



OPIOID ABATEMENT ADVISORY COMMISSION

February 14, 2024

9:00 a.m.

AGENDA

- | | |
|---|---------------------------------------|
| I. Call to Order | Mr. Jackson (2 minutes) |
| II. Quorum Declaration | Mr. Jackson (2 minutes) |
| III. Approval of Minutes | Mr. Jackson (5 minutes) |
| IV. Welcome and Overview of Agenda | Mr. Jackson (5 minutes) |
| V. Director's Report | Dr. Barker (10 minutes) |
| A. Office of Opioid Abatement Budget Report | |
| VI. FEMS Buprenorphine Initiative | Dr. Holman (FEMS) (10 minutes) |
| VII. Proposed Recommendations for Areas of Focus | Dr. Barker (45 minutes) |
| A. Prevention Subcommittee | |
| B. Harm Reduction Subcommittee | |
| C. Treatment & Recovery Subcommittee | |
| VIII. Unfinished Business | Mr. Jackson (5 minutes) |
| IX. New Business | Mr. Jackson (5 minutes) |
| X. Public Comment | (20 minutes) |
| XI. Adjournment | Mr. Jackson (5 minutes) |

State Opioid Response Grant FY 24 Budget

Personnel/Administration		
SOR Grant Positions		
SOR Project Director, SOR Project Coordinator, SOR Senior Project Monitor, SOR Harm Reduction Supervisor, SOR Naloxone Coordinator, SOR Prevention Specialist, SOR Recovery Coordinator, Data Coordinator, Data Support Specialist		\$ 809,077
Total Personnel		\$ 809,077
Fringe		\$ 418,027
Supplies		
Continue to provide naloxone training and distribute naloxone and fentanyl and Xylazine test strips.		\$ 195,824
Travel		\$ 8,620
Community-based Subgrantees and Government Partners		
PREVENTION		
Provider	Initiative	Budget
NCCPUD, Sasha Bruce, LAYC, BRIC	4 DC Prevention Centers host community events to raise awareness of opioid and stimulant use including Prescription Drug Take Back Day (PDTBD) and International Overdose Awareness Day (IOAD), provide information and resources, and offer training on the use of naloxone and distribute naloxone and fentanyl test strips including at local universities.	\$ 1,900,000
CAP, Centerpoint, East of the River, Good Success, Holy Comforter, Masjid Muhammad, New Bethel Baptist Church; faith-based grantees (100K)	Support seven faith-based organizations that host community events to raise awareness of opioid and stimulant use including PDTBD and IOAD, provide information and resources, sponsor support groups, and offer training on the use of naloxone and distribute naloxone and fentanyl test strips.	\$ 950,000
DBH Engagement Coordinator	Works with ward leaders to coordinate activities within the ward and develop ward specific plans.	\$ 90,050

State Opioid Response Grant FY 24 Budget

Engage Strategies	Develop and manage public education campaigns to focused on opioid overdose prevention, recovery, and treatment. There are currently three social marketing campaigns in the market. “Fentanyl is in your drugs” campaign warning the public about the dangers of fentanyl mixed into drugs like cocaine and methamphetamine. “Be Ready” which encourages District residents to carry naloxone. Hope campaign which features personal stories of individuals in recovery	\$ 984,890
Outfront Media	Billboard truck that travels to targeted areas to advertise how to get free naloxone and get connected to treatment	\$ 709,397
TBD	Minigrants to community-based organizations to organize prevention activities in neighborhoods.	\$ 249,916
Rize Consultants	Support the development of online prevention specialist certification training and provide coaching for supervisors to build the workforce.	\$ 19,000
HARM REDUCTION		
DFS	Machines that provide better accuracy than FTS and are easier to use.	\$ 49,995
FEMS	Collaborating with FEMS on overdose response/intervention by community outreach specialists/paramedics for those refusing transport post overdose.	\$ 558,239
Us Helping Us, FMCS, HIPS	Support three syringe service programs that respond to overdose spikes, provide naloxone training and distribution, syringe and fentanyl test strip distribution, advanced drug testing (FTIR machines), outreach to high-need areas (especially during evening and weekend hours), and linkage to MOUD.	\$ 2,437,792
TREATMENT		
UPO	Support engagement and retention in treatment at community-based Opioid Treatment Programs (OTPs)	\$ 91,893

