

Government of the District of Columbia



Department of Health

TESTIMONY OF

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DIRECTOR

BEFORE

COUNCILMEMBER KENYAN R. MCDUFFIE, CHAIRPERSON

COMMITTEE ON THE JUDICIARY

BEYOND 100 HOMICIDES: VIOLENT CRIME IN THE DISTRICT OF COLUMBIA

AND

BILL 21-0261, THE “SALE OF SYNTHETIC DRUGS AMENDMENT ACT OF 2015”

WEDNESDAY, SEPTEMBER 16, 2015

COUNCIL CHAMBERS, ROOM 500

5:00 P.M.

Good evening Councilmember McDuffie and members of the Committee on the Judiciary. I am Dr. LaQuandra S. Nesbitt, Director of the District of Columbia Department of Health. I am pleased to contribute to this important dialogue on Violent Crime in the District of Columbia and to offer my experience and analysis from a public health perspective.

Ensuring the safety of the public is among the highest of the Mayor's priorities. As such, the Mayor pledges to make sure that the District's police officers, fire-fighters and emergency services personnel have the support, training and resources they need to do their jobs effectively. But her efforts do not stop there. The Mayor is also leading the charge in transforming the delivery of health services to residents of the District to ensure that every resident, regardless of where they live, is able to access quality health services and live a full, healthy and fulfilling life here in the nation's capital.

Consistent with this proactive stance, the Department of Health employs a two-fold approach in creating and maintaining a safe and healthy city: (1) applying public health principles such as epidemiology – focusing on health effects, characteristics, root causes and influences in a well-defined population; and (2) assuring the provision of services to address the physical and mental health needs of those impacted by violence, focusing on prevention.

Violence prevention strategies can occur across the spectrum. Public health prevention strategies are typically categorized in the following three areas:

- 1) Primary prevention, which aims to prevent violence before it occurs. Primary prevention strategies focus on developing skills in individuals that will allow them to resolve conflict in a non-violent manner.
- 2) Secondary prevention strategies are those that aim to deal with the immediate effects of violence, such as providing medical care to victims of violence and emotional support to those impacted by the violent act.
- 3) Lastly, tertiary prevention strategies deal with the long-term effects of violence such as helping victims reintegrate into society by providing medical and support services that deal with the physical, mental, emotional, and social needs of victims and their families and friends.

The District of Columbia Department of Health is well positioned to partner in violence prevention at all levels, including the implementation of Community Stabilization 2.0 and the recently released *Safer, Stronger DC* initiative, based on its past and current programming as, well as its leadership team's keen interest in expanding its role in injury and violence prevention. In fact, since May 2015, the department has submitted three proposals to federal agencies to address various causes of violence and to enhance the data collection infrastructure for violence related injuries. To fully maximize our efforts, the department is actualizing its primary, secondary, and tertiary prevention framework in areas where DOH has identified opportunities to expand its capacity in this critically important effort.

Highlights of select programs targeting violence prevention under the primary prevention framework focus on a full spectrum of components known to affect violent behavior, including interpersonal skills, self-esteem, success in school, bullying, neglect, peer rejection, sexual activity, conflict resolution, and a host of other components critical to understanding and preventing violence. These programs include:

- **Rape Prevention and Education Program** – This DOH program aims to help young people in grades 1 – 12 develop healthy relationships and interpersonal skills to reduce sexual violence and abuse.
- **Health and Sexuality Education Program** – This program teaches young people in grades K – 12 life skills that will enable them to make responsible choices regarding sexual relationships. Session topics include bullying and violence prevention and healthy/unhealthy relationships.
- **Healthy Families America** – This DOH-funded program, implemented by Mary's Center, is the primary home visiting model best equipped to work with families who may have histories of trauma, intimate partner violence, and mental health and/or substance abuse issues. It utilizes the *Growing Great Kids* curriculum designed to prevent abuse and neglect.

- **Title V- Funded Youth Violence Prevention programs** – In FY16, DOH’s Title V Maternal and Child Health Block Grant targets youth aged 10-24 who reside in areas with high rates of homicide or assault (Wards 5, 7, 8).
- **Second Step Program** – DOH will partner with a universal, classroom-based program designed to increase school success, school connectedness and a safe and respectful school climate by directly teaching students the skills to strengthen their ability to learn, have empathy, manage emotions and problem solve. The program works to prevent problem behaviors, antisocial behavior, peer rejection, low academic achievement and impulsivity by developing students’ self-regulation skills, social–emotional competencies and school connectedness.
- **Healthy Start Programs** – DOH is funding 3 Healthy Start case management programs for prenatal and parenting women and families in clinical settings which will include comprehensive psycho-social risk assessments and linkage to services (primary prevention.) In addition, each clinical setting is mandated to incorporate the principles of trauma-informed care into their practice to address and mitigate the effects of violence or trauma (secondary or tertiary prevention.) These programs will begin this fall.
- **School-Based Health Center Capacity-Building to Support At-Risk Youth** – The American Public Health Association will support school-based health centers at Woodson and Ballou High Schools to build capacity to support student graduation and help students manage chronic stress.
- **Youth Mobilization Programs** –For some youth, sex is framed in a violent-oriented context. Young men say “I’m going to hit that” “smash that”, etc. The terminology has violent overtones which can affect self-worth and behavior. DOH supports a community-based youth mobilization program called “DCShowOff” that promotes self-worth, talent and potential. These messages are delivered primarily to promote healthier sexual activity, but they contribute to an overall message that counters negative peer pressures on sex and other factors, including violence, both intimate and otherwise.

