


LIVE. LONG. DC.


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



Accomplishments and Progress – April 2021

	<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 April 13, 2021. Due to the confidential nature of the discussions, findings from meetings will not be released or shared.

	<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](#) and 2) [Supporting Individuals with Opioid Use Disorder: Treatment Support Services](#). 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, to date 341 individuals have enrolled in both courses, 184 individuals have completed one of the courses and passed, and 82 are in progress of completion. The courses have increasingly gained attraction from managers with “assignment” capabilities; 525 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) are conducting 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 over 30 virtual OUD awareness and education sessions including community conversations, virtual naloxone trainings, and community outreach. A total of nine faith-based partners have become established as DC Health partners to distribute naloxone onsite to the community. In addition, FBOs have reported engagements with at least 1,641 unduplicated individuals and distributing 708 naloxone kits to date.
 - The January 22, 2021 FBO RFA elicited only 9 applications for 16 awards of \$60,000 for prevention, education, and hosting support groups for the community. The applications received have gone through the external review process. Wards 5, 6, 7, 8 will be given priority and the application request stipulates that grantees are required to partner with other organizations in their ward. The anticipated notification of award new partners is May 2021.
 - DBH and the Office of the State Superintendent of Education (OSSE) have begun the implementation to identify local education agencies (LEA) to provide opioid education in DC schools through a memorandum of understanding (MOU). To date, five LEA's have been identified to begin virtual facilitator training for Overdose Lifeline's evidence-based intervention "This is (Not) About Drugs." OSSE has also partnered with George Washington University to establish an internship program for Masters of Public Health students fulfilling their practicum requirements. This program has recruited four interns to develop, launch, and evaluate a youth and young adult targeted OUD social media campaign. The intern areas of focus include building a social marketing campaign, data and evaluation, community resources, and sustainability.
- *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 April. 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. A 60 second public service announcement was created in February and it was released it to partners in April 2021 and is posted on the LIVE.LONG.DC website. Building on data that more overdoses are happening in residences, the first outreach event was conducted at Potomac Gardens, a government housing facility, on April 24. A comprehensive plan for events, including at other government housing facilities, is being developed throughout the summer and fall of 2021.
 - 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 Prevention Opioid Strategy Group (OSG) is reviewing the strategy for a social media campaign designed to normalize carrying naloxone. It will feature a range of notable DC residents and leaders.
 - 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. The campaign was previewed by stakeholders at the April summit and will begin rolling out in May.



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 20 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 (1) online module that does not carry CME/CE credits available to the general community.

Table 1: Opioid Learning Institute Modules

Module	# of Enrollments/ Participants (Cumulatively)	Actively Engaged in Module	April 2021 Completions
Acupuncture, Massage, and Self Care in Addressing Pain	1020	4	65
Cognitive Behavioral Therapy & Mind-Body Techniques in Addressing Pain	1020	6	107
Development and Implementation of Evidence-Based Opioid Prescribing Guidelines for Surgical Patients	1020	0	36
Implementing the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain	1020	3	129
After the Waiver: Translating Training Into Practice. Advanced Topics in Buprenorphine	1020	0	38
Treating Acute Pain to Improve Outcomes and Reduce Opioids	1020	1	84
Treating Opioid Use Disorder: Primer for Clinicians	1020	1	82
Epidemiology of Opioid Use: In the US and the District	1020	1	84
Patient Provider Relationship in Addressing Addiction	1020	4	48
Nutrition as Non-Pharmacological Pain Management	1020	1	67
Harm Reduction Approaches for Providers Addressing Opioid Use	1020	0	38

Opioid Overdose Prevention & Naloxone Education (Provider, CE/CME credits offered)	1020	2	238
Opioid Overdose Prevention & Naloxone Education (Community, no CE/CME credits offered)	369	7	232
Assessing Opioid Use Disorder: Selecting Appropriate Tools	1005	0	11
Understanding Pain and Assessing Opioid Risk	1023	4	6
Integrating Buprenorphine Treatment Into Infectious Disease Settings	1016	1	19
Enhancing Organizational Capacity and Provider Readiness to Treat OUD With Buprenorphine/Naloxone: Clinical Application of an MOUD	1017	1	16
Enhancing Organizational Capacity and Provider Readiness to Treat OUD With Buprenorphine/Naloxone: Systems Facilitators	1016	3	14
Treating Co-Occurring Opioid and Stimulant Use	1016	3	21
Effective Opioid Tapering Strategies	1016	3	18
Total		45	1,353



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 sessions were 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: (<https://dchealth.dc.gov/opioids>) or directly at <https://opioidhealth.org/education-training/elearning-courses-for-community/>.
 - Nine individuals completed the online naloxone training modules in April.
 - Individuals receive a certificate upon completing the training. Naloxone can be picked up from DC Health or any of the [35 pharmacies](#) that distribute free naloxone.
- *Strategy 4.2: Make naloxone available in public spaces in partnership with a community-wide training initiative.*
 - Twenty-three (23) of the thirty-one (35) pharmacies participating in DC Health’s Pharmacy Pilot Project reported dispensing 181 naloxone kits to individuals in March.¹ Three (3) pharmacies were added to the DC Health Pharmacy Naloxone Distribution Program in March 2021.
 - DC Health Staff and the DC Health Train-the-Trainers held three (3) training sessions:

Date	Trainer	Group Trained	Number of participants
April 1	DC Health	DBH Webinar Training	60
April 23	DBH	DOC Training	5
April 29	Prestige Healthcare	Prestige Healthcare	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: 684
 - Number of naloxone units distributed: 972
 - Number of new overdose survivors engaged: 28
 - Number of follow-up visits or calls: 44
 - Number of substance use disorder (SUD) linkages: 10
 - Number of social support linkages: 36




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:

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

- In April, 75% of patients received a screening from nurses during their ED visit; 17,259 individuals (75% of encounters) were screened this month. Since program inception (May 2019), 307,356 screenings have been completed.
- Cumulative data from the participating hospitals show that 12,111 patients with risky alcohol or substance use behaviors were given a brief intervention to assess their willingness to change their behavior since program inception. There were 906 brief interventions in April.
- A total of 155 patients eligible to receive MAT in the ED were induced in the ED since program inception.
- MAT data includes methadone in the number of MAT referrals to treatment and linkages to treatment. This month, 11 patients were induced with MAT (BUP/SUB) in the ED. Ninety-two percent (n=11 of 12) of MAT patients who were either induced 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 seven months.
- All six acute care hospitals in the District have now begun implementation of the ED MAT Program.
- As of March, there were 327 enrollees and 836 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 five (5) rides:
 - CVS (1 ride)
 - PIW (ride)
 - Mary's Center for MAT (1 ride)
 - ARC (1 ride)
 - Unity Clinic (1 ride)
 - 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.

 <p>GOAL 6</p>	<p>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.</p>
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- *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 (48 individuals receiving), buprenorphine (187 receiving), and naltrexone (0 individuals receiving). There were 23 individuals released with naloxone.
 - 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 August 2021. They are in the process of hiring officers for the units.
- *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 May 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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