77% of Auditor Recommendations In Place or In Progress

February 8, 2024 | A report by the Office of the District of Columbia Auditor

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February 8, 2024

The Hon. Phil Mendelson
Chairman
Council of the District of Columbia
The John A. Wilson Building
1350 Pennsylvania Avenue N.W.
Washington, DC 20004

Dear Chairman Mendelson:

I am pleased to share this report, 77% of Auditor Recommendations In Place or In Progress, providing the status of recommendations made by this office between August 2020 and December 2022. We hope this information is useful to the Council in conducting its 2024 performance and budget oversight hearings.

Background

The Office of the District of Columbia Auditor (ODCA) conducts audits, reviews programs, and issues recommendations to improve the effectiveness, efficiency, and accountability of District government operations. The benefit from our work is not in the recommendations made, but in their effective implementation by agency management, including the Council. In conducting our audits, we take steps to improve the likelihood that a recommendation will be appropriately implemented by providing sound and reasonable proposals and following up with agency management to determine the status of each agency's response.

Objective, Scope, and Methodology

The purpose of this report is to make public the implementation status of the recommendations we have made to District of Columbia government entities. We tracked 140 "open" recommendations contained in 19 reports that ODCA issued from August 1, 2020, through December 31, 2022, which includes Fiscal Years (FYs) 2020 (final quarter), 2021, 2022, and 2023 (first quarter)[1]. Open recommendations were any that we had not been able to confirm as implemented, were no longer applicable, or agency management responded that no action was intended, or that management accepts the risk of noncompliance in

1 ODCA did not include the November 23, 2020, report "The District's COVID-19 Data Reporting is Strong but Opportunities Exist for Improvement and Increased Transparency" in the list of reports we followed up on because the issues were covered in a subsequent report which we do include, National COVID-19 Data Quality Audit: District of Columbia.

previous years. The 19 reports included audits conducted under Generally Accepted Government Auditing Standards (GAGAS) as well as other engagements that were performed by contractors or were otherwise consistent with policies and procedures published on ODCA's website.

We entered all the open recommendations into our tracking database.[2] For recommendations made to more than one agency, we entered the recommendation for each agency identified. We then followed up with agencies, asking them to report on the implementation status of all open recommendations made to them. For recommendations made to the Mayor or the Executive, we followed up with the relevant agency the recommendation would fall under. Recommendations reported as Implemented usually require documentary evidence showing what actions the agency took. We publish the recommendation compliance report annually and also follow up in meetings, through testimony, and other outreach.

ODCA identified the status of each open recommendation using the classifications found in Figure 1:

Figure 1: ODCA Recommendation Status Categories

Implemented	We reviewed information provided by the audited agency's management and agreed the recommendation was Implemented.
In progress	This status is assigned in two instances: ■ Recommendations that management reported as underway but not yet fully implemented; or ■ Recommendations that management reported as implemented but lacked documentary evidence supporting their claim.
No longer applicable	Circumstances have changed since the audit report was issued that render the recommendation no longer relevant.
No action intended; management accepts risk	Management does not agree with the recommendation and/or does not intend to implement it. In making this choice, agency management is accepting the risk that accompanies the associated finding.
Not started	Agency management reports that they have not yet begun to implement the recommendation.
No information available	The agency has not responded to our requests for information about this recommendation.

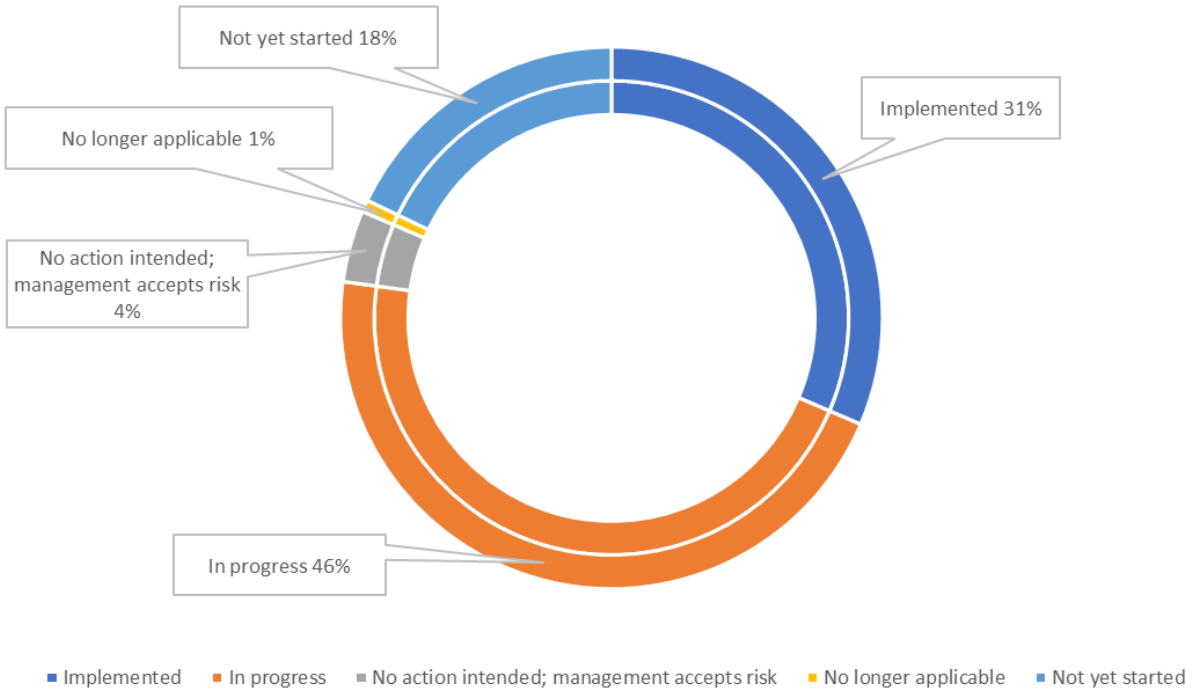
This report was drafted, reviewed, and approved in accordance with the standards outlined in ODCA's Audit Policies and Procedures.

2 ODCA contracted with the Council for Court Excellence (CCE) to conduct follow up and analysis for the Department of Behavioral Health (DBH) and Department of Corrections (DOC) on recommendations made in the report, Everything is Scattered...The Intersection of Substance Use Disorders and Incarcerations in the District, issued on August 25, 2020. ODCA contracted with Federal Engineering to conduct follow up and analysis for the Office of Unified Communications (OUC) on recommendations made in the report, 911 Reform Status Report #2: Progress Made but Transparency Needed. For the purposes of tabulations, the recommendations to DBH, DOC and OUC are included in ODCA's report.

Results

We found that 31% of the recommendations had been Implemented[3] 46% were In progress, 18% percent were Not yet started, 4% percent were No action intended, according to the responsible party, and 1% percent were No longer applicable (see Figure 2). We are pleased to note that we received responses from every D.C. agency to our request for the status of recommendations.[4]

Figure 2: Recommendation Implementation Status Summary



Source: ODCA Analysis.

For purposes of future tracking, all recommendations confirmed as Implemented, No longer applicable, or No action intended; management accepts risk, will be considered closed and no additional follow-up will be conducted. All other recommendations are considered open and regular follow-up will continue until they are considered closed, which may occur for up to three years after the audit is completed. Figure 3 shows the number of recommendations that remain open by agency and includes recommendations labeled above as In progress or Not started.

3 Four OUC recommendations were reported as "Complete and Ongoing" by Federal Engineering. ODCA has marked them Implemented for tabulation purposes. A complete analysis of OUC recommendations can be found in Attachment C.

4 For recommendations to the D.C. Council, ODCA reached out to relevant Chairpersons of D.C. Council committees for Council Period 25 and received responses from the Committee on Business and Economic Development, Committee on the Judiciary and Public Safety, and the Committee of the Whole.

Figure 3: Open Recommendations by Agency as of December 31, 2023[5]

Entity	Number of Recommendations In progress or Not started[6]
D.C. Council	18
Department of Behavioral Health	10
Department of Corrections	6
Department of Employment Services	1
Department of Forensic Sciences	1
Department of General Services	15
Department of Small and Local Business Development	1
District of Columbia Housing Authority	3
District of Columbia Public Schools	3
Executive Office of the Mayor[7]	7
Metropolitan Police Department	6
Office of Campaign Finance	11
Office of Neighborhood Safety and Engagement	3
Office of Risk Management	2
Office of the Attorney General	1
Office of the Chief Financial Officer	1
Office of the State Superintendent for Education	2
Office of Unified Communications	4
Office of Victim Services and Justice Grants	2

Source: ODCA Analysis.

Appendix A provides a full list of the 100 recommendations that ODCA followed up on for this report and their status. **Appendix B** provides a full list of the recommendations that the Council for Court Excellence (CCE) followed up on. **Appendix C** provides a full list of the recommendations that Federal Engineering followed up on.

For this report, ODCA contracted with the CCE to conduct follow-up and analysis for the Department of Behavioral Health (DBH) and Department of Corrections (DOC) on recommendations made in the report, Everything is Scattered…The Intersection of Substance Use Disorders and Incarcerations in the District; their review and analysis is included as Appendix B. ODCA also contracted with Federal Engineering to conduct follow-up and analysis for the Office of Unified Communications (OUC) on recommendations still outstanding in the report, 911 Reform Status Report #2: Progress Made but Transparency Needed; their review and analysis is included as **Appendix C**.

5 Agencies listed include those followed up with by ODCA as well as contractors for DBH, DOC and OUC.
6 Recommendations made to more than one entity are counted for each entity in this chart.
7 For recommendations directed to the Mayor, ODCA asked the relevant District agency for a response. This included the Office of the City Administrator and Office of Risk Management.

Successes and Challenges in Recommendations Made

The attention and commitment by agencies and relevant DC Council Committees to respond in a timely manner to our inquiries on the status of recommendations made in our audit reports is greatly appreciated. This reinforces the common goal we share to improve the effectiveness, efficiency, and accountability of the District government. A discussion of select recommendations follows.

OANC

For each year, ODCA is required[8] to produce a consolidated annual report of the financial activity of all the Advisory Neighborhood Commissions (ANCs). Our recommendation compliance review this year included the ANC annual reports for FYs 2019 and 2020. We are encouraged by the updates and changes the Office of the Advisory Neighborhood Commissions (OANC) made in 2023 to work with ANCs to strengthen compliance with internal control procedures to protect ANC assets and District resources. These changes include hiring a general counsel and finalizing and publicly posting on the OANC website[9] guidance on topics including ANC technical support and assistance fund, ANC debit cards, and ANC grants and sponsorships. While OANC notes its limited authority, the actions taken to strengthen advice and improve ANC accountability and public trust are commendable. ODCA believes the OANC team will ensure these actions will continue.

NEAR Act

ODCA has produced two reports examining the Neighborhood Engagement Achieves Results (NEAR) Act for implementation and impacts to determine whether the law was implemented as intended. The first report (NEAR Act Violence Prevention and Interruption Efforts: Opportunities to Strengthen New Program Models, June 7, 2022) was included in our recommendation tracking this year, and many of the recommendations made are reported as In progress or Implemented, which is encouraging. We hope these efforts continue. Of note is Recommendation #6 which was "[t]he D.C. government should contract with a criminal justice research organization to evaluate both violence intervention programs, comparing outcomes in program sites to neighborhoods that are closely matched in demographics and initial levels of crime. This research should analyze not only the end outcomes but also the activities and intermediate outcomes that are part of the program model." The Office of the City Administrator, on behalf of the Mayor, confirmed their cooperation with a 4-year study funded by Arnold Ventures to evaluate the effectiveness of community violence intervention programs in the District of Columbia led by Dr. Joseph Richardson, Jr., of the University of Maryland and Dr. Daniel Webster with the Bloomberg School of Public Health.

We hope the Mayor and the Council use the independent study of the District's programs to assess whether and how to integrate or merge the programs run by the Office of Neighborhood Safety and Engagement and the Office of the Attorney General (OAG) (Recommendation #7). The Mayor reports that

8 D.C. Code § 1-309.13(d)(1).
9 https://anc.dc.gov/page/oanc-guidance.

discussions are underway with the OAG, and we hope these discussions are productive, use independent analysis and lead to productive coordination with the Council on adjustments to be implemented. Finally, there were a few recommendations for the Council to amend the NEAR Act, and we hope these legislative changes are forthcoming.

DGS

ODCA followed up on 17 recommendations contained in three reports with the Department of General Services (DGS). We are encouraged that a majority of the recommendation are either reported as Implemented or In progress. Several recommendations are centered around modifying contract language and also transitioning to proactive asset management including tracking preventative maintenance. DGS has reported several steps they have taken and are working toward, and we hope this trend continues.

MPD: Use of Force

As discussed in greater detail in our 2023 Recommendation Compliance report,[10] ODCA produced two reports in 2021[11] as part of a series of case studies of the Metropolitan Police Department (MPD) investigations of officer-involved fatalities and examining the use of force at the MPD. The continuation of this series of reports builds upon a review of the Department's policies and practices on use of force prepared by The Bromwich Group for ODCA in 2016. Recommendations followed up on this year include three recommendations that involve officer training on how to use the ballistic shield, how to breach a door, and tactical training at regular intervals. While we note these recommendations for training on each of these topics are In progress, MPD anticipated that training would be completed before the end of 2023.

