

**OPIOID  
ABATEMENT**

**Advisory Commission**

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**Opioid Abatement  
Advisory Commission  
Meeting**

**January 19, 2023**

# Agenda

- I. Welcome and Introductions**
- II. Approval of Minutes**
- III. Overview of the Opioid Abatement Advisory Commission's Powers and Duties and the District's Grants and Procurement Law**
- IV. Prevention Subcommittee Progress Report**
- V. Harm Reduction Subcommittee Progress Report**
- VI. Treatment and Recovery Subcommittee Progress Report**
- VII. Initial Recommendation Discussion**
- VIII. Public Comment Period**
- IX. Closing**



# **Overview of the Opioid Abatement Advisory Commission's Powers and Duties and the District's Grants and Procurement Law**

Presentation before the Opioid Abatement Advisory Commission

January 19, 2024

# Purposes of the Opioid Abatement Advisory Commission

The Commission has three purposes:

- (1) Ensure that the monies in the Fund are appropriately expended on evidence-based and evidence-informed harm reduction, prevention, recovery, and treatment activities, practices, programs, services, supports, and strategies for opioid use disorder and co-occurring substance use and mental health disorders;
- (2) Prioritize and facilitate public involvement, accountability, and transparency in allocating and accounting for the monies in the Fund; and
- (3) Ensure that the monies in the Fund have the effect of preventing, treating, and reducing opioid use disorder and co-occurring substance use and mental health disorders and reducing fatalities.

Source: D.C. Code § 7-3212(b)

# **Powers and Duties of the Opioid Abatement Advisory Commission, cont.**

The Commission is empowered to make recommendations to the Mayor and the Council about three matters:

- (1)** District-wide goals, objectives, and performance indicators relating to:
  - (a)** Prevention, recovery, treatment, and harm reduction infrastructure, activities, practices, programs, services, supports, and strategies for opioid use disorder and co-occurring substance use and mental health disorders;
  - (b)** Reducing disparities in access to prevention, recovery, treatment, and harm reduction infrastructure, activities, practices, programs, services, supports, and strategies; and
  - (c)** Improving outcomes and reducing mortality in traditionally underserved populations, including for communities of color and current or formerly incarcerated individuals, with regard to prevention, recovery, treatment, and harm reduction infrastructure, activities, practices, programs, services, supports, and strategies.
- (2)** Governing principles, policies, and procedures for the application for and awarding of monies and grants from the Fund.
- (3)** Awards of monies and grants from the Fund.

Source: D.C. Code § 7–3212(h)

# **Matters the Commission Must Consider in Awarding Grants**

The Commission must consider the following three matter when making recommendations for the awarding of monies and grants:

- (1) The number of individuals, per capita, with an opioid use disorder, and the number of overdose deaths per capita, in the area that a prospective awardee or grantee seeks to serve;
- (2) Disparities in access to care and health outcomes in the area that a prospective awardee or grantee seeks to serve; and
- (3) The infrastructure, activities, practices, programs, services, supports, and strategies currently available to individuals with an opioid use disorder in an area that a prospective awardee or grantee seeks to serve.

Source: D.C. Code § 7–3212(i)

# **Restrictions on the Use of the Opioid Abatement Fund**

- Must be used for prospective purposes only—not to reimburse past expenditures
- Must be used to supplement, not supplant, any other funds

Source: D.C. Code § 7-3221(b-2) & (b-3)

# Effect of the Opioid Public Emergency on the Grants and Procurement Laws

- The emergency legislation concerning the opioid public emergency **does not** affect the District’s grantmaking law.
- The emergency legislation allows the Mayor to waive certain provisions of the procurement law.
  - “[T]he Mayor may waive the requirements of Title IV of the Procurement Practices Reform Act of 2010 . . . (D.C. Law 18-371; D.C. Official Code § 2-354.01 et seq.).”

Source: D.C. Act 25-343, January 4, 2024, Section 2



# Difference Between a Grant and a Procurement

**Procurement** means obtaining by contract property, supplies, or services (including construction) by or for the District through purchase or lease, whether the supplier or services are already in existence or must be created, developed, demonstrated, or evaluated, and includes the establishment of Agency needs, solicitation of sources, award of contracts, contract financing, contract performance, contract administration and those technical and management functions related to the process of fulfilling Agency needs pursuant to contract.

A **grant** is the award of financial assistance to a recipient to support or stimulate the accomplishment of a public purpose as defined by the Federal or District law that authorizes the grant.

