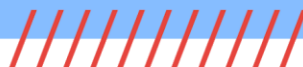



LIVE. LONG. DC.

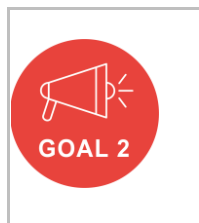
THE DISTRICT'S APPROACH TO SAVING LIVES FROM THE OPIOID EPIDEMIC



Accomplishments and Progress – July 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>
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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) met on July 13, 2021. Due to the confidential nature of the discussions, findings from meetings will not be released or shared.

	<p>Educate Washington, DC residents and key stakeholders on the risks of opioid use disorders and effective prevention and treatment options.</p>
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- *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](#) and 2) [Supporting Individuals with Opioid Use Disorder: Treatment Support Services](#). The first course educates service providers and families on how to engage with individuals receiving medication for an opioid use disorder (MOUD) and collaborate with one another. The second course discusses services and supports available to individuals with an opioid use disorder (OUD). Since promoting the OUD web courses throughout our various provider networks and stakeholder groups, 458 individuals have enrolled in both courses. Of these enrollees, 362 individuals have completed one course and passed, and 135 are in progress of completion. The courses have increasingly gained attraction from managers with “assignment” capabilities; 323 individuals were tasked with enrolling in the trainings. The courses will continue to be promoted through various networks and provider channels, including the ward-level engagement meetings. Individuals taking the courses can receive one continuing education credit for each course.

- The DC Prevention Centers (DCPCs) continue to promote the “More Harmful Than You Think” social marketing campaign through ongoing posts and social media engagements. Wards 7 and 8 DCPC generated over 5,000 views through their YouTube channel and live streaming of “More Harmful Than You Think” PSAs and “Addressing DC’s Silent Killer,” a Community Conversation. They have conducted 14 opioid presentation and 6 environmental strategies, reaching 170 individuals. The DCPCs also hosted several university-level initiatives. Wards 3 and 4 DCPC partnered with American University to present to 27 faculty and staff on the harm and misuse of opioids. Other partnering universities include George Washington University and the University of the District of Columbia’s Workforce Development Program. Three DCPCs became DC Health partners and have established standing orders to distribute naloxone on site. Also, the DCPCs awarded 23 “mini-grants” that focus primarily on environmental strategies to engage and educate their immediate neighborhoods. To name a few, Georgetown Ministry Center, Anacostia Coordinating Council, H3 Project, as well as many others, will provide, at a minimum, outreach in targeted hotspots and establish standing orders to distribute naloxone on site.
- **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 expanded in July. 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.
 - Be Ready Text to Live naloxone advertising continued in July, with ads on buses, bus shelters, and Metrorail platforms across the District. Advertising expanded in July to include gas station video screens, all PG- and R-rated movies at the two DC theaters, and community print.
 - DBH continued strategic planning with the social marketing contractor around State Opioid Response (SOR) 2 initiatives, which will have a focus on expanded harm reduction and raising awareness about fentanyl. As part of this effort, we’re working with popular musicians, entertainers, and community activists to use their own social media networks to raise awareness and promote naloxone.
 - The MyRecoveryDC continued to run in July, with advertising on Metro buses, bus shelters, and on digital boards on Metrorail stations. Through the myrecoverydc.org website, the campaign is generating referrals to peers who can guide an opioid user to treatment.

	<p>Engage health professionals and organizations in the prevention and early intervention of substance use disorder among Washington, DC residents.</p>
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- **Strategy 3.5: Develop a comprehensive workforce development strategy to strengthen the behavioral health workforce’s ability to provide services in multiple care settings including peer support specialists/recovery coaches, holistic pain management providers, and those trained to treat patients with co-occurring mental health diagnosis and substance use disorder.**
 - Catholic Charities Professional Counselor Education Program (PCEP) recruited 40 individuals to participate in a fully-funded accelerated (five months) Certified Addiction Counselor (CAC) training. Instruction is conducted four (4) times per week, including on Saturday. Catholic Charities expects to graduate 40 newly trained and equipped CAC professionals by the end of September 2021. Catholic Charities has been working closely with MBI, which has a grant to provide CAC internship training.
- **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 curriculum of 20 free online courses cover 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 online, self-paced continuing medical education/continuing education (CME/CE) accredited modules and one (1) online module that does not carry CME/CE credits available to the general community. Table 2, reports on the case reviews conducted.

Table 1: Opioid Learning Institute Modules

Module	# of Enrollments/ Participants (Cumulatively)	Actively Engaged in Module	July 2021 Completions
Acupuncture, Massage, and Self Care in Addressing Pain	1076	2	70
Cognitive Behavioral Therapy & Mind-Body Techniques in Addressing Pain	1076	3	114
Development and Implementation of Evidence-Based Opioid Prescribing Guidelines for Surgical Patients	1076	2	39
Implementing the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain	1076	2	134
After the Waiver: Translating Training Into Practice. Advanced Topics in Buprenorphine	1076	1	40
Treating Acute Pain to Improve Outcomes and Reduce Opioids	1076	2	91
Treating Opioid Use Disorder: Primer for Clinicians	1076	1	85
Epidemiology of Opioid Use: In the US and the District	1072	2	95
Patient Provider Relationship in Addressing Addiction	1048	1	49
Nutrition as Non-Pharmacological Pain Management	1048	2	71
Harm Reduction Approaches for Providers Addressing Opioid Use	1048	1	41
Opioid Overdose Prevention & Naloxone Education (Provider, CE/CME credits offered)	1048	1	245
Opioid Overdose Prevention & Naloxone Education (Community, no CE/CME credits offered)	476	28	313
Assessing Opioid Use Disorder: Selecting Appropriate Tools	1047	0	12

