

# OPIOID ABATEMENT ADVISORY COMMISSION

## OFFICIAL PUBLIC MEETING

### MINUTES (DRAFT)

**January 15, 2025**

The Opioid Abatement Advisory Commission was held at District of Columbia Hospital Association, 1152 15th Street, NW, Suite 900, Washington, DC 20005 on Wednesday, January 15, 2025. Members of the public were also invited to attend in-person and virtually via WebEx.

Recording of the meeting can be found at the following link:

<https://dcnet.webex.com/dcnet/j.php?MTID=m718dc26d06f90fe30a44699387659bef>

### ATTENDEES

#### Present

1. Christopher Watson, MD as designee for Ayanna Bennett, Ph.D., Director, DC Health
2. Christina Okereke, Representative of the Attorney General of the District of Columbia
3. The Honorable Christina Henderson (Marcia Huff as the Designee), Chair, DC Council Committee on Health
4. Jacqueline Bowens, Chief Executive Officer, District of Columbia Hospital Association
5. Michael Pickering, District of Columbia Behavioral Health Association
6. LaVerne Adams, DMin, Chief Executive Coach, Total Life Consultancy LLC (virtual)
7. Demetrius Jones, Certified Peer Recovery Specialist, Wards 7 & 8 DC Prevention Center/DC Recovery Community Alliance
8. Larry Gourdine, Program Manager, Psychiatric Institute of Washington (virtual)
9. J. Chad Jackson, MS, CEO, Ardan Community Living, LLC
10. Beverlyn Settles-Reaves, PhD, Program Manager, Howard University (virtual)
11. Juanita Price, M.Ed, Chief Executive Officer, Hillcrest Children and Family Center (virtual)
12. Senora Simpson, PTMPH, DrPH
13. Melisa Byrd, Senior Deputy Director, DC Department of Health Care Finance
14. Patricia Quinn, Designated Representative, District of Columbia Primary Care Association (virtual)
15. Nnemdi Elias, MD, MPH, Addiction/Internal Medicine

#### Absent

16. Alexis Squire, Designee, Deputy Mayor for Public Safety and Justice
17. Larry Bing, Certified Peer Recovery Specialist, Leadership Council for Healthy Communities
18. Franciso Diaz, MD, FACP, DC Chief Medical Examiner
19. Barbara Bazron, Ph.D., Director, Department of Behavioral Health
20. Ciana Creighton, Deputy Mayor for Health and Human Services

### **Welcome and introductions**

- Commissioners did introductions in person and virtually.

### **Call to Order**

- Chair J. Chad Jackson called the meeting to order at 9:15 AM.

### **Quorum Declaration**

- Chair Jackson conducted a roll call for quorum declaration.

### **Approval of Minutes**

- Chair Jackson presented the minutes for the October 16, 2024, Commission meeting.
- A motion to approve the meeting minutes was made by Council Member, Dr. Laverne Adams and seconded, with the correction of the spelling and title of two (2) of the commissioners was carried by unanimous vote.

### **Office of Opioid Abatement Updates**

1. Dr. Orlando Barker presented updates on The Office of Opioid Abatement fund,
  - **Presentation will be attached to minutes.**
  - **Key takeaways:**
    - In February 2024, we awarded Opioid Abatement funds to 40 different initiatives, allowing some to begin or continue their work in fiscal years 2024 and 2025. This includes 27 new projects—primarily through our Opioid Abatement Strategic Impact Grant—that officially launched in FY25.
    - Faith-based organizations expanded their opioid and substance use disorder (SUD) prevention efforts under a modified SOAR grant in FY24. Some concluded their work at the end of FY24, while others—and new faith-based partners—have been funded to continue or begin similar initiatives in FY25.
    - Twenty-two new and ongoing initiatives—including outreach, drop-in centers, digital peer support, physician education, and housing—are funded under the Opioid Abatement Strategic Impact Grants. This wide-ranging grantmaking effort also highlighted opportunities to streamline the District’s grant processes moving forward.
    - A public emergency was declared in November 2023 (focused initially on procurement) and reestablished after expiring in February, this time including provisions to simplify the grantmaking process. This allowed certain procedural steps to be waived, prompting a closer look at where further efficiencies could be introduced.

- Following the release of a Request for Applications (RFA), key actions include assembling a panel of reviewers, conducting a technical review of submissions, assigning applications for scoring, and then collecting reviewer feedback to inform final funding decisions.
- Reviewers from the Department of Behavioral Health must confirm they have no conflicts of interest before evaluating proposals, ensuring fairness. Initially, having only three reviewers for 50 applications proved unsustainable, leading to an expanded panel of around 15 people.
- The new funding strategy prioritized smaller, community-based organizations to broaden access to financial support. As part of this initiative, the Office offered extensive technical guidance—such as pre-application assistance and multiple budget reviews—which enhanced applicant preparedness but also prolonged the overall grant process.

