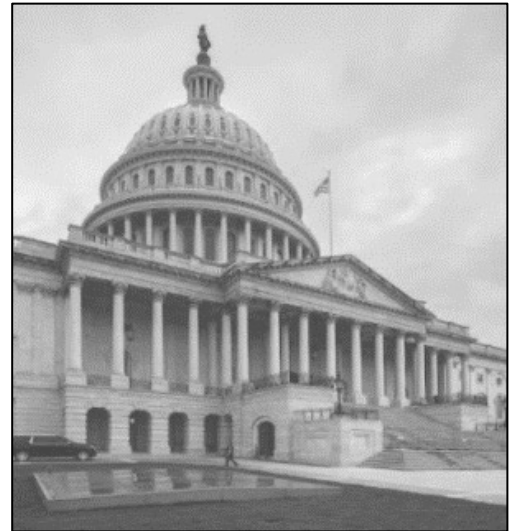


District of Columbia SOR Initiatives

Addressing Opioid and Stimulant Misuse & Use Disorders: The Impact of State Opioid Response (SOR) Grants

The Substance Abuse and Mental Health Services Administration (SAMHSA) administers the SOR grant program. SOR addresses the opioid overdose crisis by providing resources to states and territories to increase access to Federal Drug Administration-approved medications for opioid use disorder (MOUD) and to reduce unmet treatment needs and opioid-related overdose deaths with prevention, harm reduction, treatment, and recovery supports. In 2020, SOR expanded to support evidence-based services for stimulant misuse and use disorders (StUD), including cocaine and methamphetamine.

This brief was developed by the National Association of State Alcohol and Drug Abuse Directors (NASADAD) in collaboration with the Opioid Response Network (ORN) as part of a series of state reports intended to showcase initiatives across the continuum of care that states have implemented with SOR funds. The ORN is a SAMHSA-funded technical assistance and training center that works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to support efforts to address the opioid and stimulant crisis.



Single State Agency (SSA): District of Columbia Department of Behavioral Health

The District of Columbia Department of Behavioral Health (DBH) received \$125,063,210 in SOR funding from FY18 through FY23. In FY23–24, D.C. received \$24,964,125. D.C.'s Opioid Response 3 (DCOR 3) focuses on increasing access to MOUD, reducing unmet treatment needs, and reducing opioid overdose-related deaths through providing prevention, treatment, and recovery support services to individuals with opioid use disorder (OUD). Expanded services and supports are also provided to individuals with StUD.

Through support from the first and second SOR grants (DCOR 1 and 2), D.C. has increased MOUD access, including in the D.C. jail, and has expanded the substance use disorder (SUD) treatment and recovery support services offered. DCOR 3 continues with many of these initiatives. It also increases entry points to the system of care (e.g., stabilization center) and improves care coordination for individuals as they move through the system by expanding care management initiatives in the community and at the D.C. jail. Additionally, peer support specialists are used throughout the continuum of care to foster engagement and service connection. Training, technical assistance, coaching, and consultation is available to SUD providers and healthcare professionals to increase their ability to address an individual's



whole-person needs. In addition, D.C. is implementing a coordinated approach at the community/neighborhood level by facilitating key stakeholders in each ward to work collaboratively around harm reduction, prevention, community outreach and education initiatives, and sustainability planning.

DCOR 3 is being implemented in all eight of D.C.'s wards, with a particular focus on wards 5, 6, 7, and 8, which have the highest opioid fatalities. [LIVE.LONG.DC. Strategic Plan 2.0: The District's Plan to Reduce Opioid Use, Misuse, and Related Deaths](#) continues to be a guide for accomplishing the work. Specific grant goals include:

1. Continue to implement the city-wide opioid strategic plan
2. Support a comprehensive, data-driven surveillance and response infrastructure that addresses emerging trends in SUD and opioid-related overdoses
3. Educate D.C. residents and stakeholders on OUD and StUD risks and harm reduction approaches through coordinated community efforts
4. Support the awareness and availability of, and access to, harm reduction services in D.C. consistent with evolving best and promising practices
5. Ensure knowledge of, and equitable access to, high-quality, trauma-informed, recovery-oriented, equity-based SUD treatment
6. Expand reach and impact of the highest quality recovery support services available and promote a recovery-oriented system of care
7. Implement a shared vision between justice and public health agencies to address the needs of individuals who come in contact with the criminal justice system

Preventing Opioid and Stimulant Misuse Before It Starts

D.C. has used SOR to support its prevention centers, implement faith-based programs, and provide prevention education in schools, described further below.

