

LIVE. LONG. DC.

WASHINGTON, DC'S APPROACH TO ENDING THE OPIOID EPIDEMIC

Progress as of January – June 2019



GOAL 1
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.

1.1: Opioid Fatality Review Board has been approved through Mayoral Order.

1.2: The policy eliminating prior authorization (PA) requirements for buprenorphine (up to 24 mg per day) and naltrexone went into effect in April 2019.

1.4: Data dashboard that presents the scope of opioid related overdoses (fatal and nonfatal) and the demographics of population with OUD went live. Dashboard includes surveillance data from multiple District government agencies including DC Health, OCME, and FEMS, and is available on the DC Health website and LIVE. LONG. DC. website.

1.6: DBH certified four SUD providers as Assessment and Referral (AR) sites. They will provide greater access to SUD treatment across the District by providing the assessments required to establish the level of care need for consumers.

1.7: DBH and DCHF jointly developed and submitted the 1115 demonstration waiver application to the Centers for Medicare and Medicaid Services (CMS) on June 3, 2019. If approved, the waiver would begin implementation on January 1, 2020.



GOAL 2
Educate DC residents and key stakeholders on the risks of opioid use and effective prevention and treatment options.

2.2: As of April 2019, 196 students across grades 5, 7, and 9 have been reached with the pilot of the *Too Good for Drugs* curriculum.

2.4: Launched social marketing campaigns, including anti-stigma campaigns, to increase awareness about opioid use, treatment, and recovery.

2.5: DBH is building on its current Network of Care resource navigator website to highlight opioid use disorder (OUD) services and support available in the District.



GOAL 3
Engage health professionals and organizations in the prevention and early intervention of substance use disorder among DC residents.

3.1: Nurses in the hospitals implementing the hospital ED medication-assisted treatment (MAT) induction program are actively screening patients using Screening Brief Intervention and Referral to Treatment (SBIRT).

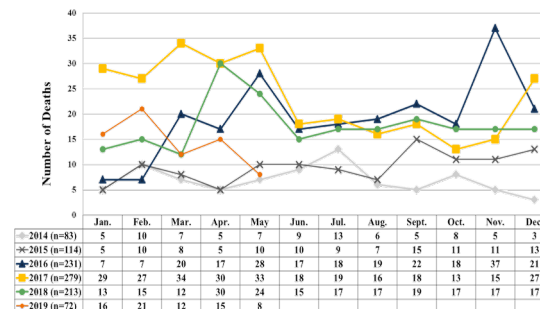
3.2: Created a 24/7 Community Response Team (CRT) to increase access to support services including employment, education, and enrollment in economic benefit programs; improve efficiency and response times to critical incidents; increase support to communities impacted by behavioral health concerns; increase access to services in all parts of the District; create citywide behavioral health and diversion support for the Metropolitan Police Department (MPD); improve consumer engagement and linkage outcomes; and increase SUD support.



GOAL 4
Support the awareness and availability of, and access to, harm reduction services in DC.

4.1: Conducted community conversations about harm reduction vs. abstinence, the Good Samaritan Law, treatment options in the District, and other opioid-related topics in all eight wards.

4.1: DC Health continues to offer its Opioid Overdose Prevention and naloxone trainings. An online training is currently being developed and will be available at the end of July. Distribution of naloxone kits has increased in communities, neighborhoods, community organizations, and DC sister agencies.



GOAL 5
Ensure equitable and timely access to high-quality substance use disorder treatment and recovery support services.

5.1: A pool of six Federally Qualified Health Centers (FQHCs) is delivering MAT services. Patients are receiving primary care while receiving MAT services.

5.4: The ED MAT induction program is operating in four hospitals – Howard University Hospital, United Medical Center, Washington Hospital Center, and George Washington University Hospital.

5.5: DC Health is funding telehealth programs at three organizations and one hospital.

5.7: DBH is working to establish new recovery houses and create additional avenues for supportive employment.



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.

6.3: Delivered a training for judges and criminal justice lawyers to see MAT as a viable option. As a follow up to the training for judges, DBH created a resource guide that judges can reference to learn where treatment services can be accessed.

6.4: The Department of Corrections (DOC) provides methadone and buprenorphine to individuals in the jail, and the Vivitrol program will be launched in August 2019. Individuals are given Naloxone kits and a prescription for Naloxone upon leaving the jail.

6.8: 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 training with the judges in May 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, D.C.

7.1: The Department of Forensic Sciences (DFS) surveillance lab has increased capacity to determine the composition of substances in the District via direct drug samples and even biological samples.