Good morning Chairwoman Nadeau, my name is Tina Campanella. I am the CEO of Quality Trust for Individuals with Disabilities (QT). QT is an independent nonprofit advocacy organization. Our mission is to help people with developmental disabilities (DD) in the District of Columbia solve problems, achieve personal goals, and meaningfully contribute within their community. We do this by advocating for people who may seek or are receiving services and supports through the Department of Disability Services (DDS), including the Developmental Disabilities Administration (DDA).

Quality Trust supports the Mayor’s proposed budget for DDS. The budget as proposed maintains current services for those already receiving supports and adds capacity for an additional fifty people who will access services through HCBS waivers for the Fiscal Year. This year a new Individual Family Services (IFS) waiver will come on line. Twenty of the fifty waiver “slots” will be allotted for this waiver, while thirty will be in the comprehensive waiver currently utilized in the District. The IFS waiver is an excellent tool for funding a smaller array of supports for people living at home with family. This waiver also maintains fiscal discipline while accessing Medicaid dollars since there is a cap on expenditures.

While this budget mostly proposes to continue what is already in place, ensuring stable funding gives DDS the ability to further develop the quality of the existing programs and initiatives. Continued development of IDD services and supports in the District of Columbia is an important goal. For too long the model used for delivering services has been overly prescriptive and staff intensive. As thinking shifts to promote more individualization and greater autonomy, multiple and varied models are required to effectively meet the needs of the people who receive services. The needs of the people supported by DDS are not static and services will need to change and evolve as their needs change. For example, the cohort of former Forest Haven residents are aging and as they get older they will have greater needs for healthcare support. At the same time, young people enter the system every year with very different support needs. These
people, most of whom have never been institutionalized require an entirely different kinds of support. Some of the young adults who come to DDS through CFSA have significant behavioral health needs in addition to their intellectual disabilities. And finally, consistent with national trends, more and more people with Autism Spectrum Disorder and co-occurring Intellectual Disability will enter the system in the coming years. So, it is essential that the District maximize opportunities to utilize eligible Federal government funding and have an array of providers with demonstrated expertise supporting people with differing needs and preferences. Policy makers, advocates, people receiving services and elected officials need to come together now to discuss and agree on a shared vision and common purpose regarding services and supports through DDS in the next three to five years.

DDS is making important changes in the structure of its DDA services and supports. Breaking from the past and embracing new models of supporting people is not simple and requires incremental progress and continued effort. The kinds of investments that will be required in the immediate future are not limited to HCBS waiver slots through DDS. The continued focus on working with providers and advocates around becoming a Person-Centered Organization is an excellent example of an initiative to expand knowledge and capacity in the service community. Much greater capacity is also required to meet the range of behavioral health needs for a growing number of people served by DDS. At present there are only a few psychiatrists being used by DDS. In our experience what presents as a psychiatric event is likely to have its roots in an Autism diagnosis. The limited capacity to identify and implement the appropriate set of support interventions is an ongoing concern. DDS will need to build on partnerships with the Department of Behavioral Health and the psychiatric community to effectively address these needs. This is also an area where future expansion of services in needed as you know that DDS does not currently serve people with Autism who do not also have a diagnosis of intellectual disability.

The Disability Services Reform Amendment Act (DSRAA) also requires a great deal of education for the many people involved in the implementation process. Attorneys, medical practitioners and families will need more information about strategies for supporting the rights and dignity of all its residents, changes in civil commitment, and utilizing Supported Decision-Making Agreements across the lifespan. DC Department on Disability Services to create a formal complaint process that can be accessed by people receiving services from the Developmental Disabilities Administration,

In summary, Quality Trust supports the Mayor’s proposed budget for DDS for Fiscal Year 2020, and respectfully requests that the Council approve it in full. This budget provides a solid base of funding for DDS in the next fiscal year. There is a great amount of work still to do to within our existing system of service to effectively utilize our resources and assist people to experience positive life outcomes. This budget should provide the foundation DDS needs to lead those receiving services and their allies through what will undoubtedly be a difficult but necessary process to build consensus around a vision for this system of services and a pathway to get there. Quality Trust stands ready to assist in that process.

Thank you and I am happy to answer any questions.