

D.C. council roundtable
DDA Health Initiative
July 23, 2019



My name is Carol Grigsby, and I am speaking today as chair of the Developmental Disabilities Council, to express our deep misgivings about the way in which the Department on Disability Services (DDS) has gone about ending the DDA Health Initiative contract. The position of the DD Council (DDC) is a unique one: we are responsible for advocating in the interests of our community of people with developmental disabilities and their families, and specifically, the Developmental Disabilities Assistance and Bill of Rights Act of 2000 mandates that we “engage in advocacy, capacity building, and systemic change activities that...contribute to a ...comprehensive system that includes needed community services.” Both DDS and the Georgetown University Center sit on the DD Council along with other individuals and advocacy groups, so we must take an evenhanded approach to matters on which we comment. However, on this issue we feel it important to speak out about the absence of effective advance collaboration, the abruptness of the announcement, and the limited time allowed to agree on a transition to new implementation mechanisms for these services. Our advocacy is grounded in what people with disabilities and their families need to live the lives they choose, and ending a contract that has provided important and needed services for 14 years, with limited notice and no meaningful collaboration with stakeholders, does not provide adequate time to develop an appropriate transition plan with the community.

The positive impact that the DDA Health Initiative has had is clear. Supports under the initiative have been provided effectively by a team of highly qualified experts with decades of experience working with people with intellectual and co-occurring disabilities, and a high level of trust and goodwill has been developed within the community. The confidence expressed in the DDS director’s July 12 email with respect to transitioning these services understates the human element of the relationships built through delivery of these services: this is not the kind of work that can be done by just anyone and this kind of specific experience should not be taken for granted. Moreover, the more detailed transition plan just issued by DDS was made public far too late for adequate discussion to take place on the representations it makes about plans to ensure Health Initiative services are appropriately sustained. A transition plan for such an essential set of services needs to be created in partnership with people receiving services and other stakeholders, and this unfortunately has not been the case.

In light of this, the DD Council believes that more time is required for DDS to consult further before the contract is discontinued. We do not say this lightly and normally we would steer clear of an opinion on a contractual matter. However, meaningful dialogue and engagement is an essential part of making DDS the person-centered organization that we know it strives to be. Our executive director wrote recently to Andy Reese, DDS director, offering the DD Council’s collaboration to ensure more effective community engagement in seeing that the important services provided up to now through the DDA Health Initiative continue to meet the needs of the people receiving them. I renew that offer at this time and hope that the contract can be extended to allow this consultation to occur.