State Opioid Response Grant FY 24 Budget

HIPS, Whitman-Walker Health, FMCS, Mary's Center, Leadership Council for Healthy Communities, Unity Health Care	Support engagement and retention in treatment at the three community-based Opioid Treatment Programs (OTPs) and at six office-based treatment settings.	\$ 1,441,795
DCHA	hospital-based program that employs peers in six acute care emergency departments and seven inpatient units to conduct Screening, Brief Intervention and Referral to Treatment (SBIRT). Peers offer referrals to treatment and recovery support services and provide support for up to 90 days and buprenorphine induction is available in the hospital. Adding Children's Hospital as an additional site in FY23.	\$ 1,221,158
Integrated Care Coordination Social Worker	Engaging overdose survivors and connecting to care	\$ 94,121
RAP	Support engagement and retention in treatment at the three community-based Opioid Treatment Programs (OTPs) and at six office-based treatment settings.	\$ 107,600
DFHV	Provides free rides to and from treatment and recovery appointments	\$ 189,900
DBH Mobile Van	Mobile van conducts assessments and connects to medication-assisted treatment, conducts HIV and Hep-C testing, distributes naloxone, and provides public education materials.	\$ 602,275
Life's Potential Services, Mary's Center, Howard University, MBI, Hillcrest, A Little More Support, RAP	seven providers provide care management for individuals at highest risk for a fatal overdose and/or severe opioid use or stimulant use disorder, which includes the facilitation of their engagement in treatment, recovery, harm reduction, and other health services.	\$ 2,934,019
MBI, Catholic Charities	Train 40 individuals as Certified Addiction Counselors (CAC). Provide paid support for 16 individuals to earn 180 or 500 hours of supervised CAC experience needed for CAC certification.	\$ 244,309
TBD	Support the development and distribution of training and technical assistance materials to pregnant and post-partum treatment providers to enhance their knowledge about substance use disorders and the treatment and recovery system.	\$ 11,069

State Opioid Response Grant FY 24 Budget

DHCF	In collaboration with the Department of Health Care Finance, support integrated care training and technical assistance for MOUD and other providers.	\$ 420,000
Community Bridges	Support the District of Columbia Stabilization and Sobering Center (DCSSC), which operates 24/7 to stabilize and connect to treatment, including MOUD initiation, and support.	\$ 432,825
Melina Afzal	TTA for skilled nursing	\$ 20,000
TBD	Groups, developing stories with graphic facilitation, non-traditional therapy	\$ 100,000
RECOVERY		
Oxford House	Required to open three recovery residences each year and provide housing and recovery support services to at least 75 individuals with OUD/STUD. Grant funds also support the first month's rent and security deposit for new residents needing this additional support.	\$ 577,972
Community Family Life Services (CFLS), Ardan Community Living, LLC	Support two providers to provide supported/low barrier recovery housing	\$ 779,487
DC Recovery Community Alliance, Dreamers and Achievers, Total Family Care Coalition, Volunteers of American	Support four Peer-Operated Centers (POCs) that offer peer support, host public education events, and provide information to individuals and families about and referrals to treatment and recovery support services. They also distribute naloxone.	\$ 1,453,720
CRIMINAL JUSTICE		
CFLS	Support housing for returning citizens, which provides case management services. Case management services include relapse prevention, employment assistance and training, and financial literacy.	\$ 699,272

State Opioid Response Grant FY 24 Budget

Department of Corrections (DOC)	Support two dedicated therapeutic medical community housing units in the DC Jail for individuals with behavioral health needs. These units offer MOUD, counseling, supportive programming, and links to community resources upon release. Individuals in the jail may receive MOUD treatment and other services from the wellness units without being housed in a dedicated unit. Support workforce development program that offers educational and employment-related certification courses to incarcerated individuals. Provides employment support for up to 6 months after release.	\$ 3,395,502
DATA, EVALUATION, AND STRATEGIC PLANNING		
TBD	Summer interns to help with data analysis	\$ 19,968
Carnevale	Provides outcome and process evaluation for the SOR grant.	\$ 245,185
Datapillars	Development and enhancement of dashboard that includes data from multiple governmental partners to understand treatment, incarceration, and overdose history to identify gaps in system of care	\$ 99,987
The Clearing	Oversee and track the implementation of the LIVE.LONG.DC. Plan by collecting monthly data for each activity, facilitate Opioid Strategy Groups, and conduct quarterly summits.	\$ 208,352
Total		\$ 22,454,242
OTHER		
GPRA gift cards		\$ 9,990
Total		\$ 9,990
Indirect		\$ 281,897
Total		\$ 24,964,125

