



LIVE. LONG. DC.

**WASHINGTON, DC'S STRATEGIC
PLAN TO REDUCE OPIOID USE,
MISUSE, AND RELATED DEATHS**



*Updated as of
March 2019*



Mayor Muriel Bowser

Too many of our neighbors in Washington, DC lose their lives or family members and friends to a substance use disorder. Many of these cases involve opioid overdoses. The District's multi-stakeholder, public health approach has yielded progress in saving lives and reducing fatal overdoses, but there is still work to be done to reduce the impact of the epidemic on our city.

"LIVE.LONG.DC," Washington, DC's Strategic Plan to Reduce Opioid Use, Misuse and Related Deaths is our blueprint for how best to continue moving forward with urgency and thoughtfulness as we work towards reversing fatal opioid overdoses. The Plan reflects the input of a cross-section of public and private partners, including DC government agencies, hospital leaders, physicians, substance use disorder treatment providers, community-based service providers, federal partners, and individuals in recovery.

The updated Plan offers a comprehensive look at prevention, treatment, and recovery, detailing our goals and accompanying strategies to end Washington, DC's opioid epidemic. Our Plan offers additional details on how these goals and strategies will be accomplished in order to ensure District residents can thrive and move forward with the support they need.

Working together, the implementation of LIVE.LONG.DC has resulted in some early successes, which include:

- Reversing more than 1,000 overdoses through naloxone kits and training residents in naloxone use;
- Increasing the capacity of practitioners to provide Buprenorphine-based medication-assisted treatment (MAT);
- Monitoring trends in opioid use and tailoring responses and interventions based on real-time data;
- Increasing testing capacity via surveillance of synthetic opioids in the District, both to discover new synthetic opioids as well as characterize those currently present; and
- Revising innovative public education campaigns targeting those who are most likely to overdose on heroin and to educate young people on the dangers of misusing prescription opioids.

We will continue to work collaboratively to develop and implement strategies that help those facing opioid use disorder. We are devoted to tailoring our response in a manner that is specific to Washington, DC, based on our history, demographics, and trends in usage so that we can stem this epidemic facing our city.

I want to thank all who contributed to this thoughtful Plan and those going forward for doing your part to reduce fatal overdoses. Together, we will help all Washingtonians live safer and stronger lives.

A handwritten signature in black ink that reads "Muriel Bowser". The signature is fluid and cursive, with the first name "Muriel" and last name "Bowser" clearly legible.

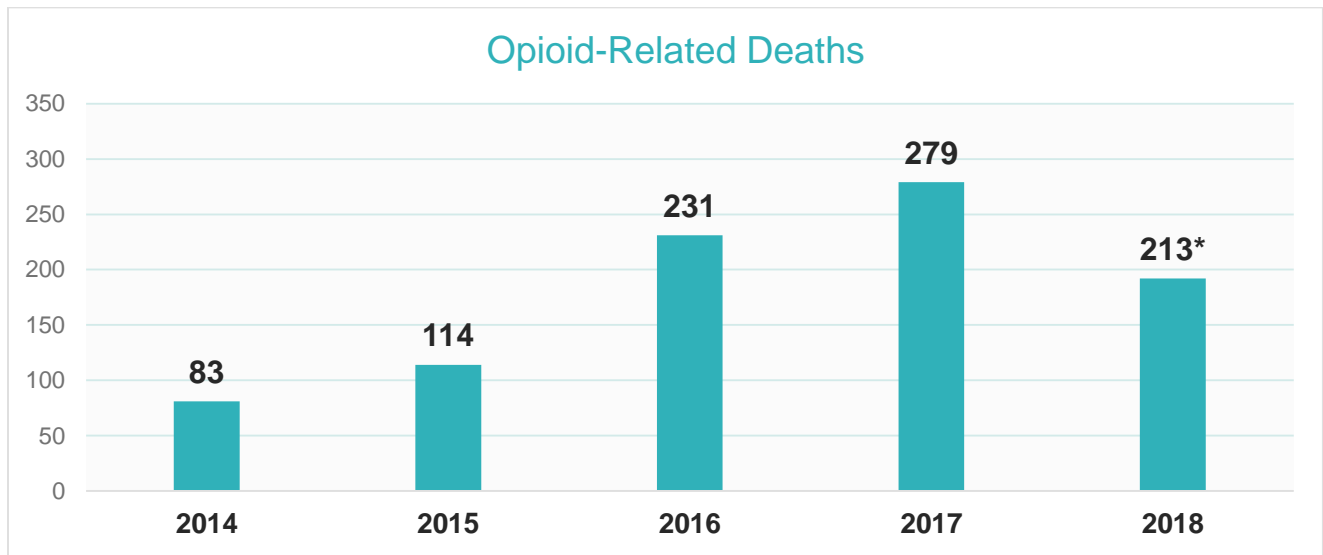
Muriel Bowser
Mayor



The Crisis

As opioid-related deaths continue to rise across the nation, Washington, DC has also experienced an alarming increase in fatal opioid overdoses. Overdoses hit a peak in 2017, with 279 overdoses total, and has since trended downward in 2018. National trends largely reflect new opioid users who are White (non-Hispanic) younger adults who begin their addiction by experimenting with prescription drugs, with the potential of progressing to heroin usage. However, Washington, DC's epidemic affects a unique demographic and presents different trends in use.

Washington, DC's Epidemic in A Snapshot



This graph reflects the trend of opioid overdoses since 2014.

