


LIVE. LONG. DC.

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



Accomplishments and Progress – June 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>
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- *Strategy 1.1: Establish an Opioid Fatality Review Board to review all opioid related deaths that occur in Washington, DC.*
 - In accordance with the COVID-19 Emergency Response Amendment Act of 2020, all Board and Commissions meetings have been suspended. In an effort to encourage communication and information sharing, the Opioid Fatality Review Board (OFRB) held an unofficial meeting on June 9, 2020. As the District is moving into the first phase of reopening, the OCME is taking steps to implement a "virtual meeting" process to resume official board business. Virtual meetings are anticipated to begin in July or August 2020.
 - Once implemented, the Board will resume regular case review meetings to 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 and Medicaid Services (CMS) on November 6, 2019 with an implementation start date of January 1, 2020. The following waiver activity occurred in June:
 - On June 5, DBH published an updated Chapter 37 to establish certification and service standards for Supported Employment services for individuals with substance use disorders.



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

- *Strategy 2.1: Train youth and adult peer educators, in conjunction with people in recovery, to conduct education and outreach activities in schools and other community settings.*
 - Fihankara Akoma Ntoaso (FAN), a local peer-operated center, successfully trained 24 participants during a virtual recovery coach class June 22–26, 2020.
 - *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 June 2020, the “Beta” phase of storyboard development is underway. DBH and the development team are meeting with treatment providers to understand the barriers associated with “teaming.” This will address challenges providers encounter when engaging and supporting individuals with opioid use disorder (OUD). DBH peer specialists were interviewed and their stories are intended to inform the authentic journeys of recovery within the web courses. Peers were also able to review the storyboard to provide feedback on course content and its relevance for District consumers. The development team is finalizing the training modules, character personas, clinical jargon, and support strategies. The web courses are on track to be available by September 30, 2020.
 - The community-level grantees continue to find creative and innovative techniques to reach youth virtually within their respective wards. All grantees have begun implementation of their evidence-based programming of Lifeskills. Additionally, many of the grantees are in the process of planning or have successfully completed their youth forums virtually. DBH is continuing work with each grantee to address capacity building and technical assistance needs by reviewing their monthly reports, engaging in regular communication, and creating an electronic folder of resources, tips, and guidance on how to continue engaging youth in their community. This online resource will allow them to share information on best practices and helpful tips from programming.
 - *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 went live in June, 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 to treatment.
 - The vendor for social marketing placed advertising in local print publications (East of the River, The Hill Rag, City Paper, The Informer, El Tiempo Latino, The Blade, Metro Weekly), which will continue to run throughout the summer.
 - Advertising will also be installed on several large outdoor billboards beginning the first week of July, and a mobile sign truck will circulate 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 planning to be distributed to frontline outreach workers and community organizations.
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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)	June Completions	Total Completions
Acupuncture, Massage, and Self Care in Addressing Pain	679	3	31
Cognitive Behavioral Therapy & Mind-Body Techniques in Addressing Pain	678	3	47
Development and Implementation of Evidence-Based Opioid Prescribing Guidelines for Surgical Patients	678	0	26
Implementing the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain	680	2	55
After the Waiver: Translating Training Into Practice. Advanced Topics in Buprenorphine	677	0	12
Treating Acute Pain to Improve Outcomes and Reduce Opioids	678	2	31
Treating Opioid Use Disorder: Primer for Clinicians	678	1	27
Epidemiology of Opioid Use: In the US and the District	681	1	61
Patient-Provider Relationship in Addressing Addiction	678	0	20
Nutrition as Non-Pharmacological Pain Management	678	2	38
Harm Reduction Approaches for Providers Addressing Opioid Use	678	0	25
Opioid Overdose Prevention & Naloxone Education (Provider, CE/CME credits offered)	678	3	136
Opioid Overdose Prevention & Naloxone Education (Community, no CE/CME credits offered)	234	3	137
Total		17	646



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.
 - Three individuals completed the online naloxone training module in June.
 - 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.¹ Twenty of the 28 pharmacies participating in DC Health's Pharmacy Pilot Project reported dispensing 129 naloxone kits to patients in May.
 - DC Health conducted the following training in June:
 - Central Union Mission webinar training: June 19 (8 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,² the RPRs moved to providing support via cellphone to clients. However, many of the individuals do not have cellphones. In addition to telephone outreach, RPRs began to implement "Narcan drops" where they would drop off a box of Narcan in a hotspot area and watch from at least a 6-foot distance as individuals picked up Narcan.
 - The RPRs track their daily activities in REDCap, a secure web application for building and managing online surveys and databases. In May, RPRs reported the following:
 - Number of client contacts: 63
 - Number of new overdose survivors engaged: 2
 - Number of follow-up visits/ calls: 6
 - Number of Narcan units distributed: 0
 - Number of brief interventions (RPRs have been trained to use a version of SBIRT): 23
 - Linkage to HIV Treatment: 1

¹ Numbers are one month behind due to program reporting structure.

² Numbers are one month behind due to program reporting structure.



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 May:³
 - Cumulative data from the four participating hospitals show that 5,880 patients with risky alcohol or substance use behaviors were given a brief intervention to assess their willingness to change their behavior. As a result, 64% (n=54) of patients who received MAT in the ED since program launch (May 2019 to May 2020) were referred to treatment and engaged with a provider in the community.
 - MedStar Washington Hospital Center nurse screenings increased 4% from the prior month to 59%, which represents the hospital's highest completion rate since the start of the program. Nurse screening rates at the other active hospitals were maintained at higher levels with Howard University Hospital and United Medical Center at over 90% and George Washington University Hospital with over 80% completion.
 - During the month of May, 100% of clinically eligible patients who received MAT in the ED were referred to a substance use disorder treatment provider for follow-up treatment (n=4), and 100% of those referred engaged with the community provider.
 - Hospitals with the program already in place continued implementation of workflow modifications in response to COVID-19 (e.g., protocols to deliver brief interventions and outreach leveraging technological solutions; updates for peer coaches and specialists on provider hours, referral mechanisms, and associated processes as providers transitioned to more telehealth-oriented care delivery methods).
 - MedStar Georgetown University Hospital (MGUH) continues planning for implementation. Although a hiring freeze remains in place due to safety precautions as a result of COVID-19, there are efforts to re-start the hiring process in June. The prescreening of potential candidates has taken place to expedite the hiring process when the freeze is lifted.
 - Sibley Memorial Hospital continued planning for the implementation of the program. Planning meetings continue with key staff to develop the necessary electronic health record modifications, finalize protocols/procedures, arrange for recruitment of the peer recovery coach positions and schedule trainings for the nursing and physician staff in preparation for program implementation.
 - As of the end of June, there were 213 enrollees and 581 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.*
 - Peer-operated centers (POCs) collectively served 3,451 individuals (adults, youth, families), hosted 203 support groups/activities, and conducted 439 wellness checks in June.
 - Groups and activities, all conducted virtually, included 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, 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.

³ Numbers are one month behind due to program reporting structure.

- POCs referred participants for transitional housing, grief counseling, housing services, food, therapy, Access Helpline, 12-step programs (Alcohol Anonymous, Narcotic Anonymous), housing organizations, and other online support groups.
- POCs supported individuals referred from 14 community-based organizations, 10 DBH providers, 3 DC government agencies and 1 federal agency.



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.

- *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.



Develop effective law enforcement strategies that reduce the supply of illegal opioids in Washington, DC.

- *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.
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