

LIVE.LONG.DC. STRATEGIC PLAN 2.0:

THE DISTRICT'S PLAN TO REDUCE OPIOID USE, MISUSE, AND RELATED DEATHS

March 2021



Letter from Mayor Muriel Bowser

Too many of our neighbors in Washington, DC lose their lives to substance use disorders leaving family and friends to carry their memories forward. Far too often these losses are related to opioids. That is why in December 2018, I released “LIVE.LONG.DC.,” Washington, DC’s Strategic Plan to Reduce Opioid Use, Misuse, and Related Deaths. The Plan is our blueprint to combat the opioid epidemic and details how we will move forward with urgency to increase prevention, harm reduction, treatment, and recovery services. The Plan reflects the thoughtful input of public and private partners, including DC government agencies, individuals with lived experience, hospital leaders, physicians, treatment providers, community-based organizations, and federal partners. After a decline in fatal opioid overdoses in 2018, opioid overdoses have continued to rise in 2019 and 2020 (similar to trends across the nation). Unfortunately, as we battled the COVID-19 pandemic, residents who struggled with substance use disorders suffered. While they adhered to social distancing guidelines to protect other neighbors, the isolation may have further exacerbated their disorders and put them at risk for a fatal overdose. As a result, where we previously saw improvement in opioid-related deaths, the increase over the past year could have been partially due to the pandemic. These trends highlight the ever pressing need to address the risk factors associated with substance use disorders, especially opioid use disorder.

Despite the trends observed, the LIVE.LONG.DC (LLDC) plan continues to address the most prevalent risk factors of an opioid overdose and has resulted in some key successes through the hard work, innovation, and passion of stakeholders, which include:

- Successfully reversing 82.5% of reported attempted overdose reversals.
- Increasing community awareness through social marketing campaigns, educating District residents on the availability of naloxone, and accessibility of treatment and support services.
- Establishing 24-hour community outreach providing harm reduction, overdose response, and connecting people to treatment in all 8 wards.

Although these successes are notable, there is still much work to be done to reduce the impact of the epidemic on our city. That is why I am releasing LLDC 2.0. This updated plan incorporates new strategies and builds on what we have learned over the past two years. With input from more stakeholders and creative approaches, we will make a difference for those who need help and support the most.

I want to thank all who contributed to this thoughtful revision of the Plan and those going forward for doing your part to address the issue. Together, we will help all Washingtonians live safer and stronger lives.

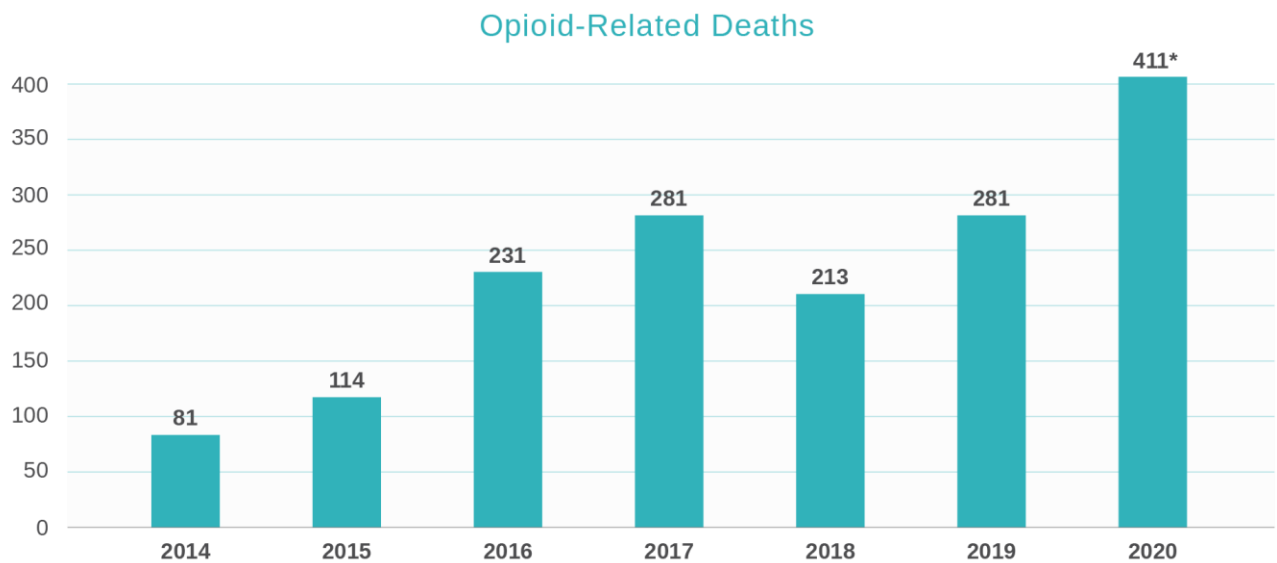
A handwritten signature in black ink that reads "Muriel Bowser".

Muriel Bowser
Mayor

The Crisis

As opioid-related deaths continue to rise across the nation, Washington, DC has also experienced an alarming increase in fatal opioid overdoses. National trends largely reflect new opioid users who are White (non-Hispanic), younger adults who begin their addiction by experimenting with prescription drugs with the potential of progressing to heroin usage (Phillips, et.al, 2017). However, Washington, DC's epidemic presents different trends in use. The graph below reflects the trend of fatal opioid overdoses since 2014. Fatal overdoses hit the first peak in 2017, with 281 overdoses, but declined in 2018 when we had begun implementation of an organized effort to combat the issue. In 2019, fatalities returned to the 2017 levels and hit an all-time high in 2020.

WASHINGTON, DC'S EPIDEMIC IN A SNAPSHOT



- From 2016 to 2020, approximately 76% of all fatal opioid overdoses occurred among adults between the ages of 40–69 years old, and such deaths were most prevalent among people ages 50–59 (35%). During this time period, when there was a 50% increase in deaths overall, 50–59 year olds have seen a slight increase in deaths (6%), but other age groups have seen larger increases: 56% for 60–69 year olds; 129% for 20–29 year olds; 155% for 30–39 year olds; 1,200% for 70–79 year olds.
- Overall, 84% of all deaths were among African-Americans. This trend has remained consistent across years.
- Fatal overdoses due to opioid drug use were more common among males (72% of deaths were males in 2020).
- From 2016 to 2019, opioid-related fatal overdoses were most prevalent in Wards 5, 6, 7, and 8, with Ward 8 experiencing the most deaths.
- In 2020, 94% of fatal opioid overdoses involved fentanyl or a fentanyl analog (compared to 22% of cases in the first quarter of 2015).

The Approach

To comprehensively address the opioid epidemic in Washington, DC, it is essential for local public and private partners to continue to work together in a coordinated manner for an optimal impact. This kind of partnership yields expertise in creating agile, cross-discipline, public-private leadership coalitions, rapidly aligning on targets and coordinated actions, and maintaining accountability on outcomes that will cause short- and long-term impacts. In October 2017, a group of 40 stakeholders, representing both the public and private sectors, convened for a Summit focused on how to jointly address Washington, DC's opioid epidemic. Out of the Summit, the Strategic Planning Working Group was created.

In late November 2017, the working group members began to conduct stakeholder engagement sessions to assess the needs regarding prevention and early intervention, harm reduction, acute treatment, sustained recovery, and criminal justice. These sessions and the feedback from the working group members informed the draft plan, which was finalized at the end of February 2018.

In March 2018, the working group convened and membership for the seven Opioid Strategy Groups (OSGs) were formed to map out the implementation of the goals and associated strategies in the Plan. Leadership and membership of the OSGs were finalized in April 2018.

In 2020, an acknowledgement of the impacts of fentanyl on the rising death rate and the impacts of COVID-19 shifted the focus of the LLDC vision. The goal of LLDC has evolved to encompass a holistic, person-centered system of care that needs to be tackled at the community level. The OSGs reconvened in July 2020 to gather input and ideas from stakeholders on new LLDC strategies to inform the 2021 Plan revision (LLDC 2.0). The draft Plan was posted for public comment in March 2021 and released on August 31, 2021, International Overdose Awareness Day.



Stakeholders

Below is a group of stakeholders that has been working to achieve this vision:

Non-Governmental Agencies

- Amazing Gospel Souls Inc.
- AmeriHealth Caritas DC
- Aquila Recovery
- BridgePoint Healthcare
- Capital Clubhouse
- Children’s National Health System
- Community Connections
- Consumer Action Network
- DC Hospital Association (DCHA)
- DC Prevention Centers
- DC Primary Care Association (DCPCA)
- DC Recovery Community Alliance (DCRCA)
- Dreamers and Achievers Center
- Engage Strategies
- Family Medical and Counseling Services (FCMS)
- Fihankara Akoma Ntoaso (FAN)
- Foundation for Contemporary Mental Health (FCMH)
- Georgetown University
- George Washington University (GWU)
- Grubbs Pharmacy
- Hillcrest
- Honoring Individual Power & Strength (HIPS)
- Howard University
- Inner City Family Services
- Johns Hopkins University
- MBI
- McClendon Center
- Medical Home Development Group (MHDG)
- Medical Society of the District of Columbia
- Miriam’s Kitchen
- Mosaic Group
- Oxford House
- Pathways to Housing
- Partners in Drug Abuse Rehabilitation Counseling (PIDARC)
- Pew Charitable Trusts
- Psychiatric Institute of Washington (PIW)
- Revise, Inc.
- Second Chance Care
- So Others Might Eat (SOME)
- Sibley Memorial Hospital
- Total Family Care Coalition
- United Medical Center (UMC)
- United Planning Organization (UPO)
- Unity Health Care
- Whitman-Walker Health

- Woodley House
- Zane Networks LLC

DC Government Agencies

- Criminal Justice Coordinating Council (CJCC)
- Council of the District of Columbia
- Department of Behavioral Health (DBH)
- Department of Corrections (DOC)
- Department of Forensic Sciences (DFS)
- Department of Health (DC Health)
- Department of Human Services (DHS)
- Department of Health Care Finance (DHCF)
- Department of Human Services (DHS)
- DC Public Schools (DCPS)
- Department of Aging and Community Living (DACL)
- DC Public Libraries (DCPL)
- DC Superior Court
- Executive Office of the Mayor (EOM)
- Fire and Emergency Services (FEMS)
- Homeland Security and Emergency Management Agency (HSEMA)
- Metropolitan Police Department (MPD)
- Office of the Attorney General (OAG)
- Office of the Chief Medical Examiner (OCME)
- Office of the Deputy Mayor of Health and Human Services (DMHHS)
- Office of the State Superintendent of Education (OSSE)

Federal Government Agencies

- Court Services and Offender Supervision Agency (CSOSA)
- Department of Justice (DOJ)
- Drug Enforcement Agency (DEA)
- Federal Bureau of Investigations (FBI)
- Federal Bureau of Prisons (FBOP)
- Pretrial Services Agency (PSA)

Accomplishments and Highlights from Original Plan

Since LLDC was published in December 2018, much work has been done to meet the Plan goals. The following successes have helped move us closer to reaching our goal of reducing opioid use, misuse, and related deaths:

Goal 1

- Instituted an Opioid Fatality Review Board composed of 15 people from 10+ agencies/organizations across DC. The purpose of the Board is to examine the cases of opioid decedents, review existing data, and make recommendations.
- Received approval on the innovative 1115 waiver that expanded Medicaid coverage for behavioral health services including Psychosocial Rehabilitation Services, residential and inpatient Institutions for Mental Disease (IMD) stays, and recovery support services. Additionally, it removed co-pays for medication for opioid use disorder (MOUD) services and allows psychologists and other behavioral health professionals to bill Medicaid for certain services. In addition, as a condition of reimbursement for services authorized under Chapter 86, IMDs are required to have a participation agreement with the DC Health Information Exchange (DC HIE).
- Connected all Chapter 63 certified providers to the DC HIE. As of spring 2020, the DC HIE includes two registered HIE partners, Chesapeake Regional Information System for our Patients (CRISP) and the District of Columbia Primary Care Association (CPC-HIE). (CRISP is the District's Designated HIE partner.) The CRISP HIE data now includes naloxone distribution in the ambulance data feed as well as the hospital discharge data. There is also an alert for an overdose event in the system.
- Solicited input from stakeholders through a DBH and DDCF Behavioral Health RFI on approaches to integrate behavioral services more fully into the benefits offered through the District's Medicaid managed care program. Stakeholders agreed the vision for this effort is to transform behavioral health care in the District to achieve a whole-person, population-based, integrated Medicaid behavioral health system that is comprehensive, coordinated, high quality, culturally competent, and equitable.
- Implemented Overdose Detection Mapping Application Program (ODMAP) to create an overdose tracking and response system that uses data to inform decision making and enables the deployment of outreach workers to the scene of an overdose.