***Data for 2018 is subject to change due to cases where cause and manner of death are pending further investigation.**

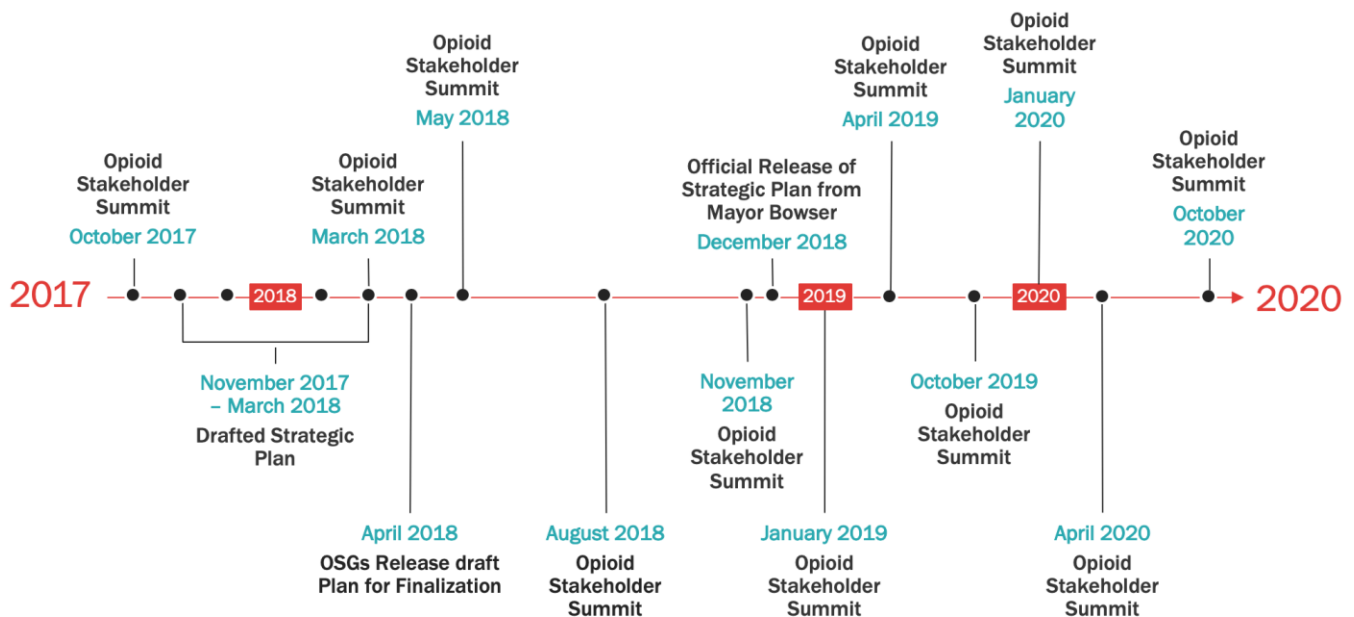
- There was a 178% increase in fatal overdoses due to opioid use from 2014 to 2016.
- In 2016, 62% of cases involved fentanyl or a fentanyl analog.
- In 2017, 71% of cases involved fentanyl or fentanyl analogs.
- Approximately 80% of all overdoses due to opioid drug use happened among adults between the ages of 40–69, and such deaths were most prevalent among people ages 50- 59.
- Overall, 81% of all deaths were among African-Americans. This trend has remained consistent across years.
- Fatal overdoses due to opioid drug use were more common among males (74% of deaths were males).
- From 2014 to 2017, opioid-related fatal overdoses were most prevalent in Wards 7 and 8.
- 89% of DC opioid users are over 40 years old and 58% are more than 50 years old.
- 22% have been using heroin (primary used opioid in Washington, DC) for more than 40 years, 59% for more than 25 years, and 88% for more than 10 years.

The Approach

To comprehensively address the unique opioid epidemic in Washington, DC, localized and coordinated public-private partners must work together. This kind of partnership yields expertise in creating agile, cross-discipline, public-private leadership coalitions, rapidly aligning on targets and coordinated actions, and maintaining accountability on outcomes that will cause short- and long-term impacts.

In October 2017, a group of 40 stakeholders, representing both the public and private sectors, convened for a summit focused on how to jointly address Washington, DC's opioid epidemic. Out of the summit, the Strategic Planning Working Group was created. In late November 2017, the working group members began to conduct stakeholder engagement sessions to assess what was needed regarding prevention and early intervention, harm reduction, acute treatment, sustained recovery, and criminal justice. The information from these sessions and the feedback from the working group members was used to draft the plan. The draft plan was finalized at the end of February 2018. In March 2018, the working group was convened and membership for the seven Opioid Strategy Groups (OSGs) that would map out the implementation of the goals and associated strategies in the Strategic Plan were formed. Leadership and membership of the OSGs were finalized in April 2018.

These groups have been actively working on the goals and related strategies since April 2018. The most recent stakeholder summit was in January 2019, where more than 100 stakeholders attended. The groups reflected on the accomplishments made in 2018 and established the key priorities of focus for 2019. All seven OSGs continue to meet regularly to address these strategies and move their efforts forward.



Opioid Strategic Planning Working Group Members Include:

The development and implementation of LIVE.LONG.DC. has been supported by more than 40 stakeholder groups, District government, and federal agencies since 2017, including:

Non-Governmental Agencies

- Aquila Recovery
- Children's National Health System
- DC Hospital Association (DCHA)
- Medical Society of the District of Columbia
- DC Prevention Center Wards 7 and 8
- DC Primary Care Association (DCPCA)
- DC Recovery Community Alliance (DCRCA)
- Medical Home Development Group (MHDG)
- George Washington University (GWU)
- Grubbs Pharmacy
- Helping Individual Prostitutes Survive (HIPS)
- Howard University
- McClendon Center
- Mosaic Group
- Oxford House
- Pathways to Housing
- Partners in Drug Abuse Rehabilitation Counseling (PIDARC)
- Psychiatric Institute of Washington (PIW)
- So Others Might Eat (SOME)
- Sibley Memorial Hospital
- United Planning Organization
- Unity Health Care
- Whitman-Walker Health
- Woodley HouseZane Networks LLC

DC Government Agencies

- Criminal Justice Coordinating Council (CJCC)
- Council of the District of Columbia
- Department of Behavioral Health (DBH)
- Department of Corrections (DOC)
- Department of Health (DC Health)
- Department of Forensic Sciences (DFS)
- Department of Health Care Finance (DHCF)
- Department of Human Services (DHS)
- Department of Aging and Community Living (DACL)
- Executive Office of the Mayor (EOM)
- Fire and Emergency Services (FEMS)
- Homeland Security and Emergency Management Agency (HSEMA)
- Metropolitan Police Department (MPD)
- Office of the Chief Medical Examiner (OCME)
- Office of the Attorney General (OAG)

