

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



Accomplishments and Progress- April 2019



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

- Strategy 1.1: Establish an Opioid Fatality Review Board to review all opioid related deaths that occur in Washington, DC.
 - The Mayor's Order to establish the Board was submitted in December 2018 and is currently moving through the review and approval process.
- Strategy 1.2: Coordinate with Washington, DC and federal regulators to revise laws and regulations that currently impose restrictions on the prescribing of medication-assisted treatment (MAT).
 - The policy eliminating prior authorization (PA) requirements for buprenorphine (up to 24/mg. per day) and naltrexone went into effect on April 1, 2019. [Read the policy here.](#)
- Strategy 1.6: Expand Department of Behavioral Health's Assessment and Referral (AR) sites to establish multiple points of entry and expedited access into the system of care for substance use disorder treatment services.
 - Three substance use disorder (SUD) providers (MBI, RAP, and Family Medical) have become fully certified to provide SUD intake and assessment services. In order for them to begin to provide services, DBH will work with Office of Contracts and Procurement (OCP) to modify their existing Human Care Agreements, give them permission to access the electronic medical records system and work with DC Department of Health Care Finance (DHCF) to help them obtain the appropriate credentials to be reimbursed for the associated intake and referral services.
 - Two SUD providers, United Planning Organization and PIDARC, have expressed interest in submitting applications in May 2019. Both of these providers offer medication-assisted treatment (MAT).
- Strategy 1.7: Build the capacity of substance use disorder treatment providers by maximizing the use of Medicaid funds to support prevention, treatment and sustained recovery, and seeking the alignment of payment policies between Department of Health Care Finance (DHCF) and other local agencies.
 - Three public stakeholder meetings occurred in April after the publication of the draft 1115 Behavioral Health Transformation Demonstration program:
 - Thursday, April 18, 2019, from 4:00 to 5:30 p.m. at 64 New York Avenue NE.
 - Thursday, April 25, 2019, from 5:30 to 7:00 p.m. at 2235 Shannon Place SE.
 - Tuesday, April 30, 2019 from 1:30 to 3:00 p.m. via web conference and teleconference only.
 - Public comment on the draft 1115 demonstration application closes on May 13, 2019. Once the comments are received, they will be used to inform the development of the final document to be submitted to the Centers for Medicaid and Medicare Services (CMS).



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

- Strategy 2.1: Train youth and adult peer educators, in conjunction with people in recovery, to conduct education and outreach activities in schools and other community settings.
 - DBH has identified a team at Fihankra Akoma Ntosaso (FAN) to train young adults (18–25). They will provide training on substance use disorders to youth within communities throughout the city based upon the Connecticut Community for Addiction Recovery (CCAR) model. CCAR is accepted nationally as the standard for training in this area.
 - The first class of peer recovery coaches to be trained by FAN will be youth from the Summer Youth Employment Program. The subsequent classes of youth will be identified through the peer-operated centers funded by DBH and other community partners. The goal is to have a sustained youth training program within the District.
- Strategy 2.2: Provide age-appropriate, evidence-based, culturally competent education and prevention initiatives in all Washington, DC public schools regarding the risk of illegal drug use, prescription drug misuse, and safe disposal of medications.
 - As of April 19, 196 students across grades 5, 7, and 9 have been reached with the pilot of Too Good for Drugs curriculum. DBH determined that there is a pre-existing evaluation for this curriculum, which will be collected and analyzed at the end of the school year. Pre- and post-tests are given to students, and students and teachers fill out satisfaction forms.
- 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.
 - The DC Prevention Centers received their statements of work (SOWs) from DBH outlining their required tasks for the State Opioid Response Grant (SOR) grant. They will conduct outreach events across the city.
 - Grants were awarded for prevention activities in six wards. Two wards, 3 and 4, did not have a qualified provider to implement the initiative. The prevention RFA will be re-issued in May to provide an opportunity to identify qualified providers within these two wards. A kick-off meeting/orientation was held with all grantees on April 23.
 - DBH received a proposed training plan from the Bizzell Group (contractor) with possible e-learning and curriculum options for the District on prevention and treatment strategies to address the needs of individuals with opioid use disorders. DBH met with Overdose Lifeline, a provider that was included in the training plan, on April 30 to learn more about their training and education tools. A decision will be made within the next few weeks regarding whether their tools and services will be purchased.
- 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.
 - DBH has developed the final scope of work for the social marketing campaigns to be launched by the end of the fourth quarter. The document has been submitted to the OCP for final review.
 - DC Health will launch a 16-week opioid awareness and prevention campaign on May 20 that will be displayed on public transit and within “hot spots” around the city. Approval was received from EOM for the prescription opioid advertisements on April 1, 2019.
- Strategy 2.5: Increase the targeted advertisement of treatment and recovery programs throughout Washington, DC.
 - DBH has submitted a revised scope of work for a competitive procurement process for the advertising campaign. The social marketing campaign will broadly cover topics related to opioid awareness and education, while also directing individuals to prevention, treatment, and recovery resources.
 - DBH reviewed the DC Network of Care website as a potential option for a consolidated resource bank. A final decision regarding this option will be made in May.
- Strategy 2.6: Educate and promote the Good Samaritan Law for community and law enforcement.
 - At each bi-monthly Opioid Overdose Prevention and Naloxone training, DC Health incorporates pertinent information relative to The Good Samaritan Law. This quarter, DC Health provided education to 53 people.