D.C. Prevention Centers (DCPCs)

D.C. has four prevention centers that serve each of the eight wards. Under the SOR grant, DCPCs partner with community subgrantees to conduct outreach and engagement in the community. The following are examples of prevention initiatives in FY23:

DCPC Wards 1 & 2: Partnership With Potter's House Book Club

Potter's House is a community bookstore and coffeeshop that provides free meals and services for unhoused community members. This program includes a weekly book club and community conversation regarding opioid use and recovery.

DCPC Wards 3 & 4: Partnership With American University

DCPC wards 3 and 4 have partnered with multiple groups at American University to host numerous naloxone training and distribution events. They have had five events with a combined total of over 1,700 participants that have been educated on the dangers of opioids.

DCPC Wards 7 & 8: Partnership With the Children's Legacy Theatre (CLT)

DCPC wards 7 & 8 have partnered with a local organization, CLT, to assemble a youth-led and youth-performed production on breaking the chains of addiction. All youth hired were from populations at risk in wards 7 and 8. CLT creates theater experiences that educate, challenge, and inspire teens to dream and connect to different cultures and ideas.

Faith-Based Initiatives

Twenty-three faith-based grantees were funded for two years (\$25,000 each year) to conduct prevention and outreach activities within their communities and to connect individuals and their families to treatment, harm reduction, and recovery resources. Eight larger awards (\$60,000 each year) were made to faith-based partners in the last two years. Examples of some of the faith-based grantee initiatives included:

- Working with a local school to create immersive workshops that provide students with information at a level they can understand on the history of the opioid crisis, current marketing methods designed to attract and encourage youth to not engage in substance use, statistical data, and alternative solutions to substance use
- Establishing a 24/7 phone line to provide support and holding a weekly walk-in SUD client group that offers support, referral services to SUD and mental health services, and counseling
- Providing weekly wellness coaching for the community

In FY23, faith-based grantees served 20,671 individuals through their activities and collaboration with community partners including hosting support groups, promoting recovery on their primary days of worship, and participating in Prescription Drug Take Back Day and International Overdose Awareness Day.

Expansion of Evidence-Based Prevention Curriculum in D.C. Public Schools: Too Good for Drugs

The “Too Good for Drugs” curriculum is being expanded to schools with onsite community-based organization clinicians. The curriculum for fifth and seventh grades, as well as for high school students, was purchased with the goal of offering it in all D.C. public schools once the clinicians are all trained.

National Prescription Drug Take Back Day

The National Prescription Drug Take Back Day encourages the public to remove unneeded medications from their homes to prevent medication misuse. DBH established a partnership three years ago with the Metropolitan Police Department and the Drug Enforcement Administration to provide additional support to this biannual event. In 2023, public libraries were added as partners and drop-off sites, making for a total of 15 collection sites, with 5 being new library sites. Prevention centers and faith-based grantees set up tables at the sites to share resources on prevention, harm reduction (including naloxone), treatment, and recovery.

Overdose Reversal Efforts: Saving Lives

D.C. has used SOR for several naloxone distribution efforts, which are outlined below.

Community-Based Organization (CBO) Naloxone Program

The CBO Naloxone Program is by far the largest component of D.C.’s overdose education and naloxone distribution system. Approximately 130 CBOs participate in the program, including syringe service programs (SSPs), homeless shelters, federally qualified health centers (FQHCs), opioid treatment programs, mutual aid groups, recovery groups, and faith-based organizations. Approximately 40 individuals at partner CBOs are also certified naloxone trainers. The CBO program accounts for over 75 percent of D.C.’s total naloxone distribution. DBH has been increasing the number of naloxone kits distributed year over year with 86,136 distributed in FY23, a 32 percent increase from FY22 (65,124). In FY22, there was a 15 percent increase (56,810) from FY21, and a 78 percent increase (31,917) in FY21.



