

DISTRICT OF COLUMBIA OFFICE OF THE INSPECTOR GENERAL

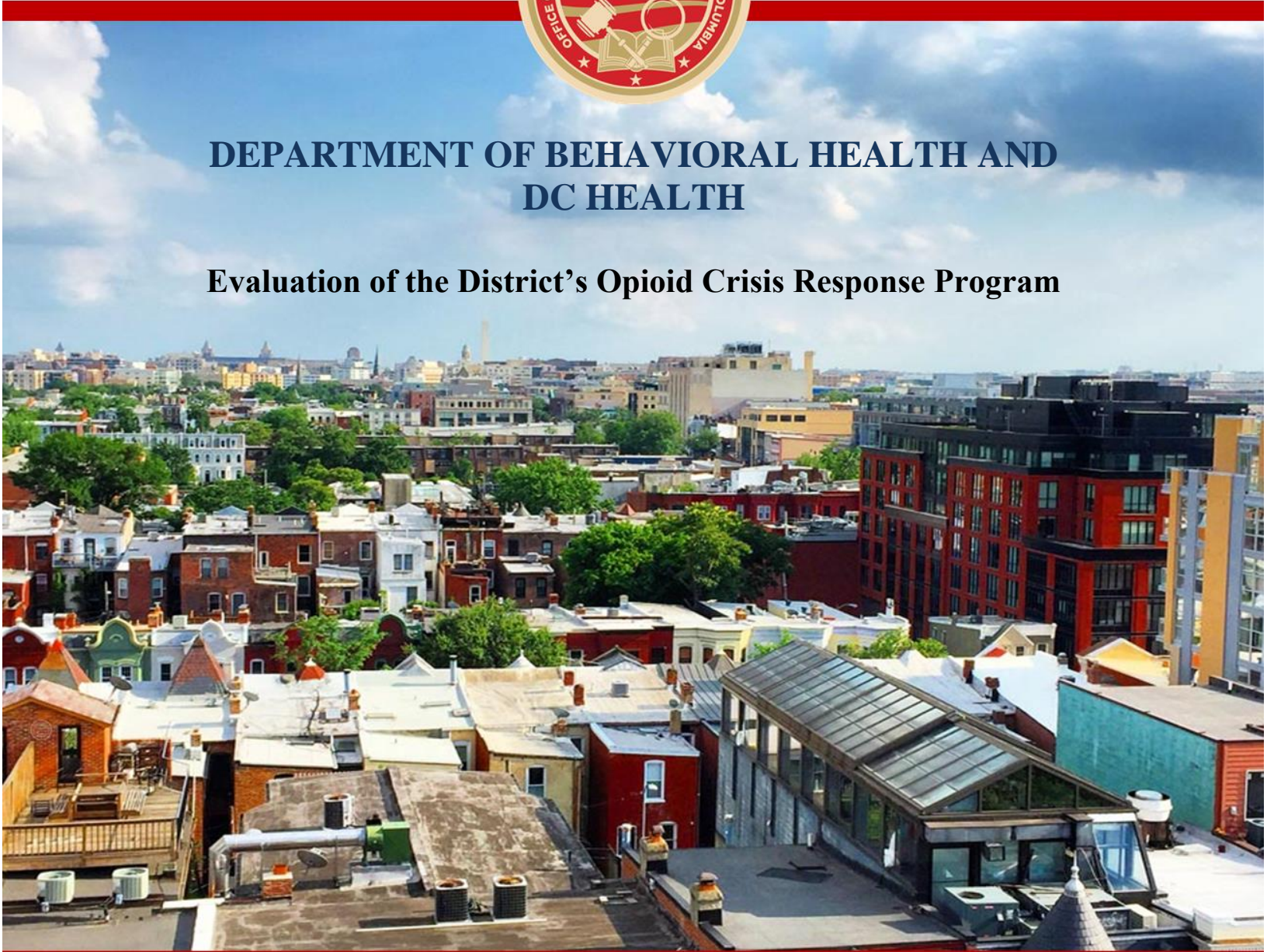
OIG Project No. 21-I-04RM

September 2021



DEPARTMENT OF BEHAVIORAL HEALTH AND DC HEALTH

Evaluation of the District's Opioid Crisis Response Program



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GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Inspector General

