

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

## ACCOMPLISHMENTS AND PROGRESS ON LIVE.LONG.DC. 2.0



### REGULATIONS, DATA, AND CONTINUOUS QUALITY IMPROVEMENT

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

#### RD.1

**Complete and Ongoing**

Convene an Opioid Fatality Review Board to review all opioid related deaths that occur in Washington, DC and develop recommendations to reduce opioid-related fatalities. (Lead Agency: OCME)

The Opioid Fatality Review Board convenes monthly Board meetings with the 21 members, which include residents and representatives from 12 DC agencies and organizations. The purpose of the Board is to examine the cases of individuals who experienced an opioid fatality, review existing data, and make recommendations on how to improve services and supports for individuals with behavioral health challenges. An annual report, which reports on the activities and recommendations from the Review Board, is published and posted on the OCME website.

#### RD.2

**Complete and Ongoing**

**Strengthen the infrastructure for data and surveillance to understand the scope of opioid-related overdoses (fatal and nonfatal) and the demographics of the population with opioid use disorder, as well as the effectiveness of the treatment and recovery support system.** (Lead Agencies: DBH, FEMS, MPD, DFS, DC Health)

The multi-agency opioid dashboard, which integrates Fire and Emergency Services (FEMS), Department of Corrections (DOC), the Office of the Chief Medical Examiner (OCME), Department of Health Care Finance (DHCF) and Department of Behavioral Health (DBH) data was finalized in December 2022. The dashboard is available to DC government agencies.

Since April 2022, the DBH convenes a monthly governmental opioid data workgroup to review the data in the multi-agency opioid dashboard and make improvements as needed. The workgroup also discusses additional data analyses that inform implementation of LIVE.LONG.DC. (LLDC) strategies.

It was determined that it is not useful to include opioid fatalities in Overdose Detection Mapping Application (ODMAP) until data can be obtained in real time (currently there is a 3-month lag). DBH met with the OCME's staff in August 2022 to discuss how to address this issue. In FY22, the Metropolitan Police Department (MPD) began adding their overdose responses into ODMAP. Their input is limited to

instances in which MPD members respond (versus a combination of FEMS and MPD) and MPD administers naloxone.

DC Health produces real-time reports when an overdose spike occurs with details about locations of the spike including Wards, neighborhoods, and street corners. This information is shared with outreach teams and DBH/DC Health leadership and sometimes with the larger LLDC community when there is an unusually large spike or cluster overdoses.

The Department of Forensic Sciences (DFS) conducts drug surveillance by analyzing needle exchange syringes, death investigation syringes, seized drugs, and opioid use disorder (OUD) clinic specimens. Monthly reports and intelligence bulletins are distributed to government stakeholders to better understand what is in the drug supply so that outreach teams can inform clients.

MPD provides DBH with a monthly report of naloxone usage, which provides details about where it was administered and the demographics of the individuals receiving it. MPD also completed an internal dashboard of all overdoses that MPD members encounter to monitor trends. MPD continues to share their internal dashboard of all overdoses with MPD command staff to monitor trends.

Carnevale and Associates was awarded a contract on November 29, 2021, to evaluate the State Opioid Response (SOR) grant. The SOR team holds weekly meetings with Carnevale and Associates to discuss the data reports and review developing trends. The SOR team reviews monthly data reports from the Carnevale team and uses those insights to improve grant monitoring and implementation of LLDC.

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### **RD.3**

**Complete**

**Expand Department of Behavioral Health's Assessment and Referral (AR) sites to establish multiple points of entry and expedite access into the system of care for substance use disorder treatment services.** (Lead Agency: DBH)

DBH requires all providers to be AR sites. Throughout FY22, DBH engaged all providers in the AR Referral Workgroup to increase community intakes and confirmed updated intake hours. The calendar of intake hours is posted on the DBH website: <https://dbh.dc.gov/page/substance-use-disorder-services>.

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### **RD.4**

**Partially Complete**

**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 the Department of Health Care Finance (DHCF) and other local agencies.** (Lead Agencies: DBH, DHCF)

DBH has had discussions with SOR peer-operated centers regarding the financial sustainability of their programs and provided guidance about how to achieve this through monthly meetings. Two of the four still do not take Medicaid, which could support the delivery of some of their services.

Through the rate study, DBH and DHCF reviewed how other jurisdictions had structured their bundle rate payments for methadone and are finalizing recommendations for consideration by DBH and DHCF leadership.

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### **RD.5**

**Complete and Ongoing**

**Strengthen Health Information Exchange (HIE) infrastructure incorporating patient consent, to support coordination of substance use disorder treatment across continuum of care.** (Lead Agency: DHCF)

CRISP DC, DC's Health Information Exchange (HIE), completed the development of an eConsent tool for Substance Use Disorder (SUD) records sharing via the HIE network. The initial work focused on the onboarding and recruitment of pilot sites and launch of site testing for live capture of patient consent. CRISP DC launched the consent tool in June 2022, permitting patient-directed information sharing of 42 CFR Part 2 information with care team members and payers. CRISP led webinar trainings and outreach to educate providers on how to use it in partnership with Integrated Care DC, focused on clinical workflows and patient education about information sharing via the HIE. Community providers who had implemented the tool shared their experience and the early findings from the pilot. The recordings of the three-part training series are archived at <https://www.integratedcaredc.com/learning>.

The upgrade to the DATA WITS system enhanced DBH's current ability to have a one-way interface between DATA WITS and CRISP.

The Community Resource Information Exchange (CoRIE) team engaged with the DC Health Community Health Administration (CHA) and plans to continue engaging DBH regarding resource sharing from MyRecoveryDC.org. The CRISP DC and DC Primary Care Association team worked on the Community Resource Inventory and Referral Tool integration. The Community Resource Information (CRI) Subcommittee of the HIE Policy Board released a draft rule on governance and support for the CRI in December 2022, based on the input of subcommittee and Policy Board members.



## PREVENTION, EDUCATION, AND COORDINATION

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

### PE.1

Partially  
Complete

**Train youth and adult peer educators, in conjunction with individuals in recovery, to conduct education and outreach activities in schools and other community settings.** (Lead Agencies: DBH, OSSE)

Due to the COVID 19 public health emergency, this initiative was delayed.

The FY22 Fihankra Akoma Ntoaso (FAN), which is a youth peer-operated center (POC), identified three schools where 20 prospective youth peer training program participants were identified and mentored. DBH designed a youth peer training course that was conducted for the recruited youth. FAN developed a plan with the DBH SOR Recovery Program Monitor to leverage the relationships that FAN has developed with the schools and other government and non-government allies to continuously recruit additional youth peers into the training program for the subsequent cohorts.