Programs under the Secondary Prevention Framework include:

- **Wendt Center C.H.I.L.D. Program (Child Healing to Improve Learning and Development)** – This DOH-funded program from the Wendt Center uses a standard

assessment tool to identify children and youth ages 6 -17 in schools with evidence of post-traumatic stress disorder. Participating children are provided appropriate mental health services in the school, either group or individual, depending on the level of risk. The program has been in 10 schools.

Programs under the Tertiary Prevention framework include:

- **Transgender Programs** –Transgender persons are often victims of violence. These programs address violence recovery, both immediate and ongoing effects. The programs also aim to address socio-economic factors by counseling and linking transgender persons on education, employment and housing resources.
- **Re-entry housing** – DOH supports housing programs for returning citizens living with HIV with supports for employment and education to achieve housing stability and independence. The programs serve men, women and transgender persons.

Deputy Mayor for Health and Human Services, Brenda Donald, is working with HHS Cluster agencies to refocus, leverage existing funds and grants and create new funding opportunities in the target areas. Additionally, we are working with agencies, to pull data on families that may be considered high risk in the target areas due to their involvement with one or more agencies. Our goal is to undertake individual case planning with these families to build on assets and address needs.

One of the most challenging aspects of the violence paradigm is determining impact of synthetic cannabinoid use. This issue presents several critical public health questions, including:

- What is the prevalence of synthetic cannabinoid use?
- Are individuals suspected of using synthetic cannabinoids actually using these substances?
- Are synthetic cannabinoids being used alone or in combination with other illicit drugs?
- What are the demographic characteristics of synthetic cannabinoid users?

The Department of Health is working collaboratively with a full spectrum of stakeholders including the Office of the Chief Medical Examiner, the Department of Behavioral Health, the Metropolitan Police Department, the Office of the Attorney General, the Department of Human Services, the Homeland Security and Emergency Management Administration and others to understand the impact and develop a comprehensive, data driven response to synthetic drugs. While we do not know the answers, we are purposefully directing resources to identify rapid, workable and sustainable solutions.

The Mayor's broad reaching and proactive approach to synthetic cannabinoids includes emergency rulemakings that require hospitals to collect samples from patients who present with symptoms consistent with having taken a synthetic cannabinoid. Hospitals are also required to turn over samples to the Chief Medical Examiner for testing. Moreover, we are now armed with authority to shut down a business for up to four days if the business is caught for the first time selling the drugs. The business can also face a fine of \$10,000. The Metropolitan Police Department is also allowed to shut down repeat offenders for up to 30 days and impose fines up to \$20,000.

Critical to one of its primary roles is its regulatory function. As such, DOH is authorized to add newly identified synthetic cannabinoids to the list of scheduled drugs, which in effect, makes them illegal in the District.

Before closing, I would like to highlight an intervention in which law enforcement entities are successfully partnering with health and social service providers to identify and implement national best practices to help mitigate violence. Caught in the Crossfire is a hospital-based violence reduction tertiary prevention initiative. The program employs young adults who have overcome violence in their own lives to work with youth who are recovering from violent injuries. The program's highly trained intervention specialists offer long-term case management, linkages to community services, mentoring home visits and follow-up assistance to violently injured youth. The purpose is to promote positive alternatives to violence and to reduce retaliation, re-injury and arrest.

The intervention specialists act as case managers and mentors, working closely with the youth and their families to help them avoid violence and thrive. As soon as a young person is admitted to the hospital with a violence-related injury, hospital staff calls in the intervention specialist, who arrives at the hospital within one hour, helping the injured patient and his or her family and friends cope with the injury and start the dialogue about alternatives to retaliation. Moreover, at the initial bedside visit, the intervention specialist focuses on developing a trusting relationship with the patient, providing comfort and emotional support, working to prevent immediate and future retaliation, promoting alternative strategies for dealing with conflicts, identifying the youth's short-term needs and developing a plan for staying safe.

Equally as important, the specialist continues to foster a relationship after discharge from the hospital, easing the youth's transition back into the community through frequent personal visits and telephone contact. This includes coordinating assistance from social services providers, probation officers, teachers, administrators, guidance counsellors, hospital social workers and other youth service professionals. This results in a network of wrap-around aid that links the youth and their family to a full complement of resources that meets their unique needs and promotes a healthy non-violent lifestyle. In many cases, this is the first exposure that youth and their families have to nurturing, hopeful aspects of social and government services and the outcomes are encouraging.

The impact of this intervention is measurable in cities where the program has been implemented:

- More than 1,300 Oakland and Los Angeles youth and several thousand of their family members have been helped by CinC since 1994
- In 2007, 100% of all active CinC participants avoided re-injury and 91% were not arrested

Collaborations such as this are proven strategies in reducing and preventing retaliatory violence and re-injury. Establishing innovative hospital-based interventions can be an opportunity to break the cycle of violence, while establishing meaningful and productive

relationships with at-risk youth. Such programs will require interested and passionate partners from the private and public sectors to construct, implement, evaluate and fund these efforts. The District of Columbia is well positioned to launch similar efforts, especially in our most at-risk communities.

Creating and maintaining a safe and healthy city requires a multi-sector, collaborative approach and thoughtful, innovative and sustainable solutions. I am fully committed to working with the Mayor, with Council, the community and other stakeholders to effectively address the complex challenge before us.

This concludes my remarks. I am happy to respond to questions at this time.