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D.C. Struggled To Provide Continuous Care For Drug Users In Its Criminal Justice System, Report Finds

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Naloxone kits can be life-saving for those in danger of opioid overdose.

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A new audit found the D.C. government lacked continuity in providing substance use disorder care for people before, during, and after incarceration in the D.C. Jail over a January 2015 to September 2018 time frame.

The report was conducted by the nonprofit Council for Court Excellence for the Office of the D.C. Auditor. It tracked the treatment of more than 4,600 individuals with substance use disorders who were also involved in the justice system. CCE looked at each person as they moved from receiving care in the community, through arrest and incarceration in the D.C. Jail, to release back in the community. It often followed the trajectory of treatment through a dizzying array of D.C. agencies, including the Departments of Behavioral Health and Health Care Finance, the Metropolitan Police Department, the Department of Corrections, and the Office of the Chief Medical Examiner.
People who received continuous care while incarcerated had "nearly half the chance of negative outcomes, relative to discontinuous care" according to the report.

Only about 1% of the 4,600 cases CCE tracked received continuous care before, during, and after their incarceration, "suggesting that virtually no one receives the benefit of complete continuity of care," the report points out.

That's one of the most significant takeaways of the research to the Council for Court Excellence's Executive Director Misty Thomas.

"It was jarring to us how little was actually known by the District and all of the important stakeholders about these intersections, how these individuals who struggled with substance use disorders and who maybe occasionally had interactions with the justice system, how the folks moved through the system, how they were or were not getting care and what the impacts were on major parts of their life," she told WAMU/DCist.

Part of the problem, the analysis suggests, is getting the long list of local and federal agencies that provide substance use disorder, mental health, and criminal justice services to share information with each other, a process the report describes as "extremely circumscribed."

"This situation leaves each agency with only limited and fragmented information, thereby depriving it of a full picture of the individuals it is trying to serve," the report says.

CCE analyzed the services offered to people with a wide range of substance use disorders, including but not limited to opioid addiction. The District has struggled to respond to the local opioid epidemic, which has deeply affected older African-American residents.

The report also found evidence that the Department of Corrections was not successfully identifying many incarcerated people who were struggling with substance use disorders. The department identified about 7% of the cases studied in the report, a percentage that doesn't track with the District's general rate of substance use disorders, which is just over 11%.

And, upon release from DOC custody, "it took an average of 33 days … to connect an individual to SUD [substance use disorder] services" in the community, the report found.

"As a result of this undercounting, many people who would have benefited from SUD services did not receive them, and opportunities were missed to connect people in need with SUD services and to support continuity of care between correctional and community settings," the report reads.

The report notes D.C.'s Department of Corrections has "made progress" when providing medically-assisted treatment to people struggling with drug or alcohol dependency, but it could do more to add other therapeutic options to its toolbox.

After incarceration, the report found the Department of Behavioral Health had "no contact" within 90 days of release with 77% of people who eventually died of an overdose.

A press release from the Office of the D.C. Auditor accompanying the report notes that DBH has made some strides in making treatment more open and available since September 2018, though it notes the department still "requires people seeking substance use disorder services to be assessed in-person at an intake location with limited availability," and, moreover, "there are delays between referrals and care; and DBH does not follow up to ensure people connect to treatment."

WAMU/DCist has reached out to the Department of Behavioral Health for comment on the report.

All of those individual agency-level issues are missed opportunities for better health and justice outcomes, said Emily Tatro of the Council for Court Excellence.

"If you get care after you are released from jail, you're less likely to be rearrested, you're less likely to be incarcerated and you're less likely to die of an overdose," she said.

The Washington Post reports the Bowser administration responded to the findings of the audit in a letter that acknowledges much of the analysis. But the letter, according to the Post, disputes some of the methodology of the study, and notes that many of the services offered by the District are voluntary, and some drug users may be refusing them.

The findings are not meant to be definitive, Tatro said, and they don't project what's happening in the District beyond the time period of study, which ended in September 2018. The Council for Court Excellence also did not have access to the federal agencies directly involved with the D.C. justice system, including the Bureau of Prisons, pretrial services, and Court Services and Offender Supervision Agency, which oversees parole.

There have been some promising developments since the end of the audit in 2018, according to Misty Thomas of CCE. She points to the Department of Corrections' renegotiated health care services contract with Unity Health, which expands access to substance use disorder help beyond care for alcohol and opiate withdrawal, and the Department of Behavioral Health's move to broaden the locations where an individual can go through intake procedures for care.

Tatro and Thomas note that the CCE findings come as the District and the nation reckon with the toll of systemic racism in law enforcement and the criminal justice system.

"We've known for a long time that more than 90% of the people in our jail on any given day are Black, when less than half of the people in this city are Black," Tatro said. "And so the people living at the intersection of substance use disorders and justice involvement are Black residents. And we have to figure out a better way to to serve them and keep them healthy."

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