


LIVE. LONG. DC.

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



Accomplishments and Progress – August 2020

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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 (OFRB) held a regularly scheduled monthly case review meeting via WebEx on August 11, 2020. The meeting consisted of a review of a draft annual report as well as the supporting data and recommendations for system improvement. The final report will be released in November 2020. Findings from meetings will not be able to be released or shared due to the confidential nature of the discussions.
 - The OFRB recently requested that DBH, in collaboration with DC Health and Department of Health Care Finance(DHCF), engage in a community-based consultation process to make recommendations for better care coordination for clients receiving services and those who need to be re-engaged in the system. DBH currently has multiple initiatives underway in the District to address care coordination, including: SUD Capacity Grant, SOR 2 care management, 1115 Waiver Transition Planning Benefit, and key performance indicators for medically monitored withdrawal management and residential SUD step downs. DBH staff leading these initiatives will develop a coordinated plan with clients and providers to address care coordination to improve outcomes for clients.
- **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 & Medicaid Services (CMS) on November 6, 2019 with an implementation start date of January 1, 2020. The following waiver activity occurred in August:
 - DBH is reviewing public comments submitted in response to the emergency and proposed rulemaking for the new Chapter 80. This chapter established certification and service standards for Medicaid reimbursement for the following crisis stabilization services (including crises related to substance use): (1) Comprehensive Psychiatric Emergency Program (CPEP); (2) Psychiatric Crisis Stabilization Programs; (3) Youth

Mobile Crisis; and (4) Adult Mobile Crisis and Behavioral Health Outreach. DBH anticipates publishing a second emergency and proposed rulemaking by October 2020.

- DBH is in the process of finalizing previously proposed changes to Chapter 63, which governs certification and services standards for substance use disorder (SUD) providers. These changes further improve oversight and quality of care of SUD services. DBH anticipates the final rule being published in October 2020.



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

- *Strategy 2.3: Conduct outreach and training in community settings (e.g., after school program, summer camps, churches, and community centers) to engage youth, parents, educators, school staff, and childcare providers on ways to effectively communicate regarding substance use disorders and engage/ support those impacted.*
 - DBH is creating two new web courses: *Identification, Engagement and Referral for Opioid Disorders* and *Supporting Individuals Receiving Medication-assisted Treatment (MAT)*. These courses will educate service providers and families on how to engage with individuals receiving MAT and collaborate with one another. The web courses are on track to be available by September 30, 2020.
 - The ward-level community grantees are wrapping up their implementation of LifeSkills programming in their designated wards, facilitating additional youth forums and community events, leading environmental strategies (i.e., social media, pop-up community events, and information dissemination activities), and identifying ways to further engage youth during the upcoming school year.
 - On August 25, the “Ward 2 PhotoVoice Presentation and Community Conversation” was hosted by the National African American Drug Policy Coalition (NAADPC). This event allowed youth to showcase their unique perspective and outlook on substance use in the District through artistic expression. The youth were provided a creative outlet to express themselves and share with peers and community members, during the COVID-19 pandemic and rising social unrest.
 - DBH held two planning meetings with 23 faith-based organizations to plan for virtual opioid-related programming in FY21.
- *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.*
 - “Text to Live” launched in July and was officially launched on International Overdose Awareness Day on August 31. The initiative allows District residents to use their phones to receive an interactive map of naloxone distribution sites and a series of follow-up messages encouraging naloxone use and information about accessing treatment. Throughout August, promotional and advertising efforts continued in local print publications (East of the River, The Hill Rag, City Paper, The Informer, El Tiempo Latino, The Blade, Metro Weekly) and several large outdoor billboards. A mobile sign truck is regularly circulating through the District, with particular concentration in overdose hotspots. A number of print materials are also in circulation.
 - Delivered messaging, posters, and graphics to over 1,000 grantees, partners, and stakeholders to promote International Overdose Awareness Day.



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.
 - Thirty-five individuals completed the online naloxone training module in August.
 - Once the individual completes the training, they receive a certificate. Naloxone can be picked up from DC Health or any of the [28 pharmacies](#) that distribute free naloxone.
 - *Strategy 4.2: Make naloxone available in public spaces in partnership with a community-wide training initiative.*
 - Nineteen of the twenty-eight pharmacies participating in DC Health’s Pharmacy Pilot Project reported dispensing 253 naloxone kits to patients in July.¹
 - DC Health did not conduct any naloxone trainings in June. The naloxone coordinator was detailed to COVID-19 duty, therefore, individuals were directed to the online training through the Opioid Learning Institute.
- *Strategy 4.6: Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.*
 - Since June, the Rapid Peer Responders (RPRs) have focused outreach on naloxone distribution. They continued the “Narcan drops” in which they drop off a box of Narcan in a hotspot area and watch from at least a 6-foot distance as individuals picked up the Narcan.
 - The RPRs track their daily activities in REDCap, a secure web application for building and managing online surveys and databases. In July,² RPRs reported the following:
 - Number of client contacts: 539
 - Number of naloxone units distributed: 1,056
 - Number of new overdose survivors engaged: 7
 - Number of follow-up visits/ calls: 12
 - Number of SUD linkages: 0
 - Number of SUD referrals: 0
 - Number of social support linkages: 1
 - Number of social support referrals: 0

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

² Numbers are one month behind due to program reporting structure.