Inspector General



September 2, 2021

Barbara J. Bazron, Ph.D.
Director
Department of Behavioral Health
64 New York Avenue, N.E.
Washington, D.C. 20002

LaQuandra S. Nesbitt, MD, MPH
Director
D.C. Department of Health
899 N. Capitol St., N.E.
Washington, D.C. 20002

Dear Dr. Bazron and Dr. Nesbitt:

I am writing to inform you that the Office of the Inspector General (OIG) Inspections and Evaluations Unit (I&E) has concluded its evaluation of the District of Columbia's Opioid Crisis Response Program. This letter constitutes the close-out report for the evaluation and contains 5 findings and 10 recommendations for the Department of Behavioral Health (DBH) and the Department of Health (DC Health).¹

Background

The objectives for this evaluation,² which is part of the OIG's *Fiscal Year 2021 Audit and Inspection Plan*,³ were to assess whether the District of Columbia is: (1) effectively managing opioid program funds and resources, and (2) conducting training and distributing naloxone kits at identified levels.

¹ On May 14, 2021, the OIG briefed DBH and DC Health employees on this information to gain consensus, answer questions, and solicit initial feedback. On August 6, 2021, the OIG sent a draft to DBH and DC Health asking each agency to indicate whether it agreed or disagreed with each recommendation and provide additional information about actions taken or planned, target dates for completion of planned actions, and any reasons for disagreement with the findings or recommendations. We inserted the responses we received from DBH and DC Health into the body of this letter. DBH agreed with all 7 recommendations directed to it; DC Health agreed with 2 of the 3 recommendations pertaining to its operations.

² I&E projects are conducted under the *Quality Standards for Inspection and Evaluation* promulgated by the Council of the Inspectors General on Integrity and Efficiency.

³ This document is accessible on the OIG website at: <http://oig.dc.gov/>.

To evaluate the objectives, the OIG used the Government Accountability Office (GAO) *Standards for Internal Control in the Federal Government* (GAO-14-704G, the Green Book),⁴ which states “internal control is a process . . . that provides reasonable assurance that the objectives of an entity will be achieved”⁵ Further, “internal control serves as the first line of defense in safeguarding assets []”⁶ and is an “integral part of the operational processes management uses to guide its operations”⁷ The Green Book sets internal control standards for federal entities and may be adopted by state and local entities as a framework for an internal control system.⁸

Internal control is “a process used by management to help an entity achieve its objectives.”⁹ See Figure 1 below.



Figure 1: Internal Control Process (Source: OIG Analysis of the GAO *Standards for Internal Control in the Federal Government*).

Further, internal control helps assure accurate financial reporting and deter fraud, waste, and abuse. The Green Book explains “[m]anagement is directly responsible for all activities of an entity, including the design, implementation, and operating effectiveness of an entity’s internal control system,”¹⁰ and “personnel throughout an entity play important roles in implementing and operating an effective internal control system.”¹¹ The internal control system comprises five components that “must be effectively designed, implemented, and operating together in an integrated manner, for an internal control system to be effective.”¹² The five components of

⁴ U.S. GOV’T ACCOUNTABILITY OFFICE, STANDARDS FOR INTERNAL CONTROL IN THE FEDERAL GOVERNMENT, GAO-14-704G, (Sept. 2014), <https://www.gao.gov/assets/gao-14-704g.pdf>.

⁵ *Id.* § OV1.01 at 5.

⁶ *Id.* § OV1.03 at 5.

⁷ *Id.* § OV1.05 at 6.

⁸ *Id.* Forward.

⁹ *Id.* at Frontispiece.

¹⁰ *Id.* § OV2.14 at 12.

¹¹ *Id.* § OV1.06 at 6.

