

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



Accomplishments and Progress – August 2019



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.

- *Strategy 1.1: Establish an Opioid Fatality Review Board to review all opioid related deaths that occur in Washington, DC.*
 - The Mayor's Office of Talent and Appointments (MOTA) continues to nominate applicants for the Opioid Fatality Review Board. Three service providers and a hospital representative are currently going through the nomination process. In addition, representatives from the following agencies are going through the nomination process: Court Services and Supervision Agency (CSOSA), Drug Enforcement Administration (DEA), Superior Court Drug Intervention Program, and Pretrial Services Agency (PSA). Because of the delay in making appointments to the Board, the first meeting will be held by September 30.
- *Strategy 1.2: Coordinate with Washington, DC and federal regulators to revise laws and regulations that currently impose restrictions on the prescribing of medication assisted treatment (MAT).*
 - Complete as of April 1, 2019.
- *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.*
 - Five substance use disorder (SUD) providers are certified assessment and referral (AR) sites. Four sites began accepting referrals on August 1, 2019; 64 referrals have been received at the new sites thus far.
 - On August 2, 2019, the DBH Director distributed a letter announcing the new AR sites to internal DBH staff, behavioral health providers, and community partners. In addition, the information is posted on the DBH website.
- *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.*
 - DHCF and DBH submitted the required implementation plans to the Centers for Medicare and Medicaid Services (CMS) on August 14, 2019, and are currently negotiating with CMS around the special terms and conditions (STCs), which will form the contract between DHCF and CMS for operation of the waiver. For more information on the waiver and links to materials, please go to <https://dhcf.dc.gov/1115-waiver-initiative>. The District is still planning to implement the waiver starting January 1, 2020.



Educate Washington, DC residents and key stakeholders on the risks of opioid use disorders and effective prevention and treatment options.

- *Strategy 2.2: Provide age-appropriate, evidence-based, culturally competent education in all Washington, DC public schools regarding the risk of illegal drug use, prescription drug misuse, and safe disposal of medications.*
 - Given the positive results the school mental health clinicians had with “Too Good For Drugs,” implementation is planned to continue for this upcoming school year. In preparation for the fall and winter semesters, 25 clinicians new to the curriculum have a choice of two orientation sessions facilitated by experienced clinicians. The first session will occur in October and the second session in November.
 - Community resources available for students (i.e., DC Prevention Center involvement and access to DBH social marketing campaign addressing alcohol, tobacco, and other drugs) will be shared at a school mental health clinical all-staff meeting.
- *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 held a conference call on August 8, 2019 with representatives at OSSE to provide an introduction to possible OUD curriculum options and methods of dissemination in schools. The goal for using a curriculum would be to have a standardized approach to educating youth about the risks of using opioids. On August 28, 2019, OSSE held a follow-up meeting.
 - By October 30, 2019, DBH and OSSE will identify high-needs schools based on the [Health and Physical Education Assessment](#) (HPEA) scores (data provides assessment of health risks that could potentially impact risk factors for substance use) and DC [Youth Risk Behavior Survey](#) (YRBS) data (supports the approach to conduct interventions at grades 5, 7 and 9), begin conversations with schools most in need, gauge interest in greater opioid use disorder (OUD) education, work with the YRBS data group to create a fact sheet to disseminate to DC schools, and identify training methods and curricula.
- *Strategy 2.4: Create multiple social marketing campaigns, including anti-stigma campaigns, using a variety of media with clear messages to multiple target audiences (i.e., youth and young adults, current users) to increase awareness about opioid use, treatment, and recovery.*
 - The vendor for the LIVE. LONG. DC. social marketing campaign has begun identifying opportunities for an increased social media presence (e.g., Kojo Nnamdi show, WJLA) and potential engagement with other agencies and organizations (e.g., faith-based communities) who are hosting events in September for Recovery Month. They submitted a social marketing plan on August 28 to leverage Recovery Month.
- *Strategy 2.7: Provide education and/or seminars about maintaining sobriety to patients receiving opioid medications and individuals in recovery.*
 - The Dreamers and Achievers Center (*formerly known as “Our Door”*) has committed to implementing the Wellness Recovery Action Plan (WRAP) Seminar II as part of enhancing support to consumers with co-occurring disorders (mental health and substance use).
 - There were a total of 62 individuals who participated in the WRAP Seminar I in July. Participants included 15 DBH’s Peer-Certified Specialists.
 - In August, the Dreamers and Achievers Center offered four training events/groups for individuals using opioids and their families. A total of 26 attendees were present.
 - August 7: Opioids and Their Risks Explained (seven attendees)
 - August 14: Opioids: What You Need to Know (six attendees)
 - August 28: The Pros and Cons of Using Deterrent Opioids (eight attendees)
 - August 30: Combating the Opioid Crisis and Other Substances (five attendees)
 - The Dreamers and Achievers Center is fully staffed by peer-certified specialists. Six staff at the Center have completed online trainings on the Opioid Crisis from Harvard Medical School with the Continuing Medical Education course “Understanding Addictions.” These trainings are designed to educate staff members on understanding the opioid crisis. The training includes the following competencies:
 - Recognize OUD as a chronic, relapsing, and treatable disease
 - Describe the neuroscience of OUD
 - Compare and contrast physical dependence vs OUD
 - Recognize OUD epidemiology and the prevalence of co-occurring psychiatric disorders
 - Examine the importance of reducing the related societal stigmas and biases around OUD and negative consequences of opioid use
 - Recognize the importance of the DSM-5 definition of SUD



