


LIVE. LONG. DC.

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



Accomplishments and Progress – January 2020

	<p>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.</p>
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- *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 January 14, 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 a report expected to be released in November 2020. The Board is unable to share findings from each meeting 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. The following are updates on implementation:
 - As of January 1, 2020, the following services are now Medicaid covered: Psychosocial Rehab Services (Clubhouse), residential and inpatient Institutions for Mental Disease (IMD) stays, and recovery support services. There is no longer a copay on medication-assisted treatment (MAT) for Medicaid beneficiaries. Psychologists and other independently licensed behavioral health practitioners can deliver and bill Medicaid for certain behavioral health services (eligible codes listed [here](#)).
 - Starting January 17, 2020, DHCF and DBH began hosting a weekly meeting to provide updates and address questions and concerns related to the implementation of the waiver. The call is held every Friday at 3:00 p.m.).
 - DHCF and DBH staff engaged stakeholders at the following meetings:
 - Ward 8 Health Council – January 15, 2020
 - DC Hospital Association (DCHA) SUD meeting – January 21, 2020
 - Mental Health Rehabilitation Services and Substance Use Disorder Clinical Directors meeting - January 23, 2020



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 in all Washington, DC public schools regarding the risk of illegal drug use, prescription drug misuse, and safe disposal of medications.*
 - A total of 40 schools are implementing the “Too Good For Drugs” curriculum in the 2019/2020 school year; 34 schools are teaching this course during the Winter/Spring months. The curriculum is taught to fifth and seventh grade students, as well as high school students. Each student will take a pre-test prior to the course and a post-test after completing the course to assess level of knowledge gained.
- *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 MAT, which focus on teaching providers and families how to engage with people receiving MAT and how to collaborate with the provider. These web courses are expected to be available by September 30, 2020.
- *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 January:
 - Planned the second round of the LIVE.LONG.DC. advertising campaign to launch on February 28, with an expansion to radio and digital channels.
 - Developed 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.
 - Continued planning for aggressive promotion of the widespread availability of naloxone across all eight wards.
- *Strategy 2.6: Educate and promote the Good Samaritan Law (laws offering legal protection to people who give reasonable assistance to those who are, or who they believe to be, injured, ill, in peril, or otherwise incapacitated) for community and law enforcement.*
 - Ongoing: Education around the Good Samaritan Law is provided to the District via community events (e.g., faith-based initiatives), naloxone administration trainings (e.g., provided monthly by DC Health), social marketing, and more.




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

- *Strategy 3.2: Create 24-hour intake and crisis intervention sites throughout Washington, DC.*
 - Since July 1, 2019, the DBH Community Response Teams (CRT) have been helping individuals access behavioral health and housing services, making crisis services easily accessible and saving lives. From July through December 2019, CRT had 5,342 outreach contacts with individuals. They conducted screenings and referred 27 individuals to substance use disorder (SUD) treatment and 22 to mental health services. Staff administered Naloxone 17 times.

- *Strategy 3.5: Develop a comprehensive workforce development strategy to strengthen the behavioral health workforce's ability 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.*
 - DBH is partnering with the University of the District of Columbia (UDC) to grow and strengthen the behavioral health workforce. UDC developed advertising posters and website banners promoting their newly developed courses, which were published on the UDC homepage. The student enrollment period closed January 15, 2020 and classes end April 24, 2020.
 - Seven students enrolled in the "CRN 26022: Introduction to Substance Use Disorders" course for the Spring 2020 semester.
 - Ten students enrolled in the "CRN 26023: The Role of the Professional Practitioner" course for the Spring 2020 semester.
- *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.*
 - A Buprenorphine Waiver Management and the DATA 2000 training will be provided March 7, 2020 at Howard University. To learn more go to elearning.asam.org/p/HowardMarch7.

