



## Opioid STAT

### Participating Agencies

- DMHHS
- DBH
- DC Health
- DHCF
- DHS
- DMPSJ
- MPD
- DOC
- FEMS
- DFS
- OCME

# Acronyms

## Agencies:

- CJCC: Criminal Justice Coordinating Council
- DBH: Department of Behavioral Health
- DFS: Department of Forensic Sciences
- DGS: Department of General Services
- DHCF: Department of Health Care Finance
- DHS: Department of Human Services
- DMHHS: Deputy Mayor for Health and Human Services
- DMPSJ: Deputy Mayor for Public Safety and Justice
- DOC: Department of Corrections
- FEMS: Fire and Emergency Medical Services
- MPD: Metropolitan Police Department
- OCME: Office of the Chief Medical Examiner

## Other:

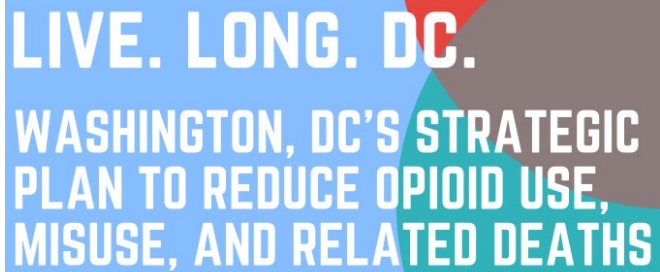
- AG: Attorney General
- ARC: Assessment and Referral Center
- ATF: Bureau of Alcohol, Tobacco, Firearms and Explosives
- CAC: Certified Addiction Counselor
- CMS: Center for Medicaid Service
- DEA: Drug Enforcement Administration

## Other (cont):

- ED: Emergency Department
- EHR: Electronic Health Records
- GW: George Washington University Hospital
- HIE: Health Information Exchange
- IFB: Invitation for Bid
- FBI: Federal Bureau of Investigation
- MAT: Medication Assisted Treatment
- OUD: Opioid Use Disorder
- PDMP: Prescription Drug Monitoring Programs
- SAMHSA: Substance Abuse and Mental Health Services Administration
- SBIRT: Screening, Brief Intervention, and Referral to Treatment
- SED: Serious Emotional Disturbance
- SMI: Severe Mental Illness
- SPA: State Plan Amendment
- SUD: Substance Use Disorder
- UMC: United Medical Center Hospital
- USAO: United States Attorneys Office
- USOAG: United States Office of the Attorney General
- WHC: Washington Hospital Center

# Agenda

- Review of the Data



**LIVE. LONG. DC.**  
WASHINGTON, DC'S STRATEGIC  
PLAN TO REDUCE OPIOID USE,  
MISUSE, AND RELATED DEATHS

- Goals

- Next Steps

- Budget and Timeline

- Measuring Success

- Discussion of Additional Needed Data

- Recommendations

# Overview

- **Deaths from opioids** peaked in 2017 (279 deaths), and **were 38 percent lower in 2018** (174 deaths). Similarly, hospital admissions due to opioids were lower in 2018 than in the previous year.
- The incidence of **fentanyl or fentanyl analogues** continues to rise, and **were discovered in 84 percent of deaths in 2018**, as compared with 71 percent in 2017 and 63 percent in 2016. Community partners noted that individuals may be seeking fentanyl in the heroin supply to increase the 'high' from the drug.
- More than **half the heroin tested** by DFS **included fentanyl or fentanyl analogues**.
- The **demographic** affected by opioids, both captured in emergency room admissions and deaths, remains primarily **middle aged (45-64), black men in Wards 5, 7, and 8**. FEMS hospital transports are primarily from Wards 5, 6, 7, and 8.
- While there was a 28 percent increase in **treatment through DBH** contracted providers from FY2016 to FY2017, treatment **decreased 6 percent from FY2017 to FY2018**.
- Between FY2016 and FY2018, the number of **Medicaid/Alliance beneficiaries with Opioid Use Disorder (OUD) increased 9 percent**. The number of **beneficiaries receiving treatment increased 26 percent**.



# Opportunities to Engage and Offer Treatment to people with SUD

The District has several ‘touchpoints’ to interact with people with substance use disorders (SUD), including OUD:

- Access SUD treatment through **DBH**, and payment for treatment through **DHCF**;
- Are transported to a hospital by **FEMS** or are admitted to a hospital, which is tracked by **DC Health**;
- Request Narcan through **DC Health** or a community partner;
- Come in contact with the criminal justice system, including **MPD** and **DOC**.

In addition, the District tracks deaths from opioids through **OCME**, and tests substances for opioid through **DFS**.

# Managing the Live. Long. DC. Strategic Plan

- Eight District agencies (DBH; DC Health; DFS; DHCF; DOC; MPD; OCME; CJCC) have lead roles in executing the plan along with many community partners.
- Barriers to execution of the plan include sustainability of funding, and maintaining momentum after 6 and 12 month goals are achieved.
- Goals around data sharing may be challenging to achieve due to sensitive nature of health related data.
- Measures of success for strategies tend to be more output oriented - measuring the actions completed, rather than outcome oriented - measuring the impact on the affected population.
- How are we measuring success of the plan comprehensively to reach the overall goal: “Reduce opioid use, misuse and related deaths by 50% by 2020”?
  - Evidence that treatment plans and interventions are working
  - Impacts of the strategy on mitigating risky behavior and avoiding opioids by the next generation
  - Impact of opioid strategy on individuals with SUD who are not hospitalized or experience a fatal overdose

Goal 1: Reduce legislative and regulatory barriers to **create a comprehensive surveillance and response infrastructure** that supports sustainable solutions to emerging trends in substance use disorder, opioid-related overdoses, and opioid-related fatalities.