Pharmacy Naloxone Program

D.C. works with 30 pharmacies across all eight wards in neighborhoods with the highest rates of overdose to provide free naloxone to anyone who asks at no cost and with no ID or prescription. Participating pharmacies include large chains (e.g., CVS, Walgreens), pharmacies embedded within FQHCs, and independent pharmacies. Plans are underway to expand to an additional 20–25 sites in early 2024.

Mail-Based Naloxone Program

Naloxone can be requested via mail and sent to any residential address in D.C. within five business days at healthsupportnow.org/order-naloxone. Individuals can request one or two naloxone kits, which are mailed in a discreet package. Additional branded materials on how to use naloxone, Good Samaritan laws, and MOUD treatment resources are included. In FY23, 3,762 kits were mailed.

D.C. Fire and EMS Leave-Behind Program

D.C. Fire and EMS (FEMS) offers naloxone to bystanders of an overdose event, as well as overdose survivors who refuse transport to a hospital, withdrawal management, or the stabilization center (approximately 40 percent of all overdose cases EMS responds to). FEMS purchases their naloxone through existing pharmaceutical contracts, but SOR supports the purchase of naloxone kits for the leave-behind program. There were 1,026 kits left behind in FY23.

Naloxone in Schools

Naloxone is available for emergency use at all D.C. public school campuses. It was also made available to D.C. public charter school campuses, and as of September 2023, 76 percent of campuses have it. Most recently, naloxone has been made available to private and parochial schools. The school nurses and non-clinicians who have been trained to administer medications were required to take D.C.'s naloxone training to receive the naloxone. Efforts are underway to increase the number of participating public charter schools and private and parochial schools, as well as provide training to more school staff.

Implementing Harm Reduction Strategies

DBH has also used SOR to implement harm reduction strategies like test strip distribution, stabilization center services, and post-overdose support, which are described below.

Collaboration With SSPs

SOR supports three mobile SSPs through a \$2.1 million grant, which is the largest funding source for SSPs in D.C. This grant covers staff time (especially for expansion of services on evenings and weekends), allowable safer drug use supplies, purchase of SSP vans/mobile units, and overdose prevention education in the community. From January through September 2023, grantees completed 13,674 outreach contacts (of which, 10,628 unique individuals were served), referred 145 individuals to SUD treatment, and linked 31 individuals to SUD treatment.

Harm Reduction Vending Machines

D.C. has seven harm reduction vending machines that provide naloxone, fentanyl test strips, other safer drug use supplies, pregnancy tests, condoms, and personal protective equipment. The vending machines are primarily supported by the CDC OD2A grant, but naloxone and fentanyl test strips were purchased with SOR funds due to OD2A grant restrictions on those items. More vending machines are planned in 2024.

Test Strip Distribution

Fentanyl test strips are available to any organization in DBH's naloxone CBO program, and over 75,000 have been distributed since they were available to purchase with SOR funds in April 2022 (implementation of this program required a legislative change in D.C.). DBH is also piloting xylazine test strip distribution and has purchased 5,000 test strips, which were given to the mobile SSPs in October 2023. Research on testing best practices and xylazine test strip limitations will continue before expanding distribution.

D.C. Stabilization Center (DCSC)

DCSC opened on October 30, 2023, and is a 24/7 low-barrier space that does not require insurance. It is an alternative to hospitals and jail for individuals under the influence of any drug and/or alcohol and is partially funded by SOR. There are sixteen 23-hour recliner chairs available, and 3 beds for up to 72 hours. Basic needs, such as food, showers, and medical care, are provided. Peers and access to initiating medication are available 24/7. Most individuals are transported to DCSC by FEMS, but they also accept transports from police, drop-offs by friends or family, or walk-ins. In the first two months of operation, over 550 individuals were transported by FEMS. A second stabilization center is being planned for FY25.