Federal Government Agencies

- Court Services and Offender Supervision Agency (CSOSA) Department of Justice (DOJ)
- Drug Enforcement Agency (DEA)
- Federal Bureau of Investigations (FBI)
- Pretrial Services Agency (PSA)

2018 Accomplishments and Highlights

Since the LIVE.LONG.DC. was published in December 2018, much work has been done to meet the goals set out in the plan. One of the biggest accomplishments has been the successful reversal of 85% of all reported overdoses due to the administration of naloxone. In addition, the following successes have helped move us closer to reaching our goal of reducing opioid use, misuse, and related deaths by 50% by 2020:

- Reduced the death rate due to opioids by 31% (subject to change once the fatal overdose data has been finalized).
- Enacted the provisions in the SAFE DC Act, which criminalizes synthetic drugs, including variants of fentanyl, based on the class of the chemical compounds, rather than the individual compound, strengthening law enforcement officials' ability to test for and prosecute cases against sellers and distributors of these drugs.
- Extended emergency legislation to make opioid testing kits legal.
- Better characterized the supply of illegal opioids, including the discovery of new opioids, through advanced testing at the Department of Forensic Sciences (DFS) opioid surveillance lab.
- Launched social marketing campaigns, including anti-stigma campaigns, to increase awareness about opioid use, treatment, and recovery.
- Awarded to contract for the implementation of Screening, Brief Intervention, Referral, and Treatment (SBIRT) in three emergency departments and the induction of MAT, in conjunction with peer engagement and referrals to community services and supports.

The Plan

Under the leadership of Mayor Bowser, the public-private Strategic Planning Working Group developed a comprehensive strategic plan aimed at reducing opioid use, misuse and opioid-related deaths by 50% by 2020. As a result, Washington, DC's Strategic Plan to Reduce Opioid Use, Misuse, and Related Deaths covers the full array of prevention, treatment, and recovery supports. The Plan consists of seven (7) goals, each with subsequent strategies. Investments to implement the plan in 2019 include grant and local funds totaling \$32,255,028 and many hours of funded personnel services.

GOAL 1: Reduce legislative and regulatory barriers to create a comprehensive surveillance and response infrastructure that supports sustainable solutions to emerging trends in substance use disorder, opioid-related overdoses, and opioid-related fatalities.

GOAL 2: Educate District residents and key stakeholders on the risks of opioid use disorders and effective prevention and treatment options.

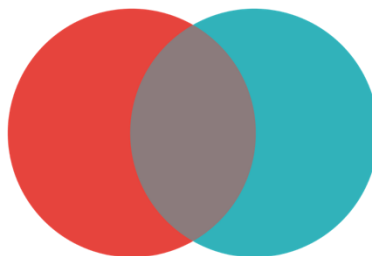
GOAL 3: Engage health professionals and organizations in the prevention and early intervention of substance use disorder among District residents.

GOAL 4: Support the awareness and availability of, and access to, harm reduction services in the District of Columbia consistent with evolving best and promising practices.

GOAL 5: Ensure equitable and timely access to high-quality substance use disorder treatment and recovery support services.

GOAL 6: Develop and implement a shared vision between the District's justice and public health agencies to address the needs of individuals who come in contact with the criminal justice system. Promote a culture of empathy for arrestees, inmates, returning citizens, and their families as they navigate the various entities in the criminal justice system.

GOAL 7: Develop effective law enforcement strategies that reduce the supply of illegal opioids in the District of Columbia.





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.

Total Budget Investment: \$2,168,669

Opioid Strategy Group (OSG) Member Organizations: Office of the Chief Medical Examiner, Department of Health, Department of Behavioral Health, Department of Corrections, Howard University, DC Hospital Association, Department of Health Care Finance, Criminal Justice Coordinating Council, Executive Office of the Mayor

Strategy	Targeted Completion Date	Action Steps	Lead/ Supporting Agencies	Measures of Success	Funding
1.1: Establish an Opioid Fatality Review Board to review all opioid-related deaths that occur in Washington, DC.	March 30, 2019	<ul style="list-style-type: none"> • Submit Mayoral Order. • Identify funding options to staff the Board. 	OCME DC Health	<ul style="list-style-type: none"> • Opioid Fatality Review Board established and convening regularly 	\$140,669
1.2: Coordinate with Washington, DC and federal regulators to revise laws and regulations that currently impose restrictions on the prescribing of medication-assisted treatment (MAT).	June 30, 2019	<ul style="list-style-type: none"> • Revise policy to loosen restrictions on prior authorizations for buprenorphine and vivitrol. • Publish transmittal regarding updated policy. 	DHCF	<ul style="list-style-type: none"> • Prior authorization requirements removed for buprenorphine and vivitrol. 	In-Kind
1.3: Coordinate with federal regulators to reverse policies and practices that restrict access to MAT to District residents while in the custody of the Federal Bureau of Prisons (BOP).	December 31, 2020	<ul style="list-style-type: none"> • Convene stakeholder working group to discuss and develop policy changes. • Implement policy changes. 	EOM CJCC	<ul style="list-style-type: none"> • Policy implemented allowing continuation of MAT while in BOP 	In-Kind
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).	June 30, 2019	<ul style="list-style-type: none"> • Develop, implement, and evaluate pilot dashboard. • Establish MOUs with partnering agencies for data sharing. • Capture necessary data points. • Build EMS Data Repository. • Launch final data dashboard. 	DC Health OCME FEMS DBH DCPCA DHCF	<ul style="list-style-type: none"> • Dashboard launched and processes implemented for maintaining data and surveillance • New CDC grant used by OCME for Laboratory Information Management System (LIMS) and equipment 	\$1,728,000

