


LIVE. LONG. DC.


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



Accomplishments and Progress – January 2021

	<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 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) did not hold a meeting in January 2021. The board will resume their regular meetings schedule in February 2021.
 - The OFRB had requested that DBH, in collaboration with 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: SUD (substance use disorder) Capacity Grant, State Opioid Response (SOR) 2 care management, 1115 Waiver Transition Planning Benefit, and key performance indicators for medically monitored withdrawal management and residential SUD step-downs. DBH released an RFA focused on care management on January 22, with an applicant submission deadline of February 22, 2021.
- *Strategy 1.4: Strengthen the infrastructure for data and surveillance to understand the scope of opioid-related overdoses (fatal and nonfatal) and the demographics of population with opioid use disorder (OUD)*
 - The DBH opioid enhanced dashboard was presented at the opioid summit on January 27. The dashboard continues to be expanded. New draft metrics are currently being added to the dashboard.

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

- *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.*

- The DBH *Supporting Individuals with Opioid Use Disorder* courses are now live and available for registration through the Training Institute website. The two new web courses include: 1) *Supporting Individuals with Opioid Use Disorder: Treatment Support Services: Communication and Engagement* (<https://dbhtraininginstitute.networkofcare4elearning.org/OnlineCourseDetail.aspx?pld=160935>) and 2) *Supporting Individuals with Opioid Use Disorder: Treatment Support Services* (<https://dbhtraininginstitute.networkofcare4elearning.org/OnlineCourseDetail.aspx?pld=160914>). The first course educates service providers and families on how to engage with individuals receiving medication for opioid use disorders (MOUD) and collaborate with one another and the second course discusses services and supports available to individuals with OUD. The courses are open to the public and will be promoted through various networks and provider channels to maximize enrollment. Individuals taking the courses can receive one continuing education credit for each course.
- Twenty-three (23) faith-based organizations (FBOs) have begun start-up activities that expand outreach, opioid education, and naloxone training throughout the District. This initiative intends to impact consumers and community members by highlighting the importance of harm reduction approaches and building awareness around OUD. During the FY21 first quarter, FBOs promoted and hosted multiple virtual OUD awareness and naloxone training sessions. FBOs reported engagements with at least 787 unduplicated individuals and have distributed 349 naloxone kits throughout their respective communities.
- A new RFA was released January 22 for 16 awards of \$60,000 to FBO for prevention, education, and hosting support groups for the community. Wards 5, 6, 7, 8 will be given priority and grantees are required to partner with other organizations in their ward. Applications are due February 22, 2021.
- *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.*
 - Promotion of the “Text to Live” program continued in January. This 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. We distributed marketing materials to community partners and advertising continued in bus shelters in targeted overdose hot spots. We completed a 60 second public service announcement, which will be released to the media and to partners in February. This has been shown to the provider network and DBH staff.
 - DBH continued strategic planning with the social marketing contractor around SOR 2 initiatives, which will have a focus on expanded harm reduction and raising awareness about fentanyl.
 - The social marketing contractor for LIVE.LONG.DC is working with DC Health to develop a campaign to reach active opioid users to encourage them to seek treatment, even if they’ve tried repeatedly in the past. Using real stories of local peers, the campaign will provide hope, encouragement, and specific information about the network of support available to individuals in recovery in DC. The campaign will be under the LIVE.LONG.DC branding and will integrate with the DBH campaign materials providing thorough coverage of harm reduction, treatment, and recovery messaging.



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 (CME/CE) accredited modules and 1 online module that does not carry CME/CE credits available to the general community.