As noted last year, MPD has adopted and implemented recommendations made in both reports including ensuring that investigations by the MPD Internal Affairs Division (IAD) and oversight by the Use of Force Review Board are far more comprehensive, and that MPD develops policies governing foot chases and defining the purpose and function of the Crime Suppression Teams. Along these lines, one specific recommendation by The Bromwich Group[12] was for MPD to make its own Internal Affairs Division Final Investigative Report, as well as the document setting forth the UFRB's conclusions, public in some form and ***recognized that this raises sensitive issues for MPD*** (emphasis added). Publication, the report noted, "will create powerful internal incentives for those investigations to be competently and thoroughly conducted and rigorously reviewed because there would be some public accountability for the MPD entities and personnel responsible for those matters."[13]

Former Chief Robert J. Contee III, committed to implementing the recommendation and MPD began publishing use of force summaries on its website in November 2022; ODCA commended MPD for that action in our 2023 recommendation compliance report. However, MPD recently deactivated the link on their website and is no longer publicly publishing these summaries citing a December 2023 arbitration ruling

10 https://dcauditor.org/report/seventy-seven-percent-of-auditor-recommendations-in-place-or-in-progress/
11 The Metropolitan Police Department and the Use of Deadly Force: Four Case Studies 2018-2019, March 23, 2021; and The Metropolitan Police Department and the Use of Deadly Force: The Deon Kay Case, May 25, 2021.
12 Recommendation #7, The Metropolitan Police Department and the Use of Deadly Force: Four Case Studies 2018-2019, March 23, 2021.
13 Ibid.

with the D.C. Police Union. The arbitrator concluded the publication constituted both a privacy violation though the summaries have not included officer names, and a failure to bargain under terms of the collective bargaining agreement. The Department chose not to appeal the decision to D.C. Superior Court.

Publishing the results of the Department's internal investigations of police use of force was a significant addition to information previously reported on disciplinary matters. Complying with the requirements of § 5-1032 of the D.C. Official Code, submitting annual reports concerning the misconduct and grievances filed by or against members of the Department including the number of individuals, of all rank and services, investigated and disciplined for misconduct, categorized by the nature of the misconduct allegations, the nature of those misconduct allegations that are substantiated, and the discipline given for substantiated allegations.[14] The most recent report available on the DC Council LIMS website for 2021[15] contains at least 22 mentions of use of force as the reported conduct. In addition, the Council's recent police reform legislation,[16] now law, contained two significant requirements for additional transparency on discipline issues, for MPD to publish on a publicly accessible website, a schedule of adverse action hearings for cases in which the proposed discipline is termination and for the Office of Police Complaints to create a publicly accessible database of sustained allegations of an officer's misconduct that includes officer rank, file, badge number, current duty status and discipline imposed.[17] We raise this issue not only in the interest of public awareness and trust but encourage the D.C. Council to hold thoughtful public discussions about the results of and review of Use of Force incidents.

There will be a final report in this series of officer-involved fatality reviews following the December 21, 2022, criminal conviction of two members of MPD in the 2020 death of Karon Hylton-Brown. As has been the case in the previous two reports, The Bromwich Group will evaluate MPD's administrative review and the work of the Use of Force Review Board.

D.C. Council

Our recommendation tracking this year included 19 recommendations to the D.C. Council contained in five audit reports falling under the purview of three Council committees. Several of the recommendations are to clarify the law and 16 of the 19 recommendations are reported as Not yet started. There have been efforts to address recommendations in part, as with the Committee of the Whole acting to authorize but not require the Deputy Mayor for Education to collect data linking education to workforce outcomes, or one recommendation would expand the list of programs that qualify residents to receive security camera program vouchers and may be included in a pending[18] omnibus bill. One committee reports plans for legislation to clarify definitions for Certified Business Enterprise certification requirements. We are hopeful that Council will move forward and enact these changes in 2024.

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14 DC Code § 5-1032(1).
15 RC 24-196, https://lims.dccouncil.gov/Legislation/RC24-0196.
16 B24-320, The "Comprehensive Policing and Justice Reform Amendment Act of 2022", Law 24-345, effective April 21, 2023.
17 Subtitles M and X of B24-320, The "Comprehensive Policing and Justice Reform Amendment Act of 2022", Law 24-345, effective April 21, 2023.
18 Preliminary draft committee print for Bill 25-345 shared on January 10, 2024 by the Council Committee on The Judiciary and Public Safety.

OCF

In 2022, ODCA published Fair Elections Program Was Well-Run but Program Controls Can Be Improved, which completed a required[19] review of the operations of the fair elections program (or public campaign finance program), for the 2020 election cycle in DC. As the title of the report notes program controls can be improved and as the Office of Campaign Finance (OCF) prepares for the third election with the fair elections program being offered we hope to see additional progress. ODCA made 12 recommendations to OCF in the report, and through our recent follow up OCF indicated all recommendations have been Implemented. However, OCF did not respond to our request for additional information so ODCA is reporting most of the recommendations as In progress. While OCF should be commended for implementing the Fair Elections Act and conducting a well-run program the report also mentions that there were areas that would benefit from additional attention, such as updates to standard operating procedures to encompass additional topics. For us to acknowledge any such updates we need to review the supporting documentation. Continued public review and oversight, such as the roundtable on the readiness of the Board of Elections for the 2024 election,[20] held by the Council Committee on Executive Administration and Labor can help ensure the Fair Elections Program is ready for the upcoming election.

Status: Everything is Scattered...The Intersection of Substance Use Disorders and Incarcerations in the District

We enlisted the Council for Court Excellence (CCE) for follow-up on 16 recommendations from Everything is Scattered...The Intersection of Substance Use Disorders and Incarcerations in the District (August 25, 2020). As CCE notes in their analysis, this issue is as salient now as it was in 2020, reporting that more than 2,000 individuals who were in the D.C. Jail in Fiscal Year 2023 had a substance use disorder. While the Department of Behavioral Health (DBH) and the Department of Corrections (DOC) have made important changes and improvements since the audit was issued, additional work is necessary. In their analysis CCE also suggested recommendations the D.C. Council could consider to increase access to treatment services. See Appendix B for a full list and status of recommendations reviewed.

Status: OUC

The team from Federal Engineering returned again to the Office of Unified Communications to follow up on 24 of the 31 recommendations that had been reported as seeing minimal progress in our March follow up report[21]. As ODCA has testified,[22] the audit found serious issues with leadership, supervision, training and use of technology. As the new analysis from Federal Engineering notes, considerable progress has been made since the last review with a majority of the recommendations made reported as completed or completed and ongoing. A note about documentation: when we consider a recommendation implemented we require documentary evidence. For several of the recommendations in the Federal Engineering

19 D.C. Code § 1-1163.32j(b). [This subsection has since been repealed as the mandate was fulfilled.]
20 D.C. Council Committee on Executive Administration and Labor Public Roundtable on the matter of Board of Elections held June 26, 2023.
21 911 Reform Status Report #2: Progress Made But Transparency Needed, March 23, 2023.
22 Testimony of the Honorable Kathy Patterson before the Council Committee on the Judiciary and Public Safety, March 15, 2023.

update and in particular those that relate to staff adherence to policy, the audit team was given access to personnel files to enable them to confirm trainings and, in some instances, corrective actions, to support their conclusions. The audit team also reported verbally on joining new members of the OUC staff on ride-along training in which the District's unique geography and quadrants were reviewed to better enable staff to accurately report locations of emergency calls. We are hopeful the attention the new Director has given to ODCA recommendations continues and note the challenge and effort necessary to ensure the reforms are managed appropriately and continue.

Conclusion

Details on responses to all report recommendations followed up by ODCA can be found in **Appendix A**, DOC and DBH analysis performed by the Council for Court Excellence can be found in **Appendix B**, and OUC analysis performed by Federal Engineering can be found in **Appendix C**. Additionally, a sortable and searchable version of reports followed up by ODCA and included in **Appendix A** is available on the ODCA website.

We remain encouraged that the Council has continued to include a program performance report on the status of efforts to comply with ODCA reports as a part of the FY25 budget submission requirements resolution,[23] and look for the Council, the Chief Financial Officer and the Mayor to work collectively to identify the best way to incorporate this information into the annual budget proposed by the Mayor and presented to the Council for review. We are also encouraged that several D.C. Council Committees, as part of the annual performance oversight review process, are asking agencies questions based on ODCA reports including status of ongoing audits, recommendations implemented, and ways to improve agency operations in general. We recommend that the D.C. Council Committees standardize these questions going forward and publish the agency responses for the public to review. These actions support D.C. Code requirements for the Mayor to inform the Council what action has been taken on the recommendations made by the Auditor.[24]

Additionally, the D.C. Council continues to hold public oversight hearings on topics directly related to ODCA reports. While these efforts are encouraging and should continue, it is imperative that attention is given to recommendations that are reported as Not yet started and also the recommendations that are Implemented to ensure effective implementation. While ODCA does not continue to track recommendations that have been reported as Implemented, Council oversight along with feedback and testimony from agencies and the public is imperative to ensure the actions are in fact being carried out as recommended and are working. We welcome the continued opportunity to work collaboratively to review recommendations made with the shared goal of improving government operations and accountability.

ODCA would like to thank the Council for Court Excellence and Federal Engineering for their assistance and analysis for this report.

23 Section 3(D)(iv) of Resolution PR25-537, the "Fiscal Year 2025 Budget Submission Requirements Resolution of 2024".
24 D.C. Code § 1-204.55(f).

We hope this update on our previous work and the details that follow will be useful to Councilmembers and to the public.

Thank you.

Sincerely yours,

Kathleen Patterson
District of Columbia Auditor

cc: D.C. Councilmembers

Appendix A

Status of Audit Recommendations by the Office of the D.C. Auditor, as of December 31, 2023
Listed Chronologically, by Date of Report Publication

Note: Recommendations that are shaded were sent to all identified agencies for a response but are only listed once in this chart

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
1	Improvements to School Modernization Contract Administration Could Save District Money (October 19, 2020) (Review of the Eliot-Hine Middle School Modernization project, also see Eliot-Hine Middle School Modernization Project Closeout Report issued January 18, 2022)	1	During final project accounting and closeout, we recommend DGS require the CM to provide the listing of subcontractors covered by the SDI policy and the amounts being covered for each subcontractor.	In progress	
		3	We recommend DGS incorporate steps to perform a reconciliation of the craft labor costs submitted with the pay applications and the certified payroll records. This can be achieved through a sampling process or through examination of the full population of labor costs and certified payroll documents.	In progress	
		5	For future projects, DGS [should] include contract language to better define composition of "fully burdened" staff rates, and to delineate between fringe costs allowed as a cost of work versus those considered disallowed.	In progress	
		6	The Department of Employment Services (DOES) [should] verify DGS's reconciliation of local labor at the end of the project to validate the workforce achieved 51% of local labor.	In progress	
		7	During the final reconciliation, DGS [should] validate that the contingency transferred for use was fully billed, or identify opportunities for additional savings where the CM did not use all the contingency approved.	Implemented	

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
2	More Urgency Needed to Fix Lead-Based Paint Hazards (November 18, 2020)	3	DCHA should comply with Lead Safe Housing Rule (LSHR) requirement to stabilize any reported deteriorated paint within 30 days, document use of lead safe work practices, and supply clearance reports when required.	Implemented	
		4	The DCHA Property Management Office should develop and implement a plan to reduce the backlog of work orders, including work orders related to lead-based paint.	Implemented	
		5	The DCHA Property Management Office should develop comprehensive internal policies and procedures for the work order process, including a requirement to maintain all work order related documentation, from DCHA-managed properties and privately managed properties in a centralized location.	In progress	DCHA reported this as being implemented and referenced sections of the agency Policy and Procedure Manual, however specific information regarding privately managed properties in a centralized location was not included.
		6	DCHA Property Management Operations (PMO) should enforce Lead Safe Housing Rule (24 CFR 35 Section 35.1355 (a)(2)) requirements to conduct visual assessments every 12 months.	In progress	DCHA reported this as being Implemented, and progress has been made however we did not see proof of enforcement of this requirement.

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
		8	The DCHA Office of Audit and Compliance (OAC) should implement a quality control process for inspections conducted by Property Management Operations (PMO) for compliance with the Lead Safe Housing Rule, 24 CFR Part 35.1355 (a)(2).	In progress	DCHA reported this as being implemented however a quality control process to ensure inspections are being conducted properly is not apparent.
		9	DOEE should continue to advocate for the D.C. Council to expand the definition of "owner" to include the District government and its independent agencies like DCHA within its enforcement powers.	No action intended - management accepts risk	DOEE has been discussing with the Council, but previous bills introduced were not enacted and there is no legislation before the Council at this time.
		11	DOEE should establish deadlines for each step and team involved in the enforcement process and add an indicator to the PAR that gives information on the percentage of cases in which lead hazards are remediated in a given amount of time.	No action intended - management accepts risk	As previously reported, DOEE has implemented this recommendation with the exception of adding an indicator to the performance and accountability reporting (PAR).