Strategy	Targeted Completion Date	Action Steps	Lead/ Supporting Agencies	Measures of Success	Funding
1.5: Establish payment incentives for providers and organizations that implement models that improve patient outcomes, improve the patient experience, and decrease healthcare cost.	April 30, 2020	<ul style="list-style-type: none"> • Create working group to develop Pay for Performance payment model in partnership with community-based providers. • Explore opportunities within the 1115 Waiver to support Pay for Performance. 	DBH	<ul style="list-style-type: none"> • Implementation plan is developed and payment incentives are established 	In-Kind
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.	June 30, 2019	<ul style="list-style-type: none"> • Engage substance use disorder providers on the decentralization of AR process and required activities. • In partnership with substance use disorder treatment providers, identify potential barriers to implementation of AR sites. • Develop and implement strategies to overcome barriers. • Release certification notice to current provider network to apply for AR sites. • Certify providers. 	DBH DHCF	<ul style="list-style-type: none"> • Certified at least four substance use disorder treatment providers as AR sites 	\$100,000
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.	May 31, 2019 - Submit 1115 waiver application January 1, 2020 - Begin implementation	<ul style="list-style-type: none"> • Establish joint DHCF-DBH working group and meet weekly to develop application. • Establish timeline and develop waiver content, obtain required supporting data, complete financial analysis, define quality measures and conduct stakeholder engagement forums. • Establish working groups to plan for implementation. 	DHCF DBH	<ul style="list-style-type: none"> • Medicaid 1115 IMD substance use disorder/SMI-SED Waiver implemented 	\$200,000





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

Total Budget Investment: \$4,509,500

OSG Member Organizations: Department of Behavioral Health, Department of Corrections, Department of Health, DC Prevention Center Wards 7 and 8, Drug Enforcement Administration, Fire and Emergency Medical Services

Strategy	Targeted Completion Date	Action Steps	Lead/ Supporting Agencies	Measures of Success	Funding
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.	September 30, 2019	<ul style="list-style-type: none"> Contract with a consultant to research existing local, state, and national training curricula developed in response to the opioid crisis. Build upon existing DBH substance use disorder prevention education and outreach efforts (e.g., DC Prevention Centers expand work around opioid misuse). Identify collaborators for a peer education curriculum for DC Public School and DC Public Charter School students. Explore training youth and young adults through the DBH-certified peer specialist program or to become recovery coaches. Train youth and young adults through DBH and Office of the State Superintendent for Education (OSSE). Develop a sustainability plan for peer education programming. 	DBH DC Health OSSE	<ul style="list-style-type: none"> Curriculum identified At least 20 peer educators (youth and adults) trained Sustainability plan developed and implemented with ongoing trainings scheduled 	\$160,000

Strategy	Targeted Completion Date	Action Steps	Lead/ Supporting Agencies	Measures of Success	Funding
2.2: Provide age-appropriate, evidence-based, culturally competent education and prevention initiatives in all Washington, DC public schools regarding the risk of illegal drug use, prescription drug misuse, and safe disposal of medications.	December 31, 2019	<ul style="list-style-type: none"> • Purchase "Too Good for Drugs" evidence-based substance use disorder prevention curriculum for a pilot in 5th, 7th and 9th grade classrooms. • Pilot "Too Good for Drugs" curriculum in DC Public schools (DCPS) and DC Public Charter schools (DCPCS). • Identify and purchase additional curriculum based on pilot success. • Implement curriculum in remaining DC Public schools (DCPS) and DC Public Charter schools (DCPCS). • DC Prevention Centers and Community Prevention Sub-grantees plan and implement evidence-based prevention initiatives. 	<p>DBH DCPS DCPCS</p>	<ul style="list-style-type: none"> • The substance use disorder prevention curriculum implemented in at least 20 DCPS and DCPCS 	\$1,135,000
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 regarding substance use disorder and engage/ support those impacted.	December 31, 2019	<ul style="list-style-type: none"> • Build upon existing District prevention efforts (e.g., annual prevention symposium, brown bag sessions, School Resource Fair series, Beat the Streets, DC Prevention Center outreach). • Develop a comprehensive outreach plan for training activities (e.g., leadership development opportunities, service projects, creative arts displays, implementation of opioid focused curricula). • Purchase off-the-shelf training materials or contract for course development. • Implement training. • Conduct outreach and facilitate a minimum of two presentations at each of the four DC Prevention Centers (DCPC). 	<p>DBH</p>	<ul style="list-style-type: none"> • Comprehensive outreach plan developed and implemented • Training plan (curriculum and delivery methods) developed and implemented • Conducted a minimum of three youth- and young adult-focused activities aimed at providing education around the health risks associated with opioid use and misuse and also effective alternatives to opioid misuse at each DCPC 	\$670,000

Strategy	Targeted Completion Date	Action Steps	Lead/ Supporting Agencies	Measures of Success	Funding
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.	Ongoing - March 1, 2018 through August 31, 2019	<ul style="list-style-type: none"> • DC Health to develop and launch 16-week multiphase prescription opioid awareness and prevention campaign. • Strengthen previous social marketing campaigns and develop new DBH campaigns. • Engage clients, family members, and other community stakeholders on the developed campaigns. • Launch the campaign across the District and coordinate with existing DBH events. 	<p>DBH DC Health and PIOs from partnering organizations</p>	<ul style="list-style-type: none"> • Implemented Phase I and II of DC Health social marketing campaign • Implemented DBH campaigns (i.e., “More Harmful Than You Think”, youth opioid awareness campaign, and naloxone campaign) • New campaigns launched to reach expanded audiences 	\$1,817,000
2.5: Increase the targeted advertisement of treatment and recovery programs throughout Washington, DC.	August 31, 2019	<ul style="list-style-type: none"> • Review existing online resource tools to determine if they can be enhanced to advertise and promote treatment and recovery resources. • Create an online navigator tool (if applicable). • Develop an advertising/social marketing campaign to direct individuals toward resources. 	<p>DBH DC Health</p>	<ul style="list-style-type: none"> • Implementation online navigator tool marketing plan • Launched a marketing campaign focused on treatment and recovery 	\$725,000
2.6: Educate and promote the Good Samaritan Law (laws offering legal protection to people who give reasonable assistance to those who are, or who they believe to be, injured, ill, in peril, or otherwise incapacitated) for community and law enforcement.	Ongoing	<ul style="list-style-type: none"> • Educate the community on the Good Samaritan Law during each opioid-related outreach event training, etc. 	<p>DC Health DBH</p>	<ul style="list-style-type: none"> • Launched monthly community education and outreach activities through various channels including events, naloxone training, social media, and others as needed 	<p>\$2,500 Also see Strategy 2.3</p>
2.7: Provide education and/or seminars about maintaining sobriety to patients receiving opioid medications and individuals in recovery.	September 30, 2019	<ul style="list-style-type: none"> • Peer-operated centers to host educational events in various community settings. 	<p>DBH</p>	<ul style="list-style-type: none"> • Launched monthly peer-operated center education events for the community 	<p>See Strategy 5.6</p>



Engage health professionals and organizations in the prevention and early intervention of substance use disorder among Washington, DC residents.