Goal 2

- Launched public education campaigns, including an anti-stigma campaign, to increase awareness about opioid use, treatment, and recovery.
- Awarded \$1,150,000 in grants to 23 faith-based institutions to plan for opioid awareness activities and provide information about treatment and recovery services and supports.

Goal 3

- Increased Prescription Drug Monitoring Program (PDMP) registrations due to 2018 legislation requiring mandatory registration for providers: 2,586 users in 2018 → 16,277 users in 2019.

Goal 4

- Expanded education and distribution of naloxone, including enabling 28 pharmacies across all 8 wards to distribute naloxone for free.
- Launched Text to Live ("LiveLongDC" to 888-111) to receive information about where to access treatment and free naloxone from 35 pharmacies and community sites.
- Expanded peer support across the District to include harm reduction services, treatment, and recovery support by growing the network of peer workers through programs such as Rapid Peer Responders and hospital-based peers who support patients after an overdose.

- Expanded outreach capacity to include 6+ outreach teams who are working across the District to connect individuals to needed resources including MOUD, syringe exchange, naloxone, opioid use disorder (OUD) treatment, clothing, housing, and food.
- In FY 20, trained stakeholders distributed nearly 32,094 naloxone kits including 1,115 by FEMS at the scene of an overdose. Between October 2018 through February 2021, there were 2,074 successful reversals with naloxone out of 2,511 reported attempted reversals (82.5% success rate).

Goal 5

- Implemented Screening, Brief Intervention, Referral, and Treatment (SBIRT) in five emergency departments (with a sixth one launching soon) and the induction of MOUD, in conjunction with peer engagement and referrals to community services and supports. Since program inception (May 2019), 258,052 screenings have been completed and 9,923 patients with risky alcohol or substance use behaviors were given a brief intervention to assess their willingness to change their behavior since program inception.
- Funded the expansion of buprenorphine in eight community clinics and established the Buprenorphine Drug Assistance Plan (BupDAP), a benefit for the uninsured or underinsured.
- Created Supported Employment services for individuals with OUD, which became available in March 2020 for individuals with substance use disorders (SUD) under the 1115 Waiver.
- Established four peer-operated centers that are focused on serving the needs of individuals with OUD. Since March 2020, they served 11,339 individuals and conducted 729 group sessions (mainly virtual).

Goal 6

- Offering all three forms of MOUD in the DC Jail.
- Providing naloxone to individuals upon discharge from the jail.

Goal 7

- Better characterized the supply of illegal opioids, including the discovery of new opioids, through advanced testing at the DFS opioid surveillance lab.
- Enacted the provisions in the SAFE DC Act, which criminalizes synthetic drugs, including variants of fentanyl, based on the class of the chemical compounds, rather than the individual compound, strengthening law enforcement officials' ability to test for and prosecute cases against sellers and distributors of these drugs.

The Modified Plan

Under the leadership of Mayor Bowser, the public-private Strategic Planning Working Group developed a comprehensive strategic plan aimed at reducing opioid use, misuse, and opioid-related deaths. As a result, LLDC covers the spectrum, from prevention through harm reduction, treatment, and recovery supports as well as interdiction. The original Plan has seven goals, each with a set of related strategies. The Appendix provides the detailed status of each of the 50 strategies and their connection to the modified plan (LLDC 2.0). In summary, 10 strategies have been fully completed, 18 have been completed but are expanding in LLDC 2.0, 13 have been completed and are ongoing, 5 have been partially completed, and 3 have not started, and 1 will not be implemented.

The modified plan builds on effective strategies from the original plan. It also adopts new strategies based on lessons learned and our evolving understanding of the best way to combat the opioid epidemic using a person-centered approach through an equity and culturally competent lens. The modified plan includes: 1) a greater focus on saving lives from opioid overdoses by increasing harm reduction activities; 2) developing the peer workforce and a stronger integration of peers with lived experience within organizations, which has proven to be effective in encouraging individuals to get into and stay in treatment; 3) better coordination of treatment and supports to sustain recovery tailored to individual needs, including better coordination of treatment with the criminal justice system; and, 4) engagement with vulnerable populations including pregnant and parenting individuals, youth and young adults, and residents of skilled nursing facilities. LLDC 2.0 will implement a targeted approach at the community level using data to address the needs at hotspots, which includes the deployment of a mobile unit to meet individuals where they live. LLDC 2.0 consists of six Opioid Strategy Areas (listed below) with each area guided by Opioid Strategy Groups (OSGs) responsible for overseeing strategies related to that area of focus. There are a total of 49 strategies with 13 new strategies.

Investments to implement the plan in FY 2019 included grant and local funds including many hours of funded personnel services totaling \$32,255,028. The modified plan is supported in FY 2021 with the \$39,506,837 in Substance Abuse and Mental Health Services Administration (SAMHSA) State Opioid Response funds and the \$5,896,694.96 in Centers for Disease Control and Prevention (CDC) Overdose Data to Action Program funds, and the \$4,750,000 in Centers for Medicare & Medicaid Services (CMS) Support Act Section 1003 Planning Grant for the Demonstration Project to Increase Substance Use Provider Capacity funds, as well as local funds including personnel services. The funding amounts listed for each strategy below are subject to change due to implementation schedules.

Opioid Strategy Areas in LIVE.LONG.DC. (LLDC) 2.0

Regulations, Data and Continuous Quality Improvement: Support a comprehensive, data-driven surveillance and response infrastructure that addresses emerging trends in substance use disorder and opioid-related overdoses.

Prevention, Education, and Coordination: Educate District residents and stakeholders on opioid use disorder, its risks, and harm reduction approaches through coordinated community efforts.

Harm Reduction: Support the awareness and availability of, and access to, harm reduction services in the District of Columbia.

Treatment: Ensure knowledge of, and equitable access to, high-quality substance use disorder treatment services.

Recovery: Expand reach and impact of the highest quality recovery support services available and promote a recovery-oriented system of care.

Interdiction and Criminal Justice: Strengthen public safety and justice strategies that reduce the supply and usage of illegal opioids in the District of Columbia.

Strategies in LLDC 2.0

(New strategies are designated in red with an *)

REGULATIONS, DATA, AND CONTINUOUS QUALITY IMPROVEMENT

- RD.1** Convene Opioid Fatality Review Board (OFRB) to review opioid-related deaths and develop recommendations to reduce opioid-related fatalities.

- RD.2** Strengthen the infrastructure for data and surveillance to understand the scope of opioid-related overdoses (fatal and nonfatal) and the demographics of the population with opioid use disorder.

- RD.3** Expand Department of Behavioral Health's Assessment and Referral (AR) sites to establish multiple points of entry and expedite access into the system of care for substance use disorder treatment services.

- RD.4** Build the capacity of substance use disorder treatment providers by maximizing the use of Medicaid funds to support prevention, treatment, and sustained recovery; and seek the alignment of payment policies between the Department of Health Care Finance (DHCF) and other local agencies.

- RD.5*** Strengthen Health Information Exchange (HIE) infrastructure, incorporating patient consent, to support coordination of substance use disorder treatment across continuum of care.

PREVENTION, EDUCATION, AND COORDINATION

- PE.1** Train youth and adult peer educators, in conjunction with individuals in recovery, to conduct education and outreach activities in schools and other community settings.

- PE.2** Provide age-appropriate, evidence-based, culturally competent education and prevention initiatives in all Washington, DC public and charter schools regarding the risk of illegal drug use, prescription drug misuse, and safe disposal of medications.

- PE.3** Conduct outreach and training in community settings (e.g., after-school programs, summer camps, churches, and community centers) to engage youth, parents, educators, school staff, and childcare providers on effective communication and engagement strategies to support individuals impacted by substance use disorders.

- PE.4** Create multiple social marketing campaigns, including anti-stigma campaigns, using a variety of media with clear messages to multiple target audiences (e.g., youth and young adults, current people who use drugs [PWUD]) to increase awareness about opioid use, treatment, and recovery.
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- PE.5** Increase the targeted advertisement of treatment and recovery programs throughout Washington, DC.
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- PE.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.
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- PE.7** Provide education and/or seminars about maintaining sobriety to patients receiving opioid medications and individuals in recovery.
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- PE.8** Expand the use of Screening, Brief Intervention, Referral, and Treatment (SBIRT) programs among social service agencies that conduct intake assessments.
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- PE.9** 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.
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- PE.10** 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.
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- PE.11*** Ensure coordination across stakeholders, wards, and jurisdictional/regional areas to connect consumers, review data, and inform progress.

HARM REDUCTION

- HR.1** Increase harm reduction education to families and communities, including naloxone distribution to those most affected (PWUD).
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- HR.2** Make naloxone available in public spaces in partnership with a community-wide training initiative.
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- HR.3** Explore the feasibility of supporting additional harm reduction strategies including safe consumption sites and fentanyl test strips.
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- HR.4** Continue syringe services programs in combination with other harm reduction services (such as naloxone distribution) and assessment for new site selection, including the development of community pharmacy-based needle exchange and safe disposal sites.
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- HR.5** Expand the use of peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.
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- HR.6** Encourage continuing education for medical providers on increasing prescriptions of naloxone for persons identified with OUD or those at risk.
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- HR.7*** Explore the feasibility of developing a 24/7 harm reduction drop-in center that provides comprehensive services and engage individuals in conversations about treatment and recovery.

