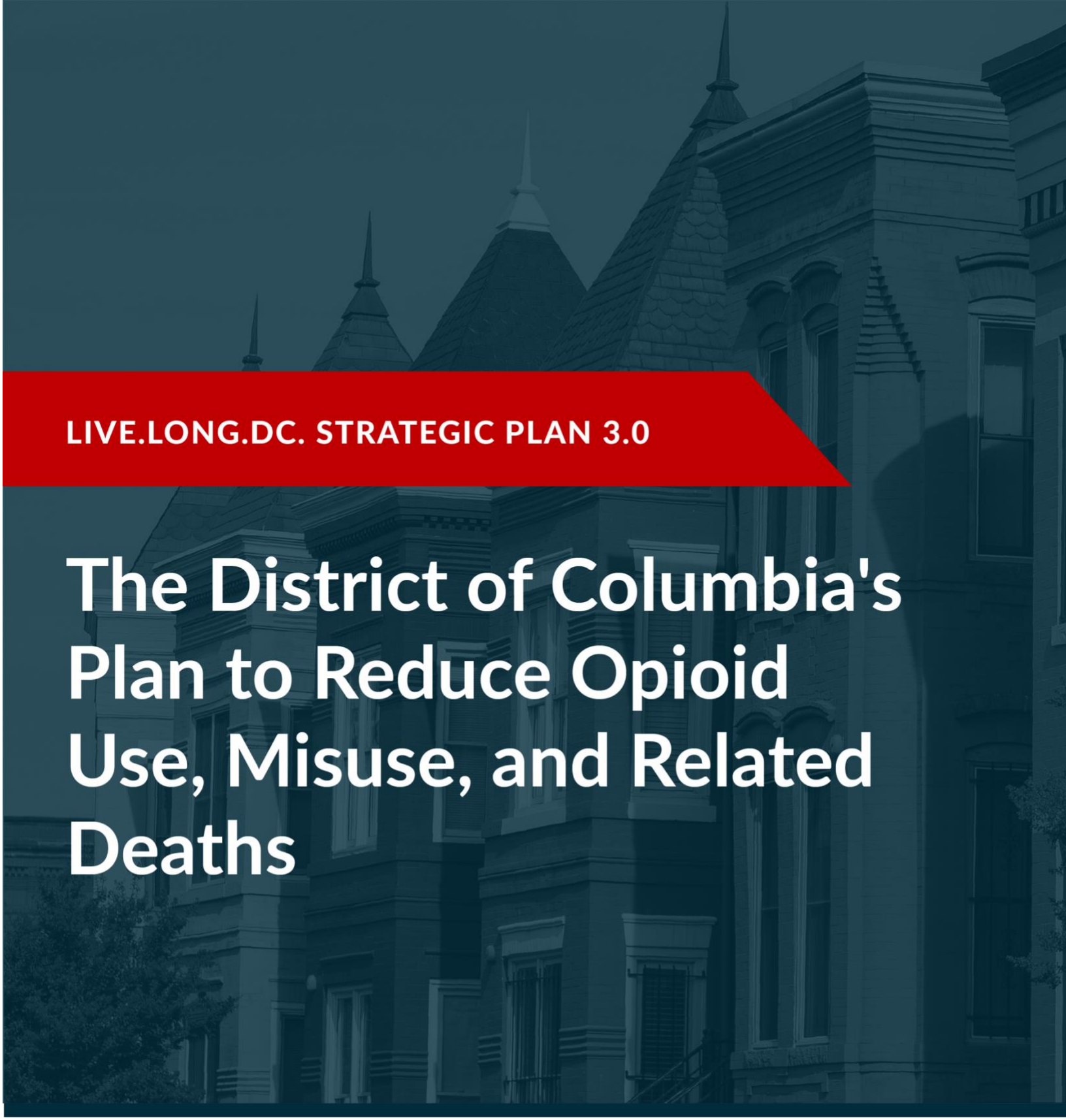


LIVE.LONG.DC. STRATEGIC PLAN 3.0

The District of Columbia's Plan to Reduce Opioid Use, Misuse, and Related Deaths

LIVE LONG DC
Saving lives from the opioid epidemic

Updated as of January 2024

The fight to combat the opioid crisis and its devastating toll on our community continues to be a top priority of my Administration. Too many lives have been lost, leaving families and friends to cherish past memories instead of future moments. Since I released the LIVE.LONG.DC. plan (LLDC) to reduce opioid use, misuse and related deaths in December 2019, we have made progress to save and change lives with rapid and easy access to treatment, free lifesaving medicine that can reverse an opioid overdose, and more housing, jobs and other recovery supports.

In the last several years, the opioid crisis has become a fentanyl crisis. In the District in 2023, fentanyl/fentanyl analogs have been involved in 99% of the opioid overdose deaths compared to nearly 88% in the United States. Fentanyl, 50 to 100 times more lethal than heroin, is cheaply produced and easily smuggled into the United States from the countries where it is manufactured. Federal authorities have struggled to interdict the supply of fentanyl entering the country. Where fentanyl used to be added to heroin, over the past several years, it has largely replaced heroin as an opioid of choice. Since it is so powerful and inexpensive, fentanyl and fentanyl analogs are increasingly being added to other drugs – cocaine, methamphetamines, ketamine. counterfeit Percocet pills and other drugs, making the drug supply extremely dangerous. In addition, similar to the rest of the country, the District is seeing a rise in opioid polysubstance use, which increases one's risk for fatal overdose.

On November 13, 2023, I issued a public emergency on the opioid crisis to provide new tools to respond more effectively and urgently and to strengthen interagency collaboration and data sharing. Today, I am releasing LLDC 3.0 which builds on the progress made in the last four years and adopts new strategies through an equity and culturally competent lens to reach populations with growing needs including our youth and youth adults, and pregnant and parenting women.

This is the second time we have modified our LLDC plan to reflect our growing understanding of the best way to combat the opioid epidemic and to address emerging needs. As fentanyl drove overdose deaths and the COVID-19 pandemic disrupted treatment regimens, LLDC 2.0 was released in August 2021 to double down on harm reduction and increase rapid, easy access to treatment. More than 80 community-based partners were awarded grants to implement proven, evidence-based strategies in prevention, harm reduction, treatment and recovery. We mobilized and sustained planning and collaboration within wards and used fatal and nonfatal overdose data to target support to the most impacted neighborhoods.

Key achievements for FY 2023 under the LLDC 2.0 plan include:

- Provided medication-assisted treatment for 2,462 individuals in recovery from opioid use disorder.
- Distributed 86,136 free naloxone kits, the highest number in one year. This represents a 32% increase over FY 2022 and brings the total number of free naloxone kits distributed to more than 240,000.
- Made free naloxone available in all DC Public Schools and in 71% of Public Charter Schools.
- Provided 4,525 free rides to and from treatment centers.
- Conducted 268,115 substance use disorder screenings in seven community hospitals, resulting in 13,318 brief interventions with peers and 1,426 linkages to treatment.
- Fostered a culture of awareness of opioid and substance use disorder as a disease to reduce stigma around addiction with growing leadership from the faith-based community.

- Provided recovery housing to 278 individuals in all 8 Wards.
- Funded seven faith-based organizations and four prevention centers in all eight wards to conduct prevention and outreach activities within their communities and connect individuals and their families to treatment, harm reduction, and recovery resources.

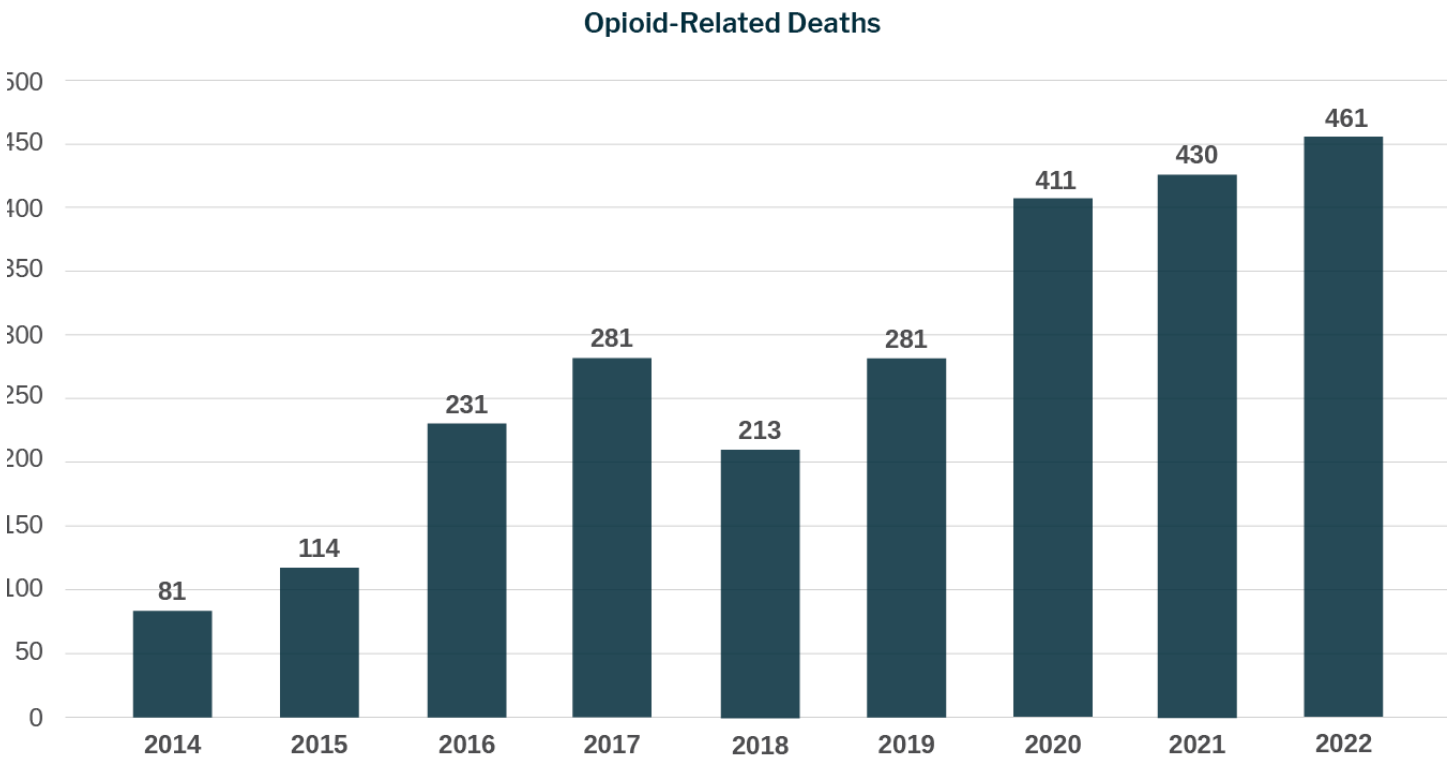
LLDC 3.0 continues proven strategies and adopts new approaches to train and increase the workforce, target resources where needed the most, and strengthen coordination of treatment for opioid disorders with physical health care. Together, we can reduce opioid use, misuse and related deaths with the right treatment and supports and empower all residents to lead longer, healthier lives.

