January 28, 2019

Testimony for January 28, 2019 Public Hearing on District Government Opioid Crisis Response

Dear Chairperson Vincent C. Gray, Chairperson Charles Allen, and members of the Committee on Health and the Committee on the Judiciary and Public Safety:

The DC Reentry Action Network (RAN) wishes to share its thoughts on the opioid crisis in the District, particularly as it affects justice-involved individuals. RAN is a coalition of DC non-profit organizations that (1) strives to ensure that all justice-involved individuals in DC have access to high quality reentry services to support their successful reintegration, and (2) promotes community-based services to end DC's over-reliance on the criminal justice system. We applaud the Council for calling this special hearing and we hope that it will lead to swift action.

RAN was founded in 2017 to create a collective voice for non-profit organizations that serve some of the District's most vulnerable residents: returning citizens. As of 2018, DC has the highest rate of incarceration in the nation, with 1,153 individuals incarcerated per 100,000 citizens.[1] Every year, over 2,000 individuals are released from jail to Court Services and Offender Supervision Agency (CSOSA) supervision[2] and 1,753 individuals return to the District from the Bureau of Prisons (BOP).[3] In FY 2017, CSOSA supervised over 16,000 people, with more than 6,100 of them entering supervision in that year alone.[4] These figures probably undercount returning citizens, as they do not take into account DC residents released from the jail who are not under CSOSA's supervision.[5] Co-occurring substance use disorders (SUDs) and mental health

[1] Wagner, Pete and Wendy Sawyer. (June 2018). States of Incarceration: The Global Context 2018. Prison Policy Initiative. Retrieved from https://www.prisonpolicy.org/global/2018.html.

[2] Court Services and Offender Supervision Agency for the District of Columbia. (February 12, 2018). *FY 2019 Budget Request: Summary Statement and Frequently Asked Questions (FAQs)*. Retrieved from https://www.csosa.gov/wp-content/uploads/bsk-pdf-manager/2018/07/CSOSA-FY2019-CBJ-Summary-Statement-FAQs-1.pdf.

[3] Criminal Justice Coordinating Committee. (2017). *One Day Estimate of Justice System-Involved Individuals within the District of Columbia (2017)*. Retrieved from https://cjcc.dc.gov/page/statistical-analysis-center. https://cjcc.dc.gov/sites/default/files/dc/sites/cjcc/publication/attachments/One%20Day%20Count%20Justice%20Involved%20%202017%20Infographic.pdf

[4] Court Services and Offender Supervision Agency for the District of Columbia. (February 12, 2018). *FY 2019 Budget Request: Summary Statement and Frequently Asked Questions (FAQs)*. Retrieved from https://www.csosa.gov/wp-content/uploads/bsk-pdf-manager/2018/07/CSOSA-FY2019-CBJ-Summary-Statement-FAQs-1.pdf.

[5] The DC Department of Corrections reports over 8,000 releases in calendar year 2018, but does not provide figures regarding how many unique individuals release over the year and how long their length of stay was. See DC Department of Corrections (September 2018), *Facts and Figures,* 5. Retrieved from https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/DCDepartmentofCorrectionsFactsandFiguresSeptember2018.pdf. The report notes that almost 82% of the 8,000 releases are individuals who were not reincarcerated over the year. *Id.* at 8.

disorders are common among the DC population as a whole[6] as well as among returning citizens. In a 2004 study, DC providers of mental health and SUD treatment estimated that, on average, two-thirds of the justice-involved individuals they serve have co-occurring disorders.[7] Among those entering CSOSA's Community Supervision Program in FY2017 (i.e. those on probation, parole, or supervised release), 83% self-reported a history of substance abuse and 47.4% had diagnosed or self-reported mental health issues.[8] Those who are supervised by a CSOSA mental health supervision team are also almost twice as likely to have their supervision revoked for technical violations (not new crimes) and be reincarcerated as compared to the total supervised population.[9] Based on our extensive experience with this population, many of these technical violations are related to SUD relapse that result in positive drug tests, failure to report for drug testing (because they know they'll test positive), and/or "loss of contact" during the relapse.