TREATMENT

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- TR.1** Develop and implement a model for initiating MOUD in emergency departments (ED), ensuring a direct path to ongoing care (via a warm hand-off from peer recovery coaches) that is patient-centered, sustainable, and takes into consideration the characteristics of the implementing health system.
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- TR.2** Integrate physical and behavioral health treatment and programming to deliver whole-person care and improve well-being.
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- TR.3** Create 24-hour intake and crisis intervention sites throughout Washington, DC.
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- TR.4** Encourage provider continuing education on evidence-based guidelines for the appropriate prescribing of MOUD, with a target audience of addiction treatment providers and primary care providers who are most likely to encounter patients who are seeking this therapy.
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- TR.5*** Employ peers to engage with patients in DC hospital inpatient units and conduct post-discharge outreach.
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- TR.6*** Establish a community of practice (COP) for providers working with individuals with opioid use disorders.
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- TR.7*** Implement a mobile van to provide behavioral health screenings, assessments, and referrals; and services and supports.
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- TR.8*** Develop and implement a comprehensive care coordination/care management system to care for and follow clients with SUD/ODU.
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- TR.9*** Implement the use of universal screening measures for pregnant women and individuals with children, and provide training to OB/GYNs, nurses, and individuals who interact with them on treatment options.
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- TR.10*** Create a skilled nursing and long-term care facilities training program.

RECOVERY

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- RE.1** 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 individuals in recovery and monitor the quality and effectiveness of programming.
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- RE.2** 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.
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- RE.3*** Establish a Peer University to provide comprehensive training, education, and workforce opportunities for peers that will help them be eligible for national/international certification.

INTERDICTION AND CRIMINAL JUSTICE

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- IC.1** Engage and collaborate with the drug court for diversion of individuals with substance use disorder who are arrested.
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- IC.2** Conduct targeted education and awareness campaigns to criminal justice agencies and stakeholders including, but not limited to, judges, prosecutors, defense attorneys, and supervision officers focused on reducing the use of incarceration as a means of accessing substance use disorder treatment and accepting MOUD as a treatment option for offenders.

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- IC.3** Ensure individuals incarcerated with the Department of Corrections (DOC) continue to receive MOUD as prescribed at the time of arrest, or MOUD is made available to individuals in need.
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- IC.4** Coordinate with the DOC, Court Services and Offender Supervision Agency, the Federal Bureau of Prisons (FBOP), and other relevant stakeholders to develop a wraparound approach to reintegrate individuals with substance use disorder and a history with MOUD into the community upon release.
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- IC.5** Explore developing forums or mechanisms for people to discuss their road to recovery with individuals with substance use disorder, the community, and criminal justice stakeholders.
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- IC.6** Establish effective and coordinated communication channels between justice and public health agency partners to improve continuity of care.
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- IC.7*** Create a common and accurate understanding of how each agency of the District's public safety, justice system, Health and Behavioral Health system works and interfaces, with a focus on how to best serve PWUD and achieve desired public health and public safety outcomes.
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- IC.8*** Monitor the screening of substance use disorders prior to arraignment and provide immediate handoff to treatment after arraignment.
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- IC.9*** Encourage and support ongoing training for dispatchers and first responders around crisis and outreach services to encourage pre-arrest diversion.
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- IC.10** Enhance surveillance program and data collection efforts in order to determine and characterize the status of the regional supply of illegal drugs.
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- IC.11** Identify and fill resource gaps preventing law enforcement efforts from using existing laws to reduce the supply of illegal opioids.
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- IC.12** Continue to collaborate with Metropolitan Police Department (MPD) and federal 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.
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- IC.13** 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.
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REGULATIONS, DATA, AND CONTINUOUS QUALITY IMPROVEMENT

Support a comprehensive, data-driven surveillance and response infrastructure that addresses emerging trends in substance use disorder and opioid-related overdoses.

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
RD.1 (Formerly Strategy 1.1) Convene Opioid Fatality Review Board (OFRB) to review all opioid related deaths that occur in Washington, DC and develop recommendations to reduce opioid-related fatalities.	OCME OFRB CA	<ul style="list-style-type: none"> Provide notice about OFRB meetings in accordance with the Board of Ethics and Government Accountability (BEGA) Open Meetings Act requirements. Convene monthly (or as scheduled) Opioid Fatality Review Board case review meetings. Convene quarterly (or as scheduled) recommendation sub-committee meetings. Publish OFRB Annual Report to include case trends, findings, adopted recommendations, and agency responses. 	As scheduled Monthly As scheduled 3/31/22	<ul style="list-style-type: none"> OFRB convenes monthly meetings and reviews, at a minimum, 12 opioid overdose fatality cases annually. The OFRB develops and adopts recommendations to improve systems, policies, and programs in an effort to reduce the number of opioid overdose fatalities in the District. Recommendations and agency responses are made publicly available through the publishing of the OFRB Annual Report. The recommendations are tracked by the CA's office on the status of implementation, inclusion into agency performance plans, and further outcomes. 	\$351,119
RD.2 (Formerly Strategy 1.4) Strengthen the infrastructure for data and surveillance to understand the scope of opioid-related overdoses (fatal and nonfatal) and the demographics of the population with opioid use disorder, as well as the	DBH DC Health FEMS MPD DFS DHCF DOC	<ul style="list-style-type: none"> Expand data dashboard to connect disparate data sources, including DHCF, FEMS, DOC, DHS, and DC Health to create mapping for how individuals flow through or have connected with the different systems. Convene bi-monthly meetings with data work group. Make enhancements to ODMAP by including fatal overdoses and MPD responses. 	11/30/21 6 times per year 11/30/21	<ul style="list-style-type: none"> Memorandum of understanding (MOUs) are established with at least two additional partnering agencies for data sharing. An opioid data strategy guides the District in collecting and analyzing data in real time to inform proactive programming. Aggregate data from OCME and services is reviewed bi-monthly to understand demographics of fatalities how clients 	\$604,614

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
effectiveness of the treatment and recovery support system.	DHS OCME	<ul style="list-style-type: none"> • Use ODMAP to track hotspots, overdose clusters, and identify areas for targeted outreach and support services. <ul style="list-style-type: none"> ○ Deploy outreach teams and workers immediately after OD spikes/clusters to distribute naloxone and use individual-level data to provide timely follow up to an individual after an OD. ○ Deploy mobile truck sign where OD clusters occurred. • Conduct analyses of illegal substances seized, in needle or urine samples, or found in fatalities and share monthly report with stakeholders. • Promote data collection, sharing, and analysis within the law enforcement community. • Expand FEMS Street Calls Mobile Integrated Health Care Team to include a focus on OUD and use data to identify high utilizers. • Procure contractor for evaluation services of the SOR grant. • Conduct SOR evaluation. 	<p>Ongoing</p> <p>Ongoing</p> <p>11/30/21</p> <p>11/30/21</p> <p>10/15/21</p> <p>Ongoing</p>	<p>flow through system, identify gaps in the system, and measure progress in addressing gaps.</p> <ul style="list-style-type: none"> • Improved understanding from MPD officers and first responders about what they are encountering on the streets, especially around individuals who OD, and a response is deployed to meet those needs. • Monthly area-level surveillance conducted using ODMAP and other data to measure OD trends, usage trends, and naloxone distribution/ administration, and impact of programs. • At least 75% of individuals who experience an OD are contacted by an outreach worker within 72 hours and provided information about services and supports. • DFS findings are shared with a broader audience including the public to ensure a better understanding of drug use trends by various target populations. • Decrease in FEMS utilization among previously high-utilizing individuals with OUD through the provision of social worker services. 	
RD.3 (Formerly Strategy 1.6) Expand Department of Behavioral Health's Assessment and Referral (AR) sites to establish multiple points of entry and expedite access into the system of care for substance use disorder treatment services.	DBH	<ul style="list-style-type: none"> • Engage substance use disorder (SUD) providers on the decentralization of AR process and required activities. • In partnership with SUD treatment providers, identify potential barriers to implementation of AR. • Develop and implement strategies to overcome barriers. 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<ul style="list-style-type: none"> • All SUD providers have intake hours that are updated and kept in a calendar that is accessible and available to the public. 	In-Kind

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
		<ul style="list-style-type: none"> Require all SUD providers to become AR sites. Create a calendar of intake hours for SUD providers. 	<p>2/2020</p> <p>4/30/21</p>		
<p>RD.4 (Formerly Strategy 1.7)</p> <p>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 the Department Health Care Finance (DHCF) and other local agencies.</p>	<p>DHCF</p> <p>DBH</p>	<ul style="list-style-type: none"> Explore how providers that provide stand-alone peer support services (e.g., peers in the ED, peer-operated centers) can more easily become DBH-certified providers in order to bill Medicaid. Convene a workgroup to review options (e.g., what other jurisdictions are doing, and the Medicare bundled rates) to consider a health care financing regulation that allows for bundled payments for methadone providers. 	<p>6/30/22</p> <p>12/31/21</p>	<ul style="list-style-type: none"> At least two organizations that provide peer services become DBH-certified providers. Increase in billable peer support services. A recommendation for addressing bundled rates for Medicaid is finalized is provided to DHCF. Simplify payment strategy for DC Health Homes to per member per quarter rate and flexibility to utilize telehealth, with SUD as a qualifying condition. 	<p>In-Kind</p>
<p>RD.5 (New Strategy)</p> <p>Strengthen Health Information Exchange (HIE) infrastructure incorporating patient consent, to support coordination of substance use disorder treatment across continuum of care.</p>	<p>DHCF</p> <p>DBH</p>	<ul style="list-style-type: none"> Develop consent management tools to facilitate appropriate exchange of 42 CFR Part 2 data via the DC HIE. Upgrade DBH DATA WITS system to support communication and referrals with District behavioral health providers and connection to DC HIE. Align and coordinate with the Community Resource Information Exchange (CoRIE) to connect health and social service providers using the DC HIE, to address health-related social needs to improve health equity, well-being, and quality of life, along with provider directory and referral. 	<p>9/30/21</p> <p>9/30/21</p> <p>9/30/21</p>	<ul style="list-style-type: none"> SUD providers are able to exchange 42 CFR Part 2 records via the DC HIE. Clients receiving substance use disorder services are able to complete electronic consents to allow for sharing of protected health information and provider directory information. Behavioral health organizations can make referrals to community-based organizations to address their clients' needs for housing, food, and other social determinants of health. 	<p>\$1,700,000</p>



PREVENTION, EDUCATION, AND COORDINATION

Through coordinated community efforts at the Ward-level, educate District residents, stakeholders, and health professionals about opioids, OUD, and effective prevention/early intervention, harm reduction, treatment, and recovery approaches.

