GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CHIEF MEDICAL EXAMINER
Opioid Fatality Review Board
February 10th, 2026, Open Meeting Minutes

There were (23) attendees:

Opioid Fatality Review Board (OFRB) Members: 16

Kenan Zamore (Chair DC Health)	Dr. Jewell Reddick (Co-Chair DC Resident)
Dr. Beth Jordan (DOC)	Dr. Chimene Liburd (DHCF)
Ciena Bayard (OCME)	Cyndee Clay (HIPS)
Dr. Barbara Wynter (CSOSA)	Dr. Bonnie McIntyre (DHS)
Julian Purdy (MOVA)	Dr. Kunil Raval (OCME)
Rhonda Johnson (DC Resident)	Sgt Robert Buck (MPD)
Sharon Cauley (PSA)	Snehal Parikh (DFS)
Tyrone Guyse (DEA)	Betty Smith (DC FEMS)

Participants: 5

Anna Jones (CBI)	Dr. Crystal Waters (CSOSA)
Dr. Sharon Hunt (DBH)	Veronia Lawson (CBI)
Mary Page (CBI)	

Fatality Review Staff: 2

Kimberli Hall (OCME)	Woyni Teklay (OCME)

Open Meeting

I. Greetings:

- The Opioid Fatality Review Board (OFRB) meeting began at 3:05 p.m. and was opened by Dr. Jewell Reddick (Vice Chair), who greeted board members and guests.

II. Roll Call

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

III. Review and Majority vote to approve the agenda.

- There was a majority vote to approve the agenda.

IV. Review the open portion of the meeting minutes from December 9th, 2025.

- The open portion of December 9th, 2025, meeting minutes were reviewed and approved.

V. Guest speakers from District of Columbia Stabilization Center (DCSC) - Community Bridges Inc.

  - Anna Jones, Community Liaison
  - Veronica Lawson, Director of Crisis Services
  - Mary Page, Clinical Director

Introduction

- The District of Columbia Stabilization Center (DCSC) is a priority of Mayor Bowser's administration and its commitment to provide District residents with the opportunity to receive the right care, at the right time, and in the right place to address their Substance Use needs.
- The DCSC was developed by the Department of Behavioral Health (DBH) in partnership with Community Bridges, Inc., supplementing the existing continuum of care in the District.
- Community Bridges, Inc. (CBI), with extensive experience in providing SUD and crisis services, operates the facility, which is continuously monitored by the Department of Behavioral Health.

DCSC Services

- Medical Screening and Clearance / Stabilization / Support Services.
- Consumers' immediate personal needs are being met.
- Comprehensive diagnostic assessment for mental health, substance use disorder, and co-occurring conditions.
- Referrals to appropriate ASAM level of treatment and recovery and prevention 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.

DC Stabilization Center Updates

- Low barrier access to therapeutic substance use disorder treatment and Crisis Stabilization services for adults 18 years and older.
- No cost, insurance, or residency requirements.
- Individuals can be referred to by community providers, family/friends, or walk-ins.
- The center can support up to 22 individuals at one time.
- Staffing: administrative staff, medical providers, RN's, BHTs, LCISWs, Certified Addiction Counselors, Recovery Support Specialists, and Behavioral Health Specialists

  DCSC Data: 5443 admissions to date (10/31/2023 - 2/9/2026). Must meet DCSC FEMS Referral Criteria

- Recovery Services: Peer Support
- Peers are infused into the robust Continuum of Care within Community Bridges
- CBI employs Peer Support Specialists organization-wide, including every level of management from supervisor to Executive Leadership positions.
- Goal: Assist those seeking services and walk side by side with individuals in recovery on their way to sustainable recovery

VI. Q & A

Q1. What is the assigned Length of Stay (LOS) for patients at DCSC?
A1. LOS is 23 hours; during that time, staff meet with patients to eliminate barriers to discharge. Additionally, DCSC has a "No wrong door policy," and patients can come back as many times as necessary.

Q2. How do you use Trauma, Addictions, Mental health, and Recovery (TAMAR) at DCSC?
A2. Staff ensure that all patients feel welcome and heard regarding their needs. Additionally, patients are empowered to decide when they want to engage with staff and when they prefer to have alone time. Trauma-informed care is a fundamental part of all the work that takes place at DCSC.

Q3. What are the payment sources for DCSC?
A3. DCSC accepts all patients, regardless of their insurance status. However, the program is funded through a mix of federal and local funds, Medicaid, and private insurance.

Q4. What substances are being used by patients presenting at DCSC?

A4. The top three substances of abuse are alcohol, cannabis, and cocaine, each accounting for about one-fifth of the primary substances used by patients. The remaining 40% consists of opioids and various stimulants. Patients report K2 use, but current tests do not screen for K2.

Q5. Is this program strictly voluntary?
A5. Yes, patients are admitted voluntarily, and the units are not locked.

Q6. What transportation is available to clients who are not transported by emergency services?
A6. The CBI Navigator program provided transportation for some time, but that service recently ended. Currently, no contractor is available to offer transportation. Conversations about restarting transportation programs are ongoing.

Q7. Is immigration/legal status a consideration at CBI DCSC?
A7. There are no barriers to entry for any patient, regardless of immigration status. Additionally, CBI DCSC does not collect this data.

Q8. Any recommendations for the Opioid Abatement Advisory Commission regarding co-occurring disorders?
A8. Coordination of care and medication management are ongoing challenges for individuals with SUD, hence recommendations that improve care coordination will have a positive impact.

Q9. Any recommendations for improvement?
A9. Increasing the number of beds, enhancing the availability of comprehensive care through better collaboration among community partners, adding transportation options, and removing barriers to stable housing.

Action items

- Mary Page will locate and provide the board with data on co-occurring disorders observed at the stabilization center.
- Anna Jones will follow up offline with Cyndee Clay to discuss potential partnerships for sharing information about substance use trends and overdose spikes in the community.

VII. Majority vote to close the meeting.

- There were no members of the public wishing to address the Board.
- 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 April 14th , 2026, at 3:00 p.m. Thank you for your participation!