District of Columbia
Substance Use Disorder Needs Assessment

Update on Key Themes and Recommendations

November 2021

Assessment Approach and Methods

- Formation and meeting(s) of Steering Committee[1]

- Review of DC-specific materials related to substance use disorder

- **40+** key informant interviews with SUD providers, advocates, thought leaders, and other stakeholders

- **10** focus groups with SUD providers and consumers of SUD services

- **2** virtual Community Roundtables to discuss assessment findings and preliminary solutions/recommendations

- Analysis and mapping of secondary data related to DC community characteristics, provider volume, burden of behavioral health, and HIT/HIE connectivity

- Literature review of best practices related to key priority areas

Key Themes from Assessment

Gaps in SUD Service Continuum

Care Transitions

Training and Technical Assistance

System Improvements and Capacity Building

Summary of Solutions/Recommendations

Recommendation	Lead and Supporting Agencies	SOR Strategy	Update
Ensure access to a broad array of person-centered transitional and supportive housing service options	• DHCF • DBH • DHS • Interagency Council on Homelessness	RE.2 Activity: 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.	• DHCF/DHS developing 1915i benefit for housing and tenancy supports for permanent supportive housing • ICH/DHS expanding single adult housing • Interagency planning work with CMS State Learning Collaborative completed • DHCD lead agency on Recovery Housing Community Development Block Grant • DBH SOR housing pilots for recovery housing and returning citizens

Summary of Solutions/Recommendations

Recommendation	Lead and Supporting Agencies	SOR Strategy	Update
Scale programs that provide case management and navigation services Expand access to care transitions services, including peer recovery coaches, recovery specialists, and case management in outpatient setting Incent programs to integrate targeted approaches to improving care transitions for specific population segments	• DHCF • DBH • Primary care practice and Community health centers • Interagency Council on Homeless	TR.8 Strategy: Develop and implement a **comprehensive care coordination/care management system** to care for and follow clients with SUD/OUD.	• DBH SOR pilot care management program • Managed care carve-in of behavioral health FY23 • Hospital Transitions of Care project emphasizing coordination of clinical information for BH transitions of care

Summary of Solutions/Recommendations

Recommendation	Lead and Supporting Agencies	SOR Strategy	Update
Expand access to recovery support services, including peer support groups and multi-service community centers	• DHCF • DBH • BH providers • Community partners	RE.1 Strategy: **Increase the presence of peer support groups/programs** throughout the community for individuals in recovery and monitor the quality and effectiveness of programming.	• Peer services funded under ASARS • DBH exploring ways to increase availability of peer services • DHCF exploring role of managed care in ensuring access to peer services

Summary of Solutions/Recommendations

Recommendation	Lead and Supporting Agencies	SOR Strategy	Update
Expand access to outreach and crisis stabilization service capacity	• DHCF • DBH • BH providers • Community partners	TR.3 Activity: Continue the **24-hour/day operations** of the Community Response Team (CRT). TR.7 Strategy: Implement a **mobile van to provide behavioral screenings, assessments, and referrals**; and services and supports.	• DBH CRT team provides SUD screening and crisis intervention 24 hours a day • DBH-led mobile MAT van program in development

Summary of Solutions/Recommendations

Recommendation	Lead and Supporting Agencies	SOR Strategy	Update
Continue to invest in and enhance existing assessment and referral services	• DHCF • DBH • Community-based PC and BH Organizations	RD.3 Strategy: **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 requirement that all SUD providers become AR sites.

