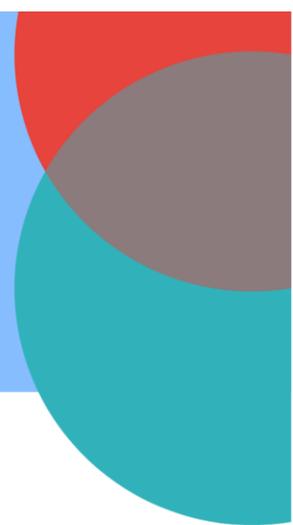


LIVE. LONG. DC.

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



Accomplishments and Progress – October 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 October 13, 2020. The meeting consisted of a review of a draft annual report as well as the supporting data and recommendations for system improvement. The final report will be released in November 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, 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 mid-December.
- *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 Centers for Medicare & Medicaid Services (CMS) approved the 1115 waiver on November 6, 2019 with an implementation start date of January 1, 2020. The following waiver activity occurred in October:
 - On October 9, 2020, DBH published Chapter 65, which establishes eligibility, service, and provider certification standards for the 1115 Waiver Transition Planning Service. The service provides and supports discharge planning activities for individuals with SUD/mental health-related hospital or residential treatment stays, who are not connected to other care coordination programs. On October 23, 2020, DHCF issued a rate notice for reimbursement of this service.
 - On October 9, 2020, DBH issued final rulemaking for Chapter 63 on SUD provider certification and services standards, which includes implementation of 1115 Waiver standards for SUD residential treatment.
 - On October 20, 2020, DBH and DHCF held a virtual stakeholder forum on the 1115 Waiver. This forum, which was required by CMS, provided an opportunity for the District to give an update on the implementation of the waiver and to solicit feedback from stakeholders.

- On October 6, CMS approved a 20% increase to the reimbursement of Adult Substance Abuse Rehabilitation Services (ASARS) to account for the additional costs related to the delivery of services during the COVID-19 public health emergency (PHE). This increase is retroactive to March 1, 2020 and will be in effect until termination of the PHE. Services funded under the 1115 Waiver do not qualify for this increase in reimbursement. DHCF issued a transmittal to providers with this information on October 13, 2020.



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 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.*
 - Development for both web courses have been completed and submitted by the course designers. Although the web courses have been finalized, ongoing testing will take place over the next month to ensure quality system control and the avoidance of training and content errors. 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 MAT and collaborate with one another. The web courses are set to launch early to mid-December.
 - DBH's grant monitor analyzed and in October, the 2020 final data and program outputs for the DC Opioid Response (DCOR) implementation of LifeSkills, environmental strategies, and other DCOR-related programming was reported and analyzed by. All grantees submitted their LifeSkills pre- and post-data, which will be evaluated at a later time to show changes in attitudes, behaviors, and beliefs. Overall, the aggregate data indicates community grantees engaged over 550 youth in LifeSkills evidence-based programming (both in-person and virtually), retained 367 youth to complete EBI's, fulfilled 16 changes in practice, and reached over 1049 DC youth and families during environmental strategy implementation and larger community-level collaborative events in fiscal year 2020. The National African American Drug Policy Coalition (NAADPC), One Common Unity (OCU), East River Family Strengthening Collaborative (ERFSC), and Hillcrest Children and Family Center continued their commitment to the opioid prevention efforts, despite COVID-related challenges.
- *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.*
 - In October, we continued the promotion of the "Text to Live" program which 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 placed advertising on bus shelters in targeted overdose hot spots.
 - DBH began 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	October 2020 Completions
Acupuncture, Massage, and Self Care in Addressing Pain	829	0	52
Cognitive Behavioral Therapy & Mind-Body Techniques in Addressing Pain	828	2	87
Development and Implementation of Evidence-Based Opioid Prescribing Guidelines for Surgical Patients	828	3	28
Implementing the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain	828	7	112
After the Waiver: Translating Training Into Practice. Advanced Topics in Buprenorphine	827	2	32
Treating Acute Pain to Improve Outcomes and Reduce Opioids	827	4	64
Treating Opioid Use Disorder: Primer for Clinicians	827	2	72
Epidemiology of Opioid Use: In the US and the District	833	1	78
Patient Provider Relationship in Addressing Addiction	828	0	26
Nutrition as Non-Pharmacological Pain Management	828	2	51
Harm Reduction Approaches for Providers Addressing Opioid Use	828	1	26
Opioid Overdose Prevention & Naloxone Education (Provider, CE/CME credits offered)	828	3	219
Opioid Overdose Prevention & Naloxone Education (Community, no CE/CME credits offered)	299	3	201

Total		30	1048
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- *Strategy 3.7: Encourage provider continuing education on evidence-based guidelines for the appropriate prescribing of MAT, with a target audience of addiction treatment providers and primary care providers who are most likely to encounter patients who are seeking this therapy.*
 - On October 15, DBH, in conjunction with the Substance Abuse and Mental Health Services Administration (SAMHSA), hosted a follow-up conference call to discuss ideas that were generated from the training titled “Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants.” Many of the ideas are going to be incorporated into an RFA that will be released in mid-December.

	<p>Support the awareness and availability of, and access to, harm reduction services in Washington, DC.</p>
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- *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.
 - Eleven (11) individuals completed the online naloxone training module in October.
 - 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.*
 - Thirteen (17) of the 28 pharmacies participating in DC Health’s Pharmacy Pilot Project reported dispensing 158 naloxone kits to patients in September.¹
 - DC Health held one (1) training sessions in October:
 - DC Public Library: 18 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 October, RPRs reported the following:
 - Number of client contacts: 1,142
 - Number of naloxone units distributed: 1,848
 - Number of new overdose survivors engaged: 7
 - Number of follow-up visits or calls: 16
 - Number of SUD linkages: 4
 - Number of SUD referrals: 2
 - Number of social support linkages: 1
 - Number of social support referrals: 6
 - Number of SUD linkages: 1
 - Number of SUD referrals: 2
 - Number of social support linkages: 10
 - Number of social support referrals: 41

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:
 - Nurse screenings continued to exceed the 75% goal in August, September and October. As a result, 213,493 screenings have been completed cumulatively since program inception (May 2019) and 15,382 individuals (76% of encounters) were screened during the month of October.
 - Cumulative data from the five participating hospitals show that 8,398 patients with risky alcohol or substance use behaviors were given a brief intervention to assess their willingness to change their behavior since program inception.
 - Fifty percent (n=104) of total patients eligible to receive MAT in the ED were induced in the ED since program inception.
 - In October, Sibley Memorial Hospital began implementation of the ED MAT Program. In the first month, 89% of patients received the universal screening upon entry in the ED, exceeding the goal by 14 percent. In addition, 67% of patients who were referred were linked to treatment, exceeding the goal of 50%. MedStar Georgetown University Hospital (MGUH) continues planning for implementation. The HR team and ED supervisors conducted multiple interviews for potential candidates and there continues to be strong participation in planning meetings. The team at MGUH remains committed to identify and hire strong candidates for their open positions.
 - As of October, there were 256 enrollees and 604 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 one individual with an OUD to get to the 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 DOC continue to receive MAT as prescribed at the time of arrest or MAT is made available to individuals in need.*
 - The MOU between DBH and the Department of Corrections (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 December and the men's unit will open in the Spring 2021.
- *Strategy 6.7: Establish effective and coordinated communication channels between justice and public health agency partners to improve continuity of care.*
 - DBH SOR team met with MPD community outreach team on October 26 to discuss coordination, sharing of materials, and naloxone distribution.



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 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.