

**TESTIMONY OF**

**QUALITY TRUST FOR INDIVIDUALS WITH DISABILITIES**

**FY 2019 Budget for the Department of Disability Services**

**Councilmember Brianne Nadeau**  
**Committee on Health & Human Services**

**March 28, 2018**

Good morning, my name is Jimi Lethbridge. I am the Deputy Director of Programs for Quality Trust for Individuals with Disabilities (QT). QT is an independent nonprofit advocacy organization that helps people with developmental disabilities in the District of Columbia solve problems, achieve personal goals, and meaningfully contribute within their community.

QT supports the Fiscal Year 2019 budget appropriation for DDS as proposed by the Mayor. At his presentation before stakeholders on March 26, 2018, Director Andrew Reese indicated that the Mayor's budget request enables DDS to meet its priorities. According to Director Reese, the strategic objectives for FY 2019 are to:

- Provide high quality direct services and supports leading to full inclusion of people with disabilities in DC
- Improve the quality of service planning and responsiveness of service coordination and advocacy
- Improve the performance of DDS and provider community operations
- Operate effective systems of continuous quality assurance and improvement to ensure providers comply with District policies and regulations, ensure health & safety and mitigate risks

QT agrees that the above objectives are important to raising the standard of supports and services. Much of the work we do is rooted in, and our services sought when, breakdowns of one type or another occur somewhere within these four areas. It has been fourteen months since the conclusion of the Evans case and 27 years since the closure of Forest Haven, and much work remains to be done to ensure that all people with disabilities in the District are fully integrated in communities and places of work of their choice. In addition, there are still District residents with developmental disabilities who cannot access any services from the DDS "Developmental Disabilities" Administration, for which only the subset of people with intellectual disabilities are eligible. It is for these reasons we believe that Mayor's DDS' budget should be fully funded and consideration given to providing this agency with additional resources to achieve its mission of supporting all D.C. citizens with disabilities.

For FY 2018, the Mayor's budget allocates \$173 million dollars for DDS, which is an increase of just under 3 percent from last year's budget. The budget repurposes five FTEs to a new Agency Management Division (AMP), a component of Director Reese's reorganization which he announced near the end of October 2017. We would like to highlight the following with respect to the budget and the DDS Agency Performance Plan.

- The District's approved renewal application for its comprehensive HCBS Medicaid Waiver, which went into effect in November 2017, provides 50 additional slots. Given the assurances made by DDS during the performance oversight process, we understand that these slots should enable to provide services for all eligible people currently in the application process and apply during the rest of the Fiscal Year.
- Under the Activities identified for its Agency Performance Plan for FY 2019, DDS lists "HCBS Waiver Renewal" effort (page E-186). As indicated above, DDS has already achieved that goal. DDS should instead be including its current initiative to incorporate self-direction into its comprehensive HSBS IDD Waiver and to develop a new Individual and Family Support (IFS) Waiver, both of which have an anticipated launch date in FY 2020.
- DDS' Agency Performance Plan should include a clear objective and related activities to engage in the budget, legal, and programmatic reforms needed to plan for the expansion of DDA services to all District residents with developmental disabilities (DD). As previously noted, DDA only provides services and supports to people with intellectual disabilities and that limitation would continue under the anticipated IFS waiver. DDA should instead be exploring other options and strategies, such as a limited pilot DD waiver program that would more meaningfully and realistically gauge the costs and benefits associated with expanding access to the broader population of people with DD.
- To improve the quality of service planning, DDS proposes a "new case management" system (page E-187). Without more information about this system, it is unclear how this will improve the quality of the work of Service Coordinators, even although the document characterizes this activity as a "key project." More detail is needed from DDS on this point.
- To improve the performance of DDS and provider community operations aligned with best practice, DDS states "provision of staff training and management of training programs" (page E-188). Again, without knowing more about the type of training, and the methodology for determining its success, it is difficult to gauge the effectiveness of this activity.
- Under its Key Performance Indicators, DDS proposes a 5% increase "in the number of people in supported or competitive employment by DDS over prior year" (page E-188). In FY 2018, DDS reported 321 people fell into this category, so a 5% increase – namely, 16 people -- is a pretty low bar that we hope will be significantly surpassed.

- DDS sets a performance measure of 60 days to complete the initial Individual Service Plan (ISP) (page E-189). In its answers to the performance oversight questions posed by your committee, DDS stated that the average length of time between the finding of eligibility and the completion of an initial ISP for a person who needs HCBS Waiver supports was 71 calendar days in FY 2017 and 109 days for people who only required DDA service coordination. DDS stated that the average length of time between a finding of eligibility and receipt of services identified in the ISP is 190 days (see DDS Answers at page 16). In a service system of just over 2400 people, we urge DDS to make demonstrable improvements in this area.
- In its third Key Performance Indicator, DDS commits to improve the performance of DDS and provider community operations (page E-189). However, all three measures for doing so have a target percentage for FY 2018 and 2019 that is lower than the percentage that was actually achieved in FY 2017. We urge DDS to not set its targets to be lower than actual performance two years ago
- In its fourth Key Performance Indicator, DDS commits to operate effective systems of continuous quality assurance and improvement (page E-190). Yet measure two (the percentage of waiver providers currently receiving annual certifications) and measure three (the percent of people with restrictive interventions who have an approved Behavioral Support Plan) have lower FY 2018 and 2019 targets than what was actually achieved in FY 2017. Once again, we urge DDS to not set its targets to be lower than the actual performance for last year.

In conclusion, the results of our monitoring since the conclusion of the Evans case indicate that overall DDS continues to maintain compliance with the requirements of the 2010 update to the 2001 Settlement Agreement, as measured by the questions in the monitoring tool. At the same time, we continue to be involved in individual situations where we encounter failures by Service Coordinators or provider staff that pose significant risks to people receiving supports and services from DDA. While we are pleased that Director, Reese has identified the strategic objectives noted in DDS' budget and especially the focus on improving the quality of service planning and responsiveness of internal service coordination and advocacy, we would expect to see more detailed and rigorous plans for building on the progress made to date. As we continue to do our work, we look for opportunities to link with DDS when possible in our shared goal that people with developmental disabilities live meaningful lives in this city.

Thank you for this opportunity to testify. I will be glad to answer any questions you have.