

**OPIOID
ABATEMENT**

Advisory Commission

**Opioid Abatement
Advisory Commission
Meeting**

April 23, 2025

AGENDA

I. Welcome and Introductions

II. Call to Order

III. Quorum Declaration

IV. Approval of Minutes

V. Office of Opioid Abatement Update

VI. Old Business

A. AIM Health Institute- *Comprehensive Integrative Program for the Treatment of Chronic Pain*

VII. New Business

A. CADCA Drug-Free Coalition Training

B. Health Alliance Network- *The Importance of Men's Health in the District*

VIII. Public Comment

IX. Adjournment

The logo features a dark blue square background with a white circle on the left side. Inside the circle, the text "OPIOID ABATEMENT" is written in a bold, blue, sans-serif font. Below it, "Advisory Commission" is written in a smaller, black, sans-serif font. A thin horizontal line is positioned below the text.

**OPIOID
ABATEMENT**
Advisory Commission

Office of Opioid Abatement: Director's Updates

Opioid Abatement Fund Update

□ Opioid Abatement Fund

- Total Settlement Deposits= \$28,557,465.54
- Total Funds Awarded= \$14,953,989.10
- Total Overall Balance (Settlement Deposits- Funds Awarded)= \$13,603,476.44
- Total Budget Authority Balance = \$1,624,789.64
- Total Awards= 40

□ Upcoming Awards

- Contingency Management Update
 - 2nd panel review complete.
 - Notifications letters should be distributed soon.
- Data collection/evaluation
 - Contract for a feasibility study.

Opioid Abatement Fund Update

□ Feasibility Study

- Feasibility Study on the establishment of a Behavioral Health urgent care (BHUC) facility, in the District of Columbia, East of the River.
- BHUC is a model of care designed to provide immediate, accessible, and comprehensive mental health and SUD services to individuals in crisis who do not require emergency room care. It acts as a diversion from the use of emergency departments for behavioral health needs, offering services like assessment, crisis intervention, stabilization, and discharge planning. BHUCs aim to stabilize individuals, reduce the need for hospitalization, and connect them with ongoing care.
- Contract open to public bidding.
- Cost < \$100,000.

Opioid Abatement Fund Update

□ **Staffing Updates:**

- Newly hired Program Analysis Specialist of the Office of Opioid Abatement: Jessica Rodgers.
- With this hire, the Office of Opioid Abatement is now fully staffed.



OLD BUSINESS

AIM HEALTH INSTITUTE

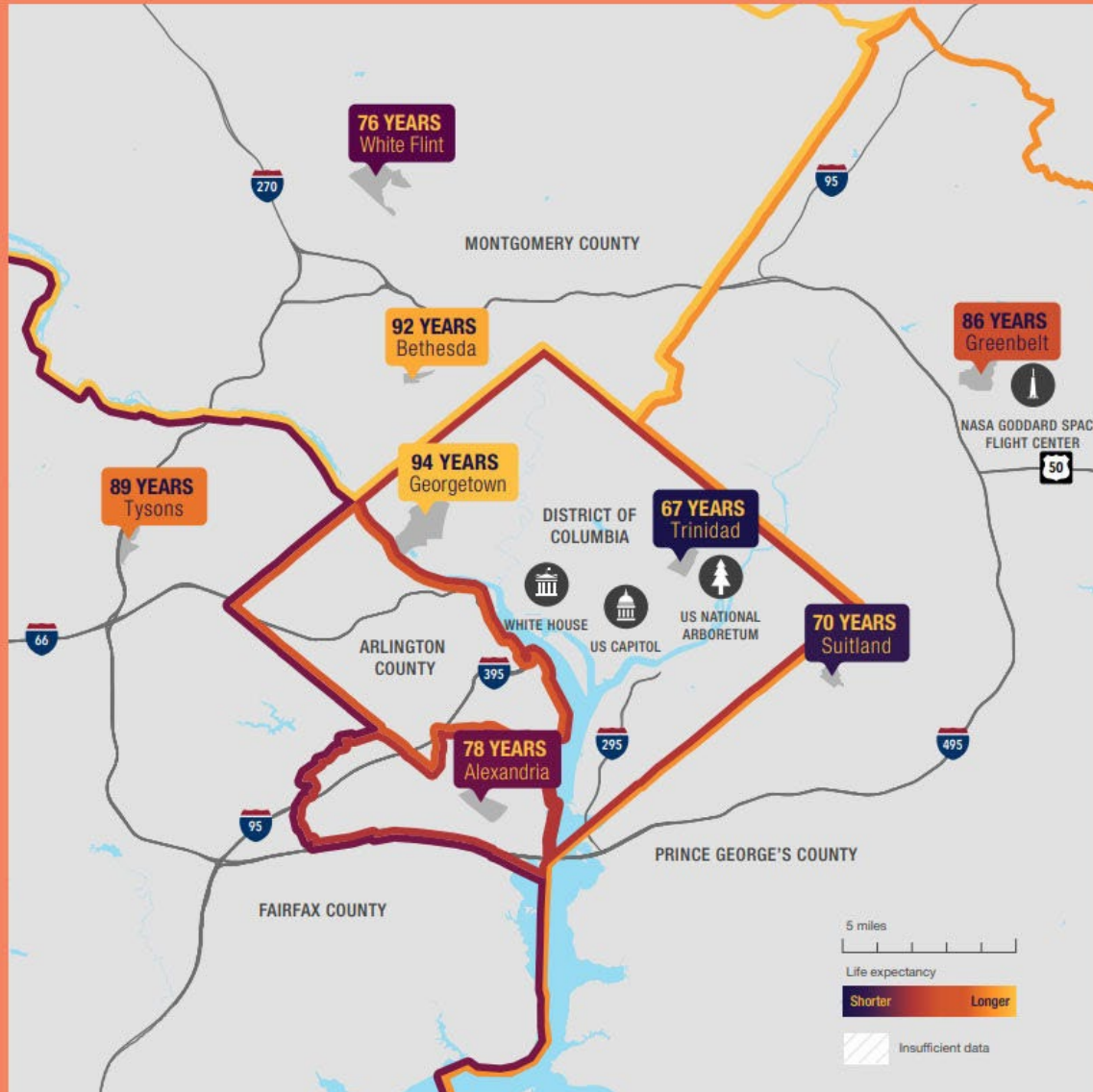
Mikhail (Misha) Kogan, MD, Co-Founder and
Board Member