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
		14	DOEE should use additional authority granted in the law to include remediating lead hazards and issuing a lien on the owner's property, denying rental permits to owners to ensure lead hazards are remediated, issuing multiday fines, and collaborating with other agencies as needed to use this authority. DOEE should establish internal policies as necessary guiding how and when this authority will be applied.	No action intended - management accepts risk	This recommendation was previously reported as In progress. Efforts by DOEE to work with DCLP have not resulted in an arrangement for rental permits to be denied if and when warranted.
3	D.C. Lacked Unified System to Track, Reduce Settlements & Judgments (December 7, 2020)	1	The Executive should ensure that ORM has the support, resources, and data system(s) needed to identify, analyze, and prioritize S&Js and risks throughout District government including policies and procedures requiring all executive branch agencies to timely report their settlements and judgements to ORM and to use standard terms to describe claim types. This also will allow the Executive to meet the statutory requirement to present a settlements report to Congress.	In progress	
		5	ORM should collect and assess comprehensive S&J information for risk mitigation by agencies and present the annual risk report to the D.C. Council. ORM should use existing information systems to support risk assessments until its new enterprise risk management system (ERisk) S&J component is online. As ORM implements ERisk, it should ensure that all agencies are reporting all S&Js within ERisk regularly by conducting reconciliations to the District's financial system and other monitoring activities.	In progress	

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
		6	ORM, OCFO, and OAG should jointly implement SOPs with clear agency responsibilities as needed to govern the processing, handling, and reporting of S&Js from the S&J Fund to facilitate compliance with the statutory requirements of D.C. Code § 2-402 and strengthen critical information sharing. This includes procedures for reclassifying expenditures when the S&J Fund is used for unanticipated expenditures.	In progress	OCFO reported this as ongoing, however ODCA has determined it to be In progress
4	Measuring What Matters: More and Better Data Needed to Improve D.C. Public Schools (March 10, 2021)	1	OSSE should: * Review compliance with federal and District law on data collection and reporting with specific attention to data collections on discipline and attendance related to the federal Individuals with Disabilities Education Act, the District's Student Fair Access to School Act, the School Attendance Clarification Amendment Act, and * Issue a data privacy policy to ensure compliance with the Family Educational Right to Privacy Act.	Implemented	OSSE's move to automated submission of discipline data by Charters appears to have improved consistency of data collection from all LEAs.
		2	OSSE should create and implement a quality control process to ensure the integrity of education data.	In progress	OSSE continues to improve the quality and clarity of the context and caveats it provides about the agency's analysis and reporting.
		3	OSSE should provide clear explanations of data limitations in current state education reports to provide full transparency until data integrity is improved and assured.	In progress	OSSE continues to improve the quality and clarity of the context and caveats it provides about the agency's analysis and reporting.

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
		4	The D.C. Council enact legislation requiring the District to collect data included in the US Department of Education's definition of a student longitudinal data system (student demographics, student special programs, student assessments, student enrollment: school entry and exit, student enrollment: school program type, student attendance, student discipline, student supports (i.e., school climate surveys), student courses, student-teacher links, teacher/Staff FTE, role, school, teacher demographics, teacher qualifications, teacher personnel (mobility, salary, etc.), data beyond enrollment for PreK, CTE, Adult Ed, postsecondary data, workforce data).	Not yet started	The COW noted legislation was passed to authorize but not require the Deputy Mayor for Education to begin collecting data linking education and workforce outcomes.
		5	The D.C. Council enact legislation that requires data governance and stakeholder engagement practices to help assure the District's education data system is successful and sustainable.	Not yet started	
		6	The D.C. Council enact legislation to provide for regular monitoring and reports on each step to ensure success.	Not yet started	

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
5	The Metropolitan Police Department and the Use of Deadly Force: Four Case Studies 2018-2019 (March 23, 2021)	7	MPD Should Release IAD's Final Investigative Report and the UFRB's Conclusions to the Public.	Implemented[25]	As noted, MPD has discontinued publishing the summary reports.
		26	MPD should ensure that all officers are adequately trained on how to use the ballistics shield, including how the deploying officer is to handle his pistol while holding the shield and the tactical formations to be employed when a shield is being used.	In progress	MPD anticipates training will be completed before the end of 2023.
		27	MPD should review training on how to breach a door, including training on when and how to do so, and the proper equipment to use. Training should be provided on each relevant breaching device available to the officer before the officer is authorized to use it.	In progress	MPD anticipates training will be completed before the end of 2023.
		28	MPD should provide and reinforce tactical training at regular intervals to relevant MPD personnel on how to approach a location where entry is contemplated and there is indication that an armed subject is within the premises to be entered. The training should address being in the line of fire, stacking, the "fatal funnel," and seeking cover.	In progress	MPD anticipates training will be completed before the end of 2023.

25 MPD Implemented as of November, 2022.

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
6	Weakness Cited in Monitoring Lottery Contract CBEs (July 7, 2021)	1	The D.C Council should amend the law to clearly define "managerial functions" and "independently controlled owned and operated" with language that is measurable and verifiable.	Not yet started	The Committee anticipates introducing legislation in 2024.
		2	DSLBD should clearly identify in DCMR and SOPs how each relevant section of the D.C. Code is examined and reviewed and what supporting documentation is necessary to determine if the business meets the criteria for certification.	Implemented	
		4	The D.C. Council should amend the D.C. Code to clearly state what is required when reporting a material change.	Not yet started	The Committee anticipates introducing legislation in 2024.
		5	DSLBD should clearly identify in the DCMR what is required for recertification if the business has a material change to report.	Implemented	
		6	The D.C. Council should amend the law to delineate the responsibility of the contracting agency and the responsibility of DSLBD to ensure CBEs are performing the work.	Not yet started	The Committee anticipates introducing legislation in 2024.
		7	DSLBD should update the DCMR and finalize their Compliance Division SOPs to include responsibilities for reviewing and monitoring CBE participation on D.C. government contracts.	Implemented	

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
		9	OLG should comply with contract terms and the appointment of duties memo from the CO to the COTR and not approve invoices without supporting documentation for all work performed, including work performed by CBEs.	No action intended - management accepts risk	ODCA previously reported this recommendation as In progress, and OLG does receive some back up documentation with invoices. OLG disagrees with the recommendation that they should review all CBE subcontractor invoices.
7	DCPS Failed to Effectively Monitor Title I Contract (July 14, 2021)	1	DCPS should develop policies and procedures to ensure information provided in proposals is accurate by verifying it through external sources.	In progress	
		3	DCPS should ensure that equipment purchases are supported by invoices and reported on equipment logs. Equipment logs should be reconciled periodically.	Implemented	
		4	DCPS should develop policies and procedures (SOPs) to ensure contracted Title I teachers obtain cleared criminal background checks prior to, and throughout the duration of, issuing direct educational services.	No longer applicable	According to DCPS this recommendation is Implemented, but notes they are no longer contracting a third-party vendor, so ODCA has determined this recommendation to be No longer applicable.

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
		6	DCPS should include a CBE checkbox in its correspondence to the contractor, as well as its renewal policies, to ensure that the contractor is an active CBE or the contractor is going to subcontract to an active CBE, and then follow-up with monitoring and verification.	Not yet started	DCPS reported this recommendation as In progress and indicated they will update the renewal notice letters to include the CBE/ subcontractor checkbox and will include the process for monitoring and verification before initial award and option year renewals in their SOPs. ODCA believes this recommendation is Not yet started.
		7	DCPS's contract administrator should regularly monitor compliance with the First Source program to ensure the contractor complies with the 51% requirement by the end of the contract term.	Not yet started	DCPS reported they are updating the Contract Administrator (CA) delegation letter to incorporate this task as part of the CA duties, however ODCA believes this recommendation is Not yet started.

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
8	Fiscal Year 2019 Annual Report on Advisory Neighborhood Commissions (August 9, 2021)	2	The OANC should continue to work with ANCs to strengthen compliance with internal control procedures to protect ANC assets and District resources, which can also improve accountability and public trust.	Implemented	
9	National COVID-19 Data Quality Audit: District of Columbia (August 16, 2021)	2	The Mayor should initiate a comprehensive review of the COVID-19 pandemic response culminating in a public report with DC Health, OCME, HSEMA, and any other key agencies to determine what worked and what should be done differently in the face of a similar health emergency including any recommended updates to the District's Emergency Response Plan.	In progress	
10	District of Columbia 2020 Election Administration (November 16, 2021)	1	DCBOE should be coordinating with the DC Council to ensure that its overall funding, from both District and federal resources, covers its full mission. DCBOE should consider how it can demonstrate the impact of both its federal and local—including evidence-based reporting—as part of its efforts to ensure its operations have the resources they need to succeed.	Implemented	

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
11	Eliot-Hine Middle School Modernization Construction Closeout Report (January 18, 2022) (Follow up to Improvements to School Modernization Contract Administration Could Save District Money issued October 19, 2020)	1	For future projects, we recommend DGS include contract language to specify only SDI costs solely related to the project, or costs for enrolled subcontractors only, may be allowable. The contract language should also specify the actual costs are subject to audit review. In cases where DGS agrees to a rate to be applied to enrolled subcontractors, DGS should obtain evidence from the CM during the GMP development to validate the rate is reflective of actual costs.	In progress	
		2	For future projects, we recommend DGS include contract language to better define composition of "fully burdened" staff rates, and to delineate between fringe costs allowed as a cost of work versus those considered disallowed.	In progress	
		3	We recommend DSLBD and DGS confirm the appropriate records are received from the respective CM or subcontractor as documents are processed, to confirm completeness of project records.[26]	Not yet started	DGS has indicated they will coordinate with DSLBD on confirmation of appropriate records.
		4	For future projects, we recommend DGS modify the contract language so elements of Volume are not also calculated on the Volume total.	In progress	

26 DSLBD received notification of the recommendation as part of follow up for the recommendation compliance report.

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
12	Fair Elections Program Was Well-Run but Program Controls Can Be Improved (January 21, 2022)	1	OCF should develop standard operating procedures for the Fair Elections Program Division to track campaign committees referred for non-compliance and to document all steps in the process.	In progress	OCF reported this recommendation as Implemented but also noted revisions to the Fair Elections Program Standard Operating Procedures would be made. We have marked this as In Progress.
		2	OCF should calculate the maximum matching amount using a separate process from the estimation used for the budget. OCF should use expenditures as defined by statute to calculate the maximum matching amount and assign another staff person to review the calculation to ensure accuracy.	In progress	OCF reported this recommendation as Implemented, and also noted changes to the D.C. Code (effective in November 2021) to clarify base amount payments and the calculation for matching payments. We believe this is In progress.
		3	OCF should reconcile reports of actual payments from OFRM with its payment records and campaign committee bank account records frequently enough to detect payments to the wrong campaign committee during the election cycle.	In progress	OCF reported this recommendation as Implemented. ODCA asked for a copy of the updated SOPs, but has not heard back, so we have marked this as In progress.

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
		4	OCF should conduct a risk assessment for the Fair Elections Program e-filing system, determine which information is sensitive, and develop a written security plan to keep it safe.	In progress	OCF reported this recommendation as Implemented. ODCA asked for a copy of the updated SOPs, but has not heard back, so we have marked this as In progress.
		5	When the nominating petition for a Fair Elections Program candidate is challenged, OCF should obtain and review the official Board of Elections order granting ballot access before authorizing the final base amount payment to the candidate's campaign committee.	In progress	OCF reported this recommendation as Implemented. ODCA asked for a copy of the updated SOPs but has not heard back so we marked this as In progress.
		6	OCF should develop standard operating procedures for auditors to determine if a second contribution from the same contributor to the same campaign committee exceeds the per-contributor limits or if it can be approved for matching because the campaign committee refunded previous contributions and remitted any matching payments for them.	In progress	OCF reported this recommendation as Implemented. ODCA asked for a copy of the updated SOPs but has not heard back so we marked this as In progress.
		7	OCF should add to the e-filing system any additional documentation it receives from the campaign committee that justifies changing the status of a contribution from declined to approved.	In progress	OCF reported this recommendation as Implemented. ODCA asked for additional information but has not heard back so we marked this as In progress.

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
		8	OCF should test the Fair Elections Program e-filing system periodically to make sure automated controls like flagging ZIP codes outside D.C. and flagging excess contributions are working as intended.	In progress	OCF reported this recommendation as Implemented. ODCA asked for additional information but has not heard back so we marked this as In progress.
		9	OCF should adjust requirements, working with the Council if necessary, so that matching is available only when residential addresses within D.C. are supplied (i.e. street address, not P.O. Box).	Not yet started	OCF stated P.O. Boxes are not acceptable for matching funds, however our report found 11 instances of either a P.O. Box or no address for the contributor submitted.
		10	OCF should review audit records of the Fair Elections Program e-filing system for indications of inappropriate or unusual activity, at a defined frequency, and report findings to designated OCF personnel.	Not yet started	OCF reported this recommendation as Implemented. ODCA asked for additional information but has not heard back so we marked this as In progress.

