**OPIOID ABATEMENT ADVISORY COMMISSION OFFICIAL PUBLIC MEETING**

**MINUTES (DRAFT)**

**October 15, 2025**

On Wednesday, October 15, 2025, at 9 a.m., the Commission will hold a public meeting. The meeting will be held in person at the Department of Behavioral Health- 64 New York Avenue, NE, 2nd Floor, Training Room 284e and 285e, Washington, DC 20002.

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

<https://dcnet.webex.com/dcnet/j.php?MTID=m2a1274d7846487e87ab9916948233a1e>

**ATTENDEES**

Present

1. Clover Barnes, MD as designee for Ayanna Bennett, Ph.D., Director, DC Health

(virtual)

1. Christina Okereke, Representative of the Attorney General of the District of Columbia
2. The Honorable Christina Henderson (Marcia Huff as the Designee), Chair, DC Council Committee on Health
3. Jacqueline Bowens, Chief Executive Officer, District of Columbia Hospital Association (virtual)
4. Michael Pickering, District of Columbia Behavioral Health Association
5. Barbara Bazron, Ph.D., Director, Department of Behavioral Health
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
11. Juanita Price, M.Ed, Chief Executive Officer, Hillcrest Children and Family Center (virtual)
12. Senora Simpson, PTMPH, DrPH
13. Melisa Byrd, Senior Deputy Director, DC Department of Health Care Finance (virtual)
14. Patricia Quinn, Designated Representative, District of Columbia Primary Care Association
15. Nnemdi Elias, MD, MPH, Addiction/Internal Medicine (virtual)
16. Alexis Squire, Designee, Deputy Mayor for Public Safety and Justice

 Absent

1. Larry Bing, Certified Peer Recovery Specialist, Leadership Council for Healthy Communities
2. Ciana Creighton, Deputy Mayor for Health and Human Services

**Call to Order**

* Chair J. Chad Jackson called the meeting to order at 9:07 AM.

**Quorum Declaration**

* Chair Jackson conducted a roll call for quorum declaration.

**Approval of Minutes**

• Chair Jackson presented the minutes for the July 30, 2025, OAAC meeting, for approval. A motion was made and seconded
• The minutes were approved without objection.

**Office of Opioid Abatement Updates**

* Dr. Orlando Barker presented updates on The Office of Opioid Abatement fund,
* **Presentation will be attached to minutes.**

**Key Takeaways**

* Fatal opioid overdoses in the District are trending downward, while non-fatal overdoses are increasing, based on the DC Opioid Overdose Dashboard (updated September 21, 2025).
* The Opioid Abatement Fund has received $32.4 million, with $14.4 million spent and $17.9 million remaining; $13.2 million is committed, and $4.7 million remains uncommitted.
* FY26 initiatives will be implemented through interagency agreements, contracts, and grants.
* Interagency agreements totaling $1.3 million have been awarded to DC Health (Opioid Surveillance), OCME (Forensic Toxicology), and FEMS (Mobile Health Team).
* Contracts totaling $1.1 million include a prevention media campaign (Octane), a mental health court urgent care clinic (Pathways to Housing DC), and a feasibility study for a behavioral health urgent care center.
* Ten no-cost extension grants from FY25 will continue into FY26, covering peer training, outreach, digital services, treatment, and transitional housing.
* Nine continuation grants will support youth treatment, prevention leadership, targeted outreach, and regional initiatives such as the East of the River Opioid Abatement Initiative.
* The Strategic Impact Grant 2.0 received 36 applications and is under review by 15 reviewers across five panels, with $8 million in available funding; award announcements are expected by November 1, 2026.

**Discussion**

* Dr. Bazron recommended advancing the Behavioral Health Urgent Care Feasibility Study timeline to align with FY27 budget planning.
* Suggested inviting Pathways to Housing DC to present on the Superior Court Urgent Care Clinic, which provides on-site behavioral-health services for court-involved individuals.
* Octane will present at a future Commission meeting on the rollout of the “Know Your Path” campaign.
* Commissioners requested early notification of campaign launches to assist with outreach and public engagement.
* Holy Comforter–St. Cyprian (CAG) will conclude operations for reasons unrelated to abatement funding; Dr. Barker will coordinate a presentation summarizing the organization’s accomplishments.
* Transformers (Anacostia Coordinating Council) will be invited to present on the development of the Care Link data resource platform serving Wards 7 and 8.
* Commissioners discussed potential use of State Opioid Response (SOR) funds to supplement abatement programs. Dr. Bazron noted such use must comply with federal guidelines and the Live Long DC Plan.
* Members emphasized improving data access and transparency. DBH and DC Health are developing an integrated data engine to consolidate District-wide opioid data.
* Dr. Bazron clarified that harm-reduction activities are no longer eligible for SAMHSA funding, though Naloxone and test strips remain allowable interventions.