Muriel Bowser, Mayor

The Opioid Crisis

As opioid-related deaths continue to rise across the nation, the District of Columbia has also experienced an increase in fatal opioid overdoses. The graph below reflects the trend of fatal opioid overdoses since 2014 reported by the Office of the DC Chief Medical Examiner. Fatal overdoses hit their first peak in 2017, with 281 overdoses, but declined in 2018. In 2019, fatalities returned to the 2017 levels and have continued to rise, hitting an all-time high of 461 fatalities in 2022. In the first four months of 2023, there have been 152 fatalities. This rise in fatalities correlates with the increase in fentanyl in the drug supply.

The District of Columbia's Epidemic in A Snapshot



- From 2017 to 2022, approximately 72% of all fatal opioid overdoses occurred among adults between the ages of 40–69 years old, and such deaths were most prevalent among people ages 50–59 (30%). During this time period, when there was a 62% increase in deaths overall, 50–59 year olds have seen a slight increase in deaths (16%), but other age groups have seen larger increases: 71% for 60–69 year olds; 100% for 20–29 year olds; 120% for 30–39 year olds; 216% for 70–79 year olds.
- Overall, 85% of all deaths were among African-Americans. This trend has remained consistent across all years for which data are available.
- Fatal overdoses due to opioid drug use were more common among males (76% of deaths were males in 2022).
- From 2017 to 2023, opioid-related fatal overdoses were most prevalent in Wards 5, 6, 7, and 8, with Ward 8 experiencing the most deaths.
- In 2022, 97% of fatal opioid overdoses involved fentanyl and/or a fentanyl analog (compared to 22% of cases in the first quarter of 2015). The fatal opioid overdose data received so far for 2023 shows that 99% of fatalities involved fentanyl and/or a fentanyl analog.

The Approach

LLDC 3.0 reflects our commitment to continuously evaluate our work to modify our plan to adopt new strategies that address the changing landscape and emerging issues and incorporate best practices. LLDC 3.0 introduces strategic adjustments that address the pressing requirement for workforce development, target populations with growing needs, and increase public education.

Since the release of LIVE.LONG.DC. (LLDC), the District of Columbia's Strategic Plan to Combat the Opioid Epidemic in December 2019 and the modified LLDC 2.0 in August 2021, we have mobilized a movement of health experts, individuals and families with personal experience, treatment providers, District and federal government agencies, and community-based partners to act together with urgency and shared purpose. LLDC outlines our strategies to tackle this crisis head-on with proven, evidence-based prevention, harm reduction, treatment, and recovery services to save and change lives.

LLDC 3.0 continues the work that began in October of 2017, when a group of 40 partners from the public and private sectors converged for a summit with a shared focus on addressing the District of Columbia's opioid crisis. It was determined that to holistically combat the crisis, a collaborative effort between local public and private partners was imperative. This collaborative approach harnessed the expertise necessary to establish agile, cross-disciplinary, public-private leadership coalitions. These coalitions aligned their efforts and emerged as the Strategic Planning Working Group ("Working Group").

The Working Group developed a draft plan and established seven Opioid Strategy Groups (OSGS) to outline LLDC goals and the strategies for accomplishing them. This work resulted in the LLDC plan released by Mayor Bowser in December 2019.

As fentanyl drove up opioid related deaths and the COVID-19 pandemic disrupted treatment regimens, LLDC 2.0 was released in August 2021 which doubled down on harm reduction and increased treatment supports, with a comprehensive, individual-centric care framework that prioritized community-level intervention. The list of LLDC partners and accomplishments under LLDC 2.0 are listed in the Appendix.

LLDC 3.0 Modified Plan

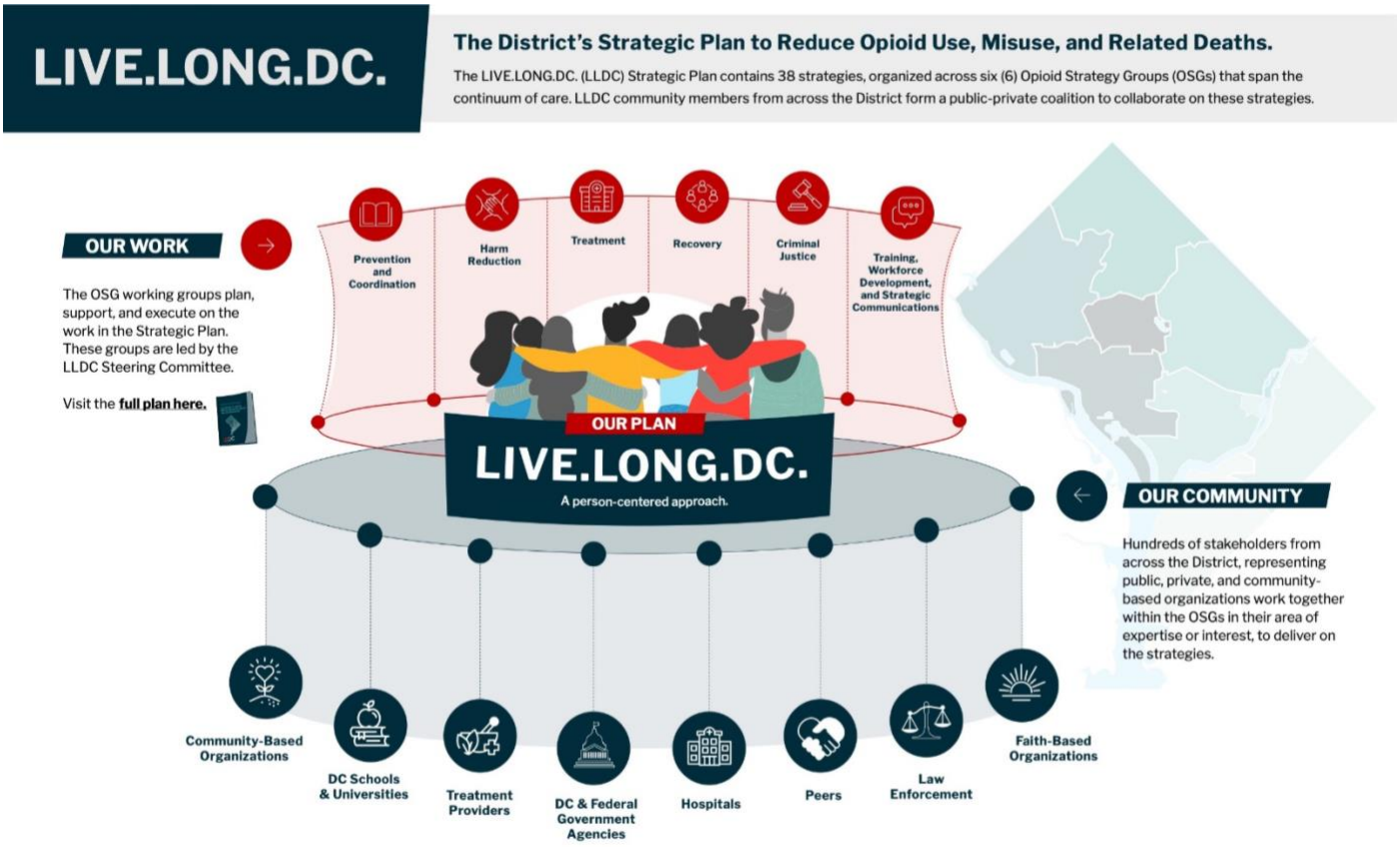
LLDC 3.0 focuses on creating a person-centered system of care, strengthening connections across the continuum of care, and developing a skilled workforce that can most powerfully impact the community. It also consolidates strategies that have similar anticipated outcomes to target resources more efficiently. In addition, all strategies related to training, workforce development, and communications have been moved to a stand-alone goal area.

