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



## Accomplishments and Progress – September 2020

	<p><b>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.</b></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.**
  - The Opioid Fatality Review Board (OFRB) held a regularly scheduled monthly case review meeting via WebEx on September 8, 2020. The meeting consisted of a review of a draft annual report as well as the supporting data and recommendations for system improvement. The final report will be released in November 2020. Due to the confidential nature of the discussions, findings from meetings will not be released or shared.
  - The OFRB recently requested that DBH, in collaboration with the DC Health and Department of Health Care Finance (DHCF), engage in a community-based consultation process to make recommendations for better care coordination for clients receiving services and those who need to be re-engaged in the system. DBH currently has multiple initiatives underway in the District to address care coordination, including: (Substance Use Disorder) SUD Capacity Grant, SOR 2 care management, 1115 Waiver Transition Planning Benefit, and key performance indicators for medically monitored withdrawal management and residential SUD step downs. DBH staff leading these initiatives will develop a coordinated plan with clients and providers to address care coordination to improve outcomes for clients.
- **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 Centers for Medicare & Medicaid Services (CMS) approved the 1115 waiver on November 6, 2019 with an implementation start date of January 1, 2020. The following waiver activity occurred in September:
    - On September 4, 2020, DBH published final rulemaking establishing eligibility, service, and provider certification standards for the delivery of SUD Supported Employment 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 programs, summer camps, churches, and community centers) to engage youth, parents, educators, school staff, and childcare providers on ways to effectively communicate substance use disorders and how to engage and support those impacted.*
  - DBH is finalizing two new web courses: 1) *Identification, Engagement, and Referral for Opioid Disorders* and 2) *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. The web courses will be released this fall.
  - This is the final month of the DC Opioid Response (DCOR) community grantee contract, which means that all implementation of LifeSkills, environmental strategies, and other DCOR-related programming has come to a close. Additionally, the grantees have submitted their LifeSkills pre- and post-data, which will be evaluated at a later time to show changes in attitudes, behaviors, and beliefs. Overall, the community grantees engaged over 300 youth in LifeSkills evidence-based programming (both in-person and virtually), completed 13 changes in practice, and reached over 900 DC youth and families during environmental strategy implementation and larger community-level collaborative events in fiscal year 2020. The National African American Drug Policy Coalition (NAADPC), One Common Unity (OCU), East River Family Strengthening Collaborative (ERFSC), and Hillcrest Children and Family Center continued their commitment to the opioid prevention efforts, despite COVID-related challenges.
- *Strategy 2.4: Create multiple social marketing campaigns, including anti-stigma campaigns, using a variety of media with clear messages to multiple target audiences (e.g., youth and young adults, current users) to increase awareness about opioid use, treatment, and recovery.*
  - A “Text to Live” press release was issued in September. The initiative allows 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.
  - In September, the following social marketing outreach continued: Text-to Live billboard postings, additional community print (*East of the River/Hill Rag*, the *Washington Blade*, *Metro Weekly*), and the distribution of I’m Ready/Text-to-Live posters in 90 community locations as well as continued digital advertising with Google. A digital and print campaign with OUTFRONT also began to run on MetroRail and Metro bus.



## 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 and 1 online module that does not carry CE/CMU credits available to the general community.

**Table 1: Opioid Leading Institute Modules**

<b>Module</b>	<b># of Enrollments/ Participants (Cumulatively)</b>	<b>September 2020 Completions</b>	<b>Total Completions (since 10/01/2019)</b>
Acupuncture, Massage, and Self Care in Addressing Pain	797	1	48
Cognitive Behavioral Therapy & Mind-Body Techniques in Addressing Pain	796	1	82
Development and Implementation of Evidence-Based Opioid Prescribing Guidelines for Surgical Patients	796	0	31
Implementing the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain	798	1	105
After the Waiver: Translating Training Into Practice. Advanced Topics in Buprenorphine	795	1	33
Treating Acute Pain to Improve Outcomes and Reduce Opioids	796	1	64
Treating Opioid Use Disorder: Primer for Clinicians	796	1	55
Epidemiology of Opioid Use: In the US and the District	799	1	78
Patient Provider Relationship in Addressing Addiction	796	1	40
Nutrition as Non-Pharmacological Pain Management	796	4	58
Harm Reduction Approaches for Providers Addressing Opioid Use	796	1	36
Opioid Overdose Prevention & Naloxone Education (Provider, CE/CME credits offered)	796	2	208
Opioid Overdose Prevention & Naloxone Education (Community, no CE/CME credits offered)	236	13	173
<b>Total</b>		28	1,011

- *Strategy 3.7: Encourage provider continuing education on evidence-based guidelines for the appropriate prescribing of MAT, with a target audience of addiction treatment providers and primary care providers who are most likely to encounter patients who are seeking this therapy.*
  - On September 17 and 18, DBH, in conjunction with the Substance Abuse and Mental Health Services Administration (SAMHSA), hosted a virtual conference and training titled “Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants.” This course is designed to help healthcare professionals, and other providers who care for women with opioid use disorder (OUD) and substance-exposed infants, make clinically appropriate and individualized treatment decisions that will promote the best possible outcome for both mother and infant.
  - On September 23, DBH hosted a virtual conference and training titled “Long-Term Care Conference: Breaking Down Barriers and Supporting Aging Adults with Substance Use and Opioid Use Disorders.” This training included a naloxone training, information about MAT, and conversations about how to support older adult patients with SUD.