Priority	Lead Agency	How will we know we are successful?	Barriers to Completion
Pursue an 1115 waiver.	DHCF	Medicaid 1115 SUD/SMI-SED Waiver application submitted to CMS	<ol style="list-style-type: none"> <li>1. Short timeline for completion of multiple steps</li> <li>2. Availability of financial analysis and quality measurement data</li> <li>3. Obtaining CMS approval for a combined SUD/SMI-SED 1115 waiver</li> </ol>
Establish an Opioid-Related Death Review Board to review all opioid-related deaths that occur in the District of Columbia.	OCME	Opioid Related Fatality Review Board established and convening regularly.	Funding and support to staff the position
Launch opioid data dashboard.	DC Health	<ol style="list-style-type: none"> <li>1. Launched external data dashboard that will present the scope of opioid-related overdoses and the demographics of population with OUD.</li> <li>2. Dashboard will include surveillance data from multiple DC agencies including DC Health, OCME, and FEMS.</li> </ol>	Data sharing, privacy concerns have largely been worked out.
Explore amendments to DBH regulations and policies to include the option of treatment on demand services and intake/assessment and referral via multiple points of entry into the system of care for substance use disorder treatment services.	DBH	<ol style="list-style-type: none"> <li>1. DBH amendments to SPA sent to DHCF by March 2019.</li> <li>2. Two new services incorporated into SPA by June 2019</li> <li>3. Providers are certified as assessment and referral sites.</li> </ol>	<ol style="list-style-type: none"> <li>1. CMS approval of changes</li> <li>2. If ARC decentralizes intake and assessment, will need to consider transportation options</li> </ol>
Develop a comprehensive workforce development strategy to strengthen the behavioral health workforce who are available to provide services in multiple care settings (e.g., align DHCF payment policies to support peer recovery specialists).	DBH/ DC Health/ DHCF	<p>Strategy document for workforce developed and implemented.</p> <p>Metrics for numbers of practitioners still to be determined.</p>	<ol style="list-style-type: none"> <li>1. Some care agencies are not certified by DBH therefore Data share might be an issue( i.e. Consent to Share).</li> <li>2. Revising the SPA and regulations to align the workforce operations.</li> <li>3. Cultivating the community</li> <li>4. Ensuring training and education of the new workforce ( i.e. peers and Prevention services)</li> <li>5. DHCF and CMS approval for rates.</li> </ol>

**Goal 2: Educate** Washington, DC residents and key stakeholders on the risks of opioid use disorders and effective prevention and treatment options.

Priority	Lead Agency	How will we know we are successful?	Barriers to Completion
Create an online listing of resources available to DC residents in order to better navigate support services.	DBH	10% of District residents are reached by various methods of advertising, measured through Website clicks/impressions, calls for services, impressions on ads, social media engagement.	None
Create a pool of trained peer educators to conduct education and outreach activities in school and community settings.	DBH	20 trained peer educators, at minimum. Completed curriculum. Plan to ensure sustainability of trainings executed, and ongoing trainings are scheduled/occurring.	Identifying youth and facilitators for training problems; sustainability
Launch social marketing campaigns, including anti-stigma campaigns, to increase awareness about opioid use, treatment and recovery.	DBH	10% of District residents are reached by various methods of advertising, measured through Website clicks/impressions, calls for services, impressions on ads, social media engagement.	Identifying the best social marketing message for DC residents regarding the opioid epidemic.
Implement a plan for having education in all Washington, DC public schools regarding the risk of illegal drug use, prescription drug misuse, and safe disposal of medications.	DBH	Minimum of 20 schools facilitating the "Too Good for Drugs" curriculum with 5-7th grade. Schools that will be included either: have school psychologist present in their school; shown interest in implementing the program; or there is a need identified from school officials or school psychologists.	Leveraging Buy-In at Schools without a School Mental Health stakeholder or view drug use as irrelevant to their youth
Implement community trainings on how to communicate effectively regarding substance use disorders.	DBH	<ul style="list-style-type: none"> <li>Workshops completed and Naloxone Kits distributed</li> <li>Students reached at Mayor's Office High School Resource Fairs</li> <li>Presentations completed DC Prevention Centers to various stakeholders (e.g., families, schools, communities, churches, etc.) in an effort to better support individuals at risk of misusing opioids, and youth and young adult focused activities at DC Prevention Centers, educating participants on the health risks associated with opioid misuse and effective alternatives to engaging in opioid misuse. Each activity shall target a minimum of 25 youth for participation.</li> </ul>	Reaching Target Audiences
Implement educational and motivational programs for individuals in the custody of DOC with a history of substance use to encourage treatment and recovery.	DOC	We will be using an evidence-based curricula assembled from reviewed recommendations from other Large Jail Jurisdictions. These will be used on at least 9 housing units (RECOVERY-focused) and with all inmates expressing signs/symptoms of SUD (TREATMENT focused). Metrics will be tracked: inmates involved/month as well as some other clinically focused outcomes we're in the process of determining.	None



### Goal 3: Engage health professionals and organizations in the prevention and early intervention of substance use disorder among Washington, DC residents.

Priority	Lead Agency	How will we know we are successful?	Barriers to Completion
Offer SBIRT trainings to providers.	DC Health	At a minimum, 1 SBIRT trainings (half to full day) offered to providers each month by June 30, 2019. At a minimum, 3 hospitals will offer SBIRT trainings by June 30.	None
Identify health events at which to provide education and awareness around opioids.	All PIOs at lead agencies	Attend a minimum 7 events and have resources available	None
Establish system of support for provider continuing education through distance learning on evidence-based guidelines for the appropriate prescribing of MAT.	DC Health	<ul style="list-style-type: none"> <li>• Conduct 2 trainings with a minimum of 25 prescribers, including mid level</li> <li>• Provide consultation to 144 individuals (groups of 12)</li> </ul>	Finding providers to immediately participate.
Have high compliance with providers registering with PDMP.	DC Health	All providers register within 2 months of the law passing	Bill is pending at Council
Create 24-hour intake and crisis intervention site.	DBH	Teams available to do intake and assessments 24/7	Union concerns; Treatment concerns - need residential in patient facilities willing to see patients 24/7 as need arises
Integrate PDMP into electronic health records (EHR), health information exchange (HIE), and pharmacy systems.	DC Health	PDM Integration into Electronic Health Records, Pharmacy Dispensing Systems and Health Information Exchanges at Hospitals, Pharmacies and Physician Offices	Facilities may be opposed to integration
Work with the University of the District of Columbia to develop a workforce development strategy to strengthen the behavioral health workforce.	DBH	<ul style="list-style-type: none"> <li>• Develop at a minimum 2 courses that can count toward CAC required courses</li> <li>• Train 30 individuals on Certified Addiction Counselor (CAC) curriculum provided through Catholic Charities</li> </ul>	<ul style="list-style-type: none"> <li>• To meet CAC standards, courses will need to be totally re-vamped</li> <li>• Need to create a fair distribution process for scholarships. Candidates must have a minimum of an AA.</li> </ul>
Exponentially increase the prescribing of naloxone for persons identified with opioid use disorder or at risk.	DC Health	Baseline data for prescribing is not available. Will monitor prescriptions in 2019 and set a target based on that data.	N/A

