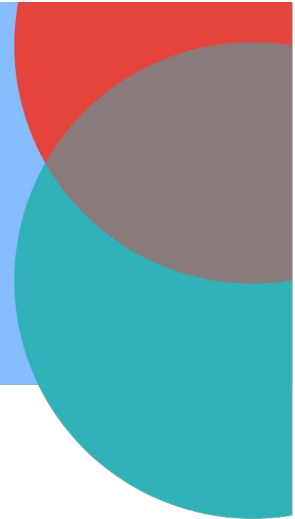



LIVE. LONG. DC.

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



Accomplishments and Progress – December 2019

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|  | <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 met December 11, 2019. The Board is scheduled to meet the second Tuesday of every month from 3:00 to 5:00 p.m. (unless otherwise noted).
 - During each meeting, the Board will examine the cases of opioid decedents, review existing data, and make recommendations that will be presented in a report expected to be released in November 2020. The Board is unable to share findings from each meeting 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. The start date for the implementation of waiver activities is January 1, 2020. In preparation for the launch, the joint DHCF and DBH team conducted the following activities to engage various 1115 stakeholders:
 - Presented at the behavioral health provider CEO meeting on December 11, 2019.
 - Presented to the DC Hospital Association (DCHA) Behavioral Health Collaborative on December 18, 2019.
 - Participated in a DHCF call with the Managed Care Organizations (MCOs) on December 19, 2019.
 - Presented to the DC Medical Care Advisory Committee (MCAC) on December 18, 2019.
 - Posted the DHCF Institution for Mental Disease (IMD) rule and rates on DHCF's website for public comment from December 3–30, 2019.
 - Provided billing procedures for Recovery Support Services to providers on December 30, 2019.
 - Released a number of waiver-related transmittals and bulletins in December, which can be found at <https://dhcf.dc.gov/1115-waiver-initiative>.



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.*
 - Howard University has established a Community Advisory Board that is comprised of individuals who live and work in Wards 7 and 8. The Board has completed pilot interviews with key community leaders in Wards 7 and 8. They will meet in January to discuss engaging the community in 2020 about addiction, its root causes, and potential solutions.
 - DBH is creating two new web courses: *Identification, Engagement and Referral for Opioid Disorders* and *Supporting Individuals Receiving MAT*, which will focus on educating providers, families, community members, and others about the opioid epidemic, opioids, and opioid use disorders (OUDs); how to engage with individuals receiving medication-assisted treatment (MAT); and how to collaborate with providers. These web courses are expected to be available by July 31, 2020.
- *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 conducted the following activities in December 2019:
 - Collected data on the impact of the current “I’m Ready” social marketing campaign. To date, the campaign has had close to 18 million impressions through bus ads, interior cards and digital ads in Metro stations, and community print media. Impressions are defined as the number of people who were exposed to the ads (i.e., saw them go by, sat on the bus where the cards were, passed by the digital billboards) and are independently verified by a national service that all advertisers use.
 - Developed poster-size versions of current ad materials that could be distributed to various locations and hotspots across the city (i.e., libraries, homeless shelters, barber shops).



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) | December 2019 Completions | Total Completions |
|--|---|---------------------------------|----------------------|
| Acupuncture, Massage, and Self Care in Addressing Pain | 243 | 4 | 28 |
| Cognitive Behavioral Therapy & Mind-Body Techniques in Addressing Pain | 242 | 4 | 42 |
| Development and Implementation of Evidence-Based Opioid Prescribing Guidelines for Surgical Patients | 245 | 2 | 17 |
| Implementing the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain | 238 | 7 | 47 |
| After the Waiver: Translating Training Into Practice. Advanced Topics in Buprenorphine | 249 | 3 | 16 |
| Treating Acute Pain to Improve Outcomes and Reduce Opioids | 240 | 2 | 27 |
| Treating Opioid Use Disorder: Primer for Clinicians | 247 | 3 | 22 |
| Epidemiology of Opioid Use: In the US and the District | 237 | 11 | 59 |
| Patient Provider Relationship in Addressing Addiction | 245 | 4 | 22 |
| Nutrition as Non-Pharmacological Pain Management | 240 | 4 | 29 |
| Harm Reduction Approaches for Providers Addressing Opioid Use | 239 | 2 | 23 |
| Opioid Overdose Prevention & Naloxone Education (Provider, CE/CME credits offered) | 217 | 31 | 95 |
| Opioid Overdose Prevention & Naloxone Education (Community, no CE/CME credits offered) | 77 | 11 | 30 |
| Total | | 88 | 457 |



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 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.
 - Eleven individuals completed the online naloxone training module in December.
 - 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.*
 - Five of 17 pharmacies participating in DC Health’s Pharmacy Pilot Project reported dispensing 208 naloxone kits to individuals in December.
 - DC Health expanded its community-based naloxone distribution to four additional providers: Pathways to Housing DC, Far Southeast Family Strengthening Collaborative (FSFSC), HER Resiliency Center, and the DC Public Library. There are now a total of 26 community partnerships with 36 different distribution sites; and 17 pharmacy locations.