DBH met with new staff at the Office of the State Superintendent of Education (OSSE) in July 2022 to continue discussions around implementing OUD education within health education courses and how to connect youth with behavioral health services and supports. These discussions are ongoing.

### PE.2

Complete and  
Ongoing

**Provide age-appropriate, evidence-based, culturally competent education and prevention initiatives in all Washington, DC public and charter schools regarding the risk of illegal drug use, prescription drug misuse, and safe disposal of medications** (Lead Agencies: DBH, OSSE)

DBH school-based clinicians are trained on the *Too Good for Drugs* curriculum and are implementing it in schools. This initiative is being expanded to community-based organization (CBO) school-based clinicians for SY 2023–2024 in DC Public Schools (DCPS) high schools as well as 5th and 7th grade levels. Training materials were ordered for the CBOs in FY23.

OSSE trained 56 DCPS staff and community partners to facilitate *This is Not About Drugs (TINAD)*, with the intention to implement the curriculum during the 2021–2022 school year.

In FY23, DC Prevention Centers (DCPCs) met with school-based clinicians multiple times to discuss collaboration.

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### PE.3

Complete and  
Ongoing

**Conduct outreach and training activities 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 effective communication and engagement strategies to support individuals impacted by substance use disorders.** (Lead Agency: DBH)

The DCPCs, through funding from the Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS), provided opioid education to youth and other members of the community. They participate in community events such as Beat the Streets, National Night Out, Community Day/Spring Fling, and others throughout the year.

In FY22, the four DCPCs mobilized community partners to reach 12,108 individuals through 47 naloxone trainings, 87 educational panels, 6 school-based events, and 32 youth-focused events. An example of an activity was when the Ward 3 and 4 DCPC collaborated with Cease Fire Don't Smoke the Brothers and Sisters in June 2022 on week-long group strategy sessions focused on problems of opioid use, ways to reduce the substance use problem, and the importance of naloxone and how to administer it to save lives.

In FY22, eight SOR faith-based grantees conducted prevention and outreach activities within their communities and connected individuals and their families to treatment, harm reduction, and recovery resources. The faith-based organizations partnered with treatment organizations to hold support groups and promoted recovery on their primary days of worship. The faith-based grantees reached 22,433 people through over 60 community events and 37 naloxone trainings.

All four DCPCs and the faith-based grantees participated in National Prescription Drug Take Back Day twice a year to hand out resources about services and support and distribute naloxone.

In FY22 and FY23, at least one event in each ward for International Overdose Awareness Day was hosted by DCPCs, faith-based grantees, and other LLDC partners where SUD outreach materials and naloxone was distributed. Events varied from a documentary screening to presentations by guest speakers, live performances, street outreach, and a candlelight vigil.

The following DBH courses were created and are available for continuing education credits through the Training Institute website: 1) *Supporting Individuals with Opioid Use Disorder: Communication and Engagement*; and 2) *Supporting Individuals with Opioid Use Disorder: Treatment Support Services*. Hundreds of individuals have completed these two courses.

Each DCPC works with the university (or universities) in its Ward. They are conducting naloxone trainings and conducting outreach events. In June 2022, the DC Government continued the certified naloxone trainer program. DBH will invite university champions to the next training session that will be offered in the first quarter of FY24. Wards 5 and 6 DCPCs hosted a Community Opioid Prevention Health Fair at Catholic University on September 14, 2022. This consisted of a full day of training, networking opportunities, and resource sharing.

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### PE.4

Complete and  
Ongoing

**Create multiple social marketing campaigns, including anti-stigma campaigns, using a variety of media with clear messages to multiple target audiences (e.g., youth and young adults, current people who use drugs [PWUD], seniors) to increase awareness about opioid use, treatment, and recovery.** (Lead Agencies: DBH and MPD)

ENGAGE Strategies, the social marketing contractor, consulted with the community extensively and used that knowledge to develop FY22 social marketing materials that have an increased focus on friends and family members of people with SUD.

In July 2022, DBH launched the "This Time is Different" campaign (The "Hope" campaign) focused on treatment and recovery. The "Hope" campaign allows individuals to text "Ready" to 888-811, which will give them a list of treatment programs that are open at the time that they send their text. It also provides them with the Access Helpline phone number.

DBH also launched a second harm reduction campaign in July 2022 under "Be Ready," which raises awareness about fentanyl in a range of drugs and includes messaging around "don't use alone" and getting access to fentanyl test strips. The "Be Ready" and "Hope" campaigns' creative content appear

in both English and Spanish. Select “Be Ready” marketing materials are also available in eight different languages. Materials can be requested here: <https://livelong.dc.gov/page/resources-LLDC#Marketing>.

DBH partnered with George Washington University to pitch a youth-focused social marketing and media kit in FY21.

DCPCs and faith-based grantees have participated in Prescription Drug Take Back Days in April and October for FY22 and FY 23, and, in April 2022, seven new locations were identified with MPD and an additional four sites for October 2022. A debriefing of lessons learned took place on May 31, 2022 to prepare for the October 2022 event. In April 2023, a partnership began with two DC Public Libraries with additional libraries being added in October 2023. In April 2022, 396.45 lbs. of prescription drugs were collected; 438.74 lbs. in October 2023; and 1,045 lbs. in April 2023. DBH has worked with MPD and the Drug Enforcement Administration (DEA) to identify locations with insufficient participation and have discontinued them as drop-off sites.

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## **PE.5**

**Complete**

**Increase the targeted advertisement of treatment and recovery programs throughout the District.** (Lead Agency: DBH)

DBH launched an update to map features on the *MyRecoveryDC* website to include profiles of the ecosystem of treatment and recovery resources available throughout the District, as well as more stories of hope from not only individuals in recovery, but also their family and friends.

As noted above, the “Hope” campaign launched in July 2022 directs individuals to text “ready” to 888-811, which will give them a list of treatment programs that are open at the time that they text and the Access Helpline phone number.

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## **PE.6**

**Partially Complete**

**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.** (Lead Agencies: DBH, MPD)

Good Samaritan cards with DBH and MPD logos were produced for community distribution. The cards are carried by the MPD. The MPD Special Liaison Branch distributes cards to community partners and nightlife venues. Throughout FY22 and FY 23, there continued to be a high demand for the Good Samaritan palm cards and posters on the LLDC marketing materials website.

There was not a formal agreement with MPD to educate law enforcement on the Good Samaritan Law through training academies.

Prior to May 2023, HealthHIV, who managed the former Opioid Learning Institute, distributed a monthly newsletter to the community about available resources and trainings using the DC Health licensed provider list (over 27,000 individuals). This resulted in increased traffic to online opioid education courses. The courses have been transferred to DBH and will be uploaded to the DBH Training Institute after they are reviewed.