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

Priority	Lead Agency	How will we know we are successful?	Barriers to Completion
Exponentially increase supply of Naloxone kits in communities and encourage families and community members trained on its administration.	DC Health	Distribute 10,000 kits by 12/31/19	N/A
Extend emergency legislation to make testing kits legal.		Testing kits are legalized	Bill requires signature / approval from Mayor's office
Have community conversations about harm reduction vs. abstinence, as well as other opioid-related topics, in all eight wards.	DC Health and DBH	<ol style="list-style-type: none"> <li>1. Providing access to a resource guide/document.</li> <li>2. Continuing community conversations after the 8 are completed, either on more specific topics or with groups that are requesting information that weren't able to attend one of the initial 8 conversations.</li> <li>3. Creating an evaluation report after the initial conversations are completed that will assess what topic areas still need to be discussed and where.</li> </ol>	None
Develop a plan for DBH to have peer certified specialists focused on harm reduction.	DBH	<p>Goals for Peer Certified Specialists:</p> <ol style="list-style-type: none"> <li>1. Link OD victims to MAT and other wrap-around services;</li> <li>2. Engage in conversations with people who use drugs and their communities about treatment options for opioid use disorders and overdose prevention techniques.</li> </ol>	Working on IFB and need to quickly allocate \$\$ for a contract. Need to get approval for no-cost extension from SAMHSA.
*Equip and train police officers in the use of Naloxone.	MPD	Patrol members and specialized units in the 5th, 6th, and 7th districts have received training and are equipped with an initial two doses of naloxone.	MPD General Counsel is researching liability issues. MPD is waiting for data on where the fatalities are taking place in order to target the initial deployment.

\*New priority; not printed in Live.Long.DC

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

Priority	Lead Agency	How will we know we are successful?	Barriers to Completion
Have ED MAT induction operating in three hospitals.	DCHA	ED MAT Induction operational at UMC, Medstar Washington Hospital Center and Howard. Additional hospitals identified.	Coordinating with the ARC to ensure we are able to complete the Fast Track referral.
Create a workforce of care coordinators, preferably peer care coordinators with lived experiences, to be stationed in emergency departments in acute care facilities with a high volume of opioid-related overdoses.	DBH, DCHA	3 Hospitals and 4.2 FTE's per hospital. There is an evaluation that will monitor the screenings and referral rate.	N/A
Begin planning for additional hospitals to begin ED MAT induction.	DBH, DCHA	Have ED MAT Induction in all acute care hospitals.	N/A
Increase the number of consumers using MAT options, including counseling.	DC Health and DBH	Will complete an assessment to determine how many consumers and prescribers there are currently versus at the end of 2019.	Clinicians lack specialized training in addiction treatment and drug user health
Expand recovery housing options.	DBH	Goals for Peer Certified Specialists: 1. Link OD victims to MAT and other wrap-around services; 2. Engage in conversations with people who use drugs and their communities about treatment options for opioid use disorders and overdose prevention techniques.	N/A
Establish a system that provides real-time treatment program availability, evidence-based therapy offerings, two-way digital provider communication (electronic referrals), and data aggregate and analytics.		<ul style="list-style-type: none"> <li>• Have interactive electronic system that can identify MAT and other services and supports in the system</li> <li>• Have a system in place to show treatment availability and assist with referrals</li> </ul>	N/A
Increase the presence of peers and peer support groups/programs throughout the community and detention centers for people in recovery and monitor the quality and effectiveness of programming.	DBH	3 peer centers expanded, 2 peer run orgs expanded, and 4 new peer centers established by Dec 2019. DBH will monitor effectiveness through subgrantees	Need to find a provider who can provide services to SUD community

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 develop a culture of empathy for residents and their families.

Priority	Lead Agency	How will we know we are successful?	Barriers to Completion
Expand drug court - involving prosecutors, judges, defense attorneys, AG's office, USOAG office, etc.	CJCC		N/A
Develop and deliver trainings for judges to see MAT as a viable option.	CJCC	3 trainings for judges, prosecutors and defense attorneys	N/A
Schedule trainings with prosecutors and defense attorneys focused on reducing the use of incarceration as a means of accessing SUD treatment.	CJCC	3 trainings for judges, prosecutors and defense attorneys	N/A
Ensure individuals incarcerated with DOC continue to receive MAT as prescribed at the time of arrest, have all forms of MAT, including Vivitrol, available for initiation. Have a seamless plan with providers in community upon release.	DOC	<ul style="list-style-type: none"> <li>• Vivitrol injections available on site</li> <li>• Methadone initiation started</li> <li>• SUD unit established at the Jail</li> <li>• Each inmate with SUD has an individualized plan on release</li> <li>• Each individual that requests Naloxone receives one</li> </ul>	None

## Goal 7: Develop effective law enforcement strategies that reduce the supply of illegal opioids in Washington, DC.

Priority	Lead Agency	How will we know we are successful?	Barriers to Completion
Have the ability to better characterize the supply of illegal opioids through testing.	DFS	<ol style="list-style-type: none"> <li>1. Successful testing and reporting on at least 50% of submitted heroin evidence items in the District.</li> <li>2. Determination of composition of opioids distributed in DC.</li> <li>3. Discovery of new compounds to share with OCME, FEMS, MPD, DC Health, DBH and other care providers.</li> </ol>	DGS has not completed required upgrades to DFS laboratory space needed for testing equipment. DGS continues to not give this sufficient priority and has failed to meet previously agreed upon deadlines. Funding will end Sept 30 and contract workforce will be released.
*Identify and fill resource gaps preventing law enforcement efforts to utilize existing laws to reduce the supply of illegal opioids.	MPD		Legal complexities
*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 & USAO	The ultimate goal is for the opioid market to dry up. In the meantime, an intermediate goal is for MPD to assist in making arrests and work cases with the USAO and DEA.	Legal complexities
*Coordinate MPD efforts to identify locations where opioids are illegally sold (street level trafficking) as well as individuals who traffic opioids and direct enforcement efforts toward these targets.	MPD	The ultimate goal is for the opioid market to dry up. In the meantime, the recent recovery of over 40 kilograms of heroin/fentanyl from a location in the Sixth Police District is evidence of interim progress. This effort was a combination of the FBI, MPD, ATF, and DEA.	Legal complexities
*Coordinate with federal law enforcement agencies including Homeland Security Customs Enforcement and United States Postal Inspectors to target opioid trafficking through the United States Postal Service and other parcel shipping companies.	MPD		Legal complexities

\*New priority; not printed in Live.Long.DC

# Data and Measures

For discussion:

1. How are data informing the District's efforts to combat the opioid epidemic?
2. What is the status of accomplishing the goals established in the opioid strategic plan?
3. What challenges or barriers impact progress on accomplishing the goals?
4. What additional data is needed to measure the success of the opioid strategic plan?

