Opioid Abatement Advisory Commission Meeting

April 15, 2026

AGENDA

I. **Welcome (9:00–9:02)**
II. **Call to Order (9:02–9:04)**
III. **Quorum Declaration (9:04–9:06)**
IV. **Approval of Minutes (9:06–9:09)**
V. **OAAC Membership Review (9:09–9:29)**
VI. **Election of Chair (9:29–10:12)**
VII. **Peer Workforce Subcommittee Review (10:12–10:27)**
VIII. **Office of Opioid Abatement Updates (10:27–10:42)**
IX. **Grantee Presentation (10:42–10:57)**
X. **Public Comments (10:57–11:02)**
XI. **Adjournment (11:02–11:03)**

OAAC Membership Review

Voting Members

Member	Name
Director, Department of Behavioral Health	Barbara J. Bazron, Ph.D.
Director, DC Health	Ayanna Bennett, MD
	Director
Director, Department of Health	Wayne Turnage
Care Finance	Designee: Melisa Byrd
DC Attorney General	Brian L. Schwalb
Chair, DC Council Committee on Health	The Honorable Christina Henderson
Medical Society of the District of Columbia	Susanne Bathgate, MD President
	Designee: Raymond Tu, MD

Voting Members

Member	Name
District of Columbia Hospital Association	Jacqueline D. Bowens President and CEO
District of Columbia Behavioral Health Association	Michael Pickering
District of Columbia Primary Care Association	Ruth Fisher Pollard President and CEO Designee: Patricia Quinn Vice President, Partnerships and Policy
Mayoral Appointee	Nnemdi Elias, MD
Mayoral Appointee	Senora Simpson, PTMPH, DRPH
Mayor alAppointee	Demetrius Jones
DC Council Chairman Appointee	Beverlyn D. Settles-Reaves
DC Council Chairman Appointee	Larry Gourdine
DC Council Chairman Appointee	J. Chad Jackson

Advisory Members

Member	Name
The Director of Human Services;	A.D. Rachel Pierre
The Deputy Mayor for Public Safety and Justice;	Lindsey Appiah Designee: Alexis Squire
The Deputy Mayor for Health and Human Services;	Wayne Turnage
The Chief Medical Examiner.	Francisco J. Diaz, MD, FACP

Election of Chair

Peer Workforce Subcommittee

Peer Workforce Subcommittee

Goal

- The primary goal of the Peer Workforce Subcommittee is to strengthen the peer workforce infrastructure and support comprehensive and constructive peer-related policy that ensures the sustainability of the peer workforce.

Objectives

- In order to reach the stated goal, the Peer Workforce Subcommittee will engage with DC community-based SUD Providers as the primary Peer employers and include their professional Association, as the District SUD treatment and recovery SME (subject matter experts) to help the Workforce Committee with additional capacity, support, insights and input and recommendations regarding the gaps in training and skills that will strengthen the role and value of Peer support.

- Objectives are in the following categories:
  - **Data Collection**
  - **Policy and Technology Alignment**
  - **Sustainability and Resources**

Peer Workforce Subcommittee

Objectives

- **Data Collection**

  1. Gather data, assess current peer support practices, elevate effective models;

  2. Develop a Peer Workforce Needs Assessment (e.g. baseline data: # of peers employed, job stability, retention, employer types, funding models);

  3. Develop an inventory of peer training/certification programs (DC/MD/VA);

  4. Develop a process to review the District's current peer workforce capacity, deployment and best practices, including recovery support and care team integration;

- **Policy and Technology Alignment**

  5. Investigate the alignment of peer-related policy and regulations across District-accepted strategies: Live.Long.DC 3.0, DC 1115 Waiver, SAMHSA guidelines, Certified Community Behavioral Health Clinic (CCBHC) or Designated Collaborative Organization (DCO) models;

  6. Identify gaps in District policy and healthcare information technology where alignment with the peer workforce can be increased;

  7. Review compensation and role parity with similar peer and behavioral health support staff (e.g. Community Outreach Specialists, Community Support Workers, Community Health Workers, etc.);

- **Sustainability and Resources**

  8. Review current peer employment opportunities (e.g. Fire and Emergency Medical Services Mobile Integrated Health team, Hospital-Based Peers, Contingency Management support and integration);

  9. Explore post-certification ongoing peer workforce training and development;

  10. Explore the parity with the deployment of peer workers between substance use disorder and mental health services in the District; and

  11. Explore long-term funding and evaluation strategies for the peer workforce.

Peer Workforce Subcommittee

Action Plan

- Peer Workforce Subcommittee will create an action plan:
- During this time, the Peer Workforce Subcommittee will propose recommendations on issues pertaining to the peer workforce for the entire Commission to consider.