AIM Health Institute

Access to Integrative Medicine Health Institute's (AIM) mission is to provide access to ***whole-person health*** and wellness in the greater Washington, DC, area through integrative **therapies, education, and research.**

AIM's vision is a world where every person has the right to the resources that will allow them to nourish and sustain a healthy body, mind, and spirit.

Largest Life Expectancy Disparity in US



Access to healthcare
Access to quality food,
nature, exercise facilities
Safe environment
Financial resources

Service, Education, Research

Applications: Direct Service Delivery
Free Massage and Acupuncture and Bread for the City Federally Qualified Health
Center

Open camera or QR reader and scan code to access this article and other resources online.



RESEARCH ARTICLE

Open Access

Retrospective Interview Findings from Low-Income Patients with Chronic Pain Who Received Acupuncture and Massage Therapy at a Federally Qualified Health Clinic in Washington DC

Louisa Howard, MD, MA,* Patrick Corr, Ed.D, Jelyca Ormond, MD, Randi Abramson, MD, and Mikhail Kogan, MD

Abstract

Objective: To examine the experience of low-income medically underserved patients receiving acupuncture and/or massage for chronic pain at a Federally Qualified Health Center in Washington, DC.

Methods: Thirty-one patients with chronic pain who had at least four treatment sessions were identified by their primary care physicians. Utilizing funds from a Health Resources and Services Administration (HRSA) grant, three massage therapists and two acupuncturists were recruited by Non-Profit Access to Integrative Medicine to offer free integrative medicine services. English- or Spanish-speaking patients who received at least four treatments were recruited for one-on-one interviews as well as a focus group. Ultimately, 14 patients took part and their average age was 58 years. IRB approval was obtained from George Washington University. Participants were asked questions concerning their chronic pain and quality of life (QOL), their understanding of integrative medicine treatments, and their use and perceptions of medication to treat chronic pain.

Program Feedback: Patient

Besides the systemic disease [I have], I was also struggling with lower back pain and right shoulder pain created by the nature of work I perform. In addition to my age, weight, and lifestyle contributes for my poor health condition.

Thanks to BFTC, recently I started to be treated with acupuncture needles with weekly follow-up which showed me great improvement on my lower back. It won't be an exaggeration if I say I feel better by 80%. The 20% I feel occurs when I lift, bend, or carry inappropriately.

I was afraid of the needles from my memory of the needles [used] on large animals [in Ethiopia]. The needles are so tiny for humans, even hard to recognize they are inserted. The stinging of the needle is much, much less than a mosquito bite. NO pain from the needle.

