

TESTIMONY BY LAEL CHESTER & MAYA SUSSMAN
Emerging Adult Justice Project

Submitted to
COUNCIL OF THE DISTRICT OF COLUMBIA
COMMITTEE ON HEALTH
COMMITTEE ON THE JUDICIARY AND PUBLIC SAFETY
COMMITTEE ON RECREATION, LIBRARIES,
AND YOUTH AFFAIRS

Joint Oversight Roundtable on
Public Safety & Behavioral Health Services and Support for Youth

Wednesday, December 13, 2023, at 1:00 p.m.
1350 Pennsylvania Avenue, NW,
Washington, DC 20004

Dear Members of the Committee on Health, the Committee on the Judiciary and Public Safety, and the Committee on Recreation, Libraries, and Youth Affairs,

We are pleased to submit this written testimony to share relevant research that we hope will be helpful as you consider public safety and behavioral health services and supports for young people up to age 26 in the District of Columbia. We work on the Emerging Adult Justice Project (EAJP) at Columbia University's Justice Lab: Lael Chester is the Director and Maya Sussman is the Senior Manager of Research and Policy. The EAJP is the national leader in the study of fair, effective, and developmentally appropriate legal system responses to young people, with a particular focus on emerging adults, ages 18-26. In its role, the EAJP has published a number of research papers and policy and issue briefs, including reports on substance use and mental health issues as they relate to legal system-involved emerging adults. Our work has also included convening a [Learning Community](#) of researchers, practitioners, policymakers, and advocates, including a contingent from Washington, D.C., over a three-year period to translate a robust body of academic research into effective practices and policies that create more developmentally appropriate and equitable legal systems. As a result of the work accomplished by the Learning Community and ongoing research in the field, the EAJP assembled another team of experts from around the country to create a new [Developmental Framework](#) focused on this distinct developmental stage to guide systems in supporting the transition to healthy adulthood. Washington, D.C. was chosen in a nationally competitive process to be one of three [Innovation Sites](#) to implement this Framework.

The District of Columbia (“the District”) has already taken initial steps to invest in the establishment of a developmentally appropriate system for young people. The District’s Youth Rehabilitation Act of 2018 (YRA) establishes a specialized system in which “the Mayor shall provide facilities, treatment, and services for the developmentally appropriate care, custody, subsistence, education, workforce training, and protection” of youth eligible under the statute.¹ In accordance with the YRA, in May 2019, the District government commissioned the Justice Policy Institute (JPI) to create a strategic plan outlining a proposal for a holistic, developmentally appropriate system for emerging adults, a final draft of which JPI submitted in November 2021.² The comprehensive 113-page plan outlines three overarching goals, which include establishing continuums of care in the community and in the criminal legal system.³ *The assessment of existing behavioral health services in the District is included in the Strategic Plan, and now the Council and the Mayor are responsible for fully implementing the entirety of the plan, including developing and investing in continuums of care.*

Emerging adults have unique, heightened mental health needs that demand access to quality culturally and developmentally appropriate care in the community and during and following legal system contact.

Emerging adulthood is a period of many major transitions. For example, young people are experimenting with increasing independence from adults and shifting their relationships with the adults in their lives. They may be exploring romantic partnerships and may even become parents. Emerging adults are likely looking for new meaning in their lives. Accordingly, the period is very tumultuous and can be accompanied by heightened mental health needs. In a recent survey of Generation Z emerging adults, 36% reported anxiety and 29% reported depression, compared to 18% and 15% of teenagers.⁴ The COVID-19 pandemic only increased mental health challenges to Generation Z.⁵ Further, this is a developmental stage when some of the most significant mental illnesses arise, including schizophrenia, major depressive disorder, and bipolar disorder.⁶

At the same time, emerging adults are likely undergoing transitions in healthcare providers and health insurance. Those who are not on private health insurance or their parents’ private insurance may lose eligibility at age 19, and young people are less likely to purchase health insurance. As

¹ Youth Rehabilitation Amendment Act of 2018, D.C. Law 22-197. Eligible young people include youth who broke the law before their 25th birthday and children under the lower age of criminal jurisdiction who were prosecuted in criminal court as a result of direct file or discretionary transfer. The EAJP recently published a national report which describes and analyzes the YRA along with similar “hybrid” statutory provisions that apply to emerging adults in six states. Siringil Perker, Selen and Chester, Lael E.H. Time for Change: A National Scan and Analysis of Hybrid Justice Systems for Emerging Adults. New York, NY: Columbia University, 2023. Available at <https://www.eajjustice.org/hybrid-systems>.

