

LIVE. LONG. DC.

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



Accomplishments and Progress – November 2019

	<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 met November 12, 2019. The Board is scheduled to meet the second Tuesday of every month from 3:00 to 5:00 p.m. (unless otherwise noted).
 - During each meeting, the Board will examine the cases of opioid decedents, review existing data, and make recommendations that will be presented in a report expected to be released in November 2020. The Board is unable to share findings from each meeting due to the confidential nature of the discussions.
- *Strategy 1.6: Expand Department of Behavioral Health's Assessment and Referral (AR) sites to establish multiple points of entry and expedited access into the system of care for substance use disorder treatment services.*
 - There are now seven AR sites. In November, DBH certified United Planning Organization (UPO) and Partners in Drug Abuse Rehabilitation and Counseling (PIDARC), a program of the Foundation for Contemporary Mental Health. The other certified sites include: Family Medical and Counseling Services; Regional Addiction Prevention; MBI Health Services; Latin American Youth Center (youth only); and Hillcrest Children and Family Center.
- *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. DHCF and DBH have been working to finalize the special terms and conditions with CMS. DHCF and DBH held a kickoff meeting with over 100 stakeholders (a mix of providers, associations, and other organizations) on November 21, 2019. DHCF and DBH will also hold several meetings with providers in December to discuss the waiver and answer questions in advance of the January 1, 2020 implementation date.



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 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 in the process of revising the peer specialist training curriculum to include substance use content to ensure it addresses co-occurring issues.
 - DBH finalized the outline for two new web courses: *Identification, Engagement and Referral for Opioid Disorders* and *Supporting Individuals Receiving Medication-Assisted Treatment*, which will focus on educating providers, families, community members, and others about the opioid epidemic, opioids, and opioid use disorders; how to engage with individuals receiving medication-assisted treatment (MAT); and how to collaborate with providers. These web courses are expected to be available by July 31, 2020.



Engage health professionals and organizations in the prevention and early intervention of substance use disorder among Washington, DC residents.

- *Strategy 3.2: Create 24-hour intake and crisis intervention sites throughout Washington, DC.*
 - The Community Response Team had 1,252 service responses and 1,392 outreach engagements between August 1 and November 30, 2019.
- *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 diagnoses and substance use disorder.*
 - UDC developed advertising posters and website banners, which were published on the UDC homepage in November. The substance use disorder (SUD) banner on the UDC homepage directs students to the course enrollment site, where they can select from the Social Work/SUD classes offered.
 - Two courses are now open for enrollment for the Spring 2020 semester, which runs from January 8, 2020 through April 24, 2020 (finals due by May 8, 2020):
 - CRN 26022: Introduction to Substance Use Disorders
 - CRN 26023: The Role of the Professional Practitioner
- *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)	Actively Engaged in Module	November 2019 Completions
Acupuncture, Massage, and Self Care in Addressing Pain	240	1	15
Cognitive Behavioral Therapy & Mind-Body Techniques in Addressing Pain	235	2	28
Development and Implementation of Evidence-Based Opioid Prescribing Guidelines for Surgical Patients	245	1	11
Implementing the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain	234	1	24
After the Waiver: Translating Training Into Practice. Advanced Topics in Buprenorphine	248	3	7
Treating Acute Pain to Improve Outcomes and Reduce Opioids	239	2	16
Treating Opioid Use Disorder: Primer for Clinicians	242	0	13
Epidemiology of Opioid Use: In the US and the District	235	6	27
Patient Provider Relationship in Addressing Addiction	243	7	12
Nutrition as Non-Pharmacological Pain Management	239	9	16
Harm Reduction Approaches for Providers Addressing Opioid Use	239	6	13
Opioid Overdose Prevention & Naloxone Education (Provider, CE/CME credits offered)	212	12	43
Opioid Overdose Prevention & Naloxone Education (Community, no CE/CME credits offered)	40	0	15
Total		50	240



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](#), as well as through DC Health’s website.
 - Fifteen (15) individuals completed the online naloxone training module in November.

- Overdose Prevention Kits are under development and will be completed by January 31, 2020. The kits will include face shields, gloves, and resource cards providing information about overdose prevention safety tips and addiction treatment locations.
- *Strategy 4.2: Make naloxone available in public spaces in partnership with a community-wide training initiative.*
 - Twelve (12) of the seventeen (17) pharmacies participating in DC Health's Pharmacy Pilot Project reported dispensing 476 naloxone kits to individuals in November. Reporting in November improved compared to October with the assistance of pharmacists responsible for regulatory work in DC Health's Health Regulations and Licensing Administration (HRLA).
 - DC Health expanded its community-based naloxone distribution to three additional providers: The Salvation Army Harbor Light Center, Community Family Life Services, and Damien Ministries. There are now a total of 22 community partnerships with 32 different distribution sites, in addition to the 17 pharmacy locations.
 - DC Health trained 98 individuals on naloxone administration in November at the following trainings:
 - Salvation Army Harbor Lights Center—November 15, 2019 (26 people)
 - DC Health Training—November 19, 2019 (32 people)
 - Department of Human Services—November 22, 2019 (14 people)
 - Community Family Life Services—November 25, 2019 (26 people)
- *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 November, RPRs reported the following:
 - Number of client contacts: 642
 - Number of Narcan units distributed: 139
 - Number of brief interventions (RPRs have been trained to use a version of Screening, Brief Intervention, and Referral to Treatment [SBIRT] designed by the Mosaic Group): 64
 - Referrals to housing: 3
 - Referrals to food: 3
 - Referrals to clothing: 5
 - Referral to HIV testing: 1
 - Number of follow-up visits: 29
 - Number of MAT appointments made: 2
 - Number of transports to MAT appointments/locations: 3
 - Number of transports to other social services: 6
 - The HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) is partnering with DC Office of Unified Communications (OUC) to begin piloting the Everbridge system, which will send text message alerts to RPRs when an overdose is reported to their Computer-Assisted Dispatch (CAD) system (911 and 311 calls). An MOU between OUC and DC Health is currently being drafted. The expected start date for this program is March 2020.
 - DBH, DC Health, and the Department of Human Services (DHS) are jointly planning an Outreach Workers Summit for December 13, 2019. The original date of the Summit was October 18, 2019, but due to new grants being released for outreach initiatives, the Summit date was changed in order to include new outreach teams. The purpose of the Summit is to bring together various outreach teams from DBH, DC Health, DHS, and other organizations to align on the purpose and outcomes of outreach activities, to ensure no duplication of efforts, and to develop protocols.



