



TESTIMONY BY
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CHAIR, D.C. DEVELOPMENTAL DISABILITIES COUNCIL
COMMITTEE ON HUMAN SERVICES
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My name is Carol Grigsby, and I come before you today as chair of the D.C. Developmental Disabilities Council, also known as the DD Council. I also am the mother of a 27-year-old young man receiving supports under the D.C. I/DD Medicaid waiver.

Before launching further into my remarks, I would like to congratulate this committee, the Committee on Health, and the entire Council on passage of the Direct Support Professional Payment Rate Act of 2019.

Consistent with our federal mandate, the DD Council has a lifespan focus. We address issues affecting the inclusion of people with developmental disabilities throughout our community, of whatever age and whether or not they are receiving supports from the D.C. government. However, we have significant levels of interaction with the Department on Disability Services on an ongoing basis, and this past year has been a particularly busy one in that regard.

When we met this time last year, the council had recently passed the Disability Services Reform Amendment Act, rolling back the scourge of civil commitment, instituting supported decision making, and calling for the establishment of a formal complaint process. Implementation of the first two of these provisions proceeded after the bill's passage, and just weeks ago, the complaint process came into force. The DD Council is pleased to see this "third leg" of the DSRAA legislation put into place.

DDS continues to make efforts to improve its operational performance, through dialogues with the community around person-centered thinking, consideration of waiver policies and procedures, and recently, the launch of quality reform subgroups in a number of areas. Director Reese has also committed to addressing the communication shortcomings that led to last year's debacle around the DDA Health Initiative contract. The jury is out on many of these efforts, but we look forward to seeing the outcome of renewed commitments to more effective consultation.

However, we continue to sense a lack of determination to get beyond operational discussions and engage with the community on underlying concerns that come up repeatedly, such as:

- One - Addressing the stubbornly consistent number of unplanned hospitalizations which Quality Trust continues to flag in its monitoring reports, as well as issues with the quality of overall health care for those receiving supports. This has become an even more pressing concern with the closure of the Georgetown contract.

- Two - Exploring, with other arms of the D.C. government, more creative and far-reaching solutions to the lack of affordable and accessible housing in the District of Columbia for people with developmental and other disabilities. In this regard, it is our understanding that the subcommittee “Reimagining How We Provide Residential Supports” referred to in question 104 of the DDS response to committee questions has met only once, at a time when key participants were unavailable, and that very little is known about it outside of DDS.
- Three - Generating new ideas to energize our community’s employment of people with disabilities, through enhanced measures to make the D.C. government a model employer and to strengthen partnerships with the local business community. The persistence of this problem is demonstrated, as noted in the State Rehabilitation Council’s annual report, by RSA’s own inability to meet its FY2019 goal for successful closures, despite the efforts enumerated in DDS responses to the committee’s questions.
- And finally - Considering together how to work toward the long-held goal of the community to see the DDS Developmental Disabilities Administration expand waiver services beyond those with intellectual disabilities, to a broader eligibility pool consistent with its title. This issue last received a serious airing a decade ago, yet at present the goal appears further away than ever.

Over the past year, DDS has brought before the Home and Community Based Waiver advisory group a number of draft policies proposing new restrictions on access to supports which remain under review. That makes this a crucial moment for DDS to enlist the disability community in a deeper dialogue about the direction the agency is taking and how better to align its resources, present and future, with community needs. If DDS feels constrained in launching this more strategic discussion, then we would hope this committee would consider holding a hearing to engage the community as indicated above.

Before closing, I would like to call the committee’s attention to the fact that the DD Council is beginning development of the state plan we will submit to the federal Department of Health and Human Services for the period beginning in 2022. As part of the planning process, an analysis has routinely been undertaken to assess the number and needs of D.C. residents with developmental disabilities. The last of these assessments, in 2016, generated numbers based on generally accepted national percentages applied to the size of the overall D.C. population. With the next such report, we hope to dig deeper in order to understand more fully the geographic, cultural, and linguistic demographics of the D.C. population with developmental disabilities, so as to extend our reach and gauge more accurately the support needs of our community. We look forward to a dialogue with the D.C. council on this subject as we move ahead.

On behalf of the Developmental Disabilities Council, I thank the committee members for your attention and look forward to taking any questions you may have.