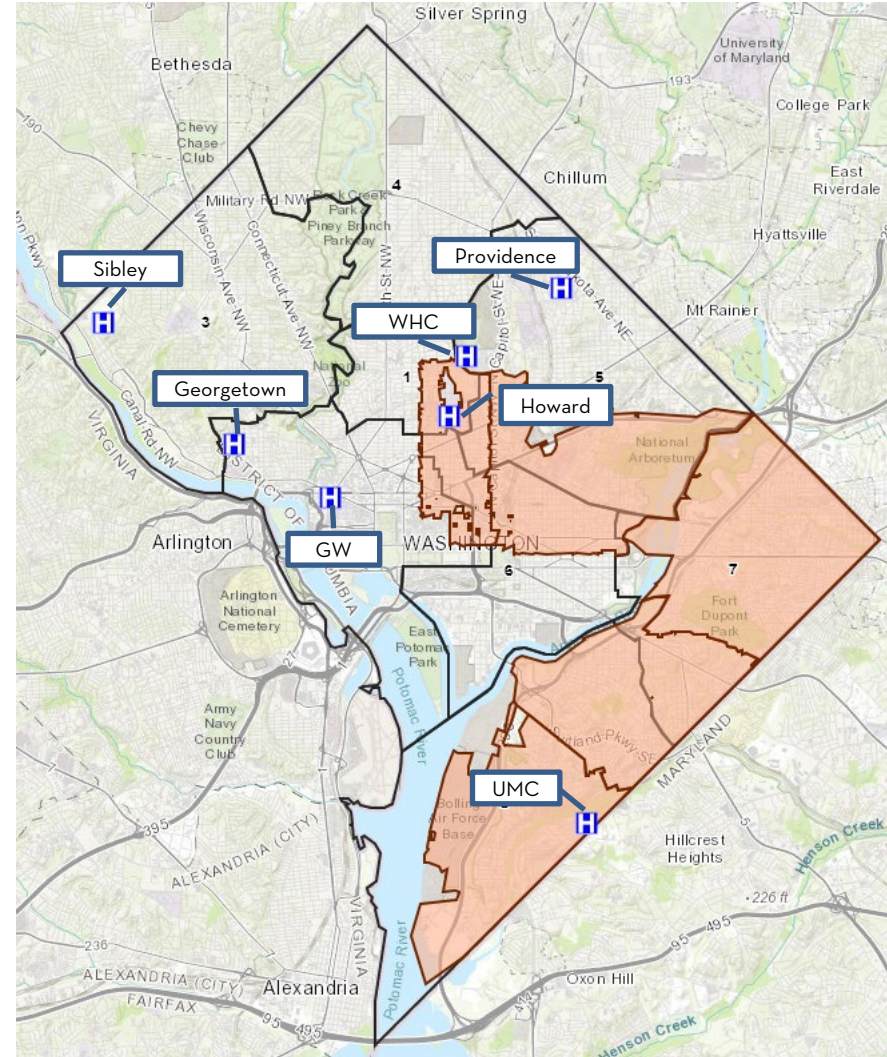
Two thirds of FEMS transports with Narcan administration are from zip codes 20001, 20002, 20019, 20020, 20032 (areas outlined in orange).

Data provided by FEMS,  
accessed 2/13/2019

◆ FEMS hospital transport data provides information on transports where the patient was administered Narcan.

◆ While Narcan is used to reverse overdoses it is not a perfect indicator of an overdose, and its use as a proxy for overdoses may over report prevalence.

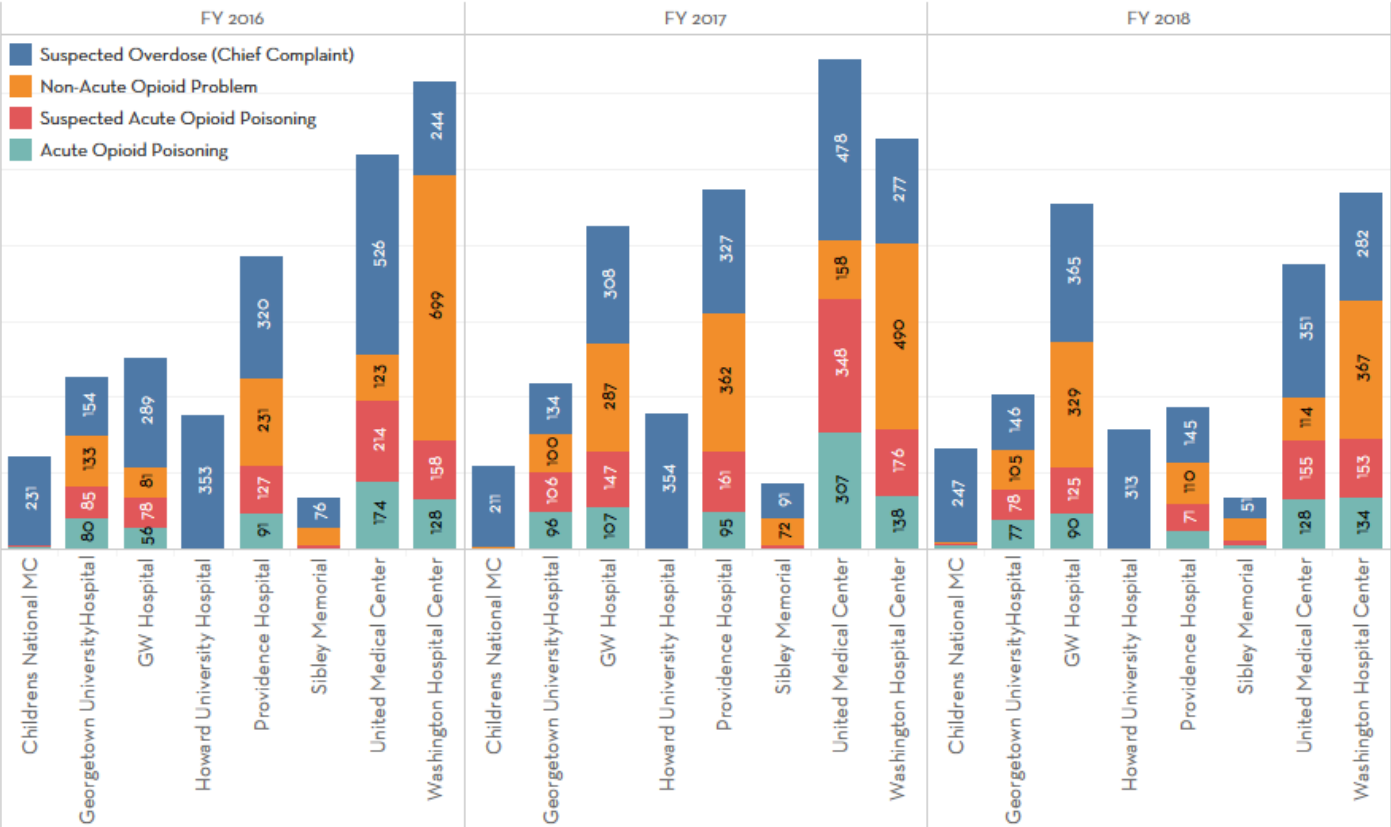
◆ The locations where Narcan was generally administered correlates with high ED admissions due to opioid use at Washington Hospital Center and UMC. Data from Howard are unconfirmed.