While LLDC 3.0 builds upon existing strategies from the original plan and LLDC 2.0, it also adopts new strategies based on lessons learned and our evolving understanding of the best way to combat the opioid epidemic using a person-centered approach through an equity and culturally competent lens.

Specifically, LLDC 3.0 includes:

1. a greater focus on saving lives from opioid overdoses by increasing harm reduction activities;
2. developing the peer (individuals with lived experience) workforce and a stronger integration of peers with lived experience within organizations, which has proven to be effective in encouraging individuals to get into and stay in treatment;
3. better coordination and increased access to treatment, including providing opioid use disorder treatment in primary health care settings as well as better coordination of treatment with the criminal justice system;
4. supports to sustain recovery tailored to individual needs including safe, supportive housing;
5. a robust data collection system that informs our strategies, including when and where to deploy outreach workers;
6. a focused effort on public education to prevent and combat the damaging stereotypes associated with substance use disorder;
7. engagement with vulnerable populations including pregnant and parenting individuals, youth and young adults, and residents of skilled nursing facilities; and
8. emphasizing a targeted approach at the community level using data to address the needs at hotspots, which includes the deployment of a mobile unit to meet individuals where they live.

LLDC 3.0 consists of six Opioid Strategy Groups (OSGs) that have developed several strategies related to their areas of focus. LLDC 3.0 is supported in FY 2024 with $24.9M in Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response (SOR) grants, and $3.9M in Centers for Disease Control and Prevention (CDC) Overdose Data to Action (OD2A) funds.



Opioid Strategy Areas in LIVE.LONG.DC. (LLDC) 3.0

Prevention and Coordination: Educate District residents and stakeholders on opioid use disorder, its risks, and prevention and harm reduction approaches through coordinated community efforts.

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

Treatment: Implement a robust communications plan to disseminate knowledge of, and ensure equitable access to, high-quality, trauma-informed, recovery-oriented, equity-based SUD treatment.

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

Criminal Justice: Implement a shared vision between justice and public health agencies to address the needs of individuals who come into contact with the criminal justice system.

Training, Workforce Development, and Communications: Strengthen the District of Columbia's opioid response by cultivating a skilled workforce, advancing professional development opportunities, and implementing strategic communication methodologies to drive meaningful change.

Strategies in LLDC 3.0

Prevention and Coordination

PC.1 (Revised PE.2 in LLDC 2.0)	Provide age-appropriate, evidence-based, culturally competent education and prevention initiatives in all public schools and public charter schools regarding the risk of illegal drug use, prescription drug misuse, and safe disposal of medications.
PC.2 (Revised PE.3 in LLDC 2.0)	Conduct outreach and training activities in community settings to engage youth, parents, educators, school staff, and childcare providers on effective communication and engagement strategies to support individuals impacted by substance use disorders.
PC.3 (Revised PE.11 in LLDC 2.0)	Coordinate across stakeholders, wards, and jurisdictional/regional areas to connect consumers, review data, and inform progress.

Harm Reduction

HR.1 (Former HR.1 and HR.2 in LLDC 2.0 Combined)	Increase access to naloxone to those most affected, including People Who Use Drugs (PWUD), their families, and hardest hit neighborhoods.
HR.2 (Revised HR.4 in LLDC 2.0)	Continue syringe services programs in combination with other harm reduction services and safe disposal sites.
HR.3 (Revised HR.7 in LLDC 2.0)	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.
HR.4 (New Strategy)	Expand drug-checking technology and drug supply surveillance in the District to better understand the risks of the local drug supply and help PWUD make informed decisions.
HR.5 (Revised RD.2 in LLDC 2.0)	Strengthen the data infrastructure 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.
HR.6 (Revised RD.1 in LLDC 2.0)	Convene Opioid Fatality Review Board (OFRB) to review all opioid related deaths that occur in The District of Columbia and develop recommendations to reduce opioid-related fatalities.

Harm Reduction Continued

HR.7 (New Strategy)	Use Overdose Detection Mapping Application Program (ODMAP), Fire and Emergency Medical Services (FEMS) data, and Office of the Chief Medical Examiner (OCME) fatality data to track hotspots, overdose clusters, and identify areas for targeted outreach and support services.
HR.8 (New Strategy)	Adopt a working definition of harm reduction among government and community stakeholders.

Treatment

TR.1 (Revised TR.1 and TR.5 in LLDC 2.0 Combined)	Continue to implement a model for initiating medication for opioid use disorder (MOUD) in hospitals, ensuring a direct path to ongoing care that is patient-centered, sustainable, and takes into consideration the characteristics of the implementing health system.
TR.2 (Former TR.2 and TR.8 in LLDC 2.0 Combined)	Develop and implement a comprehensive care coordination/care management system to care for and follow clients with SUD/OUD.
TR.3 (Revised TR.3 in LLDC 2.0)	Create 24-Hour intake and crisis intervention sites throughout the District.
TR.4 (Revised TR.7 in LLDC 2.0)	Implement a mobile van to provide behavioral screenings, assessments, referrals, and other services and supports.
TR.5 (New Strategy)	Develop quality measures for OUD treatment.
TR.6 (Revised RD.4 in LLDC 2.0)	Build the capacity of SUD treatment providers by maximizing the use of Medicaid funds to support peers in prevention, treatment, and sustained recovery. Seek the alignment of payment policies between the Department Health Care Finance (DHCF) and other local agencies.
TR.7 (Revised RD.5 in LLDC 2.0)	Strengthen Health Information Exchange (HIE) infrastructure incorporating patient consent to support coordination of substance use disorder treatment across continuum of care.
TR.8 (New Strategy)	Provide access to MOUD for the uninsured and under-insured.

Recovery

RE.1 (Revised RE.1 in LLDC 2.0)	Increase the presence of peer support groups/programs throughout the community for individuals in recovery and monitor the quality and effectiveness of programming.
RE.2 (Revised RE.2 in LLDC 2.0)	Improve the quality and quantity of recovery housing.
RE.3 (Revised IC.5 in LLDC 2.0)	Explore implementing community forums or mechanisms for individuals to discuss their road to recovery.
RE.4 (New Strategy)	Link the DC recovery community to the national recovery movements.

Criminal Justice

CJ.1 (Former IC.1 in LLDC 2.0)	Engage and collaborate with the drug court for diversion of individuals with substance use disorder who are arrested.
CJ.2 (Former IC.3 and IC.4 in LLDC 2.0 Combined)	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, and coordinate with relevant stakeholders to develop a wraparound approach to reintegrate individuals with OUD and a history with MOUD into the community upon release.
CJ.3 (Former IC.6 in LLDC 2.0)	Establish effective and coordinated communication channels between justice and public health agency partners to improve continuity of care.
CJ.4 (Revised IC.4 and IC.7 in LLDC 2.0 Combined)	Create a common and accurate understanding of how each agency of the District of Columbia's public safety, justice, and health and behavioral health systems work and interface, with a focus on outlining functions and dispelling myths.
CJ.5 (Former IC.8 in LLDC 2.0)	Monitor the screening of substance use disorders prior to arraignment and provide immediate handoff to treatment after arraignment.
CJ.6 (New Strategy)	Identify opportunities to incorporate peer navigators and recovery coaches throughout multiple sectors of the criminal justice system.

Training, Workforce Development, and Communications

TWC.1 (Revised PE.9 and PE.10 in LLDC 2.0)	Develop a comprehensive workforce development strategy to include didactic as well as online training to strengthen the behavioral health workforce's ability to provide services across multiple care settings.
TWC.2 (Revised RE.3 in LLDC 2.0)	Establish a Peer Academy to provide comprehensive training, education, and workforce opportunities for peers that will help them be eligible for national/international certification.
TWC.3 (New Strategy)	Establish a Prevention Specialist training to provide comprehensive training, education, and workforce opportunities for individuals working in the prevention field.
TWC.4 (Revised TR.10 in LLDC 2.0)	Train/educate providers who work with special populations.
TWC.5 (Revised TR.6 in LLDC 2.0)	Establish a community of practice (COP) to increase continuing provider education on evidence-based guidelines for the appropriate prescribing of MOUD and working with individuals on OUD, with a target audience of substance use disorder treatment providers and primary care providers.
TWC.6 (New Strategy)	Increase harm reduction education to families, communities, and providers including naloxone distribution.
TWC.7 (Former IC.2 in LLDC 2.0)	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.
TWC.8 (Revised PE.4 in LLDC 2.0)	Create multiple social marketing campaigns, including anti-stigma campaigns, using a variety of media with clear messages to multiple target audiences to increase awareness about opioid use, treatment, and recovery.
TWC.9 (Revised PE.5 in LLDC 2.0)	Increase the targeted advertisement of prevention, harm reduction, treatment, and recovery programs throughout the District.

Prevention and Coordination

Prevention and Coordination

Educate District residents and stakeholders on opioid use disorder, its risks, and prevention and harm reduction approaches through coordinated community efforts.