DC Health Opioid Related Services Spending

1. The Overdose 2 Action (OD2A) Federal award is \$3.9M per year for five years
 - a. \$1.2M for surveillance
 - i. Surveillance infrastructure
 - ii. Morbidity surveillance
 - iii. Mortality surveillance
 - iv. Biosurveillance
 - b. \$2.7M for prevention and intervention activities
 - i. Clinician/Health system engagement and health IT/PDMP enhancement
 - ii. Public safety partnerships/ interventions
 - iii. Harm reduction
 - iv. Community-based linkage to care
2. DC Health funded seven harm reduction vending machines for \$70k
3. DC Health does not receive any additional funding or support new programs but the School Health Services program supports naloxone in schools in partnership with DBH

Overdose 2 Action (OD2A) funding is located in DC Health Center for Planning, Policy and Evaluation (CPPE) for surveillance, the DC Lab for testing, and DC Health HIV/AIDS, Hepatitis, STD and TB Administration (HAHSTA) for prevention interventions. The "core" surveillance is done by CPPE. The surveillance activities consider both morbidity and mortality data. The DC Lab conducts opioid testing, surveillance, analysis, and reporting of drug samples related to all seized samples and syringes. The biosurveillance results and data are used to inform overdose prevention interventions and preparation of monthly reports detailing trends and intelligence bulletins for new emerging substances or patterns. HAHSTA provides community-based intervention, including education by peer navigators to connect people to services, ensure persons who use drugs (PWUD) have access to overdose prevention and reversal tools, treatment options, and drug checking equipment; develop and sustain partnerships with syringe services programs (SSP) and harm reduction organizations; create and disseminate education and communication materials.

OPIOID ABATEMENT ADVISORY COMMISSION

OFFICIAL PUBLIC MEETING

DRAFT MINUTES

JANUARY 19, 2023

The Opioid Abatement Advisory Commission was held virtually via WebEx on Friday, January 19, 2023. Members of the public were also invited to attend virtually. The recording of the meeting can be found: [Opioid Abatement Advisory Commission Meeting-20240119 1408-1](#)

ATTENDEES

Present

1. Jean Moise, Ph.D. designee for Barbara Bazron, Ph.D., Director, Department of Behavioral Health
2. Ayanna Bennett, Ph.D., Director, DC Health
3. Melisa Byrd, Interim Director, DC Department of Health Care Finance
4. Ciana Creighton, Deputy Mayor for Health and Human Services
5. Christina Okereke, Representative of the Attorney General of the District of Columbia
6. Marcia Huff, Representative of the Chair, DC Council Committee on Health
7. Edwin Chapman, MD, President Designee, Medical Society of the District of Columbia
8. Jacqueline Bowens, Chief Executive Officer, District of Columbia Hospital Association
9. Mark LeVota, Executive Director, District of Columbia Behavioral Health Association
10. Patricia Quinn, Designated Representative, District of Columbia Primary Care Association
11. Senora Simpson, PTMPH, DrPH
12. LaVerne Adams, DMin, Chief Executive Coach, Total Life Consultancy LLC (virtual)
13. Demetrius Jones, Certified Peer Recovery Specialist, Wards 7 & 8 DC Prevention Center/DC Recovery Community Alliance
14. Larry Bing, Certified Peer Recovery Specialist, Leadership Council for Healthy Communities
15. Larry Gourdine, Program Manager, Psychiatric Institute of Washington
16. J. Chad Jackson, MS, CEO, Ardan Community Living, LLC
17. Beverly Settles-Reaves, PhD, Program Manager, Howard University
18. Nnemdi Elias, MD, MPH, Addiction/Internal Medicine
19. Franciso Diaz, MD, FACP, DC Chief Medical Examiner
20. Queen Anunay, MPH MCHES, Designee, Deputy Mayor for Public Safety and Justice
21. Juanita Price, M.Ed, Chief Executive Officer, Hillcrest Children and Family Center

Chair J. Chad Jackson called the meeting to order at 9:05 AM.

Chair Jackson conducted a roll call for quorum declaration.

Agenda

Approval of Minutes

Chair Jackson presented the minutes for the December 15, 2023, Commission meeting.

Dr. Laverne Adams motioned to vote on approving the minutes. Dr. Beverly Settles-Reaves seconded the motion.

The Commission approved the minutes by unanimous vote.

