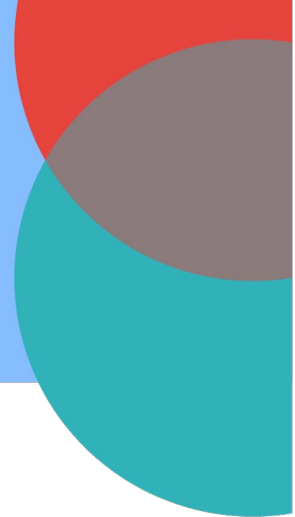


LIVE. LONG. DC.

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



## Accomplishments and Progress – February 2020



**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 met February 11, 2020. The Board is scheduled to meet the second Tuesday of every month from 3:00 to 5:00 p.m. (unless otherwise noted).
  - 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 by November 2020. Findings from each meeting will not be able to be released or shared due to the confidential nature of the discussions.
- *Strategy 1.7: 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 1115 waiver was approved by the Centers for Medicare and Medicaid Services (CMS) on November 6, 2019. Following the January 1, 2020, implementation start date, the joint DHCF and DBH team conducted the following activities in February 2020:
    - DHCF and DBH presented on the demonstration waiver to various stakeholder meetings:
      - Opioid Stakeholder Summit on February 5
      - DC Behavioral Health Association meeting on February 6
      - DBH's Provider CEO meeting on February 12
      - Child and Family Services Agency (CFSA) leadership briefing on February 13
      - Substance use disorder (SUD) provider coalition on February 18
      - DC's chapter of the National Alliance on Mental Illness (NAMI) on February 28.
        - DHCF and DBH continue to hold bi-weekly stakeholder engagement meetings to answer questions related to the demonstration waiver.
        - DHCF and DBH are working on updating Chapter 86 following the public comment period. Chapter 86 is the demonstration waiver rulemaking that was published and proposed in November.



## 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*
  - Fihankara Akoma Ntoaso (FAN), a local peer-operated center, has identified potential internships for youth recovery coaches for the summer 2020 at high schools and community organizations. .
  - FAN scheduled the first youth recovery coach training to occur over spring break, April 13 – 18, 2020. FAN has identified two facilitators to provide the training. The goal will be to train 20 students by May 15.
- *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 is creating two new web courses: Identification, Engagement and Referral for Opioid Disorders and Supporting Individuals Receiving Medication-assisted Treatment (MAT), which focus on teaching providers and families how to engage with individuals receiving MAT and how to collaborate with the provider. These web courses are expected to be available by September 30, 2020. Four subject matter experts that will be assisting with content development received contracts in February.
- *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.*
  - The vendor for social marketing efforts conducted the following activities in February:
    - Launched the second round of the LIVE.LONG.DC. six-week advertising campaign (“I’m Ready”) on MetroBus, MetroRail, and in community print on February 28.
    - Continued development of core marketing materials (posters, brochures, palm cards) covering three content areas: use of naloxone, effectiveness of MAT, and the expanded network of assessment and referral centers.
    - Worked with DC Health and other partners to finalize the “Text to Live” naloxone promotion program, which is expected to go live by May 1.




## 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, a comprehensive educational initiative with a mission to educate Washington, DC prescribers and other health care professionals, officially launched on October 1, 2019. The free online curriculum covers topics related to opioid prescribing practices, the prevention and treatment of opioid use disorder, harm reduction approaches, and other relevant topics around opioids. Table 1, below, lists additional information on the 12 online, self-paced Continuing Medical Education/Continuing Education accredited modules.

**Table 1: Opioid Leading Institute Modules**

Module	# of Enrollments/ Participants (Cumulatively)	February Completions	Total Completions
Acupuncture, Massage, and Self Care in Addressing Pain	423	1	18
Cognitive Behavioral Therapy & Mind-Body Techniques in Addressing Pain	423	1	29
Development and Implementation of Evidence-Based Opioid Prescribing Guidelines for Surgical Patients	423	0	20
Implementing the 2016 CDC Guideline for Prescribing Opioids for Chronic Pain	425	3	39
After the Waiver: Translating Training Into Practice. Advanced Topics in Buprenorphine	422	0	9
Treating Acute Pain to Improve Outcomes and Reduce Opioids	423	2	20
Treating Opioid Use Disorder: Primer for Clinicians	423	0	16
Epidemiology of Opioid Use: In the US and the District	426	3	37
Patient Provider Relationship in Addressing Addiction	423	0	16
Nutrition as Non-Pharmacological Pain Management	423	2	24
Harm Reduction Approaches for Providers Addressing Opioid Use	423	0	20
Opioid Overdose Prevention & Naloxone Education (Provider, CE/CME credits offered)	423	8	95
Opioid Overdose Prevention & Naloxone Education (Community, no CE/CME credits offered)	179	62	110
Total		82	453

**Internal Barriers:** None to report

	<p><b>Support the awareness and availability of, and access to, harm reduction services in Washington, DC.</b></p>
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- *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 the [Opioid Learning Institute](#). A link to the training is also on DC Health’s website.

