

**GOVERNMENT OF THE DISTRICT OF
COLUMBIA
Department of Health Care Finance**



To: Tamara Smith, Chair, Health System Redesign Subcommittee

From: Okey K. Enyia, Health Reform Analyst, Health System Redesign Subcommittee Liaison

Subject: *District of Columbia Substance Use Disorder Community Need and Service Capacity Assessment* Recommendations draft

Date: May 5, 2021

Background

The [*District of Columbia Substance Use Disorder Community Need and Service Capacity Assessment*](#) is one of four projects funded through a grant from the federal Centers for Medicare and Medicaid Services (CMS) as part of the District of Columbia's [Demonstration Project to Increase Substance Use Provider Capacity](#). The report was published to the DHCF website on March 4, 2021.

The report includes extensive analysis and mapping of data, stakeholder interviews, focus groups, and community roundtables, literature review to assess substance use disorder (SUD) provider capacity and need. This work builds on the previous recommendations of [Live.Long.DC](#) and [Pew Policy Recommendations to Address Opioid Crisis in DC](#).

The assessment organized key findings and recommendations into two domains: 1) gaps and service delivery challenges across the SUD service continuum, and 2) system improvements and organizational capacity building. Many of the recommendations in this report align with best practice programs or strategies identified through the project's literature review.

Recommendations within the identified gaps and service delivery challenges call for: 1) addressing service gaps across the ASAM continuum 2) inconsistencies with quality of care 3) shortages in housing, financial resources/supports, employment opportunities, and job training 4) the need to address structural racism and its impacts on individuals with an SUD and 5) the need for greater emphasis and investment in prevention and harm reduction services.

Additionally, recommendations to address system improvements and organizational capacity build include: 1) the need for greater support from the Department of Behavioral Health 2) the need for greater adoption and use of HIT/HIE, particularly for SUD providers 3) challenges related to collaborations across providers 4) the need for value-based payment models/policies and 5) the need for expanded and enhanced training and technical assistance resources.

A short survey was designed to receive feedback on the report from MCAC Health System Redesign Subcommittee. Findings from the survey are limited due to a low response rate, however, the survey indicates strong support to endorse the full recommendations SUD Community Need and Service Capacity Assessment to the MCAC.

Proposed Health System Re-Design Subcommittee Recommendation to the MCAC

In response to subcommittee feedback on the [*District of Columbia Substance Use Disorder Community Need and Service Capacity Assessment*](#), the Health system redesign subcommittee has called for a motion to endorse the report to the full MCAC. A draft motion is provided below:

Motion for the District of Columbia Medical Care Advisory Committee (MCAC) to endorse the findings and complete recommendations of the *District of Columbia Substance Use Disorder Community Need and Service Capacity Assessment*, published March 4, 2021.

Other questions or additional proposals to consider may include:

- Specifying particularly recommendations within the report for the MCAC to address. For example:
 - o (e.g., how to better measure equity and social determinants of health, cultural competency in the community health worker workforce)
- In the event the proposal directs the MCAC subcommittees to consider specific recommendations, articulate a timeline for reporting back on progress to the MCAC.