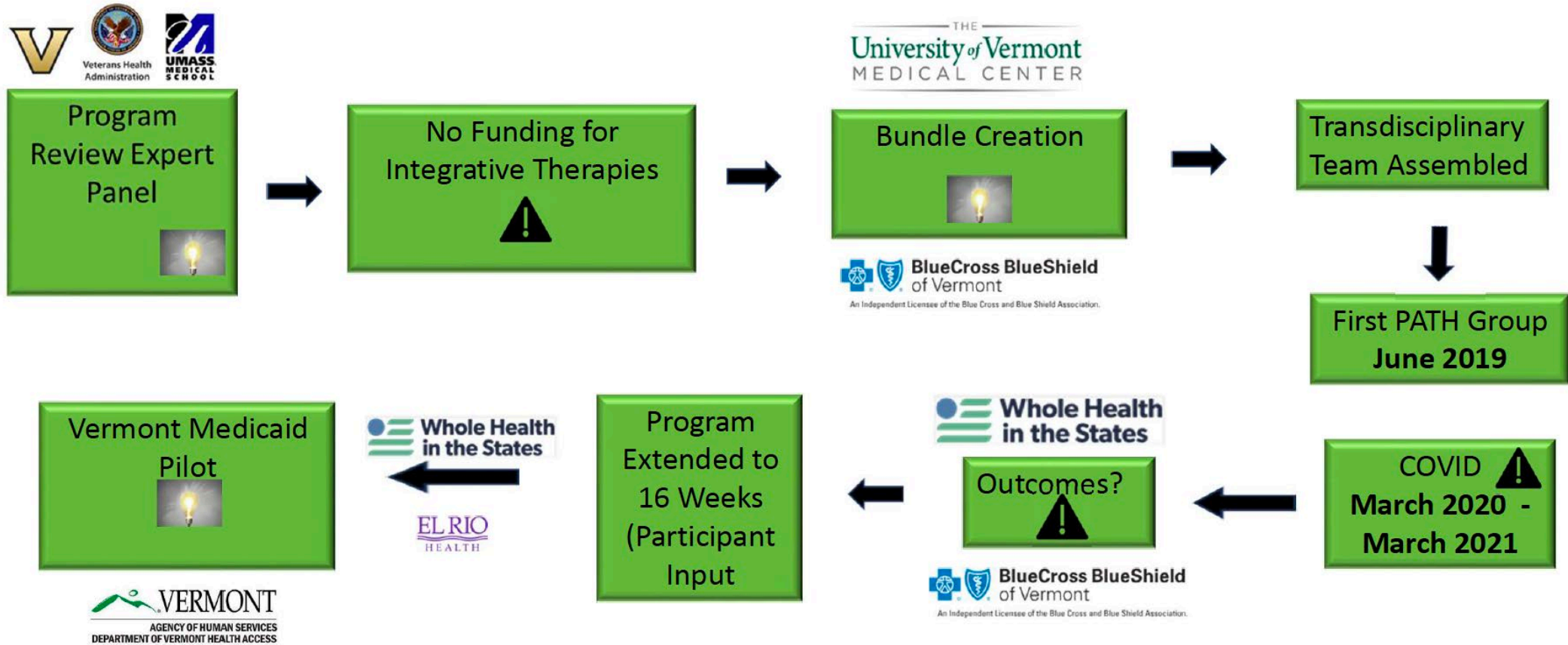
**In open label, non controlled study of 15 patients with chronic pain
100% reported pain improvement, wanted to have more treatment, and
most were upset that program ended due to COVID**

Results: Coding of the transcripts revealed positive QOL improvements from the acupuncture and massage treatments. All participants reported at least some improvement in their pain from the treatments and all indicated they would be interested in further acupuncture and/or massage treatments in the future. Their decisions for treatment focused primarily on a willingness to try more natural treatments that did not cause adverse side effects, and in some cases, desperation to find a treatment that helped manage pain after trying other interventions including medication and physical therapy. Additional positive effects included a deep sense of calm and relaxation participants felt during treatment, improvement in pain symptoms, as well as benefits experienced for conditions other than pain.

Conclusions: Acupuncture and massage were overwhelmingly viewed as treatments that could improve pain symptoms and QOL. This study demonstrates the important role integrative approaches to pain can play and highlights the need to reduce access barriers for marginalized communities with chronic pain.