Strategy	Action Steps	Targeted Completion Date	Measures of Success	Lead/ Supporting Agencies
PC.1 (Revised PE.2 in LLDC 2.0) Provide age-appropriate, evidence-based, culturally competent education and prevention initiatives in all public schools and public charter schools regarding the risk of illegal drug use, prescription drug misuse, and safe disposal of medications.	• Continue to use evidence-based/evidence-informed curriculums in DC Public Schools (DCPS) and DC Public Charter Schools (DCPCS). • Plan and implement evidence-based prevention initiatives.	Ongoing Ongoing	• The SUD prevention curriculum continues to be implemented in at least 20 DCPS and DCPCS. • Evidence-based prevention initiatives are maintained in participating schools by DC Prevention Centers (DCPCs) and prevention sub-grantees.	DBH DCPS OSSE
PC.2 (Revised PE.3 in LLDC 2.0) Conduct outreach and training activities in community settings to engage youth, parents, educators, school staff, and childcare providers on effective communication and engagement strategies to support individuals impacted by substance use disorders.	• Build upon existing District prevention efforts (e.g., School Resource Fair series, Beat the Streets, DC Prevention Center outreach) to expand education around opioids and other drugs. • Conduct outreach and facilitate a minimum of three presentations each year and one event focused on opioids and OUD. • Partner with the faith-based grantees to increase outreach and education around prevention, treatment, recovery, and harm reduction. • Conduct roundtable discussions about the DC opioid crisis and the widespread nature of fentanyl with students, professors, and college staff at all local universities.	Ongoing Ongoing Ongoing 5/31/24	• A minimum of three youth- and young adult-focused activities aimed at providing education around the health risks associated with opioid use and also effective alternatives to opioid use are conducted by DCPCs and prevention sub-grantees. • A minimum of one prevention event focused on SUD education occurs quarterly in each ward and the lists of activities/events are posted at livelong.dc.gov. • A minimum of two opioid-focused activities will be conducted each year by each faith-based grantee. • The DCPCs conduct at least one roundtable discussion annually with each university.	DBH

PC.3 (Revised PE.11 in LLDC 2.0) Coordinate across stakeholders, wards, and jurisdictional/regional areas to connect consumers, review data, and inform progress.	• Conduct meetings with treatment providers, prevention centers, peer-operated centers and other stakeholders (e.g., mutual aid groups, faith-based organizations) to ensure coordination around opioid initiatives (e.g., events, outreach, and programming) at the ward level to collaborate around ward-based opioid activities; discuss latest data, trends, and developments: and strategize about new approaches to continually improve outreach efforts. • Engage family and community members in ward-based opioid activities. • Engage jurisdictional and regional partners (e.g., Prince George's and Montgomery Counties) to proactively respond to trends in opioid data and interdiction efforts and ensure ongoing research to identify and leverage best practices. Include law enforcement, health departments, and jail staff. • Ensure ongoing research to identify and leverage best practices from other states where fatalities are decreasing.	Ongoing Ongoing Ongoing 12/31/23	• Bi-monthly meetings conducted with key stakeholders in each ward. • Family and community members understand how to access resources and support in their communities and how to administer naloxone. • Meetings are held annually with jurisdictional partners. • Best practice research is shared with stakeholders to inform policies and practices.	DBH

Harm Reduction

Harm Reduction

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

Strategy	Action Steps	Targeted Completion Date	Measures of Success	Lead/ Supporting Agencies
HR.1 (Former HR.1 and HR.2 in LLDC 2.0 Combined) Increase access to naloxone to those most affected, including People Who Use Drugs (PWUD), their families, and hardest hit neighborhoods.	• Continue to implement a strategic plan for naloxone distribution and administration for communities and individuals. • Ensure withdrawal management programs, the jails, treatment facilities, EDs, and hospitals are distributing naloxone to individuals when they are discharged. • Ensure naloxone is available in pre-K through 12 educational settings across the District. • Ensure naloxone is available in universities across the District. • Explore new naloxone partnerships with DC intra-governmental partners (e.g., DC Housing Authority, DC Public Libraries, Department of Human Services, Department of Youth Rehabilitative Services). • Make an outreach plan to engage small businesses in hotspots to have naloxone. • Maintain a community-based provider distribution pool. • Expand Pharmacy Program to additional pharmacies that distribute free naloxone.	Ongoing Ongoing 12/31/23 12/31/23 Ongoing 12/31/23 Ongoing Ongoing	• At a minimum, 60,000 naloxone kits are distributed each fiscal year. • Monthly naloxone reports are collected and monitored from withdrawal management programs, the jails, treatment facilities, EDs, and hospitals. • At a minimum 75% of public charter schools and 50% private pre-K through 12 schools are participating in the naloxone program. • All major universities in the District are equipped with naloxone for emergency use. • MOAs are established with at least five new DC governmental partners. • Naloxone is provided to at least 50 small businesses. • Community-based provider distribution pool is updated annually. • There are 20 new sites added to the Pharmacy Program by the end of FY24. • The Leave Behind program at FEMS is maintained and established at MPD. • Naloxone is provided for a minimum of six vending machines. • A plan for International Overdose Awareness Day is implemented and 10 new providers participate each year. • There is a 10% annual increase in the number of individuals receiving naloxone through the naloxone delivery program.	DBH DC Health FEMS MPD DHS DCHA DCPL DYRS DPR OSSE

CONTINUED **HR.1 (Former HR.1 and HR.2 in LLDC 2.0 Combined)**	• Expand Leave Behind program for first responders (FEMS and MPD), which provides individuals and bystanders with naloxone following an overdose. • Provide free naloxone via community vending machines. • Implement a plan for International Overdose Awareness Day each year and engage community members in conversations about opioid use and harm reduction approaches. • Maintain the naloxone delivery program (i.e., Text-to-Live, mail-based).	12/31/23 Ongoing Ongoing Ongoing		
HR.2 (Revised HR.4 in LLDC 2.0) Continue syringe services programs in combination with other harm reduction services and safe disposal sites.	• Continue operations of syringe services programs (SSP) and incorporate MOUD induction where applicable. • Continue to collect relevant metrics to track progress of SSPs.	Ongoing Ongoing	• Support is provided for SSP clients and access to MOUD is provided when they are ready. • Monthly SSP data is analyzed for continuous quality improvement (CQI).	DBH
HR.3 (Revised HR.7 in LLDC 2.0) 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.	• Conduct a feasibility and needs assessment focused on establishing a 24/7 drop-in harm reduction site, which includes holding community engagement sessions.	3/31/24	• Feasibility and needs assessment has been completed.	DC Health DBH
HR.4 (New Strategy) Expand drug-checking technology and drug supply surveillance in the District to better understand the risks of the local drug supply and help PWUD make informed decisions.	• Continue to analyze syringes to both discover emerging drugs (e.g., Xylazine) as well as characterize those currently present, and share monthly reports with governmental stakeholders. • Share findings with stakeholders (hospitals, clinicians, FEMS, staff at homeless shelters, etc.) as needed to inform practice.	Ongoing Ongoing	• Syringes are tested and a monthly report is produced and shared with governmental stakeholders. • DFS findings are shared with a broader audience including the public to ensure a better understanding of drug use trends by various target populations. • At a minimum, 75,000 fentanyl test strips are distributed annually. • Two FT-IR machines are implemented at different SSPs that offer drug checking services.	DBH DFS

CONTINUED **HR.4 (New Strategy)**	• Optimize and expand fentanyl test strip distribution. • Implement advanced Fourier Transform Infrared Spectroscopy (FT-IR) drug checking technology in partnership with SSPs and DFS. • Supply Xylazine test strips to the community.	12/31/24 12/31/24 12/31/23	• Xylazine test strips are provided to the community.	
HR.5 (Revised RD.2 in LLDC 2.0) Strengthen the infrastructure for data 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.	• Continue to update the data dashboard to connect disparate data sources, including DBH, DHCF, FEMS, DOC, DHS, and DC Health to create mapping for how individuals flow through or have connected with the different systems. • Convene monthly meetings with governmental data leads.	Ongoing Ongoing	• Memorandum of understanding (MOUs) for data sharing are updated before expiration dates so that multi-agency dashboard includes real-time data. • Monthly data meetings continue to inform proactive programming.	DBH DC Health FEMS MPD DFS OCME DHCF
HR.6 (Revised RD.1 in LLDC 2.0) Convene Opioid Fatality Review Board (OFRB) to review all opioid related deaths that occur in The District of Columbia and develop recommendations to reduce opioid-related fatalities.	• Provide notice about OFRB meetings in accordance with the Board of Ethics and Government Accountability (BEGA) Open Meetings Act requirements and convene monthly (or as scheduled) Opioid Fatality Review Board case review meetings. • Convene quarterly (or as scheduled) recommendation sub-committee meetings. • Publish OFRB Annual Report to include case trends, findings, adopted recommendations, and agency responses.	Ongoing Ongoing 12/31/23	• OFRB convenes monthly meetings and reviews, at a minimum, 12 opioid overdose fatality cases annually. • The OFRB holds quarterly recommendation meetings and develops and adopts recommendations to improve systems, policies, and programs in an effort to reduce the number of opioid overdose fatalities. • Recommendations and agency responses are made publicly available through the publishing of the OFRB Annual Report. • The recommendations are tracked by the CA's office on the status of implementation, inclusion into agency performance plans, and further outcomes.	OCME OFRB CA
HR.7 (New Strategy) Use Overdose Detection Mapping Application Program (ODMAP), Fire and Emergency Medical Services (FEMS) data, and Office of the Chief Medical	• Deploy outreach teams immediately after OD spikes/clusters to distribute naloxone and use individual-level data to provide timely follow up to an individual after an OD.	Ongoing Ongoing	• Outreach teams are deployed immediately after OD spikes/clusters. • The mobile truck sign is deployed within 24 hours where OD clusters occurred.	DBH FEMS OCME

CONTINUED **HR.7 (New Strategy)** Examiner (OCME) fatality data to track hotspots, overdose clusters, and identify areas for targeted outreach and support services.	• Deploy mobile truck signs where OD clusters occurred. • Expand FEMS Overdose Response Team to include a focus on OUD and use data to identify high utilizers. • Refine city-wide alert system to enhance tracking of neighborhood overdose spikes.	12/31/23 9/29/23	• At least 75% of individuals who experience an OD are contacted by an outreach worker within 72 hours and provided information about services and support. • The city-wide alert system is refined to alert impacted neighborhoods.	
HR.8 (New Strategy) Adopt a working definition of harm reduction among government and community stakeholders.	• Conduct meetings to develop a working definition of harm reduction, which includes adopting/promoting non-stigmatizing language.	3/31/24	• A working definition of harm reduction is developed and posted on the LLDC website.	DBH DC Health

Treatment

Treatment

Implement a robust communications plan to disseminate knowledge of, and ensure equitable access to, high-quality, trauma-informed, recovery-oriented, equity-based SUD treatment.