Subcommittee Membership

- Open to all Commissioners
- Voluntary
- Non-Commissioners are invited to participate in the Peer Workforce Subcommittee.
- The Office of Opioid Abatement will circulate a sign-up list to the Commission so anyone can join if interested.

Peer Workforce Subcommittee

First Meeting (Virtual)

Thursday, May 14, 2026

1:00 PM

Join from the meeting link
https://dcnet.webex.com/dcnet/j.php?MTID=m8d9782d2b973c8d1a9ab32e767b57c2a

Office of Opioid Abatement Updates

Opioid Abatement Fund

- Total Deposited by OAG: $32,418,137
- Expenditures: $14,484,574
- Available Funds: $17,933,562
  - Committed: $15,621,784
  - Uncommitted: $2,311,778

Funding Priorities for FY 2027

- The Commission last voted to prioritize funding in 14 areas of focus on February 14, 2024.
- During the past few months of subcommittee meetings, Commissioners have had a chance to review data from previously funded priorities and overall Live.Long.DC objectives.
- Recommendations made by subcommittees were provided for current review.
- Funding available from other sources (e.g. SOR, SUBG, etc.) are also considered in order to make the best use of opioid settlement funds.

Former Priorities

1. **Faith-Based Prevention**
2. **Prevention Media Campaign**
3. **Engagement/ TA with Physicians**
4. **Supplemental funds for Community-Based Organizations providing Opioid Remediation Services**
5. **Enhancement of Fire and Emergency Services (FEMS) Overdose Response Team**
6. **Expansion of Youth Peers at DC Prevention Centers**
7. **Expansion of Harm Reduction Vending Machines**
8. **Expansion of Harm Reduction Marketing**
9. **Establishment and Enhancement of Drop-in Centers with Peer Support**
10. **Expansion of Youth Treatment Services**
11. **Housing - Abstinence and Non-Abstinence Based Housing**
12. **Mobile Methadone Medication Unit Pilot**
13. **Contingency Management Pilot**
14. **Housing - Temporary Housing with Wrap-Around Services**

New Funding Priorities

1. **SUD Prevention and Education for Youth and/or LGBTQ Populations**
2. **Expanded Hour Drop-in Centers with Peer Support**
3. **Expansion of Treatment Services for Special Populations**
4. **Contingency Management**
5. **Housing for Individuals with OUD**
6. **Peer Workforce Development**

Title: SUD Prevention and Education for Youth and/or LGBTQ Populations

Description: This area provides funding for SUD prevention and education for youth and/or LGBTQ populations. This education and prevention is expected to be provided to these population through evidence-based and evidence-informed programming and activities. Particularly, these services should focus on youth-led or LGBTQ-led peer education models.

LLDC 3.0: *PC.2 Conduct outreach and training activities in community settings to engage youth, parents, educators, school staff, and childcare providers on effective communication and engagement strategies to support individuals impacted by substance use disorders.*

Title: Expanded Hour Drop-in Centers with Peer Support

Description: This area provides funding for the expanding the hours of current drop-in centers where District residents in need can go to receive peer support and get access to referrals to necessary services.

LLDC 3.0: *HR.3 Explore the feasibility of developing a 24/7 harm reduction drop-in center that provides comprehensive services and engages individuals in conversations about treatment and recovery.*

Title: Expansion of Treatment Services for Special Populations

Description: This area provides funding to expand behavioral health services at mental health, psychiatric and substance use treatment facilities for special populations (youth, women and children) with opioid use disorder. In addition, expanding and enhancing services to these groups, particularly when referred from the justice system.