Total Budget Investment: \$5,817,569

OSG Member Organizations: Department of Behavioral Health, Howard University, Department of Aging and Community Living, Oxford House, Unity Health Care, Department of Health, Medical Society of the District of Columbia, DC Hospital Association, Sibley Memorial Hospital

Strategy	Targeted Completion Date	Action Steps	Lead/ Supporting Agencies	Measures of Success	Funding
3.1: Expand the use of Screening, Brief Intervention, Referral, and Treatment (SBIRT) programs among social service agencies that conduct intake assessments.	May 19, 2019	<ul style="list-style-type: none"> • Train emergency department (ED) MAT induction hospitals on SBIRT. • Provide opportunities for organizations to be trained on SBIRT, including updating their electronic health record (EHR) and creating a screening protocol. • Review continuing education regulations to explore SBIRT as a required topic. • Identify social service agencies that are already implementing SBIRT. 	DC Health DBH	<ul style="list-style-type: none"> • ED staff at three hospitals trained on SBIRT • Monthly SBIRT training offered to providers • Implemented SBIRT in at least eight organizations with SBIRT embedded into respective EHRs 	\$979,823
3.2: Create 24-hour intake and crisis intervention sites throughout Washington, DC.	October 1, 2019	<ul style="list-style-type: none"> • DBH will integrate outreach and crisis teams to create 24-hour comprehensive coverage. 	DBH	<ul style="list-style-type: none"> • Staff trained to conduct intake and crisis intervention 24 hours a day 	\$1,579,846
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.	August 31, 2019 - All providers to be registered December 31, 2019 - PDMP integration	<ul style="list-style-type: none"> • Conduct outreach to all prescribers and dispensers of controlled substances to encourage physicians' registration in the PDMP. • Require mandatory registration and mandatory query by prescribers and dispensers. • Enhance PDMP technology. 	DC Health PDMP Advisory Committee	<ul style="list-style-type: none"> • Completed congressional review to require mandatory PDMP registration by prescribers and dispensers • Registered all prescribers and dispensers with controlled substances PDMP • Integrated PDMP into electronic health records, pharmacy dispensing systems and health information exchanges 	\$578,000

Strategy	Targeted Completion Date	Action Steps	Lead/ Supporting Agencies	Measures of Success	Funding
3.4: Encourage the use of physician-pharmacist collaborative practice agreements to provide appropriate pain management to patients with chronic pain as well as palliative care patients, and to integrate pharmacists into methadone and buprenorphine/naloxone (Suboxone®) treatment programs.	August 31, 2019	<ul style="list-style-type: none"> • Provide education about the benefit of physician-pharmacist collaborative practice agreements. 	DC Health DBH DC Board of Medicine DC Board of Pharmacy	<ul style="list-style-type: none"> • Increased the number of collaborative practice agreements 	\$150,000
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 diagnoses and substance use disorder.	September 30, 2019	<ul style="list-style-type: none"> • Develop memorandum of understanding (MOU) with the University of the District of Columbia (UDC) to develop courses. • Provide scholarships to individuals seeking Certified Addiction Counselor (CAC) certification. • Increase providers' use of technology advancements to strengthen behavioral workforce. 	DBH UDC DC Health DHCF	<ul style="list-style-type: none"> • Developed, at a minimum, two courses at UDC that align with CAC required courses • Trained 30 individuals on CAC curriculum • Increased use of online courses 	\$373,500
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.	September 30, 2019	<ul style="list-style-type: none"> • Develop and conduct trainings focused on OUD for healthcare professionals. 	DC Health	<ul style="list-style-type: none"> • A minimum of six modules created • Training provided to 3,000 healthcare professionals • End of course evaluation/ survey completed for learner to receive credit and provide feedback 	\$688,000

Strategy	Targeted Completion Date	Action Steps	Lead/ Supporting Agencies	Measures of Success	Funding
3.7: Encourage provider continuing education on evidence-based guidelines for the appropriate prescribing of MAT, with a target audience of addiction treatment providers and primary care providers who are most likely to encounter patients who are seeking this therapy.	September 30, 2019	<ul style="list-style-type: none"> Procure trainer to provide technical assistance, Buprenorphine Waiver Management and the DATA 2000 training to MAT prescribers. Provide virtual expert consultation (e.g., ECHO) around clinical cases to increase practitioners' capability in dealing with individuals coping with OUD. 	DC Health DBH	<ul style="list-style-type: none"> Conducted two trainings with a minimum of 25 prescribers Provided consultation to at least 100 individuals 	\$818,400
3.8: Encourage provider continuing education on increasing prescriptions of naloxone for persons identified with OUD or those at risk.	April 1, 2019	<ul style="list-style-type: none"> Create and release a continuing education module on naloxone for prescribers and dispensers. Encourage providers to administer naloxone through email blasts, seminars, trainings, etc. 	DC Health	<ul style="list-style-type: none"> Increased the frequency and amount of communications/ education targeted towards prescribers 	\$650,000





Support the awareness and availability of, and access to, harm reduction services in Washington, DC.

