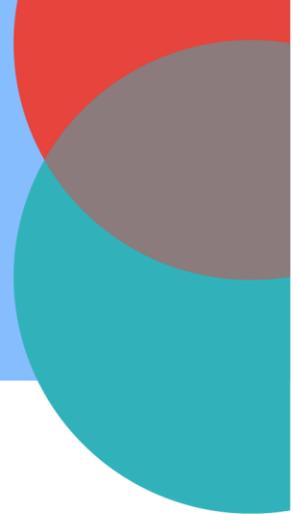


THE DISTRICT'S APPROACH TO SAVING LIVES FROM THE OPIOID EPIDEMIC



Accomplishments and Progress – June 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) is currently scheduling interviews with non-DC government agency applicants. There are still openings on the Board for community members, individuals with hospital emergency department (ED) experience, or community service providers. Individuals can apply on the [MOTA website](#). DC government agency representatives will be appointed with approval from each agency director. The goal is for the Board's first meeting to be hosted in late August. During monthly meetings, the Board will examine three to four cases, review existing data, and make recommendations.
- 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).
 - The [Opioid Data Dashboard](#) was officially launched on June 12, 2019 and includes information on fatal and nonfatal overdoses in the District. The dashboard is located on the DC Health website.
- Strategy 1.5: Establish payment incentives for providers and organizations that implement models that improve patient outcomes, improve the patient experience, and decrease healthcare cost.
 - The kickoff meeting for this working group is scheduled for July 2, 2019. The first meeting will focus on the scope and composition of the group and the timeline for completing the work.
- 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.
 - Four substance use disorder (SUD) providers are certified assessment and referral (AR) sites: Family Medical and Counseling Services, Regional Addiction Prevention (RAP), MBI Health Services, and Latin American Youth Center (adolescents only). They will provide greater access to SUD treatment across the District by providing the assessments required to establish the level of care need for consumers. The four sites are currently undergoing the necessary training on the AR protocols and requirements and working to ensure billing is a smooth process. Requisitions to modify Human Care Agreements to include the AR work will be completed by July 12. The sites will be able to accept referrals starting August 1.
 - DBH will train the four AR providers on the workflow in DATA/WITS (the electronic health record) during the last two weeks in July.
 - A letter from the Director announcing the new AR sites will be distribute to internal DBH staff, behavioral health providers, and community partners. In addition, the information will be posted on the DBH website and the new section of the LIVE. LONG. DC. 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.

- DBH and DHCF collaborated to jointly develop the 1115 demonstration waiver application, which was submitted to the Centers for Medicare and Medicaid Services (CMS) on June 3, 2019. The application is available for [public comment](#) until July 10, 2019.
- DBH and DHCF are currently working on developing the required Implementation Plan for this demonstration, which will be submitted on July 29, 2019. These efforts support the proposed implementation start date of January 1, 2020.



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

- Strategy 2.3: *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 working to determine what training tools would be the best fit for the District.
 - DBH has created a working group comprised of DC Public Schools (DCPS) and the Office of the Superintendent of Education (OSSE) stakeholders to determine the best way to disseminate education around opioids and other substances in DC schools. The working group is planning to meet with the Director of Health and Physical Education on July 15 to choose an existing SUD curriculum and discuss next steps for training DCPS staff to implement the education in schools.
- 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.
 - Currently, there is one ongoing social marketing campaign and two are in the process of being implemented:
 - 1) “More Harmful Than You Think” is a campaign to address youth opioid use. This campaign is housed under DBH’s SUD Prevention Unit and will include marketing, social media, and community events.
 - 2) A vendor for the LIVE. LONG. DC. campaign is being identified through the Information for Bid that closed on June 11.
 - 3) The first half of Phase II of the DC Health’s Prescription Opioid Campaign runs May 20 through September 8 on metro buses, metro trains, and two posters at 14 Metro stations and 10 bike share stations around the city, targeting opioid “hot spots.” There have been 642,597 impressions (i.e., how many individuals came across the ads via their mobile device) and 1,573 clicks so far at the 288 locations where the marketing tool, mobile geotagging, is posted.
- Strategy 2.6: Educate and promote the Good Samaritan Law for community and law enforcement.
 - Education around the District’s Good Samaritan Law continues to be a part of the Community Conversations (see strategy 4.1).
 - DC Health has continued to offer their Opioid Overdose Prevention and Naloxone training that incorporates information related to the Good Samaritan Law. This past month, there were a total of 195 persons trained on naloxone and the Good Samaritan Law.