	<p>Support the awareness and availability of, and access to, harm reduction services in Washington, DC.</p>
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- *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.
    - Fifteen (15) individuals completed the online naloxone training module in September.
    - Once an 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.*
  - Thirteen (13) of the 28 pharmacies participating in DC Health’s Pharmacy Pilot Project reported dispensing 153 naloxone kits to patients in August.<sup>1</sup>
  - DC Health held three training sessions in September:
    - DC Health webinar training: 17 individuals
    - DBH Long-Term Care Conference: 40 individuals
    - DBH Peer Conference: 10 individuals
- *Strategy 4.6: Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.*
  - Since June, the Rapid Peer Responders (RPRs) have focused field outreach on naloxone distribution. They continued the “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 pick up the Narcan.
  - On August 31, five new Rapid Peer Responders (RPRs) started. In total, the RPR program has 7 part-time contractors.
  - The RPRs track their daily activities in REDCap, a secure web application for building and managing online surveys and databases. In September, RPRs reported the following:
    - Number of client contacts: 1,709
    - Number of naloxone units distributed: 1,632
    - Number of new overdose survivors engaged: 20

<sup>1</sup> Numbers are one month behind due to program reporting structure.

- Number of follow-up visits or calls: 33
- Number of SUD linkages: 1
- Number of SUD referrals: 2
- Number of social support linkages: 10
- Number of social support referrals: 41



**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 into consideration the demographics of the implementing health system.*
  - ED MAT Induction program update:
    - Nurse screenings continued to exceed the 75% goal in July, August, and September; 13,100 individuals (76% of total encounters in the ED) were screened during the month of September. There have been 198,011 screenings completed cumulatively since program inception.
    - Cumulative data (since May 2019) from the four (4) participating hospitals show that 7,989 patients with risky alcohol or substance use behaviors were given a brief intervention to assess their willingness to change their behavior.
    - Since May 2019, 52% (n=103) of total patients eligible to receive MAT in the ED were induced in the ED. In September 2020, two patients eligible for ED MAT received medication in the ED.
    - The program exceeded the goal for referrals to treatment at 100% (n = 2) and 50% (n=1) of those referrals were linked to MAT treatment in the community.
    - The George Washington University Hospital experienced a cyber-attack across the health system, shutting down all computer access and preventing electronic documentation and reporting. George Washington was unable to submit data for September 28–30. Workflows were adjusted and limited data is being collected until the health system can regain access to their computer system.
    - MedStar Georgetown University Hospital and Sibley Memorial Hospital continued planning for implementation. The hospitals held well-attended meetings with the planning team in September, including additional meetings to prepare ED supervisors and nurse educators for program go-live. The hiring process was completed at Sibley Memorial Hospital and MedStar Georgetown University Hospital continues to interview for candidates for their open positions.
  - In September, there were 239 enrollees and 542 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](http://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.*
  - HIPS conducted two community education events:
    - Safe Consumption Spaces on September 16, 2020.
    - MAT and Treatment Options on September 24, 2020.
  - DBH conducted a two-day conference “Building Resilience in the Peer Recovery Community through Recovery-Oriented System of Care” on September 28 and 29. This conference brought together over 100 peers, peer workers, providers, and stakeholders to learn tools and strategies

to improve peer support work across the District and learn how to effectively encourage individuals into recovery.

- *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*
  - The RPRs used the Yellow Cab contract to provide transportation to individuals with an OUD to the ARC (n=1) for a SUD assessment and food pantries (n=2).



**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 the Department of Corrections (DOC) for the opening of the new women's SUD therapeutic wellness housing unit was signed by both agencies, but the opening of the units were delayed because the MOU was not fully funded due to the SAMHSA audit. The units were used to isolate and quarantine COVID-positive residents. Despite these delays, planning for this unit continues. The plan is for the women's unit to open in December and the men's unit will open in the Spring 2021.
- *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) and DBH hosted a follow-up meeting on September 24 to the Sequential Intercept Model Mapping (SIM) workshop. This meeting brought together criminal justice stakeholders (law enforcement, courts, attorneys, jails, etc.) to create action plans to address gaps found in the system. The three main gap areas were: 1) pre-arrest diversion, 2) arraignment and courts, and 3) re-entry into the community. The meeting was attended by over 40 criminal justice stakeholders.



**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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