**Subcommittee Updates**

* + - 1. **Prevention Subcommittee**

**Key Points**

* The Prevention subcommittee will focus on collecting data on opioid use among individuals not in treatment.
* The “No Wrong Door” questionnaire, based on PEW Foundation guidance, will be used to assess access challenges.
* The questionnaire will be shared with subcommittees, grantees, and community partners.
* Agencies referenced include DBH, CFSA, DOC, public schools, and others, with reasons for contact such as mental health, employment, or substance use.
* The subcommittee requests departmental support in distributing the questionnaire and maximizing response rates.
* Responses will be accepted in both online and paper formats.

**Discussion**

* A question was raised regarding whether the questionnaire applies only after services are rendered or at any point of contact.
* It was clarified that the tool is intended for any help-seeking interaction, including informal encounters.
* Concerns were expressed about individuals being referred repeatedly between agencies without receiving assistance.
* A suggestion was made to involve 311 in collecting responses, as they frequently engage with residents who have already contacted multiple agencies.
* It was suggested that 311 operators could also help collect responses, as they frequently hear from residents who have already contacted multiple agencies.
	+ - 1. **Harm Reduction Subcommittee**
* The subcommittee discussed renaming itself from the Harm Reduction Subcommittee to the Community Risk Reduction Subcommittee.
* The name change reflects a shift in focus and terminology, replacing “harm reduction” with “risk.”
* The subcommittee also discussed the concept of supportive housing, ranging from levels 1.0 to 4.0.
* A request was made for a comprehensive list of housing types, including transitional, temporary, supportive, permanent, and independent living options, to identify service gaps.

**Discussion**

* Alexis Squire emphasized that community risk reduction is an evidence-based, proactive practice originating from fire and EMS, focused on identifying, mitigating, and responding to community risks.
* Dr. Bazron asked whether the subcommittee is considering the full spectrum of housing opportunities across agencies such as DBH, DHS, and the Housing Authority.
* Larry Gourdine recommended partnering with the DCSUD Coalition to incorporate provider insights and treatment-informed planning.
* A motion was made to officially change the name to the Community Risk Reduction Subcommittee. The motion was seconded, and all commission members voted in favor.
	+ - 1. **Treatment & Recovery Subcommittee**
* The subcommittee continues to prioritize strengthening the peer recovery workforce across clinical and community settings in the District.
* An overview document was developed outlining progress, best practices, and recommendations for building a sustainable peer workforce infrastructure.
* The proposal recommends establishing a Peer Workforce Strategy and potentially forming a dedicated subcommittee or workgroup to lead this effort.
* The initiative seeks to enhance training, promote parity, and support policy development to integrate peers as core members of care and recovery teams.

**Discussion**

* Patricia Quinn emphasized the urgency of protecting Medicaid coverage for individuals with substance use disorders and supported exploring innovative Medicaid payment models to sustain peer roles.
* Senora Simpson asked whether the proposal includes funding, a specific tool, or the creation of a new subcommittee.
* Larry Gourdine clarified that the request is for the Commission to formally consider and charge the development of a peer workforce strategy, potentially through an ad hoc or dedicated subcommittee, and to explore parity between certified peer specialists and other allied health roles.
* Michael Pickering suggested consolidating related workforce priorities under one ad hoc subcommittee.
* Dr. Nemidi Elias supported forming an ad hoc group with members from multiple subcommittees, given the cross-cutting nature of peer support.
* Chad Jackson recommended referring the proposal to the Steering Committee for further consideration and next steps.

**Grantee Presentations**

1. **Office of the Chief Medical Examiner (OCME):**
* Presented by Dr. Samantha Tolliver, **Presentation will be attached to minutes.**
* **Key takeaways:**
* OCME has maintained comprehensive overdose data for decades, analyzing opioids, alcohol, stimulants, and fentanyl analogs to distinguish between lethal and non-lethal substances.
* Data collected by OCME contribute to the District’s Opioid Overdose Dashboard, enhancing data transparency and supporting informed decision-making.
* The toxicology laboratory holds multiple national accreditations and is staffed by a highly experienced team with extensive clinical and forensic expertise.
* Opioid abatement funds have been used to support staff designated to updating testing methods, monitoring emerging drug trends, maintaining laboratory equipment, and ensuring continuous testing operations.
* Funding also revitalized a key toxicology research program and provided reference lab support to sustain uninterrupted testing during method and instrument transitions.

**Discussion**

* A comment was made that proposed arranging educational tours of the OCME facility for youth ages 12–18.
* OCME indicated that tours are typically limited to adults but expressed willingness to explore accommodations for younger participants.
* Dr. Tolliveroffered to coordinate potential tours through **talks@dc.gov**.
1. **Young Women’s Project:** Presentation was deferred due to time constraints. Materials are made available online for Commission review.
2. **Samaritan Inns:** Presentation was deferred due to time constraints. Materials are made available online.

**Public Comment**

* Cyndee Clay, Judy Ashburn, George Kerr and Anna provided public comments in person.
* Cori McMahon provided public comment via Webex.

**Adjournment**

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