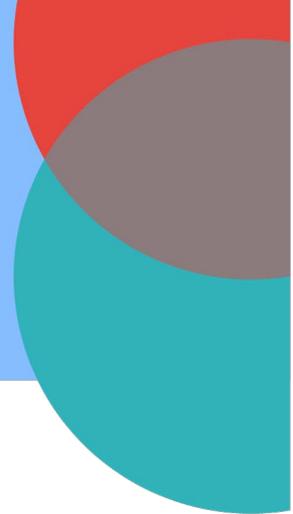


LIVE. LONG. DC.

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



Accomplishments and Progress – March 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 met March 10, 2020. The Board is scheduled to meet the second Tuesday of every month from 3:00 to 5:00 p.m. (unless otherwise noted). The next meeting will be held virtually on April 14.
 - During each meeting, 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. Following the January 1, 2020, implementation start date, the joint DHCF and DBH team conducted the following activities in March 2020:
 - DHCF/DBH held the following stakeholder meetings related to the demonstration waiver:
 - Behavioral Health Collaborative on March 2, which included MCOs and the substance use disorder (SUD) residential providers.
 - SUD providers on March 9, which addressed the new SUD provider certification regulations as well as the waiver provisions.
 - DC Hospital Association Opioid Task Force meeting on March 17, which addressed the new SUD provider certification regulations as well as the waiver provisions.
 - DHCF and DBH continue to hold bi-weekly stakeholder engagement meetings to answer questions related to the demonstration waiver.
 - DHCF and DBH are working on updating Chapter 86 following the public comment period. Chapter 86 is the demonstration waiver rulemaking that was published and proposed in November.



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 identified potential internships for youth recovery coaches for the summer 2020 at high schools and community organizations. It is unclear if this can be implemented in light of COVID-19.
 - FAN had scheduled the first youth recovery coach training for April 13–18, 2020. The training is postponed due to social distancing requirements. FAN is reaching out to participants to prepare them for a virtual training that is tentatively scheduled for June 2020.
- **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. Four subject matter experts participated on a call with DBH on March 20 to outline content. DBH also received design template samples for review.
 - Ward-level prevention grantees have completed nine LifeSkills cohorts and initiated four across the city. There has been a delay in continued delivery due to COVID-19, but they are transitioning to virtual engagement.
- **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:
 - Developed the “Be Ready” naloxone campaign creative and identified available outdoor billboard opportunities;
 - Developed a rapid response communications system to support the OD Mapping project of DC Health, including a social media plan and targeted grassroots communication to overdose hotspots;
 - Built out the launch plan for “Text to Live,” including developing campaign collateral materials (e.g., signage, palm cards, posters, etc.) and a media launch strategy; and
 - Developed ideas for a fentanyl focused campaign, including research on best practices from other jurisdictions. Phase 1 of the fentanyl campaign will roll out on social media, followed by advertising targeted to unique audience segments.



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)	March Completions	Total Completions
Acupuncture, Massage, and Self Care in Addressing Pain	537	1	19
Cognitive Behavioral Therapy & Mind-Body Techniques in Addressing Pain	536	5	34
Development and Implementation of Evidence-Based Opioid Prescribing Guidelines for Surgical Patients	536	0	20
Implementing the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain	538	5	44
After the Waiver: Translating Training Into Practice. Advanced Topics in Buprenorphine	535	0	9
Treating Acute Pain to Improve Outcomes and Reduce Opioids	536	3	23
Treating Opioid Use Disorder: Primer for Clinicians	536	4	20
Epidemiology of Opioid Use: In the US and the District	539	5	42
Patient Provider Relationship in Addressing Addiction	536	0	16
Nutrition as Non-Pharmacological Pain Management	536	4	28
Harm Reduction Approaches for Providers Addressing Opioid Use	536	1	21
Opioid Overdose Prevention & Naloxone Education (Provider, CE/CME credits offered)	536	21	116
Opioid Overdose Prevention & Naloxone Education (Community, no CE/CME credits offered)	198	12	122
Total		61	514



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.