At the same time that the need for treatment is increasing, the number of SUD treatment facilities in DC is decreasing. While DC reported a total of 60 drug and alcoholism treatment facilities in 1998,[10] only 27 such facilities were reported in 2017.[11] Very few providers offer truly integrated treatment for individuals with co-occurring mental health disorders, long considered a best practice. In our experience, people with serious mental illness are unable to successfully complete many of DC's SUD programs because there is not enough experienced staff who can address their mental health issues and make necessary accommodations. RAN members do their best to provide or connect clients to needed treatment and services, but the District's offerings are woefully inadequate in quantity and quality, fueling the vicious cycle of arrest, institutionalization and incarceration, release, relapse, repeat. **The District must challenge this status quo and must do so now.**

---

[6] In 2016, there were 2,467 DBH clients that received services for co-occurring SUD and mental health disorders, in addition to the 4,473 individuals who used services exclusively for SUD disorders. "Mental Health and Substance Use Report On Expenditures and Services." District of Columbia Department of Behavioral Health, January 2017.

[7] Zweig, Janine, Megan Schaffer, and Gretchen Moore (September 2004). "Addressing Co-Occurring Mental Health and Substance Abuse Disorders in the Criminal Justice System: Guiding Principles and District of Columbia Practices," 71. Retrieved from https://cjcc.dc.gov/sites/default/files/dc/sites/cjcc/publication/attachments/FullReportCJCCSubstanceAbuseDisorder.pdf.

[8] Court Services and Offender Supervision Agency for the District of Columbia. (February 12, 2018). *FY 2019 Budget Request: Summary Statement and Frequently Asked Questions (FAQs)*, 4. Retrieved from https://www.csosa.gov/wp-content/uploads/bsk-pdf-manager/2018/07/CSOSA-FY2019-CBJ-Summary-Statement-FAQs-1.pdf.

[9] Court Services and Offender Supervision Agency for the District of Columbia. (February 12, 2018). *FY 2019 Budget Request: Summary Statement and Frequently Asked Questions (FAQs)*, 20. Retrieved from https://www.csosa.gov/wp-content/uploads/bsk-pdf-manager/2018/07/CSOSA-FY2019-CBJ-Summary-Statement-FAQs-1.pdf.

[10] Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services (2009). Table 6.62.2009: Drug and alcoholism treatment facilities. Retrieved from https://www.albany.edu/sourcebook/pdf/t6622009.pdf.

[11] Substance Abuse and Mental Health Services Administration, Department of Health and Human Services. (2017). *National Survey of Substance Abuse Treatment Services (N-SSATS):* Table 6.2a. Facilities and clients in treatment, by state or jurisdiction: Number 2007-2017. Retrieved from https://wwwdasis.samhsa.gov/dasis2/nssats/2017_nssats_rpt.pdf.

Furthermore, while we do not know how many of those who have died from opioid overdoses are returning citizens, with the data we do have, the percentage is likely very high. The typical profile of a resident who has died in the last few years from an opioid overdose is a middle-aged African American male, living in Wards 7 & 8.[12] Sixty-six percent of residents who use SUD services through the Department of Behavioral Health (DBH) are male and 86% are African American.[13] Of the DC jail population, 93.2% are male and 88% are African American.[14] Of those under CSOSA supervision, 84% are male, 89% are African American, and 49% are 36 years of age or older.[15] Over 44% of CSOSA's supervisees live in police districts 6 and 7, which generally correspond with Wards 7 and 8.[16] Returning citizens and those dying from overdoses are concentrated in the same neighborhoods. Although services have increased in Wards 7 and 8, these neighborhoods are ill-equipped to address the enormity of the need. Unfortunately, as we all should know, where you live in DC has an enormous impact on your quality of life and life expectancy. There is a *17-year* life-expectancy difference between residents in Ward 8 (69 years) and Ward 3 (86 years).[17] This reflects historic racial segregation and the accompanying unequal distribution of resources and weight of the justice system. As a result, any discussion on or solution to the opioid crisis in DC must include and respond to the needs of returning citizens.

Recommendations

First, the District must implement the programs and services it already promised to implement, which follow effective practices already in place in many other jurisdictions. These practices focus on harm reduction, rather than the District's current emphasis on abstinence. For example, the District should offer anti-addiction medication--i.e., medication assisted treatment--

[12] Jamison, Peter. (January 11, 2019). D.C. Lawmakers to Probe City's Failures in Stemming Opioid Epidemic, *Washington Post*. Retrieved from https://www.washingtonpost.com/local/dc-politics/dc-lawmakers-to-probe-failures-in-citys-opioid-overdose-prevention-efforts/2019/01/11/64c53b7c-15b4-11e9-90a8-136fa44b80ba_story.html?noredirect=on&utm_term=.56bc084b96de.