Summary of Solutions/Recommendations

Recommendation	Lead and Supporting Agencies	SOR Strategy	Update
Develop on-line, regularly maintained SUD Resource Inventory to support care transitions

Continue to invest in HIT/HIE resources | • DHCF | RD.5 Activity: Align and coordinate with the **Community Resource Information Exchange** (CoRIE) to connect health and social service providers using the DC HIE

RD. 5 Strategy: **Strengthen Health Information Exchange (HIE) infrastructure** incorporating patient consent, to support coordination of substance use disorder treatment across continuum of care. | • First phase of CoRIE project completed
• eConsent for SUD records sharing via the HIE work continues with 10 pilot sites now registering consents, and planned increase in provider engagement along with community-wide launch in 2022 |

JSI

Summary of Solutions/Recommendations

Recommendation	Lead and Supporting Agencies	SOR Strategy	Update
Continue investments in primary care and BH integration, including SUD screening, assessment, treatment and referral	• DHCF • DBH • Community-based PC and BH Organizations	TR.2 Strategy: **Integrate physical and behavioral health treatment and programming** to deliver whole-person care and improve well-being.	• Carve-in of BH services to Medicaid managed care plans in FY23 • Integrated Care DC community trainings on EBPs, screening, assessment, and referrals and management of chronic health conditions at https://www.integratedcaredc.com/

Summary of Solutions/Recommendations

Recommendation	Lead and Supporting Agencies	SOR Strategy	Update
Invest in programs that embrace and integrate harm reduction (e.g., sobering centers, needle exchanges, wet shelters, etc.)	• DHCF, DBH, and DOH • Community-based PC and BH Organizations	HR.7 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.	• DBH and partner agencies are developing the plan for the establishment of the DC Sobering Center • DBH is planning to issue RFP for Sobering Center in late 2021 with anticipated 2022 program opening

JSI

Summary of Solutions/Recommendations

Recommendation	Lead and Supporting Agencies	SOR Strategy	Update
Invest in primary/secondary prevention programs	• DHCF, DBH, and DOH • Community-based PC and BH Organizations	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.	• OSSE trained 56 facilitators to implement the "This is Not About Drugs" curricula at 23 District public schools, including public charter schools. • Prevention Center work

Summary of Solutions/Recommendations

Recommendation	Lead and Supporting Agencies	SOR Strategy	Update
Invest in programs that provide or connect individuals to recovery support services (e.g., SDoH services) Continue to invest in quality and performance improvement initiatives	• DHCF, DBH, and DOH • Community-based Organizations	RE.2 Strategy: **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**.	• CoRIE project completed first phase • SOR Peer-Operated Centers, "My Rides," Re-entry Housing, Recovery Housing • DHCF, DBH, and stakeholder recommendations in Data and Quality Improvement workstream for BH carve-in

Summary of Solutions/Recommendations

Recommendation	Lead and Supporting Agencies	SOR Strategy	Update
Expand capacity of peer recovery coaches, recovery specialists, and case managers & invest in formal training and better pay	• DHCF and DBH • Behavioral health providers	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.	• This will be implemented in FY22.

Recommendations: Training & Technical Assistance

Recommendation	Lead and Supporting Agencies	SOR Strategy	Update
Offer training and technical assistance (TTA) programs that build capacity • Across functional domains • In multiple formats • To all staff	• DHCF and DBH • Behavioral health providers	• PE.9 Strategy: **Develop a comprehensive workforce development strategy** to strengthen the behavioral health workforce's ability to provide services in multiple care settings • PE.9 Strategy: **Develop a comprehensive workforce development strategy** to strengthen the behavioral health workforce's ability to provide services in multiple care settings	Integrated Care DC completed base year and is enrolling second cohort of providers for practice coaching. New DHCF/DBH initiative to provider revenue cycle management training and TA beginning late 2021

Summary of Solutions/Recommendations

Recommendation	Lead and Supporting Agencies	SOR Strategy	Update
Explore ways to increase provider payments Incent the development of formal provider networks or enhanced referral arrangements Promote value-based payment arrangements aimed at SUD providers Continue to invest in quality and performance improvement initiatives	DHCF DBH	• N/A	DBH/DHCF comprehensive rate study underway Mayor's Practice Transformation Collaborative funded for FY22-24 ARPA HCBS Promoting Interoperability expansion to BH, LTSS, and DD providers DBH, DHCF, and Stakeholder Workstream 3 engagement around data and quality initiatives for the managed care carve-in

JSI