


LIVE. LONG. DC.

THE DISTRICT'S APPROACH TO SAVING LIVES FROM THE OPIOID EPIDEMIC



Accomplishments and Progress – July 2020

	<p>Reduce legislative and regulatory barriers to create a comprehensive surveillance and response that supports sustainable solutions to emerging trends in substance use disorder, opioid-related overdoses, and opioid-related fatalities.</p>
--	---

- *Strategy 1.1: Establish an Opioid Fatality Review Board to review all opioid related deaths that occur in Washington, DC.*
 - The Opioid Fatality Review Board (OFRB) resumed their regular official Board business in a virtual meeting format on July 14, 2020. The case review meetings include a review of existing data, developing findings and recommendations, and producing an annual report expected by November 2020. Findings from each meeting will not be able to be released or shared due to the confidential nature of the discussions.
- *Strategy 1.7: Build the capacity of substance use disorder treatment providers by maximizing the use of Medicaid funds to support prevention, treatment and sustained recovery, and seeking the alignment of payment policies between Department of Health Care Finance (DHCF) and other local agencies.*
 - The 1115 waiver was approved by the Centers for Medicare & Medicaid Services (CMS) on November 6, 2019 with an implementation start date of January 1, 2020. The following waiver activity occurred in July:
 - On July 3, DBH published a new Chapter 80 to establish certification and service standards for Medicaid reimbursement of the following crisis stabilization services, including for crises related to substance use: (1) Comprehensive Psychiatric Emergency Program (CPEP); (2) Psychiatric Crisis Stabilization Programs; (3) Youth Mobile Crisis; and (4) Adult Mobile Crisis and Behavioral Health Outreach.
 - On July 3, DBH also published updates to Chapter 63 governing certification and services standards for SUD providers to further improve oversight and quality of care of SUD services.





Educate Washington, DC residents and key stakeholders on the risks of opioid use disorders and effective prevention and treatment options.

- *Strategy 2.3: Conduct outreach and training in community settings (e.g., after school program, summer camps, churches, and community centers) to engage youth, parents, educators, school staff, and childcare providers on ways to effectively communicate regarding substance use disorders and engage/ support those impacted.*
 - DBH is creating two new web courses: Identification, Engagement and Referral for Opioid Disorders and Supporting Individuals Receiving Medication-assisted Treatment (MAT). These courses will educate service providers and families on how to engage with individuals receiving MAT and collaborate with one another. As of July 2020, the “Beta” phase of storyboard (SB) development is underway. The SB now includes the narration/script that is a placeholder where real voices will be recorded and incorporated into the final version. The pre-and-post evaluation has been drafted and is under review as it relates to learning objectives of each module within the courses and SB. Final selection of images, character-specific narration/voices, alignment of objects on the screen, and animations that allow on-screen content to sync with narration, will all be completed at the next stage. The web courses are on track to be available by September 30, 2020.
 - The ward-level community grantees continue to implement LifeSkills in their designated wards, facilitate youth forums, and lead other environmental strategies (i.e. social media, pop-up community events, and information dissemination activities) around the city. Several organizations hosted the “10th Annual ‘Breaking the Silence on Youth Violence’ Anti-Violence Youth Summit & Art Contest” on July 17. The Summit was co-hosted by DBH, Hillcrest, Department of Parks and Recreation, D.C. Office of the Attorney General, East River Family Strengthening Collaborative, and Marion Barry Summer Youth Employment Program (MBSYEP), among others. Two community-level grantees led breakout sessions to share about their work in the community and recruited youth to join future summer programming. Overall, the event reached up to 800 DC youth and young adults.
 - DBH Consumer and Family Affairs Peer Training Team held four training sessions to enhance the professional development of Certified Peer Specialist and Recovery Coaches providing support to individuals impacted by opioid use disorder. Digital Peer Support Training and Self-Care Trainings were attended by a total of 36 participants.
- *Strategy 2.4: Create multiple social marketing campaigns, including anti-stigma campaigns, using a variety of media with clear messages to multiple target audiences (i.e., youth and young adults, current users) to increase awareness about opioid use, treatment, and recovery.*
 - The “Text to Live” program continued to expand in July, allowing District residents to use their phones to receive an interactive map of naloxone distribution sites and a series of follow-up messages encouraging naloxone use and information about accessing treatment.
 - Advertising continues to run in local print publications (East of the River, The Hill Rag, City Paper, The Informer, El Tiempo Latino, The Blade, Metro Weekly) and will continue to run throughout the summer.
 - Advertising was installed on several large outdoor billboards during July, and a mobile sign truck is regularly circulating through the District, with particular concentration in overdose hotspots.
 - To promote Text to Live and the widespread availability of naloxone across the District, a range of education materials were developed and are being distributed to frontline outreach workers and community organizations.



