

LIVE. LONG. DC.

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



Accomplishments and Progress – April 2020



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 Opioid Fatality Review Board (OFRB) met on April 14 for an unofficial administrative WebEx meeting to allow members an opportunity to share information about the services and programs their agency/community organization provides. OFRB plans to hold another unofficial administrative meeting on May 12, which will offer members the opportunity to continue to share additional information about agency/community organization programs and services.
 - Once the OFRB resumes regular operations, the Board will examine the cases of opioid decedents, review existing data, and make recommendations that will be presented in an annual report expected by November 2020. Findings from each meeting will not be able to be released or shared due to the confidential nature of the discussions.
- *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 1115 waiver was approved by the Centers for Medicare and Medicaid Services (CMS) on November 6, 2019 with an implementation start date of January 1, 2020. The following waiver activities occurred in April:
 - DHCF is updating Chapter 86, which governs the payment for waiver services, to incorporate Supported Employment (SE) services for individuals with substance use disorder (SUD) and mobile crisis intervention and behavioral health outreach services.
 - DBH is updating Chapter 37 to establish certification and service standards for SUD SE and has drafted a Chapter 80 to establish certification and services standards for crisis stabilization services, which include mobile crisis intervention and behavioral health outreach services. We anticipate publication of these rules in May.
 - On April 1, DHCF issued [Transmittal 20-12](#) to clarify requirements for Institutions for Mental Diseases (IMDs), including residential SUD treatment facilities, to participate in the DC Health Information Exchange (DC HIE).



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

- **Strategy 2.1: Train youth and adult peer educators, in conjunction with people in recovery, to conduct education and outreach activities in schools and other community settings**
 - Fihankara Akoma Ntoaso (FAN), a local peer-operated center, has rescheduled the first youth recovery coach training for June 22–26, 2020 and confirmed the training will occur in a virtual setting for 20 youth participants, ages 18 to 25. FAN is focused on preparing youth participants for the virtual training.
- **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 creating two new web courses, Identification, Engagement and Referral for Opioid Disorders and Supporting Individuals Receiving Medication-assisted Treatment (MAT), which focus on teaching providers and families how to engage with individuals receiving MAT and how to collaborate with the provider. These web courses are expected to be available by September 30, 2020. DBH staff are reviewing content and personas represented in the courses and have requested the Opioid Treatment Programs provide feedback on personas and the support strategies matrix.
 - In response to COVID-19, the ward-level prevention grantees have submitted updated work plans to reflect initiatives shifted to virtual platforms. They were provided a resource guide to assist with this transition and have begun online programming. Activities completed this month include:
 - Online recruitment of youth for evidence-based programming;
 - Initiation of LifeSkills cohort;
 - Social media posts and tweets;
 - Prescription drug abuse prevention module implementation.Moving forward, the grantees are striving to sustain their community reach and identify innovative ways to engage and uplift the community.
- **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 social marketing developed strategies and tactics to realign the campaign to respond to the 2019 overdose trends. Specifically, they:
 - Reviewed the “Be Ready” naloxone campaign creative with DC Health’s HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA), HealthHIV, and the LIVE.LONG.DC. Steering Committee;
 - Worked with the Overdose Detection and Mapping Application Program (ODMAP) Task Force to build out the rapid response protocol; and
 - Revised and redesigned the naloxone outreach and education materials to better align with the training materials used by DC Health.



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.

Table 1: Opioid Learning Institute Modules

Module	# of Enrollments/ Participants (Cumulatively)	April Completions	Total Completions
Acupuncture, Massage, and Self Care in Addressing Pain	604	3	22
Cognitive Behavioral Therapy & Mind-Body Techniques in Addressing Pain	603	3	37
Development and Implementation of Evidence-Based Opioid Prescribing Guidelines for Surgical Patients	603	3	23
Implementing the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain	605	6	50
After the Waiver: Translating Training Into Practice. Advanced Topics in Buprenorphine	602	2	11
Treating Acute Pain to Improve Outcomes and Reduce Opioids	603	2	25
Treating Opioid Use Disorder: Primer for Clinicians	603	3	23
Epidemiology of Opioid Use: In the US and the District	606	7	49
Patient Provider Relationship in Addressing Addiction	603	3	19
Nutrition as Non-Pharmacological Pain Management	603	2	30
Harm Reduction Approaches for Providers Addressing Opioid Use	603	1	22
Opioid Overdose Prevention & Naloxone Education (Provider, CE/CME credits offered)	603	13	129
Opioid Overdose Prevention & Naloxone Education (Community, no CE/CME credits offered)	222	12	134
Total		60	574



