**OPIOID ABATEMENT ADVISORY COMMISSION OFFICIAL PUBLIC MEETING**

**MINUTES (DRAFT)**

**April 23, 2025**

The Opioid Abatement Advisory Commission was held at District of Columbia Hospital

Association, 1152 15th Street, NW, Suite 900, Washington, DC 20005 on Wednesday, April 23, 2025. Members of the public were also invited to attend in-person and virtually via WebEx.

Recording of the meeting can be found at the following link:

<https://dcnet.webex.com/dcnet/ldr.php?RCID=9236f990cdd652c90dec6bfdd1ef6bc9>

**ATTENDEES**

Present

1. Clover Barnes, MD as designee for Ayanna Bennett, Ph.D., Director, DC Health
2. Christina Okereke, Representative of the Attorney General of the District of Columbia
3. The Honorable Christina Henderson (Marcia Huff as the Designee), Chair, DC Council Committee on Health
4. Jacqueline Bowens, Chief Executive Officer, District of Columbia Hospital Association
5. Michael Pickering, District of Columbia Behavioral Health Association
6. LaVerne Adams, DMin, Chief Executive Coach, Total Life Consultancy LLC (virtual)
7. Demetrius Jones, Certified Peer Recovery Specialist, Wards 7 & 8 DC Prevention Center/DC Recovery Community Alliance
8. Larry Gourdine, Program Manager, Psychiatric Institute of Washington
9. J. Chad Jackson, MS, CEO, Ardan Community Living, LLC
10. Beverlyn Settles-Reaves, PhD, Program Manager, Howard University (virtual)
11. Senora Simpson, PTMPH, DrPH (virtual)
12. Melisa Byrd, Senior Deputy Director/Medicaid Director, DC Department of Health Care Finance/Office of the Deputy Director (virtual)
13. Patricia Quinn, Designated Representative, District of Columbia Primary Care Association
14. Nnemdi Elias, MD, MPH, Addiction/Internal Medicine (virtual)
15. Barbara Bazron, Ph.D., Director, Department of Behavioral Health
16. Ciana Creighton, Deputy Mayor for Health and Human Services (virtual)
17. Myles Davenport as designee for Franciso Diaz, MD, FACP, DC Chief Medical Examiner

 Absent

1. Alexis Squire, Designee, Deputy Mayor for Public Safety and Justice
2. Larry Bing, Certified Peer Recovery Specialist, Leadership Council for Healthy Communities
3. Juanita Price, M.Ed, Chief Executive Officer, Hillcrest Children and Family Center

**Call to Order**

* Chair J. Chad Jackson called the meeting to order at 9:16 AM.

**Quorum Declaration**

* Chair Jackson conducted a roll call for quorum declaration.

**Approval of Minutes**

• Chair Jackson presented the minutes for the January 15, 2024, Commission meeting.

• A motion to approve the meeting minutes was made by Council Member, Senora Simpson.

1. **Office of Opioid Abatement Updates-** *Presented by Dr. Orlando Barker*
* **The presentation will be attached to the minutes.**
* **Key takeaways:**
* Over $28.5M has been received from settlement agreements; approximately $11M remains in the overall balance.
* Dr. Barker currently has budget authority for approximately $1.6M.
* A contingency management pilot program is moving forward, with notification letters expected to be sent within a week.
* The Office is developing a contract for a feasibility study to explore establishing a behavioral health urgent care facility east of the Anacostia River.
* The feasibility study will be open for public bidding and is expected to cost under $100K.
* **Discussion Points:**