University of Vermont experience Chronic Pain Clinic experience from 2015 until now

The Comprehensive Pain Program Laboratory



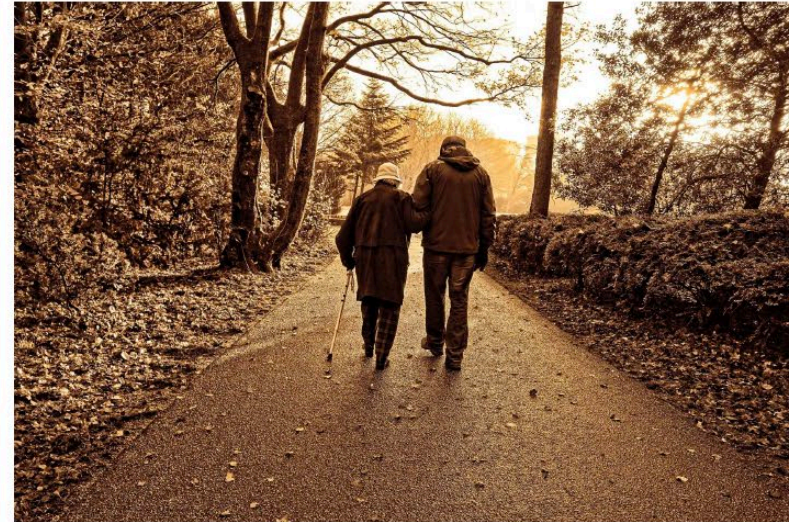
Reframing the Experience of Chronic Pain From Symptom to Redefinition of Self

Co-occurring depression,
anxiety

Trauma

Isolation

Otherved in Medical System



The Participant Experience

- Closed cohort, 16 weeks
- Weekly group sessions
 - Acceptance and Commitment Therapy
 - Medical Group Visits
 - Mindfulness
 - Self-Compassion
 - Spirituality
 - Community and Connection



- Individual Therapies available during 16 week program:
 - Acupuncture
 - Massage
 - Reiki
 - Yoga
 - Psychologically Informed OT
 - Psychologically Informed PT
 - Culinary Medicine
 - Nutrition
 - Art
 - Clinical Hypnosis
 - Eye Motion Desensitization & Reprocessing (pain protocol)
 - Pain Reprocessing Therapy
 - Health Coaching

CPP Cumulative Outcomes

Initial
26 Cohorts
(n= 245)



Survey	Pre	Post	Difference	95% CI for Difference	P-Value
PEG – life enjoyment	6.24	4.25	- 1.99	-2.35, -1.64	<0.001
PEG - activity	6.27	4.43	-1.84	-2.17, -1.51	<0.001
PEG – pain	5.88	4.73	-1.15	-1.39, -0.9	<0.001
DVPRS (Defense/Veterans Pain Rating Scale)	6.15	4.48	- 1.68	-1.95, -1.41	<0.001
Brief Resilience	2.94	3.19	0.25	.16, .36	<0.001
Self-Compassion	3.17	3.11	0.06	-0.01, 0.14	0.053
CPAQ-8 (Chronic Pain Acceptance)	3.27	3.51	0.25	0.14, 0.35	<0.001
Health Confidence	5.09	6.76	1.67	1.23, 2.11	<0.001

CPP
Cumulative
Outcomes

PROMIS 29

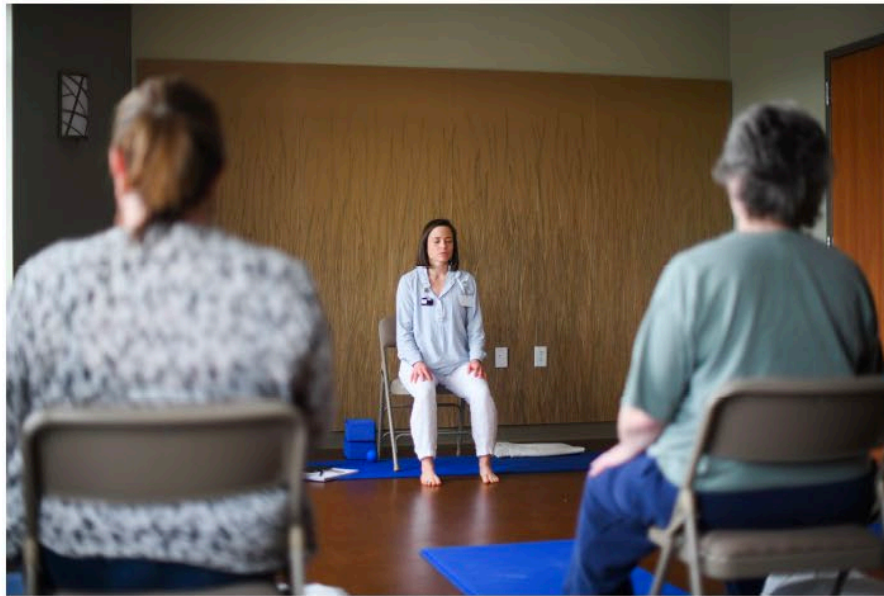
Initial 26 Cohorts
(n=245)



