

EVALUATION REPORT

Opioid Crisis Response Program Follow-Up

OIG No. 24-I-02-RM0(m)

January 27, 2025



DANIEL W. LUCAS
INSPECTOR GENERAL



OUR MISSION

We independently audit, inspect, and investigate matters pertaining to the District of Columbia government in order to:

- prevent and detect corruption, mismanagement, waste, fraud, and abuse;
- promote economy, efficiency, effectiveness, and accountability; inform stakeholders about issues relating to District programs and operations; and
- recommend and track the implementation of corrective actions.

OUR VISION

We strive to be a world-class Office of the Inspector General that is customer focused and sets the standard for oversight excellence!

OUR VALUES

Accountability: We recognize that our duty extends beyond oversight; it encompasses responsibility. By holding ourselves accountable, we ensure that every action we take contributes to the greater good of the District.

Continuous Improvement: We view challenges not as obstacles, but as opportunities for growth. Our commitment to continuous improvement drives us to evolve, adapt, and enhance our practices.

Excellence: Mediocrity has no place in our lexicon. We strive for excellence in every facet of our work.

Integrity: Our integrity is non-negotiable. We act with honesty, transparency, and unwavering ethics. Upholding the public's trust demands nothing less.

Professionalism: As stewards of oversight, we maintain the utmost professionalism. Our interactions, decisions, and conduct exemplify the dignity of our role.

Transparency: Sunlight is our ally. Transparency illuminates our processes, decisions, and outcomes. By sharing information openly, we empower stakeholders, promote understanding, and reinforce our commitment to accountability.






DISTRICT OF COLUMBIA | OFFICE OF THE INSPECTOR GENERAL

MEMORANDUM

To: Barbara J. Bazron, PhD, Director
DC Department of Behavioral Health

Ayanna Bennett, MD, MSPH, FAAP, Director
DC Department of Health

From: Daniel W. Lucas
Inspector General 

Date: January 27, 2025

Subject: **Opioid Crisis Response Program Follow-Up**
OIG No. 24-I-02-RM0(m)

This memorandum transmits our report on the implementation of OIG recommendations issued to the Department of Behavioral Health and the Department of Health regarding the District's Opioid Crisis Response Program.

This report closes the 10 recommendations issued in our original report, [Evaluation of the District's Opioid Crisis Response Program](#) (OIG No. 21-I-04RM), on September 2, 2021, and notes three opportunities for improving internal processes. We will include your responses in our final report.

We will notify the Council and the Mayor about our findings and post a public version of the final report on our website.

Should you have questions or concerns, please contact me or Assistant Inspector General for Inspections and Evaluations Yulanda Gaither by email at yulanda.gaither@dc.gov or by phone at 202-727-9029.



EXECUTIVE SUMMARY

Opioid Crisis Response Program Follow-Up

Background

The District of Columbia Office of the Inspector General (OIG) Inspections and Evaluations (I&E) Unit conducted a follow-up on the implementation status of recommendations issued to the Department of Behavioral Health (DBH) and the Department of Health (DC Health) in our report, [Department of Behavioral Health and DC Health: Evaluation of the District's Opioid Crisis Response Program](#) (OIG No. 21-I-04RM), on September 2, 2021.

Evaluation Objective

This follow-up focused on the agencies' implementation of recommendations issued in our 2021 Report. Our objective was to determine the adequacy, effectiveness, and timeliness of DBH and DC Health actions taken to address the deficiencies identified in that report.

Summary of Follow-up Results

Overall, DBH and DC Health generally complied with the recommendations made in the 2021 Report.

OIG will close all 10 recommendations; however, we identified three opportunities for DBH to improve its internal processes regarding the naloxone program.

Opportunities for Improvement

Our follow-up revealed areas where DBH can take action to improve internal operations and its ability to serve District residents. Specifically, we offer that the Director of DBH:

1. Provide recurring Uniform Administrative Requirements for Federal Grants training to ensure staff with grant-related responsibilities understand and adhere to these requirements.
2. Update the grants lifecycle process and policy as needed to ensure policy and procedural changes are documented accurately and promptly.
3. Implement a system to achieve more consistent and effective communication with staff and sub-grantees.

