



**GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CHIEF MEDICAL EXAMINER**

Opioid Fatality Review Board
June 13, 2023, Meeting Minutes

There were (19) attendees:

Opioid Fatality Review Board (OFRB) Members:

Dr. Jewell Reddick (Vice Chair)	Alexandra Evans (DFS)
Honorable Craig Iscoe (Superior Court)	Joseph Lippi (DHS)
Rhonda Johnson	Tyrone Guyse (DEA)
Ciena Bayard (OCME)	

Participants:

Dr. Sharon Hunt (DBH)	Kristy Hopkinson (DFS)
John Hogeboom (CBI)	Jeremy Reed (CBI)
Rechel Futunde (CBI)	Mary Page (CBI)
Arish Narayen (CBI)	Vicki Phillips (CBI)
Laura Reynolds(MBI)	Irvin Barnes (MBI)

Fatality Review Staff:

Tadessa Harper-Nichols	Woyini Teklay (OCME)
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Open Meeting

I. Greetings:

- The Opioid Fatality Review Board (OFRB) meeting began at 3:06 pm and opened with Dr. Jewell Reddick (Vice-Chair) greeting board members and guests.

II. Roll Call

- The OCME staff conducted roll call of board members, guests, and staff.

III. Review and Majority vote to approve the agenda

- There was a majority vote to approve the agenda.

IV. Review of the open portion of May 9, 2023, meeting minutes

- The open portion of the **May 9, 2023**, meeting minutes were reviewed and approved with no amendments.

V. Community Bridges Inc (CBI) Inpatient Medical Detox Center Presentation

- The following guests from the Department of Behavioral Health (DBH) and CBI presented:
 - DBH DC SSC Overview
 - Arish Narayan
 - CBI Organization Overview
 - Rechel Fatunde
 - John Hogeboom
 - CBI Q&A
 - Dr. Vicki Philips
 - Mary Page
 - Jeremy Reed

- The Mayor’s Commission on Healthcare Systems Transformation was released in FY20 and included a recommendation for the District of Columbia Stabilization and Sobering Center (DCSSC). This is a Mayoral priority and initial funds were allocated in FY22.

- The DBH is leading the implementation, in partnership with:
 - DC Health
 - Department of Health Care Finance
 - Fire and Emergency Medical Services (FEMS)
 - Metropolitan Police Department (MPD)

- The DBH collected provider, community feedback, reviewed other state’s RFPs and consulted with the National Sobering Collaborative. Community Bridges Inc. who was the successful awardee with extensive substance use disorder (SUD) experience.

- The DCSSC will provide low barrier access to therapeutic SUD treatment and Crisis Stabilization services on a 24/7/365 basis to adults 18 years and older.
 - Capacity: 16, 24-hour stay beds
 - Capacity: 6, up to 72-hour observation beds
 - Staffing: administrative staff, medical provider, nurses, medical assistants, licensed clinical social workers, and peer specialists

- The object of the DCSSC is:
 - To provide safe, stable, sobering services to inebriated and intoxicated adults.
 - Engage consumers who could benefit from substance use and behavioral health treatment and services
 - Provide care coordination and support post discharge (including CRISP)
 - Reducing unnecessary transports by FEMS and MPD to Emergency Depts.
 - Building effective / efficient relationships with first responders, DBH certified providers and community stakeholders

- The DCSSC will be located centrally in the District to serve all areas
- It will be co-located with other Government operated clinical services (35K St., NE, DC)
- DCSSC Services will include the following:
 - Medical Screening and Clearance / Stabilization / Support Services
 - Consumers' immediate personal needs being met
 - Comprehensive diagnostic assessment for mental health, substance use disorder, and co-occurring conditions
 - Referrals to appropriate level of treatment and recovery and harm reduction services in the community to meet consumer needs and their readiness to change
 - Care management and coordination to support consumers post discharge
 - Navigation, linkages and referrals to housing, transportation, social services, and other supports
 - Recovery coaching and consumer engagement services to address immediate personal needs
 - Providing alternative disposition to first responders for people under the influence of substances and persons presenting in crisis

The following questions were answered during the Q&A portion of the presentation:

Q1. What is the program eligibility criteria?

