

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



## Accomplishments and Progress – September 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 Opioid Fatality Review Board held their first meeting on September 30, 2019. Members were officially sworn in during the meeting. Official members are listed below:
    - Kenan Zamore, DC Health designee
    - John Haines, Metropolitan Police Department (MPD) designee
    - Dr. Jenifer Smith, Department of Forensic Sciences (DFS) designee
    - La'kisha Lacey, Fire and Emergency Medical Services (FEMS) designee
    - Pamela Riley, Department of Health Care Finance (DHCF) designee
    - Dr. Marc Dalton, Department of Behavioral Health (DBH) designee
    - Dr. Beth Mynett, Department Of Corrections (DOC) designee
    - Madeleine Solan, Department of Human Services (DHS) designee
    - Dr. Roger Mitchell, Office of the Chief Medical Examiner (OCME) designee
    - Dr. Chikarlo Leak, Office of the Chief Medical Examiner (OCME) designee
    - Robert Pearson, Mayor's Office of Veteran's Affairs designee
    - Russell Binion, Community-based provider
    - Esther Ford, Community-based provider
    - Elisha Peterson, Community-based provider
    - Kevin Petty, District resident
    - Rhonda Johnson, District resident
    - Maurice Harrison, District resident
  - The Board will meet monthly. 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 November 2020. Findings from each meeting will not be able to be released or shared due to the confidential nature of the discussions.



**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.*
  - Given the positive results the school mental health clinicians had with the "Too Good For Drugs" curriculum pilot, implementation is planned for late October 2019. In preparation for the spring semester, an additional orientation will be held by January 31, 2020. This orientation will include information about

the “Too Good For Drugs” curricula, facilitations tips, and data collection procedures, and will connect schools with community resources.

- Community resources will also be made available for students (i.e., DC Prevention Center involvement and access to DBH social marketing campaigns addressing alcohol, tobacco, and other drugs).
- **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 hosted a Youth Summit on Saturday, September 21, 2019 for District youth ages 14 to 19. There were a total of 260 attendees and approximately 200 were youth. The purpose of the Summit was to engage and empower District youth in an effort to increase the protective factors and identify/reduce risk factors associated with alcohol, tobacco, opioids, and other drug use, along with helping youth identify and access treatment resources.
  - DBH awarded grants to 23 faith-based organizations to host educational community events in September (Recovery Month) focused on opioids and opioid use disorder. Each organization was required to conduct a naloxone training.
  - DBH and the Office of the State Superintendent of Education (OSSE) will be partnering to provide opioid education in DC schools. OSSE will oversee contractors who will facilitate an opioid-focused curriculum in at least 25 schools in the 2019–2020 school year. DBH is exploring curricula options and projected costs and is working with OSSE to identify the schools that are most in need, purchase curriculum, and host training opportunities for facilitators. The goal is to train and orient all facilitators by January 15, 2020 so that implementation can occur in the Spring 2020 semester.
  - An alcohol, tobacco, and other drugs (ATOD) fact sheet is being developed using Youth Risk Behavior Survey (YRBS) data to identify social and environmental correlations with adolescent substance use. The fact sheet will be released by December 31, 2019.
- **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 the LIVE. LONG. DC. social marketing campaign continued development of a comprehensive social marketing campaign and program that will be showcased at the next LIVE.LONG.DC. stakeholder summit on October 30, 2019.
- **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 3.3: Mandate that all licensed providers in Washington, DC who are permitted to prescribe and/or dispense controlled substances be required to register with the Prescription Drug Monitoring Program (PDMP) and PDMP integration into health management system.**
  - Complete as of September 1, 2019 with 100% participation.
- **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.**
  - DBH hosted two recovery coach trainings with an additional MAT competency module. The free 30-hour training provided participants with a Connecticut Community for Addiction Recovery (CCAR) certificate, which is a prerequisite for the International Certification and Reciprocity Consortium (IC&RC) examination. Below is the information for all completed trainings:
    - June 25–27 and July 2–3 (17 completed training)

- July 23–25 and July 30–31 (21 completed training)
    - August 6–8 and August 13–14 (20 completed training)
    - September 4–6 and September 10–11 (19 completed training)
    - September 17–19 and September 24–25 (17 completed training)
  - The goal was to train 90 individuals through September. A total of 94 individuals underwent the Recovery Coach Training.
- *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.*
  - HealthHIV has engaged over 47 stakeholders as of September 2019 to inform curriculum development for practitioners and additional resources to be included on the website. The stakeholders include: HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) staff and national and local providers, academics, and advocates with expertise in MAT, harm reduction, safe prescribing practices, health equity, and health policy.
  - HealthHIV confirmed seven Advisory Committee (AC) members and conducted four AC calls in August. In August, AC members reviewed and provided feedback on the curriculum outline and learning objectives, and were assigned at least one module to review and provide high-level comments on.
  - Twelve (12) online, self-paced, and CME/CE accredited eLearning modules were launched on September 29, 2019. HealthHIV developed an online portal to house the eLearning modules and other resources for providers.
  - The DC Primary Care Association and the Health Regulation and Licensing Administration (HRLA) have been engaged in distributing modules to appropriate stakeholders. Communication materials to promote the launch have been sent electronically and mailed promotions have been sent to the listserv of DC prescribers and other healthcare professionals.