LLDC 3.0:

- *CJ.1 Engage and collaborate with the drug court for diversion of individuals with substance use disorder who are arrested.*
- *TWC.4 Train/educate providers who work with special populations.*

Title: Contingency Management

Description: Continue implementation of District of Columbia Contingency Management (CM) system founded on human-centered design and rapid cycle iteration to harness the power of tangible incentives for achieving drug-free tests, session attendance, and milestones, all while guiding a transition to intrinsic self-motivation. The CM system will continue to be expanded across outpatient, inpatient, and residential facilities, incorporate peer recovery support, and target populations at higher risk. Robust research shows CM's efficacy in increasing adherence, retention and reducing reuse.

LLDC 3.0: *TR.2 Develop and implement a comprehensive care coordination/care management system to care for and follow clients with SUD/OUD.*

Title: Housing for Individuals with OUD

Description: Funding housing services for various types of housing initiatives that includes but is not limited to abstinence-based housing, transitional housing, respite housing, recovery housing, programs like Housing First, etc. All of these housing services must include supports services or emphasize access to services for individuals with OUD and/or other co-occurring disorders.

LLDC 3.0: *RE.2 Improve the quality and quantity of recovery housing.*

Title: Expansion of Peer Workforce

Description: This area would provide more funding for training for individuals with lived experience with substance use and mental health challenges. youth in evidence-based youth peer support training and other activities to develop youth leadership. Ultimately, the goal involves training, certifying, and supporting individuals with lived experience of mental health or substance use challenges to serve as Peer Support Specialists, Peer Recover Coaches, Peer Support Workers, etc. It strengthens the behavioral health workforce through specialized training, career, advancement, and role definition.

LLDC 3.0: *RE.1 Increase the presence of peer support groups/programs throughout the community for individuals in recovery and monitor the quality and effectiveness of programming.*

Grantee Presentation: ERP Health

DCCMI Progress Update

Washington, D.C. Opioid Abatement Advisory Commission

April 2026

Report Sections: Program Status | Operational Progress | Strategic Position | Action Plan

Program Overview: What is DCCMI?

DC Contingency Management Intervention (DCCMI) is a district-wide initiative expanding access to evidence-based Contingency Management for substance use providers and their patients across the District of Columbia.

District-Wide Initiative

Expanding access to evidence-based Contingency Management for substance use providers across all DC wards.

Who It Serves

Behavioral health providers supporting individuals with SUD across the District.

What It Enables

Delivery of structured, compliant recovery incentives to reinforce critical treatment behaviors.

How It Works

Shared CM model via GRO+ platform with standardized assessments and verified outcomes reporting.

Why Now

To improve treatment engagement during periods most vulnerable to relapse and overdose.

Key Benefits

Evidence-based intervention with decades of research showing significant gains.

Program Status

KPI Overview | System Status & Enrollment

Provider Enrollment Progress

Key Insight: 17.5% of identified providers active. Target: 100% enrollment by end of Q2 2026.

Program Metrics

DCCMI DBH Hub LIVE & OPERATIONAL

System accepting patients

42

Active Patients Engaged in CM

10

Provider Licenses Issued

Meet Your DCCMI Team

Your Partners in Implementation & Success

Gordon Simmons

Senior Strategy Advisor & DCCMI Program Director

17+ years transforming behavioral health through innovation and compassionate care.

Christian Sellu

Client Solutions Director

10+ years dedicated to empowering providers with tools that improve patient outcomes.

Marta Hess, MA, LCADC

Client Success Manager

20+ years of community behavioral health expertise spanning clinical practice, program leadership, and nonprofit management, Marta brings deep frontline knowledge to her role.

Lewis Remick

Peer Support Manager

With 40+ years of lived recovery experience and 30 years leading large-scale transformation across state, federal, and Fortune 100 organizations, Lewis uniquely bridges personal insight with enterprise strategy in advancing peer support.