Total Budget Investment: \$6,504,455

OSG Member Organizations: Metropolitan Police Department, Woodley House, Helping Individual Prostitutes Survive, So Others Might Eat, Department of Health, Department of Behavioral Health, Whitman-Walker Health, Department of Human Services, Fire and Emergency Medical Services

Strategy	Targeted Completion Date	Action Steps	Lead/ Supporting Agencies	Measures of Success	Funding
4.1: Increase harm reduction education to families and communities, including naloxone distribution for those most affected.	September 30, 2019	<ul style="list-style-type: none"> Conduct opioid overdose prevention and naloxone administration trainings. Develop a peer “train-the-trainer” toolkit for overdose prevention and naloxone administration and implement trainings in community (e.g., apartment buildings, parks, community centers). Increase number of funded providers that can distribute naloxone. Expand overdose prevention program from six DHS shelters to seven more sites. Train and equip MPD officers with naloxone. 	DC Health DBH DHS MPD	<ul style="list-style-type: none"> Bi-monthly Opioid overdose prevention and naloxone administration trainings implemented Two community conversations conducted in all wards Distributed at a minimum 66,000 naloxone kits Patrol members and specialized units in the 5th, 6th, and 7th districts received training and are equipped with an initial doses of naloxone 	\$4,176,000
4.2: Make naloxone available in public spaces in partnership with a community-wide training initiative.	September 30, 2019	<ul style="list-style-type: none"> Compile a list of community-based organizations, schools, non-profits, and governmental agencies where naloxone access points will be and devise a distribution plan. Distribute kits. 	DC Health	<ul style="list-style-type: none"> Distributed 20,000 kits in public spaces DC Health has trained individuals located in places where naloxone is available 	\$182,700
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.	December 31, 2019	<ul style="list-style-type: none"> Establish a working group of stakeholders specifically invested in this strategy. Create a plan that will define sites’ infrastructure and necessary resources. Include “safe injection sites” as a topic in the community conversations. 	DC Health DHS	<ul style="list-style-type: none"> Created a plan outlining a safe injection site model for the District 	\$100,000

Strategy	Targeted Completion Date	Action Steps	Lead/ Supporting Agencies	Measures of Success	Funding
4.4: Continue needle exchange program in combination with other harm reduction services (such as naloxone distribution) and continuous assessment for site selection including the development of community pharmacy-based needle exchange and safe disposal sites.	October 1, 2018	<ul style="list-style-type: none"> • Increase funding for needle exchange (NEX) providers in FY18 to include the purchase of naloxone kits and other harm reduction activities. • Collaborate with two NEX providers by giving them monthly FEMS naloxone administration data to assess outreach locations. • Offer naloxone and overdose prevention training to participants in the NEX programs. • 	DC Health FEMS	<ul style="list-style-type: none"> • Needle exchange programs continued with additional funding 	\$955,000
4.5: Permit the use of controlled substance testing kits by members of the general public to screen drugs for adulterants that may cause a fatal overdose.	May 31, 2019	<ul style="list-style-type: none"> • Draft legislation to legalize testing kits. • Introduce bill in the Council. • Council adopts the bill. • Adopted bill submitted for Mayoral Approval. • Bill (now Act) transmitted to the Congress for passive approval and becomes law. 	NA	<ul style="list-style-type: none"> • Testing kits legalized 	In-Kind
4.6: Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.	May 1, 2019	<ul style="list-style-type: none"> • Develop and implement internship program for peer-certified specialists. • Hire peers as team members of the new downtown day center, which uses a Housing First method to move individuals into housing by connecting them with support services. • Implement Rapid Peer Responder (RPR) program that includes peers who will be deployed to community-based organizations (CBOs), street outreach teams, and EDs to respond to opioid ODs and subsequently link OD victims to MAT and other wrap-around services. • Establish Specialized Street Outreach Team to visit homeless encampments and work to connect eligible individuals coping with OUD with available resources. 	DC Health DHS DBH BID	<ul style="list-style-type: none"> • A module on harm reduction taught in the recovery coach certification training • Peer internship program established • Peers hired to work in places where individuals with OUD frequent • RPR team formed and responding to a minimum of two calls per day 	\$1,090,755





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

Total Budget Investment: \$9,063,929

OSG Member Organizations: Department of Behavioral Health, DC Hospital Association, Department of Health, Department of Health Care Finance, DC Primary Care Association, Partners in Drug Abuse Rehabilitation Counseling, Whitman-Walker Health, George Washington University, Pathways to Housing, DC Recovery Community Alliance, Medical Home Development Group, Howard University

Strategy	Targeted Completion Date	Action Steps	Lead/ Supporting Agencies	Measures of Success	Funding
SUB GOAL: TREATMENT AND REFERRAL					
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.	September 30, 2019	<ul style="list-style-type: none"> Conduct assessment of treatment and referral system. Assess the pool of waived buprenorphine-based MAT providers and determine which ones are actively prescribing and explore barriers to prescribing. Work with local hospitals and providers on training or re-training of prescribing providers and treating with MAT. Strengthen capacity and provide support services for buprenorphine-based MAT in community health centers/primary care providers. 	DBH DC Health	<ul style="list-style-type: none"> Report produced on treatment and referral system Number of providers prescribing MAT and treating are greater than 2018 numbers At a minimum, two trainings provided to practitioners not currently prescribing/ treating 	\$1,145,096
5.2: Evaluate the effectiveness of programs providing MAT to identify opportunities for enhancing treatment and recovery.	July 15, 2019 – evaluation begins	<ul style="list-style-type: none"> Procure contractor for evaluation services of the SOR grant. Conduct SOR evaluation. Work with District agencies on the evaluation of the Pay for Performance initiative. 	DBH DC Health DOC	<ul style="list-style-type: none"> Data collected and analyzed to determine effectiveness of MAT programs 	\$698,000
5.3: Explore ways to draw down federal dollars for stays in residential or inpatient treatment programs.	January 1, 2020	<ul style="list-style-type: none"> Pursue an 1115 waiver from the Centers for Medicare and Medicaid Services, which would allow the District to draw down matching federal funds for Medicaid clients who require residential care 	DHCF DBH	<ul style="list-style-type: none"> 1115 waiver approved and implemented 	In-Kind