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
		11	OCF should ensure that the Fair Elections Program e-filing system is supported by OCF IT personnel who are equipped with experience, training, and supervision to complete or delegate the tasks that are necessary to manage its security and privacy proactively.	In progress	OCF reported this recommendation as Implemented but also noted revisions to the Fair Elections Program Standard Operating Procedures would be made. We have marked this as In Progress.
		12	When external changes increase the risk associated with following standard operating procedures, OCF should develop temporary procedures that are practical under the circumstances and adequately mitigate all relevant risks, including loss or theft of funds, and ensure they are followed.	Implemented	
13	Fiscal Year 2020 Annual Report on Advisory Neighborhood Commissions (May 23, 2022)	3	The OANC should continue to work with ANCs to strengthen compliance with internal control procedures to protect ANC assets and District resources, which can also improve accountability and public trust.	Implemented	

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
14	NEAR Act Violence Prevention and Interruption Efforts: Opportunities to Strengthen New Program Models (June 7, 2022)	1	The Office of Neighborhood Safety and Engagement should include the conviction data required by the NEAR Act in all future annual reports on the Pathways program.	In progress	ONSE reported that the CJCC declined to provide access to the JUSTIS database and they are in discussions with CSOSA to collect conviction data.
		2	The Office of Neighborhood Safety and Engagement should partner with the Department of Employment Services to report longitudinal employment outcomes for Pathways participants using the unemployment insurance tax database maintained by DOES.	In progress	ONSE said they are talking with DOES about the possibility of using DOES data.
		3	The Office of Neighborhood Safety and Engagement should collect and report data on victimization of Pathways participants, drawing on data from the District's health information exchange and DC Health's Firearm Surveillance Through Emergency Rooms system.	In progress	ONSE reports the collection has begun via partnerships with VIs at local hospitals and the Office of Gun Violence Prevention.
		4	The Office of Neighborhood Safety and Engagement should continue to use any additional funds appropriated by the Mayor and Council not only to increase the number of violence interruption sites, but also to increase the number of violence interrupters per site, focusing on areas with the highest levels of gun violence and homicides.	Implemented	

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
		5	The Office of Neighborhood Safety and Engagement should direct its violence intervention contractors to ensure that managers and violence interrupters introduce themselves to advisory neighborhood commissioners and that the contractors keep communities informed through meetings of the ANCs, civic associations, resident councils, and MPD Citizens Advisory Councils.	Implemented	
		6	The D.C. government should contract with a criminal justice research organization to evaluate both violence intervention programs, comparing outcomes in program sites to neighborhoods that are closely matched in demographics and initial levels of crime. This research should analyze not only the end outcomes but also the activities and intermediate outcomes that are part of the program model.	In progress	
		7	The Mayor and Council should use an independent research study of the District's violence intervention programs to assess whether and how to integrate or merge the programs run by the Office of Neighborhood Safety and Engagement and the Office of the Attorney General.	In progress	
		8	The Council should amend the NEAR Act to (a) delete the requirement for a DC Health Office of Violence Prevention and Health Equity, and (b) shift responsibility to develop and implement a public health strategy to combat the spread of violence to the Office of the City Administrator.	Not yet started	

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
		9	The Council should amend the NEAR Act to state that the Office of Victim Services and Justice Grants shall oversee a citywide network of hospital-based violence intervention programs targeted at Level 1 and Level 2 trauma centers that operate during hours specified in grant agreements and should provide sufficient resources for the services.	Not yet started	
		10	The Office of Victim Services and Justice Grants should modify the existing key performance indicator on client enrollment to reflect the number of victims who accept hospital-based violence intervention services divided by the number of patients treated at the hospital for community-based violence.	Implemented	
		11	The Office of Victim Services and Justice Grants should supplement the client enrollment key performance indicator by including results of key program activities in its annual performance plans and reports such as (i) percentage of clients demonstrating improvements in mental health, (ii) percentage of clients who were awarded crime victims' compensation benefits, or (iii) percentage of clients enrolled in health insurance.	Not yet started	
		12	The Metropolitan Police Department should comply with the law by establishing the Community Crime Prevention Team program, in partnership with the Department of Behavioral Health and the Department of Human Services.	In progress	

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
		13	The Office of Victim Services and Justice Grants should include performance measures and targets for the private security camera program in its annual performance plans, as well as data on actual performance in its annual performance reports.	In progress	OVSJG reported this as Implemented however they are waiting final approval for three new private security camera performance measures to be included in the performance plan.
		14	The Council should add the Supplemental Nutrition Assistance Program to the list of programs that qualify residents to receive security camera program vouchers.	In progress	The Committee on Judiciary and Public Safety reported there is legislation in Committee relating to the security camera rebate and is incorporating this recommendation in that legislation. A draft committee print to Bill 25-345 was circulated in January 2024.

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
15	36 Fired MPD Officers Reinstated; Receive $14 Million in Back Pay (October 6, 2022)	1	When the D.C. Council acts on permanent legislation to codify the removal of discipline from collective bargaining as approved in the Comprehensive Policing and Justice Reform Congressional Review Emergency Amendment Act of 2022, legislators should make clear in D.C. Code or report language that they are eliminating arbitration and assigning additional responsibilities to the Office of Employee Appeals. This action will help reduce the risk of returning poor performers to the force while protecting the due process rights of District employees.	Not yet started	
		2	To minimize subjectivity over the severity of discipline for misconduct and ensure discipline decisions reflect current policy, the D.C. Council should codify the MPD table of penalties with due consideration given to recommendations from the Chief of Police.	Not yet started	

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
		3	The Mayor and Council should direct the review and amendment of MPD General Order GO-120, 6 DCMR § 1001.5, and/or D.C. Code § 5–133.06 to address the inconsistency between General Orders and D.C. Code that has resulted in overturned terminations.	Implemented	The Office of the City Administrator, on behalf of the Mayor, reported this recommendation as No longer applicable and noted MPD published General Order 120.21 in November 2022. The Committee on Judiciary and Public Safety reported they are evaluating this recommendation. ODCA believes this has been Implemented.
		4	MPD should comply with statutory requirements on timely action in discipline matters, provide evidence sufficient to support any MPD appeals, and recommend clarification to the requirements to the extent needed.	Implemented	
		5	While arbitration remains an option, the Council should enact time limits on referring new cases for arbitration applicable both to MPD and sworn members of the department and their collective bargaining unit consistent with the 30-day limit now in place for cases referred to the Office of Employee Appeals.	Not yet started	

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
		6	To reduce the cost to the D.C. government of lengthy appeals, MPD should work with the Office of the Attorney General (OAG) to develop written criteria for whether to appeal termination cases including a financial risk assessment.	In progress	
		7	MPD should stop ignoring court orders and reinstate terminated employees in a timely fashion when so ordered.	Implemented	MPD provided examples of timely reinstatements.
		8	As part of the required annual report on misconduct and grievances, MPD should analyze the disciplinary data from the prior year to assess trends in misconduct and guide initiatives that reduce misconduct.	In progress	
16	Multiple Failures in Department of General Services Management of Work Orders (November 28, 2022)	1	DGS should explore options for implementation of an inventory management system that integrates with the District's CMMS.	In progress	
		2	DGS should implement a robust supervisory review of work orders. This review should provide an independent assessment of the accuracy and reasonableness of data entered for the work order.	Implemented	
		3	We recommend DGS begin tracking preventative maintenance activities in a CMMS. This should include the import of manufacturer recommended maintenance schedules as well as warranty requirements for each asset.	In progress	

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
		4	As part of a broader shift from reactive maintenance to proactive asset management, we also recommend DGS begin efforts to inventory individual assets, so that maintenance tasks can be applied to individual assets, instead of only the building/location.	In progress	DGS reported this as Implemented. While we do believe they have begun this recommendation DGS also notes their plan to continue to add more service types.
		5	Understanding that capturing an inventory of all assets will require significant effort, we recommend DGS begin with inventory of all new critical assets installed in the District. DGS should also identify other critical assets currently in operation to be inventoried.	In progress	DGS reported this as Implemented. While we do believe they have begun this recommendation DGS also noted their plan to finalize a maintenance module that will track all assets and maintenance activities.
		6	We recommend DGS coordinate with the CMMS provider or implementation partner to assess the cause of the missing work order history information. After identification of the cause, a remedy should be implemented to prevent the future loss or mis-capture of this critical information.	In progress	DGS reported they have extended the length of time work order data can be retrieved by adding additional storage. ODCA believes the additional storage along with continued monitoring to ensure the preservation of work order data will resolve the issue.

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
		7	We recommend DGS add dashboard and/or reporting capabilities to the CMMS that will allow supervisors to view open work orders that are noncompliant with the SLA.	Not yet started	DGS indicated comprehensive work order dashboards have been developed and implemented since Fiscal Year 2019. ODCA's report notes that by adding dashboard and/or capabilities for supervisors would help provide supervisors with knowledge of current assigned SLA statuses when assigning new work orders.
		8	To facilitate additional accountability, we recommend DGS consider associating work order responsiveness to performance evaluations.	In progress	
17	D.C. Forensics Lab Fails to Achieve Independence (December 1, 2022)	1	The D.C. Council should amend the legislation to require the provision of resources and staff support, as well as clear authority for access to laboratory records to enable the SAB to perform its oversight functions.	Not yet started	

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
		2	The D.C. Council and the Mayor, as part of the annual budget process, should allocate sufficient administrative and financial resources for the SAB to perform its oversight functions.	Not yet started	The Executive reported this recommendation as In progress and noted that DFS supports the SAB in the planning and coordination of their quarterly meetings as required. The Council Committee on Judiciary and Public Safety indicated they are evaluating this recommendation and researching other jurisdiction's models for forensic lab support. We have marked this recommendation as Not yet started.
		3	The Executive should develop policies and procedures for preparing Stakeholder Council meeting agendas, discussions, and action items.	In progress	
		4	To facilitate representation by stakeholder agencies, the D.C. Council should amend the legislation to allow Stakeholder Council members to be represented in the meetings by designees when they are unable to attend.	Not yet started	

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
		5	The D.C. Council should require DFS to rewrite the regulations to conform with D.C. Code and ensure that the SAB receives all allegations of professional negligence, misconduct, or misidentification or other testing error that occurs in the provision of forensic science services including all internal and external complaints.	Not yet started	
		6	The D.C. Council should amend legislation to define the term "immediately".	Not yet started	
		7	The Executive should ensure that DFS leadership fosters and maintains agency independence by: *Improving and maintaining ongoing communication and cooperation with its customers. *Monitoring and assisting DFS in resolving serious disagreements with customers including, specifically, USAO and OAG.	In progress	
		8	DFS's Director should provide training for the management team on effective customer service including how to improve DFS's responsiveness to customers' needs and the overall relationship and communications with all customers.	Implemented	
		9	DFS should develop and implement procedures for monitoring and maintaining the designated email account for receiving complaints.	Implemented	

Ref. No.	Report Title	Rec.No.	Recommendation	Status	Notes
		10	DFS should record any allegation of misconduct as a complaint, investigate the complaint in accordance with its policies and procedures and immediately report it to the SAB.	In progress	DFS reported this recommendation as Implemented and indicated the Office of the General Counsel would report to the SAB at a regularly scheduled SAB meeting. The SAB website shows meetings to occur generally on a quarterly basis. Absent more immediate indication to the SAB, we have marked this recommendation as In progress.
		11	DFS should provide training to the entire staff on DFS's processes, policies, and procedures including the complaint process to ensure adherence to established laboratory protocols.	Implemented	
		12	DFS should create and maintain case files for all complaints.	Implemented	

Appendix B

The Council for Court Excellence (CCE) Analysis of Open Recommendations

To: **Office of the District of Columbia Auditor**

From: **Council for Court Excellence**

Date: **January 5, 2024**

Subject: **Updated Summary of Implementation Status of Select Recommendations from 2020 Report, Everything is Scattered: The Intersection of Substance Use Disorders and Justice-Involvement in the District**

The purpose of this memorandum is to support the Office of the D.C. Auditor's (ODCA) efforts to make public the implementation status of select recommendations made to the Department of Corrections (DOC) and the Department of Behavioral Health (DBH) in the August 25, 2020, report, *Everything is Scattered: The Intersection of Substance Use Disorders and Justice-Involvement in the District*. The report covered an audit period of January 1, 2015, through September 30, 2018, and was prepared by the Council for Court Excellence (CCE) on behalf of ODCA. This is the second update provided to ODCA; a 2022 memo was included in ODCA's February 2023 report, *Seventy-seven Percent of Auditor Recommendations In Place or In progress*.

We are pleased to have the opportunity to continue to evaluate progress being made, as well as outstanding opportunities to improve access to and quality of care for substance use disorders (SUDs) in the District, particularly for justice-involved individuals. Without a doubt, this issue is as salient now as it was in 2020. In their response to this progress report inquiry, DOC notes that data from their health care provider, Unity, indicates that more than 2,000 individuals who had spent time in the D.C. Jail in Fiscal Year (FY) 2023 had a substance use disorder. Additionally, DOC noted that a higher proportion of these people were diagnosed with opioid or polysubstance use disorders than in 2015 or 2019. Disturbingly, one in five people in the jail in FY 2023 were diagnosed with an opioid-related medical problem, with 265 people a month being treated for opioid use disorder (OUD) in the jail per DOC. This underlines the need for a more robust District-wide focus on opioids, of which the new DBH Sobering Center could be a key part. Identifying people with SUDs, providing them with treatment and services while in DOC custody, and successfully connecting them with care in the community post-release are all critical to addressing what amounts to an ongoing public health crisis.

