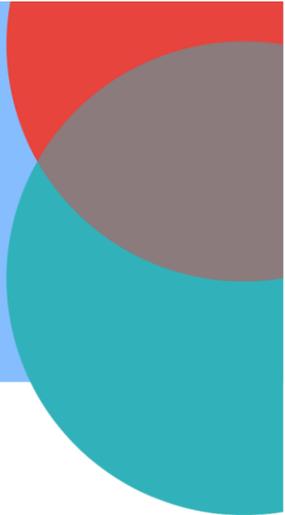


LIVE. LONG. DC.

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



Accomplishments and Progress – November 2020

	<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 November 10, 2020. During the meeting, the Board finalized system recommendations they will be directing to agencies for response prior to December 31. The final report will be released in December 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: 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 will be releasing an RFA focused on care management in early January 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)*
 - Multiple meetings were held in November with members of the Data and Continuous Quality Improvement Working Group to discuss new strategies for the opioid strategic plan.

	<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.*
 - Two web courses have been finalized, and ongoing testing is in its final phase. The two new web courses include: 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 medication-assisted treatment (MAT) and collaborate with one another. The web courses are scheduled to launch January 4, 2021. Marketing and promotion correspondences will be drafted and disseminated for constituent and provider registration.
- *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. 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.
 - 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 of fentanyl.



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

Module	# of Enrollments/ Participants (Cumulatively)	Actively Engaged in Module	November 2020 Completions
Acupuncture, Massage, and Self Care in Addressing Pain	906	2	56
Cognitive Behavioral Therapy & Mind-Body Techniques in Addressing Pain	906	4	92
Development and Implementation of Evidence-Based Opioid Prescribing Guidelines for Surgical Patients	906	3	29
Implementing the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain	906	4	118

After the Waiver: Translating Training Into Practice. Advanced Topics in Buprenorphine	906	2	33
Treating Acute Pain to Improve Outcomes and Reduce Opioids	906	5	68
Treating Opioid Use Disorder: Primer for Clinicians	906	4	76
Epidemiology of Opioid Use: In the US and the District	911	1	72
Patient Provider Relationship in Addressing Addiction	906	1	27
Nutrition as Non-Pharmacological Pain Management	906	1	52
Harm Reduction Approaches for Providers Addressing Opioid Use	906	2	27
Opioid Overdose Prevention & Naloxone Education (Provider, CE/CME credits offered)	906	9	226
Opioid Overdose Prevention & Naloxone Education (Community, no CE/CME credits offered)	319	7	210
Total		64	1117



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](#). A link to the training is also on DC Health’s website.
 - Seven (7) individuals completed the online naloxone training module in November.
 - 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-one (21) of the 28 pharmacies participating in DC Health’s Pharmacy Pilot Project reported dispensing 229 naloxone kits to patients in October.¹

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

- DC Health held two (2) training sessions in November:
 - DBH Learning Institute – November 12: 19 individuals
 - DC Health webinar training – November 17: 26 individuals
- *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: 1,135
 - Number of naloxone units distributed: 216
 - Number of new overdose survivors engaged: 6
 - Number of follow-up visits or calls: 18
 - Number of SUD linkages: 4
 - Number of SUD referrals: 0
 - Number of social support linkages: 0
 - Number of social support referrals: 3

	<p>Ensure equitable and timely access to high-quality substance use disorder treatment and recovery support services.</p>
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- *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 September, October and November; 15,361 individuals (78% of encounters) were screened during the month of November. Since the program inception (May 2019), 228,854 screenings have been completed.
 - Cumulative data from the five participating hospitals show that 8,922 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 113 patients eligible to receive MAT in the ED were induced in the ED since program inception. Nine patients were induced with MAT in the ED during November and all of them were successfully connected to a provider in the community, which exceeds the goal of 65 percent.
 - MedStar Georgetown University Hospital (MGUH) continued planning for implementation of the ED MAT Induction program. The HR team and ED supervisors continue to prioritize hiring at the planning team meeting. They reviewed applications and conducted multiple interviews to identify candidates for their peer position.
 - As of November, there were 262 enrollees and 627 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 four (4) individuals with an OUD to get to the DBH Assessment and Referral Center (ARC). These clients were transported to a medically monitored withdrawal management program through referral by the ARC.



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 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 is in process. 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.*
 - The DBH SOR team met with the MPD community outreach team on November 23 to discuss coordination, sharing of materials, and naloxone distribution.



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 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.*
 - 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.