- DC Health trained 38 individuals on naloxone administration in December at the following training:
 - FSFSC—December 9, 2019
- *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 Goal 4 Opioid Strategy Group—comprised of stakeholders from DBH, DC Health, Department of Human Services (DHS), and Helping Individual Prostitutes Survive (HIPS)—finalized a report outlining a viable option for the District to consider implementing a safe consumption site. They delivered the report to the Directors of DBH, DC Health, and DHS prior to December 31, 2019.
- *Strategy 4.6: Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.*
 - DBH, DC Health, and DHS jointly held the Outreach Workers Summit and convened 14 different outreach teams on December 13, 2019. The purpose of the Summit was to create a shared understanding of what each outreach team is doing, who they serve, and what needs they are meeting in the city. Through the presentations, it was brought to light what additional resources are needed for the teams (e.g., resource sheets) and that there needs to be some similar data points being collected from each of the teams on the clients they are serving. There were over 70 attendees representing organizations/teams in the public and private sectors. The next Summit will be held on January 24, 2020, which will allow teams to further collaborate by sharing best practices on warm handoffs and communications to substance-using clients.
 - The Rapid Peer Responder (RPR) team that is coordinated through DC Health began using the Pulse Point application on their phones to respond to medical emergencies.
 - DC Health's HIV/AIDS, Hepatitis, STD, and TB Administration is partnering with 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). Expected start-up date is March 2020.
 - The RPRs track their daily activities in REDCap, a secure web application for building and managing online surveys and databases. In December, RPRs reported the following:
 - Number of client contacts: 109
 - Number of new overdose survivors engaged: 12
 - Number of follow-up visits: 27
 - Number of Narcan units distributed: 240
 - Number of brief interventions (RPRs have been trained to use a version of Screening, Brief Intervention, and Referral to Treatment [SBIRT] designed by the Mosaic Group): 41
 - Referrals to housing: 6
 - Referrals to food: 2
 - Referrals to clothing: 1
 - Referrals to Primary Care: 1
 - Referrals to other SUD Treatment: 4
 - Referrals to Health Insurance Enrollment: 1
 - Referrals to Vital Records: 5
 - Referrals to Financial Assistance: 1
 - Referrals to MAT: 2
 - Number of transports to social services: 2



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 into consideration the demographics of the implementing health system.*
 - In December, there were 75 enrollees and 23 claims for Buprenorphine Drug Assistance Plan (BupDAP). DC Health leveraged the AIDS Drug Assistance Program (ADAP) platform to launch the BupDAP on November 1, 2019. Case managers and/or providers and patients may enroll directly by accessing www.dchealth.dc.gov/bup-dap.

- ED MAT Induction Program Update:¹
 - Since the start of the ED MAT Induction program, cumulative data from the three pilot hospitals shows that 3,120 patients with risky alcohol or substance use behaviors were given a brief intervention to assess their willingness to change their behavior. This represents over 3,000 treatment interventions that would not have occurred without the program implementation.
 - In November, 90% of clinically eligible patients who received MAT in the ED were referred to a SUD provider for follow-up treatment, and 78% of those referred were linked to treatment.²
 - As of November, 81% of patients who received a dose of buprenorphine in the ED and were referred to treatment, engaged with a provider in the community. This rate exceeds the program goal (65%) and is above the averages in other states
 - Howard University Hospital continues to be a positive example of quality improvement efforts within the program. Due to continued efforts from ED leadership, along with IT support, nurse screenings for substance use have increased to 98% in November (up from 97% in October).
 - MedStar Washington Hospital Center has seen a continuous increase in the number of brief interventions that have been completed over the last three months, as additional nurses have been hired. In November, there was a 44% increase from September in the number of brief interventions completed (from 43% [n=140] in September to 87% [n=290] in November).
 - United Medical Center transitioned from a part-time peer to a full-time position. In addition, a part-time OSOP peer was hired. The part-time peer is completing the final orientation, training, and administrative steps to begin work in the community.
 - George Washington University Hospital, the fourth hospital to enter the pilot program (in October 2019), is discussing with peers, clinical staff, and IT support resources what revisions need to be made to the process since they have two months of implementation to evaluate.
 - DCHA collaborated with DC Health to facilitate opportunities for transitioning part-time RPRs into full-time positions within the ED MAT Induction program and the OSOP. Three of those peers were pre-screened by program partners at the McClendon Center and referred to the hospitals for interviews.
- *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.*
 - DC Health executed a contract with Yellow Cab in September 2019 to provide transportation support to individuals with OUD. The RPRs used Yellow Cab to transport 3 clients with OUD to services, including assessments at the ARC and sexually transmitted infection screening.



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.*
 - Ongoing: Criminal justice, public safety, and public health partners continue to meet to discuss strategies for addressing the opioid crisis and other behavioral health concerns that impact District residents.

¹ 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.
² 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).



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 be continued 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.
 - *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.
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