The original *Everything is Scattered* report made 39 recommendations for law, policy, or practice changes in the District. In this memorandum, CCE is providing updated implementation information on six of the eight recommendations directed towards DOC, and nine of the eleven recommendations specific to DBH. It also provides new implementation information on one DOC and two DBH recommendations not covered in the 2023 ODCA update. We identified the status of each recommendation using the classifications discussed elsewhere in the ODCA recommendation compliance report.

To conduct this analysis, CCE requested information from DBH and DOC in October 2023 asking each to report on the implementation status of the subset of recommendations relevant to their agency. We also made second requests for additional information from each agency, asking for clarification on their responses to certain recommendations. We received responses from both agencies in November 2023, and received additional, clarifying information in December 2023. It is from the original and follow-up responses that we summarize or quote the agencies' reported status on the different recommendations. We

also collected external feedback and conducted some research to validate certain responses received from the agencies.

Findings

The appendix provides a list of the subset of 15 revisited and three new/additional recommendations from *Everything is Scattered* that we selected for follow up in this progress report and their respective statuses. In most cases, where the status of the recommendation was "In progress" last year, some level of additional progress was made in 2023 to effectively address the issues identified in *Everything is Scattered*.

We found that, of the recommendations we reviewed for DOC, five are "In progress," one is "Not started," and one is "Will not be implemented." Of the recommendations we reviewed for DBH, eight are "In progress," two are "Not started," and three are "Will not be implemented."

Figure 1: Status of Reviewed Recommendations by Agency, as of December 22, 2023

Agency	Number of Recommendations That Are "In Progress"	Number of Recommendations That Are "Not Started" or "Will Not be Implemented"
Department of Behavioral Health	8	5
Department of Corrections	5	2

Note: when a recommendation included more than one action which had different statuses, the status of each component is listed. Recommendations made to both DBH and DOC are included in both totals.

Select Recommendations for the Department of Behavioral Health

The DBH recommendations that CCE reviewed fell into several categories: expanding pre-arrest diversion opportunities; increasing the share of people in the jail with SUDs who were successfully connected to treatment and social services; improving data collection and information sharing systems; updating Department regulations; and strengthening the Department's outward-facing communications regarding available resources. Below are general overviews of the findings detailed in the Appendix.

<u>Pre-arrest Diversion (1.1, 1.5).</u>
As was noted in the 2023 update, the District's pre-arrest diversion (PAD) pilot was discontinued, with no data available after the 2019 report. No data was provided on the Crisis Response Team program that could be considered to have replaced it. Several other District initiatives have pre-arrest diversion elements, including the new Stabilization Center and emerging Co-Responder project, and DBH notes that proposed legislation before the Council would include a pre-arrest diversion taskforce. Given that efforts continue to be small in scale, fragmented, and lack public-facing evaluative components, the development of a more strategic approach to PAD would be beneficial.

Connection with Treatment and Services (3.4, 4.1, 4.2, 6.4).
While DBH is active at the READY Center and the Superior Court in providing information on SUD services to returning citizens, its approach to ensuring those with SUDs in DOC facilities are connected to treatment and services is diffuse. DBH does not provide assessments at the jail and in its outreach for post-release care, does not appear to receive or use information on those in the jail who have screened positive or been assessed as having an SUD or who have other information available to indicate the presence of an SUD. Outreach therefore is untargeted and relies on individuals in the jail with SUDs self-identifying and connecting with DBH outreach staff at the READY Center or at the courthouse if the detained person will be returning to the community from there. Likely because their outreach isn't concentrated on people with SUDs, DBH reports that, since its data tracking was fully in place in March 2023, only 71 returning citizens on average per month have been contacted and linked by DBH staff for intake appointments to Core Service Agencies (CSAs); in FY2023, 2,080 people – an average of more than 173 per month – had a substance use diagnosis from Unity per DOC. DOC notes that Unity indicated that 2,080 individuals in the jail had a substance use-related diagnosis in 2023, with a greater percentage having opioid use or polysubstance use disorders compared to 2015 or 2019. Given that almost half of those released from DOC have been detained for two weeks or less, finding additional outreach avenues besides the READY Center might also increase connection rates.

Regarding assessments, DBH notes the new stabilization center, one community-based hospital, and one contracted provider can now provide SUD assessments 24/7. The Department continues to insist that virtual assessments are not appropriate. This is contrary to what research has shown; as a recent SAMHSA report notes, "telehealth is effective across the continuum of care for SMI [serious mental illness] and SUD, including screening and assessment."[1] The number of DBH assessments and referrals has fallen 43% from FY 2019 to FY 2021, with the combined number of new and existing clients down 15% in this same period. The extent to which the pandemic may have impacted the 2021 figures is not known, nor is the relative proportions that were justice-involved individuals in these years.

DBH indicates that some progress has been made towards increasing housing opportunities for people with SUDs, including additional beds for re-entry housing and support services for returning citizens. The Department continues to interpret the Home First mandate as prioritizing people with SMI and has said it will not seek amendments to D.C. Municipal Regulations related to the Home First subsidy.

Data Collection and Sharing (3.4, 4.2, 5.3).
At the current time, DBH does not track the number of residents who are successfully linked to services and whether those residents ultimately choose to use those services. DBH reports that efforts are underway to track, through Medicaid data, the extent to which those who receive referrals can access services post-release; no timeline for this was provided. This is echoed in the DOC response. In terms of tracking performance data for providers, beginning in October, DBH has a new requirement for providers to submit data monthly, although some still face technical challenges and troubleshooting is ongoing.

Regarding real-time information sharing, DBH reports that the CRISP DC SUD Consent Tool to obtain client consent to share their information with other agencies and providers is being actively utilized by

[1] Office of the District of Columbia Auditor (ODCA). Everything is Scattered: The Intersection of Substance Use Disorders and Justice-Involvement in the District. Office of the District of Columbia Auditor, 2020; Substance Abuse and Mental Health Services Administration (SAMHSA). Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders. SAMHSA Publication No. PEP21-06-02-001 Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2021.

programs at 35K St., CPEP, and St. Elizabeths, but not by DBH and its Assessment and Referral Center (ARC). DBH is addressing technology issues so that it may access the portal after the current legacy system is retired in FY 2024.

Updating Policies and Regulations (6.6, 7.5, 7.6).
DBH indicated has not yet updated Policies 511.1 and 511.2 to explicitly make SUD-only clients eligible for housing. DBH also has not started revisions to update its policies 511.1, 511.2, or sections of D.C. Municipal Regulations 22-A that the Department agreed were necessary. The agency has indicated these revisions will be completed by the end of the 2024 fiscal year.

Strengthening Communication Regarding Resources (7.6, 7.8).
DBH acknowledges that information on the website regarding providers could be clearer and committed to addressing this issue. DBH responded to questions around staff training by indicating that Outreach and Public Engagement staff receive training and periodic refreshers on available community resources and participate in events with community partners. DBH did not provide data regarding how frequent continuing training is provided or whether staff are tested on knowledge, how many brown bags or other community events were held, or the metrics used in staff evaluations related to training and education.

Successes and Challenges in Select Recommendations for the Department of Corrections

The DOC recommendations that CCE reviewed fell into several categories: connection to treatment and services; updating policies and regulations; and interagency collaboration. Below are key findings in these areas, with additional details in the Appendix.

Connection to Treatment and Services (2.3, 3.3, 3.4).
For Recommendation 2.3, DOC reports that it has a "firmly established protocol" for DOC residents at intake, where individuals complete a release of information so DOC may communicate with outside providers about SUD medications and other issues. The agency also reports that it shares information via its contracted medical care provider, Unity, about patient care via CRISP. DOC reports that this process will be reflected in the planned revisions to Program Statement 6001H, which are expected to be completed and implemented in early 2024.

Additionally, a DBH liaison reviews all residents who came into intake the night before to check which residents are also in DBH's database for receiving services.

Regarding Recommendation 3.3, DOC reports that it will not be determining a minimum length of incarceration needed for it to provide effective treatment at the appropriate level of care to individuals in its custody with an Active SUD. DOC notes that most individuals in its custody tend to stay between seven and 30 days, and they are provided information regarding re-entry services that include SUD treatment and support. DOC also notes that it has been in regular communication with SAMHSA leadership and says that SAMHSA "feels that [DOC's] program represents a "national evidence based best practice."

For Recommendation 3.4, DOC reports that it does not have the legal authority to obtain information on residents after discharge. Once a resident leaves DOC custody, the agency has no legal health authority over them and no status to track their care. While the agency previously reported that they were "consistently" connecting residents with opioid use disorders (OUDs) back to their clinics or providers in

the community, it did not provide more insight into how this process occurs. DOC also previously reported that it has met with the Court Services and Offender Supervision Agency (CSOSA) and Superior Court several times regarding residents on medication-assisted treatment (MAT) being referred to CSOSA's Re-entry and Sanctions Center, but these meetings are not reported to be regularly occurring.

DOC also noted that about 265 people per month are treated for OUD in the jail; however, there are only 50 residential treatment beds available in the units.

Updating Policies and Regulations (2.1, 2.2, 2.3).
In its 2023 response, DOC indicated it had adopted the NIDA Assist Quick Screen. For this follow up report, the Department reports it has documented only 96 NIDA Quick Screens during FY 2023 as follow up due to data tracking issues. DOC responded that people are "asked about substance use twice during their intake process;" it is unclear whether this rises to the level of a validated screening method or utilizes a specific screening instrument. The Department also reports that the Addiction Treatment Team performed 629 comprehensive substance use evaluations in 2023. All people were screened for opioid use at intake and 921 individuals (approximately 1 in 5 intakes) were diagnosed with an opioid-related medical problem in 2023.

DOC notes that these are likely undercounts, as it is unable to accurately capture screening and assessment information due to limitations of its electronic medical record systems. DOC reports that several of its relevant program statements will be updated during their December 2023 revision process, including PS6000.1H, PS6001H and PS5300.1H. The medical division has submitted these policies for review by agency stakeholders. Once agency stakeholders finish their review, the DOC Office of General Counsel will review the policies before submitting them to the Director for signature. DOC anticipates these policy changes will be completed and implemented in early 2024.

Interagency Collaboration (5.3, 5.4).
In regard to Recommendation 5.3, DOC previously reported that a dialogue was underway between SAMHSA, DOC, and DBH to establish a protocol to track care continuity upon release through D.C.'s Health Information Exchange. However, DOC reports this year that it has not been involved in any discussions in the past year from organizations that may be developing such a protocol but continues to communicate and collaborate with DBH and DHCF.

For Recommendation 5.4, DOC reports it has longstanding interagency agreements and practices established with DHCF and DBH. DOC sends information to the DBH liaison on who is in their custody and when they leave so these individuals can be connected to DBH services upon discharge. It is unclear whether these interagency agreements and practices are formally documented within DOC policy, or if these are longstanding practices that all involved agencies continue to follow.

Conclusion and Recommendations

Although both the Department of Behavioral Health and the Department of Corrections have made important changes and improvements since the initial 2020 audit, there is still more work to be done. The D.C. Council can take several steps to increase access to treatment services in FY 2024 and beyond. These include introducing legislation directing DBH to utilize virtual assessments where appropriate and allocating additional funding to increase the number of treatment beds for individuals in the jail with

high-acuity SUD. As has been widely reported, the number of individuals detained in the D.C. Jail is rising, and the need and cost for services will likely increase alongside it; simply maintaining level SUD services funding for the next fiscal year will likely negatively impact treatment provision.

Also, there seems to be a disconnect in the number of individuals with SUDs identified by Unity, and the number of individuals in the jail connected to services by DBH. While the Council passed the Corrections Oversight Improvement Act of 2022, dedicated funding has not been provided so that this Act can be fully implemented; more robust oversight of DOC facilities could shine a light on the extent to which the needs of people incarcerated in the District who have substance use disorders are being met.

Additionally, while there is a proposal for a pre-arrest diversion (PAD) task force embedded in proposed legislation currently pending before the D.C. Council, the likelihood of its passage is unknown. The Council could pass legislation that would authorize and fund this PAD task force independently or alongside other behavioral health policy proposals.

For the purposes of this implementation status report, time did not allow for collection of qualitative information from directly impacted individuals. Hearing from them and community-based re-entry reorganizations would provide information on the quality of services and treatment by DBH and DOC, as well as any barriers to access, which in turn could lead to even more effective SUD services for this population. Council could solicit their input on these issues via dedicated public roundtables, ask them questions about these services during oversight hearings, and support in-community feedback collection efforts like those of the District Task Force on Jails & Justice.

Appendix

Status of *Everything is Scattered* Audit Selected Recommendations, as of December 20, 2022

Recommendation numbers refer to the recommendation numbers in the August 25, 2020, report, *Everything is Scattered: The Intersection of Substance Use Disorders and Justice-Involvement in the District*. Each recommendation is organized by its corresponding Finding number, e.g., Finding 1 has 5 associated recommendations (1.1, 1.2, 1.3 and so on).