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## **PE.7**

**Complete and Ongoing**

**Provide education and/or seminars about maintaining sobriety to patients receiving opioid medications and individuals in recovery.** (Lead Agency: DBH)

Peer-operated Centers held monthly education events for the community and a consolidated calendar of all Centers was created. All events are listed at <https://livelong.dc.gov/page/news-and-events-0>.

## PE.8

Complete and Ongoing

**Expand the use of Screening, Brief Intervention, Referral, and Treatment (SBIRT) programs among social service agencies that conduct intake assessments.** (Lead Agency: DBH)

SBIRT takes place in six acute care hospitals and Children's National Medical Center will be conducting SBIRT in FY 24, In addition, as of Q1 in FY 23, SBIRT has been piloted or implemented at seven hospital inpatient units.

The George Washington University School of Medicine and Health Sciences produced an online SBIRT course that DBH promoted to the community.

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## PE.9

Complete and Ongoing

**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 diagnosis and substance use disorder.** (Lead Agency: DBH)

In FY19, the University of the District of Columbia (UDC) created the following courses: *Introduction to Substance Use Disorders the Role of the Professional Practitioner*. The following courses were completed for the UDC SUD certificate program in FY21; *Introduction to Opioid and Substance Use: Treatment and Prevention: Social Worker Integration into Recovery-Oriented System of Care (ROSC); Ethics, Competency, and Advocacy; Cultural Responsiveness in Assessing & Treating Substance Use Disorder; and SUD: Applied Practice*. In Q4 FY22, all of the courses were accredited and were offered in the Spring 2023 semester.

In FY22, 34 individuals completed the Certified Addiction Counselor (CAC) training program at the Catholic Charities Institute, Professional Counseling Education Program, and 37 completed the course in FY 23. MBI Health Services had 12 individuals enrolled in the CAC paid internship program in FY22 and is continuing its participation in the program in FY 23.

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## PE.10

Complete and Ongoing

**Encourage provider continuing education on evidence-based guidelines for the appropriate prescribing and monitoring of opioids and other evidence-based practices such as warm hand-offs, 12-step model programs, Acceptance and Commitment Therapy, and SBIRT.** (Lead Agencies: DBH, DC Health)

DBH posted more than 20 available online courses on the Opioid Learning Institute (OLI) website. The OLI was included on the LIVE.LONG.DC. website under "Comprehensive Resources," with a description of the services they offer including the e-Learning courses. In FY22, there were 1,471 enrollments into OLI courses with 773 overall completions. The courses are now being transferred to the DBH Training Institute website.

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## PE.11

Partially Complete

**Ensure coordination across stakeholders, wards, and jurisdictional/regional areas to connect consumers, review data, and inform progress.** (Lead Agency: DBH)

Virtual ward-level engagement meetings have been held every other month beginning in January/February 2021 to review fatal and non-fatal overdose data by Ward and plan for collaboration to address issues at the neighborhood level. In response to the large cluster of opioid fatalities in Trinidad/Ivy City and in Southwest, in-person meetings were held for Wards 5 and 6 to plan for a more coordinated outreach effort. This included developing a specific schedule when outreach staff would be on site to distribute naloxone, providing information regarding the drug supply, and encouraging people to seek services and support. In addition, a Ward 8 meeting was held in February 2023 to identify strategies to address the five areas that experienced the most overdoses. All LIVE.LONG.DC. meetings are posted here: <https://livelong.dc.gov/page/news-and-events-0>.

In FY24, DBH will continue its focus on engaging community members and families in Ward-based opioid activities. The online Opioid Education Ambassador training has been produced and is in final review by community partners. This aim of this training is to equip family and community members with high-level information around treatment, harm reduction, stigma, and recovery that can be easily shared

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within their communities.

DBH held meetings in the spring of 2021 with Prince George's County to review the District's initiatives and discuss collaboration. DBH was invited to be a guest on their Opioid Fatality Review Board at their in-person meetings. We are considering inviting our jurisdictional partners to the monthly Opioid Working group meeting at least twice a year to exchange information.

DBH is currently in the process of hiring an engagement coordinator who will manage ward-level activities and conduct research to identify and leverage best practices from other states where fatalities are decreasing.

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## HARM REDUCTION

Support the awareness and availability of, and access to, harm reduction services in the District of Columbia.

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### HR.1

**Partially  
Complete**

Increase harm reduction education to families and communities, including naloxone distribution to those most affected (PWUD). (Lead Agency: DBH)

Demand for naloxone training remains high in the community, and certified trainers have been able to meet this demand with the support of the 36 new trainers certified across three cohorts since June 2022. Since October 2021, 5,187 individuals have been trained during monthly opioid overdose prevention and naloxone administration training in targeted priority populations. Specifically, in FY23, 4,412 residents completed naloxone training (both in-person and online). Certified trainers provided 135 training sessions, reaching a total of 2,813 individuals.

In addition to training events led by certified instructors, there are two free online, on-demand naloxone training modules, one for general audiences, and one advanced course for accredited clinicians to receive continuing education credit. In FY23, 1,599 individuals were trained in the online module, including 576 clinicians. DBH worked with DCPS to get all school nurses to take the training for clinicians to become naloxone certified and receive a free CME.

Beginning in January 2022, a new training curriculum for DC Health naloxone trainers was implemented. DBH holds regularly scheduled training sessions for DC Public Libraries (DCPL) and shelter staff (single adults/families).

DC Health produces real-time reports when an overdose spike occurs with details about locations of the spike including Wards, neighborhoods, and street corners. This information is shared with outreach teams and DBH/DC Health leadership and sometimes with the larger LLDC community when there is an unusually large spike or cluster overdoses. In April 2022, DBH returned the mobile sign truck to the road, using ODMAP data to deploy the truck to hot spots.

The Text-to-Live program and mail-based delivery program have been operational and running without issue since 2021. Demand for the programs has fluctuated but increased over time. In FY23, the home delivery program transitioned to syringe service providers (SSPs) who are taking a more active role in delivery along with DC Health peers. DBH provides additional support when a spike occurs in a specific area within the District.

For the naloxone pharmacy program, DBH has made new connections with CVS corporate, which has been instrumental in providing more staff training and better communications around inventory needs for CVS partner stores. CVS partner stores account for half of the locations in the program. The goal is to grow the program in FY24 from 30 to 50 pharmacies in FY24 to address some of the systemic inequities that exist in Wards 7 and 8.

International Overdose Awareness Day (IOAD) is held on August 31 each year. The LLDC community created a tool kit for stakeholders to use to promote the activities and events they have planned for

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IOAD. In August 2022, there were 15 events held across all 8 Wards. Given the feedback from many community partners who expressed that it felt like there were too many competing IOAD events on one day, the 20 events held in, 2023 events were scheduled over the course of a week to allow higher participation.