Engage health professionals and organizations in the prevention and early intervention of substance use disorder among Washington, DC residents.

- *Strategy 3.6: Encourage provider continuing education on evidence-based guidelines for the appropriate prescribing and monitoring of opioids and other evidence-based/best practices such as warm hand-offs, 12-step model programs, Acceptance and Commitment Therapy and SBIRT.*

- The [Opioid Learning Institute](#), a comprehensive educational initiative with a mission to educate Washington, DC prescribers and other health care professionals, officially launched on October 1, 2019. The free online curriculum covers topics related to opioid prescribing practices, the prevention and treatment of opioid use disorder, harm reduction approaches, and other relevant topics around opioids. Table 1, below, lists additional information on the 12 online, self-paced Continuing Medical Education/Continuing Education accredited modules.

Table 1: Opioid Learning Institute Modules

Module	# of Enrollments/ Participants (Cumulatively)	July Completions	Total Completions
Acupuncture, Massage, and Self Care in Addressing Pain	709	2	33
Cognitive Behavioral Therapy & Mind-Body Techniques in Addressing Pain	708	3	50
Development and Implementation of Evidence-Based Opioid Prescribing Guidelines for Surgical Patients	708	1	27
Implementing the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain	710	0	55
After the Waiver: Translating Training Into Practice. Advanced Topics in Buprenorphine	707	0	12
Treating Acute Pain to Improve Outcomes and Reduce Opioids	708	6	37
Treating Opioid Use Disorder: Primer for Clinicians	708	1	28
Epidemiology of Opioid Use: In the US and the District	711	2	63
Patient-Provider Relationship in Addressing Addiction	708	3	23
Nutrition as Non-Pharmacological Pain Management	708	3	41
Harm Reduction Approaches for Providers Addressing Opioid Use	708	1	26
Opioid Overdose Prevention & Naloxone Education (Provider, CE/CME credits offered)	708	9	145
Opioid Overdose Prevention & Naloxone Education (Community, no CE/CME credits offered)	255	13	150
Total		44	690



Support the awareness and availability of, and access to, harm reduction services in Washington, DC.


- *Strategy 4.1: Increase harm reduction education to families and communities, including naloxone distribution for those most affected.*
 - The online, interactive naloxone training (developed by the contractor HealthHIV) was officially launched to the public on August 30, 2019. The online training can be accessed at the [Opioid Learning Institute](#). A link to the training is also on DC Health's website.
 - Twenty-two individuals completed the online naloxone training module in July.
 - Each individual must complete a pretest and post-test as a part of the online training. The pre- and post-test data is captured and submitted to DC Health. Once the individual completes the training, they receive a certificate. Naloxone can be picked up from DC Health or any of the [28 pharmacies](#) that distribute free naloxone.
- *Strategy 4.2: Make naloxone available in public spaces in partnership with a community-wide training initiative.*
 - DC Health expanded distribution to 11 additional CVS pharmacies in May 2020. Twenty of the 28 pharmacies participating in DC Health's Pharmacy Pilot Project reported dispensing 211 naloxone kits to patients in June.
 - DC Health conducted the following training in July:
 - DC Health bi-monthly webinar training: July 21 (5 individuals)
- *Strategy 4.6: Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.*
 - DC Health's HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) is negotiating with the DC Office of Unified Communications (OUC) around piloting the Everbridge system, which will send text message alerts to Rapid Peer Responders (RPRs) when an overdose is reported to their computer-aided dispatch system (911 and 311 calls). This process has been delayed because of outstanding legal questions that must be addressed prior to implementation.
 - In May, the RPRs moved to providing support via phone to clients. However, many individuals do not have cell phones. In addition to phone outreach, RPRs began to implement "Narcan drops" in which they drop off a box of Narcan in a hotspot area and watch from at least a 6-foot distance as individuals picked up the Narcan.
 - The RPRs track their daily activities in REDCap, a secure web application for building and managing online surveys and databases. In June, RPRs reported the following:
 - Number of client contacts: 40
 - Number of new overdose survivors engaged: 2
 - Number of follow-up visits/ calls: 2
 - Number of Narcan units distributed: 144
 - Number of brief interventions (RPRs have been trained to use a version of SBIRT): 11
 - Linkage to a food bank: 1
 - Linkage to dental services: 1




