



COUNCIL OF THE DISTRICT OF COLUMBIA
THE JOHN A. WILSON BUILDING
1350 PENNSYLVANIA AVENUE, N.W.
WASHINGTON, D.C. 20004

July 29, 2019

Muriel Bowser
Office of the Mayor
1350 Pennsylvania Ave NW
Washington, DC 20004

Dear Mayor Bowser:

We are writing to you about the Developmental Disabilities Administration Health Initiative (“DDAHI”) contract between the Department on Disability Services (“DDS”) and Georgetown University (“Georgetown”). This contract employs a team of professionals who develop and implement quality assurance and program improvement initiatives to assist the District in its mission to provide services for residents with developmental disabilities. The program develops best practices for people with developmental disabilities in areas such as hospital care, healthy relationships, sexuality, trauma-informed care, parenting, and community standards for nursing care. The program provides in-depth training and technical assistance to community providers and guides the development of public policy for critical health services in the DDA community.

On July 3, we learned that DDS has decided to let the contract with Georgetown that supported the DDAHI end. Immediately after this decision became public, Council received an outpouring of emails and phone calls from advocates, families, and members of the disability rights community expressing their concerns. Through conversations with DDS, Council learned that the agency intends to take on some of these services in-house and believes waiver service providers will pick up some of the services. It is our understanding that DDS’s transition plan did not include input from people with disabilities and their families, providers, or the advocacy community.

On July 23, the Committee of the Whole and the Committee on Human Services held a Joint Public Roundtable on the DDAHI contract between DDS and Georgetown. The roundtable raised many questions about DDS’s decision to end the provision of services through the DDAHI, the transition of services from DDAHI to a new system of care, and the process by which the plan was developed. The roundtable included testimony from a wide array of people, including disability rights advocates, members of the legal community, disability service providers, disability service recipients, academics in the field, and many others. A total of 27



public witnesses testified at the hearing. All of them testified either in opposition to ending the provision of services through the DDAHI, or in support of extending the transition period for the services provided so that there is more time for meaningful engagement between the community and the agency.

Several members of the legal services community expressed concern that moving the provision of services from an independent entity, into DDS, could open up the possibility of litigation. The testimonies also provided specific critiques of the transition plan that are concerning. Essential details are missing from the transition plan. For example, the plan is unclear as to when the newly contracted physician will be available to begin planning a transition and what current responsibilities of the DDAHI Medical Director will cease in light of the new contract. Overall, the transition plan seems to have been put together at the eleventh hour in order to satisfy the questions of the community and Council.

On July 24, Councilmember Nadeau sent a letter to DDS Director Andrew Reese asking DDS to provide a weekly status update on the transition of each person receiving services from the DDAHI. Nonetheless, we remain concerned about the decision to end the provision of services through the DDAHI, in favor of a patchwork system of care. If the end of the provision of services through the DDAHI is inevitable, we want to ensure that the transition is seamless and there are no gaps in services.

We are requesting that you reexamine DDS's decision to end the provision of services under the DDAHI. If you determine that this decision is appropriate, we ask that you strongly consider extending the transition period. The subject contract ends on August 31. DDS should take the time to meaningfully engage with service recipients and their families, stakeholders, advocates, and experts in developing a thoughtful transition plan. In doing so, we ask that you strongly consider extending the transition period and encourage DDS to develop a system of care that maintains the same level of accountability and quality of care as the DDAHI. Some advocates have suggested that a one-year extension is appropriate for the most seamless transition that ensures there is opportunity for meaningful engagement and no gaps in services.

Thank you for your attention to this matter and we look forward to working with you to ensure that the District continues forward in its service of the most vulnerable.

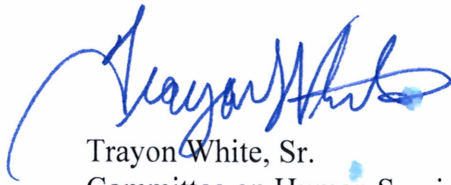
Sincerely,



Brianne K. Nadeau
Chairperson, Committee on Human Services
Council of the District of Columbia



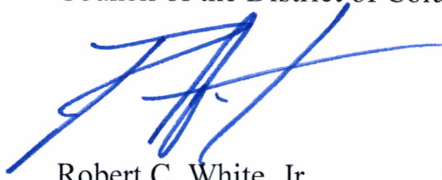
Phil Mendelson
Chairman, Council of the District of Columbia



Trayon White, Sr.
Committee on Human Services
Council of the District of Columbia



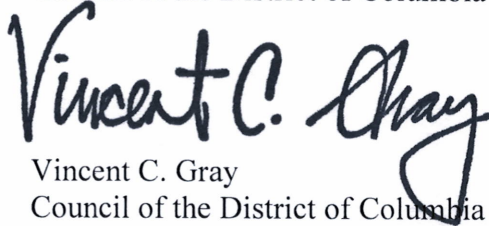
David Grosso
Committee on Human Services
Council of the District of Columbia



Robert C. White, Jr.
Committee on Human Services
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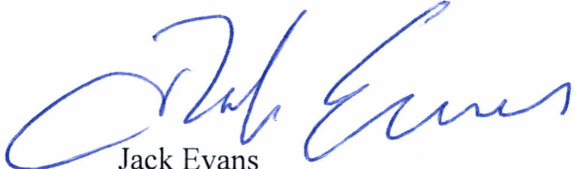
Brandon T. Todd
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Kenyan R. McDuffie
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Cc:

Andrew Reese, Director, Department on Disability Services

Alana Intrieri, Director, Office of Policy and Legislative Affairs