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

- *Strategy 3.3: Mandate that all licensed providers in Washington, DC who are permitted to prescribe and/or dispense controlled substances be required to register with the Prescription Drug Monitoring Program (PDMP) and PDMP integration into health management system.*
 - As of August 31, DC Health has reached its goal of 100 percent PDMP registration of prescribers with a controlled substance registration. All new providers will be notified upon issuance of licenses to register with the PDMP. As far as compliance, DC Health professionals is leaving it up to the individual boards to decide on consequences for healthcare professionals who do not register with the PDMP. Upon license renewal, controlled substance registrations will be placed on hold until providers confirm their registration with the PDMP (varies depending on profession).
- *Strategy 3.5: Develop a comprehensive workforce development strategy to strengthen the behavioral health workforce who are available 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.*
 - In May 2019, DBH signed an MOU with the University of District of Columbia (UDC). UDC is developing courses (both online and in-person) to align with the Certified Addiction Counselor (CAC) certification.
 - As of August 21, 2019, UDC has:
 - Developed curriculum subject areas; and
 - Drafted the curriculum outline/syllabus.
 - The next steps are to develop curriculum-based video clips and design fliers, brochures, and other marketing materials by October 30, to promote awareness of the curriculum that will be offered during the Spring 2020 semester.
 - DBH hosted one Recovery Coach training with an additional medication-assisted treatment (MAT) competency module. The free 30-hour training provided participants with a Connecticut Community for Addiction Recovery (CCAR) certificate, which is a prerequisite for the International Certification and Reciprocity Consortium (IC&RC) examination. The goal is to train 90 individuals through September. Below is the information for the three previous five-day trainings and the two remaining trainings:
 - June 25–27 and July 2–3 (17 completed training)
 - July 23–25 and July 30–31 (21 completed training)
 - August 6–8 and August 13–14 (20 completed training)
 - September 4–6 and September 10–11 (22 attendees signed up)
 - September 17–19 and September 24–25 (registration has not opened yet, 20 spaces will be available)



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 (<https://tinyurl.com/DCNaloxone>). A link to the training is on the DC Health website. In the first week of September, DC Health will inform agencies, organizations, and key

stakeholders that the new training is available. Each individual must complete a pretest prior to beginning the online training and a posttest once the online training is completed. The pre- and post-test data is captured and submitted to DC Health. Once the individual completes the online training, they receive a certificate.