² A draft plan was delivered in September 2019. For the final Strategic Plan, see Justice Policy Institute, Emerging Adult Strategic Plan 2020-2025 (Washington, DC: Justice Policy Institute, 2021), https://justicepolicy.org/wp-content/uploads/2022/06/DC_YRA_Strategic-Plan_2020-2025.pdf.

³ Justice Policy Institute, Emerging Adult Strategic Plan 2020-2025 (Washington, DC: Justice Policy Institute, 2021), https://justicepolicy.org/wp-content/uploads/2022/06/DC_YRA_Strategic-Plan_2020-2025.pdf.

⁴ Making Caring Common. (2023). *On Edge: Understanding and Preventing Young Adults’ Mental Health Challenges*. <https://mcc.gse.harvard.edu/reports/on-edge>.

⁵ Bihn-Wallace, Rebecca. Generation Z talks about loneliness in the age of coronavirus. The California Aggie. <https://theaggie.org/2020/04/28/generation-z-talks-about-loneliness-in-the-age-of-coronavirus/>. Accessed December 19, 2023.

⁶ Johns Hopkins Medicine. Mental Health Disorder Statistics. <https://www.hopkinsmedicine.org/health/wellness-and-prevention/mental-health-disorder-statistics>. Accessed December 19, 2023.

such, young people aged 19-34 had the highest rates of uninsurance.⁷ Emerging adults may also be transitioning in their health and mental healthcare providers, shifting from pediatric to adult care providers, which may hinder access to care. This is despite the American Academy of Pediatrics having advised against any arbitrary age limit on pediatric care, instead stating, “it is increasingly clear that the age of 21 years is an arbitrary demarcation line for adolescence because there is increasing evidence that brain development has not reliably reached adult levels of functioning until well into the third decade of life.”⁸ Emerging adults too often fall between the gaps, interrupting, if not depriving, them of much needed health and mental health care during this critical developmental stage.

Emerging adults have particularly high rates of substance use, and people in contact with the legal system are especially vulnerable to substance use issues.

Emerging adults have a heightened need for access to developmentally appropriate substance use treatment. Research shows that emerging adults experience the highest prevalence of illicit drug use.⁹ This can be, at least in part, because as emerging adults’ brains continue to develop such that they are prone to experimentation and risk taking, particularly in emotionally charged settings, and they are highly influenced by their peers. Also, as previously mentioned, emerging adulthood is a period during which mental illnesses may arise and young people can use substances to “self-medicate.” Unsurprisingly in light of their increased drug use, drug abuse violations are the leading cause of arrests for emerging adults in the United States.¹⁰ When emerging adults come into contact with the criminal legal system, systemic inequities are exacerbated. Black people are incarcerated on drug charges at 10 times the rate of white people despite similar rates of drug use.¹¹

Not only is legal system involvement inequitably distributed, but the consequences can also be dire. Research shows that the experience of incarceration increases the likelihood of harmful outcomes related to substance use. Drug overdose is the leading cause of death of formerly incarcerated people.¹² In Massachusetts, for example, opioid-related death following release from incarceration was found to be 120 times greater than for the general public.¹³ The risk of

⁷ Conway, Douglas. (2020). Uninsured Rates Highest for Young Adults Aged 19 to 34. United States Census Bureau. <https://www.census.gov/library/stories/2020/10/uninsured-rates-highest-for-young-adults-aged-19-to-34.html>

⁸ Hardin, A.P., Hackell, J.M., AAP Committee On Practice And Ambulatory Medicine. (2017). “Age Limit of Pediatrics.” *Pediatrics*. 2017; 140(3):e20172151.