Meet Your Peer Support Team

Your Partners in Implementation & Success

Terri Bordeaux

Peer Support Specialist

Terri Bordeaux is a Certified Peer and Family Support Specialist in Washington, DC, with over seven years of sustained sobriety, currently serving as Lead Peer at Medical Home Development Group. She draws on her lived experience to provide direct peer support, develop care plans, and advocate for individuals and families navigating recovery.

Jonathan Wicker

Peer Support Specialist

Terri Bordeaux is a Certified Peer and Family Support Specialist in Washington, DC, with over seven years of sustained sobriety, currently serving as Lead Peer at Medical Home Development Group. She draws on her lived experience to provide direct peer support, develop care plans, and advocate for individuals and families navigating recovery.

Guy Redford

Peer Support Specialist

Guy Redford is a Certified Peer Specialist and Recovery Coach in Washington, DC, with over 15 years of experience in human services, currently serving at Howard University Hospital specializing in crisis intervention and SBIRT protocols. He holds a Paralegal Certificate from Georgetown University and brings precision and advocacy to ensuring individuals have a clear, supported pathway to recovery.

Peers: The Heart of DCCMI

Peers serve as the vital connection between patient engagement, provider support, and program success.

Items Eligible for CM Funds

DCCMI Program Overview

Week 1: Card Access

Qualification Phase

Clinical Assessments (Week 1 Bundle)
Satisfaction Surveys
Event-Based Activities

INTAKE BUNDLE

up to $75.00

Upon Verification (1650 pts)

CM Point Accumulation

Earning Rewards

ROUTINE COMPLIANCE

Appointments (PCP, MAT, Individual)
Assessments & Peer Engagement
Urine Screens (Tox)
Enrollments / Intakes

SUSTAINED WEEKLY EFFORT

Full-Week IOP/PHP Groups
Full-Week Residential Groups
Full-Week Sober Living Groups
30/60-Day Milestones

RECOVERY MILESTONES

90-Day Retention
Reentry After Relapse
Hospital/Detox Step-Down
ASAM Level Completion

PROGRAM COMPLETION

IOP/PHP Program Completion
Residential Program Completion

Program Details

Same-Day Reloads
Immediately available after issuance

Biweekly Assessments - Participant Collected
Standardized clinical screens

Weekly Surveys - Participant Collected
Satisfaction & engagement checks

Weekly/PRN Events - Peer Reported and Provider Chamption Confirmed
Activity-based participation

Annual Payout Cap: $599

Event-Based Activities - Participant Rewards

STANDING EVENTS

- Program Enrollment
- Peer Engagement Response
- Reentry Within 30 Days
- Narcan Distribution
- Linkage to Primary Care

MAT/MEDICATION

- PCP Appointments
- Buprenorphine Visits
- Methadone Compliance
- Positive Tox Screens

IOP/PHP PROGRAMS

- Intake Completed
- Full Weekly Attendance
- Program Completion

RESIDENTIAL

- Residential Intake
- Full Weekly Groups
- Program Graduation
- Hospital Step-Down

TRANSITION HOUSING

- Housing Intake
- Employment Training
- Job Interviews
- Sober Living Groups

JUSTICE-INVOLVED

- Pretrial Compliance
- CSOSA Supervision

ENGAGEMENT MILESTONES

30-Day, 60-Day, 90-Day Retention • ASAM Step-Down Completion • Stabilization Confirmed

Collection Workflow

1. Peer Documents in GRO+

Select from event dropdown
Record activity details & timestamp

2. Champion/Provider Confirms

Verify with provider records
Validate attendance/completion

3. System Processes

Centrally governed processing
Audit trail created
Participant rewarded

Note: Assessments (PHQ-9, GAD-7) and Satisfaction Surveys are captured separately through GRO+ screener modules, not in the event dropdown menu.

Connecting and Convening Community Stakeholders System Wide

Alignment with DC Medicaid 1115 Waiver

The DCCMI program is designed to align with DC Medicaid 1115 Waiver requirements, supporting the District's priorities for measurement-based care and outcomes reporting.

District Priorities

Supports the District's priorities for measurement-based care and outcomes reporting.

Consistent Assessments

Establishes consistent assessment practices across patient populations.

Verified Outcome Data

Provides verified participation and outcome data to demonstrate effectiveness.