# Overall reported emergency department admissions for opioid use have decreased in FY2018 by 24 percent

- ◆ Emergency department data is collected and analyzed by DC Health for trends across the District.
- ◆ This data provides insight into which hospitals receive the highest number of patients due to opioids, and can be used to prioritize interventions at specific hospitals.

**EMERGENCY DEPARTMENT ADMISSIONS BY HOSPITAL, FY2016-FY2018**



Data from Howard University are likely an undercount of admissions.

Emergency Department Medication Assisted Treatment (MAT) induction will be operational at UMC, Washington Hospital Center, and Howard by June 30, 2019.

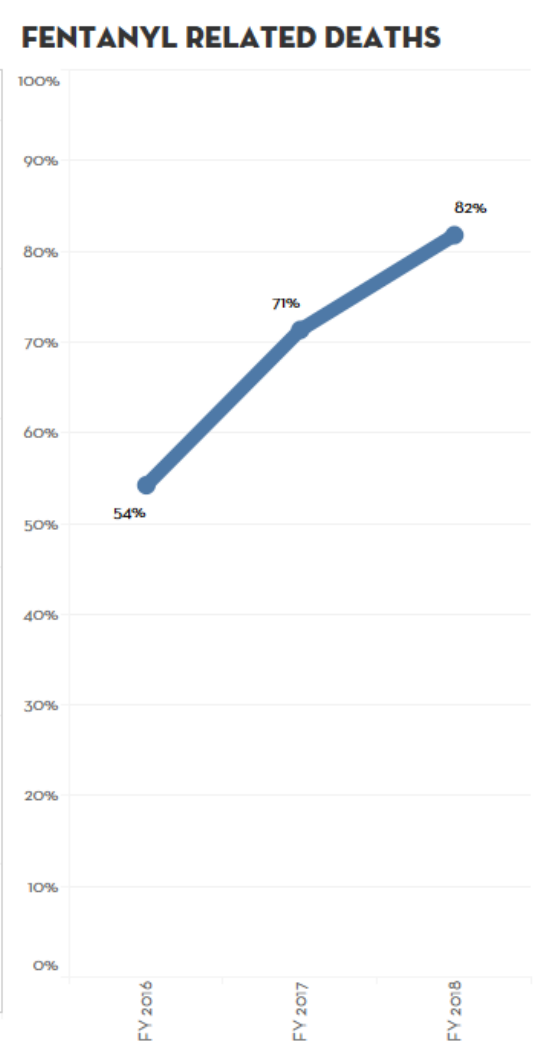
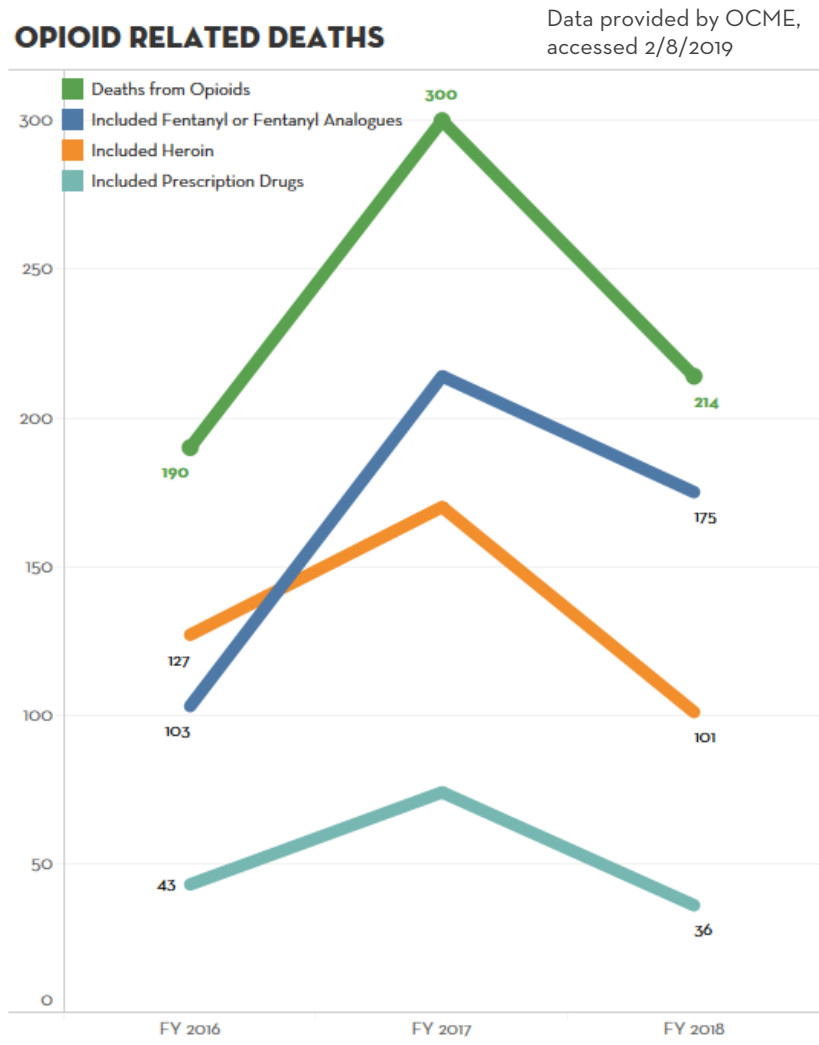
Data provided by DC Health, accessed 1/25/2019



While opioid related deaths in 2018 were lower than in 2016 and 2017, Fentanyl was discovered in a larger percentage of deaths than in past years.

◆ The Office of the Chief Medical Examiner determines if a death was due to opioids or other drug compounds.

◆ Some people with SUD have reportedly been seeking fentanyl in the drug supply as it improves the 'high'. This is different from prior years when individuals were unknowingly using drugs laced with fentanyl.