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## **HR.2**

**Partially  
Complete and  
Ongoing**

### **Make naloxone available in public spaces in partnership with a community-wide training initiative.** (Lead Agency: DBH)

DBH has been increasing the number of naloxone kits distributed year over year with 86,136 naloxone kits distributed in FY23, a 32% increase from FY22 (65,124 kits). In FY22, there was a 15% increase (56,810 kits) from FY21, and a 78% increase (31,917 kits) in FY21. DBH continues to expand the program and look for new ways to strategically reach those most at risk.

Fifty new distribution partners were added in FY22. Partners continue to be added in FY 23 for a total of 134 active partners. DBH is still adding new partners who meet the qualifications and strengthening the relationship with existing partners, particularly SOR grantees who are serving the most at risk.

Regulatory barriers limit the distribution of naloxone without a prescription at hospitals. In FY22, there were 406 kits distributed to individuals leaving the jail and in FY 23,642 were distributed.

FEMS continues to distribute naloxone to overdose survivors and witnesses, although reporting discrepancies continue to exist. In FY23, DBH worked with FEMS leadership to make offering naloxone to all witnesses and survivors a part of FEMS' standing operating procedures, which resulted in 2,618 kits distributed. DBH will continue to explore the possibility with MPD of implementing a leave behind program.

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## **HR.3**

**Complete and  
Ongoing**

### **Explore the feasibility of supporting additional harm reduction strategies including safe consumption sites and fentanyl test strips.** (Lead Agency: DBH)

The LLDC Harm Reduction Opioid Strategy Group (OSG) has continued to convene meetings with invited stakeholders to discuss the feasibility of establishing a safe consumption site. DBH updated the 2019 "Safe Consumption Site Report for the District of Columbia" to include information gathered from other jurisdictions who have been successful in opening an overdose prevention site. In February 2023, the Overdose Prevention Site paper was sent to harm reduction stakeholders.

The Harm Reduction Opioid Strategy Group (OSG) held a presentation on January 28, 2022 entitled "Safe Consumption in the U.S.: Lessons Learned from New York, Philadelphia, and Providence," which was attended by over 40 harm reduction stakeholders. The session included presentations from representatives in all three jurisdictions who discussed the lessons learned in each of their unique paths to establishing an overdose prevention site and any legal considerations the District should take. The session is posted on the LIVE.LONG.DC. website: <https://livelong.dc.gov/page/resources-LLDC#harmreduction>.

In August 2023, District leaders including the Interim Deputy Mayor of Health and Human Services (HHS), the Director of DBH, Interim Director of the Department of Healthcare Finance and Medicaid Director, the State Opioid Treatment Authority and the Deputy Director of Adult Services visited the newly opened overdose prevention center, OnPoint NYC, to gather information regarding its operations and lessons learned. The DC Government contingent has produced a report for the City Administrator and the Mayor that outlines infrastructure and necessary resources necessary to implement a site in the District as well as the barriers to implementation.

DBH has created educational materials and supporting community-based organizations (CBOs) in establishing/expanding drug-checking programs. A palm card about how to use fentanyl test strips was published. DBH and community partners have been giving out fentanyl test strips (FTS) on demand and distributed 72,059 from April 2022–September 2023.

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## HR.4

Complete and  
Ongoing

### **Continue syringe services programs in combination with other harm reduction services and assessment for new site selection and safe disposal sites.** (Lead Agency: DBH)

In FY22, the four syringe services programs (SSPs) continued to operate through the transition of oversight from DC Health to DBH. Two of the four have mobile MOUD programs. DBH sent out an RFA for mobile SSP funding in September 2022, and all three existing mobile SSPs were awarded grants in January 2023.

Organizations continue to submit their SSP data in a timely manner. DBH initiated data collection via a Quickbase form and SSPs are submitting data using this platform beginning in January 2023.

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## HR.5

Partially  
Complete

### **Expand the use of peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.** (Lead Agency: DBH)

DBH sponsored a Peer Specialist Certification Program in July/August 2022 and three trainings were held in 2023. The revised training incorporated strategies in the LIVE.LONG.DC. plan and provide comprehensive training, education, and workforce opportunities for peers that will help them be eligible for national/international certification. As part of the Certified Peer Specialist Training, 11 peers participated in field practicums.

The Rapid Peer Responder (RPR) program at DC Health ended as of September 29, 2021. Two of the peers still work with DC Health doing outreach and supporting the delivery of Text to Live requests.

In FY22 and FY 23, outreach teams continued deployment during overdose spikes. DBH continues to work with the surveillance team at DC Health to refine our system about overdose spikes and provide more information to stakeholders in a timely manner. ENGAGE Strategies continues gathering lists for Ward-level spike alerts. DBH has identified the threshold of what defines a spike (location, number, timeframe, etc.) for when to communicate to outreach teams and the community.

An outreach summit was held February 25, 2022 to identify and discuss gaps in coverage, as well as outreach to buildings with multiple fatalities. CBOs were assigned to the identified buildings.

In FY23, a map was created to divide catchment areas between the three SSPs for responding to overdose spikes and other community concerns such as cleanup requests. All three grantees saw the map and are providing support in their assigned areas.

DBH will launch the Opioid Education Ambassadors training in FY24, which will help to recruit peers to join a community overdose response network.

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## HR.6

Complete

### **Encourage continuing education for medical providers on increasing prescriptions of naloxone for persons identified with OUD or those at risk.** (Lead Agency: DBH)

HealthHIV sends email and social media blasts (over 27,000 individuals on list) to promote its courses in the former Opioid Learning Institute (OLI).

The DBH Communications team continually sends out information on social media about administering naloxone and it is a part of all SOR grantees' scope of work.

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## HR.7

Partially  
Complete

### **Explore the feasibility of developing a 24/7 harm reduction drop-in center that provides comprehensive services and engages individuals in conversations about treatment and recovery.** (Lead Agency: DBH)

Based upon research and national best practices, DBH is implementing the DC Stabilization Center (DCSC). A feasibility study was not conducted. Existing data shows that intoxicated consumers are using hospital emergency rooms and FEMS at a high rate. To support these consumers more appropriately, the DCSSC will divert individuals requiring transportation by FEMS and MPD to hospital emergency rooms to DCSC for appropriate care. DCSC, which will open October 2023, will provide 24/7, no cost, low-barrier access to behavioral health (BH) and medical services to acutely intoxicated

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adults in a safe, therapeutic environment and offer those individuals an opportunity to contemplate behavioral change and accept treatment. The following services will be offered: basic medical care; recovery coaching from a large staff of peers; personal needs (i.e., food, bathrooms, shower, laundry, etc.); buprenorphine inductions; referrals to appropriate, community-based ongoing care; and wraparound supports. There will be 16 beds for a 24-hour period or less and 6 longer-stay beds (up to 72 hours) when extended observation is clinically required.