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
PE.1 (Formerly Strategy 2.1) Train youth and adult peer educators, in conjunction with individuals in recovery, to conduct education and outreach activities in schools and other community settings.	DBH OSSE DCPR DOES	<ul style="list-style-type: none"> Expand youth peer training program to 20 additional peers. 	6/30/22	<ul style="list-style-type: none"> Twenty additional student peers are trained. A new opioid and stimulant unit are introduced into the health education curriculum. A sustainability plan is developed for continuously recruiting additional youth peers into the training program for the next cohort. Identify DCPCS's with present gaps in health education content through school health profiles. Establish .5-1-hour credit toward graduation requirements for DCPS students who become Certified Youth Peer Specialists. 	\$125,000
		<ul style="list-style-type: none"> Deploy youth peers in schools and other settings. 	6/30/22		
		<ul style="list-style-type: none"> Create a plan for continuously recruiting additional youth peers into the training program for the next cohort. 	6/30/22		
		<ul style="list-style-type: none"> Graduate youth peers into a paid peer program and/or become mentors (as part of DC Summer Job program, DC Department of Recreation [DCPR], Department of Employment Services [DOES], DC Police, among others). 	6/30/22		
		<ul style="list-style-type: none"> Offer a unit on opioid and stimulant use within the health curriculum. 	6/30/22		
		<ul style="list-style-type: none"> Connect youth peers with the behavioral health service to better understand the connection between two programs. 	6/30/22		
		<ul style="list-style-type: none"> Build upon existing DBH SUD prevention education and outreach efforts (e.g., DCPCs expanded work around opioid misuse). 	6/30/22		
PE.2 (Formerly Strategy 2.2) Provide age-appropriate, evidence-based, culturally competent education and	DBH DCPS DCPCS	<ul style="list-style-type: none"> Continue to use evidence-based/evidence-informed curriculums (e.g., This is Not About Drugs, Project Alert, LifeSkills) in DC Public Schools (DCPS) and DC Public Charter Schools (DCPCS). 	6/30/22	<ul style="list-style-type: none"> The SUD prevention curriculum continues to be implemented in at least 20 DCPS and DCPCS. Evidence-based prevention initiatives are maintained in participating 	\$747,671
		<ul style="list-style-type: none"> Plan and implement evidence-based prevention initiatives. 	6/30/22		

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
prevention initiatives in all Washington, DC public and charter schools regarding the risk of illegal drug use, prescription drug misuse, and safe disposal of medications.				schools by DC Prevention Centers (DCPCs) and prevention sub-grantees.	
<p>PE.3 (Formerly Strategy 2.3)</p> <p>Conduct outreach and training activities in community settings (e.g., after-school programs, summer camps, churches, and community centers) to engage youth, parents, educators, school staff, and childcare providers on effective communication and engagement strategies to support individuals impacted by substance use disorders.</p>	DBH DC Health	<ul style="list-style-type: none"> • Build upon existing District prevention efforts (e.g., annual prevention symposium, brown bag sessions, School Resource Fair series, Beat the Streets, DC Prevention Center outreach) to expand education around opioids. • Conduct outreach and facilitate a minimum of three presentations each year and one event focused on opioids and OUD. • Partner with the faith-based community to increase outreach and education around prevention, treatment, recovery, and harm reduction. • Conduct events focused on SUD education and coordinate with other grantees in the ward. • Promote two newly produced DBH web courses to educate individuals, especially family members, on OUD and treatment and recovery support services. • Educate local university staff and university students at new student orientation on opioids and OUD and provide naloxone training. • Identify champions (e.g., staff from college administration, student affairs, health centers, sororities and fraternities, athletics, campus recovery communities) at each university to take the naloxone train-the-trainer session so that this training can be conducted each year with new students. • Conduct roundtable discussions about the DC opioid epidemic and the widespread nature of fentanyl with 	<p>12/31/21</p> <p>9/29/21</p> <p>9/29/21</p> <p>9/29/21</p> <p>Ongoing</p> <p>5/31/22</p> <p>5/31/22</p> <p>5/31/22</p>	<ul style="list-style-type: none"> • A minimum of three youth- and young adult-focused activities aimed at providing education around the health risks associated with opioid use and misuse and also effective alternatives to opioid misuse were conducted by DCPCs and prevention sub-grantees. • A minimum of one prevention event focused on SUD education occurs quarterly in each ward and the lists of activities/events are posted at livelong.dc.gov. <u>Events targeted youth at risk</u> (sex trafficked, foster care youth, LGBTQ, communities with high rates of violence, and COVID-19 affected communities) <u>and seniors</u>. • A minimum of two opioid-focused activities will be conducted each year by the 39 faith-based grantees. <u>Activities targeted youth and seniors</u>. • DBH web courses are advertised regularly to community stakeholders, including families, K-12 educators and clinicians, and there is 10% increase in participation annually. • Opioid and naloxone training is incorporated into new student orientation and at least two 	\$2,167,671

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
		students, professors, and college staff at all local universities.		roundtable discussions occur each year at each university.	
<p>PE.4 (Formerly Strategy 2.4)</p> <p>Create multiple social marketing campaigns, including anti-stigma campaigns, using a variety of media with clear messages to multiple target audiences (e.g., youth and young adults, current people who use drugs [PWUD], seniors) to increase awareness about opioid use, treatment, and recovery.</p>	<p>DBH DC Health</p> <p>All Government Partners</p> <p>OSSE</p>	<ul style="list-style-type: none"> Engage clients, family members, and other community stakeholders on new campaign development. Launch campaigns across the District and coordinate with existing partner events. Create campaigns in other languages (e.g., Spanish). Implement “Be Ready” campaign that includes information/messages about the dangers of fentanyl, naloxone promotion through the Text-To-Live program, and where to access treatment and recovery services and supports. Re-launch “Don’t Use Alone” campaign. Create a repository at http://livelong.dc.gov/ that would allow for social marketing materials to be downloaded. Partner with George Washington (GW) University to pitch a youth-focused social marketing and media kit. Increase Drug Take Back locations. 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>2/28/21</p> <p>11/30/21</p> <p>9/30/21</p> <p>9/29/21</p> <p>9/29/21</p>	<ul style="list-style-type: none"> Campaigns implemented using feedback from stakeholders and running in hotspots (e.g., billboards, sidewalk sketches) and data (e.g., ODMAP data) is being used to target subpopulations with increased overdoses (both fatal and non-fatal). Campaigns have anti-stigma messaging. Repository of social marketing materials are available at livelong.dc.gov for public access. A youth-focused social marketing and media kit is launched in partnership with GW. Five additional Drug Take Back locations are established. 	\$1,759,813
<p>PE.5 (Formerly Strategy 2.5)</p> <p>Increase the targeted advertisement of treatment and recovery programs throughout the District.</p>	<p>DBH DC Health</p>	<ul style="list-style-type: none"> Create an interactive map of services and supports by ward and post map or link to map on governmental partners websites. Launch a marketing campaign (e.g., brochure, a short video, testimonials from actual clients, profiles of the assessment staff) to build awareness for District residents and families on programs/services available, including services for individuals in the justice system with OUD and how to access them. Launch campaign using the stories of individuals with lived experience to reduce stigma and promote available services and supports. 	<p>7/31/21</p> <p>7/31/21</p> <p>5/31/21</p>	<ul style="list-style-type: none"> Government websites are updated to provide an interactive map about harm reduction, treatment and recovery support services and how to access, or will post a link to sites that provide this updated information. The marketing campaign increases the public’s knowledge about available services and supports and how to access them. Campaign reduces stigma around treatment. 	\$100,000

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
<p>PE.6 (Formerly Strategy 2.6)</p> <p>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.</p>	<p>DC Health DBH MPD</p>	<ul style="list-style-type: none"> Educate the community on the Good Samaritan Law during opioid-related outreach events and training, etc. Educate law enforcement on Good Samaritan Law through training academies. Promote free modules on Opioid Learning Institute, particularly naloxone administration training. 	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>	<ul style="list-style-type: none"> The Good Samaritan Law is included as a topic during opioid-related outreach events and training. Good Samaritan Law provided for all new law enforcement recruits. There is a 10% increase annually in individuals taking online classes. 	<p>TBD</p>
<p>PE.7 (Formerly Strategy 2.7)</p> <p>Provide education and/or seminars about maintaining sobriety to patients receiving opioid medications and individuals in recovery.</p>	<p>DBH</p>	<ul style="list-style-type: none"> Host monthly educational events in various community settings. 	<p>Monthly</p>	<ul style="list-style-type: none"> Peer-operated Centers launched monthly education events for the community and a consolidated calendar of all centers is posted at livelong.dc.gov. 	<p>\$100,000</p>
<p>PE.8 (Formerly Strategy 3.1)</p> <p>Expand the use of Screening, Brief Intervention, Referral, and Treatment (SBIRT) programs among social service agencies that conduct intake assessments.</p>	<p>DC Health DBH</p>	<ul style="list-style-type: none"> Expand SBIRT training to two additional emergency departments (ED) and seven inpatient settings. Provide opportunities for organizations to be trained on SBIRT, including updating their electronic health record (EHR) and creating a screening protocol. 	<p>6/30/21</p> <p>2 times per year</p>	<ul style="list-style-type: none"> All acute care hospital ED staff conducting intakes and peers on seven inpatient units are trained on SBIRT and are using it. SBIRT training is offered to providers twice a year. 	<p>\$100,000</p>

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
<p>PE.9 (Formerly Strategy 3.5)</p> <p>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 diagnosis and substance use disorder.</p>	<p>DBH UDC</p>	<ul style="list-style-type: none"> • Develop an MOU with the University of the District of Columbia (UDC) to develop an SUD certificate program targeted at social workers and counselors. • Create a Certified Addiction Counselor (CAC) training program to include classroom training and access to internships in DC agencies in order to obtain 180 or 500 hours of supervised experience. 	<p>9/29/21</p> <p>9/29/21</p>	<ul style="list-style-type: none"> • UDC develops courses for SUD certificate program to include a module on non-office-based, integrative OUD Treatment Services and support. • Individuals trained in the UDC certificate program will be partnered with DC agencies for employment. • CAC curriculum, with a focus on opioids, is delivered with grant support to 40 individuals through the Catholic Charities Institute's Professional Education Counseling Program. • Eighty percent of individuals completing CAC training obtain supervision hours and take CAC exam. • Seventy percent of individuals taking CAC exam continue to work at DC providers. 	<p>\$819,568</p>
<p>PE.10 (Formerly Strategy 3.6)</p> <p>Encourage provider continuing education on evidence-based guidelines for the appropriate prescribing and monitoring of opioids and other evidence-based practices such as warm hand-offs, 12-step model programs,</p>	<p>DC Health</p>	<ul style="list-style-type: none"> • Continue promotion of 20 free modules on Opioid Learning Institute (OLI) and update courses, as needed. 	<p>Ongoing</p>	<ul style="list-style-type: none"> • Ten percent increase annually in individuals taking online classes. 	<p>\$183,750</p>

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
Acceptance and Commitment Therapy, and SBIRT.					
PE.11 (New Strategy) Ensure coordination across stakeholders, wards, and jurisdictional/regional areas to connect consumers, review data, and inform progress.	DBH MPD DC Health	<ul style="list-style-type: none"> Conduct meetings with treatment providers, prevention centers, peer-operated centers and other stakeholders (e.g., mutual aid groups, faith-based organizations) to ensure coordination around opioid initiatives (e.g., events, outreach, and programming) at the ward level to maximize impact and reach a wider audience across the ward. Create a ward-level engagement plan to connect ward-based opioid activities; discuss latest data, trends, and developments, and strategize about new approaches to continually improve efforts. Engage family and community members in ward-based opioid activities including being a part of a neighborhood overdose response team. Engage jurisdictional and regional partners (e.g., Prince George's and Montgomery Counties) to proactively respond to trends in opioid data and interdiction efforts and ensure ongoing research to identify and leverage best practices. Include law enforcement, health departments, and jail staff. Ensure ongoing research to identify and leverage best practices from other states where fatalities are decreasing. 	<p>2/28/21</p> <p>9/30/21</p> <p>7/31/21</p> <p>Annually starting 8/30/21</p> <p>Ongoing</p>	<ul style="list-style-type: none"> Regularly scheduled meetings conducted with key stakeholders at the ward, jurisdictional, and regional levels. Champion(s) are identified in each ward to oversee the coordination around opioid initiatives (e.g., events, outreach, and programming) and coordination efforts are documented on the LLDC website. Family and community members understand how to access resources and support in their communities and how to administer naloxone. Meetings are held annually with jurisdictional partners. Best practice research is shared with stakeholders to inform policies and practices. 	\$50,000



HARM REDUCTION

Support the awareness and availability of, and access to, harm reduction services in the District of Columbia.