Ensure equitable and timely access to high-quality substance use disorder treatment and recovery support services.

- *Strategy 5.4: Develop and implement a model for initiating MAT in emergency departments (ED), ensuring a direct path to ongoing care (via a warm handoff from peer recovery coaches) that is patient-centered, sustainable, and takes in to consideration the demographics of the implementing health system.*
 - ED MAT Induction Program Update for June:
 - Cumulative data from the four participating hospitals show that 6,168 patients with risky alcohol or substance use behaviors were given a brief intervention to assess their willingness to change their behavior. As a result, 65% (n=55) of patients who received MAT in the ED since program launch (May 2019 to June 2020) were referred to treatment and engaged with a provider in the community.
 - MedStar Washington Hospital Center nurse screenings continued improvement with 60% of encounters screened, which represents the hospital's highest completion rate since the start of the program.
 - George Washington University Hospital peers transitioned from telework to work in the ED with adjustments to their workflow to allow for safe interactions.
 - 85% of patients referred for substance use related treatment from United Medical Center (UMC) were confirmed as engaged with a follow up provider by UMC ED-based peers.
 - Howard University Hospital peers received training on a new method to increase referrals to the post-discharge peer outreach program increasing referrals by 22%.
 - During the month of June, 100% of clinically eligible patients who received MAT in the ED and were referred to a substance use disorder treatment provider for follow-up treatment engaged with the community provider.
 - MedStar Georgetown University Hospital continues planning for implementation. The hiring freeze was lifted and hospital staff began immediately interviewing peer candidates.
 - Sibley Memorial Hospital (SMH) continued planning for the implementation of the program. Peer-based positions were posted for hiring and interviews with candidates began.
 - In June, there were 219 enrollees and 454 claims for the Buprenorphine Drug Assistance Plan (BupDAP). Case managers and/or providers and patients may enroll directly by accessing www.dchealth.dc.gov/bup-dap.
- *Strategy 5.6: Increase the presence of peer support groups/programs (e.g., 12- step programs, clubhouses, 24-hour wellness centers, sober houses, peer-operated centers) throughout the community (e.g., faith-based institutions, community centers, schools) for people in recovery and monitor the quality and effectiveness of programming.*
 - Community Action Group (CAG) held a Meet and Greet between DC first responders and Peer Certified Specialists and Recovery Coaches in July, which was attended by over 20 participants. Five members of DC Fire and Emergency Services (FEMS) attended the event.
 - Deeds of Kindness Outreach Services held a July Community Outreach Event, which was attended by over 50 individuals.
 - Dreamers and Achievers held a virtual event "The Great Opioid Debate" which included a medical professional, police officer, Certified Peer Specialist and intake specialist to discuss the impact of opioid misuse/abuse in the community. 20 participants attended the event.
 - HIPS conducted a core group meeting with Faith Leaders.
 - Peer-Operated Centers (Total Family Care Coalition, Dreamers and Achievers, Fihankra Akoma Ntoaso, Revise Inc & DC Recovery Community Alliance) collectively served 4,3991 individuals (adults, youth, families), hosted 124 support groups/activities, and conducted 439 wellness checks.
 - Groups and activities, all conducted virtually, Senior Group, Mindfulness group, One-on-One Family Peer Support, Self-Care Spirituality, Substances/Opioid Use/Misuse, Double Trouble, Group Presentations, Current Events- Coronavirus Safety, Anger Management, TeleVirtual OUD and substance use education ("The Truth About Drugs"), Self-Empowerment Group, Breathing and Meditation, ALL Recovery Group, Movement Mondays (exercise), Truth Circle Tuesdays, Wellness Wednesdays, Try-It Thursdays and Field Trip Fridays.
 - POCs referred participants for transitional housing, grief counseling, and housing services, food, therapy, Access Helpline, online AA (Alcohol Anonymous, Narcotic Anonymous), housing organizations, other online support groups from other organizations throughout the District of Columbia and online.