⁹ Siringil Perker, Selen and Chester, Lael E.H. (2021). The Justice System and Young Adults with Substance Use Disorders. *Pediatrics*. 2021; 147(2):e2020023523H. (citing Schulenberg JE, Johnston LD, O’Malley PM, Bachman JG, Miech RA, Patrick ME. Monitoring the Future national survey results on drug use, 1975-2017. Volume II, college students & adults ages 19-55. 2018. Available at <https://eric.ed.gov/?id=ED589764>.)

¹⁰ Siringil Perker, Selen and Chester, Lael E.H. (2021). The Justice System and Young Adults with Substance Use Disorders. *Pediatrics*. 2021; 147(2):e2020023523H.

¹¹ Siringil Perker, Selen and Chester, Lael E.H. (2021). The Justice System and Young Adults with Substance Use Disorders. *Pediatrics*. 2021; 147(2):e2020023523H. (citing American Civil Liberties Union. Written submission of the American Civil Liberties Union on racial disparities in sentencing. 2014. Available at: https://www.aclu.org/sites/default/files/assets/141027_iachr_racial_disparities_aclu_submission_0.pdf.)

¹² Merrall ELC, Kariminia A, Binswanger IA, et al. Meta-analysis of drug-related deaths soon after release from prison. *Addiction*. 2010;105(9):1545–1554.

¹³ Siringil Perker S, Chester LEH. *Combating the Crisis: Using Justice Reform to Address the Drug Epidemic among Emerging Adults*. New York, NY: Justice Lab at Columbia University; 2018. Available at: <https://justicelab.columbia.edu/sites/default/files/content/CombatingTheCrisis.pdf> (citing Massachusetts, Department of Public Health. (August 2017). “An Assessment of Fatal and Nonfatal Opioid Overdoses in Massachusetts (2011-2015).”) There’s no reason to believe Washington, D.C. is vastly different in this

such post-release opioid death was nearly 10 times higher for emerging adults (ages 18- to 24-years) than for people who were released at age 45 or older.¹⁴

The likelihood of legal system interaction for emerging adults with substance use issues, and the inequitable and potentially grave impact of that contact, demand a solution to help and protect young people. *Per the YRA and Strategic plan, it is vital that supports and services begin in the community, without requiring legal system contact, to prevent legal system involvement.*

Providing substance use treatment, supports, and services in communities can save lives and the need is urgent. The drug overdose death rate has soared in D.C. in recent years and is significantly higher than the U.S. rate (see chart below).¹⁵ In 2017, the rate of drug overdose deaths in D.C. was nearly three times higher than the rate of firearm deaths or homicide, and more than twice the national rate.¹⁶