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
HR.1 (Formerly Strategy 4.1) Increase harm reduction education to families and communities, including naloxone distribution to those most affected (PWUD).	DC Health DBH FEMS MPD UCC DHS	<ul style="list-style-type: none"> Conduct monthly opioid overdose prevention and naloxone administration trainings and target them to priority populations (e.g., shelter and inpatient treatment residents, outreach providers). Promote online naloxone training to DC residents, employees, and others. Expand live naloxone trainings to organizations/agencies across the District through a train-the-trainer model. Use ODMAP data to alert community response networks when suspected overdoses are reported in public places. Develop a naloxone delivery program (e.g., Text to Live), piloting both mail-based and in-person distribution to an individual's residence. Expand DC Health Pharmacy Pilot Program to additional pharmacies that distribute naloxone for free. Engage community leaders to carry naloxone and give testimonials to reduce the stigma around naloxone use. Create a plan for 'naloxone giveaway days' (e.g., International Overdose Awareness Day) and engage community members in conversations about opioid use and harm reduction approaches. 	Monthly Ongoing Monthly Ongoing 2/28/21 Ongoing 8/30/21 3/30/21	<ul style="list-style-type: none"> Bi-monthly Opioid overdose prevention and naloxone administration trainings implemented. The number of new attendees for online trainings increases by 10% each year. Thirty individuals, including peers, are trained each year in train-the-trainer. Five new community-based providers become distribution sites each year. Family and community members are aware of naloxone training through ward-level engagement. At a minimum, 40,000 naloxone kits are distributed each fiscal year. Improved focus on public places in areas with highest incidence of overdoses. Pharmacy Pilot Program is expanded to five additional pharmacies each year. Text-to-Live is launched and there is a 10% annual increase in the number of individuals accessing the information. International Overdose Awareness Day is adopted by 10 new providers each year. A training is held for city leaders on naloxone administration. 	\$1,591,285

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
				<ul style="list-style-type: none"> Implemented plan for naloxone giveaway days and 10 new providers participate in International Overdose Awareness Day each year. 	
<p>HR.2 (Formerly Strategy 4.2) Make naloxone available in public spaces in partnership with a community-wide training initiative.</p>	DC Health	<ul style="list-style-type: none"> Implement a naloxone distribution, administration, and training plan for communities and individuals. <ul style="list-style-type: none"> Ensure additional community-based organizations have a standing order to distribute naloxone. Ensure withdrawal management programs, the jails, treatment facilities, EDs, and hospitals are distributing naloxone to individuals when they are discharged. Increase the capacity of harm reduction workers, outreach workers, peers, law enforcement, and corrections officials to distribute naloxone. <ul style="list-style-type: none"> Expand Leave Behind program for first responders (FEMS and MPD), which provides individuals and bystanders with naloxone following an overdose. 	<p>Ongoing</p> <p>Ongoing</p> <p>12/31/21</p>	<ul style="list-style-type: none"> Ten new distribution sites added each year. Leave Behind program is continued at FEMS and established at MPD. Vending machine program is created and implemented. 	\$100,000
<p>HR.3 (Formerly Strategy 4.3) Explore the feasibility of supporting additional harm reduction strategies including safe consumption sites and fentanyl test strips.</p>	DC Health DBH	<ul style="list-style-type: none"> Continue to convene meetings with invested stakeholders to discuss the feasibility of establishing a safe consumption site and review research from sites in other jurisdictions. Conduct a feasibility and needs assessment focused on establishing a safe consumption site in the District 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. 	<p>Quarterly</p> <p>12/31/21</p>	<ul style="list-style-type: none"> Work group meets regularly. A sites' infrastructure plan is refined and resources identified. The topic of "safe consumption sites" is included in all community conversations. All CBOs have access to fentanyl test strips for distribution to their clients. 	TBD

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
		<ul style="list-style-type: none"> Refine a plan that will define sites' infrastructure and necessary resources. Include "safe consumption sites" as a topic in the community conversations. Implement a distribution plan for fentanyl test strips to community-based organizations (CBOs). 	<p>Ongoing</p> <p>Ongoing</p> <p>5/15/21</p>		
HR.4 (Formerly Strategy 4.4) Continue syringe services programs in combination with other harm reduction services and assessment for new site selection and safe disposal sites.	DC Health	<ul style="list-style-type: none"> Continue operations of syringe services programs (SSP) and incorporate MOUD induction where applicable. Continue to collect relevant metrics to track progress of SSPs. 	<p>2/28/21</p> <p>Ongoing</p>	<ul style="list-style-type: none"> Expand from 3 to 4 SSPs and increase access to MOUD induction. Monthly SSP data is analyzed for continuous quality improvement (CQI). 	\$809,226
HR.5 (Formerly Strategy 4.6) Expand the use of peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.	DBH DC Health	<ul style="list-style-type: none"> Provide training opportunities for peers to attain national certification to become recovery coaches and harm reduction specialists. Create on-the-job learning opportunities for peers to get experience in treatment facilities and harm reduction organizations. Expand Rapid Peer Responder (RPR) program and have RPRs become experts in their assigned ward. Establish a coordinated deployment of harm reduction outreach workers and teams that target specific wards, days, and times. Recruit peers to join community overdose response networks and receive alerts when active overdoses are reported from FEMS. 	<p>9/29/21</p> <p>12/31/21</p> <p>3/31/21</p> <p>3/31/21</p> <p>7/31/21</p>	<ul style="list-style-type: none"> Fifty peers are provided necessary training for national certification. Fifty peers are provided on the job learning opportunities. A plan for coordinated outreach approach, using peers with lived experience is developed and implemented. RPRs connect, at a minimum, 10 individuals per month to support services, such as treatment, housing, and nutrition support. RPRs distribute, at a minimum, 200 naloxone units monthly. Four additional harm reduction outreach teams are established and there is a coordinated approach to outreach. 	\$456,590

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
				<ul style="list-style-type: none"> At a minimum, two peers per ward are receiving overdose alerts. 	
HR.6 (Formerly Strategy 3.8) Encourage continuing education for medical providers on increasing prescriptions of naloxone for persons identified with OUD or those at risk.	DC Health	<ul style="list-style-type: none"> Advertise continuing education module on naloxone for prescribers and dispensers. Encourage providers to administer naloxone through email blasts, seminars, trainings, etc. 	Ongoing Ongoing	<ul style="list-style-type: none"> Increased the frequency and amount of communications and education targeted towards prescribers by 5%. 	\$10,000
HR.7 (New Strategy) Explore the feasibility of developing a 24/7 harm reduction drop-in center that provides comprehensive services and engage individuals in conversations about treatment and recovery.	DC Health DBH	<ul style="list-style-type: none"> Conduct a feasibility and needs assessment focused on establishing a 24/7 harm reduction site. Design service model based on assessment. Hold community engagements sessions to inform individuals about the availability of these harm reduction services. Design a women-specific approach to harm reduction based on an assessment of this population and their needs. Develop and implement a stabilization and sobering center. 	12/31/21 TBD TBD 12/31/21 5/31/22	<ul style="list-style-type: none"> Clients with OUD have access to services 24/7. A women-specific approach to harm reduction is implemented. 	TBD



TREATMENT

Ensure knowledge of, and equitable access to, high-quality substance use disorder treatment services. 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.

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
<p>TR.1 (Formerly Strategy 5.4)</p> <p>Develop and implement a model for initiating MOUD in emergency departments (ED), ensuring a direct path to ongoing care that is patient-centered, sustainable, and takes into consideration the characteristics of the implementing health system.</p>	DC Health DBH	<ul style="list-style-type: none"> Expand ED MOUD Induction program to a total of six District hospitals. Expand SBIRT protocols in emergency departments to include a focus on stimulants. Expand 90-day peer outreach for individuals refusing treatment at the ED. Identify three additional "fast track" MOUD community providers (e.g., appointments are made prior to release from hospital) for warm handoff annually. Encourage hospital providers to become waived to prescribe buprenorphine. Change discharge workflow in ED to include naloxone upon release. Provide recurring educational opportunities for ED providers and peers on each of the following topics: MOUD, SBIRT, trauma-informed approaches, history of SUD in DC, and pain management alternatives. Monitor and evaluate progress. Expand advertising for BupDAP, an access point for buprenorphine for uninsured and underinsured individuals. 	<p>2/28/21</p> <p>4/30/21</p> <p>Ongoing</p> <p>9/29/21</p> <p>6/30/21</p> <p>9/29/21</p> <p>Twice per year</p> <p>Monthly</p> <p>Ongoing</p>	<ul style="list-style-type: none"> ED MOUD initiation initiative is active in six hospitals and includes an additional focus on stimulants. Peer outreach is active in six hospitals and individuals refusing treatment are followed for 90 days. At least three new "fast track" sites are identified annually. Each hospital has a buprenorphine-waivered physician working in the ED. At least 90% of patients leaving ED receive naloxone. At least two educational opportunities are provided annually for ED providers and peers to provide information on best practices. At least 75% of individuals entering ED are given SBIRT screening. At least 60% of individuals with a positive screen get a brief intervention. At least 15% of individuals receiving a brief intervention are referred to treatment. At least 50% of individuals referred to treatment are linked to treatment. 	\$2,266,093

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
				<ul style="list-style-type: none"> At least 95% of clinically eligible patients who receive MOUD in the ED are referred to a provider for follow-up MOUD treatment. Clients are enrolled in BupDAP within two days of submitting application and claims continue to expand each year by 5%. 	
<p>TR.2 (Formerly Strategy 5.5)</p> <p>Integrate physical and behavioral health treatment and programming to deliver whole-person care and improve well-being.</p>	<p>DHCF DBH DC Health</p>	<ul style="list-style-type: none"> Release RFA for wellness activities. Offer wellness activities (e.g., massage, acupuncture, mindfulness, yoga) to complement formal treatment to individuals on MOUD at a minimum of eight providers. Provide contingency management training to SUD providers and provide resources for implementing. Implement three grants for integrated care for individuals with OUD who also have co-occurring conditions (e.g., hepatitis C/HIV). Encourage use of opioid alternatives and pain management approaches for patients and users. Increase access to physical health supports for individuals in SUD treatment to move toward an integrative care model that focuses on social determinants of health. Encourage providers to participate in Integrated Care Technical Assistance (ICTA). Continue telehealth expansion benefits through Medicaid (i.e., prolong operations and benefits during COVID). Explore options to increase access to telehealth to reduce disparities gap. Release RFA to expand access to MOUD through teleMAT and award grants. 	<p>2/28/21 5/30/21 5/30/21 9/30/21 Ongoing 6/30/21 12/31/21 6/30/21 2/28/21 4/1/21</p>	<ul style="list-style-type: none"> Individuals have access to wellness activities and there is an increase in quality of life/well-being measures for clients receiving MOUD in a minimum of eight programs. Contingency management is implemented at a minimum of eight programs offering MOUD and data is collected to monitor progress. There is an increase in the number of individuals screened and treated for related health conditions through integrated care for individuals with OUD who also have co-occurring conditions (e.g., hepatitis C/HIV). At least 10 providers that serve individuals with OUD participate in ICTA. There is a 5% increase in participants taking online courses on opioid prescribing. Clients have secure access to telehealth options whether at home or in their community at convenient locations. A reimbursement model is available that supports telehealth in an equivalent manner as in person. There is increased access to care, including MOUD, through teleMAT, which will be 	<p>\$5,176,149</p>