Strategy	Action Steps	Targeted Completion Date	Measures of Success	Lead / Supporting Agencies
TR.1 (Revised from TR.1 and TR.5 in LLDC 2.0) Continue to implement a model for initiating medication for opioid use disorder (MOUD) in hospitals, ensuring a direct path to ongoing care that is patient-centered, sustainable, and takes into consideration the characteristics of the implementing health system.	• Continue hospital-based peer support services (HBPSS) program in a total of seven District hospitals. • Expand the HBPSS program to Children's Hospital to reach the youth population. • Maintain list of "fast track" MOUD community providers (e.g., appointments are made prior to release from hospital). • Standardize discharge workflow in ED and on inpatient units to include naloxone upon release.	Ongoing 12/31/23 Ongoing Ongoing	• Peer outreach is active in seven hospitals and individuals refusing treatment are followed for 90 days and connected to community-based programs (e.g., care management). • At least 60% of individuals with a positive screen get a brief intervention. • At least 15% of individuals receiving a brief intervention are referred to treatment. • At least 50% of individuals referred to treatment are linked to treatment. • The HBPSS program is implemented at Children's Hospital. • Continued collaboration with all "fast track' sites occurs. • At least 50% of eligible patients leaving hospitals receive naloxone.	DBH DC Health
TR.2 (Former TR.2 and TR.8 in LLDC 2.0 Combined) Develop and implement a comprehensive care coordination/care management system to care for and follow clients with SUD/OUD.	• Increase access to physical health supports for individuals with OUD to move toward an integrative care model that focuses on social determinants of health in formal and informal healthcare settings. • Encourage providers to participate in Integrated Care Technical Assistance (ICTA).	Ongoing 12/31/23	• There is an increase in the number of individuals screened and treated for related health conditions through integrated care for individuals with OUD who also have co-occurring conditions (e.g., hepatitis C/HIV). • At least 10 providers that serve individuals with OUD participate in ICTA. • MOUD providers are contracted and credentialed with managed care.	DHCF DBH DC Health

CONTINUED **TR.2 (Former TR.2 and TR.8 in LLDC 2.0 Combined)**	• ICTA support is provided to increase MOUD provider readiness for managed care. • Promote adoption of hybrid treatment modalities to promote reduction of disparities gaps. • Address prior authorization barriers to accessing MOUD. • Explore the possibility of opening Certified Community Behavioral Health Clinics (CCBHCs) to address co-occurring issues. • Assess need and feasibility for a unified registry system for SUD treatment. • Improve transitions of care from inpatient/ residential facilities to lower levels of care. • Continue support for care management services supported by existing grants.	Ongoing 3/31/24 3/31/24 5/31/24 2/28/24 Ongoing 9/29/24	• Clients have secure access to telehealth options whether at home or in their community at convenient locations. • Prior authorization is removed for MOUD. • Community stakeholders meet to discuss the CCBHC model. • A feasibility study for a unified registry system for SUD treatment is conducted. • There is an increase in individuals successfully linked to lower levels of care. • Care management grants are serving at least 100 individuals and actively re-engaging them in treatment. • There is a reduction in readmissions to hospitals, higher levels of SUD services, and repeat overdoses.	
TR.3 (Revised TR.3 in LLDC 2.0) Create 24-Hour intake and crisis intervention sites throughout the District.	• Continue the 24-hour/day operations of the Community Response Team (CRT). • Continue to provide on-demand transportation in partnership with the Department for Hire Vehicles (DFHV) to help individuals connect with OUD/SUD services. • Continue implementation of community and hospital SUD crisis stabilization bed grants. • Continue the use of Comprehensive Psychiatric Emergency Program (CPEP) beds for OUD and MOUD induction. • Open a stabilization center. • Increase the capacity of 988 to address OUD/SUD referrals.	Ongoing Ongoing Ongoing Ongoing 10/31/23 3/31/24	• Staff trained to conduct SUD screening and crisis intervention are available 24 hours a day. • Any individual needing on-demand transportation to get engaged or re-engaged with treatment receives it. • Crisis stabilization beds are at 80% capacity annually and 50% of individuals are linked to SUD treatment upon discharge. • Any individual who wants to be initiated on MOUD is able to access it through CPEP. • At least one stabilization center is operational. • Any individual wanting OUD treatment can be referred through 988.	DBH DFHV

TR.4 (Revised TR. 7 in LLDC 2.0) Implement a mobile van to provide behavioral screenings, assessments, referrals, and other services and supports.	• Hire nurses and licensed clinicians for van to conduct SUD assessments and referrals in hotspots and other areas of need. • Recruit MOUD providers to work on the van.	12/31/24 8/31/24	• Clinical staff are hired for van and are conducting SUD assessments, providing access to MOUD and a greater access to general health screenings and other services. • MOUD is accessible near where individuals live/work.	DBH
TR.5 (New Strategy) Develop quality measures for OUD treatment.	• Develop key performance indicators and quality measures (KPIs) for OUD treatment. • Implement KPI measures and monitor results to establish baselines and target goals for performance.	2/28/24 6/30/24	• Existing measures are identified and new measures are developed to establish KPIs for OUD treatment. • Performance toward goals is monitored.	DBH
TR.6 (Revised RD. 4 in LLDC 2.0) Build the capacity of SUD treatment providers by maximizing the use of Medicaid funds to support peers in prevention, treatment, and sustained recovery. Seek the alignment of payment policies between the Department Health Care Finance (DHCF) and other local agencies.	• Explore how providers that provide stand-alone peer support services (e.g., peers in the ED, peer-operated centers) can more easily become DBH-certified providers in order to bill Medicaid.	6/30/24	• At least two organizations that provide peer services become DBH-certified providers. • There is an increase in billable peer support services.	DHCF DBH
TR.7 (Revised Strategy RD.5 in LLDC 2.0) Strengthen Health Information Exchange (HIE) infrastructure incorporating patient consent to support coordination of substance use disorder treatment across continuum of care.	• Increase use of consent management tools to facilitate appropriate exchange of 42 CFR Part 2 data via the DC HIE.	5/31/24	• Increase the number of users adopting the consent management tools to exchange 42 CFR Part 2 records via the DC HIE. • Clients receiving SUD services are able to complete electronic consents to allow for sharing of protected health information and provider directory information.	DHCF DBH

TR.8 (New Strategy) Provide access to MOUD for the uninsured and under-insured.	• Expand advertising for BupDAP, a program that allows the uninsured and underinsured to access MOUD.	2/28/24	• Clients are enrolled in BupDAP within two days of submitting the application.	DBH

Recovery

Recovery

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

Strategy	Action Steps	Targeted Completion Date	Measures of Success	Lead / Supporting Agencies
RE.1 (Revised RE.1 in LLDC 2.0) Increase the presence of peer support groups/programs throughout the community for individuals in recovery and monitor the quality and effectiveness of programming.	• Conduct regular OUD-specific outreach, support groups, and programming at the four peer-operated centers and create a shared calendar of events. • Expand family services and resources for individuals with OUD, including supports that help families address stigma for family members. • Establish MARA (Medication-Assisted Recovery Anonymous) meetings in the District. • Increase Nar-Anon and Al-Anon meetings in the District.	Ongoing Ongoing 12/31/24 12/31/24	• A shared calendar of events is maintained among the four peer- operated centers and posted at livelong.dc.gov each month. • Each peer-operated center offers at least one monthly support group for family members and friends and has the capacity to provide individual support when needed. • MARA meetings are held at least monthly. • There is an increase in Nar-Anon and Al-Anon meetings offered in the District.	DBH
RE.2 (Revised RE.2 in LLDC 2.0) Improve the quality and quantity of recovery housing.	• Expand availability of recovery housing that supports MOUD including stipends for individuals who do not have first month's rent. • Increase availability of housing for returning citizens with OUD. • Ensure all SUD treatment programs are MOUD-friendly and provide education, where applicable.	12/31/24 12/31/24 Ongoing	• Sixty recovery housing slots are available annually for individuals with OUD, including access to stipends for first month rent, through a grant program. • At a minimum, 20 returning citizens with OUD receive transitional housing through a grant program. • There is a higher retention of individuals receiving MOUD at SUD treatment programs.	DBH

RE.3 (Revised IC.5 in LLDC 2.0) Explore implementing community forums or mechanisms for individuals to discuss their road to recovery.	• Hold forums twice a year for the criminal justice community, faith-based organizations, friends and family members of individuals with OUD, and other community partners for individuals to discuss their road to recovery.	Ongoing	• At least two forums are implemented annually.	CJCC DBH
RE.4 (New Strategy) Link the DC recovery community to the national recovery movements	• Facilitate opportunities for individuals in recovery to participate in national conferences, meetings, and forums (e.g., Mobilize Recovery Day of Service and National Recovery Month) to stay informed on best practices around recovery and connect with other recovery advocates nationally.	Ongoing	• Opportunities for participation are explored and shared with the recovery community on a bi-monthly basis via the LIVE.LONG.DC. website.	DBH

Criminal Justice

Criminal Justice

Implement a shared vision between justice and public health agencies to address the needs of individuals who come into contact with the criminal justice system.

