

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



Accomplishments and Progress – October 2019



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

- *Strategy 1.1: Establish an Opioid Fatality Review Board to review all opioid related deaths that occur in Washington, DC.*
 - The Opioid Fatality Review Board held their second meeting on October 22, 2019.
 - The Board will meet monthly. During each meeting, the Board will examine the cases of opioid decedents, review existing data, and make recommendations that will be presented in an annual report expected November 2020. Findings from each meeting will not be able to be released or shared due to the confidential nature of the discussions.
- *Strategy 1.3: Coordinate with federal regulators to reverse policies and practices that restrict access to MAT to District residents while in the custody of the Federal Bureau of Prisons (BOP).*
 - The Bureau of Prisons is providing naltrexone (a form of medication-assisted treatment [MAT]) agency-wide for inmates near release. Naltrexone is currently only available to inmates within two months of transfer to the community. There are two District residents of 52 active MAT participants nationally.



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

- *Strategy 2.2: Provide age-appropriate, evidence-based, culturally competent education in all Washington, DC public schools regarding the risk of illegal drug use, prescription drug misuse, and safe disposal of medications.*
 - The “Too Good For Drugs” curriculum orientation took place on October 11, 2019 for nine school mental health clinicians from community-based organizations. In preparation for the spring semester, an additional orientation will be held by January 31, 2020 for DBH school mental health clinicians. This orientation will include information about the “Too Good For Drugs” curriculum, facilitations tips, and data collection procedures, and will connect schools with community resources.
- *Strategy 2.3: Conduct outreach and training in community settings (e.g., after school program, summer camps, churches, and community centers) to engage youth, parents, educators, school staff, and childcare providers on ways to effectively communicate regarding substance use disorders and engage/ support those impacted.*
 - DBH received final reports from the 23 faith-based organizations that received grants to host community events in September (Recovery Month). The grantees provided awareness and education around opioids and opioid use disorder (OUD), treatment options (e.g., medication-assisted treatment), and The Good Samaritan Law. In addition, each grantee was required to provide a naloxone training. The below chart shows the number of individuals from each Ward who participated in the events.

Ward	Number of Faith-Based Organizations	Unduplicated Participants
1	1	578
4	2	450
5	6	262
6	5	711
7	3	798
8	8	1,311
Total:	23	4,110

- A few highlights from the work include: a bilingual (Spanish) naloxone training, an OUD presentation at the 18th Jazz Preservation Festival, and opioid and recovery story-telling by jazz artist Doug Carn at America’s Islamic Heritage Museum and Cultural Center.
- DBH and the Office of the State Superintendent of Education (OSSE) will be partnering to provide opioid education in DC schools through a memorandum of understanding (MOU). DBH is in conversations with Overdose Lifeline about the “This is (Not) About Drugs” curriculum and ways it can be catered to DC students. This includes adding information about treatment and possibly videos created by DC youth under the District of Columbia Opioid Response (DCOR) grant.
- An alcohol, tobacco, and other drugs (ATOD) fact sheet is being developed using Youth Risk Behavior Survey (YRBS) data to identify social and environmental correlations with adolescent substance use. The fact sheet will be released by December 31, 2019.
- *Strategy 2.4: Create multiple social marketing campaigns, including anti-stigma campaigns, using a variety of media with clear messages to multiple target audiences (i.e., youth and young adults, current users) to increase awareness about opioid use, treatment, and recovery.*
 - DC Health is planning to launch another round of their Prescription Opioid Media Campaign in mid-November. The campaign will run for 12 weeks. Campaign displays will be posted in the interior of buses and metro cars, with digital signs in metro stations.
 - The vendor for the LIVE. LONG. DC. social marketing campaign conducted the following activities:
 - Finalized two creative concepts.
 - Developed a four-phase approach and timeline for messaging, including bus signs, social media, print advertising, special events, and more.
 - Scheduled Phase I of the campaign to be rolled out on November 15, 2019.
 - Developed and finalized a new logo for LIVE. LONG. DC..
- *Strategy 2.6: Educate and promote the Good Samaritan Law (laws offering legal protection to people who give reasonable assistance to those who are, or who they believe to be, injured, ill, in peril, or otherwise incapacitated) for community and law enforcement.*
 - Ongoing: Education around the Good Samaritan Law is provided to the District via community events (e.g., faith-based initiatives), naloxone administration trainings (e.g., provided monthly by DC Health), social marketing, and more.