Post-Overdose Response Team

SOR provides funding for FEMS to conduct targeted outreach to individuals who overdose and refuse transport to the hospital or DCSC. FEMS is budgeted to have four teams operating five days per week. Each team consists of a peer and a paramedic. From the program's start in November 2022 through September 2023, there were 687 contact attempts with 100 patients engaged. FEMS is planning for buprenorphine implementation in the field.

Fentanyl Awareness Campaign

D.C. has a robust social marketing campaign to alert people about the presence of fentanyl in their drugs. There are also campaigns around naloxone, peer services, and treatment options. Campaign messaging is on billboards, transit (including buses, metro, and bikeshare), traditional print and social media, dating apps, and videos on gas station pumps. Stakeholders can also order free branded marketing materials to hang up in their organization or distribute in the community at form.jotform.com/210477033758054. In FY23, there were 80,500,000 digital media impressions and 471,200 print media impressions because of the social marketing efforts. The social marketing contractor mailed 874 orders for social marketing materials (e.g., palm cards).

Increasing Access to Treatment

D.C. has used SOR to support MOUD programs, comprehensive case management, and hospital-based peers, as described below.

Buprenorphine for the Uninsured (BUP-DAP)

Individuals can be enrolled in BUP-DAP for six months. At the request of the Department of Corrections (DOC), a new policy was added that all citizens returning to the community after incarceration with OUD, who have pending Medicaid applications submitted on their behalf, are automatically approved for BUP-DAP. DOC's medical staff requested this change because their clients, who are mostly on public insurance before coming to jail, lose their health insurance after going to jail. Therefore, BUP-DAP serves as a stopgap measure to pay for vital MOUD until health insurance can be reestablished. In FY23, there were 163 individuals who received buprenorphine through this program.

Comprehensive Care Management

Seven care management grantees identified individuals with OUD/SUD at highest risk for a fatal overdose to facilitate their engagement in treatment, recovery, harm reduction, and other health services. In FY23, there have been 5,956 contacts through outreach, with 475 newly enrolled in care management services. Of the clients enrolled, 66 were newly connected to a MOUD provider, and 194 received recovery support services for the first time. The care management teams made 736 referrals to SUD and mental health services, with 224 successful linkages to care.

Expanded Access and Retention Initiative (EAR)

Six EAR grantees have implemented strategies that reduce barriers to treatment access for prospective patients with OUD or StUD, re-engage patients who have unexpectedly or prematurely discontinued their treatment, support current patients to promote retention, and provide whole-person care. In FY23, 5,157 outreach efforts were made for services. Of those, 337 individuals were newly enrolled in MOUD treatment and 41 individuals in StUD treatment.



Hospital-Based Peers

All six acute care hospitals in D.C. attempt to screen everyone entering the emergency department for SUD and employ individuals with lived experience who can facilitate either MOUD initiation in the hospital or linkage to treatment post-release in the community. This service extends from the emergency department to the in-patient units and out into the community post-release from the hospital. A seventh hospital, which only has in-patient services, participates in the initiative. The Children's National Medical Center is being added as an additional hospital so the needs of youth with SUD can be addressed.

Between June 2019 and September 2023, 882,738 SBIRT screenings occurred, with 173,042 positive screens. The positive screens resulted in 41,015 brief interventions by a peer, 12,200 referrals to treatment, 5,449 linkages to treatment, and 1,632 buprenorphine inductions.

The hospitals use a unified peer program to provide recovery support services and connections to treatment in the hospital for patients who screen positive for OUD/StUD, and in the community for patients at high risk with a suspected overdose. To enhance this service, one of the SOR comprehensive care management grantees will be notified when a patient is in need of these services and will go to the hospital to enroll them.

Supporting Long-Term Recovery

SOR has enabled DBH to provide recovery housing, wraparound services for individuals to attain and sustain long-term recovery, and transportation to help individuals access care.