## 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.*
  - The online, interactive naloxone training was officially launched to the public on August 30, 2019 (<https://tinyurl.com/DCNaloxone>). A link to the training is on the DC Health website.
    - In the first week of September, DC Health informed funded agencies, organizations, and key stakeholders that the new training was available.
    - Preliminary data shows that 22 individuals completed the online naloxone training module in September.
    - Each individual must complete a pre-test 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 kits can be picked up from DC Health or any of the 17 pharmacies that distribute free Naloxone.
  - Overdose Prevention Kits are under development and will be completed by November 1, 2019. The kits will include: face shields, gloves, and resource cards providing information about overdose prevention safety tips and addiction treatment locations.
  - DBH vendors conducted two community information and discussion sessions that addressed opioid use and overdoses, educated the community on a harm reduction approach to drug use, facilitated discussion about community member experiences and concerns, and shared information about local resources available for individuals who use drugs. Attendees were also engaged in discussions regarding stigma around MAT and the Good Samaritan Law. The following is the information on the two sessions:
    - DC Prevention Centers in Wards 1 and 2 hosted a Community Conversation on September 19, 2019, with 34 naloxone kits distributed to 17 attendees.
    - Ward 3 on September 23, 2019, with 42 naloxone kits distributed to 14 attendees.
- *Strategy 4.2: Make naloxone available in public spaces in partnership with a community-wide training initiative.*

- Twelve of the 17 pharmacies participating in DC Health’s Pharmacy Pilot Project reported dispensing 566 free naloxone kits to clients.
- DC Health expanded its community-based naloxone distribution to two additional providers: Angels of Hope Ministry and Communities Helping & Empowering Patriots.
- Grubbs Pharmacy facilitated a naloxone administration training for 20 peer-certified specialists and recovery coaches on September 26, 2019 at the DBH quarterly peer meeting.
- DC Health trained 161 individuals on naloxone administration at the following trainings:
  - Unity Healthcare – September 3, 2019
  - Whitman Walker Health – September 12, 2019
  - DC Health – September 17, 2019
  - DC Public Library – September 18, 2019
  - Unity Baptist Church – September 25, 2019
  - Mathews Memorial Baptist Church – September 26, 2019
- Since March 2019, MPD officers have administered naloxone a total of 305 times.
  - March 2019: 15
  - April 2019: 44
  - May 2019: 49
  - June 2019: 45
  - July 2019: 50
  - August 2019: 73
  - September 2019: 29
- *Strategy 4.3: Consider safe injection sites with the following issues to be addressed: medical supervision, the definition of a site, location of a site, requirements for other services, and understanding with local law enforcement.*
  - The safe injection site working group—comprised of individuals from DBH, DC Health, and HIPS—met on September 18, 2019 to continue outlining a plan for the possibility of safe injection sites in the District. The group will continue to meet monthly and is planning to submit a draft plan to the DBH Director and DC Health Director by December 1, 2019.
- *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.*
  - Complete as of October 1, 2018.
- *Strategy 4.5: Permit the use of controlled substance testing kits by members of the general public to screen drugs for adulterants that may cause a fatal overdose.*
  - Complete as of May 31, 2019.
- *Strategy 4.6: Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.*
  - The Rapid Peer Responder (RPR) team that is coordinated through DC Health had an orientation for three additional peers on September 6, 2019. Throughout September, the new cohort of peers completed training and were deployed to the field on September 25, 2019.
  - The RPRs track their daily activities in REDCap, a secure web application for building and managing online surveys and databases. In September, RPRs reported the following:
    - Number of client contacts: 936
    - Number of Narcan units distributed: 632
    - Number of brief interventions (RPRs have been trained to use a version of Screening, Brief Intervention, and Referral to Treatment [SBIRT] designed by the Mosaic Group): 7
    - Referral to food: 9
    - Referral to clothing: 5
    - Number of linkages (escort) to substance use disorder (SUD) treatment: 1
  - DBH, DC Health, and DHS are jointly planning an Outreach Workers Summit for November 14, 2019. The purpose of the Summit is to bring together various outreach teams from DBH, DC Health, DHS, and other organizations to align on the purpose and outcomes of outreach activities, to ensure no duplication of efforts, and to develop protocols.



