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Significant Improvements Needed in D.C. Department of Behavioral Health Overall and in Interactions with the Justice System

Inadequate infrastructure, personnel/staffing issues, and lack of coordinated strategies limit effectiveness in supporting justice-involved individuals

WASHINGTON – The District of Columbia’s Department of Behavioral Health needs “systemic, institutional” improvements, as do the complex processes in place to support residents with mental health issues as they move into, through, and out of the criminal justice system, according to a new report by the Council for Court Excellence (CCE) on behalf of the Office of the D.C. Auditor (ODCA).

The 175-page report, *Improving Mental Health Services and Outcomes for All: DC’s Department of Behavioral Health and the Justice System*, is based on interviews, focus groups, and surveys of DBH staff, stakeholders, community behavioral health providers, leading academic experts and current and former senior officials of forensic departments of other mental health agencies from around the country, as well as an analysis of D.C. law and regulations and a thorough review of DBH internal documents and data, including information on changes and improvements already underway.

“This report spotlights a broad range of difficult challenges—from the critical need for diversion programs in place of incarceration for those with behavioral health disorders to the similarly critical need to connect individuals being released from incarceration to the community-based behavioral health services they need,” said D.C. Auditor Kathy Patterson. “Our decision to do this audit comes from our ongoing desire to ensure that the most vulnerable of our fellow residents are able to access the support they need from their communities and available D.C. government services.”

CCE echoed the Auditor’s comments, adding that they found much of DBH’s staff to be passionate about their work and dedicated to improving the agency’s operations. “Many of our findings are systemic and institutional in nature,” said Benjamin Moser, research and policy analyst at CCE. “If implemented, our recommendations would improve outcomes for not only justice-involved consumers, but other DBH consumers as well.”

The report’s findings and recommendations include:

Improving outcomes by improving the Division of Forensic Services

DBH’s Division of Forensic Services (DFS) has responsibility for the full range of behavioral health and other services for justice-involved people—from pre-arrest to post-incarceration—and currently resides within DBH’s Clinical Services Administration. CCE found that this structure does not provide DFS with the proper authority it needs to carry out its responsibilities, including interacting responsively with the local courts, and recommends that DFS be elevated to an administration within DBH.

DFS's Organizational Position and Authority

Saint Elizabeths Hospital (SEH), D.C.'s public psychiatric facility is not located inside the current DFS organizational structures, which means that the director of DFS does not have supervisory authority over those who do much of DBH's forensic work, including more than 700 evaluations annually and managing bed-space for pre- and post-trial individuals. CCE recommends that the director of DFS have operational and budgetary authority over all DBH's forensic programs administered on an in-patient and out-patient basis.

Inadequate Staffing Levels and Properly Trained Forensic Staff

DFS has had significant staff turnover and long-standing position vacancies in the past year, and CCE found that several DFS and SHE forensic staff did not have any formal forensic training, though their decisions may affect individuals' mental health, legal cases, and, thus, their personal liberties. CCE recommends that the D.C. Code be amended to require that psychologists and psychiatrists performing forensic screenings be board certified and forensically trained, as well as recertified as appropriate.

Admissions Waitlists and Alternatives to Inpatient Treatment

For the past few years, bed space limitations have prevented SHE from promptly admitting all the defendants ordered to the hospital for competency evaluations and restoration services (further evaluations and attempts to restore the defendant's competence). According to many at DBH, the strain put on the system by increased forensic patient admission to SHE is unnecessary, and that a number of defendants ordered to SHE could effectively receive forensic services in a less restrictive and much less costly outpatient setting. Further complicating matters, according to DBH staff and D.C. Superior Court judges, is a lack of trust in DHB's Outpatient Competency Restoration Program (OCRP), which leads DBH evaluators to recommend sending defendants to outpatient services. CCE recommends that DBHG devote time and resources to enhancing the quality, capabilities, and accessibility of OCRP.

This report marks the second public-private partnership between the D.C. Auditor and CCE, a non-profit, non-partisan civic organization that has focused on justice in the Washington metropolitan area for the last 36 years.

"I'm particularly pleased to partner with CCE because their 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," Patterson said. "It's an excellent way to leverage the expertise that exists in D.C. to help local individuals who need it most."

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