[13] "Mental Health and Substance Use Report On Expenditures and Services." (January 2017). District of Columbia Department of Behavioral Health.

[14] Dept. of Corrections. (2018). *Facts and Figures.* Retrieved from https://doc.dc.gov/sites/default/files/dc/sites/doc/publication/attachments/DCDepartmentofCorrectionsFactsandFiguresSeptember2018.pdf.

[15] Court Services and Offender Supervision Agency for the District of Columbia. (February 12, 2018). *FY 2019 Budget Request: Summary Statement and Frequently Asked Questions (FAQs)*, 38. Retrieved from https://www.csosa.gov/wp-content/uploads/bsk-pdf-manager/2018/07/CSOSA-FY2019-CBJ-Summary-Statement-FAQs-1.pdf.

[16] Selwitz, Robin. (Aug. 17, 2018). *Obstacles to Employment for Returning Citizens in D.C.*, D.C. Policy Center. Retrieved from https://www.dcpolicycenter.org/publications/barriers-to-employment-for-returning-citizens-in-d-c/.

[17] Improving Care Through Innovation: State Medicaid Health IT Plan (2018-2023).

and treatment in emergency rooms[18] and pair needle exchanges with treatment.[19] The District should fulfill its promise to have teams of counselors to perform street outreach to drug users--teams many of us have never seen except in the media.[20] The District must also more widely distribute the lifesaving overdose antidote naloxone. To that effect, RAN welcomes the strategy presented by B23-0054, the "Opioid Overdose Prevention Act of 2019," which requires the Metropolitan Police Department (MPD) to provide opioid antagonist rescue kits for sworn personnel to prevent potential overdose deaths; to require MPD to provide training for all sworn personnel; and to allow for the voluntary surrender of opiates and drug paraphernalia at MPD stations. The truth is that MPD is invariably the first responder to an overdose. Therefore, MPD must be equipped with the resources they need to prevent preventable deaths - not just fire and emergency medical services officials. We also support voluntary surrender of opiates and drug paraphernalia at MPD stations, with the caveat that returning citizens, who have had traumatizing interactions with law enforcement and the justice system, may be reluctant to engage in the absence of adequate assurances that they will not be punished for coming into contact with law enforcement. We recommend that such a program be expanded to less fraught, yet secure locations, such as DBH's walk-in clinic at 35 K Street, NE, and the ARC, which have experience accepting substances and paraphernalia. The opioid epidemic is first and foremost a public health crisis, and RAN hopes that the District will take a public health approach that is harm-reduction-centered.

Second, the District must implement a "no wrong door" policy for SUD treatment. The lack of such a policy often leaves those who are ready to seek help hopping from place to place, diminishing their desire to seek help with every wrong door hit. The one door that is available to residents – the ARC – does not take into account the realities residents have to juggle, such as employment and childcare, when it makes treatment referrals. For example, an individual who was reducing his use of substances through outpatient treatment at a community provider was told that DBH would no longer fund outpatient treatment because he had not achieved abstinence within a prescribed period of time. Instead, DBH would only fund residential SUD treatment, which the individual did not want because of how disruptive it would be to his life. Unhelpfully, DBH offered residential treatment or no treatment. In addition, the District no longer has a drop-in detox center,

[18] Vestal, Christine. (October 28, 2018). Facing an overdose epidemic, some ERs now offer addiction treatment, *Washington Post*. Retrieved from https://www.washingtonpost.com/national/health-science/facing-an-overdose-epidemic-some-ers-now-offer-addiction-treatment/2018/10/26/1829df84-c73f-11e8-9b1c-a90f1daae309_story.html?utm_term=.6f86398eb31e; Jamison, Peter. (Jan. 16, 2019). Federal Officials Launch Audit of D.C. Government's Opioid Grant Spending, *Washington Post.* Retrieved from https://www.washingtonpost.com/local/dc-politics/federal-officials-launch-audit-of-dc-governments-opioid-grant-spending/2019/01/16/1e0cbf86-1922-11e9-8813-cb9dec761e73_story.html?noredirect=on&utm_term=.909a3d8d397b.