Strategy	Action Steps	Targeted Completion Date	Measures of Success	Lead / Supporting Agencies
CJ.1 (Former IC.1 in LLDC 2.0) Engage and collaborate with the drug court for diversion of individuals with substance use disorder who are arrested.	• Ensure that appropriate LLDC stakeholders are participating in Drug Court Steering Committee meetings to engage in information sharing between drug court and LLDC efforts. • Improve awareness of, and lend support to, the screening process. • Review utilization rates and share outcomes. • Educate stakeholders on what drug court is and the criteria for admission.	12/31/23 12/31/23 12/31/23 10/31/23	• There is participation of LLDC stakeholders at Drug Court Steering Committee meetings. • There is increased utilization of drug court.	CJCC USAO OAG PSA Drug Court Committee
CJ.2 (Former IC.3 and IC.4 in LLDC 2.0 Combined) 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, and coordinate with relevant stakeholders to develop a wraparound approach to reintegrate individuals with OUD and a history with MOUD into the community upon release.	• Continue to provide all DEA-approved MOUD in criminal justice settings and explore the use of all forms (e.g., injectable buprenorphine). • Maintain two SUD treatment units in jail. • Provide naloxone to individuals with OUD upon discharge from jail. • Develop a wraparound plan to connect individuals with community services (e.g., treatment, Medicaid, employment services, etc.) before they are discharged from jail or prison. • Engage the FBOP, CSOSA, and USPC to ensure continuity of treatment, enhance planning and opportunities for individuals transitioning through DOC.	Ongoing Ongoing Ongoing Ongoing Ongoing	• Naltrexone, methadone, and buprenorphine are available at all DOC settings. • Two SUD units are maintained, one for males and one for females and they are operating at 75% capacity annually. • Every individual with OUD is provided a naloxone kit upon release. • Each individual with SUD has an established wraparound service plan through the READY Center or other criminal justice setting 30-days prior to being discharged from jail.	DOC DBH CJCC CSOSA BOP Parole Commission

CJ.3 (Former IC.6 in LLDC 2.0) Establish effective and coordinated communication channels between justice and public health agency partners to improve continuity of care.	• Leverage CJCC SATMHSIT to ensure issues around continuity of care are regularly addressed.	Ongoing	• The SATMHSIT is used to discuss and address issues between all relevant partners.	CJCC DBH
CJ.4 (Revised IC.4 and IC.7 in LLDC 2.0 Combined) Create a common and accurate understanding of how each agency of the District of Columbia's public safety, justice, and health and behavioral health systems work and interface, with a focus on outlining functions and dispelling myths.	• Develop common understanding about the landscape of the justice system that is broader than interdiction (e.g., interplay between public health, public safety and justice) by bringing together agency leaders to discuss current interactions, issues, and opportunities. • Continue the work started at the Justice Professionals Conference and Sequential Intercept Model mapping workshops to identify gaps in the system and implement solutions that support justice-involved individuals with SUD with a focus on OUD.	3/31/24 3/31/24	• A journey map is created and shared with the stakeholders to educate about the ecosystem, including each agency's philosophy (beyond issues/gaps). • A comprehensive approach to working with individuals involved with the criminal justice system with OUD is developed with all relevant stakeholders, being mindful of each individual's unique circumstances or partners' relationships with the individual.	Deputy Mayors Agency heads
CJ.5 (Former IC.8 in LLDC 2.0) Monitor the screening of substance use disorders prior to arraignment and provide immediate handoff to treatment after arraignment.	• Develop a process to screen and identify who is doing the screening (assuming we do not know what are the legal outcomes of detainees). • Hire 24/7 nurse practitioners available at the clinic to do quick screenings within the central cell block. • Map the pathways to treatment based on the disposition at arraignment. • Develop a resource list for criminal justice partners.	12/31/23 6/30/23 12/31/23 12/31/23	• Screening is occurring and 50% of individuals are successfully connected to treatment. • Resource list is developed and distributed.	PSA
CJ.6 (New Strategy) Identify opportunities to incorporate peer navigators and recovery coaches throughout multiple sectors of the criminal justice system.	• Provide Forensic Peer Training.	6/30/24	• Forensic Peer Training is provided once a year for at least 10 individuals.	DBH DOC

Training, Workforce Development, and Strategic Communications

Training, Workforce Development, and Strategic Communications

Strengthen the District of Columbia's opioid response by cultivating a skilled workforce, advancing professional development opportunities, and implementing strategic communication methodologies to drive meaningful change.

Strategy	Action Steps	Targeted Completion Date	Measures of Success	Lead / Supporting Agencies
TWC.1 (Revised PE.9 and PE.10 in LLDC 2.0) Develop a comprehensive workforce development strategy to include didactic as well as online training to strengthen the behavioral health workforce's ability to provide services across multiple care settings.	• Continue to implement a Certified Addiction Counselor (CAC) training program to include classroom training and access to internships at DC agencies to obtain 180 or 500 hours of supervised experience. • Continue promotion of free online modules related to working with/supporting individuals with opioid use disorder and how to access treatment; update courses, as needed. • Train community members on harm reduction, stigma, and the multiple pathways to recovery through Opioid Ambassador training. • Advertise opportunities for organizations to be trained on SBIRT.	Ongoing Ongoing Ongoing Ongoing	• CAC curriculum, with a focus on opioids, is delivered with grant support to 35 individuals annually through the Catholic Charities' Institute Professional Education Counseling Program. • Fifty percent of individuals completing CAC training obtain supervision hours and take the CAC exam. • There is a ten percent increase annually in individuals completing online modules. • At least 100 individuals complete the Opioid Ambassador training program annually. • Providers are aware of how to access SBIRT training.	DBH
TWC.2 (Revised RE.3 in LLDC 2.0) Establish a Peer Academy to provide comprehensive training, education, and workforce opportunities for peers that will help them be eligible for national/international certification.	• Create and implement a training plan that incorporates DBH Certified Peer Specialist and Recovery Coach trainings as well as material on trauma-informed care, co-occurring and whole-person care, medications for opioid use disorders, and harm reduction and align to national/international certifications (e.g., National Association for Alcoholism and Drug Abuse Counselors [NAADAC]).	12/31/23	• Creation and implementation of a training plan to prepare peers for national/international certification. • A minimum of 30 individuals receive training per year. • Thirty peers are provided on the job learning opportunities. • Testing prep is offered for NAADAC/IC&RC certification for 30 individuals per year. • COP is offered at least quarterly and there is a 5% increase in participation each year.	DBH DHCF DC Health

CONTINUED **TWC.2 (Revised RE.3 in LLDC 2.0)**	• Coordinate peer support opportunities and pathways for employment as peer workers (e.g., internships and peer hiring events). • Continue quarterly community of practice (COP) for peers to provide support by addressing employment challenges and sharing successes as well as providing a focus on personal development and clinical awareness. • Develop and implement a curriculum for providers and community organizations that includes understanding the roles of peers and how to supervise peers in their setting. • Establish a Medicaid reimbursable rate for Peer Support Services.	Ongoing Ongoing 3/31/24 3/31/24	• An annual peer hiring event is conducted with potential employers. • Increase in peer retention in SUD programs. • A Peer Support Services Medicaid rate is established and providers are trained on how to bill for it.	
TWC.3 (New Strategy) Establish a Prevention Specialist training to provide comprehensive training, education, and workforce opportunities for individuals working in the prevention field.	• Develop an online Prevention Specialist course. • Provide didactic training and technical assistance that will align with national/international certifications.	12/31/23 Ongoing	• A minimum of 50 individuals receive Prevention Specialist training annually. • At least 25 individuals become certified Prevention Specialists annually.	DBH
TWC.4 (Revised TR.10 in LLDC 2.0) Train/educate providers who work with special populations.	• Conduct annual conference on Treating Pregnant Women and Women with Children with OUD curriculum. • Expand skilled nursing/long-term care facility training and technical assistance programs.	Ongoing Ongoing	• At least 50 individuals who treat pregnant and parenting individuals have been trained annually. • SBIRT, OUD, and naloxone training provided to at least 10 skilled nursing/long-term care facilities annually.	DBH DHCF
TWC.5 (Revised TR.6 in LLDC 2.0) Establish a community of practice (COP) to increase continuing provider education on evidence-based guidelines for the appropriate prescribing of MOUD and working with individuals on OUD, with a target audience of substance use disorder treatment providers and primary care providers.	• Conduct an inventory of existing training and technical assistance opportunities in the District and nationally. • Create a training and technical assistance plan that also includes training on nontraditional, non-office-based, integrative OUD treatment services and supports. • Develop a COP.	12/31/23 3/31/23 1/31/24	• An inventory of existing training and technical assistance initiatives are posted on the LLDC website and advertised. • A training and technical assistance plan is developed and consultation is provided to at least 50 individuals each year through the COP.	DBH DC Health

