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**Statement of the Council for Court Excellence  
Before the Committee of the Whole  
Of the Council of the District of Columbia**

**Performance Oversight Hearing for the  
District of Columbia Auditor**

*March 11, 2021*

Good morning, Chairman Mendelson and other distinguished members of the Committee. My name is Patrick McGlone and I am the President of the Council for Court Excellence (CCE). 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.

The Office of the District of Columbia Auditor (ODCA) plays an invaluable role in the District, producing reports and examinations that are important to our community, and addressing timely and important public issues. This has been particularly true in the last year. In FY2020 and already in FY2021, ODCA was able to research and publish timely reports on emerging COVID-19 issues related to funding for the District's coronavirus response and the quality of data reporting. Other recent ODCA evaluations help local residents and policymakers understand issues surrounding the District's revenue, the role of Advisory Neighborhood Commissions, and other programs. As a proud Ward 4 resident and as the President of CCE, I am grateful for ODCA's work that covers both high-profile issues as well as those that may not have come to public attention were it not for these reports.

In addition to the audits that ODCA performs “in house,” it also does some of its work in public-private partnership with local organizations with relevant expertise and capacity, including the Council for Court Excellence. In August 2020, ODCA released, “*Everything is Scattered...The Intersection of Substance Use Disorders and Incarcerations in the District*,” which was researched and prepared by CCE.<sup>1</sup>

Despite national and local attention on the opioid epidemic, little was actually known about the effectiveness of the substance use disorder (or “SUD”) services provided to D.C.’s justice-involved residents before this audit. For this project, CCE examined D.C. criminal justice and health data between 2015 and 2018, creating a dataset with over 4,600 records to produce a first-ever analysis of SUD treatment, arrests, and incarcerations in D.C. Without ODCA’s leadership and the authority of the D.C. Council behind that office, our team would not have been able to work with the Executive Branch to build an inter-agency dataset with anonymized records from the Department of Behavioral Health (DBH), Department of Corrections (DOC), Department of Healthcare Finance (DHCF), MPD, and the Office of the Chief Medical Examiner. This data allowed CCE to follow the contacts of justice-involved adults through the stages of assessment and treatment in the community, to arrest, incarceration, and release back into the community.

The findings from this data analysis were stark. Our review revealed that only a tiny fraction—just over 1%—of the incarcerated individuals associated with a SUD in the 4,602 cases analyzed received SUD services before, during, and after incarceration. This suggests that

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<sup>1</sup> Council for Court Excellence. 2020. *Everything is Scattered: The Intersection of Substance Use Disorders and Justice-Involvement in the District*. Office of the District of Columbia Auditor.  
[http://www.courtexcellence.org/uploads/File/SUD\\_Report\\_8\\_25\\_20.pdf](http://www.courtexcellence.org/uploads/File/SUD_Report_8_25_20.pdf).

virtually no one in this vulnerable population receives the benefit of complete continuity of care in D.C. At the same time, our data analysis showed the positive effect when people do get SUD care in the first 90 days after incarceration, with lower odds of bad outcomes like arrest, incarceration, and fatal overdose than those who do not get 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.

Unfortunately, our data evaluation also found that DOC was not successfully identifying all individuals who entered their custody with SUDs who may have benefited from treatment while incarcerated. This was, in part, due to their screening program's reliance on an individual's willingness to self-report, rather than being able to use data, with client consent, from providers, DBH, or DHCF about whether that person had been getting care in the community. In our data, 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. We know that DOC has been working to improve this and has expanded its contract with its health care provider to provide more SUD care and screening.

These are but a few examples of what that ODCA data analysis found. I encourage interested Councilmembers to read our report and we are, of course, happy to brief you and your staff on our detailed findings another time.

In addition to the quantitative analysis for this audit, CCE also did a significant amount of qualitative research on behalf of ODCA for the SUD project. We interviewed more than 100 stakeholders (including agency staff, providers, clients, and other experts), surveyed local care providers, analyzed D.C. law and policies, and evaluated relevant DBH and DOC programs. From this analysis, we were able to highlight both the District's successes and challenges in

addressing the treatment needs of people who are involved in the criminal justice system, and ultimately offered more than 50 specific recommendations.

CCE made several recommendations in the report aimed at better health and reduced incarcerations. These included making pre-arrest diversion pathways more robust in order to keep people with SUDs out of jail, developing jail entry procedures to identify more people with SUDs; expanding SUD treatment in the D.C. Jail; and ensuring people get connected to treatment when leaving the jail. The report also made recommendations for behavioral health and criminal justice agencies to: regularly share information about SUD services and consumers between agencies; set public benchmarks for improved outcomes for this client population; and improve communications with providers and the public.

Fortunately, the D.C. Auditor's work helps spark concrete action in the District. Already there have been changes at both DBH and DOC that reflect movement in the right direction, and both agencies are starting to implement many of the recommendations made in this FY 2020 audit. We are proud to have been part of supporting – or in some cases sparking – those changes that we believe will help serve our residents and community better.

Finally, I know that ODCA – and CCE – remain committed to seeing these recommendations become a reality in the District of Columbia and not simply sit on a page in an audit report. For that reason, we are grateful that the Office of the District of Columbia Auditor exists and that it helps supporting the oversight function of this Council. We appreciate ODCA's efforts to address timely issues and produce reports and examinations that are important to the public. CCE looks forward to continuing to work collaboratively with the D.C. Auditor in the future. Thank you for your time.