Table 1: Opioid Leading Institute Modules

Module	# of Enrollments/ Participants (Cumulatively)	Actively Engaged in Module	January 2021 Completions
Acupuncture, Massage, and Self Care in Addressing Pain	961	0	56
Cognitive Behavioral Therapy & Mind-Body Techniques in Addressing Pain	961	1	93
Development and Implementation of Evidence-Based Opioid Prescribing Guidelines for Surgical Patients	961	0	31
Implementing the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain	961	0	118
After the Waiver: Translating Training Into Practice. Advanced Topics in Buprenorphine	961	0	35
Treating Acute Pain to Improve Outcomes and Reduce Opioids	961	1	69
Treating Opioid Use Disorder: Primer for Clinicians	961	0	78
Epidemiology of Opioid Use: In the US and the District	966	3	77
Patient Provider Relationship in Addressing Addiction	961	1	28
Nutrition as Non-Pharmacological Pain Management	961	2	55
Harm Reduction Approaches for Providers Addressing Opioid Use	961	1	29
Opioid Overdose Prevention & Naloxone Education (Provider, CE/CME credits offered)	961	2	232
Opioid Overdose Prevention & Naloxone Education (Community, no CE/CME credits offered)	327	11	212
Total		22	1,113



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 trainings were 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: (<https://dchealth.dc.gov/opioids>) or directly at <https://opioidhealth.org/education-training/elearning-courses-for-community/>.
 - Thirteen (13) individuals completed the online naloxone training modules in January.
 - 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.*
 - Twenty (21) of the 28 pharmacies participating in DC Health's Pharmacy Pilot Project reported dispensing 138 naloxone kits to individuals in December.¹
 - DC Health held two (2) training sessions:
 - DC Health webinar training, January 26: 25 participants
 - DC Health Train-the-Trainer, January 27: 10 participants
- *Strategy 4.6: Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.*
 - The Rapid Peer Responders (RPRs) track their daily activities in REDCap, a secure web application for building and managing online surveys and databases. In January, RPRs reported the following:
 - Number of client contacts: 417
 - Number of naloxone units distributed: 912
 - Number of new overdose survivors engaged: 13
 - Number of follow-up visits or calls: 24
 - Number of SUD linkages: 5
 - Number of SUD referrals: 2
 - Number of social support linkages: 22
 - Number of social support referrals: 8

¹ 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 into consideration the demographics of the implementing health system.*
 - ED MAT Induction program update:
 - In January, 76% of patients received a screening from nurses during their ED visit; 14,732 individuals (76% of encounters) were screened this month. Since program inception (May 2019), 258,052 screenings have been completed.
 - Cumulative data from the participating hospitals show that 9,923 patients with risky alcohol or substance use behaviors were given a brief intervention to assess their willingness to change their behavior since program inception.
 - A total of 125 patients eligible to receive MAT in the ED were induced in the ED since program inception. Three patients were induced with MAT in the ED during January and all of them were successfully connected to a provider in the community, which exceeds the goal of 65 percent. Of note, hospitals have exceeded this goal for the past four months.
 - MedStar Georgetown University Hospital (MGUH) continued planning for implementation of the ED MAT Induction program. In January, the peer recovery coaches completed their training and MGUH is set to begin program implementation in February.
 - As of January, there were 283 enrollees and 729 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 5.7: 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 for two linkages to the following location:
 - DBH Assessment and Referral Center (ARC).



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 Department of Corrections (DOC) continue to receive MAT as prescribed at the time of arrest or MAT is made available to individuals in need.*
 - As has been the case before COVID, individuals in the DC jail have continued to receive MAT. All forms of MAT are available: methadone, buprenorphine, and naltrexone.

- The MOU between DBH and the DOC for the opening of the new women's SUD therapeutic wellness housing unit was fully executed on January 15. The plan is for the women's unit to open in the winter of 2021 and the men's unit will open in the spring of 2021.
- *Strategy 6.7: Establish effective and coordinated communication channels between justice and public health agency partners to improve continuity of care.*
 - A meeting was held on January 5 with the Court Services and Offender Supervision Agency (CSOSA), Criminal Justice Coordinating Council (CJCC), and Federal Bureau of Prisons (BOP) to discuss new strategies for the opioid strategic plan.
 - A meeting was held on January 15 with the above agencies and others in the justice community to plan for the criminal justice panel that was held at the opioid summit on January 27.



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.