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

- *Strategy 3.6: Encourage provider continuing education on evidence-based guidelines for the appropriate prescribing and monitoring of opioids and other evidence-based/best practices such as warm hand-offs, 12-step model programs, Acceptance and Commitment Therapy and SBIRT.*
 - The [Opioid Learning Institute](#) was officially launched on October 1, 2019. The Opioid Learning Institute is a comprehensive educational initiative with a mission to educate Washington, DC prescribers and other health care professionals. The free online curriculum covers topics related to opioid prescribing practices, the prevention and treatment of OUD, harm reduction approaches, and other relevant topics around opioids. There are 12 online, self-paced CME/CE accredited modules. eLearning Modules include:

Module	Number of Enrollments/ Participants	Completions as of October 31, 2019
Acupuncture, Massage, and Self Care in Addressing Pain	171	9
Cognitive Behavioral Therapy & Mind-Body Techniques in Addressing Pain	171	10
Development and Implementation of Evidence-Based Opioid Prescribing Guidelines for Surgical Patients	171	4
Implementing the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain	172	16
After the Waiver: Translating Training Into Practice. Advanced Topics in Buprenorphine	171	6
Treating Acute Pain to Improve Outcomes and Reduce Opioids	171	9
Treating Opioid Use Disorder: Primer for Clinicians	171	6
Epidemiology of Opioid Use: In the US and the District	178	21
Cognitive Behavioral Therapy & Mind-Body Techniques in Addressing Pain	171	11
Patient Provider Relationship in Addressing Addiction	171	6
Nutrition as Non-Pharmacological Pain Management	171	9
Harm Reduction Approaches for Providers Addressing Opioid Use	171	8
CE - Opioid Overdose Prevention & Naloxone Education	171	21
Opioid Overdose Prevention & Naloxone Education (Community)	40	4
Total Credit Hours Awarded		136



Support the awareness and availability of, and access to, harm reduction services in Washington, DC.

- *Strategy 4.1: Increase harm reduction education to families and communities, including naloxone distribution for those most affected.*

- The online, interactive naloxone training (developed by the contractor HealthHIV) was officially launched to the public on August 30, 2019. The online training can be accessed at <https://opioidhealth.org/>. A link to the training is also on DC Health's website.
 - Preliminary data shows that 40 individuals completed the online naloxone training module in October.
 - Each individual must complete a pretest and post-test as a part of the online training. The pre- and post-test data is captured and submitted to DC Health. Once the individual completes the training, they receive a certificate. Naloxone can be picked up from DC Health or any of the seventeen pharmacies that distribute free naloxone.
- Overdose Prevention Kits are under development and will be completed by January 31, 2020. The kits will include face shields, gloves, and resource cards providing information about overdose prevention safety tips and addiction treatment locations.
- *Strategy 4.2: Make naloxone available in public spaces in partnership with a community-wide training initiative.*
 - Four of the 17 pharmacies participating in DC Health's Pharmacy Pilot Project reported dispensing 327 naloxone kits to clients in October (12 of 17 reported dispensing 566 naloxone kits in September). At the time of reporting, not all pharmacies have submitted data. It has been difficult to enforce timely submission since pharmacies are not being supported by any funds to carry out this pilot. DC Health is sending reminders and encourages consistent reporting on a monthly basis (recently changed from weekly).
 - DC Health expanded its community-based naloxone distribution to three additional providers: Andromeda Transcultural Health, Miriam's Kitchen, and Prestige Healthcare Resources. There are now a total of 19 community partnerships, with one partner having 11 different sites; and 17 pharmacy locations.
 - DC Health trained 226 individuals on naloxone administration in October at the following trainings:
 - DC Public Library – October 1, 2019 (27 trainees)
 - Miriam's Kitchen – October 2, 2019 (11 trainees)
 - CATO Institute – October 2, 2019 (117 trainees)
 - IMPACT Health Specialists – October 7, 2019 (9 trainees)
 - DC Parks and Recreation – October 16, 2019 (7 trainees)
 - Bread for the City – October 28, 2019 (18 trainees)
 - Howard University School of Medicine – October 30, 2019 (37 trainees)
- *Strategy 4.4: Continue needle exchange program in combination with other harm reduction services (such as naloxone distribution) and continuous assessment for site selection including the development of community pharmacy-based needle exchange and safe disposal sites.*
 - Complete as of October 1, 2018.
- *Strategy 4.5: Permit the use of controlled substance testing kits by members of the general public to screen drugs for adulterants that may cause a fatal overdose.*
 - Complete as of May 31, 2019.
- *Strategy 4.6: Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.*
 - The Rapid Peer Responder (RPR) team that is coordinated through DC Health began using the Pulse Point application on their phones to respond to medical emergencies.
 - The RPRs track their daily activities in REDCap, a secure web application for building and managing online surveys and databases. In October, RPRs reported the following:
 - Number of client contacts: 1,559
 - Number of Narcan units distributed: 443
 - Number of brief interventions (RPRs have been trained to use a version of Screening, Brief Intervention, and Referral to Treatment [SBIRT] designed by the Mosaic Group): 65
 - Referrals to food: 9
 - Referrals to clothing: 5
 - Referrals to MAT: 2