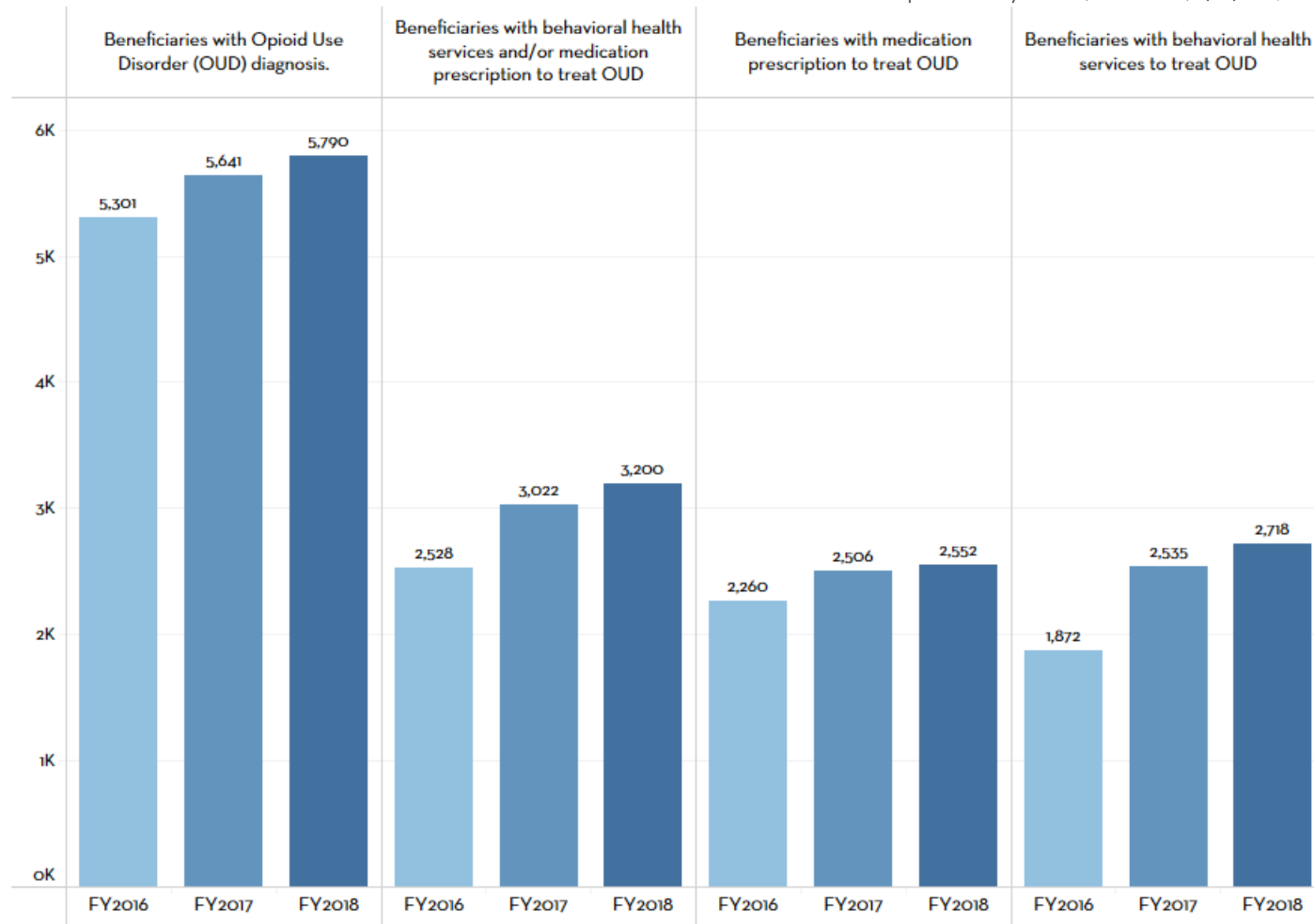


In FY2016, 48 percent of Medicaid/Alliance Beneficiaries with OUD were receiving behavioral health and/or medication treatment services, compared with 55 percent in FY2018.

◆ Data captured through DHCF provides insight into the number of Medicaid/Alliance Beneficiaries with an OUD Diagnosis, and treatments received (if any).

### MEDICAID/ALLIANCE BENEFICIARIES WITH OUD AND SERVICES RECEIVED

Data provided by DHCF, Accessed, 2/12/2019

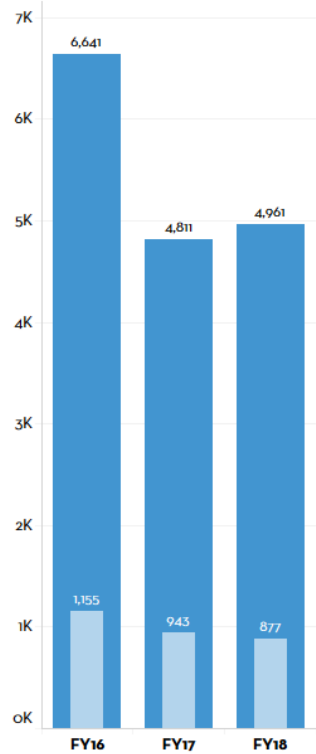


# DBH patient intake has reduced by 25 percent since FY2016, and the same percentage of patients identified heroin as the primary drug used.

◆ DBH data provides insight into the total number of patients assessed at the ARC, which provides same day assessment and referral for individuals seeking treatment for substance use disorders.