The service design for the DCSC has been completed and will allow for consumers to walk in or use MPD or FEMS services for transport.

In the fall of 2021, DBH held three sessions with providers in the community and a large information session in collaboration with the Interagency Council on Homelessness (ICH) on harm reduction strategies. All harm reduction programs are person-centered and focus on the individual's needs.

HIPS operates a program specifically for women.

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## TREATMENT

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

### TR.1

**Complete and Ongoing**

**Develop and implement a model for initiating MOUD in emergency departments (ED), ensuring a direct path to ongoing care (via a warm hand-off from peer recovery coaches) that is patient-centered, sustainable, and takes into consideration the characteristics of the implementing health system.** (Lead Agency: DBH)

Under the supervision of DC Hospital Association (DCHA), the ED MOUD Induction programs are live at six emergency departments (ED) and seven hospitals. SBIRT protocols now include stimulants at EDs. In September 2023, 81% of patients (24,641 individuals) received a screening from nurses during their hospital visit, which was an increase from August (79%) and July (78%). DCHA continues to engage with nurse educators and ED supervisors to identify and implement improvement opportunities. Since program inception (May 2019), 882,738 screenings have been completed; 41,015 patients with risky alcohol or substance use behaviors were given a brief intervention to assess their willingness to change their behavior since program inception; and 12,200 referrals to treatment were then made with 5,449 linkages to treatment. There were 1,632 patients who participated in MOUD induction, and outreach peers engaged 2,423 patients in an effort to expand the 90-day peer outreach for individuals refusing treatment at the emergency department.

The DC Hospital Association (DCHA) continues to engage fast track providers that provide MOUD through the peer collaborative and individual outreach.

Prior to the discontinuation of the waiver to prescribe buprenorphine, DCHA held an ED-initiated buprenorphine webinar that discussed the x-waiver on December 14, 2022, with 10 people in attendance. In consultation with a practicing ED physician in DC and Baltimore, DCHA developed podcast content that discussed how to get x-waivered. The podcast is currently available on the DCHA website.

The Psychiatric Institute of Washington (PIW), Sibley Memorial Hospital (SMH), MedStar Washington Hospital Center (MWHC), MedStar Georgetown University Hospital (MGUH), and United Medical Center (UMC) are distributing naloxone upon discharge from the ED. Howard University Hospital (HUH) is in progress for approval. Regulatory issues are now impeding the distribution of naloxone at hospitals.

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The DCHA Patient Quality and Safety Summits have been held annually for the last few years and have included a variety of topics focused on harm reduction, treatment, and recovery. DCHA has developed monthly podcasts for physicians discussing relevant topics and are shared on the DCHA website.

DCHA provides DBH with a detailed monthly report for each of the hospitals and tracks trends over time.

Management of the BupDAP initiative, MOUD for the uninsured and underinsured, was taken over by DBH in June 2022 from DC Health. In July 2022, DBH conducted open training sessions on BupDAP for community providers. The DBH Pharmacy at 35 K Street will now fill prescriptions for the uninsured/underinsured will now be filled. Providers have been informed that they can access MyRides, on-demand transportation, to support clients to get prescriptions at DBH Pharmacy, 35 K Street. Unity Healthcare started using funds beginning in January 2023 to purchase medications for the BupDAP program and have three of their pharmacies serve as BupDAP-participating clinics.

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## TR.2

Complete and  
Ongoing

### **Integrate physical and behavioral health treatment and programming to deliver whole-person care and improve well-being.** (Lead Agencies: DBH, DHCF, DC Health)

An RFA for wellness activities for clients with opioid use disorder (OUD) was released in FY21, but there were no applicants. As a result, providers are being encouraged to develop their own wellness activities. In FY22, two of the three community Opioid Treatment Programs (OTPs) delivered a series of wellness programs for current clients, including aromatherapy sessions and environmental workshops. Between both providers, 231 individuals participated in wellness programs. DBH released an RFA in FY 22FY22 to fund retention and re-engagement efforts at the OTPs, which included the option for wellness activities and contingency management programs. Only one provider responded to the RFA and received the award. In the Summer of 2022, DBH contracted with a trainer to provide five wellness workshops to providers to teach them skills that they can use with their clients. These workshops included CEUs and were facilitated through the DBH Training Institute.

Contingency management training was provided on April 12, 2021. The SOR 3 application noted that providers need to be trained and grantees are responsible for creating a contingency management implementation plan for the Substance Abuse and Mental Health Services Administration (SAMHSA). In October 2022, SAMHSA informed grantees that this was on hold.

In FY 21FY21, three grants were awarded to integrate HCV and HIV care into SUD; these grantees have sustained the practices started through the grant.

Up until May 2023, the following online courses were offered through the Opioid Learning Institute to encourage use of opioid alternatives and pain management approaches for patients and users: *Acupuncture, Massage, and Self Care in Addressing Pain, Cognitive Behavioral Therapy & Mind-Body Techniques in Addressing Pain, Treating Acute Pain to Improve Outcomes and Reduce Opioids, and Nutrition as Non-Pharmacological Pain Management*. Between October 1, 2019 and September 30, 2022, there were collectively 522 collectively been 522 course completions of these courses.

At the end of FY22, the DHCF contractor, Health Management Associates (HMA), continued to provide coaching to seven priority provider groups in order to transform into integrated whole-person care. Community webinars included a three-part webinar series on CRISP DC's new consent management tool, permitting consent-based information sharing of 42 CFR Part 2 information via the health information exchange, which will allow improved collaboration across physical and substance use treatment provider settings, as well as a series on person-centered planning and advanced directives sharing via the HIE. DHCF/HMA conducted outreach to SUD providers who were ending technical assistance with other projects (Rev Up DC) along with new SUD providers identified by DBH to provide info on Integrated Care coaching. HMA continues to follow up directly with sites in order to answer questions and develop relationships with key providers.

The telehealth rule formalized changes in DC regulation to continue COVID flexibilities around site and modality in July 2021. Relaxation on federal rules on MAT telehealth may end with the end of the PHE.

The TeleMAT grant was completed in FY 2021.

**TR.3****Complete and Ongoing****Create 24-Hour intake and crisis intervention sites throughout the District.** (Lead Agency: DBH)

In FY22, the Community Response Team (CRT) received nearly 4,000 referrals and was able to intervene on over 2,000 occasions. In addition, the CRT conducted over 11,000 post-interventions.

