

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF BEHAVIORAL HEALTH**



Department of Behavioral Health Behavioral Health Planning Council (BHPC)  
In-Person/Virtual Meeting  
April 28, 2023, 10:00am-12:00pm

**MINUTES**

**Meeting called to order at 10:02 am**

**Welcome, Introductions and Roll Call:** Mark LeVota

**Approval of Agenda and Minutes:** Nadine Parker—motion to approve minutes. Nicole Denney—second. No objections, minutes accepted as approved.

**BHPC Members:** Andrea Jones, Donna Flenory, Hilary Kacser, Jaclyn Verner, Jean Harris, Luis Diaz, Mark Lavota, Nicole Denny, Nadine Parker, Ramon Carmona

**DBH:** Dr. Bernadette Boozer, Charles Gervin, Cheryl Copeland, Dr. Jean Moise, Laquita Howard, Maura Gaswirth, Melody Calkins, Mia Olsen, Nadine (Roz) Parker, Philippa Stuart, Phyllis Jones, Randy Raybon, Renee Evans-Jackman, Rosalind Parker, Toussaint Tingling Clemmons, Trina Logan

**DC Government:** N/A

**Public Attendees:** John Hogeboom, CBI CEO/President, [jhogeboom@cbridges.com](mailto:jhogeboom@cbridges.com); Mary Page, Community Bridges, [mary.page@cbridges.com](mailto:mary.page@cbridges.com); Arish Narayan, CBI, Project Manager Sobering and Stabilization Center; Rechel Fatunde, CBI Deputy Chief of Staff, [rfatunde@cbridges.com](mailto:rfatunde@cbridges.com); Bruce Points; Elyssa Clauson; Gertrude Allen; Lauren Swank

**Department of Behavioral Health Updates:**

**FY24 Budget Presentation (Jean Moise, Deputy Director Adult Services):**

- Dr. Moise gave a presentation of the proposed FY 24 budget. DBH and DC have faced numerous challenges that impact our fiscal projections over the next few years and our ability to present a balanced, focused budget for next year. Behavioral health is a top

priority for the mayor. DBH ensured that the budget meets the vision and mission of providing comprehensive, whole-person care provided in a culturally competent manner.

- Refer to slide deck for details.

#### **Committee Action (Phyllis Jones, DBH Chief of Staff):**

- Council is proposing reallocating funds:
  - Committee cut housing and case management in half.
  - Cut Medicaid rates funding by \$ 3.1 million.
  - Other cuts throughout agency.
- Re-invested this for Council's priority projects:
  - Peer program in schools.
  - Signing bonuses for CRT and CHAMPS.
  - MH and SUD Targeted Outreach Projects.
- DBH is concerned about these cuts and reinvestments, DBH is requesting that Council reconsider.

#### **Live.Long.DC and SOR 3 Presentation (Sharon Hunt, State Opioid Treatment Authority)**

- Sharon Hunt presented on Live.Long.DC and the State Opioid Response (SOR) 3 activities. See slide-deck for details. Elaborations are noted below.
- Maura Gaswirth is covering as State Opioid Response Grant (SOR) Director—Julie Weigandt left DBH two months ago.
- Opioid fatalities are still predominantly older African American males, mostly at home. We are continuing to work to get information to people who are not reachable through street outreach.
- There was an increase in opioid fatalities last year, though we believe this would have been higher but for naloxone distribution.
- Harm Reduction:
  - By end of March, we are on track to exceed the amount of naloxone we distributed last year.
  - Fentanyl test strips.
  - All DCPS schools have naloxone. Half of charter schools now have naloxone.
  - 211 naloxone deliveries to home, over 1,400 naloxone boxes mailed to homes.
  - Syringe services—made over 3,000 contacts.
- We hired a consultant that will go to 19 long term skilled nursing facilities to make sure that they are trained on naloxone and know how to refer to treatment. Nursing facilities are partnering with methadone clinics, which is good news because we do not have to refer out to MD.
- Awarded two providers recovery housing grants—individuals will not be kicked out of program if they begin using again. Similar to Oxford House.
- Had a summit last week, addressed Xylazine (we are seeing in drug supply, it provides a sedative effect). We will continue to provide free naloxone, even when it becomes over

the counter. We heard from families who had an opioid fatality. Break out groups that were tasked with updating our Live.Long.DC strategic plan. Hope to have an updated strategic plan on August 31.