- **Discussion:**

- Jackie Bowens inquired about the timeframe for receiving Opioid Abatement funds. Dr. Barker clarified that deposits began in April 2021, and grant awards were first distributed in February 2024.
- Chad Jackson expressed concern that no grantees received the promised 15-month funding due to missed deadlines and grant process delays, despite over 40 applications for FY25 and part of FY24. He acknowledged some delays were valid but emphasized the city's obligation to provide timely, consistent funding. Jackson also noted the high level of community interest and reaffirmed a commitment to meaningful collaboration with organizations addressing substance use disorders.
- Jackie asked whether the Office had followed up with applicants who did not receive funding, to clarify any issues with their proposals and help them strengthen future submissions.
- Dr. Barker explained that all unsuccessful applicants receive an official notice informing them of the outcome and inviting them to request a follow-up meeting. Although not everyone chose to do so, approximately ten organizations did request post-application reviews to discuss their scores and understand why they were not awarded funding.
- Jackie inquired about the causes of grant process delays—whether attributable to the department, the applicants, or both—and how they might be prevented in the future. Chad acknowledged that the ambitious, innovative nature of the grant, which covered both the final quarter of FY24 and all of FY25, led to a significant volume of applications. Various factors caused deadlines to be

missed, but he emphasized the Office's commitment to improving the process, meeting its own deadlines, and maintaining trust with grant recipients going forward.

- Jackie suggested creating an FAQ to ensure Commission members have accurate and consistent information to share publicly. She also inquired about receiving the presentation slides and requested an offline discussion of which applicants—especially those who presented unique initiatives or testified before the Commission—ultimately received grant awards. This would allow the Commission to understand the alignment between testimony and final funding decisions.
- Dr. Simpson stressed the importance of wider Commission involvement in grant evaluations, noting the need to strengthen training for smaller or less-experienced applicants. Also, she questioned whether the decline in opioid deaths can be linked to current programs, urging more rigorous evaluation to ensure funded interventions are truly effective and resources are used optimally.
- Marcia Huff inquired about the status of the contingency management grants that were pending when the second round of grants was announced, seeking an update on their progress.
- Dr. Barker and Chad explained that while contingency management remains a priority, final decisions have been delayed due to other pressing grant matters. They highlighted ongoing discussions with Johns Hopkins, noting the unique opportunity to research contingency management in a Medicaid-based setting and produce robust data on its effectiveness. The goal is to finalize this initiative soon, both to benefit the District and potentially serve as a national model.
- Larry Gourdine noted that recent HHS and SAMHSA policy updates increased the allowable amount for contingency management to \$750 per year. He pointed out that this change could bolster support and credibility for contingency management programs, which can include both monetary and non-monetary rewards.
- Michael Pickering emphasized that the months-long delay in finalizing grant awards creates significant challenges for providers. Without certainty on funding, organizations struggle to hire staff and begin services within the required 90-day start-up period—particularly amid a workforce crisis. He urged increased collaboration between providers and government agencies to streamline processes and better serve patients and provider teams alike.
- Dr. Barker clarified that no contingency management awards have been issued yet. Applicants were asked to provide additional details after submitting

proposals, given the complexity of the program, and that information is currently under review. While contingency management was initially considered for a contract vehicle, it was ultimately included under the Strategic Impact Grant, prompting additional due diligence. Dr. Barker emphasized the importance of allocating these funds correctly and pledged to notify applicants as soon as a final decision is made.

- Jackie Bowens proposed reconvening the Steering Committee to explore ways to involve more Commission members in the grant ranking and review process, aiming to prepare well before the next funding cycle. Chad agreed, acknowledging that previous intentions to hold Steering Committee and subcommittee meetings were delayed due to conflicting schedules and related challenges.
- Dr. Watson emphasized the need for clear accountability and cultural competence when conducting research on contingency management, particularly given the predominantly Black and Brown communities in D.C. Dr. Watson urged careful consideration of whether outside researchers are fully equipped to work in the local context and meet residents' needs.
- Dr. Simpson inquired about the specific steps for releasing funds once a grant is approved, particularly for smaller organizations that urgently need financial support. She highlighted the importance of identifying any procedural delays and ensuring prompt disbursement to these grantees.
- Dr. Barker explained that once grant scores have been finalized and the DBH Director (Dr. Bazron) approves funding, award letters and Notices of Grant Awards (NOGAs) are sent to selected organizations. Both parties must then sign the NOGA. However, delays often arise during the fiscal review process, where DBH staff and grantees may engage in multiple back-and-forth sessions to correct unallowable expenses or clarify budgetary details. Each cycle of revisions typically spans several days or weeks, contributing to slower fund disbursement.
- Juanita Price emphasized that commissioners should not directly participate in the grant review process to avoid potential conflicts of interest. She advocated for commissioners to assist in identifying qualified reviewers while remaining separate from evaluating the financial and strategic aspects of grant applications.