Domain	Pre	Post	Difference	95% Confidence Interval	P-Value
Pain Interference	3.38	2.96	-0.42	-0.95, -0.52	<0.001
Physical Function	3.25	3.57	0.33	0.27, 0.55	<0.001
Fatigue	3.67	3.17	-0.50	-0.70, -0.36	<0.001
Sleep Disturbance	3.30	2.91	-0.39	-0.46, -0.14	<0.001
Anxiety	2.64	2.33	-0.31	-0.55, -0.25	<0.001
Depression	2.35	1.97	-0.38	-0.55, -0.25	<0.001
Social Roles and Activities	2.53	2.99	0.46	0.40, 0.70	<0.001

Claims and ED Visits 24 Months Post-Program Participation (n=67)

- Claims data is from **67** members who were continuously enrolled for 24 months after their program participation and that completed at least half of the program
 - Claim for **12-months prior** to program participation and **24-months after** program participation are used for the utilization and costs data below.



Claims

24 Months Post-Program Participation (n=67)

Category	Before PMPM	After PMPM	% Decrease
Medical	\$1,472.28	\$1, 418.94	4%
Rx	\$371.47	\$209.52	44%
Medical + Rx	\$1,845.75	\$1, 628.46	12%
MS Spend	\$425.08	\$371.44	14%
Advanced Imaging	\$178.99	\$166.76	9%

ED Visits

24 Months Post-Program Participation (n=67)

Category	Before Visits/1,000	After Visits/1000 (% Decrease)
Any ER	644	373 (42%)
Pain-Related ER	322	179 (44%)
Advanced Imaging	751	582 (23%)



Overview and Feasibility of a Novel Transdisciplinary Integrative Approach to High Impact Chronic Pain in Vermont

Global Advances in Integrative Medicine and Health

Volume 13: 1–11

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Joshua Plavin, MD, MPH, MBA¹ , Jerry Landau, MAc², Gail L. Rose, PhD³ , Erika Ziller, PhD⁴, Sarah Nowak, PhD³, Heather Finley, PhD, DBSM¹, Laurel Audy, RN¹, and Jon Porter, MD¹

Abstract

Background/Objective: Pain is one of the most common chronic conditions in the US, estimated to affect 20.9% of the population (51.6 million people). We evaluated the Partners Aligned in Transformative Healing (PATH) program at University Medical Center's Comprehensive Pain Program clinic. Feasibility, initial clinical and financial results were assessed to inform payers' support for PATH, an integrative transdisciplinary program within a bundled payment format.

function and social roles and activities mean T-scores increased. Per Member Per Month (PMPM) total cost of care decreased by \$462 (18%). Emergency room utilization for all diagnoses decreased by 457 visits/1000 patients (65%), and for pain-related diagnoses by 194 visits/1000 patients (67%) during the observation period.

Conclusions: Results suggest that the PATH Program is a feasible and acceptable model that shows initial effectiveness relative to short-term patient-reported clinical outcomes and shows signs of durability in both utilization and financial outcomes at 1 year. The results support continued study including a multi-site RCT.

Claims Analysis for Cohorts 1 -17

- The claims data is from 120 members in the first 17 cohorts that completed at least half of the program
 - Claim for 12-months prior to program participation and 12-months after program participation are used for the utilization below
- Members who participated in cohorts 1-6 were in an 8-week program
- Members in cohorts 7-13 were in the expanded 13-week program
- Members in cohorts 14+ are in the current 16-week program

Category	Before PMPM	After PMPM	% decrease
Medical	\$1,901.34	\$1,582.06	17% ↓
Rx	\$628.58	\$486.27	23% ↓
Medical + Rx	\$2,529.92	\$2,068.32	18% ↓
Musculoskeletal	\$688.70	\$479.21	30% ↓

ER Visit Primary Dx	Before Visits/1,000	After Visits/1,000 (% decrease)
Any	706.6	249.6 (65%)
Pain-Related	287.9	93.6 (67%)

How to implement similar program in DC? AIM Health Institute is perfectly positioned to do this with close collaboration with GWU and GW Center for Integrative Medicine.

The program already in existence and has been piloted and proven effective for out of pocket paying patients at GWCIM.