- Jean Harris—if and at any point, are individuals screened for co-occurring disorders? Hand-offs to other needed services?
  - Integrated care, we are moving to whole-person care. We have an integrated care team, that makes sure that individuals are connected to any services needed to improve quality of life. Care managers make sure that individuals are connected to any services needed.
  - We have a link between CRT, peer engagement counselors and intensive care coordination team. Whenever someone is not fully engaged or not doing well in treatment, we have a process to refer to the intensive care coordination team that will engage and support individual getting back into care. Our providers are key to this—they screen for co-occurring disorders and refer out to care.

**Presentation on DC Stabilization and Sobering Center (Arish Narayan, Project Manager):**

- Sobering Center conceptualized by Mayor in FY 2020. Local funds allocated in 2022. DBH is leading the project in conjunction with DC Health, FEMS, MPD, as well as SUD providers. Target opening is July. Located at 35 K Street NE.
- DBH vision for the sobering center:
  - Will be operated by Community Bridges, Inc.
  - Care to adults in DC during the acute intoxication phase, or have been revived, in a safe space with crisis intervention. Immediate needs are met.
  - Staff on site to engage, motivate and link to the next level of care if they are ready.
  - No cost or requirements for service—very low barrier.
  - Will operate 24/7/365.
  - Capacity—16 recliners, 6 longer term stay observation beds.
  - Nursing staff, peer staff, social worker, security, medical professionals on call as needed.
  - Will integrate with CRISP.
  - Purpose is to reduce ED stays.
- Very peer focused.
- See slide-deck for further details.

**Presentation on Community Bridges, Inc. (Rachael Fatunde, Deputy Chief of Staff Community Bridges, Inc.):**

- Community Bridges is a new DC provider. Admin office by 35 K site, in the process of hiring, 51% will be DC residents.
- Community Bridges is based in AZ, with sites in OK and DC.
- Started as a volunteer organization.
- Believes in the full continuum of care, no wrong door. Meet people where they are at, hire people who believe in the model/service.

- See slide-deck for further details.

**Presentation on Child and Adolescent Treatment, Prevention, and Recovery (Eric Chapman, DBH):**

- How does the outreach for youth differ from that for adults:
  - Much of our work for youth is dedicated to primary prevention. The earlier someone starts substance use, the longer and more complex their recovery.
  - Way in which we approach youth has changed—need to meet youth where they are.
  - Creating alternatives for youth to prevent substance use (if we know youth use substances after school, how do we engage then).
  - For adults, it is secondary prevention (sharing information about trends, legalization, etc.). Highlighting the impact on substance use (helping parents to understand the impact of secondhand smoke on kids).
  - Tertiary prevention—marketing strategies to prevent overdoses (i.e. SOR).
  - We do information sharing for youth and adults where there is overlap.
- We rely on OSSE Youth Risk Behavior Surveillance System (YRBSS) data—age of onset in particular. This tells us when we need to start prevention that is age appropriate.
- SUD prevention services—reduce age of onset and reduce progression of SUD.
- We also contract with prevention centers.
- See slide-deck for further details.
- Nadine Parker—most DCPC are in schools. They develop partnerships, developing partnerships. Last week, was at AU, has a relationship with SOR, passed out naloxone. Spend more time outside than inside.
- Roz Parker—engagement with youth around messaging as it relates to dangers of fentanyl and mixing drugs. DCPCs are at offices but are often in the community. If you need to reach them, you are best calling.

**Proposed Bylaw Amendments:**

- Prepared by DBH staff in conjunction with executive team. Five substantive recommendations, meant to improve how BHPC can recruit members and clarify terms. Will share the text of amendments before the next meeting, and will vote in June.

**Standing Committees:**

- Mark is still the chair of the system and benefit design committee. Gail Avent has agreed to serve.

**Public Comments:**

- None.

**Reminder:**

- June meeting is a hybrid meeting. Welcome folks to come to DBH to be present physically, but respect those that are not yet comfortable.

**Meeting Adjourned at 11:54am.**