¹² *Id.* § OV2.04 at 7-8.

internal control are:¹³

- **Control Environment:** The foundation for an internal control system. It provides the discipline and structure to help an entity achieve its objectives.
- **Risk Assessment:** Assesses the risks facing the entity as it seeks to achieve its objectives. This assessment provides the basis for developing appropriate risk responses.
- **Control Activities:** The actions management establishes through policies and procedures to achieve objectives and respond to risks in the internal control system, including the entity's information system.
- **Information and Communication:** The quality information management and personnel communicate and use to support the internal control system.
- **Monitoring:** Activities management establishes and operates to assess the quality of performance over time and promptly resolve the findings of audits and other reviews.

Methodology

The OIG reviewed previous reports and news articles about the opioid crisis in the District of Columbia and hearings held by the Council of the District of Columbia's Committee on Health and Committee on the Judiciary and Public Safety. The OIG also reviewed the LIVE. LONG. D.C. Strategic Plan (LLDC),¹⁴ researched federal law, District of Columbia Municipal Regulations (DCMR), and the D.C. Code; reviewed grant documentation from the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA), DBH, and DC Health; and reviewed opioid and naloxone data from DBH and DC Health. The OIG also conducted interviews with employees from DBH and DC Health, and 28 sub recipients¹⁵ of the State Targeted Response (STR) and State Opioid Response (SOR) grants.¹⁶

¹³ *Id.*

¹⁴ This document is accessible on the LLDC website at: <https://livelong.dc.gov/page/strategic-plan-0>.

¹⁵ According to the grants.gov website, a sub recipient is a "non-federal entity that receives a subaward from a pass-through entity to carry out part of a federal program, but does not include an individual that is a beneficiary of such program. A sub recipient may also be a recipient of other federal awards directly from a federal awarding agency." <https://www.grants.gov/learn-grants/grant-terminology.html#S>.

¹⁶ DBH was awarded the STR grant from May 1, 2017 to April 30, 2020, in the amount of \$4,000,000. The purpose of the STR grant was to increase access to treatment, reduce unmet treatment needs and reduce opioid related deaths. DBH was also awarded the SOR grant from September 30, 2018 to September 29, 2021, in the amount of

Findings and Recommendations

Overall, we found that DBH has corrected issues identified by the SAMHSA compliance review. However, DBH's internal and external communication is strained and adversely impacts the operation of the grant management and sub recipients' programs. In addition, DBH lacks a grant management system, and not all DBH grants management staff members operate from the same grant manual. With respect to the naloxone distribution program, DC Health is meeting opioid prevention training and naloxone distribution goals,¹⁷ but the HIV/AIDS, Hepatitis, STD, TB Administration (HAHSTA)¹⁸ and Prevention & Intervention Services Division had vacant positions, and not all pharmacies that participate in the naloxone pharmacy pilot program submit monthly reports due to internet access constraints.

The following 5 findings and 10 recommendations are made to assist DBH and DC Health in strengthening their management of opioid program funds and resources, and to improve training related to the District's opioid crisis response program.

Finding 1: Improving Federal Grant Training – For an entity to retain competent individuals, the Green Book states that management should “[e]nable individuals to develop competencies appropriate for key roles ... and tailor training based on the needs of the role.”¹⁹ Additionally, management should retain employees by “[p]rovid[ing] incentives to motivate and reinforce expected levels of performance and desired conduct, including training”²⁰ Through training, managers can develop employees' knowledge, skills, and abilities to meet the organization's objectives.²¹

DBH staff told the OIG they wanted more in-depth training on the Uniform Administrative Requirements, Cost Principles, and Audit Requirements (“Uniform Guidance”)²² but have not received it. From January 15, 2018, to January 17, 2018, SAMHSA conducted a compliance review at DBH of STR grant funds.²³ On July 24, 2019, SAMHSA notified DBH that it had not

\$32,154,971. The purpose of the SOR grant is the same as the STR grant but it also increases access to medication assisted treatment.

¹⁷ LLDC indicated at minimum, the District would distribute 66,000 naloxone kits. Based on data provided by DBH and DC Health, the District distributed the following number of naloxone units per calendar year: 2,287 in 2017, 3,504 in 2018, 15,648 in 2019, 43,768 in 2020, and 5,704 in 2021 through the month of February. In total, DBH and DC Health distributed 70,911 naloxone units from 2017-2021, or 107.4% of its goal.