Source: Citywide Grants Manual and Sourcebook, <https://is.dc.gov/book/citywide-grants-manual-and-sourcebook/40-distinction-between-procurement-grant-and-subgrant>

# How to Determine Whether the Award Is a Grant or a Procurement

In determining whether a procurement or a grant is the proper mechanism for a District Agency to award funds to a private organization, Agencies shall apply the following three criteria:

- (a) Is there a statute that authorizes the District Agency to support or stimulate the activity of the recipient and authorizes the grant?
- (b) Is the principal purpose of the relationship the transfer of money, property, services, or anything of value to the grantee to accomplish a public purpose of support and stimulation authorized by statute, rather than an acquisition of goods or services for the direct benefit of the District government?
- (c) Does the applicant, not the District, define the specific services, the service levels, and the program approach for carrying out the subgrant?

If the answers to (a), (b) and (c) are “yes,” a grant is appropriate. In all other cases, the “award” shall be deemed a procurement subject to all the applicable requirements.

Source: Citywide Grants Manual and Sourcebook, <https://is.dc.gov/book/citywide-grants-manual-and-sourcebook/40-distinction-between-procurement-grant-and-subgrant>

# Overview of Grantmaking Law in the District of Columbia

- (1) Grants of **\$50,000 or more** must be awarded on a competitive basis.
- (2) The grantor must establish criteria or standards for the selection of grantees and must set priorities among those criteria or standards.
- (3) A grantor must publicly notice the availability of grant funds to allow for competitive submission of grant applications.
- (4) Notice of the availability of funds must be published in the District of Columbia Register at least 14 days in advance of issuing the grant.
  - Note: Notices have to be provided to the Register by the Thursday the week before they are published, so that effectively means notices must be provided to the Register three weeks in advance of issuing the grant.
- (5) The notice must include the following:
  - (a) A detailed description of the availability of grant funds, including the amount, the number of likely grant awards to be made, and any limitations or requirements on the use of such grant funds;
  - (b) Eligibility requirements for receiving funds under the grant program;
  - (c) Selection criteria for the awarding of funds under the grant program;
  - (d) A description of the application process under the grant program, including the date after which applications will no longer be accepted; and
  - (e) The date that final determination of grant awards will be made.

Source: D.C. Code § 1-328.13

# Council Approval Required for Certain Contracts

All contracts exceeding \$1 million during a 12-month period and all multi-year contracts must be submitted to the Council for review and approval.

The emergency legislation **does not** waive these requirements.

Source: D.C. Code § 1–204.51 (Home Rule Act); D.C. Code § 2–352.02 (Procurement Practices Reform Act of 2010); D.C. Act 25-343, January 4, 2024, Section 2.

Questions?

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# PREVENTION SUBCOMMITTEE PROGRESS REPORT

# Opioid Data Inventory

- DC Health has been working with partners to identify existing data sources. Participating agencies include:
  - DHCF
  - OCME
  - FEMS
  - DBH
  - DOC
  - MPD
  - DFS
- Additional entities the agency will work with
  - Drug Court
  - CSOSA
  - Department of Veteran’s Affairs
  - CFSA
  - DYRS
  - DHS
  - CDHA
  - DCPS/DCPCS
  - Community Based Partners

# Opioid Data Inventory – Data Thus Far

- Fatal overdoses
- Non-fatal overdoses
- Behavioral and medical health services (limited to subset of Medicaid population)
- Naloxone reversals and distribution
- Program outputs from the State Opioid Response grantees
- Jail admissions and releases
- Hospital admission surveillance
- Stabilization Center data



