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Improvements are Needed at the Intersection of Substance Use Disorders and Incarcerations in the District

WASHINGTON, August 25, 2020— The District’s Department of Behavioral Health (DBH) and Department of Corrections (DOC) have made progress in serving residents with substance use disorders (SUDs) who become involved with the justice system, but stronger collaborations across D.C. agencies could help more of this vulnerable population, according to a new report by the Council for Court Excellence (CCE) for the Office of the D.C. Auditor (ODCA).

“This is the first-ever analysis of the data collected and maintained by District agencies on SUD services and highlights the successes and long-term challenges in addressing the persistent needs of justice-involved individuals who have a SUD,” said D.C. Auditor Kathy Patterson. “The report includes recommendations for policy and practice change, with the goal of better health and reduced incarceration for D.C. residents.”

CCE conducted the study, *Everything is Scattered...The Intersection of Substance Use Disorders and Incarcerations in the District*, by creating and analyzing a person-level data set that matched data across five health and justice agencies—DBH, DOC, the Department of Health Care Finance, the Office of the Chief Medical Officer, and the Metropolitan Police Department.

This new dataset allowed CCE to follow the contacts of justice-involved adults through the stages of assessment and treatment in the community, arrest, incarceration, and release back into the community. This is the first time that such a dataset has been assembled and used in the District of Columbia to analyze the interrelationship of SUD services, justice-system involvements, and deaths.

According to federal government estimates, more than one in 10 D.C. adults have a SUD; in 2017 alone, the number of lethal overdoses approached 300. Individuals struggling with SUDs frequently become caught up in a revolving door of arrest, judicial proceedings, incarceration, release, and re-arrest. “Continuous care is rare, but can be successful for individuals, and that has to be a goal going forward,” Patterson said.

The report found:

- About 40% of the records evaluated had some indicator that an incarcerated individual had a SUD, yet only 8% of the individuals who were getting SUD care right before their incarceration were detected by DOC as having a SUD. Data exist that show another 91% of people with SUDs and incarcerations could be identified across systems if D.C. agencies shared data with one another.
- Only a tiny fraction—just over 1%—of the incarcerated individuals associated with a SUD in the 4,602 cases analyzed by CCE received SUD services before, during, and after incarceration, suggesting that virtually no one receives the benefit of complete continuity of care. The report shows the positive effect when people get SUD care in the first 90 days after incarceration, with lower odds of bad outcomes (arrest, incarceration, and fatal overdose) than those who don’t get

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any SUD care after their incarceration. The same was also true for people who got care during their incarceration; those with continuous care had nearly half the chance of negative outcomes, relative to discontinuous care.

- DOC is a leader in the delivery of Medication-Assisted Treatment in a correctional setting but needs to improve the availability of other types of substance use disorder services, reentry planning, and Medicaid reconnection support for people leaving custody.
- While it is moving from a centralized model for SUD assessments and referrals to care to a “no-wrong-door” model that is considered best practice nationwide, DBH requires people seeking substance use disorder services to be assessed in-person at an intake location with limited availability; there are delays between referrals and care; and DBH does not follow up to ensure people connect to treatment.
- DBH had had no contact within 90 days with approximately 77% of the cases in which an individual died of an overdose.

The report’s recommendations include:

- Make the District’s pre-arrest diversion pathways more robust to keep people with SUDs out of jail.
- Develop procedures to identify more people with SUDs when they enter jail.
- Expand SUD treatment in the jail.
- Ensure more people get quickly connected to community-based treatment when leaving the jail.
- Legally share information about SUD clients between agencies.
- Set public benchmarks for improved outcomes for this client population and make the relevant agencies accountable.
- Continue to improve communications with clients, providers, and the public.

In written comments include in the report, the Bowser Administration concurred with a majority of the report’s recommendations and described reforms underway and actions taken after the time period covered in the report, including shifting of the pre-arrest diversion program into its Community Response Team and adding new leadership expertise at DBH.

ODCA has contracted with Street Sense Media on a companion report, **Lessons From the Life and Death of Alice Carter**, a case study of a transgender District woman who received SUD services and was repeatedly arrested and incarcerated before her overdose death in December 2019. Carter’s story is largely based on District government documents and social agency staff interviews, putting a personal face on the policies and practices in place and the challenges in carefully serving those who suffer from substance use disorders.

This report is the third public-private partnership between the D.C. Auditor and CCE, a non-profit, non-partisan civic organization that has focused on building better justice in the Washington metropolitan area for nearly four decades. CCE’s methodology brings together a wide range of representatives in the legal, business, and social services community of Washington, D.C., who give of their own time on a pro-bono basis to produce research and recommendations that assist policymakers in serving the District’s residents.

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