

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



Accomplishments and Progress – July 2019



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 Mayor's Office of Talent and Appointments (MOTA) is continuing to conduct interviews with non-DC government agency applicants for the Fatality Review Board. There are still openings on the Board for a representative from a DC hospital and two community-based service providers. Individuals can apply on the [MOTA website](#). Because of the delay in making appointments to the Board, the first meeting is now being planned for September.
- *Strategy 1.5: Establish payment incentives for providers and organizations that implement models that improve patient outcomes, improve the patient experience, and decrease healthcare cost.*
 - The kickoff meeting for the pay for performance working group was held on July 2, 2019. The meeting focused on the scope and composition of the group and the timeline for completing the work. A scope of work (SOW) was drafted for a vendor to research pay for performance models, conduct provider outreach, and draft a framework for possible payment incentives. The implementation plan is anticipated to be completed by April 2020.
- *Strategy 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.*
 - Five substance use disorder (SUD) providers are certified assessment and referral (AR) sites: Family Medical and Counseling Services, Regional Addiction Prevention (RAP), MBI Health Services, Latin American Youth Center (LAYC) (youth only), and Hillcrest Children and Family Center (site added in July). They will provide greater access to SUD treatment across the District by providing the assessments required to establish the level of care need for consumers. Requisitions to modify Human Care Agreements (HCAs) to include the AR work were completed by July 30, 2019 for the first four sites. The first four sites will be able to accept referrals starting August 1.
 - A letter from the Director announcing the new AR sites will be distributed to internal DBH staff, behavioral health providers, and community partners on August 2, 2019. In addition, the information will be posted on the DBH website and the news section of the LIVE. LONG. DC. website.
- *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.*
 - DBH and DCHF submitted the Section 1115 waiver application on June 3, 2019, and are currently working on developing the required Implementation Plan for the 1115 demonstration waiver application, which must be submitted by no later than September 3, 2019. The date of submission has changed from July 29, 2019, to August 14, 2019, due to temporary uncertainty regarding the scope of the waiver which has since been resolved. The District is still planning to begin implementation of services on January 1, 2020. For more information on the waiver and links to materials, please go to <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 2.1: Train youth and adult peer educators, in conjunction with people in recovery, to conduct education and outreach activities in schools and other community settings.*
 - The goal is to train 20 youth recovery coaches by September 30, 2019.
- *Strategy 2.2: Provide age-appropriate, evidence-based, culturally competent education in all Washington, DC public schools regarding the risk of illegal drug use, prescription drug misuse, and safe disposal of medications.*
 - On July 9, 2019, DBH held a debriefing session with school mental health facilitators to discuss lessons learned, preparation tips, and necessary adaptations for the "Too Good for Drugs" curriculum in schools. They shared antidotal stories of success, including youth engagement, interest in content and material, and school receptiveness to programming. Pre- and post-test data was collected and is in the process of being reviewed. Additionally, all the facilitators showed a strong interest in implementing the curriculum again next school year. The next step is to work with DBH School Mental Health Clinicians to begin planning an orientation for new and returning school mental health facilitators. The orientation will highlight many of the findings from the debriefing session, inform the data collection process, and connect facilitators with community resources (i.e., DC Prevention Centers). After further discussion with the staff regarding scheduling, orientation will take place by October 31.
- *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.*
 - In June, DBH created a working group comprised of DC Public Schools (DCPS) and the Office of the Superintendent of Education (OSSE) stakeholders to determine the best way to disseminate information around opioids and other substances in DC schools. The working group met on July 24 and it determined that the best approach for the dissemination of information is through an opioid use disorder (OUD) fact sheet (in development), providing resources to staff and administrators, and offering a structured curriculum focused on OUD for the schools most in need. The plan is to establish a working relationship with OSSE where they oversee a group of community partners that are trained and equipped to disseminate an evidence-based program in a minimum of five DC schools by the end of the year.
- *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 second half of Phase II of the DC Health's Prescription Opioid Campaign launched with 36 poster sheets across 14 metro stations (launched July 10, 2019) and 10 bike share stations (launched July 12, 2019).
- *Strategy 2.5: Increase the targeted advertisement of treatment and recovery programs throughout Washington, DC.*
 - DBH conducted an internal meeting on July 9, 2019, to discuss modifications to the Network of Care site that were highlighted through feedback provided by DBH staff. DBH seeks to highlight the OUD services and supports and improving navigation. Improvements to the website will be made by the end of August.
 - The DC Primary Care Association (DCPCA) connected with DBH staff, one of the many stakeholders they are meeting with, on July 26, 2019, as a part of the Community Resource Information Exchange Planning Initiative. The call was to assess the DBH stakeholders to engage in a discussion. DCPCA is charged with leading a planning initiative for the purpose of designing a data infrastructure that can support screenings and referral across a range of health, human, and social services, particularly through associated technologies in DC. One aspect of the project is the creation of a *Community Resource Inventory (CRI)* and sustainability recommendations. A follow-up call is scheduled for August 6 with key DBH staff to review the online resource inventories that DBH accesses and the needs in regards to these inventories. A day-long convening of agencies to hear DCPCA's findings from stakeholder conversations and their recommendations for moving forward is tentatively scheduled for the first week in September.