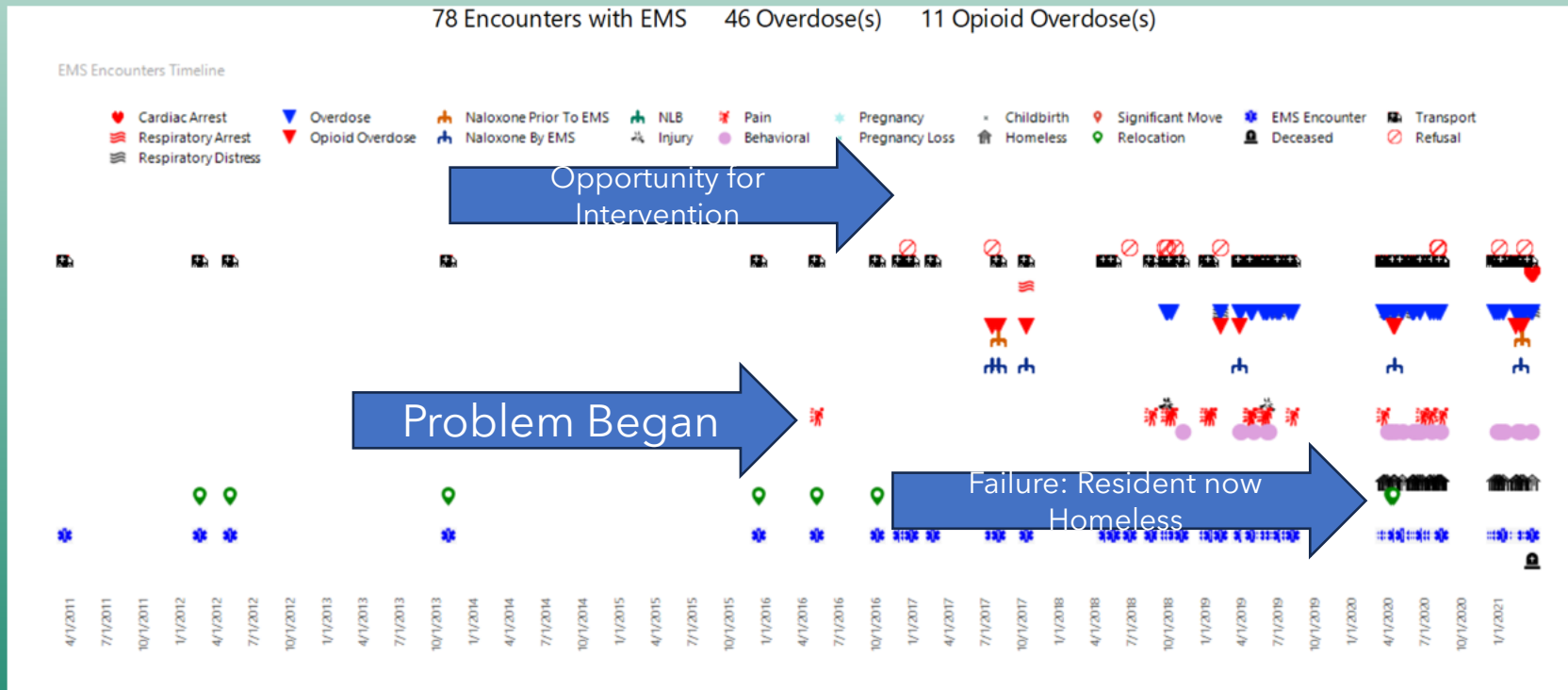
# Opioid Data Inventory – Possible Use Case

- Maine used only two data sets to monitor high utilizers
- The following slide shows contact with EMS and three key points are highlighted:
  - When the individual is first revived by Narcan
  - When the individual begins refusing transport
  - When the individual becomes homeless
- This type of data would allow us to identify when someone needs more intensive support and engagement to keep them alive and/or get them into recovery.

# Substance Use: Patient Journey



Since January 1, 2010 EMS Agencies in Maine have seen 68,475 unique individuals for 113,334 overdoses, including 19,505 suspected opioid overdoses. Of the identifiable individuals, EMS has encountered these patients 479,759 times out of 3,824,179 activations during that time period, representing 12.5% of all EMS activations.



#	Date	Scene Incident Full Address	Patient Home Full Address	Situation Provider Primary Impression
1	03/21/11	[REDACTED]	[REDACTED]	Flu Like Illness
2	02/19/12	[REDACTED]	[REDACTED]	Nausea / Vomiting (Unknown Etiology)
3	05/05/12	[REDACTED]	[REDACTED]	Other Illness / Injury
4	11/01/13	[REDACTED]	[REDACTED]	Traumatic Injury - Head
5	12/17/15	[REDACTED]	[REDACTED]	Other Illness / Injury
6	05/09/16	[REDACTED]	[REDACTED]	Pain - Back (Non-Traumatic)
7	10/06/16	[REDACTED]	[REDACTED]	Other Illness / Injury