- Referrals to other OUD treatment: 3
- Number of follow-up visits: 10



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

- *Strategy 5.1: Conduct a comprehensive assessment of the availability of treatment services slots/beds per American Society of Addiction Medicine (ASAM) criteria for patients by age, gender, and payer in Washington, DC for adequacy, and develop a plan for building capacity as may be required. In addition, assess the efficiency and effectiveness of the District's referral system and develop protocols (including training) that are patient-centered and practical for both the referring and receiving facility.*
 - The Pew Charitable Trusts presented preliminary findings to the LIVE.LONG.DC. stakeholder community at the Opioid Summit on October 30, 2019, and is currently obtaining final stakeholder input while finalizing the report. This stakeholder input includes a discussion with the organization, The Chosen Few, on November 15, 2019, to gather the perspective of individuals with lived experience. Pew will present the final findings and recommendations to the Mayor's Commission on Healthcare Systems and Transformation on December 17, 2019.
- *Strategy 5.4: Develop and implement a model for initiating MAT in emergency departments (ED), ensuring a direct path to ongoing care (via a warm handoff from peer recovery coaches) that is patient-centered, sustainable, and takes in to consideration the demographics of the implementing health system.*
 - The DCOR grant includes funding to assist uninsured/underinsured patients. DC Health is leveraging the AIDS Drug Assistance Program (ADAP) platform to provide buprenorphine to those with limited or no health insurance. DC Health will launch the Buprenorphine Drug Assistance Plan (BupDAP) by November 1, 2019. The BupDAP launch and link to enroll was shared to the internal DC Health Workplace, an online team collaboration tool using Facebook features for work. Case managers and patients may enroll directly by accessing www.dchealth.dc.gov/bup-dap.
 - Harm Reduction Coordinators at DC Health have developed a pre-enrollment form to begin enrolling uninsured individuals into the program. As of October 31, 2019, five individuals had been pre-enrolled. By October 31, 2019, the Harm Reduction Coordinators had conducted presentations to inform seven of the nine grant-funded providers that BupDAP is coming so that they can be ready when the system goes live. The following providers were informed about BupDAP:
 - Whitman Walker Health
 - Unity Health Care
 - Community of Hope
 - Andromeda
 - Bread for the City
 - Mary's Center
 - HIPS
 - Family Medical and Counseling Services (pending November reschedule date)
 - ED MAT Induction Program Update:¹
 - The number of nurse screenings has seen a continuous increase in the last three months of the program (in July there were 5,071 screenings completed [29% of total patients in EDs], August had 7,448 [44% of total], and September had 8,473 [50% of total]), which increases the probability of identifying patients at risk for SUD. Howard University Hospital has been a case study for the efforts taken in quality

¹ ED induction data is not presented to DBH until the 15th of each month, therefore data for the monthly report is only available for the previous month.

improvement within the Emergency Department (ED) MAT Program. Nurse screenings at Howard went from 18% in June to over 90% in September. When looking at the data and thinking through how to make improvements, leadership buy-in was key in addressing various barriers. All ED nurses received instruction to participate in a mandatory booster training on their role in completing the screening, and IT was able to make the nurse screening mandatory. This means that the screening questions that determine risky substance use are now a required part of the nurse's assessment for patients entering the ED. Howard was able to fill every peer position available in both the ED MAT and the Opioid Survivor Outreach Program (OSOP). As a result, Howard's ED MAT program is fully staffed for 24/7 coverage and every patient that received MAT and was referred by a peer recovery coach to treatment showed up to their appointment.

- United Medical Center and George Washington University Hospital (GWUH) have also modified their electronic health record to make the nurse screening mandatory.
- Cumulative data revealed that since the start of the ED MAT Program at the three pilot hospitals, about 1,900 of patients with risky alcohol or substance use behaviors were given a brief intervention to assess their willingness to change the behavior. This represents 1,900 treatment interventions that would not have occurred without the program implementation.
- Recruitment of peers for ED MAT and OSOP programs at the hospitals continues.
 - A new cohort of four peers received an eight-day training and began working with patients at their respective hospitals.
 - In addition to the initial recruitment pathways, open positions were added to DBH's Recovery Coach and Certified Peer Specialist Listserv. DC Hospital Association (DCHA) is working with DC Health to discuss the opportunity of transitioning their Rapid Peer Responders into full-time positions within the ED MAT and OSOP programs.
- Due to the addition of Assessment and Referral (level AR) sites, hospitals are better able to assess linkages to care for patients who do not use opioids. September data revealed a 28% increase for linkages to treatment when compared with May data.
 - DCHA is planning meetings with community SUD providers, including fast-track providers and level AR sites, to explore options for aiding in successful linkages to treatment.
 - DCHA is working with Unity Health Care to plan a meeting to involve the community in a discussion about their opioid programs with SUD providers and hospital teams.
- A provider meet and greet was held on October 25, 2019 with new peer recovery coaches to discuss the SUD services offered at their facilities and answer any questions the peers have for them. Three of these meet and greets have occurred since the start of the program.
- *Strategy 5.7: Improve the quality and quantity of support services (e.g., education, employment, community re-entry, recovery coaching, transportation, dependent care, and housing) that are available to individuals in recovery.*
 - DC Health executed a contract with Yellow Cab in September to provide transportation support to individuals with opioid-use disorder. The RPRs began using the Yellow Cab service in October (10 rides) for the purposes of meeting survivors of overdoses at the scenes of their medical emergency and to eventually transport clients with OUD. DC Health's RPRs will accompany and/or arrange transportation for OUD clients, upon request.