Based on UVM preliminary data

40% ER admission/hospitalization decrease ONLY

(based on DC average cost of ER visit/hospital admission is
~\$20k/patient)

Program expected to be cost effective immediately (before end of year 1)

This is conservative estimate given that program likely will save more money on
imaging, medications, and medical visits

(preliminary data on this is still pending)



Early Efforts:

Support efforts of early adopters of comprehensive, whole person care to overcome implementation, utilization, and reimbursement barriers.

Develop measurement framework.

Learn and scale lessons.

Focus on:

- innovation in payment models
- equitable access to whole person comprehensive care
- provider wellbeing and education
- Infrastructure



What's next for WHITS?

WHITS seeks to continue to convene key stakeholders, develop and disseminate cross-state education and learnings, tools, and resources for other states and policymakers to join the movement in visualizing a transformed health care system for both patients and providers.

Contact Taryn.DeSioGarber@imconsortium.org for more information.

<https://imconsortium.org/page/whole-health-in-the-states>





NEW BUSINESS



DC Briefing

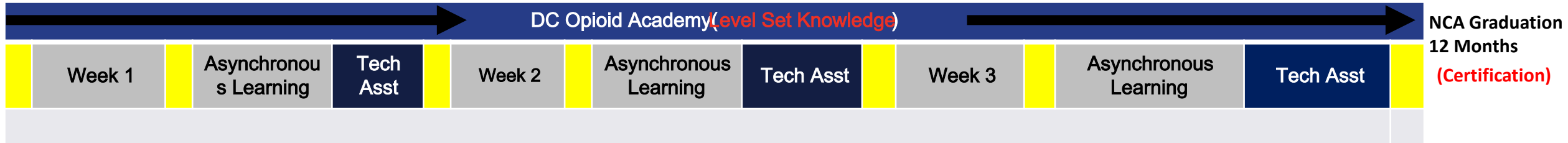
The Premier Prevention Association



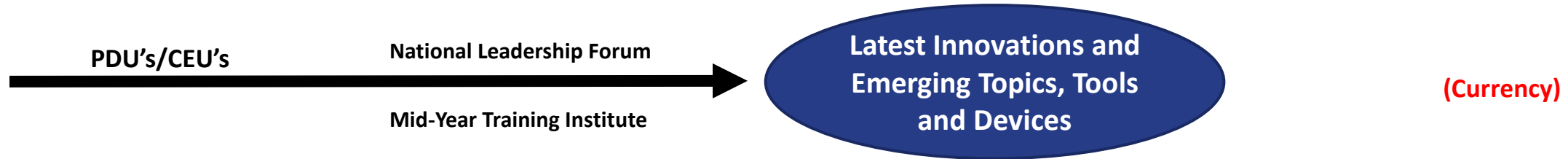
DC Opioid Training: Creating Lifelong Learners

Lines of Effort:

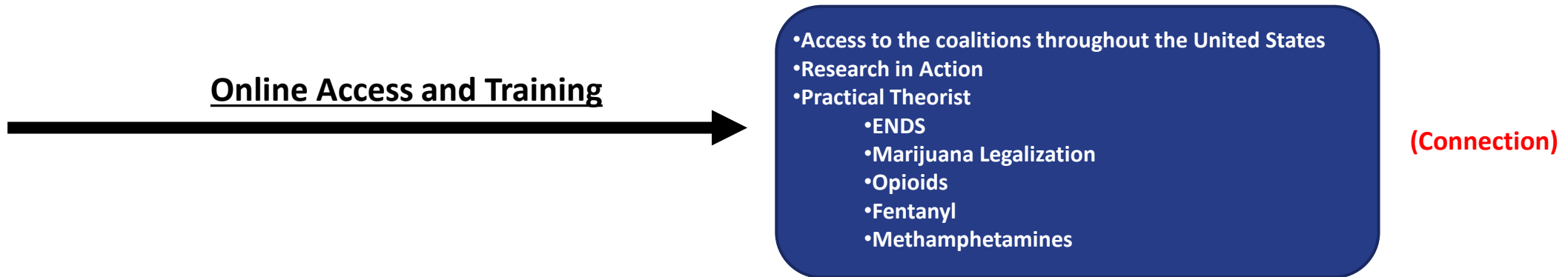
1. EDUCATION



2. TRAINING



3. MEMBERSHIP



Practical Theorist Webinar Series

- ✓ A 7-part innovative webinar series that dives deep into today's most pressing public health challenges
- ✓ Designed around **CADCA's Practical Theorists**, the webinar will bridge cutting-edge research with actionable strategies
- ✓ These 1.5 hour webinars offer coalition leaders, and professionals across healthcare, education and policy making critical insights to address complex behavioral health issues
- ✓ Each webinar will explore real-world applications, policy impacts, and skill-building opportunities to strengthen responses to these urgent topics