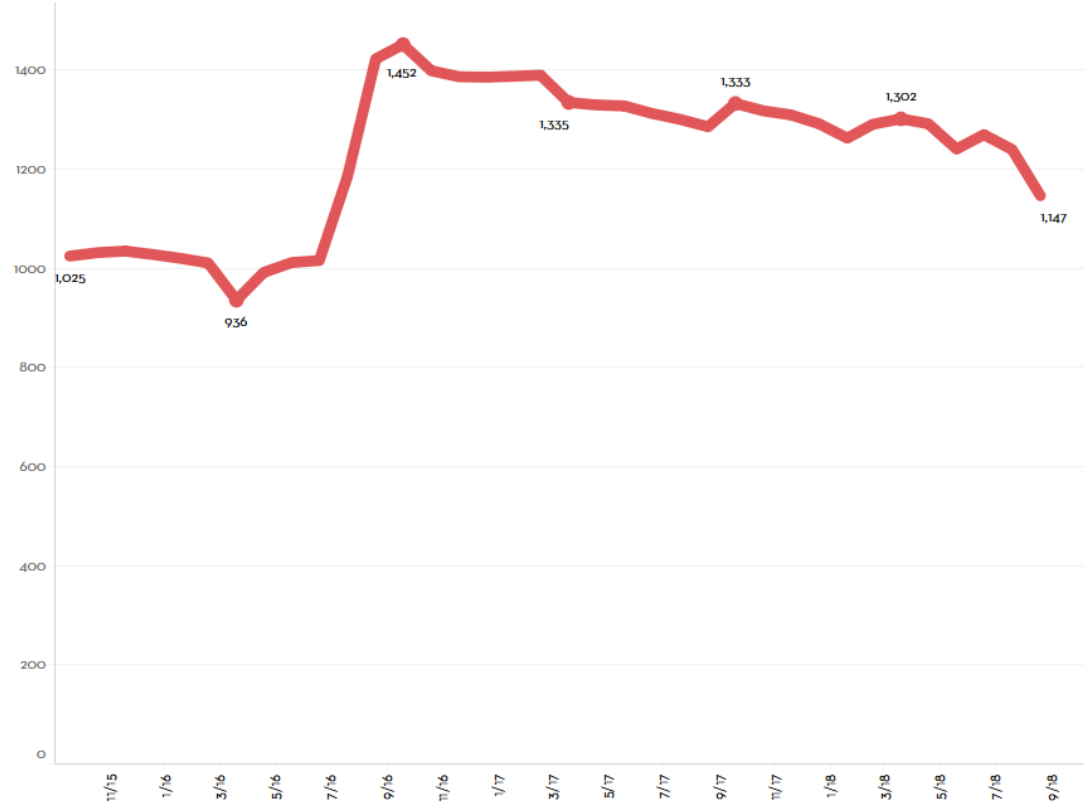
### DBH INTAKE DATA

Dark Blue is all intake  
Light Blue is Heroin as Primary Drug



### DBH SERVICES PROVIDED

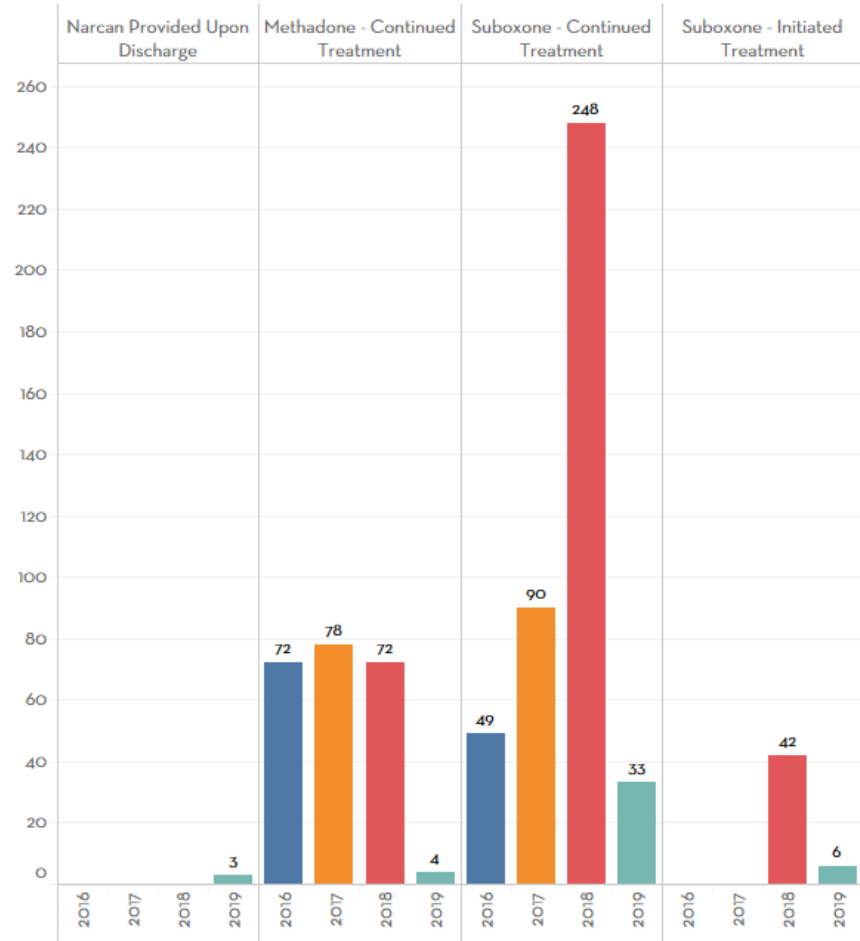
Unique Clients Served



# DOC has provided increased Suboxone treatments, while Methadone treatment has remained steady

- ◆ Inmates with SUD can initiate or continue existing Medication Assisted Treatment (MAT) through the DC Jail.
- ◆ Inmates are connected with clinics or prescriptions to provide follow up upon release (depending on individual circumstances).
- ◆ Approximately 40 percent of the inmate population seeks continued care with Unity's community clinics. Others may seek care at other providers.
- ◆ Additionally, the DC Jail has started educating inmates on the use of Narcan, and provides it to inmates upon release if requested.

### MEDICATION ASSISTED TREATMENT AT DC JAIL



Data provided by DOC, accessed 2/4/2019

# Appendix

# OSG UPDATES

**Looking Back: 2018 Accomplishments**  
**Looking Forward: 2019 Priorities**



**GOAL 1: REDUCE LEGISLATIVE AND REGULATORY BARRIERS TO CREATE A COMPREHENSIVE SURVEILLANCE AND RESPONSE INFRASTRUCTURE THAT SUPPORTS SUSTAINABLE SOLUTIONS TO EMERGING TRENDS IN SUBSTANCE USE DISORDER, OPIOID-RELATED OVERDOSES, AND OPIOID-RELATED FATALITIES.**

### **Looking Back: 2018 Accomplishments**

Drafted Mayor's Order to establish Opioid-Related Death Review Board.

Introduced and adopted a policy by DHCF to change the prior authorization requirements for Buprenorphine in order to make them more relaxed and allow a 24mg limit.

Began discussions around pursuing an 1115 waiver.

### **Looking Forward: 2019 Priorities**

Establish an Opioid-Related Death Review Board to review all opioid-related deaths that occur in the District of Columbia.

Launch opioid data dashboard.

Explore amendments to DBH regulations and policies to include the option of treatment on demand services and intake/assessment and referral via multiple points of entry into the system of care for substance use disorder treatment services.

## GOAL 2: EDUCATE DISTRICT RESIDENTS AND KEY STAKEHOLDERS ON THE RISKS OF OPIOID USE DISORDERS AND EFFECTIVE PREVENTION AND TREATMENT OPTIONS

### Looking Back: 2018 Accomplishments

Launched social marketing campaigns, including anti-stigma campaigns, to increase awareness about opioid use, treatment and recovery. *Ongoing in 2019*

Provided community members training on how to communicate effectively regarding SUD. *Ongoing in 2019*

Educated and promoted Good Samaritan Law for community and law enforcement.

Piloted *Too Good for Drugs* in DCPS.



## GOAL 2: EDUCATE DISTRICT RESIDENTS AND KEY STAKEHOLDERS ON THE RISKS OF OPIOID USE DISORDERS AND EFFECTIVE PREVENTION AND TREATMENT OPTIONS

### Looking Forward: 2019 Priorities

Create an online listing of resources available to DC residents in order to better navigate support services.

