

LIVE. LONG. DC.

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



Accomplishments and Progress as of 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 1.2: Coordinate with Washington, DC and federal regulators to revise laws and regulations that currently impose restrictions on the prescribing of medication-assisted treatment (MAT).
 - As of April 1, 2019, the policy to eliminate prior authorization (PA) requirements for buprenorphine (up to 24 mg per day) and naltrexone has gone into effect.
- 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.
 - 1115 Waiver application workgroups (Department of Behavioral Health [DBH] and Department of Health Care Finance [DHCF]) are meeting regularly and waiver is being drafted. The 30-day public comment period will begin in early April and the waiver application will be submitted on May 31, 2019. The implementation date is contingent on negotiations with CMS once the waiver has been submitted. Two public stakeholder meetings occurred March 28, 2019 and April 18, 2019. Two more are planned for April 25, 2019 at 2235 Shannon Place SE and April 30 via web conference, post-publication of the draft waiver.
 - DBH has worked with providers and other stakeholders to update the State Plan Amendment (SPA) focused on substance use disorders (SUD). DBH made changes intended to improve access to care and services. DBH currently proposes incorporating recovery support services and case management services into the SPA. DBH sent the draft SPA to DHCF for review and consideration in February 2019.
- 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.
 - Four providers have submitted applications to become AR sites.



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 and prevention initiatives 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" evidence-based SUD prevention curriculum is currently being piloted in 5th and 7th grades in District of Columbia Public Schools (DCPS). DBH has purchased the module for the 9th grade curriculum and it will be offered starting next school year.

- 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 finalized the scope of work for a new marketing campaign. DBH is currently planning, with the Prevention Centers, the implementation of social marketing initiatives under the "More Harmful Than You Think" youth opioid awareness campaign.
 - DC Health is working to launch a 16-week opioid awareness and prevention campaign that will be displayed on public transit and hot spots around the city, and will use print ads.
 - Strategy 2.6: Educate and promote the Good Samaritan Law for community and law enforcement.
 - DC Health is including education on the District's Good Samaritan Law in their bimonthly opioid overdose prevention and naloxone trainings.
 - DC Health and DBH peer providers will include education on the District's Good Samaritan Law in their community conversations on harm reduction and treatment to be held in each ward starting April 25 (see strategy 4.1) to increase community awareness.
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Engage health professionals and organizations in the prevention and early intervention of substance use disorder among Washington, DC residents.

- Strategy 3.6: 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.
 - HAHSTA has engaged HealthHIV as a sole source contractor to implement district-wide OUD capacity-building for clinicians.
 - 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.
 - DBH has engaged Howard University Hospital in a grant agreement to conduct the DATA waiver training for clinicians. The training was held and they are in the process of working with participants to ensure they obtain waivers. Whenever possible, HUH also offers mentoring assistance in order to encourage active prescribing of MAT by newly waived providers.
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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.
 - Community conversations for each ward will begin on April 25 and will include topics regarding OUD, harm reduction, the Good Samaritan Law, and other topics. The first round of community conversations will be completed in each ward by June 30, 2019.
 - DC Health has increased the number of funded providers who can distribute naloxone by adding Bread for the City as an additional site that can distribute naloxone.