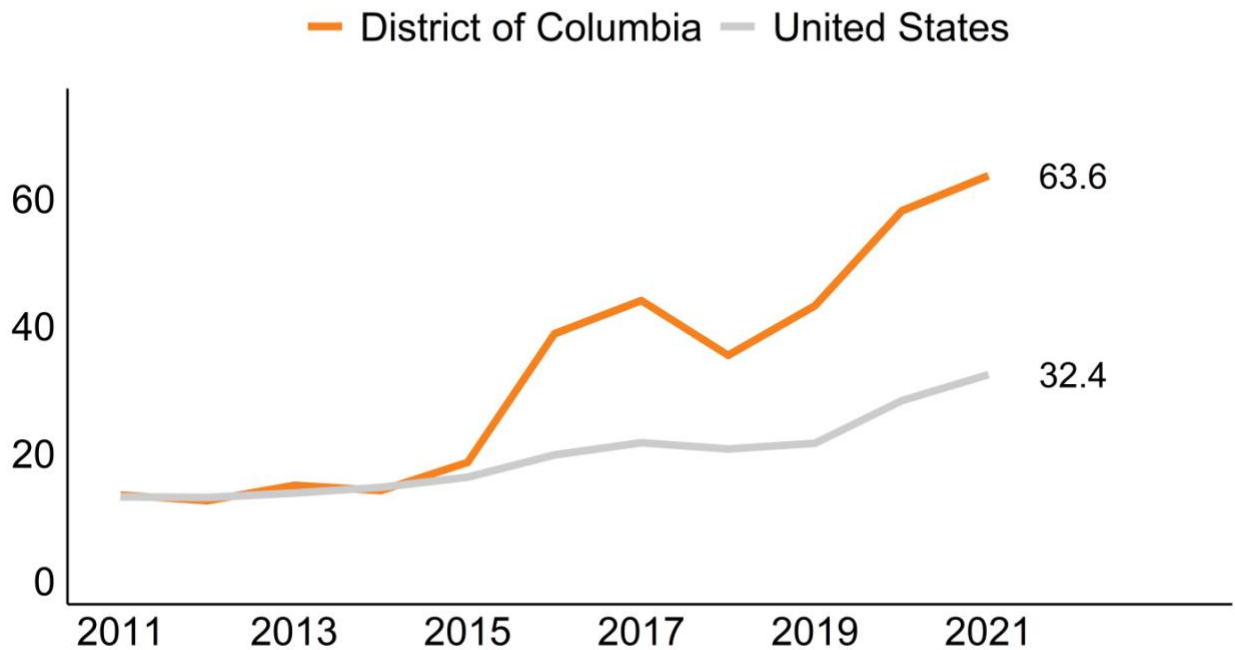
regard. Massachusetts actually had a lower rate of drug overdose death than Washington, D.C. by almost half in 2021.

¹⁴ Massachusetts Department of Public Health. (September 2016). "An Assessment of Opioid-Related Deaths in Massachusetts, 2013-2014."

¹⁵ Kaiser Family Foundation State Health Facts. Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics. "Multiple Cause of Death Data, 1999-2021." (2022). Available at <https://www.kff.org/other/state-indicator/drug-overdose-death-rate-per-100000-population/?activeTab=graph¤tTimeframe=0&startTimeframe=22&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D>.

¹⁶ National Center for Health Statistics. Stats of the District of Columbia (2016-2017). Data Source: CDC WONDER. <https://www.cdc.gov/nchs/pressroom/states/dc/dc.htm>.

Drug Overdose Deaths Per 100,000 Population, 2011-2021



SOURCE: KFF analysis of CDC Multiple Cause of Death 2011-2021 on CDC WONDER Online Database.



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Providing quality, developmentally appropriate substance use treatment can not only save lives and prevent criminal legal system contact, but it can also potentially save the District money: “Studies show that every dollar spent on substance use disorder treatment saves \$4 in health care costs and \$7 in criminal justice costs.”¹⁸

The District of Columbia has a special statute focused on emerging adults and a Strategic Plan that can and should guide the District in developing and investing in continuums of care.

The Strategic Plan created by the Justice Policy Institute includes an overview of available behavioral and mental health programming in the District for emerging adults (page 35) and recommends that the Mayor’s Office broaden existing programming for emerging adults,

¹⁷ Kaiser Family Foundation State Health Facts. Mental Health in the District of Columbia. <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/district-of-columbia/#:~:text=As%20shown%20in%20the%20figure%20below%2C%20drug%20overdose%20death%20rates,per%20100%2C000%20in%20the%20U.S.>

¹⁸ Siringil Perker S, Chester LEH. *Combating the Crisis: Using Justice Reform to Address the Drug Epidemic among Emerging Adults*. New York, NY: Justice Lab at Columbia University; 2018. Available at: <https://justicelab.columbia.edu/sites/default/files/content/CombatingTheCrisis.pdf>. (U.S. Department of Health and Human Services (2016). “Facing Addiction in America: The Surgeon General’s Report on Alcohol, Drugs and Health.” See also, Ettner, S. L., Huang, D., Evans, E., Ash, D. R., Hardy, M., Jourabchi, M., and Hser, Y. I. (2006). “Benefit-cost in the California treatment outcome project: Does substance abuse treatment “pay for itself”?” *Health Services Research*, 41 (1), 192-213.)