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.*
 - Buprenorphine Drug Assistance Plan (BupDAP) Update:
 - The District of Columbia Opioid Response grant includes funding to assist uninsured/underinsured patients. DC Health is leveraging the AIDS Drug Assistance Program (ADAP) platform to provide buprenorphine to those with limited or no health insurance through BupDAP, which launched on November 1, 2019. The BupDAP launch and a link to enroll was shared on DC Health Workplace, an internal online team collaboration tool using Facebook features for work, and on the DC Health website. Case managers, providers, and patients may enroll directly by accessing www.dchealth.dc.gov/bup-dap.
 - As of November 30, 2019, 35 individuals have enrolled in BupDAP, including five individuals who pre-enrolled prior to system launch.
 - On November 18, 2019, DC Health's Harm Reduction Coordinators conducted a presentation at Family Medical and Counseling Services (FMCS) with the last of the MAT providers and case managers to provide eligibility and enrollment information on BupDAP. The following organizations have been educated by DC Health:
 - Whitman Walker Health
 - Unity Health Care
 - Community of Hope
 - Andromeda
 - Bread for the City
 - Mary's Center
 - HIPS
 - FMCS
 - ED MAT Induction Program Update:¹
 - The number of nurse screenings across participating hospitals has increased in the last four months of the program with the highest rate to date seen in October for a total of 13,687 screenings completed (61% of total patients seen in those EDs). As identifying individuals with high-risk alcohol or substance use behaviors is the first step in the treatment process, improving screening rates increases the probability of identifying patients that would benefit from the peer-based brief intervention and referral to treatment.
 - Howard University Hospital (HUH) continues to be a positive example of quality improvement efforts within the ED MAT Induction program. Due to continued efforts from HUH ED leadership, along with IT support, nurse screenings have increased to 97% in October.
 - Since the start of the ED MAT Induction program at the three pilot hospitals, 2,468 patients with risky alcohol or substance use behaviors were given a brief intervention to assess their willingness to change the behavior. These treatment interventions would not have occurred without the program implementation.
 - A new cohort of four peers completed a training on November 24, 2019, and began working with patients at their respective hospitals on November 30, 2019.
 - In addition to the initial recruitment pathways, DBH advertised open positions to their Recovery Coach and Certified Peer Specialist Listserv. The DC Hospital Association (DCHA) is also working with DC Health to facilitate opportunities for transitioning the RPRs into full-time positions within the ED MAT Induction program and the Overdose Survivors Outreach Program (OSOP).
 - October data revealed a 45% increase (1% in May) in confirmed linkages to treatment since initial implementation in May (prior to the availability of AR sites that determine the level of care needed [level AR sites]).
 - DCHA continues to plan additional meetings with community SUD providers, including fast-track providers and level AR sites, to facilitate community-based outreach and explore options for aiding in successful linkages to treatment.
 - In October, 100% of clinically-eligible patients (patients who do not have a history of hypersensitivity to the medication, who are not taking other medications that would negatively interact with MAT, and who are at the appropriate level of withdrawal according to the Clinical Opiate Withdrawal Scale [COWS]) who received MAT in the ED were referred to a SUD provider

¹ ED induction data is not presented to DBH until the 15th of each month, therefore data for the monthly report is only available for the previous month.

for follow-up treatment, and 71% of them were linked to treatment. These levels of performance exceed the established program goals of 95% and 65%, respectively.

- To date, 82% of patients who received a dose of buprenorphine in the ED and were referred to treatment, engaged with a provider in the community. This rate exceeds the program goal (65%) and is above the averages in Maryland.
- *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 Yellow Cab in November for the purposes of meeting survivors of overdoses at the scenes of their medical emergency (n=21), to transport clients with OUD to MAT appointments (n=3), and for other social services (n=6). These numbers include the number of total transports, which may include pick up before and drop off after the appointment.



GOAL 6

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.*
 - DOC plans to launch the women's substance use disorder therapeutic wellness housing unit by February 2020. The women's unit will use the Trauma, Addictions, Mental Health and Recovery (TAMAR) curriculum, which is designed for treating persons with a history of abuse and a recent treatment history for a mental health condition, as well as a substance use disorder. Through grant funding, community-based organizations will be trained in TAMAR so that women in the unit can continue the program once they return to the community. Education, outreach, and enrollment in MAT will continue despite delays in opening the dedicated housing units.
 - The men's unit will launch in the Spring of 2020.
 - The Vivitrol program is underway, and one resident is participating.



GOAL 7

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.*
 - 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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