

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



Accomplishments and Progress – May 2020



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

- *Strategy 1.1: Establish an Opioid Fatality Review Board to review all opioid related deaths that occur in Washington, DC.*
 - The Opioid Fatality Review Board (OFRB) did not hold any meetings during the month of May due to member's being unavailable for participation as a result of the COVID-19 pandemic. The OFRB is required to meet in person for its deliberations. An unofficial virtual administrative meeting has been scheduled for June 9. This will offer members the opportunity to continue to share additional information about agency/community organization programs and services.
 - Once the OFRB resumes regular operations, the Board will examine the cases of opioid decedents, review existing data, and make recommendations that will be presented in an annual report expected by November 2020. Findings from each meeting will not be able to be released or shared due to the confidential nature of the discussions.
- *Strategy 1.7: Build the capacity of substance use disorder treatment providers by maximizing the use of Medicaid funds to support prevention, treatment and sustained recovery, and seeking the alignment of payment policies between Department of Health Care Finance (DHCF) and other local agencies.*
 - The 1115 waiver was approved by the Centers for Medicare and Medicaid Services (CMS) on November 6, 2019 with an implementation start date of January 1, 2020. The following waiver activities occurred in May:
 - On May 8, DHCF published an [updated Chapter 86](#) (governs the payment for waiver services) to incorporate Supported Employment (SE) services for individuals with substance use disorder (SUD) and mobile crisis intervention and behavioral health outreach services.
 - DBH has completed updates to Chapter 37 to establish certification and service standards for SUD SE and has drafted a Chapter 80 to establish certification and services standards for crisis stabilization services, which include mobile crisis intervention and behavioral health outreach services. Chapter 37 will be published in the DC Register on June 5 and it is anticipated that Chapter 80 will be published sometime in June as well.
 - On May 1, DHCF issued a [notice](#) with the reimbursement rates for the mobile crisis and behavioral health outreach services.



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

- *Strategy 2.1: Train youth and adult peer educators, in conjunction with people in recovery, to conduct education and outreach activities in schools and other community settings*
 - *Fihankara Akoma Ntoaso (FAN), a local peer-operated center, has rescheduled the first youth recovery coach training for June 22–26, 2020 and confirmed the training will occur in a virtual setting for 20 youth participants ages 18 years of age and above. FAN is focused on preparing youth participants for the virtual training.*
- *Strategy 2.3: Conduct outreach and training in community settings (e.g., after school program, summer camps, churches, and community centers) to engage youth, parents, educators, school staff, and childcare providers on ways to effectively communicate regarding substance use disorders and engage/ support those impacted.*
 - DBH is creating two new web courses: Identification, Engagement and Referral for Opioid Disorders and Supporting Individuals Receiving Medication-assisted Treatment (MAT). These courses will educate service providers and families on how to engage with individuals receiving MAT and collaborate with one another. As of May 2020, the development team, including DBH and subject matter experts, has moved from the “Alpha” to the “Beta” phase of storyboard development. DBH peer specialists were interviewed. The information they provided will be used to integrate their authentic journeys of recovery within the courses. Peers were also able to review the storyboard to provide feedback on course content and its relevance for District consumers. The development team is finalizing the training modules, character personas, clinical jargon, and support strategies. These web courses are expected to be available by September 30, 2020.
 - In response to COVID-19, the ward-level prevention grantees have successfully identified ways to shift their initiatives to virtual platforms. Activities completed this month include:
 - Online recruitment of youth for evidence-based programming;
 - Initiation of LifeSkills cohort;
 - Implementation of Photovoice Opioid Advocacy Project;
 - Enhanced social media platforms and shared information to their community;
 - Prescription drug abuse prevention mobilization wellness events;
 - Engaging youth communities and providing educational opportunities, such as Instagram dance parties, webinars, IG Live talks, Zoom events, etc.)
- *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 finalized their tactical strategy for a June rollout of Phase II of the campaign focused on harm reduction, specifically targeting the trends that resulted in the increase in 2019 overdose deaths.
 - The vendor worked with DBH and DC Health staff to develop a communications system around the Overdose Detection and Mapping Application Program (ODMAP) alert program, which will also launch in June.



