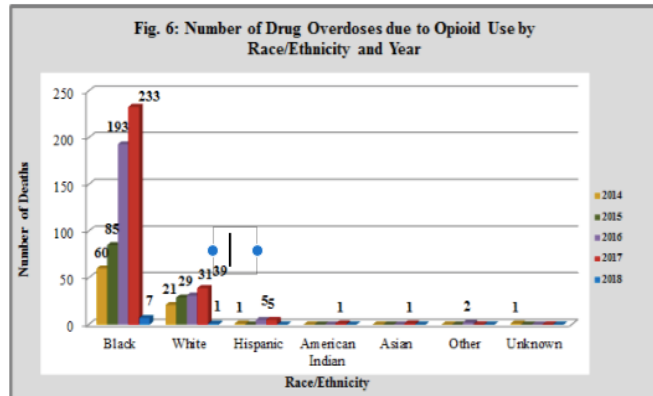
Age

Approximately **80%** of all overdoses due to opioid drug use happen among adults between the ages of 40-69 years old (Fig. 5). Deaths due to opioid use were most prevalent among people ages 50 to 59 (n=40%).



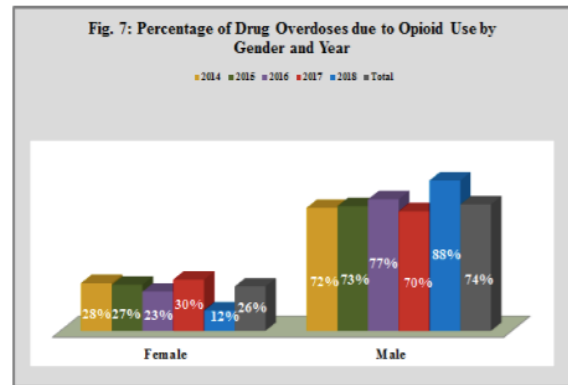
Race/Ethnicity

Overall, **578** or **81%** of all deaths due to opioid use were among Blacks (Fig. 6). This trend remains consistent across years.



Gender

Fatal overdoses due to opioid drug use were more common among **males** (Fig. 7).



Jurisdiction of Residence¹

The majority of the decedents were residents of DC (Fig.8). From 2014 to 2018, opioid-related fatal overdoses were most prevalent in **Wards 7 & 8** (n=256) (Fig.9). However, there are variations across years.



About Us

Medical Home Development Group (MHDG)

The Medical Home Development Group (MHDG) is a physician owned Independent Physician Association (IPA) Group Practice with the expertise in patient-centered primary care, addiction medicine, care coordination, transitions to care and social work and behavioral health support needed to employ a chronic care management model to address addiction and recovery. MHDG is NCQA recognized as a Patient Centered Medical Home practice delivering care that (1) is collaborative, coordinated, and accessible (2) is integrated to address both physical and emotional well-being (3) respects patient/family preferences, values, cultural traditions, and socioeconomic conditions (4) shares education and information fully and timely with patients and families for informed healthcare decision- making and (5) supports patients in working through social issues that deter patients from accessing and benefiting from available services.

www.Mhdgroups.net

Foundation for Contemporary Mental Health (FCMH)

FCMH is a 501(c)(3) non-profit organization founded in the late 60's in Washington, D.C. as an educational and clinical service organization. Innovative educational programs on mental health topics were provided for professionals as well as for the general community. In 1971, PIDARC, a medication assisted treatment program for opioid dependence, was developed at the request of the D.C. government's then Narcotics Treatment Administration.

The Psychiatric Institute of Washington (PIW)

PIW is a 130q bed psychiatric hospital that provides comprehensive behavioral healthcare for children, adolescents, adults and senior adults who have mental health and addictive illnesses. We are a short-term, acute care hospital that offers inpatient, partial and intensive outpatient programs, as well as specialized treatment programs for chemical dependency. PIW was founded in 1967, and combines the rich traditions of its past with the behavioral health options of the present

Federal City Recovery and Support Services

In 1999, Federal City Recovery Services (FCRS) was organized to provide residential substance use treatment and recovery housing services to DC residents in need of solutions to acute and chronic addictive disorders. Currently this CBO works directly with the Department of Behavioral Health programs to provide substance use disorder treatment and recovery support services that includes but are not limited to areas such as, medication assisted treatment supports, job preparedness and employment placement, case management, recovery counseling, training and education. Our services are delivered in strategically placed community outpatient and inpatient centers throughout DC.

The Medi

The Medi provides a virtual support center dedicated to helping social service organizations develop a culture of collaboration through education and use of technology. The goal of the CRC is to connect the community to social services, using technology to exchange social service information. This exchange is not only efficient but more importantly is safer, timelier, effective, equitable, and person-centered. www.themedi.org.