Management's Response

DBH management agreed with the three opportunities for improvement identified in this report.



Opioid Crisis Response Program Follow-Up

CONTENTS

INTRODUCTION.....	1
Objective.....	1
Background	1
FINDINGS ON THE IMPLEMENTATION OF RECOMMENDATIONS	4
Finding 1 – DBH Employees Involved with SOR Grants Attended Federal Grant Training in 2021.....	4
Finding 2 – DBH Established a Policy Requiring SOR Grant Management Staff to Follow the Grants Lifecycle Process Flow Operating Detail.....	4
Finding 3 – Not all DBH SOR Grant Staff Provided Signature Acknowledgments of the Grant Lifecycle Policy.....	5
Finding 4 – Grant Management Staff Have Access to SharePoint.....	5
Finding 5 – DBH Policy Was Updated to Require SOR Grant Fiscal Monitors and Programmatic Staff to Follow the Lifecycle Process Operating Detail.....	6
Finding 6 – DBH Facilitated Monthly Meetings Between SOR Fiscal Monitors and Programmatic Staff.....	6
Finding 7 – DBH Took Steps to Explore a Grant Management System But Has Not Procured a System to Date.....	7
Finding 8 – The Vacancy Rate for DBH Opioid Prevention Positions Improved, but Vacancies Remain.....	8
Finding 9 – DBH Concluded Meetings with the Health Regulation and Licensing Administration Upon Establishing a New Naloxone Inventory Reporting Mechanism.....	8

Finding 10 – DBH Instituted a New Reporting Mechanism for Pharmacies to Submit Monthly Reports, Eliminating the Need for Future Meetings.	9
CONCLUSION.....	9
APPENDIX 1. OBJECTIVES, SCOPE & METHOD	11
Objectives.....	11
Scope.....	11
Methodology	11
APPENDIX 2. MANAGEMENT'S RESPONSE	12
APPENDIX 3. RECOMMENDATION STATUS	13

INTRODUCTION

Objective

The objective of this evaluation was to determine the adequacy, effectiveness, and timeliness of DBH and DC Health actions taken to address the deficiencies identified in our September 2, 2021, report. (See Appendix 1 for our audit scope and methodology.)

Background

Opioid Overdose Prevention Programs in the District

In October 2017, the District government convened 40 public and private sector organizations to formulate a coordinated response to a multi-year surge in opioid-related overdose deaths. The result was Live Long DC (LLDC), the District's plan to end DC's opioid epidemic through prevention, harm reduction, treatment, and recovery.¹ DBH and DC Health are the principal agencies responsible for implementing LLDC:

- DBH provides prevention, intervention, and treatment services and support for children, youth, and adults with mental and substance use disorders, including emergency psychiatric care and community-based outpatient and residential services.²
- DC Health is responsible for identifying health risks, educating the public, preventing and controlling diseases, injuries, and exposure to environmental hazards, promoting effective community collaborations, and optimizing equitable access to community resources.³

OIG Report on the District's Efforts to Respond to the Opioid Crisis (2021)

In 2021, the OIG conducted an evaluation to assess whether the District (1) effectively managed State Opioid Response (SOR) program funds and resources and (2) conducted training and distributed naloxone kits at identified levels. In September 2021, the OIG published its report *Evaluation of the District's Opioid Crisis Response Program* (OIG No. 21-I-04RM), which contained seven recommendations to DBH and three recommendations to DC Health to assist in strengthening each agency's management of opioid program resources and improve its training related to the opioid crisis response program.⁴ DBH agreed with all seven recommendations; however, DC Health agreed with only two of the three recommendations from the 2021 report:

- Improving Federal Grant Training.⁴

¹ About LIVE. LONG. DC., <https://livelong.dc.gov/page/about-live-long-dc#crisis>.

² About DBH, <https://dbh.dc.gov/page/about-dbh>.

³ About DC Health, <https://dchealth.dc.gov/page/about-dc-health>.

⁴ OIG's evaluation revealed gaps in DBH employees' training in federal grant administration.

- **Recommendation 1.** DBH: Require DBH directors and programmatic and fiscal employees involved in SOR management to attend training on the federal government Uniform Administrative Requirements.⁵

Agency response: DBH agreed.