Understanding Pain and Assessing Opioid Risk	1055	0	6
Integrating Buprenorphine Treatment Into Infectious Disease Settings	1048	1	21
Enhancing Organizational Capacity and Provider Readiness to Treat OUD With Buprenorphine/Naloxone: Clinical Application of an MOUD	1049	0	18
Enhancing Organizational Capacity and Provider Readiness to Treat OUD With Buprenorphine/Naloxone: Systems Facilitators	1048	1	18
Treating Co-Occurring Opioid and Stimulant Use	1048	0	25
Effective Opioid Tapering Strategies	1048	0	19
Total		48	1,491

Table 2: Opioid Learning Institute Case Reviews

Module	# of Enrollments/ Participants (Cumulative)	July 2021 Completi ons	Total Completions (since 05/01/2020)
Opioid Learning Institute Case Review 15195 May 2020	1070	5	74
Opioid Learning Institute Case Review 15313 July 2020	1070	1	58
Opioid Learning Institute Case Review 15534 September 2020	1069	0	13
Opioid Learning Institute Case Review 15734 September 2020	1069	2	29
Totals		8	174



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 sessions 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/>.
 - Forty-six individuals completed the online naloxone training modules in July.
 - Individuals receive a certificate upon completing the training. Naloxone can be picked up from DC Health or any of the [35 pharmacies](#) that distribute free naloxone.
- *Strategy 4.2: Make naloxone available in public spaces in partnership with a community-wide training initiative.*
 - Twenty-four of the thirty-six pharmacies participating in DC Health's Pharmacy Pilot Project reported dispensing 210 naloxone kits to individuals in July.
 - DC Health Staff and the DC Health Train-the-Trainers (TOT) held two training for the month of July; one TOT and one Overdose Education and Naloxone Distribution training.
- *Strategy 4.6: Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.*
 - The 10 Rapid Peer Responders (RPRs) track their daily activities in REDCap, a secure web application for building and managing online surveys and databases. In July, RPRs reported the following:
 - Number of client contacts: 832
 - Number of naloxone units distributed: 1,016
 - Number of new overdose survivors engaged: 36
 - Number of follow-up visits or calls: 40
 - Number of substance use disorder (SUD) linkages: 16
 - Number of social support linkages: 5



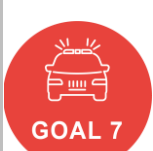
Ensure equitable and timely access to high-quality substance use disorder treatment and recovery support services.

- *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.*
 - Hospital-based medication-assisted treatment (MAT) Induction program update:
 - In July, 81% of patients received a screening from nurses during their hospital visits; 17,642 individuals were screened this month. Since program inception (May 2019), 358,842 screenings have been completed.
 - Cumulative data from the participating hospitals show that 15,120 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 210 patients eligible to receive MAT in the ED were induced in the hospital since program inception.
 - July MAT data includes methadone in the number of MAT referrals to treatment and linkages to treatment. This month, 24 patients were induced with MAT in the hospital; 85% (n=22) of MAT patients who were referred to treatment after being induced with BUP/SUB or interested in methadone 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 ten months.
 - As of today, there were 353 enrollees and 918 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 utilized the Yellow Cab contract to provide ten (10) rides:
 - CPEP (1 ride)
 - PIW (2 rides)
 - ARC (3 rides)
 - CAG (1 ride)
 - 2nd & D Shelter (1 ride)
 - Mary's Center (1 ride)
 - Client residence from agency (1 ride)
 - DBH continues to get providers signed up for the Department For-Hire Vehicles My Rides program that is providing on-demand transportation to individuals' initial treatment appointments and appointments to re-engage clients in treatment. In July, 71 rides were provided.

 <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>
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- *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 the pandemic, individuals in the DC jail have continued to receive MAT. All forms of MAT are available: methadone (63 individuals receiving in July), buprenorphine (211 receiving), and naltrexone (1 individual receiving). There were 26 individuals released with naloxone.
 - 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 mid August 2021 (capacity for 50 women) and Fall 2021 for the men's unit. There has been a delay with the furniture. They have hired 18 of 18 officers for the units.
- *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) Substance Abuse Treatment and Mental Health Services Integration Taskforce (SATMHSIT) continued planning for the meeting in August 2021 to discuss implementation of measures to address continuity of care gaps that were identified during the 2020 Justice Professionals Conference.

 <p>GOAL 7</p>	<p>Develop effective law enforcement strategies that reduce the supply of illegal opioids in Washington, DC.</p>
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- *Strategy 7.1: Enhance surveillance program and data collection efforts in order to determine and characterize the 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 the 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.*
 - Metropolitan Police Department (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.