TWC.6 (New Strategy) Increase harm reduction education to families, communities, and providers including naloxone distribution.	• Advertise about online naloxone training on DBH and LLDC websites. • Conduct monthly opioid overdose prevention and naloxone administration training (including information on the Good Samaritan Law) and target them to priority populations (e.g., shelter and inpatient treatment residents, outreach providers). • Expand live naloxone training by certifying more trainers. • Identify champions (e.g., staff from college administration, student affairs, health centers, sororities and fraternities, athletics, campus recovery communities) at each university to come up with a plan to provide quality overdose prevention education and naloxone availability on campus to take the naloxone train-the-trainer session so that this training can be conducted each year with new students.	Ongoing Ongoing Ongoing Ongoing	• There is a 10% annual increase in the number of individuals receiving naloxone training. • Monthly opioid overdose prevention and naloxone administration training is implemented. • Quarterly training is conducted to certify new trainers, with up to 40 individuals trained annually. • A plan is in place with all local universities around naloxone access.	DBH
TWC.7 (Former IC.2 in LLDC 2.0) 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.	• At quarterly Substance Abuse Treatment/Mental Health Services Integration Taskforce (SATMHSIT) meetings, plan education activities (e.g., timing and content) for criminal justice, law enforcement, and public safety staff as well as judges, prosecutors, and defense attorneys. • Conduct at least two trainings annually to educate Criminal Division judges and Pretrial Services Agency, CSOSA, Court Services and Offender Supervision Agency staff as well as others to understand OUD and MOUD as an alternative to incarceration. • Collaborate with District agencies on social marketing campaigns and develop messages targeted to criminal justice agencies.	Ongoing Ongoing Ongoing	• Planning about content, audience, and timing for training occurs at quarterly SATMHSIT meetings. • A minimum of two training sessions to criminal justice stakeholders are conducted annually. • Education and awareness campaigns focused on reducing the use of incarceration as a means of accessing SUD treatment are implemented.	DBH MPD PSA CJCC DOC CSOSA

TWC.8 (Revised PE.4 in LLDC 2.0) Create multiple social marketing campaigns, including anti-stigma campaigns, using a variety of media with clear messages to multiple target audiences to increase awareness about opioid use, treatment, and recovery.	• Engage clients, family members, and other community stakeholders around new campaign development. • Launch campaigns across the District in multiple languages and coordinate with existing partner events. • Expand campaigns using the stories of individuals with lived experience to reduce stigma and promote available services and supports. • Create a repository at http://livelong.dc.gov/ that would allow for social marketing materials to be downloaded. • Create a communication plan to advertise events happening in the District (e.g., Drug Take Back Day).	Ongoing Ongoing Ongoing 12/31/23 12/31/23	• Campaigns are developed using feedback from stakeholders and are running in hotspots and data is being used to target subpopulations with increased overdoses (both fatal and non-fatal). • Additional stories from individuals with lived experience are available to reduce stigma and promote services and support. • Repositories of social marketing materials are available at livelong.dc.gov for public access. • A communication plan for District events is created.	DBH All Government Partners
TWC.9 (Revised PE.5 in LLDC 2.0) Increase the targeted advertisement of prevention, harm reduction, treatment, and recovery programs throughout the District.	• Update the interactive map of services and support by ward and post map or link to map on governmental partners websites. • Launch a marketing campaign to build awareness/trust for District residents and families on programs/services available, including services for individuals in the justice system with OUD and how to access them and that there are multiple pathways to recovery. • Publish standardized lists of resources and treatment availability, including gender-specific services, that are updated regularly.	12/31/23 5/31/24 12/31/23	• Government websites are updated to provide an interactive map about prevention, harm reduction, treatment, and recovery support services and how to access, or will post a link to sites that provide this updated information. • The marketing campaign increases the public's knowledge about available services and supports and how to access them. • A standardized list of resources and treatment availability is updated regularly and published on DBH website.	DBH DC Health All Government Partners

Appendix

Stakeholders

Below is a group of stakeholders that has been working together to address the opioid crisis.

Non-Governmental Agencies

- Advisory Neighborhood Commissions (ANC)
- Amazing Gospel Souls Inc.
- AmeriHealth Caritas DC
- Aquila Recovery
- Ardan Community Living LLC
- BridgePoint Healthcare
- Capital Clubhouse
- CenterPoint Baptist Church
- Children's National Health System
- Community Connections
- Community Action Group
- Consumer Action Network
- DC Hospital Association (DCHA)
- DC Prevention Centers
- DC Primary Care Association (DCPCA)
- DC Recovery Community Alliance (DCRCA)
- Dreamers and Achievers Center
- Engage Strategies
- Family Medical and Counseling Services (FCMS)
- Fihankra Akoma Ntoaso (FAN)
- Foundation for Contemporary Mental Health (FCMH)
- Freedmen's Medicine, Inc.
- Georgetown University
- George Washington University (GWU)
- Grubbs Pharmacy
- Health Management Associates
- Hillcrest
- Honoring Individual Power & Strength (HIPS)
- Howard University
- Inner City Family Services
- Innergy, Inc.
- Johns Hopkins University
- Leadership Council for Healthy Communities
- Masjid Muhammad
- MBI
- McClendon Center
- Medical Home Development Group (MHDG)
- Medical Society of the District of Columbia
- Medstar Washington Hospital Center
- Miriam's Kitchen
- Mosaic Group
- Nevertheless Outreach Ministry Church
- New Bethel Baptist Church
- Oxford House
- Pathways to Housing
- Partners in Drug Abuse Rehabilitation Counseling (PIDARC)
- Pew Charitable Trusts
- Prestige Healthcare
- Psychiatric Institute of Washington (PIW)
- RAP Gaudenzia
- Revise, Inc.
- Rising Sun Baptist Church
- Second Chance Care
- Sibley Memorial Hospital
- So Others Might Eat (SOME)
- Southwest Business Improvement District (SWBID)
- Street Health DC
- Total Family Care Coalition
- TWELVE 22
- United Medical Center (UMC)
- United Planning Organization (UPO)
- Unity Health Care
- Volunteers of America (VOA)
- Westminster Baptist Church
- Whitman-Walker Health
- Woodley House
- Zane Networks L

DC Government Agencies

- Criminal Justice Coordinating Council (CJCC)
- Council of the District of Columbia
- Department of Behavioral Health (DBH)
- Department of Corrections (DOC)
- Department of Forensic Sciences (DFS)
- Department of Health (DC Health)
- Department of Human Services (DHS)
- Department of Health Care Finance (DHCF)
- Department of Human Services (DHS)
- DC Public Schools (DCPS)
- Department of Aging and Community Living (DACL)
- DC Public Libraries (DCPL)
- DC Superior Court
- Executive Office of the Mayor (EOM)
- Fire and Emergency Services (FEMS)
- Homeland Security and Emergency Management Agency (HSEMA)
- Interagency Council on Homelessness (ICH)
- Metropolitan Police Department (MPD)
- Office of the Attorney General (OAG)
- Office of the Chief Medical Examiner (OCME)
- Office of the Deputy Mayor of Health and Human Services (DMHHS)
- Office of Human Rights (OHR)
- Office of the State Superintendent of Education (OSSE)

Federal Government Agencies

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

LLDC 2.0 Accomplishments and Highlights to Date

Since LLDC was published in December 2018, much work has been done to meet the Plan goals. The following successes from LLDC 2.0 have helped identify areas of improvement and opportunities for interagency collaboration and community outreach efforts to keep the District aligned around the goal of reducing opioid use, misuse, and related deaths:

Data, Regulations, and Continuous Quality Improvement

- **RD. 1:** Convene Opioid Fatality Review Board (OFRB) to review opioid-related deaths and develop recommendations to reduce opioid-related fatalities.
  - The Opioid Fatality Review Board maintains monthly Board meetings with the 15 members from 10+ DC agencies/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 support for individuals with behavioral health challenges.
- **RD.2:** 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.
  - The Department of Behavioral Health (DBH) convenes a monthly governmental opioid data work group to review the data in the multi-agency opioid dashboard and make improvements as needed.
  - The Department of Forensic Sciences conducts drug surveillance by analyzing needle exchange syringes, death investigation syringes, seized drugs, and Opioid Use Disorder (OUD) clinic specimens (for fentanyl analogs). Monthly reports and intelligence bulletins are distributed to stakeholders to better understand what is in the drug supply so that outreach teams can inform clients. 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.
  - MPD provides DBH with a monthly report of naloxone usage, which provides details about where it was administered and demographics about 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.
- **RD. 3:** 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.
  - Throughout FY 22 DBH engaged all providers in the Assessment and Referral Workgroup to increase community intakes and confirmed updated intake hours.

CONTINUED
Data, Regulations, and Continuous Quality Improvement
	• **RD. 4:** 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 had discussions with SOR peer-operated centers (POCs) regarding the financial sustainability of their programs and provided guidance about how to achieve this through monthly meetings. Two of the four (POCs) still do not take Medicaid, which could support the delivery of some of their services.
	• **RD. 5:** Strengthen Health Information Exchange (HIE) infrastructure, incorporating patient consent, to support coordination of substance use disorder treatment across continuum of care.
	  ○ CRISP DC, DC's Health Information Exchange (HIE), completed the first year of a grant for development of an eConsent tool for Substance Use Disorder (SUD) records sharing via the HIE network. The initial work focused on onboarding and recruitment of pilot sites and launch of site testing for live capture of 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.