- DC Health created, printed, and distributed 2,000 overdose educational postcards to pharmacies participating in the Naloxone Expansion pilot. The educational postcards provide overdose prevention safety tips and addictions treatment and syringe services resources. Going forward, the postcards will be one component of the Overdose Prevention Kits that are under development and due to be completed by November 1, 2019.
- Deeds of Kindness and other DBH vendors will be conducting a series of community information and discussion sessions in each Ward of the District through September to address opioid use and overdoses, educate the community on a harm reduction approach to drug use, discuss community member experiences and concerns, and share information about local resources available for people who use drugs. The goal of these conversations is to provide information, increase awareness, answer questions, and engage in dialogue with DC residents about these issues. Attendees have been engaged in discussions regarding stigma around MAT and the Good Samaritan Law. A Community Conversation took place in Ward 8 on August 29 with 18 attendees and 24 Narcan kits distributed.
- *Strategy 4.2: Make naloxone available in public spaces in partnership with a community-wide training initiative.*
 - As part of a pilot program and expansion of the current pharmacy standing order program, DC residents will be able to get the overdose-reversing drug naloxone free of charge at 17 select pharmacies in the District of Columbia, as of August 31, 2019. [Read the full press release here](#). Pharmacies located in all eight wards will participate in the pilot program. The participating pharmacies are:
 - Morgan Pharmacy (3001 P Street, NW)
 - Grubbs Care Pharmacy NE (326 East Capitol Street, NE)
 - Grubbs Care Pharmacy NW (1517 17th Street, NW)
 - Grubbs Care Pharmacy SE (1800 Martin Luther King Jr. Avenue, SE)
 - Kalorama Pharmacy (1841 Kalorama Road, NW)
 - Good Care Pharmacy (2910 Martin Luther King Jr. Avenue, SE)
 - Excel Pharmacy (3923 S. Capitol Street, SW)
 - CVS #22 (320 40th Street, NE)
 - CVS #1340 (845 Bladensburg Road, NE)
 - CVS #1354 (2601 Connecticut Avenue, NW)
 - CVS #1360 (2834 Alabama Avenue, SE)
 - CVS #1364 (6514 Georgia Avenue, NW)
 - CVS #2834 (3031 14th Street, NW)
 - Safeway #1445 (2845 Alabama Avenue, SE)
 - Walgreens #15360 (801 7th Street, NW)
 - Walgreens #16049 – Howard University Hospital (2041 Georgia Avenue, NW)
 - Giant #384 (1535 Alabama Avenue, SE)
 - Additionally, if an opioid prescription is filled at one of the participating locations, that patient will also receive a naloxone kit. Pharmacy staff will distribute information on how to administer naloxone and information on addiction treatment.
 - DC Health also expanded its community-based naloxone distribution to three additional providers: Howard University's MAT program, United Planning Organization's methadone clinic, and The Chosen Few.
 - DC Health distributed 17,567 units to a variety of community partners. Of those, 5,664 were provided to 17 pharmacies listed above. DC Health plans to distribute nearly 32,000 to pharmacies.
- *Strategy 4.3: Consider safe injection sites with the following issues to be addressed: medical supervision, the definition of a site, location of a site, requirements for other services, and understanding with local law enforcement.*
 - The safe injection site working group—comprised of individuals from DBH, DC Health, and HIPS—met on August 15, 2019 to begin outlining a plan for the possibility of safe injection sites in the District. The group will continue to meet monthly and is planning to submit a draft plan to the DBH Director and DC Health Director by December 1, 2019.
 - On August 22, 2019, DC Health staff participated in a national call facilitated by the National Alliance of State & Territorial AIDS Directors (NASTAD) to discuss state and local efforts related to safe injection initiatives. Each jurisdiction discussed their interest and current progress in the development of safe injection sites.
- *Strategy 4.4: Continue needle exchange program in combination with other harm reduction services (such as naloxone distribution) and continuous assessment for site selection including the development of community pharmacy-based needle exchange and safe disposal sites.*