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.
 - DC Health is sending regular communications to providers to encourage them to register with the PDMP by July 31, 2019. Currently, 57% of providers have registered. All providers are expected register by August 31, 2019.
- 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.
 - DBH is hosting a Recovery Coach training with an additional MAT competency module. The 30-hour free training will provide participants with a Connecticut Community for Addiction Recovery (CCAR) certificate (a prerequisite for the International Certification & Reciprocity Consortium [IC&RC] examination). There were 15 spaces available in the first class and there will be 20 spaces for the subsequent classes. The goal is to train 90 individuals total. The training dates for the five-day training are as follows:
 - June 25–27 and July 2–3
 - July 23–25 and July 30–31
 - August 6–8 and August 13–14
 - September 4–6 and September 10–11
 - September 17–19 and September 24–25
- 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.
 - DC Health is working with HealthHIV to train practitioners. To date, HealthHIV has contacted 21 stakeholders to assess the practitioners' training needs. Eight interviews have been conducted. The stakeholders include: HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) staff, national and local providers, academics, and advocates with expertise in MAT, harm reduction, safe prescribing practices, health equity, and health policy. Interviews will be completed by the end of August.
 - HealthHIV staff conducted an extensive literature review and landscape survey on opioid use and misuse. Existing educational materials have been categorized for a resource list and to inform modules. HealthHIV has identified Drug Addiction Treatment Act (DATA)-waived providers in the District and prescribing providers for targeted outreach for participation in the trainings. DC Primary Care Association and Medical Society of DC plan to assist with the distribution of education materials.
 - Expert faculty have been identified as instructors for 1) Evidence-Based Clinical Practice Guidelines to Prescribing Opioids for Acute Pain, 2) Non-Pharmacological or Alternative Approaches to Pain Management, and 3) Medication-Assisted Treatment for Opioid Use Disorder. The modules have been outlined for clinical review and content is being developed. HealthHIV has started CME/CE accreditation documentation. HealthHIV is suggesting that the team produce a harm reduction module for healthcare providers, including referral to MAT.



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.
 - HIPS, DC Health, and DBH are conducting a series of community information and discussion sessions in each Ward of the District 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. Attendees have been engaged in discussions regarding stigma around MAT and the Good Samaritan Law. Community Conversations took place in:
 - Ward 5 (June 12) with 15 attendees and 11 Narcan kits distributed;
 - Ward 2 (June 20) with 15 attendees and 30 Narcan kits distributed;
 - Ward 4 (June 25) with 30 attendees and 46 Narcan kits distributed;
 - Ward 3 (June 26) with 18 attendees and 16 Narcan kits distributed; and
 - Ward 7 (June 27) with 35 attendees and 9 Narcan kits distributed.
 - DC Health conducted three Opioid Overdose Prevention and Naloxone trainings in June:
 - June 5 (167 total attendees)
 - June 11 (20 attendees)
 - June 21 (8 attendees)
 - HealthHIV has redeveloped the Naloxone Education Training for eLearning content. The developers are programming the course. Additionally, HealthHIV has developed a script for a video of proper naloxone use for opioid overdose prevention. The script is with the video producer with an anticipated taping date during the week of July 8. The final video will be completed by July 24. HealthHIV's designers are also developing a website hosting the eLearning course and related resources.



Ensure equitable and timely access to high-quality substance use disorder treatment and recovery support services.

- Strategy 5.1: Conduct a comprehensive assessment of the availability of treatment services slots/beds per American Society of Addiction Medicine (ASAM) criteria for patients by age, gender, and payer in Washington, DC for adequacy, and develop a plan for building capacity as may be required. In addition, assess the efficiency and effectiveness of the District's referral system and develop protocols (including training) that are patient-centered and practical for both the referring and receiving facility.
 - Pew Charitable Trusts continued to conduct interviews to assess the SUD treatment system. To date they have met with 5 associations, 4 DC Councilmembers or their representatives, 7 District agencies and commissions, a housing provider, 2 payers, 26 behavioral health providers, and 4 policy organizations.
- 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 contract has been awarded for the for the Opioid Survivors Outreach Program (OSOP). Consumers who are brought to the ED for a non-fatal overdose will be referred to MAT. If a consumer refuses treatment in the ED, a

peer will follow them for 90 days. Four hospitals have signed on to this initiative. Initial planning and protocol development meetings are in progress.

- ED MAT Induction Program updates are as follows:
 - The fourth hospital, George Washington University Hospital, is progressing through protocol development.
 - At the three hospitals currently implementing the program:
 - Nurses are actively screening patients using SBIRT;
 - Peers are supporting patients by making referrals to resources and community-based services;
 - Work is being done with hospital IT departments to complete data reporting and build the reporting into the electronic health record (EHR); and
 - Interviews for peer recovery coaches to be placed in the EDs are ongoing. Currently there are three openings for peers in the ED program.
 - The Fast Track provider list has been developed and is being updated regularly as new providers join and providers are certified as AR sites.
- 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 was released on June 14, 2019 and responses are due on July 15, 2019. Funding is expected to be released by mid-August.
 - DBH met with the Council on Accreditation of Peer Recovery Support Services (CAPRSS) to establish a process for getting the current three Peer-Operated Centers accredited as peer recovery support providers. Receiving accreditation from CAPRSS will allow sustainability of the Peer-Operated Centers.
- 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 is working with the DC Department of Employment Services (DOES) to develop an MOU for DOES to develop an MOU for DOES to provide soft skills trainings for peers and conduct research on best practices for linking individuals with OUD to employment and maintaining that employment.



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 6.3: Identify opportunities with judges, prosecutors, and defense attorneys on accepting MAT as a treatment option for offenders.
 - DBH conducted the LIVE. LONG. DC. opioid presentation to the Criminal Justice Act Attorneys on June 12, 2019.
- Strategy 6.8: Develop educational and motivational programs for individuals in the custody of the DOC with a history of substance use to encourage treatment and recovery.
 - Unity Health Care, the organization that will be in charge of the medical and mental health aspects of the new therapeutic SUD housing unit, will use the Hazelton curriculum (not abstinence-based) for its treatment-based services. The new therapeutic SUD housing units will be based on voluntary participation and will launch on October 31, 2019.



Develop effective law enforcement strategies that reduce the supply of illegal opioids in Washington, DC.

- None to report.