Yellow Cab, through the Department for Hire Vehicles (DFHV), provided over 3,500 on-demand rides in FY22 to help individuals connect or reconnect with OUD/SUD services.

Howard University Hospital and RAP are each continuing to maintain four crisis beds for individuals with OUD.

The CPEP now has the option for MOUD induction.

Chapter 80 was developed to support crisis services under Medicaid.

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**TR.4****Complete****Increase provider continuing education on evidence-based guidelines for the appropriate prescribing of MOUD, with a target audience of addiction treatment providers and primary care providers who are most likely to encounter patients who are seeking this therapy.** (Lead Agency: DC Health)

The District Addiction Consultation Service (DACS) has offered clinical phone consultation services to District providers since July 2021, focusing on MOUD and chronic pain management. As of November 2022, 1,119 DC providers were enrolled in DACS services. Since the launch of DACS in July 2021, 56 clinical calls have been answered and 11 continuing education webinars related to OUD, MOUD, and chronic pain management have been completed.

Mary's Center conducts monthly Extension for Community Healthcare Outcomes (ECHO) sessions to problem-solve barriers to prescribing MOUD and best practices for service delivery. Howard University Hospital also conducts ECHO sessions intermittently.

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**TR.5****Complete and Ongoing****Employ peers to engage with patients in DC hospital inpatient units and conduct post-discharge outreach.** (Lead Agency: DBH)

Seven hospitals are implementing SBIRT on inpatient units and conducting post-discharge outreach for individuals not linked to treatment.

See TR.1 for an update on naloxone distribution in hospitals.

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**TR.6****Partially Complete****Establish a community of practice (COP) for providers working with individuals with opioid use disorders.** (Lead Agency: DC Health)

HealthHIV conducted the MAT Survey "Addressing the Opioid Epidemic" from August 19–September 29, 2021, and engaged 120 participants. The findings were submitted, and the report was published and posted on the Opioid Learning Institute website.

In Q4 of FY22, HealthHIV communicated to organizations that provided training and technical assistance initiatives about COP sessions. A formal inventory was not put on the opioidhealth.org website.

The HealthHIV findings from the MAT Survey included a training plan for the future COP.

There were four COP sessions conducted in FY22 by the Opioid Learning Institute. The fourth session was conducted by Dr. Joseph Muller from Unity Health Care and focused on discussing the disparities in utilizing MOUD. Participants learned how to counsel patients on the differences between methadone and buprenorphine. Dr. Muller also discussed the difference between OBOT and OTP treatment and how to facilitate transitions of care between the two. There were 62 participants.

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**TR.7****Implement a mobile van to provide behavioral screenings, assessments, and referrals; and services and supports.** (Lead Agency: DBH)

**Partially  
Complete**

The DBH mobile van continues to conduct outreach Monday through Friday at hotspots around the District. The DBH Assessment and Referral Center (ARC) staff are providing support on the van until dedicated staff can be hired. There has been difficulty hiring staff due to workforce shortages, but as of September 2023, two outreach workers have been hired and interviews have been conducted with drivers, social workers, and nurses.

The van staff conducts screenings to make referrals as needed. There is a process in place to allow for telehealth to work on the van with 35 K Street physicians. DBH staff is ensuring that the 35 K Street pharmacy is stocked with buprenorphine and symptom-supporting medications for uninsured patients. The mobile unit schedule is completed monthly and sent to DBH outreach staff and stakeholders.

DBH is in the process of developing a strategy for providing additional services and support, including buprenorphine induction on the van in collaboration with SUD and primary health care providers.

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## **TR.8**

**Partially  
Complete**

### **Develop and implement a comprehensive care coordination/care management system to care for and follow clients with SUD/OD. (Lead Agency: DBH)**

DBH met with providers multiple times in FY21 to develop a vision for care management. In January 2022, awards were made to seven organizations to provide care management services to individuals with OUD and multiple health/behavioral health needs.

Through extensive outreach in the community and to other providers, each of the seven care management (CM) teams has successfully enrolled clients and established a process for meeting immediate resource needs, connecting clients to behavioral and physical health resources, and supporting retention in treatment services. Meetings with CM providers occur on a monthly basis to improve service delivery and ensure data accuracy. DBH works in conjunction with providers to implement additional guidelines and structures, including establishing referral networks, data sharing, and integration into the larger behavioral health network. In FY22, over 4,000 individuals were contacted through outreach and 265 were enrolled in care management services with 189 linked to behavioral health services.

DBH continues to coordinate other initiatives with the care management programs. Current priorities include developing processes among the care management grantees to support the OTPs and establishing the care management grantees as resources for the hospitals' care management units.

The transition of behavioral health to Medicaid managed care has been delayed until April 1, 2023.

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## **TR.9**

**Complete and  
Ongoing**

### **Implement the use of universal screening measures for pregnant women and individuals with children and provide training to OB/GYNs, nurses, and individuals who interact with them on treatment options. (Lead Agency: DBH)**

MedStar Health Research, a SOR grantee, began data analysis in FY21 to estimate the prevalence of SUD/OD among the pregnant and parenting population in District MedStar facilities. Findings were shared with DBH staff.

DBH hosted the fourth annual training of the *Clinical Guidance for Treating Pregnant and Parenting Women with Opioid Use Disorder and Their Infants* on September 7 and 8, 2023. Training was held for approximately 60 individuals and CEUs/CMEs were offered. Professions that attended included CACs, nurse practitioners, physicians, case managers, and medical students.

Two grants were awarded in FY21 through a competitive bid process to address the needs of pregnant and parenting individuals with OUD. MedStar Health Research explored SUD/OD screening practices in the District for pregnant and parenting individuals. In FY22, MedStar expanded its needs assessment to learn more about SUD screening practices for pregnant and parenting patients. It was determined through their work and collaboration with other partners in the city that universal screening is not recommended. They incorporated their findings into training and educational materials for a variety of stakeholder groups, including patients, providers, and caregivers. MedStar posted materials on the LLDC website and is working with the DBH Training Institute around disseminating information through an online course.

Hillcrest Children and Family Center conducted an intense outreach program from July to September 2021 to reach pregnant and parenting individuals, including fathers, in areas with large overdose rates and connected them to treatment when applicable.

## TR.10

Complete

**Create a skilled nursing and long-term care facilities training program.** (Lead Agencies : DBH, DHCF, DC Health)

HealthHIV created an online skilled nursing course that was accredited in FY22 and offers the following credits: AMA, AAPA, ANCC, APA, and ACPE. In FY23, DBH hired a consultant to train in-person at 18 long-term care/skilled nursing facilities. From June 19–September 21, 156 employees at 6 facilities participated in SUD training with a focus on opioid use. The consultant will continue this work in FY24.