- Complete as of October 1, 2018.
- *Strategy 4.5: Permit the use of controlled substance testing kits by members of the general public to screen drugs for adulterants that may cause a fatal overdose.*
 - Complete as of May 31, 2019.
- *Strategy 4.6: Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.*
 - The Rapid Peer Responder (RPR) team that is coordinated through DC Health has recruited three additional peers that will begin working on September 6, 2019. The RPRs are focusing their efforts on the Shaw neighborhood (Ward 6) as of August 28, 2019, based on DC Health’s epidemiological data regarding fatal and nonfatal overdose hotspot areas.
 - The RPRs track their daily activities in REDCap, a secure web application for building and managing online surveys and databases. From August 5–31, 2019, RPRs reported the following:
 - Number of client contacts: 1,466
 - Number of Narcan units distributed: 1,775
 - DBH, DC Health, and the Department of Human Services (DHS) are jointly developing an Outreach Workers Summit on October 18, 2019. 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.



GOAL 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 in to consideration the demographics of the implementing health system.*
 - The SOR 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. DC Health will launch “BupeDAP” September 30.
 - D.C. City Council approval was obtained on July 5, 2019, and the vendor estimates 75 days for build-out. The vendor is on track to develop the BupeDap system.
 - Harm Reduction Coordinators at DC Health have developed a pre-enrollment form to begin enrolling uninsured individuals into the program. In early September, they will be conducting a presentation to inform providers that BupeDAP is coming and that they can start pre-enrolling patients so that they can be ready when BupeDap goes live.
 - ED MAT Induction Program Update:
 - The three pilot hospitals (Howard University Hospital, United Medical Center, and Washington Hospital Center) are set to go live with the Opioid Survivor Outreach Program (OSOP) on September 6.
 - George Washington University (GWU) remains in the planning process. Interviews for peer recovery coaches and OSOP peers continue, with three candidates offered positions. The target peer full-time equivalent (FTE) for ED MAT and OSOP are the same across all the hospitals: 4.2 FTE for ED MAT and 1.6 FTE for OSOP. Both the ED MAT induction program and OSOP will be ready to go live at GWU on September 20.
 - Hiring continues within the hospitals to reach 24/7 coverage of peers in the ED. Newly hired peers were required to complete their mandatory training by August 30, 2019.
 - Nurses are completing the universal Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach. Currently, 45% of individuals coming through the ED in the three hospitals are given an SBIRT screening. Plans are in place to increase nurse screening, including providing incentives and making the screening mandatory in the electronic health records. Also, nurses are provided with booster trainings to review and clarify their role in the program.

- In the month of July,¹ 26% patients who screened positive to be at risk for substance use disorders received a peer-supported brief intervention. Brief interventions in SBIRT are based on a motivational interview technique where the coach uses a question and answer format based on where the patient is in their willingness and desire to engage in recovery. Among those patients receiving the brief intervention, 31% were referred to treatment. Referrals were made to a mix of fast-track providers and the DBH Assessment and Referral Center (ARC) depending on what was determined to be the best option for the patient's needs and interest.
- The direct referral to a Level AR site was not possible until mid-August when the first three sites were able to accept direct referrals. This allows peers to refer patients directly for treatment to those sites and address the concern that the ARC was a barrier in confirming linkages to treatment.
- *Strategy 5.6: Increase the presence of peer support groups/programs (e.g., 12-step programs, clubhouses, 24-hour wellness centers, sober houses) throughout the community (e.g., faith-based institutions, community centers, schools) for people in recovery and monitor the quality and effectiveness of programming.*
 - The request for applications (RFA) to establish six new Peer-Operated Centers (POCs) was released on June 14, 2019, and 10 applications were received on July 15, 2019. The grant review panel began working on July 29, 2019, and four were approved for funding in August. The grant agreements are currently going through the DBH approval process.
 - A community of practice has been established for all the POCs. They are meeting biweekly and are close to finishing recommendations for the outcome measures that will guide evaluation of the POCs for FY20.
 - Total Family Care Coalition, a POC, held two parent/caregiver recovery support groups for seniors with OUD. The theme for the August support groups was “accountability for self and family.” There were 32 attendees.
- *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.*
 - DBH and DC Department of Employment Services (DOES) finalized the MOU for DOES to provide soft skills trainings (i.e., interpersonal or “people” skills that help individuals successfully interact with others in the workplace) for 100 peers (four cohorts). The MOU is routing through DBH and will be executed before September 30, 2019 and programming will begin after October 1, 2019.