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
				measured by higher rates of provision of telehealth services, participation, and continuing treatment.	
TR.3 (Formerly Strategy 3.2) Create 24-Hour intake and crisis intervention sites throughout the District.	DBH	<ul style="list-style-type: none"> Continue the 24-hour/day operations of the Community Response Team (CRT). Initiate pilot with Department for Hire Vehicles (DFHV) to provide on-demand transportation to help individuals connect with OUD/SUD services. Continue implementation of grants to establish community and hospital SUD crisis stabilization beds. Explore making CPEP beds available for OUD and MOUD induction. Develop a sustainability plan for 24/7 services and supports including CRT and crisis stabilization beds. 	<p>Ongoing</p> <p>3/31/21</p> <p>9/29/21</p> <p>9/29/21</p> <p>12/31/21</p>	<ul style="list-style-type: none"> Staff trained to conduct SUD screening and crisis intervention and are available 24 hours a day. Protocols and processes for accessing transportation services established. Annual increase in number of those receiving transportation services to get to initial appointments. Crisis stabilization beds expand by 10% each year and are at 80% capacity. Fifty percent of individuals linked to SUD treatment upon discharge from crisis stabilization beds. Any individual wanting MOUD induction will receive it at any time of the day. A sustainability plan is implemented. 	\$2,662,120
TR.4 (Formerly Strategy 3.7) Increase provider continuing education on evidence-based guidelines for the appropriate prescribing of MOUD, with a target audience of addiction treatment providers and primary care providers who are most likely to encounter patients who are seeking this therapy.	DC Health DBH	<ul style="list-style-type: none"> Procure trainer to provide technical assistance to MOUD prescribers. Provide virtual expert consultation (e.g., ECHO) around clinical cases to increase practitioners' capability in dealing with individuals coping with OUD. 	<p>4/30/21</p> <p>Monthly</p>	<ul style="list-style-type: none"> Provided consultation to at least 100 individuals each year. 	\$52,500

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
<p>TR.5 (New Strategy) Employ peers to engage with patients in DC hospital inpatient units and conduct post-discharge outreach.</p>	DBH	<ul style="list-style-type: none"> Establish initiative to have hospital-based peers provide support (brief interventions) and referrals to treatment to patients in inpatient settings as well as post-discharge outreach in the community for individuals not linked to treatment. Change discharge workflow to include naloxone upon release. 	<p>4/30/21</p> <p>9/29/21</p>	<ul style="list-style-type: none"> Peers are hired for inpatient units in seven hospitals, SBIRT is actively used, and at least 50% of individuals referred to treatment are linked to treatment. At a minimum 50% of individuals refusing treatment and not connected to treatment are followed for 90 days post-discharge to get them connected to treatment. At least 90% of discharged patients receive naloxone. 	\$896,992
<p>TR.6 (New Strategy) Establish a community of practice (COP) for providers working with individuals with opioid use disorders.</p>	DBH DC Health	<ul style="list-style-type: none"> Conduct a survey of all DATA-waivered providers and other providers that work with individuals with OUD to understand their training and technical assistance needs. Conduct an inventory of existing training and technical assistance initiatives in the District. Create a training and technical assistance plan that also includes training on nontraditional, non-office-based, integrative OUD treatment services and supports. Implement a COP. 	<p>8/15/21</p> <p>8/15/21</p> <p>9/15/21</p> <p>10/15/21</p>	<ul style="list-style-type: none"> The needs assessment and training and technical assistance inventory review inform the development of a coordinated plan. Providers are participating in the community of practice and there is a 5% increase in attendance each month. 	\$52,500
<p>TR.7 (New Strategy) Implement a mobile van to provide behavioral screenings, assessments, and referrals; and services and supports.</p>	DBH DC Health	<ul style="list-style-type: none"> Hire nurses and licensed clinicians for van. Conduct SUD assessments and referrals in hotspots and other areas of need. Recruit SUD providers and primary health care providers to collaborate around providing services and supports and produce a monthly schedule. 	<p>3/31/21</p> <p>4/1/21</p> <p>1/15/22</p>	<ul style="list-style-type: none"> Clinical staff are hired for van and are conducting SUD assessments in hotspots. A monthly schedule established and SUD providers and other stakeholders incorporated into the schedule. Individuals with SUD have greater access to general health screenings and other services. 	\$535,094

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
		<ul style="list-style-type: none"> Establish a monthly schedule with SUD providers and other stakeholders incorporated into the schedule. Recruit MOUD providers to work on the van. 	<p>1/15/22</p> <p>8/31/21</p>	<ul style="list-style-type: none"> MOUD is accessible near where individuals live/work. Increased rates of deployment to hot spots, increased screenings, assessments, referrals, and linkages to treatment. There is a 10% annual increase in individuals experiencing homelessness with OUD interacting with the van. 	
<p>TR.8 (New Strategy) Develop and implement a comprehensive care coordination/care management system to care for and follow clients with SUD/OD.</p>	<p>DBH DHCF</p>	<ul style="list-style-type: none"> Meet with providers and peers to develop a vision for care management model(s) (e.g., pay-for-performance, recovery capital, recovery-oriented system of care). Release RFA for care management. Develop guidelines and structure to support care management. Ensure successful transition of OUD clients to Medicaid managed care by October 2022. 	<p>12/31/20</p> <p>2/28/21</p> <p>3/31/21</p> <p>10/1/22</p>	<ul style="list-style-type: none"> Care management grants are awarded and implemented and at least 100 individuals with multiple overdoses, as well as special populations (pregnant women), receive care management. An approach is in place to actively re-engage individuals in treatment. There is a reduction in readmissions to hospitals, higher levels of SUD services, and repeat overdoses. 	<p>\$1,133,155</p>
<p>TR.9 (New Strategy) Implement the use of universal screening measures for pregnant women and individuals with children and provide training to OB/GYNs, nurses, and individuals who interact with them on treatment options.</p>	<p>DBH DC Health</p>	<ul style="list-style-type: none"> Assess the baseline numbers of woman who have OUD and are pregnant. Conduct second virtual conference on Treating Pregnant Women and Women with Children with OUD. Release RFA to develop a plan for using universal screening measures and implement plan. Release RFA to develop a treatment program(s) for pregnant women and new mothers and fathers and implement programs that also focus on social determinants of health. 	<p>9/30/21</p> <p>12/31/21</p> <p>9/29/21</p> <p>9/29/21</p>	<ul style="list-style-type: none"> Improved understanding of population and numbers of women to be served. Education opportunities have been provided to at least 50 individuals who treat pregnant women. Universal screening measures are developed and being used. Treatment program(s) for pregnant women and new mothers and fathers are established and are at 50% capacity. Standards of care that integrates parental and familial involvement are established. 	<p>\$1,085,928</p>

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
<p>TR.10 (New Strategy) Create a skilled nursing and long-term care facilities training program.</p>	<p>DBH DC Health</p>	<ul style="list-style-type: none"> • Develop at least one online training for staff at skilled nursing and long-term care facilities that are focused on SBIRT, SUD/OD, and naloxone administration. • Inform staff about available DATA waiver trainings. • Invite staff to newly developed community of practice. 	<p>9/30/21</p> <p>Ongoing</p> <p>Ongoing</p>	<ul style="list-style-type: none"> • OUD, SBIRT, and naloxone training available and used at least eight facilities. • MOUD is supported in facilities and at least one staff is DATA-waivered at each facility. • Individuals representing various facilities are participating in learning communities. • Long-term services and support (LTSS) providers are participating in the ICTA. 	<p>\$100,000</p>



RECOVERY

Expand reach and impact of the highest quality recovery support services available and promote a recovery-oriented system of care.

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
<p>RE.1 (Formerly Strategy 5.6)</p> <p>Increase the presence of peer support groups/programs (e.g., 12-step programs, clubhouse, 24-hour wellness centers, sober houses, peer-operated centers) throughout the community (e.g., faith-based institutions, community centers, schools) for individuals in recovery and monitor the quality and effectiveness of programming.</p>	DBH	<ul style="list-style-type: none"> Conduct regular OUD-specific outreach, support groups, and programming at the four peer-operated centers and create a shared calendar of events. Include programming that engages family members and friends of individuals with OUD. 	<p>Ongoing</p> <p>6/30/21</p>	<ul style="list-style-type: none"> A shared calendar of events is created among the four peer operated-centers and posted at livelong.dc.gov each month. Increase of 10% annually in individuals served and connected to treatment. Supports are implemented for family members and friends. 	\$1,483,057
<p>RE.2 (Formerly Strategy 5.7)</p> <p>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.</p>	<p>DHCF</p> <p>DOES</p> <p>DHS</p> <p>Office for Victim Services and Justice Grants (OVSJG)</p> <p>DBH</p> <p>DFHV</p> <p>DC Health</p>	<ul style="list-style-type: none"> Create a plan for building a continuum of housing options and supports based on individuals' level of recovery, including meeting the needs of special populations. <ul style="list-style-type: none"> Participate in the Medicaid Learning Collaborative on Advancing Housing-Related Supports for Individuals with SUD. Conduct an analysis of available housing options and barriers to housing. 	12/30/21	<ul style="list-style-type: none"> Plan is created for building a continuum of housing options. Environmental Stability expanded by a minimum of 25 slots and tracking system established. Housing First teams serve at a minimum 1,000 clients each year. Sixty recovery housing slots are created for individuals with OUD through grant program. 	\$2,449,188

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
	DOES	<ul style="list-style-type: none"> ○ Expand environmental stability (ES) for individuals leaving inpatient and residential settings as well as returning citizens. ○ Develop Housing First team(s) to serve OUD population. ○ Release RFA or work with existing providers to increase housing options. ○ Increase availability of recovery housing that support MOUD. ○ Increase availability of housing for returning citizens with OUD. ○ Ensure all SUD treatment and recovery facilities are MOUD-friendly and provide education, where applicable. ● Expand supportive employment (SE). <ul style="list-style-type: none"> ○ Create partnership with DOES to offer job skills training to individuals with OUD. ○ Support start-up costs for organizations to develop SE programs. 	6/30/21	<ul style="list-style-type: none"> ● At a minimum, 10 returning citizens with OUD receive transitional housing annually through grant program. ● All SUD providers take online MOUD training courses and support individuals with OUD on MOUD. ● There is a higher retention of individuals receiving MOUD at grantee programs. ● A minimum of twenty individuals participate in DOES Project Empowerment or equivalent. ● A minimum of twenty individuals participate in SE. 	
<p>RE.3 (New Strategy) Establish a Peer Academy to provide comprehensive training, education, and workforce opportunities for peers that will help them be eligible for national/international certification.</p>	DBH DC Health	<ul style="list-style-type: none"> ● Establish Peer Academy through DBH that incorporates Certified Peer Specialist and Recovery Coach training material into curriculum and align trainings and courses to national/international certifications (e.g., IC&RC). ● Provide training on nontraditional, non-office-based, integrative OUD treatment services and supports. ● Ensure providers and community organizations are involved in trainings so that they understand the roles of peers and how to supervise peers. In addition, they can train on the workforce landscape. 	9/29/21 9/29/21 9/29/21	<ul style="list-style-type: none"> ● Creation of a consolidated revised training curriculum to address co-occurring mental health diagnosis and SUD. ● Minimum of 50 individuals receive training per year. ● Testing prep is offered for National Association for Alcoholism and Drug Abuse Counselors and/or IC&RC certification for 50 individuals per year. ● Peer pay scale is shared with providers. ● Increase in peer retention in SUD programs. 	\$187,100

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
		<ul style="list-style-type: none"> Coordinate peer support opportunities and pathways for employment as peer workers. Establish suggested peer pay scale. Continue monthly COP for peers to provide support by addressing employment challenges and sharing successes as well as providing a focus on personal development and clinical awareness. 	10/31/21 12/30/21 Monthly	<ul style="list-style-type: none"> COP is offered monthly and there is a 5% increase in participation each year. 	



