Brianne K. Nadeau

Councilmember Brianne K. Nadeau

A PROPOSED RESOLUTION

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IN THE COUNCIL OF THE DISTRICT OF COLUMBIA

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To declare the existence of an emergency with respect to the need to continue funding to all Fiscal Year 2026 grantees awarded to implement the Substance Use and Behavioral Health Services Targeted Outreach Grant Act of 2025 pilot program in order to continue services without disruption for Fiscal Year 2027, and until a permanent program is established and commenced by the Department of Behavioral Health.

RESOLVED, BY THE COUNCIL OF THE DISTRICT OF COLUMBIA, That this resolution may be cited as the "Extension of Substance Use and Targeted Outreach Grants Emergency Declaration Resolution of 2026".

Sec. 2. (a) For the last several years, opioid overdose deaths have reached epidemic proportions in the District and show no signs of slowing down. In 2020, according to the Office of the Chief Medical Examiner ("OCME"), there were 411 opioid overdose deaths in the District, with an average of 34 per month – a nearly 400 percent increase over 2014. The epidemic continues to have a devastating impact on communities across the nation, and the District of Columbia has been disproportionately affected. For the 12-month period from December 1, 2024 through November 30, 2025, the District recorded more than 225 fatal opioid overdoses. Black residents accounted for 84 percent of decedents, reflecting a continued and disproportionate racial impact. Men comprised 64 percent of fatal overdoses, while women

accounted for 36 percent. Individuals ages 60 to 69 represented the largest age group at 29 percent, followed by those ages 40 to 49 and 50 to 59, each at 19 percent. Non-fatal overdoses occur at a substantially higher rate. For the 12-month period from February 1, 2025 through January 31, 2026, there were approximately 5,990 non-fatal opioid overdoses in the District. Black residents accounted for 91 percent of non-fatal overdoses, compared to 5 percent among White residents and 3 percent among Hispanic residents. Men comprised 77 percent of individuals experiencing non-fatal overdoses. Individuals ages 40 to 49 represented the largest age group at 25 percent, followed by those ages 30 to 39 and 60 to 69 at 19 percent each. Adults ages 50 to 59 accounted for 17 percent of non-fatal overdoses. These data demonstrate that opioid-related harm in the District remains both widespread and inequitable. Fatal overdoses represent only a fraction of overdose events, and the scale of nonfatal overdoses highlights significant opportunities for intervention, harm reduction, and connection to treatment. To say the least, there is an ongoing public health crisis in the District. Opioid use is also associated with increased risk of HIV and other infectious diseases, making outreach and engagement critical components of broader public health efforts.

(b) To address these challenges, the DC government got proactive. On July 14, 2022, Chairman Mendelson introduced the "Opioid Litigation Proceeds Amendment Act of 2022," at the request of Attorney General Karl Racine. The law was passed on December 20, 2022. The devastating impact of the epidemic gave rise to thousands of lawsuits across the country and resulted in multimillion dollar payments to local and state governments which required that at least 85% be used for opioid abatement efforts. Thus, the law established the Opioid Abatement Advisory Commission, erected an Office of Opioid Abatement at the Department of Behavioral Health ("DBH") to support the commission's work, and explicitly provided that monies from the settlements will be deposited into an Opioid Abatement Fund ("Fund"), a special purpose fund

separate from the District's General Fund which to be managed by the agency. To be clear, § 7–3221, subsection (c) states: "Money deposited into the Fund shall not be obligated or expended until the Council passes legislation setting forth the permissible uses of the money in the Fund."

In 2023, the Council established the Substance Abuse and Behavioral Health Services Targeted Outreach Pilot Act of 2023 through the Fiscal Year 2024 Budget Support Act of 2023. The pilot was designed to test the effectiveness of deploying concentrated, place-based outreach efforts in high-need areas, including direct engagement, relationship-building, harm reduction support, and resource brokering to connect individuals to substance use disorder treatment and behavioral health services. In its first year, the pilot operated in three locations in Wards 1, 5, and 7. These sites were identified due to persistent open drug use, high volumes of service calls, and repeated community concerns. The Ward 7 site was of particular concern, as children and infants were frequently observed in the vicinity of individuals actively using drugs. Recognizing the ongoing severity of the crisis, the Council expanded the pilot in the Fiscal Year 2025 Budget Support Act of 2024 to include additional locations in Wards 6 and 8. Ward 8 has consistently recorded the highest number of opioid-related overdose fatalities in the District since 2018. In the Fiscal Year 2026 Budget Support Act of 2025, the Council directed the Department of Behavioral Health to continue targeted outreach activities in six designated high need areas across Wards 1, 5, 6, 7, and 8.

