

LIVE. LONG. DC.

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



Accomplishments and Progress – March 2021

 <p>GOAL 1</p>	<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) held a regularly scheduled monthly case review meeting via WebEx on March 9, 2021. Due to the confidential nature of the discussions, findings from meetings will not be released or shared. The OFRB released the 2019 OFRB Annual Report and it can be found [here](#).

 <p>GOAL 2</p>	<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* (<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 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 in February, 290 individuals have enrolled in both courses, 121 individuals have completed one of the courses and passed, and 67 are in progress of completion. The courses have increasingly gained attraction from managers

with “assignment” capabilities; 223 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.

- Twenty-three faith-based organizations (FBOs) have begun 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 FY’21 second quarter, FBOs promoted and hosted multiple virtual OUD awareness and naloxone training sessions including community conversations, virtual naloxone training, and community outreach. Two FBOs have become established as DC Health partners to distribute naloxone onsite to the community. In addition, FBOs have reported engagements with at least 787 unduplicated individuals and distributing 349 naloxone kits to date.
- **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 March. 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. Marketing materials were distributed to community partners and advertising continued in bus shelters in targeted overdose hot spots. We created a 60 second public service announcement in February and will release it to the media and to partners in April 2021. 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 3.5: 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.**
 - Forty applicants have been selected to take the Certified Addiction Counselor (CAC) training that is starting May 1.
- **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 online, self-paced continuing medical education/continuing education (CME/CE) accredited modules and one 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	March 2021 Completions
Acupuncture, Massage, and Self Care in Addressing Pain	1012	1	61
Cognitive Behavioral Therapy & Mind-Body Techniques in Addressing Pain	1012	5	101
Development and Implementation of Evidence-Based Opioid Prescribing Guidelines for Surgical Patients	1012	4	36
Implementing the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain	1012	6	126
After the Waiver: Translating Training Into Practice. Advanced Topics in Buprenorphine	1012	1	38
Treating Acute Pain to Improve Outcomes and Reduce Opioids	1012	2	83
Treating Opioid Use Disorder: Primer for Clinicians	1012	3	81
Epidemiology of Opioid Use: In the US and the District	1003	4	83
Patient Provider Relationship in Addressing Addiction	1012	14	44
Nutrition as Non-Pharmacological Pain Management	1012	7	66
Harm Reduction Approaches for Providers Addressing Opioid Use	1012	8	38
Opioid Overdose Prevention & Naloxone Education (Provider, CE/CME credits offered)	1012	2	236
Opioid Overdose Prevention & Naloxone Education (Community, no CE/CME credits offered)	345	8	225
Assessing Opioid Use Disorder: Selecting Appropriate Tools	997	3	11
Understanding Pain and Assessing Opioid Risk	1015	2	2

Integrating Buprenorphine Treatment Into Infectious Disease Settings	1008	0	18
Enhancing Organizational Capacity and Provider Readiness to Treat OUD With Buprenorphine/Naloxone: Clinical Application of an MOUD	1009	1	15
Enhancing Organizational Capacity and Provider Readiness to Treat OUD With Buprenorphine/Naloxone: Systems Facilitators	1008	0	11
Treating Co-Occurring Opioid and Stimulant Use	1008	1	19
Effective Opioid Tapering Strategies	1008	4	15
Total		58	1,309



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](https://opioidlearninginstitute.org/). 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/>.
 - Ten individuals completed the online naloxone training modules in March.
 - Once an individual completes the training, they receive a certificate. Naloxone can be picked up from DC Health or any of the [31 pharmacies](#) that distribute free naloxone.
- **Strategy 4.2: Make naloxone available in public spaces in partnership with a community-wide training initiative.**
 - Twenty-four (24) of the thirty-one (31) pharmacies participating in DC Health’s Pharmacy Pilot Project reported dispensing 114 naloxone kits to individuals in February.¹ Three (3) pharmacies were added to the DC Health Pharmacy Naloxone Distribution Program in February 2021.
 - DC Health Staff and the DC Health Train-the-Trainers held nine (9) training sessions:

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

Date	Trainer	Group Trained	Number of participants
March 1	HIPS	HIPS staff and public	50
March 11	DC Health	DC Public Library Event	6
March 12	DC Health	Hillcrest	9
March 18	DC Health	DBH Learning Institute	55
March 16	New Bethel Baptist Church	Central Union Mission	10
March 18	HIPS	Students	39
March 21	DC Health	DC Health bi-monthly webinar	54
March 25	DC Health	DC Public Library Event	5
March 25	DC Health	Matthews Memorial Baptist	14

- *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 March, RPRs reported the following:
 - Number of client contacts: 610
 - Number of naloxone units distributed: 1,116
 - Number of new overdose survivors engaged: 13
 - Number of follow-up visits or calls: 34
 - Number of substance use disorder (SUD) linkages: 4
 - Number of social support linkages: 7



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 March, 17,098 individuals (75% of encounters) received a screening from nurses during their ED visit. Since program inception (May 2019), 290,097 screenings have been completed.
 - Cumulative data from the participating hospitals show that 11,205 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 144 patients eligible to receive MAT in the ED were induced in the ED since program inception.
 - March MAT data includes methadone referrals in the number of MAT referrals to treatment and linkages to treatment. Twelve (12) patients were induced with buprenorphine in the ED; 82% percent (n=9) of patients who were either induced in the ED or referred for methadone induction 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 six months.
 - All six acute care hospitals in the District have now begun implementation of the ED MAT Program.

- As of March, there were 319 enrollees and 812 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 six (6) rides:
 - RAP, Inc. (1 ride)
 - PIW (2 rides)
 - Mary's Center for MAT (1 ride)
 - ARC (2 rides)
 - DBH worked with the Department for Hire Vehicles on the launch of the My Rides program that will provide on-demand transportation to individuals' initial treatment appointments.



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 June 2021 and the men's unit in the Fall 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) Substance Abuse Treatment and Mental Health Services Integration Taskforce (SATMHSIT) continued planning for the meeting in April 2021 to discuss implementation of measures to address continuity of care gaps that were identified during the 2020 Justice Professionals Conference.



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 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.
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