Strategy	Targeted Completion Date	Action Steps	Lead/ Supporting Agencies	Measures of Success	Funding
SUB GOAL: COORDINATION OF CARE					
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.	September 30, 2019	<ul style="list-style-type: none"> • Develop plan for ED induction and release request for application. • Develop work plans with hospitals. • Identify peers to be hired by hospitals and provide ongoing training. • Establish Overdose Survivors Outreach Program (OSOP) for individuals refusing treatment at the ED. • Monitor and evaluate progress. • Eliminate barriers to accessing MAT for uninsured • Identify "fast track" MAT community providers for warm handoff. • Establish an electronic system for real-time assessment and referral, treatment availability, and two-way digital provider communication. • Develop a Geomap capturing the District's substance use disorder provider network. • Develop a plan for cross-agency integration of Health Information Exchange (HIE) systems (where possible). 	DBH DC Health	<ul style="list-style-type: none"> • MAT induction launched in three hospitals • OSOP peers followed individuals for 90 days • ED induction expanded to at least one additional acute care hospital • Launched interactive electronic system • A policy is developed and a system is in place to assist the uninsured with MAT access • A document is produced that outlines how integration can occur between various organizations' HIE 	\$2,701,487
5.5: Incorporate emphasis on physical health (including intensive health screenings) and mental well-being in substance use disorder treatment and programming.	June 30, 2019	<ul style="list-style-type: none"> • Encourage partnerships between primary care and MAT providers. • Create clinical care coordination (CCC) learning collaborative to leverage lessons learned, best practices, etc. • Continue dental services in the Assessment and Referral Center and Saint Elizabeths Hospital. • Support the initiation of telehealth and provide training to multiple organizations. 	DBH DC Health	<ul style="list-style-type: none"> • MOUs implemented between Federally Qualified Health Centers (FQHCs) and the DBH providers • A CCC collaborative is created • Increased number of clients receiving dental care and organizations using telehealth 	\$2,165,186

Strategy	Targeted Completion Date	Action Steps	Lead/ Supporting Agencies	Measures of Success	Funding
SUB GOAL: EXPANSION OF PEER SUPPORT SERVICES					
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.	July 31, 2019	<ul style="list-style-type: none"> • Develop a plan for peer center expansion and release RFA. • Expand peer centers and peer-run organizations and award new peer centers. • New peer centers to hire certified peers with lived experience to engage individuals in recovery residing in the community or detention facilities in programs and services that assist them in sustaining their recovery. • Establish a Clubhouse (supportive environment that is member based) with a focus on substance use disorders. 	DBH	<ul style="list-style-type: none"> • Three peer-operated centers expanded, two peer-run organizations expanded, four new peer centers established, and outreach peers hired • Clubhouse established 	\$1,450,000
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.	September 30, 2019	<ul style="list-style-type: none"> • Continue to support Transgender Health Initiative, which focuses on individual success needs (e.g., housing, employment, self-sufficiency, financial management, etc.). • Expand and enhance Environmental Stability (ES) housing. • Open new recovery houses. • Implement Uber Health and Lyft Business program to support individuals to connect to OUD services and supports. • Expand and enhance Supported Employment (SE). 	DBH DC Health	<ul style="list-style-type: none"> • At a minimum, three new recovery houses fully functioning • ES expanded and tracking system established • Protocols and processes for accessing transportation services established • SE expanded and tracking system established 	\$904,160





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.

Total Budget Investment: \$3,120,592

OSG Member Organizations: Criminal Justice Coordinating Council, Department of Corrections, Council of the District of Columbia Department of Behavioral Health, Metropolitan Police Department, Federal Bureau of Investigation, Court Services and Offender Supervision Agency, Office of the Attorney General, Department of Health, Department of Justice, Pathways to Housing

Strategy	Targeted Completion Date	Action Steps	Lead/ Supporting Agencies	Measures of Success	Funding
6.1: Explore the expansion of drug court for diversion of individuals with substance use disorder who are arrested.	September 30, 2019	<ul style="list-style-type: none"> Coordinate meetings with the U.S. Attorney, D.C. Superior Court, Office of Attorney General, Public Defender Service, and DBH to discuss feasibility of drug court expansion. 	CJCC	<ul style="list-style-type: none"> Determined viability of expansion 	In-Kind
6.2: Conduct targeted education and awareness campaigns to criminal justice agencies focused on reducing the use of incarceration as a means of accessing substance use disorder treatment.	August 31, 2019	<ul style="list-style-type: none"> Collaborate with District agencies on social marketing campaign and develop messages targeted to criminal justice agencies. Conduct trainings. 	CJCC DBH	<ul style="list-style-type: none"> Implemented education and awareness campaigns focused on reducing the use of incarceration as a means of accessing substance use disorder treatment 	In-Kind
6.3: Identify opportunities with judges, prosecutors, and defense attorneys on accepting MAT as a treatment option for offenders.	April 30, 2019	<ul style="list-style-type: none"> Educate Criminal Division judges, Pretrial Services Agency, and Court Services and Offender Supervision Agency to understand MAT as an alternative to prison sentencing. 	CJCC DBH	<ul style="list-style-type: none"> Conducted three trainings 	SAMHSA TA/In-Kind
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.	May 31, 2019	<ul style="list-style-type: none"> Provide access to Vivitrol. DOC obtains waiver from DBH to initiate methadone in jail. Continue to provide buprenorphine in the jail. Establish substance use disorder treatment unit at the jail and hire and train staff. Create individual plans for inmates being released into the community. Provide naloxone to individuals with OUD upon discharge from jail. 	DOC DBH	<ul style="list-style-type: none"> Vivitrol injections available onsite at DOC Methadone initiative started Substance use disorder unit established at the jail Each inmate with substance use disorder has an individualized plan on release Each individual that requested a naloxone kit receives one 	\$2,920,592