- DC Health has purchased 67,625 naloxone kits – 15,000 were distributed to the Metropolitan Police Department (MPD). Kits have been deployed to front line officers and an additional 4,349 naloxone kits have been distributed to numerous community partners and District residents who have attended DC Health’s bi-monthly training.
- The Department of Human Services (DHS) is working to expand their shelter overdose prevention program from six to 13 sites.
- 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.
 - HIPS offers naloxone and OD prevention training to participants through the DC Needle Exchange Program (DC NEX), which operates at both the drop-in center and the mobile services department. HIPS provides disposal containers to DC NEX participants.
- Strategy 4.6: Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.
 - The Hepatitis, STD and TB Administration (HAHSTA) is currently working to post opportunities for Rapid Peer Responders (RPR). The RPR model will be a peer model that will reach individuals who have undergone an overdose reversal at a local emergency department but refused treatment on the spot. The RPRs will be deployed to seek out these individuals within 24-48 hours and explore the individual’s interest in getting treatment. A Public Health Specialist is being hired in order to manage and coordinate the RPR program.
 - Two peer specialists have been co-located at the DHS Downtown Day Center to engage residents with SUD experiencing homelessness and will work to connect them to services.
 - HIPS is training cohorts of peers to do secondary activities (e.g., micro-counseling, overdose education, etc.). Peers are conducting these activities at various locations in the community, such as shooting galleries, hotel rooms, hotspots, etc., as a part of creating a street outreach team.



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.
 - A pool of five Federally Qualified Health Centers (FQHCs) and a hospital are currently funded to deliver MAT services. HAHSTA is exploring the possibility of including additional providers. Howard University is training providers on prescribing and treating with MAT.
- 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.
 - ED induction sites, which will provide MAT immediately following an overdose, have completed workflow walkthroughs. Staff hiring and technological upgrades are underway. Individual meetings with potential fast-track treatment providers are underway. The ED induction sites will launch in April 2019.
- Strategy 5.5: Incorporate emphasis on physical health (including intensive health screenings) and mental well-being in substance use disorder treatment and programming.
 - A clinical care coordinator (CCC) has been working at each Opioid Treatment Program (OTP) and part of their role is to connect clients to primary care. Medical Home Development Group has provided physical health screenings for clients at one of the OTPs. DBH is currently working to facilitate an MOU between FQHCs and DBH providers to incorporate physical health screenings into SUD treatment.

- 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.
 - HAHSTA is exploring avenues to establish a contractual agreement with a transport company in order to support patient transport to MAT programs. In addition, HAHSTA has modified existing grants with two providers who have expressed a need for patient transportation services.
 - DBH is working with Oxford House to identify three new recovery houses that will be launched and operational by September 30, 2019.
 - DBH has added additional funds to existing supported employment (SE) contracts to improve access to supported employment services for individuals with OUD.



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.
 - DBH conducted a training for judges on MAT and provided information about LIVE.LONG.DC and DBH behavioral health programs on Wednesday, March 20. DBH is in the process of developing a training for criminal lawyers to be delivered in May 2019.
- 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 Department of Corrections (DOC) is working to develop training for providers to provide Vivitrol, a MAT. The training will be offered to providers beginning in April 2019.
 - DOC instituted a policy that each individual in their custody with an OUD receives naloxone upon release.
 - DOC has received a signed waiver from DBH to initiate methadone treatment at DOC.
- Strategy 6.5: Coordinate with DOC, Pretrial Services Agency, Court Services and Offender Supervision Agency, the Bureau of Prisons (BOP), and other relevant stakeholders, to develop a wraparound approach to reintegrating individuals with substance use disorder and a history with MAT into the community upon release.
 - DOC has instituted a procedure for pregnant women on MAT to be transferred to Bureau of Prisons to be able to continue their treatment.
- Strategy 6.6: 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.
 - DBH offered a one-day training on trauma-informed care in the criminal justice system on March 27, 2019. After this training, DBH provided a 3-day 'train-the-trainer' training for peer specialists and recovery coaches.
- Strategy 6.8: Develop educational and motivational programs for individuals in the custody of the DOC with a history of substance use to encourage treatment and recovery.
 - DOC has created SUD curricula for group sessions, treatment offerings, and dissemination through the jail. DOC is currently identifying the appropriate team to conduct programming.



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 the status of the regional supply of illegal drugs. (Strategy has been accomplished.)

- The Department of Forensic Services (DFS) tested nearly all of suspected opioids collected in January 2019. Approximately 54% of the heroin tested contained fentanyl. Six new fentanyl compounds have been discovered since initiation of this phase of surveillance testing.