Value-Based Care

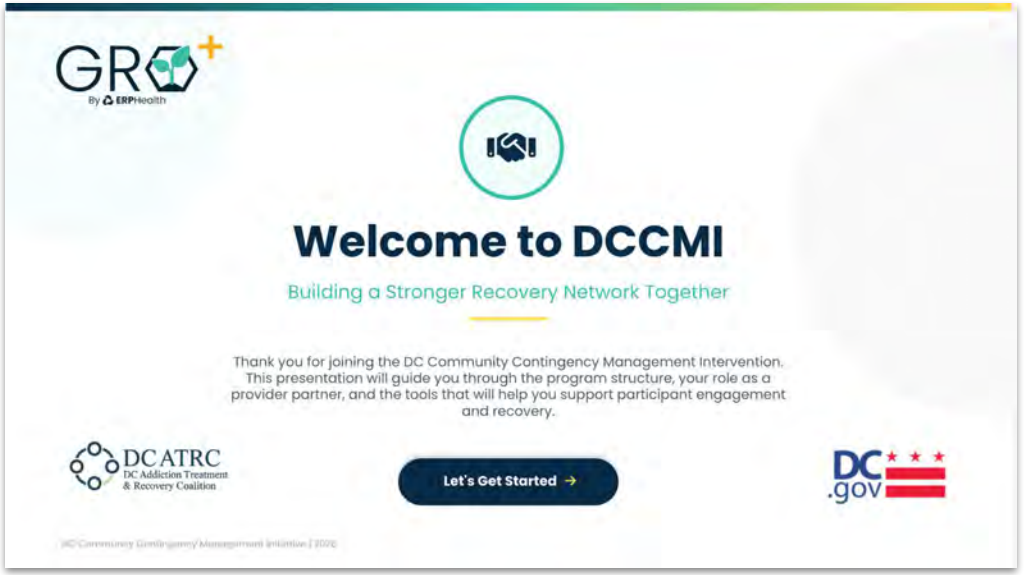
Positions providers for value-based reimbursement models with auditable evidence.

Enhanced Reporting

Enhances readiness for evolving reporting and quality requirements.

- 100% compliant with DC Medicaid requirements
- All providers eligible for participation
- Real-time data reporting

Provider and Participant Trust



DCCMI Provider Training - Welcome

Welcome! I'm Marta Hess, Customer Success Manager at ERPHealth. Today I'll train you on the GRO platform for DCCMI.

What is GRO?

GRO is a contingency management and outcome tracking platform that leverages patient-reported data to individualize treatment, promote health equity, and provide contigency management services.

Program Context

Thank you for supporting and participating in the “DC Contingency Management Intervention”. We’re excited to provide you the tools to enhance patient engagement and retention in treatment and recovery. Your leadership will make a lasting impact on your patients and the community at large.

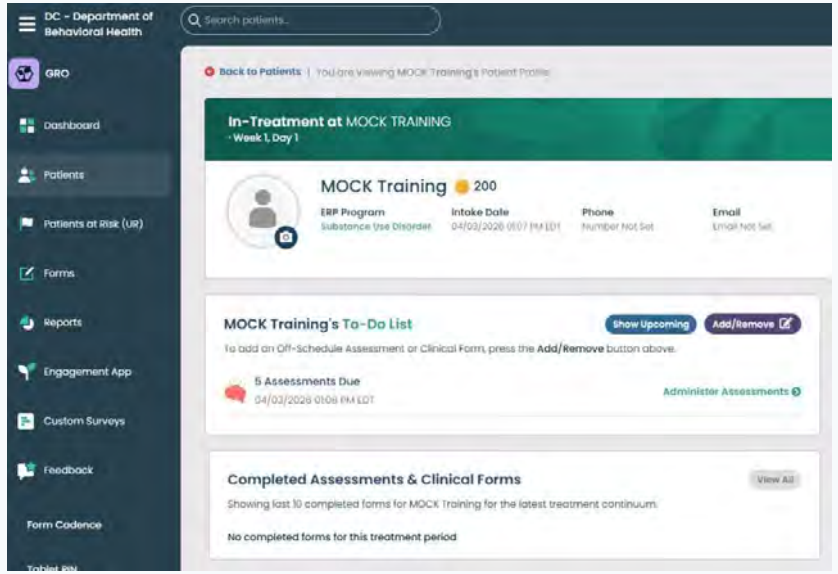
Today's Agenda

1. Logging in and applying personal settings
2. Adding patients
3. Administering assessments
4. TAP training
5. Use of Contingency Management
   (Peer involvement; Peer vs Champion Responsibilities)