## Special Reports

### 1. **FEMS Mobile Integrated Health Update-** *Presented by David A. Vitberg, MD*

- **Presentation will be attached to minutes.**

- **Key takeaways:**

- EMS has transitioned from a purely public safety role to an integral part of the healthcare system, collaborating with the Department of Behavioral Health and Care Bridges to reduce emergency department overcrowding by diverting patients to appropriate treatment facilities.
- The Mobile Integrated Healthcare (MIH) team administers buprenorphine, conducts harm reduction outreach, and ensures seamless patient transitions to long-term treatment, supported by a Memorandum of Understanding (MOU) with DBH and comprehensive funding for staffing and operations.
- Significant investments have been made in specialized equipment, situational awareness dashboards, and a unified electronic health record system. This infrastructure supports efficient operations, secure medication handling, and effective data management for the MIH program.
- Extensive training in motivational interviewing and simulation exercises has been provided to MIH team members. The program has responded to over 400 incidents, distributed thousands of harm reduction kits, and is expanding its capacity with additional vehicles and advanced practitioners to better serve the community

- **Discussion:**

- Dr. Simpson recommended incorporating peer specialists into the MIH team to enhance community engagement and suggested increasing outreach efforts at community meetings and senior centers to raise awareness and improve the utilization of MIH services.
- David Vitberg highlighted the MIH team's extensive community engagement efforts, including regular community walks and board visits focused on addressing substance use disorders among seniors. Marcia Huff emphasized the importance of ensuring that targeted outreach grantees are informed and equipped to support these initiatives, thereby strengthening community collaboration and reporting.
- Marcia Huff inquired about FEM's strategy for sustaining the Mobile Integrated Healthcare (MIH) program once the current SOAR and opioid funding concludes, specifically whether the funding will be integrated into the FY26 budget. David responded that the initial infrastructure investments, including headquarters setup, vehicles, and technology, were one-time costs. After establishing those foundations, the MIH program will be supported through the department's regular budget.

- Beverly Settles-Reaves, MD highlighted the essential role of certified peer specialists in the MIH program to ensure continuity of care. She inquired whether peer specialists are permanently integrated into the MIH team or if the program collaborates with various peer organizations to support patient follow-up and access to treatment centers.
- Betty Smith outlined that the MIH team ensures continuity of care by maintaining contact with patients for 90 days after their discharge from hospitals or stabilization centers. This extended follow-up includes immediate post-discharge outreach and regular updates to support ongoing recovery and prevent relapse.
- Dr. Barker explained that under the DBH-FEMs MOU, the MIH program employs peer specialists as community outreach specialists. This ensures integrated support at stabilization centers and hospitals, enhancing care continuity and strengthening patient support systems.
- Jackie Bowens emphasized the need for coordinated communication and collaboration among peer specialists across various settings to share lessons learned and identify improvement opportunities. Chad Jackson inquired how the Opioid Statement Advisory Commission could support and facilitate these collaborative efforts to ensure effective engagement among peer specialists.
- Demetrius Jones recommended using the precise term "certified peer recovery specialist" in presentations to accurately reflect the qualifications and specialized skills of team members. This distinction ensures clarity and differentiates certified peers from social workers or individuals in general recovery roles.

## 2. **Octane Social Marketing Update-** *Presented by Everett Hamilton*

- **Presentation will be attached to minutes.**
- **Key takeaways:**
  - Octane utilizes comprehensive research and focus groups to identify information gaps and community preferences, emphasizing personal stories and individual journeys over traditional opioid-related imagery.
  - The campaign employs a multi-channel approach, including digital platforms, out-of-home advertising in shelters and metro systems, and active community engagement through partnerships with local organizations to reach a diverse audience.
  - The initiative educates Washington D.C. residents about the opioid crisis, empowers individuals with hope and strength, and connects them to available resources and support services, with the campaign set to launch on March 1, 2025.

### **New Business Proposal**

- Due to time constraints **AIM Health Institute** was unable to give their scheduled presentation. It will be rescheduled for a future meeting.

### **Public Comment**

- Judy Ashburn Provided public comment.
- Mark Johnson, MD provided public comment via Webex.
- Gordon Simmons provided public comment via Webex.

### **Adjournment**

- Chair Jackson adjourned the meeting at 11:16 A.M.