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 6.7: Establish effective and coordinated communication channels between justice and public health agency partners to improve continuity of care.*
There had not been a previous report about the below work under this strategy, therefore, there is information about June – August, 2019.
 - The New Psychoactive Substances workgroup (a subcommittee of the Substance Abuse Treatment/Mental Health Services Integration Taskforce [SATMHSIT]) is chaired by Dr. Jenifer Smith, Director of Department of Forensic Sciences (DFS), and the June meeting included representatives from CSOSA, PSA, MPD, DFS, Office of the Chief Medical Examiner (OCME), DC Health, Maryland's Governor's Office of Crime Control and Policy, Poison Control, DEA, and US Army. The topic areas addressed included a discussion on ongoing and emerging trends on the synthetics front, along with updates on the SharePoint database that Criminal Justice Coordinating Council (CJCC) has developed to support information sharing among stakeholders.
 SATMHSIT convened in July with new co-chair Judge Milton Lee, Presiding Judge of the Criminal Division of DC Superior Court, as facilitator. This meeting included representatives from the Bureau of Prisons

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

(BOP), CSOSA, DBH, District of Columbia Courts (DCSC), DHCF, Department of Corrections (DOC), Public Defender Service (PDS), PSA, Center for Court Excellence, and University Legal Services. Dr. Sharon Hunt, DBH, provided an overview and update on the LIVE. LONG. DC. plan. There was also discussion on the rollout of the Ready Center at DOC along with ways to continue to support and expand the Center's offerings, which is critical as the District strives to support members of our community at each intercept (Sequential Intercept Model reference). Lastly, DBH's [FUSE](#) Fellow provided an update on the work underway to identify and address super-utilizers across behavioral health and justice system agencies.

- Dr. Bazron made a presentation to CJCC members this month on DBH's work generally and LIVE. LONG. DC. specifically. The meeting was attended by representatives from the following organizations: Committee on the Judiciary and Public Safety, DC Council (on behalf of Charles Allen), USPC, DOC, U.S. Marshal for the Superior Court of the District of Columbia, United States Marshal Service (USMS), PDS, CJCC, PSA, Deputy Mayor for Public Safety and Justice, Department of Youth Rehabilitation Services (DYRS), U.S. Attorney for the District of Columbia, USAO, DC Council (on behalf of Phil Mendelson), Criminal Division, DC Superior Court, MPD, Public Safety Division, OAG, and CSOSA.
- On August 20, DBH coordinated a training for the provider network called "Thinking for a Change," which addressed working with the justice involved population. There were 139 individuals registered for the two training sessions and 83 completed it.



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.*
 - 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 7.2: Identify and fill resource gaps preventing law enforcement efforts from using existing laws to reduce the supply of illegal opioids.*
 - Complete. The Narcotics and Special Investigations Division at MPD is fully staffed. The infrastructure is established and MPD is actively partnering with federal and regional partners to reduce the supply of illegal opioids.
- *Strategy 7.3: Identify any legislative gaps that may exist preventing or hampering law enforcement "best practices" to reduce the supply of illegal opioids.*
 - Complete as of December 2018.
- *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.