Rec. No.	Recommendation	Agency	2023 Status	2024 Status	2023 Notes	2024 Notes
1.1	The District should continue to offer Pre-Arrest Diversion (PAD), building on the successes of the PAD pilot.	DBH	In progress	Restart of PAD: will not be implemented; Improvement of pre-arrest diversion efforts in general: in progress.	DBH reported that PAD was folded into their Community Response Team and expanded to be 24/7 in all wards. With this consolidation, it is unclear the extent to which the PAD goals and requirements in the NEAR Act are being met or all aspects of the pilot program remain in effect.	For 1.1 and 1.5: DBH notes that the PAD pilot ended and no new data are available, and resurrection of PAD would depend on existing CRT staff as no new funding for it was included in DBH's FY25 budget. No information was provided on CRT utilization or outcomes. The agency indicates other efforts to increase pre-arrest diversion are underway, including the opening of the D.C. Stabilization Center in late 2023, and a "soft launch" of a co-responder model that will include five pairings of behavioral health crisis responders with MPD Crisis Intervention Officers.
1.5	PAD administrators should implement procedures to correct the PAD pilot's data collection and shortcomings, including publishing information to help evaluate program efficacy and implementing	DBH	Not reviewed.		N/A.	

Rec. No.	Recommendation	Agency	2023 Status	2024 Status	2023 Notes	2024 Notes
	data sharing procedures, consistent with best practices					DBH also responded that it is working toward improving its data interface with MPD as part of the 911 Behavioral Health Diversion Initiative, and that legislation before the D.C. Council includes the creation of a pre-arrest diversion taskforce.
2.1	DOC should use a best practice screening protocol for SUDs at intake and revise its internal policy (PS 6000.1H) to require such screening is accomplished.	DOC	In progress.	In progress: progress made.	DOC's medical provider has adopted the use of SAMHSA's NIDA Quick Screen at the time of intake. Additionally, to identify Residents who may benefit from SUD services, DOC also re-screens all Residents in the Intake Housing Unit within 5-7 days who have not been identified with NIDA at Intake. No DOC policies have been changed to reflect or formalize these processes.	While per DBH response all people are screened for opioid use disorder (OUD) at intake, it is unclear whether all people are screened or just "asked about" substance use generally at intake, since only 96 NIDA Quick Screens were documented; it is not clear whether DOC plans to modify its EMR system to improve data tracking. DOC reports it will add language to relevant program statement to indicate the use of a "best practice" SUD screening tool in its December 2023 revision process. These policy changes will be completed and implemented in early 2024.

Rec. No.	Recommendation	Agency	2023 Status	2024 Status	2023 Notes	2024 Notes
2.2	In addition to self-reporting by Residents, DOC should use collateral information to supplement SUD screenings to identify individuals with Active SUDs in its custody. Specifically, DOC should refer a Resident for a full SUD assessment, regardless of the outcome of their intake screening, if they: a. Have any history in DOC's own medical records of an SUD diagnosis or treatment from a prior period of custody; or b. Have a positive drug test or are found guilty of a substance-related disciplinary violation while in DOC custody, which requires revision of DOC Program Statements 6050.2G and 5300.1H.	DOC	In progress.	In progress: progress made.	The intake team at DOC reviews medical records from previous DOC incarcerations as far back as can be tracked, along with other sources of information. As of November 2022, Residents found with drugs are sent to DOC's medical provider for evaluation(s). DOC reports that its relevant program statement will be updated by the end of 2022.	DOC reports that the language in the relevant program statements will be updated in December 2023 to reflect the intake team's process. These policy changes are expected to be completed and implemented in early 2024. It does not appear that this information is shared with DBH for connection with services post-release, as DBH indicates it has limited access to the CRISP system.
2.3	DOC should establish a protocol to request informed consent from all Residents at intake to allow their community-based	DOC	In progress.	In progress: progress made.	DOC reported several steps that are regularly used to obtain Resident consent and to communicate with community-based providers	DOC reports that it has a firmly established protocol for residents to complete a release of information so DOC may communicate with outside

Rec. No.	Recommendation	Agency	2023 Status	2024 Status	2023 Notes	2024 Notes
	SUD providers and DBH to share SUD information with DOC, and to allow DOC to share information and communicate with DBH and their community-based SUD providers.				about their SUD treatment (especially for those with opioid use disorders) but did not reference any specific protocol or policy that is memorialized or can have its compliance tracked. DOC reports that since 2020 its medical provider reviews Residents' records with a DBH liaison shortly after intake to determine any prior history with DBH.	providers regarding SUD medications and issues. The agency also shares information via Unity about patient care via CRISP. DOC reported that this process will be reflected in the revisions to the relevant program statement after the December 2023 revision process is completed. These policy changes are expected to be completed and implemented in early 2024. As noted elsewhere, DBH does not have access and/or does not use this data to target outreach for connection to services post-release.
3.3	DOC should determine the minimum length of incarceration needed for it to provide effective treatment – beyond MAT and detoxification – at the appropriate level of care to individuals in its custody who have an active SUD.	DOC	Not reviewed.	Will not be implemented; management accepts risk.	N/A	DOC reports that it and Unity screen everyone at Intake for OUD, and again days later on the Intake Housing Unit. Because most people tend to stay between seven and 30 days at the jail, DOC feels this population benefits from remaining on MOUD medication regardless of time incarcerated; DOC feels individuals "get excellent care,

Rec. No.	Recommendation	Agency	2023 Status	2024 Status	2023 Notes	2024 Notes
						treatment, education, and peer navigator connections" and are connected to re-entry services in their communities after discharge.
3.4	DOC and DBH should prioritize re-entry planning and data collection for people with Active SUD flags. This should include the facilitation of connections between SUD providers in DOC to community-based SUD providers, and tracking systems that will allow DOC and DBH to evaluate connection to care rates.	DBH	In progress.	In progress: Progress made.	DBH reported it engages with the Resource to Empower and Develop You Center (the READY Center) to help DOC Residents leaving custody by providing referrals to community-based mental health and/or SUD services. DBH reports that eligible returning citizens can be linked to Core Service Agencies (CSAs) by DBH and are provided intake appointments within 30 days of their release from DOC custody. DBH reports that it tracks the number of returning citizens who have been contacted and linked by DBH staff for intake appointments to CSAs monthly. It is unclear whether DBH provides clinical assessments and	DBH reports it does not provide SUD assessments to determine eligibility or need for services or track the number of people leaving jail successfully connected to SUD services. However, the agency indicated that using Medicaid claims data, it will design a report to determine the percentage of individuals referred who received services within a period of time (e.g. 30 days). Beginning in March 2023, on average 71 people per month were provided referrals for services. (For a sense of scale, DOC reported that 2,080 individuals in the jail had a substance use-related diagnosis in FY2023, which averages over 173 people per month.) In terms of facilitation of connections, in addition to their READY Center work,

Rec. No.	Recommendation	Agency	2023 Status	2024 Status	2023 Notes	2024 Notes
					referrals for SUD clients or directs SUD clients to other providers to receive these services, or if it is capturing connection to care rates.	DBH staff are co-located at D.C. Superior Court and offer linkages to detained individuals being released from the courthouse.
3.4	DOC and DBH should prioritize re-entry planning and data collection for people with Active SUD flags. This should include the facilitation of connections between SUD providers in DOC to community-based SUD providers, and tracking systems that will allow DOC and DBH to evaluate connection to care rates.	DOC	In progress.	Not started.	DOC reports that its discharge planning process begins at Intake and that they are "consistently" connecting Residents with opioid use disorders (OUDs) back to their clinics or providers in the community. For Residents with other SUDs, DOC reports that their medical provider makes follow up appointments with primary care providers, includes support from peer navigators, and sometimes "warm-handoffs" or bed-to-bed transfers to community-based providers. DOC also referenced at least one meeting with CSOSA and local judges to further coordinate discharge planning so that Residents	DOC reports that it does not have the legal authority to obtain information on residents after discharge. However, DOC reported that its medical provider makes follow-up appointments with community-based, primary care providers. The agency had some data to support this. DOC also reports that it has met with CSOSA and D.C. Superior Court to further coordinate discharge planning, but these meetings do not appear to be regularly occurring. DOC did not provide information on what progress had been made on the database to track claims information.

Rec. No.	Recommendation	Agency	2023 Status	2024 Status	2023 Notes	2024 Notes
					with OUDs can access methadone when released on weekends, and to ensure that appropriate placements are ordered. DBH and DOC are also working with the Department of Health Care Finance to create a database to track claims information so DBH can better track when/if Residents receive follow-up care in the community, but this database is not yet operational and no timeline for its completion was provided.	
4.1	DBH should increase access to its services by: a. Adopting the proposed revision to D.C.M.R Chapter 22-A to allow any SUD provider to conduct assessments and referrals; b. Amending D.C.M.R Chapter 22-A to remove the requirement that initial SUD assessments be conducted in person; and,	DBH	In progress.	Virtual assessments: will not be implemented, management accepts risk. Expanding operations: in progress, progress made.	DBH reported that since October 2020, all SUD providers have been required to conduct assessments and referrals, but that in-person initial assessments are crucial to do a complete bio-psychosocial assessment and ensure quality SUD service delivery. This does not comport with the recommendation, as the	DBH continues to assert in-person assessments are crucial to ensuring quality SUD delivery and has no plans to implement virtual assessments. As noted elsewhere, the 24/7 stabilization center opened in late 2023, which provides assessments. Only one community-based hospital provides 24/7 assessments and withdrawal management. In terms of numbers of

Rec. No.	Recommendation	Agency	2023 Status	2024 Status	2023 Notes	2024 Notes
	c. Expanding days and hours of access for the initial assessments, ensuring that at least one SUD provider is open, 24 hours a day, 7 days a week to assess and accept clients into each level of care and to serve individuals in acute withdrawal.				District's general telehealth guidance allows in-person or virtual provision of the same service so long as standard of care can be achieved. DBH now contracts with a certified provider for 24/7 initial assessments for withdrawal management. DBH reports that a 24/7 stabilization and sobering center will open in spring 2023, which will also provide SUD assessments.	assessments and referrals, this number fell 43% from FY 2019 to FY 2021 (4,095 compared to 2,320), with the number assessed but not served increasing slightly from 32% to 35%. The combined number of existing and new DBH clients dropped 15% from 2019 to 2021 (5,870 compared to 4,985).
4.2	DBH should track the time between referrals and care initiation in the new "no wrong door" system, and set goals to decrease any wait times, particularly for people with SUDs suffering withdrawal.	DBH	Not started.	In progress.	Although DBH reports that there is no wait time for withdrawal management or residential treatment as these are same day services, it does not have a mechanism in place to track wait times between referral and care initiation for these services. DBH noted that it is setting up a workflow to capture provider performance information, but it did not clarify when it	DBH reports the time between referral to intake for outpatient services is within seven days, and that all providers are now required to have their own electronic medical records. DBH indicates it will be tracking provider performance data monthly through BHSD. While this is required for all providers as of 10/1/23, some have not successfully submitted test files or monthly data and troubleshooting is ongoing.

Rec. No.	Recommendation	Agency	2023 Status	2024 Status	2023 Notes	2024 Notes
					will be able to report this data.	
5.3	DOC, DBH, and DHCF should establish a protocol for the real-time sharing of clients' authorized SUD information – both electronically and through other forms of communication [with informed consent] – between community-based SUD providers and the agencies as is appropriate and necessary to ensure care-continuity for people entering and leaving DOC custody.	DBH	In progress.	In progress, progress made.	DBH stated that with the recent roll out of the CRISP DC SUD Consent Tool, participating providers will be able to utilize the CRISP Health Information Exchange to share information electronically and improve care continuity. DBH is in the process of entering into Qualified Service Agreement with CRISP DC which will allow DBH access to the CRISP DC SUD portal, however no expected date for finalization of the agreement was indicated.	DBH programs at 35 K St., CPEP, and St. Elizabeth's Hospital are actively utilizing the CRISP DC SUD Consent Tool currently. DBH and its Assessment and Referral Center (ARC) continue to not access the CRISP DC SUD portal but are addressing tech issues to do so after the legacy system (DATA WITS) is retired in FY 2024.
5.3	DOC, DBH, and DHCF should establish a protocol for the real-time sharing of clients' authorized SUD information – both electronically and through other forms of communication [with	DOC	In progress.	In progress: no progress made.	DOC reports that the DBH-DOC data sharing process already exists and that a dialogue is underway with SAMHSA, DOC, and DBH to establish a protocol to track care continuity upon release through D.C.'s	DOC reports that it has not been involved in any discussions in the past year from organizations that may be developing such a protocol. DOC also further reports that establishing a protocol for

Rec. No.	Recommendation	Agency	2023 Status	2024 Status	2023 Notes	2024 Notes
	informed consent] – between community-based SUD providers and the agencies as is appropriate and necessary to ensure care-continuity for people entering and leaving DOC custody.				Health Information Exchange. DOC noted that the Exchange is in the process of establishing an eConsent platform to allow for the sharing of health information among multiple organizations. No timetable was provided for the completion of these data-sharing projects.	real-time sharing of SUD information is a DHCF/DBH process. DOC notes that it continues to communicate and collaborate with DBH and DHCF regarding the eConsent platform.
5.4	D.C. should establish an inter-agency agreement to facilitate data sharing between all agencies that regularly come into contact with justice-involved SUD consumers. The agreement should create a process for agencies, on an ongoing and permanent basis, to combine their person-level data into a single, anonymized dataset that includes all variables relevant to a person's behavioral health needs and service consumption and justice involvement in D.C.	DOC	In progress.	In progress: progress made.	See Rec. No. 5.3 (DOC) for relevant note.	DOC reports that it has established "long standing interagency agreements and practices" with DHCF and DBH related to "specific areas." DOC unilaterally provides information about who is in the jail and when they leave to the DBH liaison to help link individuals to DBH services upon discharge. However, it is unclear whether these agreements and practices are formal, documented DOC policy or remain informal practice.