Doctors and nurses are routinely made aware of available trainings through automated emails and texts via HealthHIV.

The DC Health licensed provider list is used to notify potential participants of Community of Practice (COP) sessions.



## RECOVERY

Expand reach and impact of the highest quality recovery support services available and promote a recovery-oriented system of care.

## RE.1

Complete and Ongoing

**Increase the presence of peer support groups/programs (e.g., 12-step programs, clubhouse, 24-hour wellness centers, sober houses, peer-operated centers) throughout the community (e.g., faith-based institutions, community centers, schools) for individuals in recovery and monitor the quality and effectiveness of programming.** (Lead Agency: DBH)

There are currently four peer-operated centers (POCs) supported by the State Opioid Response (SOR) grant. POCs offer naloxone training, recovery plan support, and support groups on a variety of topics such as harm reduction and wellness. They connect individuals to services and resources to support individual recovery plans and personal needs, such as acquiring supplemental food sources. In FY22 they enrolled 233 new individuals with OUD/STUD and made 104 linkages to employment services, 37 linkages to treatment services, and 738 linkages to recovery support services.

A shared calendar of events has been created among the four peer-operated centers. Events open to the community at large are posted at the LLDC website. Monthly reports reflect an increase of 10% annually in individuals served.

Two of the four POCs provide support for family members and friends and continue to expand outreach.

## RE.2

Partially Complete

**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.** (Lead Agencies: DBH, DHCF, OVSJG)

DHCF led other governmental partners including DBH and DHCF in developing a Social Needs Plan to Centers for Medicare & Medicaid and Services (CMS) to engage in further planning on housing strategies in the context of delivering whole person care to Medicaid beneficiaries. Further work is needed to determine the role of the Medicaid program in providing supports to beneficiaries in need of housing to maintain recovery through 1115 waiver or managed care strategies.

The expansion of environmental stability (ES) for individuals leaving inpatient and residential settings as well as returning citizens did not occur because the non-ODU environmental stability beds are not full.

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DBH and DHS signed an MOU to develop Housing First team(s) to serve the OUD population. In FY22, the H.O.U.S.E. team had 7,961 engagements with individuals experiencing homelessness and completed 264 new Service Prioritization Decision Assistance Tools (SPDATs) for individuals experiencing homelessness so that they can be eligible for housing supports as resources are available. The team also made 54 referrals to substance use disorder treatment, 26 of which resulted in successful treatment linkage.

An RFA was released in September 2022 for low-barrier recovery residences with intensive case management and two grants were awarded in FY23.

All recovery housing is required to accept individuals on OUD.

An MOU was established between DBH and Office of Victim Services and Justice Grants (OVSJG) in FY21, FY22, and FY23. In FY22, 20 women and 5 men who recently returned from jail were provided housing. All clients are engaged in weekly case management. Ten women have identified permanent housing and 12 clients have found employment.

Providers are required to ensure all SUD treatment and recovery facilities are MOUD-friendly and provide education through Chapter 63.

DBH collaborated with Department of Employment Services (DOES) in FY21 on a job training program, but recruiting was difficult during the public health emergency.

There have been no new providers interested in expanding Supportive Employment (SE) so this initiative has made little progress despite extensive recruitment efforts.

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### RE.3

Partially  
Complete

**Establish a Peer University to provide comprehensive training, education, and workforce opportunities for peers that will help them be eligible for national/international certification.** (Lead Agency: DBH)

In FY22, the Peer Specialist Certification Program was held from July 11, 2022 through August 8, 2022. The revised training incorporated strategies in LLDC and provided comprehensive training, education, and workforce opportunities for peers that will help their eligibility for national/international certification. The peer certification training includes content on nontraditional, non-office-based, integrative OUD treatment services and supports. There were 11 participants who completed classroom instruction and the field practicum dates were in August and September. The FY23 sessions occurred in February, March, and June. Continuing education trainings are being sought to schedule. Evaluation and program planning is ongoing.

DBH holds quarterly meetings for peers at which they have been invited to speak, tell their stories, and share knowledge about their role and work at places such as Saint Elizabeth and DC Public Libraries. The meetings provide a support network for peers in the workforce. The DC Hospital Association holds regular peer collaborative meetings for peers in the hospital where they discuss successes and challenges to doing the work.

Planning is currently ongoing to develop a provider training to understand the role and integration of peers in the workforce.

In FY23, research continued for a suggested peer pay scale in the District.

A community of practice (COP) began in February 2022 and takes place at the peer meetings.

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## INTERDICTION AND CRIMINAL JUSTICE

Strengthen public safety and justice strategies that reduce the supply and usage of illegal opioids in the District of Columbia.

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**IC.1****Partially  
Complete****Engage and collaborate with the drug court for diversion of individuals with substance use disorder who are arrested.** (Lead Agency: CJCC)

In FY22, a presentation was given to LLDC stakeholders during an OSG meeting. No other work was completed for this strategy.

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**IC.2****Partially  
Complete****Conduct targeted education and awareness campaigns to law enforcement and criminal justice agencies and stakeholders including, but not limited to, judges, prosecutors, defense attorneys and supervision officers focused on reducing the use of incarceration as a means of accessing substance use disorder treatment and accepting MOUD as a treatment option for offenders.** (Lead Agency: CJCC)

The Substance Abuse Treatment/Mental Health Services Integration Taskforce (SATMHSIT) quarterly meetings were held, largely discussing plans to convene an information session discussing the development of a social marketing campaign and developing messaging targeted to criminal justice agencies.

The two annual training sessions for the criminal justice staff have not been held since the public health emergency. DBH will work with CJCC and the US Attorney's Office to organize training sessions for FY24.

ENGAGE Strategies, the social marketing contractor, made outreach to criminal justice stakeholders an activity in their FY23 social marketing plan, but this has been pushed to FY24.

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**IC.3****Complete and  
Ongoing****Ensure individuals incarcerated with the Department of Corrections (DOC) continue to receive MOUD as prescribed at the time of arrest, or MOUD is made available to individuals in need.** (Lead Agency: DOC)

All three forms of MOUD are available at the jail. August 2023 saw a steady rate of individuals receiving methadone (55), receiving buprenorphine (256), and receiving naltrexone (4). This remained consistent with trends from prior months.

The women's SUD Wellness Unit in the jail opened in August 2021 (capacity for 20 women) and the men's unit opened July 2022 (capacity for 30 men). The units have not been at full capacity and referrals to the women's unit have been suspended since July due to restructuring.

DOC and Unity Healthcare develop discharge plans for jail residents to make sure that they are connected to community treatment and enrolled in the BupDAP program.