Oxford House

Oxford House maintains 32 houses in D.C. SOR covers outreach workers, resource coordinators, start-up costs for establishing new residences, and funds to support clients who cannot afford the initial rent. In FY23, 231 new residents with OUD/StUD received recovery housing through SOR funding and this initiative.

Low-Barrier Housing

In FY23, two supervised recovery residences with intensive care management were funded. There are restorative policies that allow residents who have returned to using substances to be held accountable for their actions but avoid punitive actions (e.g., eviction/discharge).

Peer-Operated Centers (POCs)

Four POCs are funded through SOR. A POC is a network of non-clinical services developed and mobilized to help attain and sustain long-term recovery for people and families impacted by SUD and mental health issues. POCs provide programming for individuals with OUD/StUD that allows peers to support one another in formal and informal ways. Activities provide an environment that promotes a lifetime of wellness for individuals, families, and the community. POCs are also charged with providing programming for family and friends.



POCs assisted with linkages to the following: 51 to mental health services, 302 to recovery support services, 15 to treatment services, 51 to employment, and 75 to housing.

In FY23, POCs began work with residents and staff in shelters (with the highest number of overdoses) by conducting recovery support groups and having regular conversations and training on prevention, harm reduction, treatment, and recovery. Of these, 31 discussed harm reduction, 29 discussed prevention, 33 discussed recovery, and 27 discussed treatment.

On-Demand Transportation to Treatment

Through the support of their providers, individuals can access transportation for initial appointments to opioid treatment providers, other SUD providers, and mental health providers. Since this initiative started, rides to treatment services have increased substantially. There were 4,525 rides to treatment in FY23.

Reaching & Serving Populations of Focus

D.C. has used SOR to reach and serve populations of focus, including older African Americans, people in correctional institutions, and students.

Outreach to the Older African American Population

D.C. continues to increase community-based and faith-based outreach to communities hardest hit by overdose deaths and nonfatal overdoses, which includes older African Americans. In FY23, funding supported a consultant to conduct SUD training and technical assistance in skilled nursing/long-term care facilities with the highest number of overdoses. The goal was to encourage them to provide MOUD; inform staff on harm reduction, including naloxone administration; and help them connect individuals with SUD to treatment in the community. Six facilities participated, and 156 staff took part in the training.

In FY22, the Department of Parks and Recreation reached 4,880 residents through 32 community and senior-focused events. Events included Seniorfest, the Washington Mystics versus New York Liberty game, pool parties, Chuck Brown Day, and D.C. Senior Games.

Outreach to Universities

The four DCPCs work with the universities in their assigned wards to train students and faculty on naloxone administration. In FY23, DCPCs provided a prevention leadership training for students from Catholic University, Gallaudet University, Trinity University, Howard University, and the University of the District of Columbia.

Collaboration With the Criminal Justice System

SOR funds support two wellness/SUD treatment units in the D.C. jail: one for women and one for men. In FY23, there were 57 individuals served in the women's unit and 156 individuals in the men's unit. There is daily therapeutic programming, including use of the Trauma Addiction, Mental Health, and Recovery (TAMAR) model.

In addition to the SUD units, other individuals in the D.C. jail can receive MOUD. In September 2023, 255 individuals received buprenorphine, 60 received methadone, and 2 received naltrexone. There were 56 individuals who received naloxone upon release from jail in September. This snapshot approximates the average number of individuals receiving MOUD and naloxone in the D.C. jail on a regular basis.

The SOR-funded workforce development program connected to the D.C. jail offers educational and workforce development training to returning citizens, a paid employment opportunity, and support for up to six months. There were 50 individuals served in FY22 and 56 in FY23.



About the Opioid Response Network (ORN): ORN is a group of diverse individuals and organizations working collaboratively to address the opioid and stimulant crisis. Funded by SAMHSA's SOR/Tribal Opioid Response (TOR) Technical Assistance (TA) grant, ORN works with states, health professionals, community organizations, the justice system, and individuals in all 50 states and nine territories to provide education and training. **Visit the ORN website [here](#) or request training or TA [here](#).**

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