¹⁸ HAHSTA is the entity responsible for providing opioid training and naloxone training to the District. Additionally, HAHSTA purchases naloxone and provides it to partner sub recipient agencies and pharmacies in the District.

¹⁹ U.S. GOV'T ACCOUNTABILITY OFFICE, GAO-14-704G *supra* note 3, § 4.05 at 31.

²⁰ *Id.*

²¹ *Id.* § 10.03 at 46.

²² 45 C.F.R. Part 75, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*.

²³ The objectives were to see: “(1) if DBH complied with federal requirements and expended SAMHSA's funds for intended purposes; and (2) that SAMHSA's funds were not subject to fraud, waste and abuse.” U.S. DEP'T OF HEALTH AND HUMAN SERVICES, RESULTS OF FINANCIAL AND COMPLIANCE REVIEW – SAMHSA AWARD NUMBER TI080229, *District Opioid Targeted Strategy (DOTS)*, 3 (July 24, 2019).

complied with federal requirements regarding its pass-through responsibilities²⁴ and submitted eight recommendations. Recommendation eight states, in part: “Provide DBH’s corrective action plan to address the questioned costs and noncompliance issues from recommendations 1 through 7. ... Include improvements to DBH’s infrastructure ... including new or updated policies and procedures, staff recruitments, [and] trainings”²⁵ DBH’s corrective action plan indicated that staff participated in training that addressed contract administration, developing statements of work, and using the Procurement Automated Support System (PASS).²⁶ However, DBH’s corrective action plan did not include training targeted towards the Uniform Guidance.

Based on DBH staff interviews and SAMHSA’s findings and recommendations, DBH personnel would still benefit from training on the Uniform Guidance. The training would improve employees’ knowledge of the numerous federal grant requirements. Improving employee’s competence could prevent future compliance reviews, loss of funds, and interruptions in fund disbursement and continuity of care. Therefore, the OIG recommends that DBH:

Recommendation 1: Require DBH Directors, programmatic and fiscal employees involved in SOR grant management to attend training on the Federal Government Uniformed Administrative requirements.

Agree _____ DBH _____ Disagree _____

DBH August 2021 Response to Recommendation 1:

DBH agrees with Recommendation 1. By the end of Fiscal Year 2021, Management Concepts, an independent contractor that provides trainings to state and federal agencies, will complete a three (3) part grants management training to DBH grants management, programmatic and fiscal staff who work directly on the SOR grant. This training will address the entirety of the grants lifecycle from pre-award to grant closeout, including the Uniform Administrative Requirements for Federal Grants (2 Code of Federal Regulations (CFR) Subparts A and D); Cost Principles for Federal Grants (2 CFR 200 and Federal Acquisition Regulations 31.2); and how to apply indirect costs to federal grants. DBH is committed to providing ongoing training as needed to grants management, programmatic and fiscal staff who work directly on issues related to federal grants and subgrants.

Finding 2: 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 – The Green Book states that “[m]anagement should implement control activities through policies”²⁷ and use policies to document each unit’s responsibility for implementation

²⁴ SAMHSA identified \$510,924 in questionable costs. *Id.* at 1.

²⁵ *Id.* at 7.

²⁶ PASS allows tracking of requisitions, purchase orders, and invoices.

²⁷ U.S. GOV’T ACCOUNTABILITY OFFICE, GAO-14-704G *supra* note 3, Principle 12.01.

and operative effectiveness. The policies should contain “detail to allow management to effectively monitor the control activity.”²⁸

In January 2020, DBH implemented SharePoint Grants Lifecycle Process Flow Operating Detail (“SharePoint”).²⁹ SharePoint establishes DBH’s grant management practices from pre-award to closeout phases of the grant.³⁰

Although DBH provided documentation that all employees have access to SharePoint, the OIG received contradictory evidence that suggested some employees did not have access to or were unfamiliar with SharePoint. Interviews with DBH fiscal and programmatic staff revealed that some employees involved in managing the opioid grants do not have access to SharePoint. Others choose not to access it, using the Citywide Grants Manual and Sourcebook³¹ instead. According to sub recipients, DBH fiscal and programmatic staff appear not to communicate effectively with each other, and, as a result, provide inconsistent information about the grant to the sub recipients. The OIG believes if fiscal and programmatic staff were to adhere to the SharePoint processes, they could have a more collaborative and effective relationship.