- Twelve individuals completed the online naloxone training module in March.
- Each individual must complete a pretest 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.*
 - Thirteen of seventeen pharmacies participating in DC Health’s Pharmacy Pilot Project reported dispensing 118 naloxone kits to patients in February.¹ DC Health plans to expand to 10 additional CVS pharmacies in May.
 - DC Health expanded its community-based naloxone distribution to two (2) additional providers: Howard University Community Outreach and DBH Community Response Team.
 - There are a total of 27 community partnerships that report to DC Health. These partners include 39 different distribution sites.
 - DC Health trained 50 individuals on naloxone administration in March at the following trainings:
 - DBH Webinar training—March 19, 2020 (30 individuals)
 - Howard University Physical Therapy Students —March 23, 2020 (20 individuals)
- *Strategy 4.6: Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.*
 - DBH and DHS jointly held the third Outreach Workers Summit on March 13, 2020. The Summit convened over 35 attendees from different outreach teams across the District. The purpose of the summit was to inform outreach workers about housing options available for clients and consumers dealing with substance use and/or homelessness. There were presentations from The Community Partnership for the Prevention of Homelessness, Oxford House, and the Interagency Council on Homelessness. The Summit allowed the opportunity for better collaboration and coordination by sharing resources and best practices across agencies and organizations.
 - DC Health’s HIV/AIDS, Hepatitis, STD, and TB Administration is partnering with the DC Office of Unified Communications (OUC) to begin piloting the Everbridge system, which will send text message alerts to RPRs when an overdose is reported to their Computer Aided Dispatch system (911 and 311 calls). This has been delayed until at least May 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 February,² RPRs reported the following:
 - Number of client contacts: 247
 - Number of new overdose survivors engaged: 14
 - Number of follow-up visits: 7
 - Number of Narcan units distributed: 192
 - Number of brief interventions (RPRs have been trained to use a version of SBIRT): 55
 - Referrals to housing: 1
 - Referrals to food: 1
 - Number of transports to social services: 1



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

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 have stopped working due to COVID-19.

- *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.*
 - Buprenorphine Drug Assistance Plan (BupDAP) Update: As of the end of March, there were 197 enrollees and 197 for Buprenorphine Drug Assistance Plan (BupDAP). Case managers and/or providers and patients may enroll directly by accessing www.dchealth.dc.gov/bup-dap.
 - ED MAT Induction Program Update:³
 - Nurse screenings completed for risky alcohol or substance use reached at least 95% at Howard University Hospital and United Medical Center in February 2020. George Washington University Hospital reached over 80% completion for the screening. MedStar Washington Hospital Center is unable to make the screening required in the electronic health record from a technical perspective and continues to explore methods for improving screening rates with nursing staff.
 - Cumulative data from the four participating hospitals shows that 4,914 patients with risky alcohol or substance use behaviors were given a brief intervention to assess their willingness to change their behavior. These treatment interventions would not have occurred without the program implementation.
 - Cumulative data shows that 68% (n=47) 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%.
 - During the month of February, 100% of clinically eligible patients who received MAT in the ED were referred to an SUD treatment provider for follow-up treatment, and 25% of those referred then engaged with a community provider.⁴
 - MedStar Georgetown University Hospital (MGUH) continues to progress in the planning phase for the ED MAT and Opioid Survivor Outreach Programs (OSOP). MGUH completed additional planning meetings, which were well-attended. Plans for training providers on their role within these programs was developed in collaboration with technical assistants and clinical educators.
 - Sibley Memorial Hospital also continues in the initiation of the ED MAT and OSOP. They completed planning meetings with key staff and worked with the IT team to begin developing the necessary electronic health record modifications.
- *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.*
 - During the month of March, peer-operated centers (POCs) created a guide (Supporting Peer Wellness Resource Guide) that is a consolidated list of their service offerings.
 - As the COVID-19 pandemic unfolded, POCs continue to provide support for individuals and the community.
- *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 Yellow Cab to transport one client with OUD to a primary care provider in February 2020.



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.

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.

⁴ These clients do not have a history of hypersensitivity to the medication, are not taking other medications that would negatively interact with MAT and are at the appropriate level of withdrawal according to the Clinical Opiate Withdrawal Scale (COWS).

- *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. The work will begin when funding is available.



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.*
 - 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.