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 Leading Institute Modules

Module	# of Enrollments/ Participants (Cumulatively)	May Completions	Total Completions
Acupuncture, Massage, and Self Care in Addressing Pain	659	6	28
Cognitive Behavioral Therapy & Mind-Body Techniques in Addressing Pain	658	7	44
Development and Implementation of Evidence-Based Opioid Prescribing Guidelines for Surgical Patients	658	3	26
Implementing the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain	660	3	53
After the Waiver: Translating Training Into Practice. Advanced Topics in Buprenorphine	657	1	12
Treating Acute Pain to Improve Outcomes and Reduce Opioids	658	4	29
Treating Opioid Use Disorder: Primer for Clinicians	658	3	26
Epidemiology of Opioid Use: In the US and the District	661	11	60
Patient Provider Relationship in Addressing Addiction	658	1	20
Nutrition as Non-Pharmacological Pain Management	658	6	36
Harm Reduction Approaches for Providers Addressing Opioid Use	658	3	25
Opioid Overdose Prevention & Naloxone Education (Provider, CE/CME credits offered)	658	4	133
Opioid Overdose Prevention & Naloxone Education (Community, no CE/CME credits offered)	231	3	137
Total		55	629



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.
 - Three individuals completed the online naloxone training module in May.
 - 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 [28 pharmacies](#) that distribute free naloxone.
- *Strategy 4.2: Make naloxone available in public spaces in partnership with a community-wide training initiative.*
 - Fifteen of seventeen pharmacies participating in DC Health's Pharmacy Pilot Project reported dispensing 119 naloxone kits to patients in April.¹ DC Health expanded to 11 additional CVS pharmacies in May.
 - DC Health expanded its community-based naloxone distribution to two (2) additional providers: MBI and Community Connections.
 - There are a total of 32 community partnerships that report to DC Health. These partners have a total of 63 different distribution sites.
 - DC Health trained 10 individuals on naloxone administration in May at the following trainings:
 - DBH Webinar training: May 11, 2020 (10 individuals)
- *Strategy 4.6: Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.*
 - DC Health's HAHSTA is partnering with the DC Office of Unified Communications (OUC) to begin piloting the Everbridge system, which will send text message alerts to Rapid Peer Responders (RPRs) when an overdose is reported to their Computer Aided Dispatch system (911 and 311 calls). This process has been delayed until at least June due to COVID-19.
 - DC Health temporarily paused the outreach activities of the Rapid Peer Responder program starting March 27. In April, the RPRs who were able to contact participants via cellphone, provided support services. However, many of the individuals that the RPRs work with do not have cellphones.
 - The RPRs track their daily activities in REDCap, a secure web application for building and managing online surveys and databases. In April,² RPRs reported the following:
 - Number of client contacts: 16
 - Number of new overdose survivors engaged: 0
 - Number of follow-up visits/ calls: 17
 - Number of Narcan units distributed: 0
 - Number of brief interventions (RPRs have been trained to use a version of SBIRT): 16
 - Linkage to MAT: 0
 - Linkage to detoxification: 1
 - Linkage to clothing: 1
 - Referrals to housing: 1

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

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

- Referrals to other SUD treatment: 1
- Referrals to health insurance enrollment: 2
- Referrals primary care: 2