	<p>Support the awareness and availability of, and access to, harm reduction services in Washington, DC.</p>
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- *Strategy 4.6: Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.*
 - DBH, DC Health, and DHS jointly held the second Outreach Workers Summit on January 24, 2020, which brought together nine different outreach teams. The purpose of the Summit was to foster collaboration among outreach teams in the District in service of supporting consumers and the goals of LIVE. LONG. DC. Teams shared best practices and challenges with warm handoffs and provided insight on what they were observing in the streets around drug use. DC Department of Forensic Sciences (DFS) presented research on the illicit drug supply to inform the outreach workers about the increasing levels of fentanyl, the potency of fentanyl, and what to look out for when working with consumers. There were over 30 attendees representing the following organizations and teams: DC Public Libraries, DBH Community Response Team, DCHA's Opioid Survivors Outreach Program (OSOP), DBH Peer-Operated Centers, Community Connections, Pathways to Housing, MBI Health Services, DHS Outreach, and Miriam's Kitchen.

	<p>Ensure equitable and timely access to high-quality substance use disorder treatment and recovery support services.</p>
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- *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 MAT Induction Program Update:
 - Nurse screenings completed for risky alcohol or substance use reached over 90% of patients entering the ED at Howard University Hospital, United Medical Center, and George Washington University Hospital in December 2019.
 - Cumulative data from the four participating hospitals shows that 3,714 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.
 - Cumulative data shows that 76% (n=39) 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 December, 100% of clinically eligible patients who received MAT in the ED were referred to a SUD provider for follow-up treatment, and 56% of those referred then engaged with a community provider.¹
 - MedStar Georgetown University Hospital completed their kick-off meeting to become the fifth hospital participating in the ED MAT and Opioid Survivor Outreach Program.
 - Sibley Memorial Hospital scheduled their first meeting to begin participation in the ED MAT program. This makes them the sixth acute care hospital in the District to initiate this program.
- Strategy 5.6: Increase the presence of peer support groups/programs (e.g., 12-step programs, clubhouses, 24-hour wellness centers, sober houses, peer-operated centers) throughout the community (e.g., faith-based institutions, community centers, schools) for people in recovery and monitor the quality and effectiveness of programming.
 - DBH began instruction for the next cohort of individuals to receive training in the Certified Peer Specialist Program. The training runs from January 27, 2020 to April 10, 2020. There are 15 students in the winter cohort.
 - DBH has drafted grant agreements for six new peer activity grants to begin in February. The applicants will:
 - Perform a minimum of three types of peer-organized activities that are focused on peer outreach or peer support for individuals with opioid use disorder (OUD) or at-risk for OUD.
 - Build recovery capital for individuals, families, and communities touched by the opioid crisis through the promotion of recovery services in communities where recovery needs may be systematically unmet.
 - Enhance public awareness and build a positive public perception of treatment, prevention, and recovery for OUD and the benefits of a lifetime of wellness.
 - Assist individuals and families on how to access, engage, and navigate the behavioral health system.
 - Engage individuals and families in building self-directed wellness plans, learning about behavioral health rights, and/or advocating for needs.
- 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.
 - Since March 2019, Oxford House has opened three new homes for individuals with OUD (22 beds for DC residents to live and grow in recovery housing). Oxford House has a total of 35 houses for 308 DC residents. Every Oxford House in DC has been taught the value and use of naloxone as an emergency response for an opioid overdose.



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 opening of the new women's SUD therapeutic wellness housing unit has been delayed pending availability of funding.
 - One DC jail inmate has received a second administration of Vivitrol injections in January 2020. DOC started providing this medication in August 2019.
- Strategy 6.7: Establish effective and coordinated communication channels between justice and public health agency partners to improve continuity of care.

¹ [\[1\]](#) These clients do not have a history of hypersensitivity to the medication, are not taking other medications that would negatively interact with MAT, and are at the appropriate level of withdrawal according to the Clinical Opiate Withdrawal Scale (COWS).

- Ongoing: Criminal justice, public safety, and public health partners continue to meet to discuss the opioid crisis and other behavioral health concerns that impact District residents.



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.*
 - Ongoing: 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.