- Various DBH employees involved in SOR grant management have not adopted the SharePoint Grants Lifecycle Process Flow Operating Detail to manage the SOR grant funds and resources.

- **Recommendation 2.** DBH: Establish a policy that requires staff to follow the SharePoint Grants Lifecycle Process Flow Operating Detail.

Agency response: DBH agreed.

- **Recommendation 3.** DBH: Require all employees [who] work on the SOR grant to sign and acknowledge they reviewed the policy.

Agency response: DBH agreed.

- **Recommendation 4.** DBH: Assure that all grant management staff have access to SharePoint.

Agency response: DBH agreed.

- DBH fiscal monitors and programmatic staff lack effective internal and external communication in managing the SOR Grant.

- **Recommendation 5.** DBH: Require SOR grant fiscal monitors and programmatic staff to follow the SharePoint Grants Lifecycle Process Flow Operating Detail's internal and external communications guidance.

Agency response: DBH agreed.

- **Recommendation 6.** DBH: Facilitate monthly meetings between SOR fiscal monitors and programmatic staff to discuss grant management activities.

Agency response: DBH agreed.

- **Recommendation 7.** DBH: Explore the feasibility of setting up a grant management system.

Agency response: DBH agreed.

⁵ 45 CFR Part 75, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*.

- HAHSTA Opioid Prevention Division vacancies negatively affect the naloxone distribution program.
 - **Recommendation 8.** DC Health: Prioritize filling the vacancies in the HAHSTA Opioid Prevention Division.

Agency response: DC Health disagreed, saying that the division's roles and responsibilities were being transferred to DBH.
- Pharmacies taking part in the naloxone Pharmacy Pilot Program do not have access to REDCap⁶ and are not sending monthly reports to DC Health.
 - **Recommendation 9.** DC Health: Facilitate meetings with the Health Regulation and Licensing Administration to discuss ways to improve external reporting issues.

Agency response: DC Health agreed.
 - **Recommendation 10.** DC Health: Meet with pharmacies participating in the naloxone program to discuss ways to improve the submission of monthly reports.

Agency response: DC Health agreed.

Since the publication of the 2021 report, opioid crisis response programs, funding, and staff positions previously belonging to DC Health were consolidated within DBH. Accordingly, we transferred the recommendations from DC Health to DBH for implementation.

In December 2023, the I&E Unit began this evaluation to follow up on the implementation status of the previously issued recommendations. We briefed DBH and DC Health leadership of our results in July 2024. Evaluation objectives, scope, and methodology are provided in Appendix A.

⁶ Research Electronic Data Capture (REDCap) is a secure online data and survey collection system that DC Health expected pharmacies and other community partners distributing naloxone use to report monthly inventory and distribution.

FINDINGS ON THE IMPLEMENTATION OF RECOMMENDATIONS

Finding 1 – DBH Employees Involved with SOR Grants Attended Federal Grant Training in 2021.

Recommendation 1: Require DBH Directors, programmatic, and fiscal employees involved in SOR grant management to attend training on the Uniform Administrative Requirements for federal grants.

OIG's evaluation of the District's opioid crisis response was informed by a review completed by the Substance Abuse and Mental Health Services Administration, which revealed DBH's noncompliance with federal grant requirements, including pass-through responsibilities related to indirect costs and expenditures, subrecipient agreements, monitoring, and audits, and found DBH had insufficient training and infrastructure to administer federal grants, including SOR grants.

In September 2021, DBH hired a contractor to conduct training in the Uniform Administrative Requirements for Federal Grants. As a result, three of the 16 current grant management staff have received training.

Status of Corrective Action

DBH implemented the recommendation as stated. Therefore, OIG considers this recommendation closed.

Opportunity for Improvement 1
<p>We recommend that the Director, DBH:</p> <ol style="list-style-type: none">1. Provide Uniform Administrative Requirements for federal grants training at regular intervals to ensure current and future staff with grant-related responsibilities understand and adhere to these requirements.

Finding 2 – DBH Established a Policy Requiring SOR Grant Management Staff to Follow the Grants Lifecycle Process Flow Operating Detail.