YOUTH PREVENTION

The Key to Building Healthy Communities:
Engaging Youth for Lasting Change

PREMISE:

- ✓ Youth play a vital role in the prevention of behavioral health
- ✓ Initiatives must be youth-led, adult guided
- ✓ Capacities of Prevention Coalitions are increased when youth are engaged and focused on evidence-based action

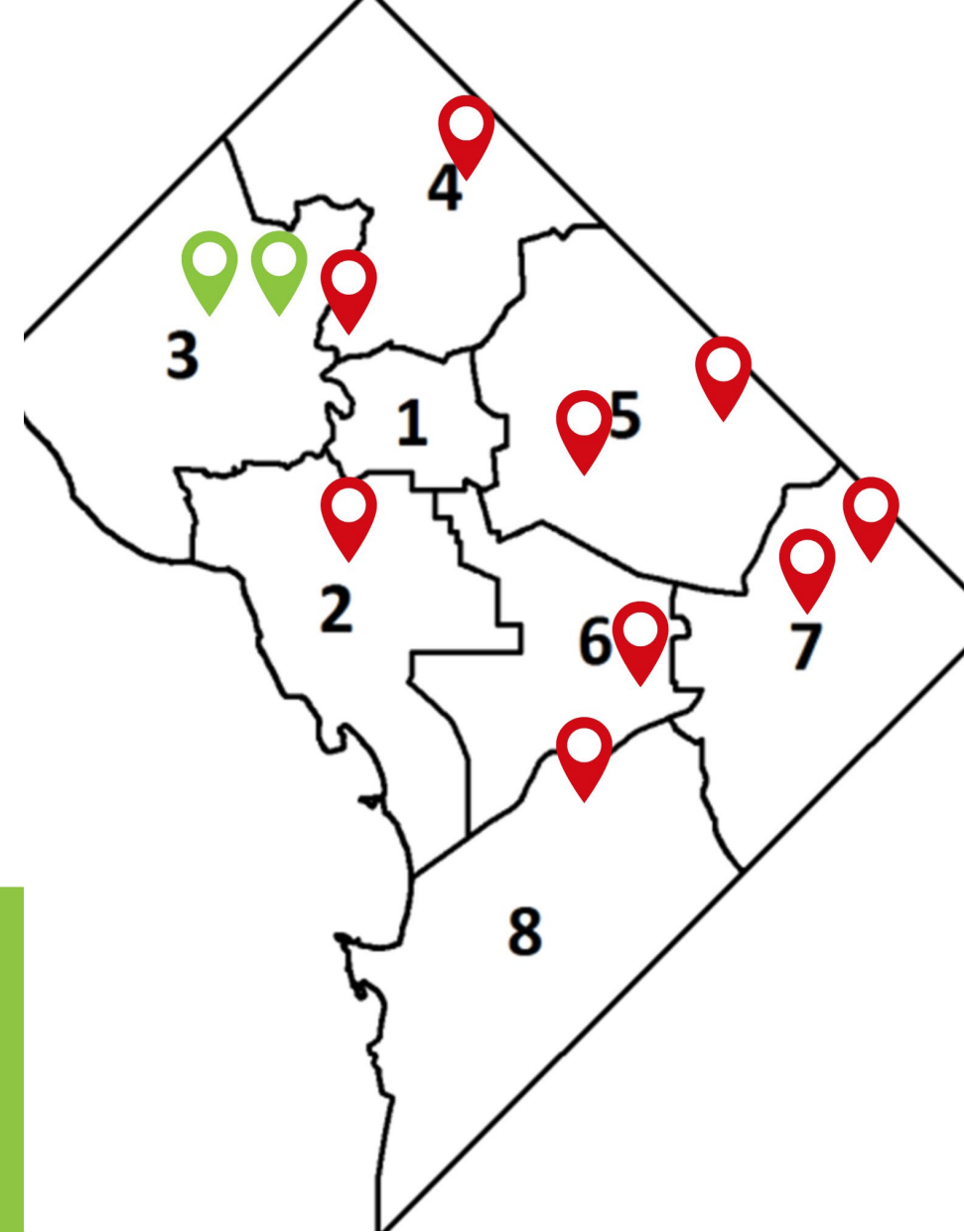
HOW THIS WILL BE DONE:

- ✓ Develop & Facilitate Youth Prevention Action Council(s)
- ✓ Host a Community of Practice for Adults
- ✓ Offer Engagement Trainings for Adults

