

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



Accomplishments and Progress- May 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 was approved by the Mayor on May 2, 2019. The Opioid Fatality Review Board is currently accepting applications for Committee members (there are only 2 spots remaining).
 - An Opioid Fatality Program Specialist was hired to staff the Opioid Fatality Review Board as of May 28, 2019.
 - The Program Specialist is currently developing administrative protocols for the board, which will be completed by the first board meeting. The goal is to host the first board meeting in August.
- Strategy 1.4: Strengthen the infrastructure for data and surveillance to understand the scope of opioid-related overdoses (fatal and nonfatal) and the demographics of population with opioid use disorder (OUD).
 - The data elements for the data dashboard 1.0 have been identified. DC Health is on track to launch the data dashboard by June 30, 2019, but will need external support to make the dashboard more aesthetically pleasing. DC Health will work with OCTO to make improvements for the next iteration of the dashboard. The dashboard will be available for the public via the District opioid website, livelong.DC.gov.
- 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 assessment and referral (AR) services. DBH has developed a work plan for rollout and is collaborating with provider champions on protocol. In order for them to begin to provide services, DBH has worked with Office of Contracts and Procurement (OCP) to modify their existing Human Care Agreements, give them additional permissions in the electronic medical record 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. The estimated date for initiating this expanded assessment and referral process is June 30, 2019.
- 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.
 - The draft 1115 demonstration application was sent to CMS on June 3. The implementation plan will be submitted July 29, 2019.
 - DHCF and DBH are working on developing the required Implementation Plan for this demonstration, which must be submitted within 90 days of submission of the application. Both the application and the Implementation Plan must be approved by the Centers for Medicare and Medicaid Services before the District can draw down federal Medicaid funds. These efforts support the proposed "go-live" target date for the demonstration of January 1, 2020.



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

- 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 has received and reviewed all follow-up information from two possible vendors.
 - DBH is collaborating with DC Public Schools (DCPS) and Office of the State Superintendent of Education (OSSE) employees about the possible integration of SUD education within the curriculum for DC students. Follow-up meetings have been scheduled in June to discuss specific curriculum and modes for the delivery of the curriculum.
 - The four DC Prevention Centers received their Notice of Grant Awards (NOGAs) and completed their grantee orientation. They have submitted their work plans and will begin conducting outreach events across the District in July.
 - The six DC Opioid Response grantees finalized their work plans and categorical budgets. They are preparing for a facilitator training in July in order to begin implementation of 'Botvin Life Skills Program' in schools, churches, and community centers.
 - 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.
 - Currently, there are three social marketing campaigns being implemented:
 - 1) "More Harmful Than You Think" is a campaign to address youth opioid use. This campaign is housed under DBH's SUD Prevention unit and will include marketing, social media, and community events. DBH ran this campaign in 2018 and will refresh it for 2019.
 - 2) "LIVE. LONG. DC." is the social marketing campaign designed to advertise the Strategic Plan and the implementation efforts, and educate District residents about opioid use, addiction, treatment. As of May 17, 2019, the website for LIVE. LONG. DC. went live and will serve as the primary vehicle for the District to share information on the coordinated stakeholder efforts of the opioid strategic plan, opioid overview and surveillance data, and any news that should be shared broadly. An Information for Bid for social marketing, media and advertising services for LIVE. LONG. DC. was posted May 28 and will close June 11.
 - 3) DC Health launched a 16-week prescription opioid awareness campaign on May 20, 2019. The campaign consists of ads on buses and metro stations to inform individuals of the risks of prescription opiates.
 - Strategy 2.5: Increase the targeted advertisement of treatment and recovery programs throughout Washington, DC.
 - DBH will use the Network of Care as their online resource navigator to highlight opioid use disorder (OUD) services and supports. DBH will build upon its current contract with Network of Care. DBH staff are currently reviewing the Network of Care website and providing feedback about the content, usability, accessibility, and overall aesthetics. DBH will meet with the web designers on or before July 15 to discuss improvements and ways to highlight OUD services and supports.
 - Strategy 2.6: Educate and promote the Good Samaritan Law for community and law enforcement.
 - DC Health has continued offering their bi-monthly Opioid Overdose Prevention and Naloxone training, which incorporates information related to The Good Samaritan Law. This quarter, DC Health provided education to 35 individuals.
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Engage health professionals and organizations in the prevention and early intervention of substance use disorder among Washington, DC residents.