Prevention, Education, and Coordination	• **PE.1:** Train youth and adult peer educators, in conjunction with individuals in recovery, to conduct education and outreach activities in schools and other community settings.
	  ○ Four DC Prevention Centers (DCPCs) mobilized community partners to reach 12,108 individuals through 47 naloxone trainings, 87 educational panels, and 32 youth-focused events. All four DCPCs as well as the State Opioid Response (SOR) faith-based grantees participate in Prescription Drug Take Back Day twice a year to hand out resources about services and support.
	• **PE.2:** Provide age-appropriate, evidence-based, culturally competent education and prevention initiatives in all The District of Columbia public and charter schools regarding the risk of illegal drug use, prescription drug misuse, and safe disposal of medications.
	  ○ The DC Office of the State Superintendent (OSSE) trained 56 DCPCS and community partners to facilitate, This is Not About Drugs (TINAD), with the intention to implement the curriculum during the 2021-2022 school year.
	• **PE. 3:** Conduct outreach and training in community settings (e.g., after-school programs, summer camps, churches, and community centers) to engage youth, parents, educators, school staff, and childcare providers on effective communication and engagement strategies to support individuals impacted by substance use disorders.
	  ○ The following DBH courses were created and are available for registration 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.*

CONTINUED

Prevention, Education, and Coordination

- **PE.4:** 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]) to increase awareness about opioid use, treatment, and recovery.
  - DBH launched the "This Time is Different" campaign (Hope) 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 text and it provides them with the Access Helpline phone number in various languages.
  - DBH also launched a second harm reduction campaign raising awareness of fentanyl in a range of drugs. The "Be Ready" and "Hope" campaigns' creative content appear in both English and Spanish. "Be Ready" marketing materials are distributed in eight different languages and are available to order on the LIVE.LONG.DC. website.
- **PE. 5:** Increase the targeted advertisement of treatment and recovery programs throughout the District of Columbia.
  - DBH launched an update to 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.
- **PE.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.
  - Good Samaritan cards with DBH and MPD logos were produced for community distribution and the MPD force carries them. The MPD Special Liaison Branch, in particular, is distributing cards to community partners and nightlife venues.
- **PE.9:** Develop a comprehensive workforce development strategy to strengthen the behavioral health workforce's ability to provide services in multiple care settings, including peer support specialists/recovery coaches, holistic pain management providers, and those trained to treat patients with co-occurring mental health diagnoses and substance use disorder.
  - In FY 22, 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.
- **PE.11:** Ensure coordination across stakeholders, wards, and jurisdictional/regional areas to connect consumers, review data, and inform progress.
  - 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 in-person for Wards 5 and 6 to plan for a more coordinated outreach effort. In addition, a Ward 8 meeting was held in February 2023.
  - Work is being finalized for the Opioid Education Ambassador training program within each Ward, with the aim of equipping family and community members with high-level information around treatment, harm reduction, stigma, and recovery that can be easily shared within their communities.

Harm Reduction	• **HR.1:** Increase harm reduction education to families and communities, including naloxone distribution to those most affected (PWUD).
	  ○ Demand for naloxone training remains high in the community, and certified trainers have been able to meet this demand with the support of the 22 new trainers certified across three cohorts since June 2022. Since October 2021, 4,600 individuals have been trained during monthly opioid overdose prevention and naloxone administration training in targeted priority populations.
	  ○ New online training went live in December 2021 following a curriculum redesign. Online training for community members and clinicians continued to be made available for free and on-demand. 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).
	  ○ Fifty new distribution partners were added in FY 22, and partners continue to be added in FY 23 for a total of 134 active partners.
	• **HR.3:** Explore the feasibility of supporting additional harm reduction strategies including safe consumption sites and fentanyl test strips.
	  ○ DBH is creating educational materials and supporting community-based organizations (CBOs) in establishing/expanding drug-checking programs. Palm cards about how to use fentanyl test strips were published.
	  ○ DBH has been giving out fentanyl test strips (FTS) on demand and distributed 51,627 from April 2022 - June 2023.
	• **HR. 4:** Continue syringe services programs in combination with other harm reduction services and assessment for new site selection and safe disposal sites.
	  ○ 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 a request for application (RFA) for mobile SSP funding in September 2022, and all three existing mobile SSPs were awarded grants in January 2023.
	• **HR. 5:** Expand the use of peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.
	  ○ 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.
	  ○ DBH will launch the Opioid Education Ambassadors training in FY24, which will help to recruit peers to join a community overdose response network.

CONTINUED
Harm Reduction
	• **HR. 6.** Encourage continuing education for medical providers on increasing prescriptions of naloxone for persons identified with OUD or those at risk.
	  ○ HealthHIV sends email and social media blasts (over 27,000 individuals on list) to promote its courses in the former Opioid Learning Institute (OLI).
	• **HR. 7:** Explore the feasibility of developing a 24/7 harm reduction drop-in center that provides comprehensive services and engage individuals in conversations about treatment and recovery.
	  ○ The LIVE.LONG.DC. Harm Reduction Opioid Strategy Group (OSG) held a presentation on January 28, 2022 titled "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.
	  ○ District leaders including the Interim Deputy Mayor of 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 implementation of the DC Stabilization Center is underway and will allow for hospital diversions and ambulance drops for consumers meeting criteria.

Treatment	• **TR. 1:** 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.
	  ○ DBH conducted open training sessions in July 2022 on BUP-DAP, a program to provide MOUD for the uninsured and underinsured for community providers.
	  ○ Outreach peers engaged 913 patients in FY 22 in an effort to expand the 90-day peer outreach for individuals refusing treatment at the emergency department.
	• **TR.2:** Integrate physical and behavioral health treatment and programming to deliver whole-person care and improve well-being.
	  ○ 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.
	  ○ The following online courses that the Opioid Learning Institute offers to encourage use of opioid alternatives and pain management approaches for patients and users have had 522 completions since October 1, 2019: "*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*". Since October 1, 2019, there have collectively been 522 completions of these courses.

CONTINUED

Treatment

- **TR.3:** Create 24-hour intake and crisis intervention sites throughout The District of Columbia.
  - In FY 22, 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 FY 22 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.
- **TR.4:** Encourage 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.
  - 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 Q4, FY 22 1,119 DC providers were enrolled in DACS services. Since the launch of DACS, 56 clinical calls have been answered and 10 continuing education webinars related to OUD, MOUD, and chronic pain management have been completed.
- **TR.5:** Employ peers to engage with patients in DC hospital inpatient units and conduct post-discharge outreach.
  - Since August 2022, six hospitals are implementing SBIRT on inpatient units.
- **TR. 6:** Establish a community of practice (COP) for providers working with individuals with opioid use disorders.
  - 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. There were 62 participants.
- **TR.7:** Implement a mobile van to provide behavioral health screenings, assessments, and referrals; and services and supports.
  - The DBH mobile van continues to conduct outreach Monday through Friday at hotspots around the District.
- **TR.8:** Develop and implement a comprehensive care coordination/care management system to care for and follow clients with SUD/OUD.
  - In January 2022, awards were made to seven organizations to provide care management services to individuals with OUD and multiple health/behavioral health needs.
  - In FY 22, over 4,000 individuals have been contacted through outreach and 265 have been enrolled in care management services with 189 linked to behavioral health services.

CONTINUED **Treatment**	• **TR.9:** 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. ○ MedStar Health Research has worked to expand their needs assessment to learn more about SUD screening practices for pregnant and parenting patients. They have incorporated their findings into educational materials for a variety of stakeholder groups, including patients, providers, and caregivers, and began data analysis to estimate the scope of the issue.
Recovery	• **RE.1:** 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 individuals in recovery and monitor the quality and effectiveness of programming. ○ 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 LIVE.LONG.DC. website. Monthly reports reflect that there was an increase of 10% annually in individuals served. • **RE.3:** Establish a Peer University to provide comprehensive training, education, and workforce opportunities for peers that will help them be eligible for national/international certification. ○ The revised Peer Specialist Certification Program incorporates 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. The training is offered 3 times annually. ○ 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. DC Hospital Association holds regular peer collaborative meetings for peers in the hospital where they discuss successes and challenges to doing the work.
Interdiction and Criminal Justice	• **IC.3:** 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. ○ All three forms of MOUD are available at the jail. In Q3 of FY 23, the monthly averages were 49 individuals receiving methadone, 219 receiving buprenorphine, and 5 receiving naltrexone. Certified Addiction Counselors in the jail made 1,734 contacts with jail residents with OUD in FY 22. The women's SUD treatment unit in the jail opened in August 2022 (capacity for 50 women) with a monthly average of 7 women. In the men's unit, there was a monthly average of 16 men with OUD. • **IC.5:** 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. ○ Recovery and Criminal Justice and Interdiction OSG co-leads met regularly throughout the year to plan two recovery forums, which occurred virtually in July and September 2022. The goal of the forums was to educate criminal justice stakeholders.

CONTINUED
Interdiction and Criminal Justice
	• **IC.6:** Establish effective and coordinated communication channels between justice and public health agency partners to improve continuity of care.
	  ○ 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.
	• **IC.12:** Continue to collaborate with 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.
	  ○ MPD continues to partner and collaborate with the Drug Enforcement Agency on overdose fatality investigations; investigates those who sell opioids and the areas in which they are being sold and works with Homeland Security and Postal Inspectors to intercept packages containing illegal drugs.