- *Strategy 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.*
 - Education around the Good Samaritan Law continues to be a part of the Community Conversations (see strategy 4.1).
 - DC Health has continued to offer their Opioid Overdose Prevention and Naloxone training that incorporates information related to the Good Samaritan Law. There were a total of 149 persons trained on naloxone and the Good Samaritan Law in July 2019.



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

- *Strategy 3.2: Create 24-hour intake and crisis intervention sites throughout Washington, DC.*
 - The 24/7 Community Response Team (CRT) launched on July 1, 2019. The CRT integrates three pre-existing teams—homeless outreach, pre-arrest diversion, and mobile crisis—into one cohesive team that is in the community 24/7 to support individuals and communities in times of crisis. The CRT operates out of the 35K clinic that is open 24/7. The goals of the CRT include:
 - Conduct on the spot assessments and referrals to behavioral health care.
 - Regularly engage individuals with unmet needs to encourage treatment.
 - Connect individuals to support services, including employment, education, and economic benefit programs.
 - Offer harm reduction options such as life-saving naloxone while promoting treatment.
 - Support diversion from the criminal justice system for low-level, behavioral health-related offenses.
 - Support communities affected by public health emergencies or tragic events.
 - The second site will open at the Comprehensive Psychiatric Emergency Program (CPEP) on October 1.
- *Strategy 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.*
 - DC Health is sending regular communications (via email and paper mail) to providers to encourage them to register with the PDMP by July 31, 2019. Currently, 86% of providers have registered. This is a 23% increase from June 30, 2019. All providers are expected to register by August 31, 2019.
- *Strategy 3.5: Develop a comprehensive workforce development strategy to strengthen the behavioral health workforce who are available 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.*
 - DBH hosted two Recovery Coach trainings with an additional MAT competency module. The free 30-hour training provided participants with a Connecticut Community for Addiction Recovery (CCAR) certificate, which is a prerequisite for the International Certification and Reciprocity Consortium (IC&RC) examination. The goal is to train 90 individuals through September. Below is the information for the two five-day trainings and the remaining trainings:
 - June 25–27 and July 2–3 (15 attendees)
 - July 23–25 and July 30–31 (18 attendees)
 - August 6–8 and August 13–14 (20 individuals have signed up)
 - September 4–6 and September 10–11 (registration has not opened yet, 20 spaces will be available)
 - September 17–19 and September 24–25 (registration has not opened yet, 20 spaces will be available)



GOAL 4

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.*
 - DBH vendors will be conducting a series of community information and discussion sessions in each Ward of the District through September to address opioid use and overdoses, educate the community on a harm reduction approach to drug use, discuss community member experiences and concerns, and share information about local resources available for people who use drugs. The goal of these conversations is to provide information, increase awareness, answer questions, and engage in dialogue with DC residents about these issues. Attendees have been engaged in discussions regarding stigma around MAT and the Good Samaritan Law. A Community Conversation took place in Ward 6 on July 10 with 29 attendees and 24 Narcan kits distributed.
 - DC Health conducted two Opioid Overdose Prevention and Naloxone trainings (July 18 and 23) with a total of 149 attendees and 154 Narcan kits distributed.
- *Strategy 4.6: Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.*
 - The Certified Peer Specialist Training team at DBH trained six peers for the Rapid Peer Responder (RPR) program.
 - DC Health hired a coordinator to support this group. The RPR team will begin implementation in early August.