- Strategy 3.5: Develop a comprehensive workforce development strategy to strengthen the behavioral health workforce who are available to provide services in multiple care settings including peer support specialists/recovery coaches, holistic pain

management providers, and those trained to treat patients with co-occurring mental health diagnoses and substance use disorder.

- In May 2019, DBH signed an MOU with the University of District of Columbia (UDC). UDC is developing courses (both online and in-person) to align with the Certified Addiction Counselor (CAC) certification.
 - The first course is on track to be developed by the target date of September 30, 2019.
 - The first course will be offered starting in January 2020 for the spring semester.
 - DBH is in progress of finalizing an agreement with a provider for CAC training and plans to have that completed in June 2019 to move forward with enrollment of students with scholarships for the classes beginning in September 2019.
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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.
 - HIPS and DBH are conducting a series of community information and discussion sessions in each Ward of the District to address opioid use and overdoses in the District, a harm reduction approach to drug use, community member experiences and concerns, and sharing information about local resources available for people who use drugs. The goal of these conversations is to share information, increase awareness, answer questions, and engage in dialogue with DC residents about these issues. Community Conversations took place in Ward 6 (May 1 with 6 attendees), Ward 8 (May 15 with 78 attendees), Ward 1 (May 21 with 32 attendees), and were hosted by HIPS and DC Health. All community events will be held by September 2019.
 - Strategy 4.2: Make naloxone available in public spaces in partnership with a community-wide training initiative.
 - DC Health has compiled a listing of 20 community-based agencies and government agencies as of May 31, 2019 as naloxone distribution centers. Eight of the twenty organizations have been trained, have distribution policies in place, and have begun to distribute Narcan kits. The goal would be to have all sites on board by September 30, 2019.
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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.
 - Pew Charitable Trust, in collaboration with Johns Hopkins, has begun conducting the assessment to determine the availability of treatment services. Key informant interviews are currently being conducted to gather the required data. A meeting was held with PEW, DC Health, DHCF, and DBH on May 30 to hear preliminary findings from these sessions.
- Strategy 5.2: Evaluate the effectiveness of programs providing MAT to identify opportunities for enhancing treatment and recovery.
 - At the May 30 meeting, Pew Charitable Trust and Johns Hopkins were seeking ideas about new MAT initiatives that could be evaluated as a part of the assessment. DBH has proposed the evaluation of the jail MAT program and will work with other partner agencies to develop other ideas.

- 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 SOR grant includes funding to providers 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. By June 30, DC Health will launch “BupeDAP” (have not decided on that name).
- Strategy 5.5: Incorporate emphasis on physical health (including intensive health screenings) and mental well-being in substance use treatment and programming.
 - DBH has actively encouraged partnerships between primary care and MAT providers. In 2019, 550 medical visits have occurred for individuals in MAT programs at Federally Qualified Health Centers (FQHCs) across the District.
 - DC Health is supporting the initiation of telehealth and they will provide trainings to multiple organizations on this process.
 - The telehealth programs funded by DC Health are up and running at Howard University Hospital, Bread for the City/HIPS, Mary’s Center and Whitman Walker Health.
 - DC Health is working with a subcontractor to develop course materials and implement the trainings for organizations.



GOAL 6

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.
 - As of May 2019, there are 23 individuals on methadone, 119 people on buprenorphine, and 53 people have been given Naloxone kits and a prescription for Naloxone upon leaving the jail.
 - Two SUD trainings have been held by DOC: one for providers in April and one for nurses in May. The providers and nurses went on site to a Rhode Island correctional facility at the end of May to understand how their MAT program works and what lessons learned they can apply to DC. The Rhode Island program has been held up as an exemplary model because they have seen a significant decrease in overdose deaths for individuals leaving the correctional facility.
 - The Vivitrol program will be launched in late summer 2019.
 - A meeting will be held on June 19 with the jail SUD providers, DBH, and DOC to discuss warm hand-offs to community providers.
- Strategy 6.8: Develop educational and motivational programs for individuals in the custody of the Department of Corrections (DOC) with a history of substance use to encourage treatment and recovery.
 - DOC has reached out to six jurisdictions and the American Society of Addiction Medicine (ASAM) to understand what substance use education curriculum they use at their facilities. In June, DOC will determine whether to continue using the same curriculum or use a different curriculum currently being used in other states.
 - DOC is planning for a medical home SUD unit at the jail that is MAT focused. This unit is considered a therapeutic housing unit and 50–60 individuals will be in this housing unit on a continual basis.
 - DOC held a meeting on May 22, 2019 with the judges to educate them on the substance use and mental health programming available in the jails.



GOAL 7

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

No accomplishment to report for this month.