**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 Trusts is finalizing their research and findings on what is needed to improve SUD services in the District and are planning to present their preliminary findings to the LIVE.LONG.DC. stakeholder community at the next Opioid Summit on October 30, 2019. After their presentation, they will incorporate stakeholder input before finalizing their recommendations, which will be released by December 31.
- *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 State Opioid Response (SOR) grant includes funding 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. DC Health will launch "BupeDAP" by November 15, 2019.
    - Harm Reduction Coordinators at DC Health have developed a pre-enrollment form to begin enrolling uninsured individuals into the program. As of September 25, 2019, five individuals had been pre-enrolled. In early September, the Harm Reduction coordinators conducted presentations to inform providers that BupeDAP is coming so that they can be ready when the system goes live. The following providers were informed about BupeDAP:
      - Whitman Walker Health
      - Unity Health Care
      - Community of Hope
      - Andromeda
      - Family Medical and Counseling Services
      - Bread for the City
      - Mary's Center
  - ED MAT Induction Program Update:
    - Currently 44% of individuals coming through the ED in the three pilot hospitals received SBIRT. Plans are in place to increase SBIRT screenings by nurses. Howard University Hospital has made their nurse SBIRT screening questions mandatory and George Washington University will have a mandatory nurse screening. Howard University Hospital has made great strides in ED MAT program improvement with their nurse screening rates increasing from 18% in June to 88% in August. An increasing rate is critical to identification of individuals for the brief intervention and referral to treatment steps.
    - In the month of August, 28% of patients across the three pilot hospitals who screened positive to be at risk for SUD received a peer-supported brief intervention. Brief interventions in SBIRT are based on a motivational interviewing technique that uses a question-and-answer format based on where the patient is in their willingness and desire to engage in recovery. Among patients receiving the brief intervention (n=1,462), 18% were referred to treatment. Our goal for referral to treatment is 15%.
  - George Washington University Hospital went live with ED MAT services on September 30, 2019.
  - Additional peer recruitment is needed to fully staff all of the hospitals. Hiring continues to reach the 24/7 coverage goals of ED MAT peers. Newly hired peers completed their mandatory training on September 27, 2019, for a September 30, 2019, start date.
  - Recruitment also continues for Opioid Survivors Outreach Program (OSOP) peers. Newly hired OSOP peers completed their mandatory training on September 27, 2019, for a September 30, 2019, start date. Howard University Hospital and MedStar Washington Hospital Center were the first two hospitals to go-live with the OSOP pilot program.
  - Based on feedback from providers, engagement with community providers will be expanded in the coming months to improve linkages to treatment for ED MAT and OSOP.
- *Strategy 5.6: Increase the presence of peer support groups/programs (e.g., 12-step programs, clubhouses, 24-hour wellness centers, sober houses) throughout the community (e.g., faith-based institutions, community centers, schools) for people in recovery and monitor the quality and effectiveness of programming.*
  - On September 27, 2019, DBH held a graduation ceremony for peer certified specialists and recovery coaches who underwent training in FY19.
    - In order to receive the peer-certified specialist certification, individuals had to complete 70 hours of classroom work, complete 80 hours at a field practicum internship with a community-based behavioral health provider in DC, and receive a score of 85% or more on the certification examination. A total of 38 individuals received a peer-certified specialist certification in FY19.



- In order to receive the recovery coach certificate, individuals had to complete the 30-hour classroom training, which included an additional MAT competency module. A total of 94 individuals received a recovery coach certificate in FY19.
  - After the graduation ceremony, DBH held a job fair for new peer-certified specialists and recovery coaches. The following employers were present: DC Health, Total Family Care Coalition, Unity Healthcare, Pathways to Housing, Hillcrest Children and Family Center, DC Recovery Community Alliance, United Planning Organization, Coles Temporary Staffing, and Fihankra Akoma Ntosaso. On-site interviews were conducted by some of the providers and one individual was hired on the spot. The providers will be sending a report to DBH on October 25 about individuals interviewed and hired.
- *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.*
  - DC Health executed a contract in September to provide transportation support for individuals with opioid-use disorder.



**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.*
  - The new women's substance use disorder therapeutic wellness housing unit is delayed due to staff transitions at Unity Healthcare. DOC is hoping to launch the women's unit by December 31, 2019. The men's unit will launch in the Spring of 2020.
  - The Vivitrol program will launch in October 2019.
- *Strategy 6.7: Establish effective and coordinated communication channels between justice and public health agency partners to improve continuity of care.*
  - 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.



**GOAL 7**

**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 7.2: Identify and fill resource gaps preventing law enforcement efforts from using existing laws to reduce the supply of illegal opioids.*
  - Complete. The Narcotics and Special Investigations Division at MPD is fully staffed. The infrastructure is established and MPD is actively partnering with federal and regional partners to reduce the supply of illegal opioids.
- *Strategy 7.3: Identify any legislative gaps that may exist preventing or hampering law enforcement "best practices" to reduce the supply of illegal opioids.*
  - Complete as of December 2018.

- *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.