A1. The DC stabilization center will provide low barrier access and therapeutic treatment for adults in DC. There will be no cost to clients, gender requirement, or insurance requirement. All individuals will be eligible if they are medically stable. The current capacity envisioned is 16 recliners, 72-hour observation beds for more complicated cases. If an individual requires an alternative level of care that transition to inpatient, medical detox, or psychiatric services. No Wrong Door Model: “Where there are no bridges, we will build one”.

Q.2. How long can an individual expect to stay? Is there a maximum duration?

A.2 The expectation is that individuals will have the opportunity to safely stabilize in the facility and return home within 24- 72 hours.

Q3. What services are offered to individuals experiencing housing instability?

A3. The goal is to leverage the current continuum of care which includes housing. CBI will work on care coordination with local shelters and implement structures for rapid rehousing, recovery homes and permanent supportive housing. CBI will work closely with Oxford house to explore a multitude of options based on the individual’s needs. Social determinants of health will be explored to ensure that these needs are addressed.

Q4. When will the center open?

A4. Approximately, mid to late July 2023 at 35K Street, NE.

Q5. Will providers be alerted via CRISP when an individual is admitted to the stabilization center?

A5. As a part of care coordination services, CBI will utilize CRISP will work closely with existing hospital staff and providers to ensure seamless integration.

Q6. What interactions has your organization had with Drug Court system and has that helped your efforts?

A6. CBI works closely with the Drug Court system in Arizona. Particularly, with the 18–24-year-old population providing group therapy and education.

Q7. Will the center be staffed with individuals from the local community?

A7. Yes, there is a 51% DC resident contractual component. The general staffing pattern will consist of administrative staff, an onsite medical provider, registered nurses, social workers, and peer specialists.

Q8. How many employees will there be? How many will be peers?

A8. There will be a total of 40 employees of which 12 will be peers. Peers are infused into the robust Continuum of Care within CBI. CBI employs Peer Support Specialists organization-wide including every level of management from Supervisor to Executive Leadership positions.

Q9. What safety measures will be in place to ensure the wellbeing of all the individuals receiving services?

A9. Fixtures furniture equipment, the showers and bathrooms are all anti ligature to ensure patient safety. Nursing staff will be on duty 24/7 and all staff will be trained to implement de-escalation strategies. Additional staff members will also be available on call to give medication orders, if clinically indicated

Q10. Can you share any success stories?

A10. A CBI employee with lived experience shared his journey to recovery as a CBI client. CBI supported him through higher education as he obtained his master’s degree in Counseling. He returned to CBI as an employee and is currently employed as a peer support worker.

VI. Open portion of meeting for any members of the public who wish to address the Board.

An invitation for any members of the public who wished to address the board was extended during the open session.

- No members of the public were present or wishing to address the board.

VII. Parliamentary Procedures (Robert’s Rules) Training Portal

- Board members were informed that The Office of Open Government has launched its training portal on parliamentary procedure (Robert’s Rules of Order). Interested members who wish to improve their ability to run meetings fairly and efficiently, were invited to write to nicholas.weil@dc.gov with the request: “Please enroll me in The District of Columbia Robert’s Rules of Order Training Portal.”

VII. Majority vote to close the meeting for remaining board business.

- There was a majority vote to close the open portion of the meeting and move to the closed session.
- This statement was read aloud:

“This meeting will hereby be closed to the public for the following reasons - Open Meetings Act Section B- 12 & 14; and Mayor’s Order 2019-0243 Section XIII (13).”

The next OFRB meeting is scheduled for July 11, 2023, at 3:00 pm. Thank you for your participation!