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

- Strategy 3.1: Expand the use of Screening, Brief Intervention, Referral, and Treatment (SBIRT) programs among social service agencies that conduct intake assessments.
 - The RFA for SBIRT closed April 19, 2019. The internal review of applications has just concluded. The external technical review will take place and decisions regarding the successful applicants will be made by the end of May.
 - Strategy 3.7: Encourage provider continuing education on evidence-based guidelines for the appropriate prescribing of MAT, with a target audience of addiction treatment providers and primary care providers who are most likely to encounter patients who are seeking this therapy.
 - Howard University (HU) met its deliverable to conduct the DATA waiver training. At this time, HU is conducting additional work to support clinicians interested in prescribing. They also established a mentoring program and have conducted a peer-led session to engage providers in active prescribing following the receipt of the waiver.
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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.
 - Planning meetings for community conversations occurred April 4 and 19 between DC Health, Helping Prostitutes Survive (HIPS), and DBH. The first community conversation will be held on May 1 in Ward 6. The expected outcomes of these sessions are to reduce stigma around MAT and harm reduction, provide education around opioids and opioid use disorder, and provide naloxone training and distribution.
 - Strategy 4.6: Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.
 - DC Health is currently in the recruitment process for eight peers for the Rapid Peer Responder Team. They will be hired by June 1. A requisition has been created to secure the services of a personnel agency that can recruit eligible applicants.
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Ensure equitable and timely access to high-quality substance use disorder treatment and recovery support services.

- Strategy 5.4: Develop and implement a model for initiating MAT in emergency departments (ED), ensuring a direct path to ongoing care (via a warm handoff from peer recovery coaches) that is patient-centered, sustainable, and takes in to consideration the demographics of the implementing health system.
 - Peer recovery coach (PRC) training and pre-implementation steps are complete for the three initial hospitals. DC Hospital Association held peer/fast track provider “Meet and Greet” on April 26, 2019. Hospitals launched the ED MAT induction services on April 30. Each hospital will employ four peers.
 - George Washington University Hospital, the 4th hospital to join this effort, began initial planning steps in April. They are scheduled to begin delivering this service in August.



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 6.1: Explore the expansion of drug court for diversion of individuals with substance use disorder who are arrested.
 - As a follow up to the training for judges on March 20, DBH created a resource guide in April that judges can reference to learn where treatment services can be accessed. The resource guide was distributed to judges during the first week in May. There is a plan to develop a bench card within the social marketing campaign that provides them with a quick reference guide to the behavioral healthcare system. It is anticipated that this tool will be completed and distributed by August.
 - DBH is in the process of developing a training for criminal lawyers. This training was to be delivered in April but has been postponed until June.
- 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.
 - DOC began training providers on Vivitrol induction. The program is expected to launch in late summer.



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

No accomplishment to report for this month.