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Statement of the Council for Court Excellence Before the Committee on Health Council of the District of Columbia

Performance Oversight Hearing for the Department of Behavioral Health

January 24, 2022

Good afternoon, Chairman Gray and members of the Committee. My name is Emily Tatro, and I am the Deputy Director for the Council for Court Excellence (CCE). CCE is a nonpartisan, nonprofit organization with the mission to enhance the justice system in the District of Columbia. For nearly 40 years, CCE has worked to improve the administration of justice in the courts and related agencies in D.C. through research and policy analysis, facilitating collaboration and convening diverse stakeholders, and creating educational resources for the public. Please note that per our policy, no judicial member of CCE participated in the formulation or approval of this testimony. This testimony does not reflect the specific views of or endorsement by any judicial member of CCE.

This testimony is informed by two reports that CCE released in the last 18 months, [*“Everything is Scattered: The Intersection of Substance Use Disorders and Justice-Involvement in the District,”*](#) which evaluates the intersection of D.C.’s substance use disorder (SUD) and justice systems, and [*“Jails & Justice: Our Transformation Starts Today,”*](#) the Phase II report of the District Task Force on Jails & Justice (Task Force), which details a plan for overhauling D.C.’s criminal legal system budget and policy priorities. Today I want to call your attention to

three Department of Behavioral Health (DBH) programs: the Community Response Team, the planned Stabilization and Sobering Center, and housing services. We will also discuss their use of Key Performance Indicators (KPIs).

Community Response Team. The FY19 merger of the Pre-Arrest Diversion (PAD) pilot with DBH's Community Response Team (CRT), and the FY21 addition of a 911 Behavioral Health Diversion pilot, as recommended by the Task Force, offers another opportunity to improve the quality and scope of alternatives to our criminal justice system and create more effective substance use and mental health services in the District. This is vitally important, as too many District residents with behavioral health issues spend time arrested and incarcerated. In 2018, 6,228 people (61% of all people booked at the Department of Corrections) had a behavioral health need. PAD provides the chance to help those 6,200 people before they end up in the jail or with a record.¹

However, we need more information about how these services are working in tandem, and where we can improve them to continue filling in system gaps. The absence of adequate data-sharing is a pernicious problem that affects every program that serves clients at the intersection of the justice and behavioral health systems, a topic which we cover in greater detail in the Audit.

Each of CRT's services, PAD, street outreach, and 911 diversion, are distinct and fill a unique need at a different system intercept. Every single person eligible for diversion should be offered

¹ District Taskforce on Jails & Justice. 2020. "Jails & Justice: A Framework for Change."
<http://www.courtexcellence.org/uploads/publications/TransformationStartsToday.pdf>

diversion at every possible opportunity. By providing services at the earliest signs of crisis, D.C. can not only save money by precluding the need for more intensive services or more incarcerations in the future, but it can bring a public-health focus and trauma-informed approach to supporting residents who have substance use or mental health disorders.² CCE recommends more transparent data collection and analysis of these programs to ensure we are reaching that goal.

Stabilization and Sobering Center. We were excited to learn that funding was allocated in the FY22 budget to opening D.C.’s first public Stabilization and Sobering Center in decades. Our research has shown that substance users need a place to safely stabilize and connect to treatment and supportive services outside of either the emergency room or jail. The Center should also act as another diversion program, keeping people who seek treatment there after an interaction with police from being arrested or charged. We shared our research with the consultants planning this new Center and look forward to reviewing the policies and metrics being developed to integrate it into our behavioral health care system.

Housing & KPIs. In our 2019 Audit, CCE found that “DBH does not have clear strategic priorities, goals, and benchmarks that guide its delivery of substance use disorder services in the District generally, or for justice-involved individuals in particular, and it has not consistently used the same

² District Task Force on Jails & Justice, p. 43. In 2018, DOC paid \$241 per day, per resident. This figure was calculated for FY 2018. Also, *Everything is scattered...*, see p. 23 Figure 23, and pages 23 – 28 more generally: incarcerations lead to care disruptions, and see, Ngamini-Ngui, A., Fleury, M.-J., Moisan, J., Grégoire, J.-P., Lesage, A., & Vanasse, A. (2014). High Users of Emergency Departments in Quebec Among Patients With Both Schizophrenia and a Substance Use Disorder. *Psychiatric Services*, 65(11), 1389–1391. <https://doi.org/10.1176/appi.ps.201300474>, care disruptions lead to higher use of emergency room services.

benchmarks annually to evaluate performance.” Unfortunately, that does not seem to have changed. For instance, [DBH’s FY21 KPIs](#) included, for the first time, a measure of the “Percentage of consumer/clients who were homeless at admission who had housing at discharge.” We are glad to see this goal articulated; however, when analyzed with [DBH’s FY19 KPIs](#), like “Average monthly housing placements (Veterans)” and “Number of housing placements annually (family households),” the metric has no meaning. You cannot tell whether services have increased or decreased over time, or for whether any particular patient populations experience more difficulty securing housing. We continue to recommend that the City Administrator “require DBH to evaluate KPIs over at least three years consistently. If a new KPI goal or measurement is required by a shift in strategy or funding, the reasoning behind the change should also be fully explained by DBH.”

Safe, affordable housing for all residents is one of the biggest challenges facing the District today. Without consistent targets, we will never understand whether DBH is making progress toward its very modest goal of ensuring that half of its unhoused clients have housing at discharge. One easy way to increase its housing placements would be to update Policies [511.1](#) and [511.2](#) to reflect the agency’s merger almost a decade ago and expand eligibility for housing services so that people who are only receiving SUD services qualify, as recommended in our Audit.

Conclusion. Thank you for this opportunity to testify. CCE looks forward to continuing to work collaboratively with DBH to address these issues, and others that we raised in our Audit. We also remain available to this Committee to discuss our findings in greater detail.