Today's training covers the basics. I welcome the opportunity to explore additional features with your clinical staff to integrate this tool into daily workflows.

Sample Provider Training

GRO Interface Overview



Left navigation panel (dark blue/teal sidebar) contains:

- Dashboard
- Patients
- Patients at Risk (UR)
- Forms & Reports
- Custom Surveys & Feedback

Account menu in upper-right corner for settings.

Getting Started: 4 Easy Steps

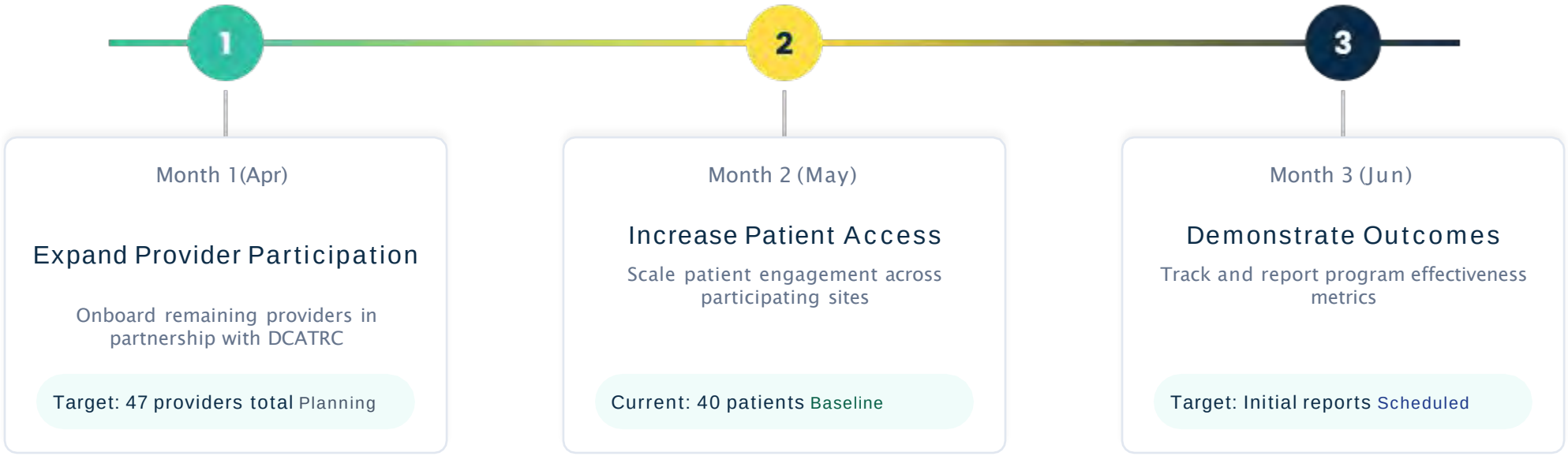
1. **Initial Login**
   Use the activation link from your ERPHealth Account Manager; bookmark the GRO HUB URL.
2. **Multi-Factor Authentication (MFA)**
   Required for HIPAA-compliant access; add your phone in Account menu (upper-right).
3. **Notification Preferences**
   Turn on email/SMS alerts for due assessments and survey reminders in Account Settings.
4. **Interface Tour**
   Familiarize yourself with left panel navigation and upper-right account menu.

Tip: Use your work email only. Access is role-based and HIPAA-compliant.

Next Phase - 45-Day Action Plan

Q2 2026 Roadmap | April-June Action Items

Timeline Overview



Next Review: Weekly progress monitoring | Dashboard updated monthly | Contact: ERPHealth team

PUBLIC COMMENTS