[19] Lopez, German. (November 20, 2018). A Vermont needle exchange isn't just giving out syringes. It's offering treatment on the spot, *Vox*. Retrieved from https://www.vox.com/science-and-health/2018/11/20/18096123/opioid-epidemic-vermont-needle-exchange-buprenorphine.

[20] Yu, Elly. (Dec. 4, 2018). Outreach Teams Counsel Users on 'Unpredictability' of K2 as Overdoses Top 3,000 for 2018. *WAMU 88.5*. Retrieved fromhttps://wamu.org/story/18/12/04/as-overdoses-continue-d-c-outreach-teams-try-to-combat-k2/.

even though they are prevalent throughout the rest of the country.[21] The assumption is that DC's hospitals will provide detox services that were once located at PIW. **The Council should ask DBH for the number of individuals who are receiving detox services under the current system versus how many received services when PIW had the contract, in addition to a comparison of the length of stays under each scheme.** We know that people with SUDs need to have easy access to SUD treatment when they decide they are ready for treatment. The fewer the barriers, the better chance of success. It is simply unacceptable that the District has created so many barriers for residents who need help.

Third, the District must invest more resources into peer navigation for both SUDs and mental health. DBH offers mental health peer certification, but far below demand. As one example, there were 50 applicants for the 15 seats available for the class starting in January, and the next class isn't available until summer. In addition to offering more slots with greater frequency, expanding the peer certification program to the mental health stepdown unit at the jail would be helpful. The peer certification program is an excellent job training opportunity for people with serious and persistent mental illness who want to use their experience to help other people, but as mentioned, there are too few slots to meet demand.

Fourth, and relatedly to the prior point, the District must do a much better job at connecting returning citizens to SUD and mental health treatment *before* release from incarceration. The leading cause of death in the first two weeks after release is drug overdose. Shockingly, the relative risk of drug overdose death for recently released individuals is *129:1*, as compared to the general population.[22] The first few days after release is also a critical period for re-offending, so services must be in place prior to release. Currently, the District does not have the infrastructure to help returning citizens during this critical period. One key barrier is the lack of funding for core service agencies (CSAs) to provide reentry services in the DC jail (as well as at St. Elizabeths Hospital). Specifically, in 2017 DBH placed severe restrictions on local dollar funding for services provided to incarcerated individuals--services which are not Medicaid reimbursable due to federal restrictions. Without funding from DBH to provide these critical reentry services, all CSAs have dramatically cut back on the hours they serve incarcerated clients and most have stopped going to

[21] See, e.g., Detox Local, https://www.detoxlocal.com/ (last visited Jan. 17, 2019), listing detox centers in every state of the Union, except for Washington, D.C.

[22] Binswanger, Ingrid, Marc Stern, Richard Deyo, Patrick Heagerty, Allen Cheadle, Joann Elmore, and Thomas Koepsell. (2007). "Release from Prison- A High Risk of Death for Former Inmates." *The New England Journal of Medicine* 161. This study focused on returning citizens in the state of Washington. Such data is not currently available for Washington, D.C. For another study on this phenomenon, see Farrel, M, and J Mardsen. (2008). "Acute Risk of Drug-Related Death among Newly Released Prisoners in England and Wales." *Addiction* 103, which found that males were 29 times more likely to die in the first two weeks after release than the general population, and females were 69 times more likely to die in the first two weeks after release. The risk disparity can be attributed to many factors, including intentional overdose, relapse because of poor social support, ubiquitous exposure to drugs where users live, and accidental overdose because of decreased tolerance. Binswanger, Ingrid, Carolyne Nowels, Karen Corsi, Jason Glanz, Jeremy Long, Robert Booth, and John Steiner. (2012). "Return to Drug Use and Overdose after Release from Prison: A Qualitative Study of Risk and Protective Factors." *Addiction Science & Clinical Practice* 7, no. 3.

the jail entirely.[23] For providers like Green Door, which had been operating in the District for over 40 years and served clients both in the jail and in the community, the local dollar issue contributed to the closing of their doors permanently and abruptly. Many Green Door consumers only found out about the closure when they showed up for appointments and found more doors closed on them. The most DBH providers have billed for local dollar services for clients in DOC custody was just under $90,000 in FY17.[24] While the service restrictions save DBH hardly any money, they have significant negative impact on people with psychiatric disabilities who need assistance preparing for reentry. DBH's restrictive local dollar policy must be reversed.