including expanding the Department of Behavioral Health Children Youth and Family services to specifically serve emerging adults.¹⁹ The Plan also lists several specific programs that the District should examine further in considering behavioral health supports for emerging adults.²⁰ For example, the Strategic Plan mentions Connecticut’s experience with Multisystemic Therapy - Emerging Adults (MST-EA), an adaptation of traditional MST that shows promise for providing substance use treatment and mental health care for emerging adults,²¹ with at least one study showing a reduction in the frequency of substance use at discharge from the program and lowered recidivism rates.²²

A potentially interesting model for the District to consider is the creation of specialized units or divisions like those that exist in some states’ Departments of Behavioral or Mental Health. For example, in Maryland, a specialized unit serves transition-aged youth under the Child, Adolescent and Young Adult Services Division of the Behavioral Health Administration.²³ In Connecticut, the Department of Mental Health and Substance Abuse Services has a Young Adult Services Division.²⁴

Now is the time for the District to fully implement the entirety of the YRA Strategic Plan. Its first stated goal is to increase trauma-informed, healing-centered, and restorative services, which will set the groundwork to boost the effectiveness of current and new behavioral health supports and services. Its second goal, to build a community-based continuum of care, involves thinking comprehensively and holistically about what young people need, including a broad array of services and supports that includes but is certainly not limited to behavioral health care. The final overarching goal of the Plan is to establish a robust continuum of care for young people during and post legal-system contact.

Finally, the District needs to collect and share data about who is being affected, the supports and services being provided, and the outcomes on an ongoing basis so appropriate investments can be made.

¹⁹ Justice Policy Institute, Emerging Adult Strategic Plan 2020-2025 (Washington, DC: Justice Policy Institute, 2021), https://justicepolicy.org/wp-content/uploads/2022/06/DC_YRA_Strategic-Plan_2020-2025.pdf. The Strategic Plan further explains, “While there are several existing behavioral and mental health programs, investment in expansion of services is critical.”

²⁰ Justice Policy Institute, Emerging Adult Strategic Plan 2020-2025 (Washington, DC: Justice Policy Institute, 2021), https://justicepolicy.org/wp-content/uploads/2022/06/DC_YRA_Strategic-Plan_2020-2025.pdf. (“The District must explore promising programs, such as MST-EA (Connecticut), Lone Star Justice Alliance (Texas), ROCA (Massachusetts and Baltimore), Mental Health First Aid (national), Multidimensional Family Therapy (Florida), Connecticut’s TRUE program, YOUTH Alive (California), and the UCSF Trauma Recovery Center (California).”)

²¹ Davis, M., Sheidow, A. J., and McCart, M.R. (2014). “Reducing Recidivism and Symptoms in Emerging Adults with Serious Mental Health Conditions and Justice System Involvement.” *The Journal of Behavior Health Services and Research*. 2014, 172-190.

²² Sheidow, A. J., McCart, M. R., and Davis, M. (2016). “Multisystemic Therapy for Emerging Adults with Serious Mental Illness and Justice Involvement.” *Cognitive and Behavioral Practice* 23(2016) 356-367.

²³ Maryland Behavioral Health Administration – Child, Adolescent and Young Adult Services, <http://msa.maryland.gov/msa/mdmanual/16dnhm/mha/html/mhaf.html#childrens>.

²⁴ Connecticut Department of Mental Health & Addiction Services – Young Adult Services, <http://www.ct.gov/dmhas/cwp/view.asp?q=334784>.

Implementation of the YRA Strategic Plan calls for the impact to be measured and data to be shared to ensure proper oversight.²⁵ Robust data collection will allow for assessment of the effectiveness of interventions and will also allow stakeholders to see trends in needs and outcomes and adjust supports and services as needed. Data sharing provides the District and community members the information needed to ensure that investments in behavioral health are appropriate, and the care provided is high quality, available as needed, and aligns with community needs.

²⁵ Justice Policy Institute, *Emerging Adult Strategic Plan 2020-2025* (Washington, DC: Justice Policy Institute, 2021), https://justicepolicy.org/wp-content/uploads/2022/06/DC_YRA_Strategic-Plan_2020-2025.pdf.