	+ Dr. Bazron and Chad Jackson strongly support contingency management, noting its proven success in treating substance use disorders since the 1950s.
	+ Aimed at assessing the need for a behavioral health urgent care facility in D.C., preferably East of the River.
	+ This model would provide mental health and substance use disorder services in one co-located setting, unlike the existing CPAP model.
	+ Study to evaluate potential partnerships (e.g., with FQHCs), walk-in access, proximity to hospitals, and co-location advantages.
	+ Expected to draw on lessons from similar models in nearby jurisdictions and prioritize site visits to operational clinics.
	+ Commissioners emphasized the importance of conducting a thorough study to inform future planning.
	+ The goal is to create a replicable model with measurable outcomes that can demonstrate impact both locally and nationally.
	+ Discussion included ensuring coordination with the Office of the Attorney General to streamline fund availability and avoid unnecessary delays.
	+ The Kroger settlement will yield approximately $2.2M over 11 years; the first installment is pending.
	+ Additional settlements are expected, with details forthcoming from OAG.
1. **AIM Health Institute- “Comprehensive Integrative Program for the Treatment of Chronic Pain” –** *Presented by Mikail Kogan, MD*
* **The presentation will be attached to the minutes.**
* **Key takeaways:**
* Until AIM launched in 2014, DC residents lacked insurance-covered access to whole-person care like acupuncture and massage for chronic pain.
* The American College of Physicians recommends non-drug treatments for chronic pain, yet few programs integrate these approaches, especially with mental health support.
* A small DC study (pre-pandemic) showed significant pain relief and a 50% drop in opioid use. Patients strongly supported the care model.
* New 16-week program model that would feature weekly group and individual sessions (mindfulness, nutrition, spiritual care, health coaching). Patients receive 4–6 hours of integrative care per week.
* Model is now a national standard. Vermont Medicaid has adopted it; similar programs are expanding in five states.
* High ER costs and long wait times in DC increase the urgency for integrative care. AIM is working with Blue Cross and other partners to scale the model locally and include Medicaid patients.
* **Discussion Points:**
	+ Chad Jackson recommended referring the AIM model to the Treatment Subcommittee for further review of somatic therapies and alternative pain management approaches.
	+ Emphasized the need to examine how these therapies could supplement or replace standard inpatient treatments.
	+ Senora Simpson raised questions about whether physical and occupational therapy (PT/OT) were billed separately and whether providers receive additional training.
	+ Dr. Kogan clarified that all services (PT/OT included) are bundled under the program cost. Group sessions significantly reduce costs while maintaining effectiveness. Group-based care is a growing model in U.S. healthcare systems.
	+ Dr. LaVerne Adams inquired about trauma training for staff and patients.
	+ Dr. Kogan confirmed that all staff are trained in trauma-informed care, and long-term goals include training community leaders to deliver peer support and reduce program costs over time.
	+ Dr. Kogan emphasized that reducing procedures, imaging, and reliance on fee-for-service models is key to long-term savings.
	+ Jackie Bowens stressed that any cost analysis should compare DC with urban areas, not rural states like Vermont.
	+ Suggested the subcommittee examine funding structures, such as pilot funding by Blue Cross ($8,000/patient per cycle), and explore whether the block payment model used by Medicaid could be replicated in DC.
	+ Broad agreement to move the AIM model review to the Treatment Subcommittee and provide a recommendation by the next quarterly meeting.
	+ Larry Gourdine emphasized the importance of subcommittees playing an active role in reviewing and embedding innovative treatment proposals.
1. **CADCA Drug-Free Coalition Training-** *Presented by General Barrye L. Price*
* **The presentation will be attached to the minutes.**
* **Key takeaways:**
* CADCA proposed a year-long Opioid Training Academy for DC’s 12 coalitions, combining three weeks of in-person training with asynchronous learning; coalitions would be certified to conduct community-based, evidence-informed opioid prevention work.
* The organization offers two major national training events each year: the National Leadership Forum in Maryland and the Mid-Year Training Institute (location rotates). These events provide CEUs and access to industry leaders, research, and innovations in prevention.
* CADCA maintains an online global network of over 7,000 members across 30+ countries and 9 languages, offering webinars, toolkits, technical assistance, and ongoing support to coalitions.
* The model includes a youth prevention training program (currently active in Michigan, Kansas, and Maryland) that is youth-led and adult-supported, designed to build leadership and prevention capacity at the community level.
* Total funding requested: $489,360, which includes:

	+ $3,600 for annual coalition memberships (all 12 coalitions)
	+ $17,808 for training attendance (2 per coalition)
	+ $200,000 to run the DC Opioid Training Academy
	+ $100,000 for access to the webinar series
	+ $150,000 for a youth training initiative and the creation of a DC Youth Council
* Each coalition would be required to produce a ward-specific assessment, strategic plan, logic model, evaluation, and sustainment strategy, tailored to their local challenges and data.
* **Discussion Points:**
* Senora Simpson and Dr. Barker clarified that some CADCA trainings have already been funded through prior grants awarded to DC prevention centers, raising concern over possible duplication of efforts.
* Dr. Barker explained that the current request targets separate coalitions not covered by previous funding, though collaboration among groups is likely.
* Dr. Bazron and Chad Jackson emphasized the importance of maintaining a competitive grant process and avoiding non-standard funding approvals, which could create equity and sustainability issues.
* Jackie Bowens cautioned that requests like this should be vetted outside of general meetings; educational presentations are helpful, but deeper evaluation should happen at the subcommittee level.
* Demetrius Jones recommended building on existing training efforts, arguing it’s more impactful to expand and support already trained individuals than to start over.
* General Barrye L. Price clarified that past trainings were youth-focused, while the current request is for opioid-specific coalition training funded through opioid abatement dollars.
* There was consensus to refer the proposal to the Prevention Subcommittee for further review, with the possibility of developing a competitive funding process and assessing long-term value and alignment with existing efforts.
* **Health Alliance Network- “The Importance of Men’s Health in the District” -***presented by Micailah Guthrie on behalf of Ambrose Jr.*
* **The presentation will be attached to the minutes.**
* **Key takeaways:**
* Health Alliance Network is requesting $2.25 million from the Opioid Abatement Commission to establish an Office of Men’s Health within DC Health—focused specifically on addressing disparities outside of the traditional budget process.
* The office would aim to address gaps in care, drive outreach, and offer centralized focus on Black men’s health, mirroring maternal and child health programs already in place.
* **Discussion Points:**
* Commissioners sought clarification on whether the request was for council support or direct action. It was clarified that this is a request to the Commission to allocate abatement funds, not through the mayor or council budget.
* Several members raised concerns about sustainability, duplication of efforts, and fitting this initiative into DC Health’s existing structure. While men’s health programs exist, there is currently no dedicated office.
* Some questioned the integration and scope of the proposed office and how it would complement or differ from current efforts and requested a deeper assessment before moving forward.
* Marcia Huff and others emphasized that creating a permanent office would eventually require council legislation, a clear financial plan, and possibly funding over multiple years.
* Demetrius Jones expressed concern that addressing the cultural factors driving opioid use among Black men was just as critical as allocating funds, urging for realistic approaches.
* Dr. LaVerne Adams stressed the urgency of targeting the most impacted demographic and asked if any official proposals had been submitted. Dr. Barker confirmed that some smaller-scale grants had focused on men but not at this level.
* It was suggested that the Harm Reduction Subcommittee work with the Health Alliance Network to further define the office’s role, assess how it fits into the broader system, and report back by the next quarterly meeting.
* Patricia Quinn recommended reviewing models from other jurisdictions to help shape the structure, goals, and feasibility of the proposed office.

**Public Comment**

* Coryn Mayer, MS, BSN, provided a public comment
* Judy Ashburn provided public comment.

**Adjournment**

* Chair Jackson adjourned the meeting at 11:16 A.M.