Recommendation 2: Establish a policy that requires staff to follow the SharePoint Grants Lifecycle Process Flow Operating Detail.

DBH established a policy requiring staff to follow the Lifecycle Process. During the original evaluation, some grant management staff used the Citywide Grants Manual and Sourcebook to manage the SOR grants instead of the Lifecycle Process. DBH management provided training and policy to staff that directs use of the Lifecycle Process to supplement the Sourcebook.

DBH updated its Grants Manual, effective May 6, 2022. Section II of the manual requires grant management staff to use the Lifecycle Process Operating Detail. The Lifecycle Process established grant administration and management procedures, pre-award through close-out.

Status of Corrective Action

DBH implemented the recommendation as stated. Therefore, OIG considers this recommendation closed.

Finding 3 – Not all DBH SOR Grant Staff Provided Signature Acknowledgments of the Grant Lifecycle Policy.

Recommendation 3: Require all employees [who] work on the SOR grant to sign an acknowledgment they reviewed the policy.

DBH did not obtain and retain acknowledgments from all required staff. Of the 16 staff working on the SOR grant during our scope period, seven had signed policy acknowledgments on file. Lacking oversight and monitoring of this requirement decreased employee accountability and increased the risk that employees may not review, and subsequently comply with the policy.

DBH leadership has since fully implemented the original recommendation, and all staff working on the SOR grant have read, signed, and acknowledged the policy; DBH has retained those documents.

Status of Corrective Action

DBH implemented the recommendation as stated. Therefore, OIG considers this recommendation closed.

Finding 4 – Grant Management Staff Have Access to SharePoint.

Recommendation 4: Assure that all grant management staff have access to SharePoint.

In January 2020, DBH began a pilot program that enhanced features of the Lifecycle Process by making improvements to its SharePoint site. However, not all DBH staff knew about the pilot or could access the SharePoint site. Due to functionality issues, DBH leadership ended the pilot and decided not to use SharePoint for storing day-to-day grant management documents and communications.

OIG confirmed that DBH grant management staff can access SharePoint. However, due to leadership's decision to end the pilot, staff had returned to using a shared "W" drive to store and access grant management documents instead of using the SharePoint site.

Status of Corrective Action

DBH implemented the recommendation as stated. Therefore, OIG considers this recommendation closed.

Finding 5 – DBH Policy Was Updated to Require SOR Grant Fiscal Monitors and Programmatic Staff to Follow the Lifecycle Process Operating Detail.

Recommendation 5: Require SOR grant fiscal monitors and programmatic staff to follow the SharePoint Grants Lifecycle Process Flow Operating Detail's internal and external communication guidance.

The Lifecycle Process sets expectations regarding grant management timelines and communications. During our original evaluation, some DBH staff and grant sub-recipients reported receiving conflicting information and expectations from fiscal monitors and program staff. The recommendation was intended to improve interactions and resolve communication inconsistencies.

DBH's policy manual, effective May 6, 2022, requires staff to follow the Lifecycle Process and internal and external communication guidance.⁷

Status of Corrective Action

DBH implemented the recommendation as stated. Therefore, OIG considers this recommendation closed.

Opportunity for Improvement 2
We recommend that the Director, DBH: <ol style="list-style-type: none">2. Systematically update the policy manual to ensure guidance and practices align.

Finding 6 – DBH Facilitated Monthly Meetings Between SOR Fiscal Monitors and Programmatic Staff.

Recommendation 6: Facilitate monthly meetings between SOR fiscal monitors and programmatic staff to discuss grant management activities.

DBH management conducted and documented these monthly meetings to facilitate better communication between SOR fiscal monitors and program staff about grant management activities. DBH staff advised that the meetings mitigated communication issues by allowing grant management staff to share in decision-making and subsequent actions. Meeting topics and discussion points related to:

⁷ D.C. DEP'T OF BEHAVIOR HEALTH, DBH GRANTS MANUAL, § 66 AT 5, II. B.2ND ¶ (May 6, 2022).

- grantee work commencement period,
- pending grant modifications,
- evaluations and other reports,
- data submission,
- budgets and invoice issues, and
- site visits.