(c) The pilot program has proven to be successful. For example, one of the sites operating in Ward 1 in the 500 block of T Street NW by the organization HIPS saw a 51 percent decrease in nonfatal overdoses in less than a year. Even more, the pilot program was the outgrowth of the successful "Community Navigators" program funded in Columbia Heights several years ago. And because of the success of the community navigators and the expansion of the pilot program to other wards, the Council introduced the "Place-Based Substance Use Disorder Outreach

Amendment Act of 2026" and passed the legislation at the May 5, 2026, Legislative Meeting. The legislation codifies and makes permanent the Opioid Targeted Outreach Program ("pilot program"). The Committee on Health wrote in the legislative history of the bill's report that the goal is to build on the pilot's framework—not terminate it entirely—recognizing the need for sustained, accountable, and data-driven intervention in areas most impacted by the opioid crisis. The law was partially funded in 2026 and fully funded in the Fiscal Year 2027 budget by the Committee on Public works. In the Fiscal Impact Statement issued by the Chief Financial Officer issued on February 12, 2026, it states "DBH fiscal year 2026 budget includes $1 million in one-time funding and $750,000 in recurring Local funds for outreach grants. Establishing a permanent Program will require one additional employee. DBH requires $115,000 in fiscal year 2027 and $479,000 over the financial plan to implement the bill." Subsequently, the Committee on Public Works transferred $115,000 in recurring funds to the Committee on Health to fully fund Bill 26-0226, the "Place-Based Substance Use Disorder Outreach Amendment Act of 2025." (Sec. 7263. Section 3 of the Place-Based Substance Use Disorder Outreach Amendment Act of 2026, effective July 18, 2026 (D.C. Law 26-142; 73 DCR 8157), is repealed.).

(e) In the Report and Recommendations of the Committee on Health on the Fiscal Year 2027 Budget for Agencies Under Its Purview, the Committee noted concerns with the direction of DBH's strategy on the opioid response particularly noting "DBH's own testimony indicates a concurrent increase in non-fatal overdoses, suggesting that while more individuals are surviving overdoses, the system is not consistently succeeding in connecting those individuals to ongoing treatment and recovery supports. In addition, many individuals who experience fatal overdoses still have no prior engagement with treatment--reflecting persistent gaps in outreach, access, and system capacity." The Committee also flagged concern around accuracy: "DBH's presentation of progress does not fully account for ongoing gaps in the continuum of care. Stable housing and

recovery supports remain among the most critical gaps in the system. Effective treatment requires a full continuum of care, including transitional and supportive housing, without which individuals are at high risk of relapse and repeated crisis system involvement. Testimony at numerous hearings and roundtables over the past few years consistently emphasized that without meaningful expansion of these supports, individuals will continue to cycle through emergency and crisis systems rather than achieve sustained recovery."

(f) In August 2026, the Department of Behavioral Health, which administers the grants for the pilot program, sent out an official notification to grantee organizations operating in high need areas that funding for the pilot program will conclude at the end of the current award period on September 30, 2026, and will not be renewed beyond FY26. This goes against the legislative intent of the Council. Sustained investment, stronger system coordination, and a more comprehensive continuum of care is and will be necessary to ensure that recent gains are preserved and translated into durable, equitable outcomes for residents most impacted by the crisis.

(g) As the legislative history is detailed above, it was never the intent of the Council to terminate the pilot program and cause a disruption in services for already identified high need areas. The abrupt termination of funding for the pilot program's Fiscal Year 2026 grantees, effective September 30, 2026, is inconsistent with the Council's legislative intent, as reflected in the Fiscal Year 2027 Budget Support Act and the passage of the Place-Based Substance Use Disorder Outreach Amendment Act of 2026, both of which contemplated a continuation and expansion of outreach services rather than a lapse in services during the transition to a permanent program. To prevent a disruption in services that would jeopardize the health and safety of residents in high-need areas and undermine the progress achieved under the pilot program, the Department of Behavioral Health is directed and authorized by this body to continue funding all

current Fiscal Year 2026 grantee organizations at their existing locations, using funds from the Opioid Abatement Fund, until such time as a permanent program is formally established and commenced pursuant to the Place-Based Substance Use Disorder Outreach Amendment Act of 2026.

Sec. 3. The Council of the District of Columbia determines that the circumstances in section 2 constitute emergency circumstances, making it necessary that the "Extension of Substance Use and Targeted Outreach Grants Emergency Act of 2026" be adopted after a single reading.

Sec. 4. This resolution shall take effect immediately.