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.*
 - ED MAT Induction Program Update for July:³
 - Nurse screenings continued to improve for all hospitals, exceeding the 75% goal in May, June, and July. As a result, 171,100 screenings have been completed cumulatively since program inception and 14,253 individuals (76% of emergency department encounters) were screened during the month of July.
 - Cumulative data since program inception from the four participating hospitals show that 6,991 patients with risky alcohol or substance use behaviors were given a brief intervention to assess their willingness to change their behavior.
 - Since May 2019, since the start of the initiative, only 54% (n=95) total patients eligible to receive MAT in the ED were induced in the ED, which is below the goal of 80%. However, the program exceeded the goal for MAT induction in the ED during the month of July with 83% (n=5) of patients eligible for ED MAT receiving medication in the ED.
 - The program exceeded the goals for referrals and linkages to MAT treatment in the community cumulatively with 96% (n=91) and 66% (n=60) respectively.
 - MedStar Georgetown University Hospital and Sibley Memorial Hospital continued planning for implementation. Electronic medical record modifications progressed throughout the month of July. In addition, the ED teams completed multiple interviews for the peer positions.
 - In August, there were 229 enrollees and 710 claims for the Buprenorphine Drug Assistance Plan (BupDAP). Case managers and/or providers and patients may enroll directly by accessing www.dchealth.dc.gov/bup-dap.
- *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.*
 - Throughout August, the contractor Dreamers and Achievers served 94 unique participants through 21 activities/groups. Topics included: children and drugs, different types of opioids, substance use/misuse, why do people use substances, family and alcohol use, the dangers of mixing substances and physical and mental effects of drugs.
 - Throughout August, the contractor HIPS served 228 unique individuals through nine activities/groups including the following: two community leader roundtables, Ward 7 and 8 pop-up event, “back to school” event with Deeds of Kindness, International Overdose Awareness Day, weekly visit to PEP-V shelter site at the Holiday Inn on Rhode Island Ave NW. HIPS staff saved the life of a person overdosing while conducting the pop-up event.
 - Peer-operated centers hosted the following virtual groups and activities: Senior Group, Mindfulness Group, One-on-One Family Peer Support, Self-Care Spirituality, Substances/Opioid Use/Misuse, Double Trouble, Current Events (coronavirus safety, anger management, opioid use disorder (OUD) and substance use education-“The Truth About Drugs”), Self-Empowerment Group, Breathing and Meditation, ALL Recovery Group, Movement Mondays (exercise), Truth Circle Tuesdays, Wellness Wednesdays, Try-It Thursdays and Field Trip Fridays.

³ Numbers are one month behind due to program reporting structure.

- *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)*
 - In August, the RPRs used the Yellow Cab contract to provide transportation for an individual with OUD to receive a free meal.

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|  <p>GOAL 6</p> | <p>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.</p> |
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- *Strategy 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.*
 - The Criminal Justice Coordinating Council (CJCC) is planning for a training for criminal justice professionals on September 24 entitled *Opioid Use Disorders and the DC Criminal Justice System*.
- *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 memorandum of understanding (MOU) between DBH and DOC for the opening of the new women’s SUD therapeutic wellness housing unit was signed by both agencies, but the opening of the units were delayed because the MOU was not fully funded due to the SAMHSA audit. The units were used for COVID-positive patients. Despite these delays, planning for this unit continues including ordering furniture and staff were trained in August on Trauma Addictions Mental Health and Recovery (TAMAR) model, a psycho-educational intervention designed to assist survivors in understanding the effect of trauma in their lives and provide strategies to regulate and calm the triggers that might lead to harmful responses.
- *Strategy 6.7: Establish effective and coordinated communication channels between justice and public health agency partners to improve continuity of care.*
 - CJCC is planning for the 2nd part of a Sequential Intercept Mapping (SIM) workshop that is to take place on September 2. The workshop will be attended by criminal justice and behavioral health stakeholders.

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|  <p>GOAL 7</p> | <p>Develop effective law enforcement strategies that reduce the supply of illegal opioids in Washington, DC.</p> |
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- *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.*
 - Ongoing: 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.
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