A DBH interviewee indicated a policy implementing SharePoint was in the draft phase, but the OIG found no evidence that a policy existed. However, DBH has provided various training sessions on SharePoint to fiscal and programmatic staff, distributed SharePoint information binders to all training attendees, and notified all staff through email of the implementation of SharePoint and its purpose.

In summary, DBH lacks a policy requiring the use of SharePoint, and its employees seem unwilling to use it. The reason for employees’ reluctance was unclear to the OIG because fiscal and programmatic staff contributed to the development of SharePoint. Despite the training, email announcement, and contribution from fiscal and programmatic staff in its development, there is no incentive for DBH staff to utilize SharePoint without a policy. Therefore, the OIG recommends that DBH:

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

Agree DBH Disagree _____

²⁸ *Id.* Principle 12.03.

²⁹ The purpose of SharePoint is to improve DBH’s compliance with regulations, reduce administrative burdens by eliminating redundancy in forms and process, and provide a document and template library.

³⁰ D.C. DEP’T OF BEHAVIORAL HEALTH CROSS ADMINISTRATION GRANTS LIFECYCLE PROCESS FLOW OPERATING DETAIL (undated).

³¹ The CityWide Grants Manual and Sourcebook (“Sourcebook”) defines minimum requirements and establishes best practices policies and procedures for the programmatic and financial operations of grants. It states that agencies may supplement the Sourcebook with agency specific requirements.

DBH August 2021 Response to Recommendation 2:

DBH agrees with Recommendation 2. Currently, DBH is finalizing updates to its Grants Manual, which will require that all programmatic, fiscal and grants management staff adhere to the Grants Lifecycle Process established on SharePoint and summarized in the updated Grants Manual.

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

Agree DBH Disagree _____

DBH August 2021 Response to Recommendation 3:

DBH agrees with Recommendation 3. The updated Grants Manual will require that all programmatic, grant management and fiscal staff who participate in grant administration sign written acknowledgements that they have received and reviewed the updated Grants Manual.

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

Agree DBH Disagree _____

DBH August 2021 Response to Recommendation 4:

DBH agrees with Recommendation 4. All grants management, fiscal and programmatic staff who participate in grant administration currently have access to SharePoint. DBH will remind staff to use SharePoint for grant administration as part of the rollout of the updated Grant Manual.

Currently, DBH is completing a pilot program in which all SOR grantees have access to use SharePoint for their DBH sub-grant administration, including submitting all required documents to DBH through this platform. DBH anticipates that this pilot program will be complete by September 30, 2021. After evaluating this pilot, DBH anticipates extending SharePoint access to all DBH grantees and sub-grantees for grant administration purposes.

Finding 3: DBH fiscal monitors and programmatic staff lack effective internal and external communication in managing the SOR Grant – With respect to information and communication, the Green Book states that “[m]anagement should internally communicate the necessary quality information to achieve the entity’s objectives []”³² and “communicate [] quality information throughout the entity using established reporting lines.”³³ The Green Book also states that

³² U.S. GOV’T ACCOUNTABILITY OFFICE, GAO-14-704G, *supra* note 3, Principle 14.01.

³³ *Id.* Principle 14.02.

“[m]anagement should externally communicate the necessary quality information to achieve the entity’s objectives.”³⁴

The OIG interviewed 28 sub recipients of SOR and STR grant funds and DBH staff and concluded that DBH fiscal monitors and programmatic staff deliver conflicting information and expectations to sub recipients.

According to some sub recipients, they are frustrated and confused about grant processes and expectations from the programmatic staff and fiscal monitors. For example, the OIG learned there have been gaps between the Notice of Grant Awards and receipt of grant funds with no explanation from DBH. Sub recipients reported there has also been a “disjointed roll out” and implementation of the grants.