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

- *Strategy 5.4: Develop and implement a model for initiating MAT in emergency departments (ED), ensuring a direct path to ongoing care (via a warm handoff from peer recovery coaches) that is patient-centered, sustainable, and takes in to consideration the demographics of the implementing health system.*
 - ED MAT Induction Program Update:³
 - The COVID-19 outbreak continued to have an impact on ED services in April. COVID-19 positive or PUI increased throughout the month of April as overall census in the EDs decreased. Hospital ED leadership and staff resources were mobilized to address the COVID-19 response and related activities.
 - Hospitals with the program already in place continued implementation of workflow modifications in response to COVID-19 (e.g., protocols to deliver brief interventions and outreach leveraging technological solutions; updates for peer coaches and specialists on provider hours, referral mechanisms, and associated processes as providers transitioned to more telehealth-oriented care delivery methods).
 - Although the outbreak impacted overall ED volumes and protocols, MedStar Washington Hospital Center nurse screenings increased 8% from the prior month to 55%, which is almost double the completion rate since the start of the program. Nurse screening rates at the other active hospitals were maintained at higher levels with Howard University Hospital and United Medical Center at over 95% and George Washington University Hospital with over 80% completion.
 - Cumulative data from the four participating hospitals show that 5,597 patients with risky alcohol or substance use behaviors were given a brief intervention to assess their willingness to change their behavior. As a result, 63% (n=50) of patients who received MAT in the ED since program launch and were referred to treatment later engaged with a provider in the community.
 - During the month of April, 100% of clinically eligible patients who received MAT in the ED were referred to a SUD treatment provider for follow-up treatment (n=3), and 33% of those referred then engaged with a community provider.
 - MedStar Georgetown University Hospital (MGUH) continues planning for implementation. Although a hiring freeze remained in place due to safety precautions as a result of COVID-19, initial interviews for open positions continued in preparation for launch.
 - Sibley Memorial Hospital continued planning for the implementation of the program. Planning meetings took place with key staff to develop the necessary electronic health record modifications and prepare for recruitment of the peer recovery coach positions.
- *Strategy 5.6: Increase the presence of peer support groups/programs (e.g., 12- step programs, clubhouses, 24- hour wellness centers, sober houses, peer-operated centers) throughout the community (e.g., faith-based institutions, community centers, schools) for people in recovery and monitor the quality and effectiveness of programming.*
 - Peer-Operated Centers (POCs) produced a consolidated list of activities as of April that were compiled to develop the Supporting Peer Wellness Resource Guide. Collectively in May, POCs served 2,318 individuals (adults, youth, families), hosted 140 support groups/activities, and conducted 426 wellness checks.

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.

- Groups and activities, all conducted virtually, included Movement Mondays (exercise), Field Trip Fridays, Wellness Recovery Action Plan Group, All Recovery Support Group, Anger Management, Double Trouble, group presentations, coping skills workshops, TeleVirtual OUD and substance use education (“The Truth About Drugs”), Medication Management Workshop, Self-Care Bingo, Self-Care Spirituality, Substances/Opioid Use/Misuse, Senior Group, and Mindfulness group.
- POCs referred participants for employment, food, and internet services, essential items, housing, grief counseling, rental assistance, rental support domestic violence safe house, returning citizens services, therapy, Access Helpline, online self-help groups (e.g., Alcohol Anonymous, Narcotic Anonymous), housing organizations, and other online support groups from other organizations throughout the District of Columbia and other jurisdictions.
- POCs supported individuals referred from 10 community-based organizations, 6 DBH providers, and 3 DC government agencies.
- *Strategy 5.7: Improve the quality and quantity of support services (e.g., education, employment, community re-entry, recovery coaching, transportation, dependent care, and housing) that are available to individuals in recovery.*
 - RPRs used Yellow Cab to transport one individual to PIW for medically monitored withdrawal management, and one individual to a shelter.



Develop and implement a shared vision between Washington, DC’s justice and public health agencies to address the needs of individuals who come in contact with the criminal justice system to promote a culture of empathy for their families and residents.

- *Strategy 6.4: Ensure individuals incarcerated with DOC continue to receive MAT as prescribed at the time of arrest or MAT is made available to individuals in need.*
 - The MOU between DBH and DOC for the opening of the new women’s SUD therapeutic wellness housing unit was signed by both agencies. The work will begin when funding is available and the units are not being used for positive COVID-19 inmates.



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.
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