GOAL 5

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

- *Strategy 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.*
 - The Pew Charitable Trusts staff continued to conduct interviews to assess the SUD treatment system. In July, they conducted eight interviews with providers and four with community-based organizations, had five meetings with District agency staff, met with one Council member, and facilitated two roundtable discussions, one with FQHCs and one with individuals with lived experience. They also facilitated a meeting of Opioid Strategy Group 5 regarding care coordination approaches.
 - Informed by these and previous conversations, Pew is drafting policy recommendations to be released in October 2019, followed by a full report at the end of the year.
- *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.*
 - The contract has been awarded for the Opioid Survivors Outreach Program (OSOP). Consumers who are brought to the ED for a non-fatal overdose will be referred to MAT. If a consumer refuses treatment in the ED, a peer will follow them for 90 days. The following four hospitals implementing ED MAT induction (United Medical Center,

Washington Hospital Center, and Howard University Hospital) or preparing to implement ED induction (George Washington) have signed on to this initiative. Interviews for peer recovery and OSOP peer coaches are ongoing.

- ED MAT Induction Program updates are as follows:
 - George Washington University Hospital is progressing through protocol development.
 - At the three hospitals, currently implementing the program:
 - Nurses are actively screening patients using Screening, Brief Intervention, and Referral to Treatment (SBIRT) (42% of patients screened using SBIRT). In order to increase the number of patients screened, booster training and changes to workflow were implemented and electronic health record (EHR) documentation improvements are being made.
 - Peers are making referrals to resources and community-based services (28% of patients screened positive were referred). In order to increase the number of patients referred, modifications to workflow and documentation are being made, the Fast Track provider list is being regularly updated as new providers join and providers are certified as Assessment and Referral (AR) sites, and additional support for peers was added, including networking and educational opportunities based on peer feedback. Further opportunities for peer support are planned in conjunction with DBH.
 - Linkages to treatment data from hospital improvement reports were lower than expected. In order to improve the reported linkages to treatment, final approval of consent to contact forms revisions were completed and improvements to data reports and booster training on the referral and hand-off process and proper documentation are underway. The Assessment and Referral Center (ARC) was the only place to refer DBH clients. DBH reported that four certified Assessment and Referral sites will be accepting clients August 1.
- *Strategy 5.6: Increase the presence of peer support groups/programs (e.g., 12-step programs, clubhouses, 24-hour wellness centers, sober houses) throughout the community (e.g., faith-based institutions, community centers, schools) for people in recovery and monitor the quality and effectiveness of programming.*
 - The request for applications (RFA) to establish six new Peer-Operated Centers was released on June 14, 2019 and 10 applications were received on July 15, 2019. The grant review panel began working on July 29, 2019 and grants are expected to be awarded by mid-August.
 - DBH's Results-Based Accountability (RBA) team is working to establish performance metrics for the Peer-Operated Centers by the end of September.
 - The Peer-Certified Specialist and Recovery Coach graduation and job fair is scheduled for September 27 at Gallaudet University.
 - DBH contributed to the planning of the 2019 Regional Outreach Worker Conference that is scheduled for August 1 and 2. Peers will present on current trends and effective strategies to engage individuals with SUDs.
 - DC Recovery Community Alliance (DCRCA), one of three current Peer-Operated Centers, is conducting a pilot study on the effectiveness of peer specialists and recovery coaches. DCRCA is partnering with George Washington University on this study of 60 clients who present to an ED after an overdose. Thirty clients will engage with a peer specialist or recovery coach and 30 clients will not engage with either. During the course of the study, clients will complete questionnaires that will help with the tracking and documenting of the effectiveness of peer specialists and/or recovery coaches.
- *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.*
 - DBH is working with the DC Department of Employment Services (DOES) to develop a memorandum of understanding (MOU) for DOES to provide soft skills trainings (i.e., interpersonal or “people” skills that help individuals to successfully interact with others in the workplace) for peers and conduct research on best practices for linking individuals with OUD to employment and maintaining that employment. The MOU will be executed before September 30, 2019, and programming will begin after October 1, 2019. DOES will provide services to two cohorts:
 - The first cohort will be focused on life skills and employability development training and will be specific to peers who are already working in the DBH network.
 - The second cohort will be focused on job readiness training and will be specific to peers who wish to begin working and need help with resumes, interviewing skills, and more.



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.*
 - DBH met with DOC to discuss the implementation strategy for the new therapeutic SUD housing unit that will launch October 31, 2019, the Ready Center, and other initiatives.
 - Data sharing agreements were being finalized and the MOU for the SOR grant is being reviewed by DOC.
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Develop effective law enforcement strategies that reduce the supply of illegal opioids in Washington, DC.

- None to report.