- POCs supported individuals referred from 16 community-based organizations, 9 DBH providers, 2 DC government agencies and 1 federal agency.
- *Strategy 5.7: Improve the quality and quantity of support services (e.g., education, employment, community re-entry, recovery coaching, transportation, dependent care, and housing) that are available to individuals in recovery.*
 - In June, the RPRs utilized the YellowCab contract to provide transportation to dental services for an individual with OUD.

 <p>GOAL 6</p>	<p>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.</p>
---	--

- *Strategy 6.4: Ensure individuals incarcerated with DOC continue to receive MAT as prescribed at the time of arrest or MAT is made available to individuals in need.*
 - The MOU between DBH and DOC for the opening of the new women's SUD therapeutic wellness housing unit was signed by both agencies, but because the MOU is not fully funded due to the SAMHSA audit, the work will begin when funding is available and the units are not being used for positive COVID-19 inmates.
- *Strategy 6.7: Establish effective and coordinated communication channels between justice and public health agency partners to improve continuity of care.*
 - The Criminal Justice Coordinating Council (CJCC) hosted a Sequential Intercept Mapping (SIM) workshop in July. The workshop was attended by criminal justice and behavioral health stakeholders.

 <p>GOAL 7</p>	<p>Develop effective law enforcement strategies that reduce the supply of illegal opioids in Washington, DC.</p>
---	---

- *Strategy 7.1: Enhance surveillance program and data collection efforts in order to determine and characterize status of the regional supply of illegal drugs to ensure availability of sufficient data.*
 - Ongoing: Enhanced surveillance program and data collection efforts are ongoing and will continue in order to determine and characterize status of the regional supply of illegal drugs. Data from chemical analysis of surveillance samples are provided and distributed monthly to critical agencies through mechanisms such as the DC Opioid Working Group chaired by DBH and DC Health.
- *Strategy 7.4: Coordinate investigative efforts with the United States Attorney's Office and Drug Enforcement Administration to utilize federal laws in cases involving individuals who sell opioids (heroin/fentanyl) that cause the death or injury of another.*
 - MPD is actively working on this strategy, but due to the confidential nature of ongoing cases and investigations, MPD cannot comment on any specifics.
- *Strategy 7.5: Identify existing federal task force assets and ensure efforts are in place to investigate and disrupt the flow of illegal opioids into Washington, DC.*
 - MPD is actively working on this strategy, but due to the confidential nature of ongoing cases and investigations, MPD cannot comment on any specifics.
- *Strategy 7.6 Coordinate MPD efforts to identify locations where opioids are illegally sold (street level trafficking) as well as individuals who traffic opioids to direct enforcement efforts toward these targets.*

- MPD is actively working on this strategy, but due to the confidential nature of ongoing cases and investigations, MPD cannot comment on any specifics.
 - *Strategy 7.7: Coordinate with federal law enforcement agencies including the Department of Homeland Security Customs Enforcement and United States Postal Inspector to target opioid trafficking through the United States Postal Service and other parcel shipping companies.*
 - MPD is actively working on this strategy, but due to the confidential nature of ongoing cases and investigations, MPD cannot comment on any specifics.
-