The OIG learned that before the COVID-19 Public Health Emergency, DBH used paper routing slips to track records. Currently, it transmits and tracks records through email. DBH lacks a grant management system to coordinate and track its work internally. In addition, we learned that DBH had not explored implementing a grant management system. As a result of not having a grant management system at DBH, communication is not shared internally among fiscal and programmatic staff, and ultimately leads to conflicting information being shared with sub recipients.³⁵ According to sub recipients, they have lost money,³⁶ delayed paying employees, and have rushed to plan grant programs because DBH delayed grant disbursements.

To address the effects of disjointed internal and external communication, the OIG recommends that DBH:

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.

Agree DBH Disagree _____

DBH August 2021 Response to Recommendation 5:

DBH agrees with Recommendation 5. DBH reiterates its response to Recommendation 2. All grants management, fiscal and programmatic staff must adhere to the SharePoint Grants Lifecycle Process, including its guidance pertaining to internal and external communications.

³⁴ *Id.* Principle 15.01.

³⁵ With regard to the continuity of care, the OIG believes that delays in funding can negatively impact planning for programs to address the opioid crisis in the District of Columbia and their execution.

³⁶ For example, a sub recipient would lose money if it were to incur costs and begin work on grant requirements under the belief that the grant period had started, only to find out they were not allowed to start work yet.

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

Agree _____ DBH _____ Disagree _____

DBH August 2021 Response to Recommendation 6:

DBH agrees with Recommendation 6. Presently, SOR fiscal monitors and programmatic staff meet at least monthly to discuss SOR grant management and administration. DBH intends to continue these meetings on at least a monthly basis.

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

Agree _____ DBH _____ Disagree _____

DBH August 2021 Response to Recommendation 7:

DBH agrees with Recommendation 7. Currently, DBH is in negotiations with DC Health to execute an inter-agency agreement to purchase DBH-specific licenses under the DC Health grants management software account. Under this agreement, DBH would maintain an account on the system that is separate from DC Health; the DBH grants would be segregated from those belonging to DC Health and each agency would only be able to access information about their respective grants.

Finding 4: HAHSTA Opioid Prevention Division vacancies negatively impact the naloxone distribution program – According to a DC Health organizational chart, the Prevention Division Chief oversees the HAHSTA Prevention Division, which consists of a Hepatitis Opioid Response Branch Manager, Public Health Specialist, Special Populations Coordinator, and eight (8) Rapid Peer Responders.³⁷ The Hepatitis Opioid Response Branch Manager position became vacant in June 2020, and the Public Health Specialist position became vacant in early 2020. Both positions remained vacant during our evaluation fieldwork. However, in April 2021, DC Health informed the OIG it was in the process of scheduling interviews for the Hepatitis Opioid Response Branch Manager position.

The Special Populations Coordinator, the only position filled as of April 2021, is responsible for various duties, including:

- coordinating, distributing, and tracking naloxone kits to 58 partners;
- collecting monthly reports from all partners;
- coordinating and providing naloxone training³⁸ for the District; and

³⁷ DC Health indicated that it planned to hire two additional rapid peer responders, bringing the total rapid peer responders to ten.

³⁸ In January 2021, DC Health began the “Train the Trainer” program. Once an individual completes the program, they are eligible to train individuals in their organization and other organizations to distribute naloxone in the

- overseeing eight (8) rapid peer responders.

Interviews with the naloxone distribution partners indicated that they were generally satisfied with the naloxone distribution program in the District. While the DC Health HAHSTA employee who manages the program is knowledgeable and involved in the program, the OIG believes that person to be overburdened because of a lack of support personnel. DC Health HAHSTA management is aware the employee needs more support. Additional help in meeting their responsibilities would allow them to respond to situations that arise and analyze and evaluate naloxone distribution and training, enabling the division to improve the program.

The OIG recommends that DC Health:

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

Agree _____ Disagree_ DC Health _

DC Health August 2021 Response to Recommendation 8:

At this time, DC Health and DBH have developed a plan to transfer OUD-related prevention and treatment programs/funding currently in HAHSTA to DBH. The Rapid Peer Responder model is also being re-envisioned due to concerns over how rapidly they were able to deploy 24/7, so that staffing complement is no longer required; the use of community peers will instead be incorporated into DBH's individual outreach strategy in partnership with FEMS. HAHSTA's Prevention Division will focus on the prevention of HIV, Hepatitis and STIs, with special attention to persons who use and/or inject substances, and will continue to collaborate closely with DBH.