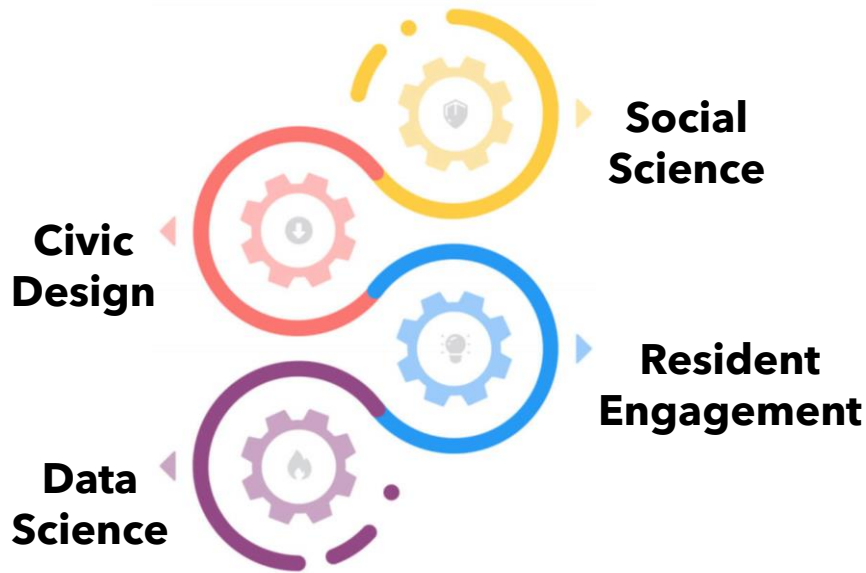


# The Lab @ DC

**The Lab @ DC** is a team in DC's Office of the City Administrator that works to meet the District's most critical problems with scientific methods, civic design, and authentic partnership with District agencies and residents. We use scientific insights and methods to test and improve policies and provide timely, relevant and high-quality analysis to inform the District's most important decisions. The Lab @ DC collaborates with District agencies to:

- Design and target policy and program interventions that are tailored to the District, based on theory and evidence from academic and industrial research, as well as analyses of available administrative data.
- Conduct high-quality evaluations—including randomized evaluations and rapid, iterative experimentation—to learn how well things work and how to improve.
- Foster a scientific community of practice, engaging and collaborating with experts and stakeholders across agencies, universities, and community groups.

## Our Toolkit



# Past and Current Lab Projects

## Agenda setting for the Opioid Data Group

The Lab facilitated a research prioritization sprint for the Opioid Data Group, a multi-agency collaboration within DC government working to combine diverse sources of data on opioid treatment, incarceration, overdose, and fatality. The group brainstormed research questions answerable using known data sources and prioritized questions based on potential impact and feasibility.

## Fire risk prediction ([link](#))

The Lab is partnering with the Fire and Emergency Medical Services to use existing data to predict which buildings in the District are at highest risk for fire. These efforts can help prioritize buildings for inspection and areas for resident education about fire safety.

**The Lab supports agencies' use of evidence by reviewing the research literature, designing programs that are resident-centered and evidence-informed, and rigorously evaluating innovative programs.**

## Career Mobility Action Plan ([link](#))

The Lab partnered with the Department of Human Services to design a program that offers families five years of rental assistance, career coaching, and cash payments. In addition to supporting the program design with research evidence and resident input, the Lab is measuring the program's impact on jobs, income, and performance in school using a randomized evaluation.

## Evidence-informed budgeting

The Lab reviews all budget proposals for new or expanded programs and services to assess whether the investment is supported by evidence. We also help agencies use evidence to strengthen their proposals.



# Opportunities for collaboration

The Lab could support the Opioid Abatement Advisory Commission in their work to identify, design, implement, and evaluate evidence-based interventions to prevent opioid abuse and overdose.



## Identify evidence-based interventions

The Lab can review research from the field to identify effective interventions. The Lab can provide guidance on how to prioritize among potential interventions.



## Design evidence-based interventions

The Lab can advise on how to develop an intervention based on evidence and resident input. The Lab can advise on using modeling to identify priority groups to receive the intervention.



## Develop a plan for rigorous evaluation

The Lab can serve as a thought partner in designing a rigorous evaluation to measure the intervention's impact.



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# HARM REDUCTION SUBCOMMITTEE PROGRESS REPORT

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# TREATMENT AND RECOVERY SUBCOMMITTEE PROGRESS REPORT

DRAFT

# DC OAAC TREATMENT & RECOVERY SUBCOMMITTEE PRELIMINARY FUNDING CONSIDERATIONS [1/19/2024]

## Treatment Linkage and Retention, Care Management:

- “Boots on the Ground” navigation support across sites with Peer Support
- Contingency Management/Incentives Pilot with Peer Support

## Treatment Access:

- “No Wrong Door” - CSA’s, PCP’s, Urgent Care, Pharmacies with Peer Support
- Mobile Methadone Van Pilot
- Residential Treatment for Youth Pathway
- Primary Care MOUD Prescribers with Peer Support

## Recovery Support:

- Transitional SUD Housing / PEP-V
- Training for Supervisors of Certified Addiction Counselor Interns

## Other:

- Real-Time Treatment Availability Dashboard
- Mass Media Treatment Campaign



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# PUBLIC COMMENTS

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## NEXT STEPS

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**THANK YOU!**

**LET'S WORK  
TOGETHER AND SAVE  
LIVES!**