Status of Corrective Action

DBH implemented the recommendation as stated. Therefore, OIG considers this recommendation closed.

Finding 7 – DBH Took Steps to Explore a Grant Management System But Has Not Procured a System to Date.

Recommendation 7: Explore the feasibility of establishing a grant management system.

DBH lacked a grant management system to coordinate and track its work. Before the COVID-19 pandemic, DBH used paper routing slips to track records. By the time of our 2021 report, DBH was using email to send and track records.

After our report, DBH realized that a grant management system was feasible and necessary to improve communications. However, as of this report's publishing, DBH has not developed or implemented a system. Until a system is implemented, DBH cannot realize all the benefits of automation and remains at risk of providing inconsistent information to sub-grantees.

Status of Corrective Action

DBH implemented the recommendation as stated. Therefore, OIG considers this recommendation closed.

Opportunity for Improvement 3
<p>We recommend that the Director, DBH:</p> <ol style="list-style-type: none">3. Prioritize the development and/or implementation of an automated grant management system to increase efficiency and achieve more consistent and effective communications with staff and sub-grantees.

Finding 8 – The Vacancy Rate for DBH Opioid Prevention Positions Improved, but Vacancies Remain.

Recommendation 8: Prioritize filling the vacancies in the HAHSTA Opioid Prevention Division.

DC Health and DBH developed a plan to transfer the opioid abuse prevention and treatment programs and funding from DC Health to DBH. After responsibility for opioid abuse prevention (naloxone program) transferred to DBH, DBH prioritized creating positions and filling the vacancies.

Since the transfer, DBH increased the number of opioid prevention positions and staff. Access Helpline call center positions increased by almost 52 percent, from 16 to 31 (with 17 vacant when this report was published). Likewise, the number of Community Response Team positions increased by 58 percent, from 38 to 65 (with 22 vacant at the time of this report).

Status of Corrective Action

DBH implemented the recommendation as stated. Therefore, OIG considers this recommendation closed.

Finding 9 – DBH Concluded Meetings with the Health Regulation and Licensing Administration Upon Establishing a New Naloxone Inventory Reporting Mechanism.

Recommendation 9: Facilitate meetings with the Health Regulation and Licensing Administration (HRLA) to discuss ways to improve external reporting issues.⁸

DC Health's response to this recommendation stated that meetings with HRLA had occurred. When DC Health transferred naloxone program responsibilities to DBH, engaging with HRLA regarding naloxone inventories became DBH's responsibility.

DBH leadership stated that it had established a new reporting mechanism in which pharmacies participating in the naloxone program now directly report naloxone inventories and distribution to DBH for monitoring and subsequently concluded these meetings. DBH and DC Health leadership stated that the current method employed by pharmacies to report naloxone inventories and distribution is adequate.

⁸ This recommendation is broader than recommendation 10 as it includes community organizations as well as pharmacies. Recommendation 10 is specific to pharmacies.

Status of Corrective Action

DBH implemented the recommendation as stated. Therefore, OIG considers this recommendation closed.

Finding 10 – DBH Instituted a New Reporting Mechanism for Pharmacies to Submit Monthly Reports, Eliminating the Need for Future Meetings.

Recommendation 10: Convene meetings with pharmacies participating in the Naloxone program to discuss ways to improve the submission of monthly reports.

HRLA used REDCap, a secure online data and survey collection system that DC Health expected pharmacies and other community partners who distributed naloxone to use for reporting monthly inventory and distribution. For online/information security purposes, pharmacies were reluctant to use REDCap.

After DC Health transferred opioid prevention responsibilities to DBH, DBH no longer required the use of REDCap. Instead, DBH implemented a new reporting system that enabled staff to obtain naloxone programming information from pharmacies and communicate reportable numbers to DC Health. DBH and DC Health leadership deemed this method adequate and decided the OIG-recommended meetings were no longer needed.

Status of Corrective Action

DBH implemented the recommendation as stated. Therefore, OIG considers this recommendation closed.

CONCLUSION

We conducted this follow-up to determine the status of recommendations made to DC Health and DBH in our 2021 Report, in accordance with the Council of Inspectors General on Integrity and Efficiency *Quality Standards for Inspection and Evaluation*.