- 62 individuals completed the online naloxone training module in February.
  - 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 17 pharmacies that distribute free naloxone.
  - *Strategy 4.2: Make naloxone available in public spaces in partnership with a community-wide training initiative.*
    - Thirteen of seventeen pharmacies participating in DC Health's Pharmacy Pilot Project reported dispensing 234 naloxone kits to patients in January.
    - DC Health expanded its community-based naloxone distribution to one (1) additional provider: Department of Parks and Recreation. Miriam's Kitchen received grant funding from DHS and will begin reporting their Narcan distribution through DHS. There are a total of 26 community partnerships who report to DC Health. These partners include 37 different distribution sites.
    - DC Health trained 47 individuals on naloxone administration in January at the following trainings:
      - DBH Prevention Centers – January 23, 2020 (16 individuals)
      - DC Health Training—January 28, 2020 (31 individuals)
  - *Strategy 4.6: Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.*
    - DBH and DC Health jointly held a Harm Reduction training for outreach workers in the District on February 14, 2020. The training covered topics related to using harm reduction as a tool to support behavioral change, including syringe exchange, naloxone distribution and administration, MAT, and the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach. The next outreach workers meeting will be on March 13, 2020, and will include discussions on resources for housing and homelessness and presentations from Oxford House, DBH's Community Response Team, and the Interagency Council on Homelessness.
    - DC Health's HIV/AIDS, Hepatitis, STD, and TB Administration is partnering with the DC Office of Unified Communications (OUC) to begin piloting the Everbridge system, which will send text message alerts to RPRs when an overdose is reported to their Computer Aided Dispatch system (911 and 311 calls). An MOU between OUC and DC Health has been drafted and is with OUC for review by legal counsel prior to Director-level signatures. Expected start-up date is March 2020.
    - The RPRs track their daily activities in REDCap, a secure web application for building and managing online surveys and databases. In January, RPRs reported the following:
      - Number of client contacts: 114
      - Number of new overdose survivors engaged: 9
      - Number of follow-up visits: 24
      - Number of Narcan units distributed: 240
      - Number of brief interventions (RPRs have been trained to use a version of Screening, Brief Intervention, and Referral to Treatment [SBIRT]): 15
      - Referrals to housing: 10
      - Referrals to food: 1
      - Referrals to clothing: 1
      - Referrals to Primary Care: 1
      - Number of transports to social services: 1
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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.*
  - Buprenorphine Drug Assistance Plan (BupDAP) Update: In January, there were 33 claimants and 56 claims for BupDAP. DC Health leveraged the AIDS Drug Assistance Program (ADAP) platform to launch the BupDAP on November 1, 2019. The BupDAP link to enroll is shared on the DC Health website and the internal DC Health Workplace, an online team collaboration tool using Facebook features for work. Case managers and/or providers and patients may enroll directly by accessing [www.dchealth.dc.gov/bup-dap](http://www.dchealth.dc.gov/bup-dap).
  - ED MAT Induction Program Update:<sup>1</sup>
    - Nurse screenings completed for risky alcohol or substance use reached over 90% at Howard University Hospital and United Medical Center in January 2020. George Washington University Hospital reached over 80% completion for the screening. MedStar Washington Hospital Center is unable to make the screening required in the electronic health record (EHR) from a technical perspective and continues to explore methods for improving screening rates with nursing staff, including ongoing training and follow up.
    - Cumulative data from the four participating hospitals shows that 4,397 patients with risky alcohol or substance use behaviors were given a brief intervention to assess their willingness to change their behavior. These treatment interventions would not have occurred without the program implementation.
    - Cumulative data shows that 71% (n=46) of patients who received MAT in the ED and were referred to treatment later engaged with a provider in the community. This rate exceeds the program goal of 65%.
    - During the month of January, 100% of clinically eligible patients who received MAT in the ED were referred to a SUD treatment provider for follow-up treatment, and 50% of those referred then engaged with a community provider.
    - MedStar Georgetown University Hospital (MGUH) continues to progress in the planning phase for the ED MAT and Opioid Survivor Outreach Programs (OSOP). MGUH completed three planning meetings and identified a program champion and a supervisor for the peer recovery coaches.
    - Sibley Memorial Hospital also continues in the initiation of the ED MAT and OSOP. They completed their first planning meeting and have begun making key steps to plan for the implementation of these programs, including making modifications to the EHRs and finalizing hospital protocols.
- *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.*
  - The Dreamers and Achievers Center, a peer-operated center, conducted the following activities in February:
    - Conducted a Wellness Recovery Action Plan (WRAP) Wellness Seminar I with 60 participants
    - Conducted a WRAP Addiction Seminar I with 69 participants
    - Held 29 substance/opioid use/misuse groups for a total of 90 individuals.
  - DC Health executed a contract with Yellow Cab in September 2019 to provide transportation support to individuals with OUD. The RPRs used Yellow Cab to transport one client with OUD to a hypothermia shelter in January.

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



**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 MOU between DBH and DOC for the opening of the new women's SUD therapeutic wellness housing unit is being signed by both agencies so work can begin in March 2020.



**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.*
  - 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 7.4: 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.