

Testimony of
QUALITY TRUST FOR INDIVIDUALS WITH DISABILITIES

**Joint Public Roundtable on the District of Columbia Department on Disability Services’
“Developmental Disabilities Administration Health Initiative Program Contract”:**

Council Chairman Phil Mendelson
Chairperson, Committee of the Whole

Councilmember Brianne K. Nadeau
Chairperson, Committee on Human Services

July 23, 2019

Good morning, my name is Phyllis Holton. I am the Deputy Director of Operations for Quality Trust for Individuals with Disabilities (QT). QT is an independent nonprofit advocacy organization created to help people with intellectual and developmental disabilities (I/DD) in the District solve problems, achieve personal goals, and meaningfully contribute within their community. One way we do this is by advocating for safeguards for people who may seek or are receiving services and supports through the Department of Disability Services (DDS), including the Developmental Disabilities Administration (DDA).

Thank you Council Chairman Mendelson and Councilmember Nadeau, for convening this joint roundtable to discuss the fate of the DDA Health Initiative contract, currently held by the Georgetown University’s Center for Child and Human Development (DC UCEDD). QT is deeply concerned that the way in which DDS is approaching the end of this contract will negatively impact the health and safety of DC residents with I/DD served by DDA. We also are dismayed that DDS has not meaningfully sought input from community stakeholders in its planning of next steps with respect to continuation of the health supports currently being provided through the contract with Georgetown.

It is important for the DC Council, Mayor Bowser, and DDS to recognize that, even though the longstanding *Evans* class action litigation has ended, there remains a significant need for improving and safeguarding the health care outcomes for people with I/DD in the District. One of the focuses of *Evans* was the failure of the District to ensure adequate medical and other health care to people with I/DD. Some of the health-related compliance criteria were among the last to be deemed satisfied by the Court at the end of that case.¹ There continues to be a need to support the DC DDA

¹ Memorandum Opinion and Order, *Evans v. Bowser et al*, Civil Action No. 76-cv-0293 (ESH), at 4-7 (U.S. District Court for D.C., December 13, 2016),

service providers to develop stronger internal capacity for ensuring good health care outcomes for the people they support. QT has noted that the highest category of serious reportable incident is unplanned emergency inpatient hospitalizations.² While we cannot yet say why this is occurring, the high frequency of these events alone speaks to the need for DDA to provide easily accessed resources for providers **to continue** improvements in nursing and other health care for people with I/DD; enhance nursing oversight and health care management, and facilitate appropriate hospital treatment and discharge – the very kind of support currently addressed by the DDA Health Initiative contract. With the closure of Providence Hospital and the anticipated closure/restructuring of United Medical Center this need has only been heightened. With ending of the DC UCEDD’s contract on August 31 and the shift to a new provider, whose qualifications we are unaware of and we are concerned that may be gaps in services available that could impact health care outcomes for people with disabilities.

The recent Washington Post press coverage highlights what an unwelcome surprise DDS’ decision has been to the DC disability community.³ That is powerful evidence that DDS has not meaningfully engaged relevant stakeholders in this transition process. It also should be considered a fatal flaw of the transition plan that DDS recently released, less than a month-and-a-half before the DC UCEDD contract is to end. The best transition plan would be a one that was informed by community engagement – and integrates the perspective and experiences of impacted stakeholders, including service providers, people with disabilities, family members, and advocates. DDS also should consider the input of the DC UCEDD, which has brought a wealth of experience working with people with I/DD to this endeavor over the last 14 years. As DDS moves forward post-Evans and transitions health services previously provided through the UCEDD contract, the goal must be to maintain an equally experienced and external safeguard, regardless of which organization serves in that capacity.

In closing, please hold Mayor Bowser accountable for the promises she made in January 2017, when the 40-year *Evans* lawsuit ended. She stated: “[The District achieved the milestones that the court set out, but also we continue our commitment to maintain those investments, leadership at [DDS] and improved services for our residents.”⁴ Now, only two-and-a-half years later, DDS is proposing a change that lacks the necessary thoughtfulness and rigor to ensure a seamless continuation of vital health

² See, e.g., Quality Trust for Individuals with Disabilities, *Quarterly Monitoring Summary (October 1, 2018 – December 31, 2018)*, at 2-3, available at <https://www.dcqualitytrust.org/wp-content/uploads/2013/08/2019-Q1-Monitoring-Report-1.pdf> (last visited July 18, 2019); Quality Trust for Individuals with Disabilities, *Quality Trust Annual Report 2017-2018*, at 6, available at https://www.dcqualitytrust.org/wp-content/uploads/2019/03/FY-2018-Annual-Monitoring-Report-final_.pdf (last visited July 18, 2019).

³ See Theresa Vargas, ‘We are worried’: Those who work with disabled D.C. residents fear a city cut will hurt those who need help most, *Wash. Post* (July 3, 2019), available at https://wapo.st/328YVLp?tid=ss_mail&utm_term=.d01d8b81274f (last visited July 18, 2019); Theresa Vargas, *They are speaking up for those who can’t – and they are worried*, *Wash. Post* (July 13, 2019), available at https://wapo.st/2JJOB4t?tid=ss_mail&utm_term=.ab2de5215a87 (last visited July 18, 2019).

⁴ See Spencer S. Hsu, *After 40 years, U.S. court ends supervision of D.C.’s care for mentally disabled citizens*, *Wash. Post* (January 11, 2017), available at http://wapo.st/2j5Cljp?tid=ss_mail&utm_term=.a2793495f9bc (last visited July 18, 2019).

support services that providers, people with I/DD, and their families rely on. This places the District at risk of the very backslide Mayor Bowser publicly promised would not happen. Let all of us in the IDD community of stakeholders become active participants in developing a transition plan and timeline that makes sense. We urge you to ask the Mayor to intervene and extend the DC UCEDD contract for one year to allow enough time for DDS to genuinely engage the community stakeholders, enabling them to weigh in on how such a transition should be planned and implemented.

Again, thank you for holding this roundtable. We ask that you continue to actively be involved with us throughout the summer to see that this issue is resolved before August 31, 2019. The health of your constituents with I/DD depends on it.

Respectfully submitted,

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