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

Attorney General, Brian Schwalb presented the "Overview of the Opioid Abatement Advisory Commission's Powers and Duties and the District's Grants and Procurement Law." The full report is available.

Mark LeVota asked whether the Commission can recommend that the Mayor or Council make awards in the manner that is most expedient.

Attorney General, Brian Schwalb stated that he did not think that there is anything in the statute that prohibits that being the Commission's recommendation.

Dr. Edwin Chapman stated that more data is needed on the outcomes of previous programs under LiveLongDC. Dr. Senora Simpson agreed.

Dr. Senora Simpson asked if the subcommittees, when making recommendations for grants or contracts have to address areas (e.g. prevention, harm reduction or treatment) or whether the money can be directed to the greatest need.

Prevention Subcommittee Progress Report

Dr. Ayanna Bennett conducted a presentation on enhancing DC Health's Opioid Data Inventory. Chad Jackson proposed budget allocation for interns and open-ended grants to foster community-driven solutions to address opioid-related issues.

Dr. Ayanna Bennett proposed a motion to allocate \$1 million for foundational projects such as data improvement and hiring interns. Dr. Francisco Diaz seconded the motion.

Jacqueline Bowens raised concerns about the approval process for budget allocation, seeking clarity on the timeline and involved parties.

Dr. Ayanna Bennett explained that the allocated funds would pass through the Department of Public Health to support existing contracts for data coding and analysis.

Demetrius Jones raised an issue of talk that \$1 million could be spent without hearing the proposals from the subcommittees. He highlighted a sense of repetition in the decision-making process and pointed out discrepancies in fund usage, suggesting the presence of systemic issues such as a buddy system or kickback system.

Chair Jackson proposed tabling the current motion until more detailed reports on fund usage are provided. He stressed the importance of analyzing real data to understand expenditure patterns effectively.

Ayanna Bennett withdrew the motion to allocate \$1 million for foundational projects such as data improvement and hiring interns.

Ayanna Bennett elaborated on the prevention activities discussed, specifically the enhancement of grants for faith-based organizations.

Harm Reduction Subcommittee Progress Report

Demetrius Jones presented recommendations from the Reduction Subcommittee, highlighting expanding the Peer Emergency Response Team, expand harm reduction vending machines and expand harm reduction messages in community settings. The full list is available.

Treatment and Recovery Subcommittee Progress Report

Dr. Nmendi Elias presented recommendations from the Treatment and Recovery Subcommittee, emphasizing the importance of peers and contingency management. The full list is available.

Chair Jackson recognized the common themes of peer-driven initiatives and direct community interaction across subcommittees.

Dr. Beverly Settles-Reaves provided additional insights into the importance of peers in emergency response and community outreach.

Larry Gourdine added context to the treatment and recovery committee's focus on deploying peers and emphasizing their role in various contexts.

Initial Recommendation Discussion

Chad Jackson initiated the meeting with a temporary panel setup. He proposed a discussion among two representatives from each subcommittee to address issues related to peers, budgeting, and organizational structure.

Dr. LaVerne Adams raises concerns about potential duplication of efforts and funding allocation regarding a data system connecting agencies, particularly regarding the use of money from the opioid abatement.

Dr. Adams also discusses limitations faced by faith-based organizations due to Substance Abuse and Mental Health Administration (SAMHSA) funding restrictions.

Dr. Adams also emphasizes the importance of budget allocation for each issue and the need to prioritize where the money is directed.

Chair Jackson acknowledged Dr. Adams' points and emphasized the importance of effective fund allocation, avoiding duplication, and utilizing federal money efficiently.

Jacqueline Bowens suggested organizing non-monetary recommendations into a single document for consideration, followed by a review of budgetary implications by subcommittees.

Dr. Ayanna Bennett proposed that the office present a budget proposal with limitations and considerations before subcommittees assess and prioritize items accordingly.

Larry Bing stressed the importance of firsthand observation of peer navigation systems and requested a group visit to Dr. Chapman's office.

Chair Jackson expressed openness to the idea of visiting Dr. Chapman's office but emphasized constraints due to open meeting regulations.

Senora Simpson reflected on the historical context of similar initiatives and emphasized the importance of peer support programs.

Public comments

Ambrose Lane, Judy Ashburn, Dr. Adaku, Dr. Ocella Pearsall, Roach Brown,

Chris Thomas and Dr. M. Lawson made comments virtually through Webex.

Adjournment

At 11:31 AM, J. Chad Jackson adjourned the meeting.