Finding 5: Pharmacies participating in the Naloxone Pharmacy Pilot Program do not have access to REDCap³⁹ and are not submitting monthly reports to DC Health – To evaluate results and adapt to changes in the environment, the Green Book advises that management “[identify] changes in the internal control system that either have occurred or are needed because of changes in the entity and its environment. External parties can help management identify issues in the internal control system.”⁴⁰ The OIG learned that DC Health instructs pharmacies participating in the naloxone pharmacy pilot program to submit reports through email, text, or fax. Sub recipients responsible for distributing naloxone in the community submit their naloxone distribution reports through REDCap. According to DC Health, because management receives reports from pharmacies in different ways, it is difficult to track data and make programmatic

District. The individual must be part of an organization that is a naloxone distribution partner with DC Health and must have completed either an in-person or virtual training.

³⁹ According to DC Health, REDCap is a database used to collect data and surveys.

⁴⁰ U.S. GOV'T ACCOUNTABILITY OFFICE, GAO-14-704G, *supra* note 3 Principle 16.10.

decisions. In addition, the OIG learned that participating pharmacies did not consistently submit monthly reports.⁴¹

In fiscal year (FY) 2019 through FY 2021, pharmacies failed to consistently submit monthly naloxone reports to DC Health. In FY 2019,⁴² pharmacies failed to submit 6 of 17 monthly naloxone reports (35 percent). In FY 2020, pharmacies failed to submit 75 of 259 monthly naloxone reports (29 percent). In FY 2021,⁴³ pharmacies have failed to submit 45 of 212 monthly naloxone reports (21 percent). According to the Health Regulation and Licensing Administration (HRLA), pharmacies typically do not have suitable external internet connectivity to ensure data security and Health Insurance Portability and Accountability Act (HIPAA) compliance. For example, CVS uses intranet⁴⁴ to ensure patient information security. Intranet restricts access to only organization members, while the use of extranet⁴⁵ would leave pharmacies more vulnerable to unwanted access.

To address the problems that concern the submission of monthly reports to DC Health from pharmacies, the OIG recommends that DC Health:

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

Agree DC Health Disagree _____

DC Health August 2021 Response to Recommendation 9:

Meetings with HRLA’s Pharmaceutical Control Division have occurred. There is agreement that pharmacies should have access to Redcap for the purposes of proper reporting. Collaboration with HRLA and District pharmacies will continue in order to identify and address any remaining limitations or barriers.

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

Agree DC Health Disagree _____

⁴¹ According to DC Health’s FAQ Narcan Pharmacy Pilot Program document, “[a]ll Narcan distribution data must be reported monthly. The pharmacy has five (5) calendar days from the last day of the month to submit their data (i.e., January data is due on February 5th). If the 5th calendar day falls on a weekend, the report is due on the next immediate business day.”

⁴² The Pharmacy Pilot Program began in September 2019, therefore, data was only available for one month in FY 2019.

⁴³ Data was only available through April 2021.

⁴⁴ An “intranet” is a computer network for sharing information, collaboration tools, operational systems, and other computing services within an organization, usually to the exclusion of access by outsiders.

⁴⁵ An “extranet” is an intranet that can be partially accessed by authorized outside users, enabling businesses to exchange information over the internet securely.

DC Health August 2021 Response to Recommendation 10:

Communication with pharmacy representatives already takes place on a quarterly basis. Reporting is discussed regularly during these conference calls. As Redcap reporting protocols are developed, they will be introduced in the quarterly meeting. Training and technical assistance will be provided as needed.

We appreciate the cooperation and courtesies extended by your staff during this evaluation. If you have any questions concerning this letter, please contact me or Edward Farley, Assistant Inspector General for Inspections and Evaluations, at 202-727-9249 or edward.farley@dc.gov .

Sincerely,



Daniel W. Lucas
Inspector General

DWL/sj

cc: See Distribution List

DISTRIBUTION (via email):

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