INTERDICTION AND CRIMINAL JUSTICE

Strengthen public safety and justice strategies that reduce the supply and usage of illegal opioids in the District of Columbia.

Strategy	Lead/ Supporting Agencies	Action Steps	Targeted Completion Date	Measures of Success	Funding
IC.1 (6.1 Strategy Expansion) Engage and collaborate with the drug court for diversion of individuals with substance use disorder who are arrested.	CJCC USAO OAG PSA Drug Court Committee	<ul style="list-style-type: none"> Ensure that appropriate LLDC stakeholders are participating on Drug Court Steering Committee meetings to engage in information sharing between drug court and LLDC efforts. <ul style="list-style-type: none"> Review and share criteria for admission to drug court so that stakeholders have a clear understanding of who is eligible to participate. Improve awareness of, and lend support to, screening process. 	10/31/21	<ul style="list-style-type: none"> Participation from LLDC stakeholders at Drug Court Steering Committee meetings. Increased utilization of drug court. 	In-Kind

		<ul style="list-style-type: none"> ○ Review utilization rates and share outcomes. • Educate stakeholders on what drug court is and the criteria for admission. 	10/31/21		
<p>IC.2 (6.2 and 6.3 Expansion/Combination)</p> <p>Conduct targeted education and awareness campaigns to law enforcement and criminal justice agencies and stakeholders including, but not limited to, judges, prosecutors, defense attorneys and supervision officers focused on reducing the use of incarceration as a means of accessing substance use disorder treatment and accepting MOUD as a treatment option for offenders.</p>	<p>DBH Court MPD PSA CJCC DOC CSOSA</p>	<ul style="list-style-type: none"> • At quarterly Substance Abuse Treatment/Mental Health Services Integration Taskforce (SATMHSIT) meetings, plan (timing and content) education activities for criminal justice, law enforcement, and public safety staff as well as judges, prosecutors, and defense attorneys. • Conduct at least two trainings annually to educate Criminal Division judges and Pretrial Services Agency, CSOSA, Offender Supervision Agency staff as well as others to understand OUD and MOUD as an alternative to incarceration. • Collaborate with District agencies on social marketing campaign and develop messages targeted to criminal justice agencies. 	<p>Quarterly</p> <p>Twice per year</p> <p>Ongoing</p>	<ul style="list-style-type: none"> • Planning about content, audience, and timing for trainings occur at quarterly SATMHSIT meetings. • Delivery of a minimum of two trainings annually. • Implemented education and awareness campaigns focused on reducing the use of incarceration as a means of accessing SUD treatment. 	In-Kind
<p>IC.3 (6.4 Strategy Expansion)</p> <p>Ensure individuals incarcerated with the Department of Corrections (DOC) continue to receive MOUD as prescribed at the time of arrest, or MOUD is made available to individuals in need.</p>	<p>DOC DBH</p>	<ul style="list-style-type: none"> • Continue to provide all DEA-approved MOUD and explore the use of all forms (e.g., injectable buprenorphine). • Establish two SUD treatment units at the jail. Establish SUD treatment units at the jail and hire and train staff. • Create individual plans for inmates being released into the community. • Provide naloxone to individuals with OUD upon discharge from jail. 	<p>Ongoing</p> <p>9/29/21</p> <p>Ongoing</p> <p>Ongoing</p>	<ul style="list-style-type: none"> • Naltrexone injections, methadone, and buprenorphine available onsite at DOC. SUD units established at the jail. • Two units are established, one for males and one for females and they are operating at 75% capacity annually. • Each inmate with SUD has an individualized plan upon release. • Every individual with OUD is provided a naloxone kit upon release. 	\$2,842,739
<p>IC.4 (6.5 Strategy Expansion)</p> <p>Coordinate with the DOC, Pretrial Services Agency, Court Services and Offender Supervision Agency (CSOSA), the Federal Bureau of</p>	<p>CJCC CSOSA DOC BOP</p>	<ul style="list-style-type: none"> • Continue work started at Justice Professionals conference and Sequential Intercept Model mapping workshops to identify gaps in the system and implement solutions that support justice- 	12/31/21	<ul style="list-style-type: none"> • Comprehensive approach to working with individuals involved with the criminal justice system with OUD is developed with all relevant stakeholders, being mindful of each individual's unique 	\$2,232,289

<p>Prisons (FBOP), and other relevant stakeholders to develop a wraparound approach to reintegrate individuals with substance use disorder and a history with MOUD into the community upon release.</p>	<p>Parole Commission DBH</p>	<p>involved individuals with SUD with a focus on OUD.</p> <ul style="list-style-type: none"> • Develop communication and informational materials for DOC Ready Center to provide to individuals with an SUD reentering the community. • Establish peer navigator program to support individuals re-entering the community by providing them training, resources, and creating a cohort model to share lessons learned. • Develop a wraparound plan to connect individuals with community services (e.g., treatment, Medicaid, employment services, etc.) before they are discharged from jail or prison. • Engage the FBOP on planning for those individuals returning through DOC. • Enhance planning and opportunities for individuals transitioning from FBOP to DOC. 	<p>4/30/21 5/31/21 Ongoing Ongoing Ongoing</p>	<p>circumstances or partners' relationships with the individual.</p> <ul style="list-style-type: none"> • Informational materials about services and supports distributed to individuals with an SUD reentering the community. • Peer navigator program established and a minimum of 20 individuals participate. • A wraparound service plan is established for residents who are in contact with the READY Center 30-days prior to discharged from jail. 	
<p>IC.5 (6.6 Strategy Expansion) Explore developing forums or mechanisms for people to discuss their road to recovery with individuals with substance use disorder, the community, and criminal justice stakeholders.</p>	<p>DBH CJCC</p>	<ul style="list-style-type: none"> • Identify and use existing forums (e.g., monthly/quarterly meetings at DBH with peer specialists and recovery coaches) for individuals to discuss their road to recovery. 	<p>Twice a year</p>	<ul style="list-style-type: none"> • At least two forums are established and available for individuals to discuss their road to recovery. 	<p>In-Kind</p>
<p>IC.6 (Formerly Strategy 6.7) Establish effective and coordinated communication channels between justice and public health agency partners to improve continuity of care.</p>	<p>CJCC DBH</p>	<ul style="list-style-type: none"> • Leverage CJCC SATMHSIT to ensure issues are regularly addressed. 	<p>Quarterly</p>	<ul style="list-style-type: none"> • The SATMHSIT is used to discuss and address issues between all relevant partners. 	<p>In-Kind</p>
<p>IC.7 (New Strategy) Create a common and accurate understanding of how each agency</p>	<p>Deputy Mayors Agency heads</p>	<ul style="list-style-type: none"> • Develop common understanding about the landscape of the justice system that is broader than interdiction (e.g., interplay between public 	<p>12/31/21</p>	<ul style="list-style-type: none"> • A journey map is created and shared with the stakeholders to educate about 	<p>In-Kind</p>

<p>of the District's public safety, justice system, and Health and Behavioral Health system works and interfaces, with a focus on how to best serve PWUD and achieve desired public health and public safety outcomes.</p>		<p>health, public safety and justice) by bringing together agency leaders to discuss current interactions, issues, and opportunities.</p>		<p>the ecosystem, including each agency's philosophy (beyond issues/gaps).</p>	
<p>IC.8 (New Strategy) Monitor the screening of substance use disorders prior to arraignment and provide immediate handoff to treatment after arraignment.</p>	<p>PSA</p>	<ul style="list-style-type: none"> • Develop a process to screen and identify who is doing the screening (assuming we do not know what are the legal outcomes of detainees). <ul style="list-style-type: none"> ○ Hire 24/7 nurse practitioners available at the clinic to do quick screenings within the central cell block. • Map the pathways to treatment based on the disposition at arraignment. • Develop resource list for criminal justice partners. 	<p>12/31/21</p> <p>12/31/21</p> <p>9/29/21</p>	<ul style="list-style-type: none"> • Screening is occurring and 50% of individuals are successfully connected to treatment. • Resource list is developed and distributed. 	<p>TBD</p>
<p>IC.9 (New Strategy) Encourage and support ongoing training for dispatchers and first responders around crisis and outreach services to encourage pre-arrest diversion.</p>	<p>MPD Office of Unified Communications</p>	<ul style="list-style-type: none"> • Provide annual training for first responders to help them accurately understand what is possible using a pre-arrest diversion approach. • Provide training around crisis and outreach services to Office of Unified Communications to educate around options and who to call for responses. • Stakeholders meet bi-annually to discuss progress on strategy. 	<p>10/31/21</p> <p>10/31/21</p> <p>Twice per year</p>	<ul style="list-style-type: none"> • Fifty individuals trained annually. • Biannual meetings occurring. 	<p>In-Kind</p>
<p>IC.10 (7.1 Strategy Enhancement) Enhance surveillance program and data collection efforts in order to determine and characterize the status of the regional supply of illegal drugs.</p>	<p>DFS MPD FEMS</p>	<ul style="list-style-type: none"> • Continue to collect data characterizing drug supply by conducting surveillance testing of opioids. • Continue to build surveillance program to be fully functioning by adding additional contract staff. • Share findings with stakeholders (hospitals, clinicians, FEMS, staff at homeless shelters, etc.). 	<p>Ongoing</p> <p>6/30/21</p> <p>Monthly</p>	<ul style="list-style-type: none"> • Increased testing capacity via surveillance of synthetic opioids in the District, both to discover new synthetic opioids as well as characterize those currently present. • Successful testing and reporting on at least 50% of submitted heroin evidence items in the District. 	<p>\$445,500</p>