Create a pool of trained peer educators to conduct education and outreach activities in school and community settings. Develop a curriculum to screen and train youth and adult peer educators, in conjunction with people in recovery, to conduct education and outreach activities in school and community settings.

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

Develop educational and motivational programs for individuals in the custody of the Department of Corrections (DOC) with a history of substance use.

Provide age-appropriate, evidence-based, culturally competent education in all DC public, private, and parochial schools regarding the risk of illegal drug use, prescription drug misuse, and safe disposal of medications.

## GOAL 3: ENGAGE HEALTH PROFESSIONALS AND ORGANIZATIONS IN THE PREVENTION AND EARLY INTERVENTION OF SUBSTANCE USE DISORDER AMONG DISTRICT RESIDENTS.

### Looking Back: 2018 Accomplishments

Encouraged provider continuing education on evidence-based guidelines for the appropriate prescribing and monitoring of opioids and other evidence-based practices, such as SBIRT through the DC Center for Rational Prescribing and other resources.

### Looking Forward: 2019 Priorities

Offer SBIRT trainings to providers. Expand the use of SBIRT programs among social service agencies who conduct intake assessments as an opportunity to provide access to SUD treatment services, but not a requirement for receipt of other social services.

Identify health events at which to provide education and awareness around opioids.

Establish system of support for provider continuing education through distance learning on evidence-based guidelines for the appropriate prescribing of MAT.

Increase the number of 24-hour intake and crisis intervention sites throughout DC

Exponentially increase the prescribing of naloxone for persons identified with opioid use disorder or at risk.

Work with the University of the District of Columbia to develop a workforce development strategy to strengthen the behavioral health workforce, with an emphasis on peer recovery specialists.

**GOAL 4: SUPPORT THE AWARENESS AND AVAILABILITY OF, AND ACCESS TO, HARM REDUCTION SERVICES IN THE DISTRICT OF COLUMBIA CONSISTENT WITH EVOLVING BEST AND PROMISING PRACTICES.**

**Looking Back: 2018 Accomplishments**

Extended emergency legislation to make testing kits legal.

**Looking Forward: 2019 Priorities**

Exponentially increase supply of Naloxone kits in communities and encourage families and community members trained on its administration.

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.

Have community conversations about harm reduction vs. abstinence, as well as other opioid-related topics, in all eight wards.

Develop a plan for DBH to have peer certified specialists focused on harm reduction.

GOAL 5: ENSURE EQUITABLE AND TIMELY ACCESS TO HIGH-QUALITY SUBSTANCE USE DISORDER TREATMENT AND RECOVERY SUPPORT SERVICES AND A NETWORK OF TREATMENT SERVICES THAT IS ADEQUATE TO MEET DEMAND CONSISTENT WITH THE CRITERIA OF THE AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM).

### **Looking Back: 2018 Accomplishments**

RFA released and contract awarded for a vendor to implement ED induction of MAT in 3 hospitals.

GOAL 5: ENSURE EQUITABLE AND TIMELY ACCESS TO HIGH-QUALITY SUBSTANCE USE DISORDER TREATMENT AND RECOVERY SUPPORT SERVICES AND A NETWORK OF TREATMENT SERVICES THAT IS ADEQUATE TO MEET DEMAND CONSISTENT WITH THE CRITERIA OF THE AMERICAN SOCIETY OF ADDICTION MEDICINE (ASAM).

## Looking Forward: 2019 Priorities

Implement a model for initiating MAT in 3 EDs assuring direct path to ongoing care depending on level of need (beginning in acute care facilities with a high volume of opioid-related overdoses) that is patient-centered, sustainable, and takes in to consideration the demographics of the implementing health system.

Ensure warm handoffs and provide direct links to treatment and social support services (as a follow up to MAT initiation) and create a workforce of care coordinators, preferably peer care coordinators with lived experiences to be stationed in EDs in acute care facilities with a high volume of opioid-related overdoses.

Begin planning for additional hospitals to begin ED MAT induction.

Increase the number of consumers using MAT options, including counseling.

Expand recovery housing options.

Establish a system that provides real-time treatment program availability, evidence-based therapy offerings, two-way digital provider communication, and data analytics.

Increase the presence of peers and peer support groups/programs throughout the community and detention centers for people in recovery, and monitor the quality and effectiveness of programming.

GOAL 6: DEVELOP AND IMPLEMENT A SHARED VISION BETWEEN THE DISTRICT'S JUSTICE AND PUBLIC HEALTH AGENCIES TO ADDRESS THE NEEDS OF INDIVIDUALS WHO COME IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM.

**Looking Back: 2018 Accomplishments**

Established effective and coordinated communication channels between justice and public health agency partners to improve continuity of care. *Ongoing in 2019*

**Looking Forward: 2019 Priorities**

Expand drug court for diversion of individuals with SUD who are arrested.

Identify, develop, and deliver trainings to judges, prosecutors and defense attorneys to see MAT as a viable treatment option for offenders.

Ensure individuals incarcerated with the Department of Corrections continue to receive MAT as prescribed at the time of arrest, have all forms of MAT, including Vivitrol, available for initiation. Have a seamless plan with providers in community upon release

## GOAL 7: DEVELOP EFFECTIVE LAW ENFORCEMENT STRATEGIES THAT REDUCE THE SUPPLY OF ILLEGAL OPIOIDS IN THE DISTRICT OF COLUMBIA

### Looking Back: 2018 Accomplishments

Better characterized the supply of illegal opioids through testing.

Identified any legislative gaps that may exist preventing or hampering law enforcement “best practices” to reduce the supply of illegal opioids.

Created/sponsored legislation that addresses those gaps – example: SAFE DC Act

Identified existing federal task force assets and ensure efforts are in place to investigate and disrupt the flow of illegal opioids in to the District of Columbia. (*Demonstrated through recent heroin bust.*)

## GOAL 7: DEVELOP EFFECTIVE LAW ENFORCEMENT STRATEGIES THAT REDUCE THE SUPPLY OF ILLEGAL OPIOIDS IN THE DISTRICT OF COLUMBIA

### Looking Forward: 2019 Priorities

Identify and fill resource gaps preventing law enforcement efforts to utilize existing laws to reduce the supply of illegal opioids.

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.

Coordinate MPD efforts to identify locations where opioids are illegally sold (street level trafficking) as well as individuals who traffic opioids and direct enforcement efforts toward these targets.

Coordinate with federal law enforcement agencies including Homeland Security Customs Enforcement and United States Postal Inspectors to target opioid trafficking through the United States Postal Service and other parcel shipping companies.