Given the opioid response program activities transferred from DC Health to DBH, OIG had also transferred all relevant findings and recommendations from our 2021 report for DC Health to DBH for implementation. This follow-up found that DBH:

- implemented corrective actions in an adequate, effective, and prompt manner,
- identified the need for and is working toward continuous federal grants training,
- enforced adherence to grant lifecycle process requirements,
- improved the effectiveness of communications between fiscal monitors and program staff,
- lowered vacancy rates for positions that impact naloxone distribution, and

- created a naloxone inventory and distribution reporting method that best meets the agency's communication and reporting needs.

As a result of this follow-up, the OIG closed all 10 recommendations from the September 2021 report, and identified three opportunities for DBH to improve upon the implementation of those recommendations:

1. Provide Uniform Administrative Requirements training at regular intervals to ensure current and future staff with grant-related responsibilities understand these requirements.
2. Systematically update the policy manual to ensure guidance is current and aligns with required practices.
3. Prioritize the development and or implementation of an automated grant management system to increase efficiency and achieve more consistent and effective communications with staff and sub-grantees.

The OIG provided the draft version of this report to DBH and DC Health, who provided no additional comments. Therefore, we are publishing this report in final form.



APPENDIX 1. OBJECTIVES, SCOPE & METHOD

Objectives

The objective for this follow-up evaluation was to determine the adequacy, effectiveness, and timeliness of actions taken by the Department of Behavioral Health and DC Health to implement the recommendations provided in the OIG report *Evaluation of the District's Opioid Crisis Response Program*, issued on September 2, 2021.

Scope

The scope of this follow-up was DBH and DC Health activities from September 2, 2021, to December 20, 2023.

Methodology

We examined documents, provided a follow-up survey, and conducted interviews with DC Health and DBH staff to understand the actions taken to implement the recommendations issued in our 2021 report. More specifically, we:

- requested, obtained, and reviewed documents that would demonstrate agency leadership had implemented corrective action(s) sufficient to address the recommendations;
- reviewed training and policy acknowledgment forms for accuracy and completeness;
- conducted interviews and reviewed policies to determine whether DBH staff was required to use SharePoint as a repository and resource for training and programmatic guidance;
- requested, obtained, and reviewed documentation to identify whether and when meetings between DC Health, DBH, and pharmacies had occurred; and
- analyzed whether and how filling opioid prevention-related vacancies were prioritized.



APPENDIX 2. MANAGEMENT'S RESPONSE

Per Director Bazron: "We do not have any additional comments on the report. We have met all of the requirements contained in the document and accept the potential areas for improvement."



APPENDIX 3. RECOMMENDATION STATUS

Recommendation	Status	Action Required
1. DBH: Require DBH directors and programmatic and fiscal employees involved in SOR management to attend training on the federal government Uniform Administrative requirements.	Closed	None
2. DBH: Establish a policy that requires staff to follow the SharePoint Grants Lifecycle Process Flow Operating Detail.	Closed	None
3. DBH: Require all employees that work on the SOR grant to sign and acknowledge they reviewed the policy.	Closed	None
4. DBH: Assure that all grant management staff have access to SharePoint.	Closed	None
5. DBH: Require SOR grant fiscal monitors and programmatic staff to follow the SharePoint Grants Lifecycle Process Flow Operating Detail's internal and external communications guidance.	Closed	None
6. DBH: Facilitate monthly meetings between SOR fiscal monitors and programmatic staff to discuss grant management activities.	Closed	None
7. DBH: Explore the feasibility of establishing a grant management system.	Closed	None
8. DC Health: Prioritize filling the vacancies in the HAHSTA Opioid Prevention Division.	Closed	None
9. DC Health: Facilitate meetings with the Health Regulation and Licensing Administration to discuss ways to improve external reporting issues.	Closed	None
10. DC Health: Convene meeting with pharmacies participating in the naloxone program to discuss ways to improve the submission of monthly reports.	Closed	None



REPORT WASTE, FRAUD, ABUSE, AND MISMANAGEMENT.

(202) 724-TIPS (8477) and (800) 521-1639

<https://oig.dc.gov>

oig@dc.gov