		<ul style="list-style-type: none"> • Increase testing on individuals with OUD to get a better understanding of what is in the drug supply. <ul style="list-style-type: none"> ○ Test clients on MOUD for clinical purposes and share urinalysis results to understand what drugs are in an individuals' system. ○ Collect and analyze demographic and geographic information on current users in addition to drugs detected at MOUD. ○ Ensure this is a care-based initiative rather than a police-based initiative. ○ Reduce stigma surrounding the testing to ensure more testing. ○ Increase capacity for analyzing and tracing seized opiates/drugs. • Create city-wide alert system based on community-level assessment of problem. 	<p>6/30/21</p> <p>9/29/21</p>	<ul style="list-style-type: none"> • Determination of composition of opioids distributed in DC. • Discovery of new compounds to share with partners and stakeholders. • A city-wide alert system is created. 	
<p>IC.11 (Formerly Strategy 7.2) Identify and fill resource gaps preventing law enforcement efforts from using existing laws to reduce the supply of illegal opioids.</p>	MPD	<ul style="list-style-type: none"> • Appropriately staff units addressing opioid issues. 	Ongoing	<ul style="list-style-type: none"> • Units restructured to address staffing issues. 	In-Kind
<p>IC.12 (7.6 Strategy Enhancement) Continue to collaborate with the Metropolitan Police Department (MPD) and federal 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.</p>	MPD DFS FBI DEA	<ul style="list-style-type: none"> • Continue collaboration between MPD and federal law enforcement agencies. • Target areas where opioids, including synthetics, are the prominent drug being sold and identify individuals selling them. • Provide MPD narcotics division with DFS reports and other information so they can utilize it in their interdiction strategies. • Train MPD Narcotics division on ODMAP. 	<p>Ongoing</p> <p>Ongoing</p> <p>Monthly</p> <p>12/31/21</p>	<ul style="list-style-type: none"> • Decreased the presence of opioids in the District. • MPD Narcotics division and other MPD units are trained on ODMAP. • Decrease in opioids in the District. 	In-Kind

<p>IC.13 (Formerly Strategy 7.7)</p> <p>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.</p>	<p>MPD HSCE USPS</p>	<ul style="list-style-type: none"> • MPD will establish relationship with other federal law enforcement entities to identify and intercept packages being shipped through the US Postal Service and being trafficked other parcel shipping agencies. 	<p>Ongoing</p>	<ul style="list-style-type: none"> • Successfully identified and intercepted packages being shipped through the US Postal Service and other parcel shipping agencies. 	<p>In-Kind</p>
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Appendix: LLDC Strategy Update

New Plan Strategy	Former Strategy	Description	Status
GOAL ONE: 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.			
RD.1	1.1	Convene Opioid Fatality Review Board (OFRB) to review all opioid related deaths that occur in Washington, DC and develop recommendations to reduce opioid-related fatalities.	● Complete but Expanding
	1.2	Coordinate with Washington, DC and federal regulators to revise laws and regulations that currently impose restrictions on the prescribing of medication-assisted treatment (MAT).	● Complete
	1.3	Coordinate with federal regulators to reverse policies and practices that restrict access to MAT to District residents while in the custody of the Federal Bureau of Prisons (FBOP).	● Complete
RD.2	1.4	Strengthen the infrastructure for data and surveillance to understand the scope of opioid-related overdoses (fatal and nonfatal) and the demographics of the population with opioid use disorder (OUD).	● Complete but Expanding
TR.8	1.5	Establish payment incentives for providers and organizations that implement models that improve patient outcomes, improve the patient experience, and decrease healthcare cost.	● Not Started
RD.3	1.6	Expand Department of Behavioral Health's Assessment and Referral (AR) sites to establish multiple points of entry and expedite access into the system of care for substance use disorder treatment services.	● Complete but Expanding
RD.4	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 the Department Health Care Finance (DHCF) and other local agencies.	● Complete but Expanding
GOAL TWO: EDUCATE DISTRICT RESIDENTS AND KEY STAKEHOLDERS ON THE RISKS OF OPIOID USE DISORDERS AND EFFECTIVE PREVENTION AND TREATMENT OPTIONS.			
PE.1	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.	● Complete but Expanding
PE.2	2.2	Provide age-appropriate, evidence-based, culturally competent education and prevention initiatives in all Washington, DC public schools regarding the risk of illegal drug use, prescription drug misuse, and safe disposal of medications.	● Complete and Ongoing

New Plan Strategy	Former Strategy	Description	Status
PE.3	2.3	Conduct outreach and training activities in community settings (e.g., after-school programs, summer camps, churches, and community centers) to engage youth, parents, educators, school staff, and childcare providers on ways to effectively communicate regarding substance use disorder to engage and support those impacted.	● Complete but Expanding
PE.4	2.4	Create multiple social marketing campaigns, including anti-stigma campaigns, using a variety of media with clear messages to multiple target audiences (e.g., youth and young adults, current users) to increase awareness about opioid use, treatment, and recovery.	● Complete but Expanding
PE.5	2.5	Increase the targeted advertisement of treatment and recovery programs throughout the District.	● Complete but Expanding
PE.6	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.	● Complete but Expanding
PE.7	2.7	Provide education and/or seminars about maintaining sobriety to patients receiving opioid medications and individuals in recovery.	● Complete and Ongoing
GOAL THREE: ENGAGE HEALTH PROFESSIONALS AND ORGANIZATIONS IN THE PREVENTION AND EARLY INTERVENTION OF SUBSTANCE USE DISORDER AMONG DISTRICT RESIDENTS.			
PE.8	3.1	Expand the use of Screening, Brief Intervention, Referral, and Treatment (SBIRT) programs among social service agencies that conduct intake assessments.	● Complete and Ongoing
TR.3	3.2	Create 24-Hour intake and crisis intervention sites throughout the District.	● Complete but Expanding
	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
	3.4	Encourage the use of physician-pharmacist collaborative practice agreements to provide appropriate pain management to patients with chronic pain as well as palliative care patients, and to integrate pharmacists into methadone and buprenorphine/naloxone (Suboxone) treatment programs.	● Will Not Implement
PE.9	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 diagnosis and substance use disorder.	● Complete but Expanding

New Plan Strategy	Former Strategy	Description	Status
PE.10	3.6	Encourage provider continuing education on evidence-based guidelines for the appropriate prescribing and monitoring of opioids and other evidence-based practices such as warm hand-offs, 12-step model programs, Acceptance and Commitment Therapy, and SBIRT.	● Complete but Expanding
TR.4	3.7	Encourage provider continuing education on evidence-based guidelines for the appropriate prescribing of MOUD, with a target audience of addiction treatment providers and primary care providers who are most likely to encounter patients who are seeking this therapy.	● Complete and Ongoing
HR.6	3.8	Encourage provider continuing education on increasing prescriptions of naloxone for persons identified with OUD or those at risk.	● Complete and Ongoing
GOAL FOUR: SUPPORT THE AWARENESS AND AVAILABILITY OF, AND ACCESS TO, HARM REDUCTION SERVICES IN THE DISTRICT OF COLUMBIA CONSISTENT WITH EVOLVING BEST AND PROMISING PRACTICES.			
HR.1	4.1	Increase harm reduction education to families and communities, including naloxone distribution for those most affected.	● Complete but Expanding
HR.2	4.2	Make naloxone available in public spaces in partnership with a community-wide training initiative.	● Complete but Expanding
HR.3	4.3	Consider safe consumption 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.	● Complete but Expanding
HR.4	4.4	Continue syringe service program in combination with other harm reduction services and continuous assessment for site selection and safe disposal sites.	● Complete but Expanding
	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
HR.5	4.6	Use peers with lived experience to engage individuals with substance use disorders in harm reduction programs and services.	● Complete but Expanding
GOAL FIVE: ENSURE EQUITABLE AND TIMELY ACCESS TO HIGH-QUALITY SUBSTANCE USE DISORDER TREATMENT AND RECOVERY SUPPORT SERVICES.			
	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	● Complete

New Plan Strategy	Former Strategy	Description	Status
		are patient-centered and practical for both the referring and receiving facility.	
RD.2	5.2	Evaluate the effectiveness of programs providing MAT to identify opportunities for enhancing treatment and recovery.	● Not Started
	5.3	Explore ways to draw down federal dollars for stays in residential or inpatient treatment programs.	● Complete
TR.1	5.4	Develop and implement a model for initiating in emergency departments (ED), ensuring a direct path to ongoing care that is patient-centered, sustainable, and takes into consideration the demographics of the implementing health system.	● Complete but Expanding
TR.2	5.5	Incorporate emphasis on physical health (including health screenings) and mental well-being in SUD treatment and programming.	● Partially Completed but Expanding
RE.1	5.6	Increase the presence of peer support groups/programs (e.g., 12-step programs, clubhouse, 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.	● Partially Completed but Expanding
RE.2	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.	● Partially Completed but Expanding
GOAL SIX: 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. PROMOTE A CULTURE OF EMPATHY FOR ARRESTEES, INMATES, RETURNING CITIZENS, AND THEIR FAMILIES AS THEY NAVIGATE THE VARIOUS ENTITIES IN THE CRIMINAL JUSTICE SYSTEM.			
IC.1	6.1 Expansion	Engage and collaborate with the drug court for diversion of individuals with substance use disorder who are arrested.	● Not Started
IC.2	6.2 and 6.3 Expansion/Combination	Conduct targeted education and awareness campaigns to law enforcement and criminal justice agencies stakeholders including, but not limited to, judges, prosecutors, defense attorneys and supervision officers focused on reducing the use of incarceration as a means of accessing substance use disorder treatment and accepting MOUD as a treatment option for offenders.	● Complete and Ongoing
IC.3	6.4 Expansion	Ensure individuals incarcerated with the Department of Corrections (DOC) continue to receive MOUD as prescribed at the time of arrest, or MOUD is made available to individuals in need.	● Partially Completed but Expanding

New Plan Strategy	Former Strategy	Description	Status
IC.4	6.5 Expansion	Coordinate with the DOC, Pretrial Services Agency, Court Services and Offender Supervision Agency (CSOSA), the Bureau of Prisons (BOP), and other relevant stakeholders to develop a wraparound approach to reintegrate individuals with substance use disorder and a history with MOUD into the community upon release.	● Partially Completed but Expanding
IC.5	6.6 Expansion	Explore developing forums or mechanisms for people to discuss their road to recovery with individuals with substance use disorder, the community, and criminal justice stakeholders.	● Complete and Ongoing
IC.6	6.7	Establish effective and coordinated communication channels between justice and public health agency partners to improve continuity of care.	● Complete and Ongoing
	6.8	Develop educational and motivational programs for individuals in the custody of the DOC with a history of substance use to encourage treatment and recovery.	● Complete
GOAL SEVEN: DEVELOP EFFECTIVE LAW ENFORCEMENT STRATEGIES THAT REDUCE THE SUPPLY OF ILLEGAL OPIOIDS IN THE DISTRICT OF COLUMBIA.			
IC.10	7.1 Enhancement	Enhance surveillance program and data collection efforts in order to determine and characterize the status of the regional supply of illegal drugs.	● Complete and Ongoing
IC.11	7.2	Identify and fill resource gaps preventing law enforcement efforts from using existing laws to reduce the supply of illegal opioids.	● Complete and Ongoing
	7.3	Identify any legislative gaps that may exist preventing or hampering law enforcement "best practices" to reduce the supply of illegal opioids.	● Complete
	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.	● Complete
	7.6	Identify existing federal task force assets and ensure efforts are in place to investigate and disrupt the flow of illegal opioids into Washington, DC.	● Complete

New Plan Strategy	Former Strategy	Description	Status
IC.12	7.6 Enhancement	Continue to collaborate with the Metropolitan Police Department (MPD) and federal 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.	● Complete and Ongoing
IC.13	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.	● Complete and Ongoing