From October 1, 2022-August 30, 2023, 642 individuals received naloxone upon discharge from jail.

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**IC.4****Partially  
Completed and  
Ongoing****Coordinate with the DOC, Pretrial Services Agency, Court Services and Offender Supervision Agency (CSOSA), the Federal Bureau of Prisons (FBOP), and other relevant stakeholders to develop a wraparound approach to reintegrate individuals with substance use disorder and a history with MOUD into the community upon release.** (Lead Agencies: CCJC, DOC)

At the June 2022 SATMHSIT meeting, partners discussed focusing efforts to address the top priorities that emerged from the Sequential Intercept Model workshop and justice professionals conference. This included: pre-arrest diversion, expanding court-based diversion, and expanding housing options for persons with OUD.

The READY Center conducted the DC Department of Corrections Ready Center Inaugural Reentry Symposium at American University College of Law on June 22, 2022. This public symposium allowed participants to engage in roundtable discussions that explore best practices, necessary reintegration supports, and strategies to reduce recidivism. In Q4 FY22, the READY Center opened office hours in the Franklin Reeves building two days a week.



In FY21, the peer navigator initiative was implemented by DOC College and Career Readiness (CCR). CCR provides pre-release employment training and preparation for individuals with OUD/STUD in the "LEAD Up!" beginning phase of this initiative. Roughly 10 individuals per month participate in the workforce development (peer navigator) program each month.

SUD Wellness Unit staff created referral plans and provided case management for individuals leaving the jail.

There have been planning conversations on engaging the FBOP on planning for those individuals returning through DOC and enhancing planning and opportunities for individuals transitioning from FBOP to DOC but little progress has been made.

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### **IC.5**

**Complete**

**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.** (Lead Agencies: DBH, CJCC)

Recovery and Criminal Justice and Interdiction OSG co-leads met regularly throughout the year to plan two recovery forums, which occurred virtually in August and September 2022. The goal of the forums was to educate criminal justice stakeholders about pathways to recovery.

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### **IC.6**

**Complete and Ongoing**

**Establish effective and coordinated communication channels between justice and public health agency partners to improve continuity of care.** (Lead Agency: DBH)

SATMHSIT (Substance Abuse Treatment/Mental Health Services Integration Taskforce) members convened quarterly and discussed Drug Court operations and producing materials for the public, ways to enhance communication channels between justice partners, and updates on mental health and substance use disorder efforts and existing challenges.

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### **IC.7**

**Not Started**

**Create a common and accurate understanding of how each agency of the District's public safety, justice system, and Health and Behavioral Health system works and interfaces, with a focus on how to best serve PWUD and achieve desired public health and public safety outcomes.** (Lead Agency: CJCC)

The District is focused on a public health approach to engaging individuals who may touch the justice system, which includes the 911 pilot. DBH and CJCC finalized a scope of work for a consultant to assist in the creation of a journey map and this will be implemented in FY24.

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### **IC.8**

**Partially Complete**

**Monitor the screening of substance use disorders prior to arraignment and provide immediate handoff to treatment after arraignment.** (Lead Agency: PSA)

Drug testing while a person is in lock up resumed Monday through Saturday in July 2022. PSA continues to work with the Court, USMS, and DOC to ensure drug testing also is conducted in C-10, which is the Adult Arraignment Court. In addition to lockup drug testing resuming in July 2022, surveillance drug testing resumed for the PSA defendant population in December 2022 without restriction of daily limits that were previously in place due to the COVID pandemic.

Mapping the pathways to treatment based on the disposition of arraignment will occur in FY24.

There has been some progress on developing a resource list for criminal justice partners, but this task is not completed.

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### **IC.9**

**Complete and Ongoing**

**Encourage and support ongoing training for dispatchers and first responders around crisis and outreach services to encourage pre-arrest diversion.** (Lead Agencies: MPD, OUC)

In August 2022, Director Bazron and Chief Contee jointly attended a meeting in Denver to gather additional data about formal co-responder models and pre-arrest diversion program.

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In August 2022, Office of Unified Communications (OUC) and Access Helpline staff began providing Mental Health First Aid Training for Call-Takers with 100% of the staff completing the training.

The 988 implementation planning process was conducted with extensive community input.

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### **IC.10**

**Partially  
Complete**

**Enhance surveillance program and data collection efforts in order to determine and characterize the status of the regional supply of illegal drugs.** (Lead Agency: DFS)

DFS is currently testing needle-exchange syringes from four harm reduction centers, in addition to seized drug samples and syringes associated with death investigations. DFS has additionally expanded surveillance testing with the DC Department of Corrections for non-criminal purposes. DFS is also looking to expand services with currently partnered harm reduction to include non-syringe samples submitted by their clients.

The DFS surveillance program is fully staffed. DFS currently has three CDC Foundation partners to assist with the implementation of the program.

DFS continues to release monthly reports with stakeholders, in addition to timely intelligence bulletins based on shifts in the drug supply. The 2022 report was posted on the LLDC website.

Since June 16, 2022, drugs of abuse screening and/or confirmatory testing has been on hold due to staffing issues at the DC Department of Corrections (DOC). The DOC has requested the following from DFS:

- Electronic test ordering and results reporting. (DFS collaborated with the DOC IT team regarding implementation of electronic test ordering and results reporting.)
- Confirmatory testing for buprenorphine and its metabolite, Norbuprenorphine. (DFS began analytical method development and validation for these two additional analytes in mid-March 2023).

DFS alerts stakeholders when they see a new substance emerge or an increase in a certain substance. DFS is also exploring the creation of a real-time public facing dashboard.

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### **IC.11**

**Complete and  
Ongoing**

**Identify and fill resource gaps preventing law enforcement efforts from using existing laws to reduce the supply of illegal opioids.** (Lead Agency: MPD)

MPD units have been restructured to address staffing issues.

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### **IC.12**

**Complete and  
Ongoing**

**Continue to collaborate with the Metropolitan Police Department (MPD) and federal 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.** (Lead Agency: MPD)

MPD continues to partner and collaborate with the DEA on overdose fatality investigations (i.e., investigates those who sell opioids and the areas in which they are being sold).

MPD has a data sharing agreement with High Intensity Drug Trafficking Area (HIDTA) and has full access to ODMAP. MPD continues to investigate those who sell opioids and the areas in which they are being sold.

Overdose fatalities are now being investigated by detectives assigned to the Violent Crime Impact Team. Monthly DFS reports are generated and distributed to stakeholders.

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### **IC.13**

**Complete and  
Ongoing**

**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.** (Lead Agency: MPD)

MPD is currently working with Homeland Security and Postal Inspectors to intercept packages containing illegal drugs.

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