Rec. No.	Recommendation	Agency	2023 Status	2024 Status	2023 Notes	2024 Notes
6.4	DBH should revise D.C. Mun. Regs. 22-A § 2204.1(a) to make SUD-only clients who do not receive care at a Core Services Agency (CSA) eligible for DBH's Home First subsidy.	DBH	Not started.	Eligibility for Home First: will not be implemented, management accepts risk. Expanding other housing options for people with SUD leaving DOC: In progress.	DBH reports that as part of its legal obligations to treat individuals in the least restrictive setting, it utilizes the Home First Program to prioritize housing for individuals with serious mental illness who are most at risk of long-term hospitalization and restrictive settings. DBH further reported that it currently provides "housing support" for some SUD clients (including some "Oxford model" recovery housing, reentry housing, and Environmental Stability Services temporary housing), but noted that it is reviewing this recommendation as well as other ways to expand housing options for people with SUDs.	DBH indicates that Oxford House will be strengthening its partnership with the criminal justice system in FY 2024. Through an SOR grant, DBH offers re-entry housing and support services for 21 returning citizens in recovery, and recently funded two low-barrier recovery housing programs with a 14-bed capacity. DBH indicates that due to its Olmstead obligations, the Housing First Program prioritizes housing for people with serious mental illness most at risk of long-term hospitalization and restrictive settings.
6.6	DBH should also update Policies 511.1 and 511.2 to reflect the agency merger and explicitly make SUD-	DBH	Not started.	Not started.	DBH reported that it offers housing services and supports for SUD-only clients and that it is examining rules and	DBH has not updated these policies but states it will do so no later than the end of the current fiscal year (9/30/2024).

Rec. No.	Recommendation	Agency	2023 Status	2024 Status	2023 Notes	2024 Notes
	only clients eligible for housing services.				policies that may need to be updated to reflect the merger. It has not provided a timeline for implementing these changes.	
7.5	DBH should amend its regulations, D.C. Mun. Regs. 22-A §3 and §6319, to align with DBH Policy 515.3, Consumer Rights (August 15, 2017), formally merging the grievance procedures for mental health consumers and SUD clients.	DBH	Not started.	Not started.	DBH has not yet amended its grievance procedures to bring the mental health and SUD standards into alignment, although they agree amendment is necessary. DBH did not specify when this amendment will take place.	DBH has not updated these policies but states it will do so no later than the end of the current fiscal year (9/30/2024).
7.6	DBH should maintain its public list of SUD providers and update it as SUD providers are certified and decertified.	DBH	In progress.	In progress, progress made.	DBH maintains a list of SUD providers on its website to reflect when providers receive certification, as well as when providers are decertified. However, DBH did not clarify how often the list was updated and what procedures (if any) are in place to ensure the list remains current, which was the focus of the recommendation.	DBH states the list of providers on the website is updated monthly. The agency recognizes there are two separate lists on the website which have different information: the List of Community-based Service Providers and its list of Substance Use Disorder Services; it has indicated it is committed to modifying public-facing information to be clearer by the end of this fiscal year (9/30/24).

Rec. No.	Recommendation	Agency	2023 Status	2024 Status	2023 Notes	2024 Notes
7.8	DBH should train all outward-facing staff on connecting the public to its resources	DBH	N/A	In progress.	N/A	DBH's Outreach and Public Engagement staff are trained regarding availability of community resources and receive periodic refreshers. In addition to using the website, DBH staff participate in brown bags with community partners and roundtables with other agencies to learn about new initiatives and opportunities. Public Engagement staff have several metrics associated with their performance review associated with ongoing training and education. DBH did not provide data on the frequency of brown bags or refresher courses, share the number of staff attending, or whether there are knowledge tests for any of the training activities. The evaluative metrics used on evaluations or the results of these evaluations were not shared by DBH.

Appendix C

Federal Engineering Analysis of Open Recommendations

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MEMORANDUM

To:	Ms. Kathy Patterson, D.C. Auditor Office of the District of Columbia Auditor
From:	Scott A. Strom, Project Manager, Federal Engineering, Inc. (***FE***)
Date:	January 5th, 2024
Re:	OUC Summary of Progress

1. Document Purpose

FE is pleased to provide a progress summary of OUC's implementation of recommendations as defined in the *Office of Unified Communication 9-1-1 Operations Division Audit and Process Improvement Recommendations* report dated October 19, 2021. ***FE*** prepared follow-up reports assessing OUC's progress, which were released publicly on September 9, 2022, and March 23, 2023.

The focus of this report will be on the 24 recommendations that were identified as showing minimal or partial progress within the March 23, 2023, *9-1-1 Reform Status Report #2.*

2. Methodology

This most recent effort followed the same approach conducted during the previous visits to the OUC. For this engagement, ***FE*** personnel visited the OUC on December 4-6, 2023 which included face-to-face meetings with the new Executive Director and personnel from the Office of Professional Standards and Development, and several hours of observation in the Emergency Communications Center (ECC). ***FE*** also participated in a recently implemented ride-along orientation for newly hired ECC staff.

3. Summary of Recommendations

The status of each recommendation and barriers to completing all outstanding recommendations are articulated in the Progress Summary table in Section 4 of this Memorandum. All but four of the 24 recommendations have been completed to the satisfaction of the ***FE*** subject matter experts.

4. Progress Summary

The progress OUC has made towards the Recommendations is summarized in the following table.

Recommendations Summary Status				
Recommendation		**OUC Action Item**	**Progress**	**Comments**
Technology-Centric				
1	Evaluate and reduce the number of event types and associated priorities.	Work to reduce the police call types with the MPD task force. Work to reduce the fire call types with the FEMS liaison.	**Complete**	The Director reported that they have worked with FEMS and the City's Medical Director to reduce and change the number of call types. Call-taker training was completely changed to convey this adjustment. ***FE* Comment:** A CAD Events Response spreadsheet dated 07/06/2023 was provided to ***FE*** that provided evidence that the overall number of Chief Complaints and the various permutations for FEMS have been reduced from 1362 to 116 call types.
2	Streamline the call entry data formatting in the CAD system.	Streamline CAD data.	**Partial** Changes have been made in CAD. This will be complete with new protocol implementation	The Director reported that a PowerPhone demonstration was completed on 9/25/2023 which verified the data collected in call processing will all be streamlined and pushed to CAD once implemented in January 2024, making it available for responders to see and access. ***FE* Comment:** This is to be completed upon implementation of the PowerPhone system slated for January 2024.

3	Assess and improve the integration of the scripted protocols into the call-handling process.	Work to ensure the protocols are being used by all TEOs as prescribed to ensure the right information is received in dispatch each time.	**Complete**	The Director reported that all call-takers have been trained or retrained using a more up-to-date training program for call entry. All OUC training now meets the national minimum required training standards. Trainers are all now APCO-certified since 3/2023 and all call-takers will be certified with PowerPhone. Call-takers were not certified with CBD because there was no certification process with that call-processing solution. Call handling/call processing training is underway. Everyone will be certified by 1/9/2024. ***FE* Comment:** Revised training documentation dated 06/07/23 was provided to ***FE*** that provided evidence that the training program has been updated and now provides over 300 pages of all Instructional Goals for new and tenured employees. This includes articulated job skills and task expectations. In addition, a policy requiring the maintenance of skills through Continuing Education was introduced on 10/12/23. All employees are now required to participate in Continuing Education. There was evidence that every ECC employee now has a personal performance file (i.e., a PowerDMS & paper file) containing documentation that

Recommendations Summary Status				
Recommendation		OUC Action Item	Progress	Comments
				supports all aspects of their training and performance journey. The file includes reports germane to training progress, daily observation reports, evaluations, as well as any remedial processes that are underway or have occurred.

Recommendations Summary Status				
Recommendation		**OUC Action Item**	**Progress**	**Comments**
4	Train staff on the use of Location Determining Technologies (LDT) followed by alert supervision and QA to monitor use.	Train staff to use LDT.	**Complete and Ongoing**	The Director reported that call-takers demonstrate this monthly to OUC 9-1-1 Supervisors and Managers. Any identified issues are reported to the Office of the Deputy Director for a full investigation—determination is then made for retraining or disciplinary action. ***FE* Comment:** A new policy containing Training Action Plans was introduced on February 17, 2023, that clearly articulates the requirements to follow policy and the various remedial steps required to ensure employees comply with policy directives. The policy also includes a process for the termination of employees who choose not to follow the policy. The existing policy concerning the Address Verification Procedure (revised 08/08/22) was reviewed and deemed to be clear and concise in its application. In addition, OCTO has created a Daily Observation Report used by trainers to assess the on-the-job behaviors and actions of new employees related to the compliance of the LTD policies.

Recommendations Summary Status				
Recommendation		**OUC Action Item**	**Progress**	**Comments**
		Ensure supervisors are super users and understand how it works.		The Director reported that supervisor training was completed in February 2023. ***FE* Comment:** During the ECC observation period, it was evident that supervisors were engaged and focused on call-taking and dispatch activities.
		Have the QA team conduct spot checks to ensure its use.		The Director reported that the QA team and the Transcription team review LDT screens against address input to ensure compliance on all calls that go through the QA process. ***FE* Comment:** During the ECC observation period, it was evident that supervisors were engaged and focused on call-taking and dispatch activities.

Recommendations Summary Status				
Recommendation		**OUC Action Item**	**Progress**	**Comments**
Operational				
1	Reduce improvising and adlibbing by adhering to the scripted questions in the CBD call processing standard.	Back to Basics training was conducted by OPSD for all TEOs. Continue quarterly training in some capacity.	**Complete and Ongoing**	The Director reported that they are in the process of migrating to the new protocol system and that training has started for this process. ***FE* Comment:** Revised training documentation dated 06/07/23 was provided to ***FE*** that provided evidence that the training program has been updated and now provides over 300 pages of all Instructional Goals for new and tenured employees. This includes articulated job skills and task expectations. In addition, a policy requiring the maintenance of skills through Continuing Education was introduced on 10/12/23. All employees are now required to participate in Continuing Education. Dispatchers are now required to become proficient in call-taking, re-enforcing the need to understand the new protocol system. This will reduce improvising and adlibbing.

Recommendations Summary Status				
Recommendation		**OUC Action Item**	**Progress**	**Comments**
2	Ensure the complete acquisition and entering of all caller/reporting party information.	The QA team will need to focus on this as a metric for call-taking.	**Complete**	The Director reported that the QA team reviews a percentage of calls each week and provides feedback within five days. Two new employee positions have been added to the QA team. FEMS is also providing feedback. ***FE* Comment:** There was evidence that every ECC employee has a personal performance file (i.e., a PowerDMS & paper file) documenting remedial processes that are underway or have occurred. There was evidence that each employee is subject to call reviews that are in line with APCO/NENA Quality Assurance Standards.

Recommendations Summary Status				
Recommendation		**OUC Action Item**	**Progress**	**Comments**
3	Verify address information as defined in OUC policy. Adapt policy to adapt immediate confirmation of location if an exact match is found between caller's reported location and LDT map pinpointing of location. This will save time in gathering information.	Develop a policy to verify addresses using LDT similar to how it is verified using ALI.	**In Progress**	The Director reported that there is a policy in place for address verification that is not specific to LDT. To date, only 65% of calls received provide accurate locations using LDT and therefore a full policy change would not be beneficial to the overall goal. As the migration to true Location Based Routing occurs, it is expected that the issues surrounding caller location will be significantly improved over current conditions. ***FE* Comment:** As the OUC technology completes its transition to Next Generation 9-1-1, Location Based Routing (LBR) of wireless 9-1-1 calls will drastically improve caller location. However, the challenges to the complete transition to LBR are currently being limited by the delays in telco/vendor migration to SIP technology. See also Recommendation 4 under Technology-Centric.

Recommendations Summary Status				
Recommendation		**OUC Action Item**	**Progress**	**Comments**
4	Require the use of LDTs to locate a caller that cannot immediately state a precise location of an incident, and in situations where the caller does not know the address of an incident.	Develop a policy that directs TEOs to use the address being provided by the LDT information if an exact address cannot be verified with the caller.	**Complete**	The Director reported that the QA team and Transcription team review LDT screens against address input to ensure compliance on all calls that go through the QA process. ***FE* Comment:** A new policy regarding Training Action Plans was recently introduced that clearly articulates the requirements to follow policy and the various remedial steps required to ensure employees comply with policy directives. The policy also includes a process for the termination of employees who choose not to follow the policy. The existing policy concerning the Address Verification Procedure (revised 08/08/22) was reviewed and deemed to be clear and concise in its application.