In addition, measuring the rate of overdose and death in the first few weeks following release from incarceration should be a metric in evaluating the success of the new READY Center. The Mayor's Office on Returning Citizen Affairs (MORCA) is launching a reentry center on the jail campus known as the READY Center, which presents an opportunity to link returning citizens to services. However, there is no funding or dedicated space at the center for community based organizations (CBOs) that serve returning citizens. Although DBH is one of the agencies that has a presence at the READY Center, RAN is wary that outcomes will improve for returning citizens based on the 2017 audit of DBH:

> ...DBH has not been effective at linking individuals in jail or prison to behavioral health providers. DBH staff at the jail, whose primary responsibility is to link individuals to community providers, reach a relatively low percentage of individuals with an [severe mental illness] – only 55 percent in FY 2015 and 35 percent in FY 2016. Between FYs 2015-17, DBH reported that only 47 of the 1,097 women served by its staff at the jail were newly linked to services. Of those women, only nine – or 19 percent – attended their scheduled appointments. DBH does not have data on the number of men served by its staff until FY 2017, even though they comprise over 90 percent of the jail's population. These low success rates may be attributed to a poor referral system. There is no formal system, outside of DBH's Access HelpLine, to refer a consumer to a provider. DBH consumers and provider staff reported that consumers often find themselves scheduled for an appointment with a provider that they may not prefer (e.g., the location is inconvenient or burdensome), that may not offer all of the services the consumer wants or needs, or that may not be able to meet promptly with the consumer after release.[25]

[23] Office of the District of Columbia Auditor and the Center for Court Excellence. (2018). *Improving Mental Health Services and Outcomes for All: The D.C. Department of Behavioral Health and the Justice System* xi, 72, 117. Retrieved from http://www.courtexcellence.org/uploads/publications/ODCA_Report_Audit_of_DBH_2.pdf.
[24] Council of the District of Columbia. (2017). *Department of Behavioral Health FY 17-18 Performance Oversight Questions.* Question 48 response. Please see supplemental attachment.
[25] Office of the District of Columbia Auditor and the Center for Court Excellence. (2018). *Improving Mental Health Services and Outcomes for All: The D.C. Department of Behavioral Health and the Justice System* xi. Retrieved from http://www.courtexcellence.org/uploads/publications/ODCA_Report_Audit_of_DBH_2.pdf.

Given this history, DBH's presence and CBOs' absence at the READY Center does not reassure RAN that returning citizens will be given the support they need to prepare themselves for those first few critical weeks following release.

To conclude, the District must provide more and better quality SUD services and make access to those services much easier. The voices and needs of returning citizens must also be taken into account. The solution to the opioid crisis cannot focus on SUD services alone, but must also tackle mental health offerings. To those ends, RAN already submitted a letter regarding the replacement of Dr. Royster as head of DBH to the Mayor's Office, the City Administrator's Office, the Deputy Mayor for Health and Human Services' Office, and the Mayor's Office for Talents and Appointments. RAN will also be testifying at the DBH oversight hearing in the coming weeks. RAN welcomes the opportunity for future dialogue and hope to be an integral part of the District's response to the opioid crisis.

DC Reentry Action Network

Co-chair – Paula Thompson – Voices for a Second Chance
Policy Committee Chair – Tammy Seltzer – ULS-DRDC
Community Engagement Committee Chair – Courtney Stewart – National Reentry Network for Returning Citizens
Program Committee Chair – Alicia Horton – Thrive DC
Membership & Governance Committee Chair – Caroline Cragin – Community Mediation DC
Returning Citizen Representative – Kevin Petty – Amazing Gospel Souls, INC

Amazing Gospel Souls, INC
Building Futures Program Community Services Agency
Changing Perceptions
Collaborative Solutions for Communities
Community Connections, Inc.
Community Family Life Services
Community Mediation DC
DC Reentry Task Force
Free Minds Book Club & Writing Workshop
Hillcrest Children and Family Center
House of Ruth
Jubilee Housing
Lorton Art Program
National Reentry Network for Returning Citizens
Open City Advocates
Project New Opportunity

Southeast Ministries
The Rock Christian Church Ministries
Thrive DC
ULS – Disability Rights DC
United Planning Organization
Voices for a Second Chance