Strategy	Targeted Completion Date	Action Steps	Lead/ Supporting Agencies	Measures of Success	Funding
6.5: Coordinate with DOC, Pretrial Services Agency, Court Services and Offender Supervision Agency, the Bureau of Prisons (BOP), and other relevant stakeholders, to develop a wraparound approach to reintegrating individuals with substance use disorder and a history with MAT into the community upon release.	December 31, 2019 - for local entities December 31, 2020 - BOP	<ul style="list-style-type: none"> • Work with the DOC Ready Center to ensure seamless integration into the community. • Engage the BOP on planning for those individuals returning through DOC. • Enhance planning and opportunities for individuals transitioning from BOP to DOC. 	DOC DBH	<ul style="list-style-type: none"> • Comprehensive approach developed with all relevant stakeholders, mindful of each individual's unique circumstances or partners' relationships with the individual 	In-Kind
6.6: Explore developing forums or mechanisms for people to discuss their road to recovery with individuals with substance use disorder, the community, and criminal justice stakeholders.	September 30, 2019	<ul style="list-style-type: none"> • Identify and use existing forums (e.g., monthly/quarterly meetings at DBH with peer specialists and recovery coaches) for individuals to discuss their road to recovery. 	DBH CJCC	<ul style="list-style-type: none"> • Forums are established and available for individuals to discuss their road to recovery • By 2020, 2-3 cross-sector convenings are developed 	In-Kind
6.7: Establish effective and coordinated communication channels between justice and public health agency partners to improve continuity of care.	June 3, 2019	<ul style="list-style-type: none"> • Leverage CJCC Substance Abuse Treatment/Mental Health Services Integration Taskforce (SATMHSIT) to ensure issues are regularly addressed. 	CJCC DBH	<ul style="list-style-type: none"> • The SATMHSIT is used to discuss and address issues between all relevant partners. 	In-Kind
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.	September 30, 2019	<ul style="list-style-type: none"> • Review curricula being used in other jurisdictions. • Create substance use curricula for group sessions, treatment offerings, and dissemination through the jail. • Identify appropriate team to conduct programming for this group. • Purchase needed material for programing. • Conduct programming. 	DOC DBH	<ul style="list-style-type: none"> • An evidence-based curriculum is developed and implemented in at least nine housing units with all inmates expressing signs/symptoms of substance use disorder • Trained a minimum of 150 individuals per month on substance use disorder curriculum 	\$200,000





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

Total Budget Investment: \$1,070,314

OSG Member Organizations: Homeland Security and Emergency Management Agency, Criminal Justice Coordinating Council, Department of Behavioral Health, Metropolitan Police Department, Office of the Attorney General, Department of Forensic Services, Drug Enforcement Agency, United States Postal Service

Strategy	Targeted Completion Date	Action Steps	Lead/ Supporting Agencies	Measures of Success	Funding
7.1: Enhance surveillance program and data collection efforts in order to determine and characterize the status of the regional supply of illegal drugs.	April 1, 2019	<ul style="list-style-type: none"> Identify current joint agency (local, state, federal) task forces and working groups tasked with determining and characterizing the status of the regional supply of illegal drugs by surveying group. Collect data characterizing drug supply by conducting surveillance testing of opioids. Build surveillance program to be fully functioning by adding additional contract staff. Share findings with stakeholders (hospitals, clinicians, FEMS, staff at homeless shelters, etc.). 	<p>DFS MPD DOC OCME</p>	<ul style="list-style-type: none"> Increased testing capacity via surveillance of synthetic opioids in the District, both to discover new synthetic opioids as well as characterize those currently present Successful testing and reporting on at least 50% of submitted heroin evidence items in the District Determination of composition of opioids distributed in DC Discovery of new compounds to share with partners/ stakeholders 	\$1,070,314
7.2: Identify and fill resource gaps preventing law enforcement efforts from using existing laws to reduce the supply of illegal opioids.	June 30, 2019	<ul style="list-style-type: none"> Appropriately staff units addressing opioid issues. 	MPD	<ul style="list-style-type: none"> Units restructured to address staffing issues 	In-Kind
7.3: Identify any legislative gaps that may exist preventing or hampering law enforcement “best practices” to reduce the supply of illegal opioids.	December 18, 2018	<ul style="list-style-type: none"> Introduce bill in the Council to address gaps. Council adopts the bill and submitted for Mayoral Approval. Bill transmitted to the Congress for passive approval and becomes law. 	DFS	<ul style="list-style-type: none"> Legislation (SAFE DC) passed and implemented 	In-Kind

Strategy	Targeted Completion Date	Action Steps	Lead/ Supporting Agencies	Measures of Success	Funding
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.	March 31, 2019	<ul style="list-style-type: none"> MPD will establish relationship with USAO and other federal law enforcement entities. Identify individuals who supply heroin/fentanyl that cause the death or non-fatal overdose in others and utilize current federal laws to prosecute those individuals. 	MPD and USAO DEA	<ul style="list-style-type: none"> Decreased the presence of opioids MPD assists in making arrests and collaborates on cases with the USAO and DEA 	In-Kind
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.	February 1, 2019	<ul style="list-style-type: none"> Identify federal task force assets and efforts. 	MPD	<ul style="list-style-type: none"> Develop and implement a clear strategy to investigate and disrupt the flow of illegal opioids 	In-Kind
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.	February 1, 2019	<ul style="list-style-type: none"> MPD will establish relationship with other federal law enforcement agencies. Target areas where heroin is the prominent drug being sold and identify individuals selling narcotics in those areas. 	MPD FBI DEA	<ul style="list-style-type: none"> Decreased the presence of opioids in the District 	In-Kind
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.	February 1, 2019	<ul style="list-style-type: none"> MPD will establish relationship with other federal law enforcement entities to identify and intercept packages being shipped through the US Mail and being trafficked other parcel shipping agencies. 	MPD HSCE USPS	<ul style="list-style-type: none"> Successfully identified and intercepted packages being shipped through the US Mail and other parcel shipping agencies 	In-Kind



SUMMARY

LIVE.LONG.DC. serves as a roadmap for reversing Washington, DC's opioid epidemic. The Plan offers strategies with practical, achievable steps that, taken together, the public-private stakeholder group is confident will accomplish their goals and decrease the death toll caused by opioids in Washington, DC and improve the outcomes for those with opioid use disorders.

The public-private stakeholder group continues to meet regularly through 2020 to work together on each specific goal, track progress, and ensure the Plan's successful implementation.