Recommendations Summary Status				
Recommendation		**OUC Action Item**	**Progress**	**Comments**
5	Require apartment numbers to be collected and entered in CAD in the appropriate field and format for dispatch to responders.	Train all new and experienced TEOs to use the same format for entering Apartment #s. Conduct QA checks on addresses to ensure this is happening.	**Complete**	The Director reported that this TEO training has been completed and that the QA team evaluates this task during quality assurance reviews. ***FE* Comment:** Revised training documentation dated 06/07/23 was provided to ***FE*** that provided evidence that the training program has been updated and now provides over 300 pages of all Instructional Goals for new and tenured employees. This includes the clear articulation of the application of job skills and call processing task expectations. In addition, a policy requiring the maintenance of skills through Continuing Education was introduced on 10/12/23. All employees are now required to participate in Continuing Education.

Recommendations Summary Status				
Recommendation		**OUC Action Item**	**Progress**	**Comments**
6	Monitor and encourage a method(s) for selecting the correct Chief Complaint (call type).	Continued training for all TEOs on the correct Chief Complaint code. Create a cheat sheet that helps with odd calls or common erred calls and where to place them in the Chief Complaint options.	**Pending**	The Director reported that the migration to the new protocol system will allow for the correct chief complaint to be automatically chosen based on how the caller answers questions. Call-takers and dispatchers have completed courses most recently for the new Chief Complaints since the reduction of call types occurred. ***FE* Comment:** This is to be completed upon implementation of the PowerPhone system slated for January 2024.

Recommendations Summary Status				
Recommendation		**OUC Action Item**	**Progress**	**Comments**
7	Improve customer service through QA review and follow-up and requiring training and in-service (ongoing education) that addresses tone, inflection, and professional presentation.	Review and follow up with Q2 reviews from transcription monthly.	**Complete**	The Director reported that additional positions have been added to the QA team and customer service courses have been added to the catalog of courses being offered. ***FE* Comment:** It is expected that with the addition of resources to the QA team, as well as the setting of expectations with supervisors, remedial follow-up with employees will improve.

Recommendations Summary Status				
Recommendation		**OUC Action Item**	**Progress**	**Comments**
Dispatch				
1	Addition of an automated dispatch function to the CAD system and the FEMS dispatch process. Automating the broadcast announcement of event type and location will enhance and improve the ability of the FEMS dispatchers to meet the 60-second notification to units NFPA standard.	Review the possibility of this with FEMS.	**In Progress**	The Director reported that the PURVIS automated voice dispatch equipment has been reinstalled at the PSCC and the fire stations to make this feature functional. OUC staff is working with the FEMS Union at the direction of FEMS administration. A working group has been established to work with FEMS first responders and is testing options to ensure that the system operates to everyone's satisfaction. ***FE* Comment:** PURVIS equipment has been installed and is currently under FEMS Administrative testing and review.
Supervision				
1	OUC to develop and assign a minimum of three supervisors around the clock on the operations floor with assigned discipline focus on call-taking, MPD dispatch, and FEMS dispatch.	Identify tenured employees who can act in an assist role on each shift when supervisors are out.	**Complete**	The Director reported that each shift now has a minimum of four supervisors and that they are now authorized for five supervisors on each shift (i.e., one Watch Commander and four Assistant Watch Commanders assigned to each of the disciplines). ***FE* Comment:** Through training and setting of supervisor expectations, this issue appears to have been successfully resolved.

Recommendations Summary Status				
Recommendation		**OUC Action Item**	**Progress**	**Comments**
2	A fourth supervisor be added as an available resource intended to provide backup to the on-duty supervisors and for the performance of required administrative duties such as evaluations, QA reviews and follow-up, scheduling, and call-outs.	Hire a fourth supervisor for each shift.	**Complete**	The Director reported that each shift now has a minimum of four supervisors plus an administrative person to assist with other duties. ***FE* Comment:** In addition to the addition of supervisors, as well as the setting of supervisor expectations, this issue appears to have been successfully resolved.
Translation				
1	Determine if there are additional applications that would augment or replace this service.	Certified bilingual TEOs and dispatchers.	**Complete**	The Director reported that the translation service vendor has provided a dedicated/priority line to the OUC. ***FE* Comment:** Confirmed during the ECC observation period that there is a dedicated/priority line for language translation services.

Recommendations Summary Status				
Recommendation		**OUC Action Item**	**Progress**	**Comments**
Culture Issues				
1	Expand the training and development of supervisors specifically in leadership and soft skills.	Implementing recommendations cited for improving supervision, training, and QA, and thereby improving culture.	**Complete**	The Director reported that all current supervisors are certified through the NENA Center Manager Certification Program (CMCP). All new supervisors will be required to take the CMCP Course. Additionally, all current supervisors have, and new supervisors will be required to partake in a developed 40-hour course that incorporates City government requirements, managing 9-1-1 centers, and an 8-hour emotional intelligence course. ***FE* Comment:** It was confirmed that the NENA Center Manager Certification Program (CMCP) and APCO's Supervisor Course are now mandatory training for all supervisors.
2	Include refresher or in-service training in call etiquette, and professional tone.		**Complete**	The Director reported that call etiquette and customer service modules are now a part of all courses offered through OPSD. ***FE* Comment:** It was confirmed that call etiquette and customer service modules are part of the ECC training syllabus for new and tenured employees. It was also noted that the QA/QI Team reviews random calls to ensure that this metric is being met.

Recommendations Summary Status				
Recommendation		**OUC Action Item**	**Progress**	**Comments**
3	Enforce OPSD policy for returning completed QA reviews and for follow-up to ensure the behavior is not repeated.		**Complete**	The Director reported that two new positions were added to the QA team to ensure that feedback is returned within the recommended five days. The QA team was relocated back to the OPSD office for collaboration in closing the loop of the training cycle. Trends are now recognized and shared with training. ***FE* Comment:** It was confirmed that supervisors are tasked with follow-up measures and employee compliance with corrective measures.
Quality Assurance				
1	Improve documentation concerning the completion and follow-up of QA reviews with staff.	Work to upgrade NICE QA forms and processes.	**Complete and Ongoing**	The Director reported that OUC worked with FEMS and has procured a new standards-based quality assurance program to implement. In addition, all QA reports have been improved. ***FE* Comment:** The OUC intends to further improve the QA process by implementing the new Frontline QA reporting system.

Recommendations Summary Status				
Recommendation		**OUC Action Item**	**Progress**	**Comments**
2	Provide timely feedback to staff through OPSD. Industry best practice requires that QA reviews be completed within a few days of the call occurring, whenever possible, and that feedback be provided to the call-taker as soon as possible thereafter.	Work to upgrade feedback forms and conduct all feedback within five days of the call under review.	**Complete**	The Director reported that all feedback is returned within five days to the call-takers and their supervisors. ***FE* Comment:** It was confirmed that significant effort is being made to provide timely feedback to employees by ANSI-Approved *Standard for the Establishment of a Quality Assurance and Quality Improvement Program for Public Safety Answering Points* (APCO/NENA ANS 1.107.1--2015).

5	Use the quality assurance data to identify training and process gaps and trends throughout the center. Use this data to create a quality improvement program that addresses additional training, policy changes, and support for consistent improvement in call-taker performance.	QA report to include trends for the agency and each individual shift. QA & Training meeting monthly to identify the trends and develop training. Using national standards, develop a program that addresses quality improvement.	**Complete**	The Director reported that they have formally launched PowerDMS to track all QA reports and any remedial training. A Quality Improvement program has also been developed in accordance with the ANSI-Approved *Standard for the Establishment of a Quality Assurance and Quality Improvement Program for Public Safety Answering Points* (APCO/NENA ANS 1.107.1--2015), and an individualized remedial training program occurs whenever necessary. Those employees who are not responding to remedial training partake in a developed 40-hour one-on-one course with a member of the OPSD team. After completing the course, employee progress is monitored, and appropriate action is taken. This procedure is defined in an Office of Professional Standards and Development refresher training program updated 12/04/23. ***FE* Comment:** There was evidence that every ECC employee now has a personal performance file (i.e., a PowerDMS & paper file) containing documentation that supports all aspects of their training and performance journey. The file includes reports germane to training progress, daily observation reports, evaluations, as well as any remedial processes that are underway or have occurred.

Recommendations Summary Status				
Recommendation		**OUC Action Item**	**Progress**	**Comments**
Staffing				
1	Schedule staffing of call-taking positions according to predictable spikes in call volume over a 24-hour period.	Develop a policy for minimum staffing numbers for days and night shifts. Review quarterly upcoming events/ holidays/expected increases using the ECaTS program.	**Complete**	The Director reported that the ECaTS predictive staffing program is used to determine scheduling needs. However, additional Erlang calculations are done for staffing. There are static staffing numbers on the day and night shifts. Those minimum numbers are increased, as necessary. Managers are responsible for getting staffing numbers from the shift supervisors one week ahead of schedule to ensure accurate staffing. ***FE* Comment:** Instead of the creation of an overlap power shift, this solution is reported as having solved the resourcing issue for predictive surges in call volume.

Recommendations Summary Status				
Recommendation		**OUC Action Item**	**Progress**	**Comments**
3	Consider consolidating the back-up dispatcher role to support multiple (two or more) channels rather than a one-to-one assignment.	Review increasing channels on MPD dispatch to assist with the volume of traffic.	**Complete**	The Director reported that after discussions with the MPD, it was determined that it is not feasible at this time for the MPD to operate in this manner. MPD reported that they do not have the capacity at this time for each district to operate on multiple channels. ***FE* Comment:** We agree with the Director on this matter that the resolution of this issue rests with MPD.

Recommendations Summary Status				
Recommendation		**OUC Action Item**	**Progress**	**Comments**
4	Maintain staffing levels as outlined in Table 15 that includes consideration and staff count to address known and projected turnover.	Review audit staffing numbers to ensure there are minimum staffing levels for the center.	**Complete and Ongoing**	The Director reported that recruitment is ongoing with entry-level training courses starting every few months. External hiring is occurring for all positions and OUC is in support of current legislation that will allow retired MPD and FEMS employees to be hired at OUC. • 23 new TEOs started on 9/25/2023. • 13 new TEOs starting on 1/7/2024. ***FE Comment:*** There has been a significant effort to recruit new employees via the implementation of a detailed strategic recruiting and hiring process and formalized training for call-taking and both dispatch disciplines.

5. After-Action Reporting

FE noted in the *9-1-1 Reform Status Report #2* (March 23, 2023) that After-Action Reports[1] (AAR) provided by the OUC were inadequate as they were often vague and did not provide enough detail relating to what investigative and remediation efforts had been undertaken.

In the period since the March report, OUC has indicated that the responsibility for the issuance of AARs has moved to the Office of the Deputy Mayor (Operations and Infrastructure).

FE reviewed the one AAR issued after this change and found that the descriptions provided regarding the timeline, key events, key findings, follow-up, and outcomes fulfill the recommendation that "*the policy be changed and implemented"* for the provision of AARs.

OUC internal investigations still occur and are the baseline information used for the AAR. In addition, the OUC investigations now feed into the improved Quality Assurance/Quality Improvement Program (see Items R20 through R24 above) as well as the PowerDMS system. It was demonstrated and confirmed that all such reviews become part of an individual's permanent training file.

6. Concluding Comments

Considerable progress has been made since the last review published on March 23, 2023. Of the 24 recommendations on the list (i.e., 23 operations policy recommendations and one reporting recommendation), all but four have been completed or, where appropriate and necessary, have been completed and are ongoing. The remaining recommendations identified below are in the process of being resolved:

1. The long-awaited reduction in call types and simplification of the pre-arrival instructions system is (as of December 15) three weeks away. Training on the new protocol system is near completion and awaits only the changeover to the new software.
2. Location-based routing, which will greatly improve the quality of the call location information delivered to TEOs at the time of a 9-1-1 call, awaits only the compliance of all of the cellular carriers to deliver the data, and the implementation of the FCC's latest Report and Order requiring the cellular

[1] Documents that are used to inform elected and appointed officials - as well as the public at large – of the results of all investigative and remediation efforts. These are not the Internal investigation documents developed by the OUC that are used to document and train the involved TEO.

companies to comply. The OUC already has the necessary Next-Generation 9-1-1 equipment in place (and in use) to display the more accurate information. However, regardless of the eventual accuracy of delivered cellular calls, there will always be a need for well-trained TEOs who know the geography of the District because callers are often not at the exact location of the incident they are reporting. Excellent interrogation skills will continue to be an ongoing requirement for OUC employees.

3. The transition to Automated Fire Dispatch, which drastically reduces dispatcher workload and reduces errors, is underway, and equipment has been installed in all fire stations. It awaits only the Alerting Working Group's decisions on system options.

The OUC and the District seem intent on providing the needed resources to improve staffing, provide the required training and retraining, the additional supervision, and the revised policies, rules, and procedures to close the gaps identified in ***FE*'s** reports. The results so far required a significant expenditure of funds as well as a significant effort on the part of all of the OUC members, and we commend the OUC for their efforts to this point. The challenge will be to maintain this level of effort going forward. ***FE*** suggests another progress review should be performed in nine months to confirm the remaining items have been resolved and the ongoing efforts are maintained.

About ODCA

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