The Ask

12 Coalitions (2 Members + 10 Native)

- CADCAM Membership for All 12 Coalitions: \$3,600
- Forum Attendance (2 per Coalition): \$17,880
- Mid-Year Attendance (2 per Coalition): \$17,880
- Districtwide Academy: \$200,000
- Webinar Series: \$100,000
- Youth Training: \$150,000
- Total: \$489,360



A large graphic on the left side of the slide. It features a red five-pointed star on the left, partially overlapping a white five-pointed star. To the right of the white star is a dark blue trapezoidal shape that tapers to the right. The word "QUESTIONS?" is written in white serif font inside the blue trapezoid. A light blue horizontal bar is at the bottom right of the blue trapezoid.

QUESTIONS?
QUESTIONS?

The Premier Prevention Association



The Importance of Men's Health in the District

By: Micailah Guthrie
On behalf of the Health Alliance Network

Take a moment...

Think about the men in your life.

Do you know a man that has experienced any health issues in their lifetime?

If so, what kind of care were they able to access based on their social demographic?

If not, what were the barriers that made it difficult to access care?

The Reality

- As of 2021, Men in DC were expected to have life span of 78 years of age.
 - Black men's life expectancy has been recorded to be 10 to 15 years shorter.
- What are the factors contributing to this shortened life span?
 - Opioid Overdose
 - Chronic disease (stroke, prostate, and colon cancer)
 - Systemic barriers (homelessness, incarceration, and unemployment)

What is happening in the District?

- In 2019, those who identify as Black or Native American had the highest % of opioid overdose in the country.
- In 2023, Washington, DC. was the 2nd highest ranked for opioid overdose with the first going to West Virginia.
- Within the District, 46% of the population identify as Black or African American.
 - However, 85% of the Black population are suffering from opioid overdose.
 - 75% of those opioid overdoses are Black men.

Specifically, Black men in DC are disproportionately treated for opioid use and overdose.

Chronic Disease in the District

- **Diabetes** → The DC Health Behavioral Risk Factor Surveillance System (2019-2020) reported the prevalence of diagnosis for Black men was 14-16% with either type 1 or 2.
 - Compared to the 8-9% in White men and the 10-11% in the overall District adult diagnosis for that recording year.
- **Colon Cancer** → The DC Cancer Registry (2020) reported an incidence rate of approx. 42-45 cases per 100,00 persons for Black men.
 - Compared to the 30-35 cases per 100,00 persons among White and Hispanic/Latino men.
- **Prostate Cancer** → The DC Cancer Registry (2020) reported an incidence rate of approx. 180-200 cases per 100,000 persons for Black men.
 - Compared to the 110-120 cases per 100,000 among White men.

How are Opioids Affecting the District?

- For those who suffer from opioid use, 90% of those cases have a mental health diagnosis.
 - 50% of those cases are depression and anxiety diagnoses.
- In 2020 to 2021, the DC Department of Behavioral Health reported that the opioid death rate was estimated to be 35-40 deaths per 100,000 persons for Black men.
 - Compared to about 15-20 deaths per 100,00 persons among White men.

Contributing Factors →

- Proliferation of synthetic opioids (e.g., fentanyl)
- Barriers to treatment and harm-reduction services in predominantly Black neighborhoods
- Socioeconomic stressors (unemployment, incarceration, and housing instability)

Incarceration in the District

- Between 2020 and 2022, The DC Department of Corrections reported that Black individuals comprise about 90% of the DC Jail population.
 - However, 70-80% of those incarcerated individuals are Black men.

Contributing Factors →

- Structural racism and socioeconomic disparities, such as higher rates of unemployment, lack of affordable housing, and limited access to quality education and healthcare.
- Over-policing in predominantly Black neighborhoods.
- Intersection with substance use disorders and mental health issues.

Homelessness & Unemployment in the District

- In 2022, The Department of Human Services conducted a Point in Time Count (PIT) that reported about 77-80% of the total homelessness population in DC identify as Black or African American.
 - 60-65% of those individuals are single adult men who identify as Black.

Contributing factors → the histories of incarceration, mental health challenges, and substance use disorders.

- The DC Department of Employment Services (DOES) reported in mid 2021 to 2022, that Black men had an unemployment rate of 11-15%.
 - Compared to a 4-5% rate in White men.

Closing Remarks

“When it comes to the health of the children, the health of the mother is paramount. When it comes to the health of the family and community, the health of the father is paramount”.

-Ambrose Lane, Jr.

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PUBLIC COMMENTS