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.
 - 12 individuals completed the online naloxone training module in April. Each individual must complete a pre-test and post-test as a part of the online training. The pre- and post-test data is captured and submitted to DC Health. Once the individual completes the training, they receive a certificate. Naloxone can be picked up from DC Health or any of the [17 pharmacies](#) that distribute free naloxone.
- *Strategy 4.2: Make naloxone available in public spaces in partnership with a community-wide training initiative.*
 - 16 of 17 pharmacies participating in DC Health's Pharmacy Pilot Project reported dispensing 177 naloxone kits to patients in March.¹ DC Health plans to expand to 11 additional CVS pharmacies in May.
 - DC Health expanded its community-based naloxone distribution to two (2) additional providers: Partners in Drug Abuse Rehabilitation Counseling (PIDARC) and Behavioral Health Group. This brings the total of community-based naloxone distribution partnerships to 29, with 60 different distribution sites.
 - DC Health trained 31 individuals on naloxone administration in April at the following trainings:
 - DBH Webinar training—April 11, 2020 (11 individuals)
 - DBH Webinar training —April 22, 2020 (20 individuals)
- *Strategy 4.6: Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.*
 - DC Health's HAHSTA is partnering with the DC Office of Unified Communications (OUC) to begin piloting the Everbridge system, which will send text message alerts to Rapid Peer Responders (RPRs) when an overdose is reported to their Computer Aided Dispatch system (911 and 311 calls). This has been delayed until at least June due to COVID-19.
 - The 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:²
 - Number of client contacts: 348
 - Number of new overdose survivors engaged: 71
 - Number of follow-up visits: 13
 - Number of naloxone units distributed: 480
 - Number of brief interventions (RPRs have been trained to use a version of SBIRT): 48
 - Linkage to MAT: 5
 - Linkage to SUD assessment: 1
 - Linkage to detoxification: 2
 - Linkage to clothing: 1
 - Referrals to food: 2
 - Referrals to clothing: 1

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

² Numbers are one month behind due to program reporting structure. Note that as of this writing, RPRs stopped working due to COVID-19 in mid-March.

- Referrals to MAT: 2
- Referrals to other SUD treatment: 2
- Referrals to HIV testing/ treatment: 2
- Referrals to HCV testing/treatment: 1
- Referrals to health insurance enrollment: 2
- Referrals primary care: 2



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.*
 - ED MAT Induction Program Update:³
 - Nurse screenings completion for risky alcohol or substance use:
 - 94% at Howard University Hospital
 - 94% at United Medical Center
 - 80% at George Washington University Hospital
 - 50% at MedStar Washington Hospital Center
 - Washington Hospital Center is still unable to make the screening required in the electronic health record due to a technical problem; alternatives and fixes are being explored.
 - Cumulative data from the four participating hospitals shows that 5,403 patients with risky alcohol or substance use behaviors were given a brief intervention to assess their willingness to change their behavior.
 - Cumulative data shows that 66% (n=49) of patients who received MAT in the ED and were referred to treatment later engaged with a provider in the community. This rate exceeds the program goal of 65%.
 - 100% of clinically eligible patients who received MAT in the ED were referred to a SUD treatment provider (n=7) for follow-up treatment, and 29% (n=2) of those referred then engaged with a community provider.
 - Due to the COVID-19 emergency, patient populations in EDs changed. As a result, hospital staff developed alternatives to delivering brief interventions and program staffing and will continue to make changes as the pandemic evolves. A peer support network was created to provide support during the response.
 - MedStar Georgetown University Hospital continues planning for implementation of the program, but has frozen hiring new staff due to COVID-19. Two interviews were completed via Zoom in March and at the point of reengagement, interviews will continue to fill the peer recovery coach position.
 - Sibley Memorial Hospital continues planning for implementation of the program. Planning meetings took place with key staff to establish the timelines amid COVID-19 for developing the necessary electronic health record modifications and for recruitment of the peer recovery coach positions.
- *Strategy 5.6: Increase the presence of peer support groups/programs (e.g., 12- step programs, clubhouses, 24- hour wellness centers, sober houses, peer-operated centers) throughout the community (e.g., faith-based institutions, community centers, schools) for people in recovery and monitor the quality and effectiveness of programming.*

³ ED induction data is not presented to DBH until the 15th of each month, therefore data for the monthly report is only available for the previous month.

- Peer-Operated Centers (POCs) produced a consolidated list of activities as of March (i.e., Supporting Peer Wellness Resource Guide). Collectively in April, POCs served 1,487 individuals (adults, youth, families), hosted 173 support groups/activities, and conducted 521 wellness checks.
- Groups and activities, all conducted virtually, included Movement Mondays (exercise), Field Trip Fridays, Wellness Recovery Action Plan Group, All Recovery Support Group, Anger Management, Double Trouble, Group Presentations, Coping Skills Workshops, TeleVirtual OUD and Substance Use Education (“The Truth About Drugs”), Medication Management Workshop, Self-Care Bingo, Self-Care Spirituality, Substances/Opioid Use/Misuse, Senior Group, and Mindfulness Group.
- POCs referred participants for employment services, food services, internet services, essential items, therapy, Access Helpline, online Alcohol Anonymous and Narcotic Anonymous, housing organizations, rental assistance, rental support, and domestic violence safe house.
- POCs supported individuals referred from four community-based organizations, seven DBH providers, and one DC Government agency.
- *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.*
 - RPRs used Yellow Cab to transport four individuals to MAT appointments at Howard University, one to an assessment at the Assessment and Referral Center (ARC), two to Psychiatric Institute of Washington for detoxification, and one to So Others Might Eat for food and clothing in March 2020.⁴



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 DOC for the opening of the new women’s SUD therapeutic wellness housing unit was signed by both agencies.



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.*
 - 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.*

⁴ Numbers are one month behind due to program reporting structure.

- 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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