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

- **Strategy 6.4: Ensure individuals incarcerated with DOC continue to receive MAT as prescribed at the time of arrest or MAT is made available to individuals in need.**
 - The new women’s substance use disorder therapeutic wellness housing unit is delayed due to staff transitions at Unity Healthcare. DOC is hoping to launch the women’s unit by February 2020. The women’s unit will use the Trauma, Addictions, Mental Health and Recovery (TAMAR) curriculum—designed for treating persons with a history of abuse and a recent treatment history for a mental health condition as well as a substance use disorder. Through grant funding, community-based organizations will be trained in TAMAR so that women in the unit can continue the program once they return to the community. Education, outreach and enrollment in MAT continue despite delays in opening the dedicated housing units.
 - The men’s unit will launch in the Spring of 2020.
 - The Vivitrol program launched on October 15, 2019. Referrals are underway, but there are no qualified candidates, yet.
- **Strategy 6.7: Establish effective and coordinated communication channels between justice and public health agency partners to improve continuity of care.**
 - Ongoing: Criminal justice, public safety, and public health partners continue to meet to discuss the opioid crisis and other behavioral health concerns that impact District residents.
 - Members of the Substance Abuse Treatment/Mental Health Services Integration Taskforce (SATMHSIT) met on October 31, 2019 to discuss the intersection of behavioral health, public safety, and criminal justice. SATMHSIT member agencies who were interested in their staff receiving educational presentations about medication-assisted treatment (MAT) were encouraged to connect with DBH.



Develop effective law enforcement strategies that reduce the supply of illegal opioids in Washington, DC.

- **Strategy 7.1: Enhance surveillance program and data collection efforts in order to determine and characterize status of the regional supply of illegal drugs to ensure availability of sufficient data.**
 - Ongoing: Enhanced surveillance program and data collection efforts are ongoing and will continue in order to determine and characterize status of the regional supply of illegal drugs. Data from chemical analysis of surveillance samples are provided and distributed monthly to critical agencies through mechanisms such as the DC Opioid Working Group chaired by DBH and DC Health.
- **Strategy 7.2: Identify and fill resource gaps preventing law enforcement efforts from using existing laws to reduce the supply of illegal opioids.**
 - Complete. The Narcotics and Special Investigations Division at MPD is fully staffed. The infrastructure is established and MPD is actively partnering with federal and regional partners to reduce the supply of illegal opioids.
- **Strategy 7.3: Identify any legislative gaps that may exist preventing or hampering law enforcement “best practices” to reduce the supply of illegal opioids.**
 - Complete as of December 2018.
- **Strategy 7.4: Coordinate investigative efforts with the United States Attorney’s Office and Drug Enforcement Administration to utilize federal laws in cases involving individuals who sell opioids (heroin/fentanyl) that cause the death or injury of another.**
 - MPD is actively working on this strategy, but due to the confidential nature of ongoing cases and investigations, MPD cannot comment on any specifics.
- **Strategy 7.5: Identify existing federal task force assets and ensure efforts are in place to investigate and disrupt the flow of illegal opioids into Washington, DC.**

- MPD is actively working on this strategy, but due to the confidential nature of ongoing cases and investigations, MPD cannot comment on any specifics.
- *Strategy 7.6 Coordinate MPD efforts to identify locations where opioids are illegally sold (street level trafficking) as well as individuals who traffic opioids to direct enforcement efforts toward these targets.*
 - MPD is actively working on this strategy, but due to the confidential nature of ongoing cases and investigations, MPD cannot comment on any specifics.
- *Strategy 7.7: Coordinate with federal law enforcement agencies including the Department of Homeland Security Customs Enforcement and United States Postal Inspector to target opioid trafficking through the United States Postal Service and other parcel shipping companies.*
 - MPD is actively working on this strategy, but due to the confidential nature of ongoing cases and investigations, MPD cannot comment on any specifics.