Georgetown University ● DDA Health Initiative

Georgetown University's **DDA Health Initiative** provides some 4,000 consultations annually to the District's disability community in areas that include complex medical care, training for nurses and direct support professionals, transitions from hospitals to community homes, home visiting for parents with intellectual disabilities, sexual health, trauma informed care, dementia, orientation of newly hired nurses, end of life consultations, and quality assurance studies. The DDA Health Initiative team consists of experts representing decades of expertise in developmental disabilities, including a physician, two nurses, two psychologists, two home visitors, a public health analyst, and a health educator.

Most importantly, since its inception 14 years ago, The DDA Health Initiative has provided the expertise to bring about improved and more comprehensive care to people receiving services from DDA. The DDA Health Initiative was a major contributor to the District's success in exiting the *Evans v. Gray* class action suit. The District is now receiving national recognition for their practices to promote health equity.

What Will People with Disabilities and the DC Community Lose?

In the 14 years of funding of the DDA Health Initiative, the District has made no attempt to build capacity within their organization to ensure the services provided by Georgetown University continue to be provided should the contract with DDA health Initiative not be renewed. The defunding of DDAHI will result in significant harms to the disability community. Suspension of this contract will result in:

- Immediate elimination of supports for the network of community providers and organizations that serve and advocate for people with disabilities. Service providers typically hire healthcare personnel that have no experience working with people with intellectual disabilities, and initial and ongoing education, technical assistance and consultation are essential for community agencies to provide services at the expected standard of care.
- Poorer outcomes for people with disabilities in hospital facilities. DDAHI's experts consult with hospitals and other health facilities to improve diagnoses, prevent unnecessary treatments, reduce hospital lengths of stay, prevent onset of additional illnesses associated with longer hospital stays, and facilitate coordination among the vast array of hospital specialists. **Note:** Prior to the DDA Health Initiative, community provider organizations routinely refused to discharge people from hospitals on Fridays or over the weekend. DDA did nothing to prevent this practice from continuing. The DDA Health Initiative has worked closely with community providers, including advocating for additional nursing positions, creating standards for transition from hospital to home, and educating providers about the dangers of hospital acquired infections.
- Without the capacity within DDA to replicate the work of the DDA Health Initiative, it can be anticipated that hospital lengths of stay and unnecessary hospitalizations will increase, and the cost of hospital care among people with disabilities will increase significantly. Health outcomes will suffer.
- Effective deliberations on end of life decision making will be hampered. The DDA Health Initiative facilitates these complex, ethical quality of life discussions among DDA's General Council, family members, guardians, and hospital professionals.
- Collaboration among District hospital emergency departments on people with rapid cycle admissions and chronic healthcare needs will be eliminated.

- Elimination of home visiting and education supports for parents with intellectual disabilities. This increases the risk of families needlessly being involved with Child and Family Services, and the increases the risk of families being separated.
- Elimination of supports for sexuality education, including issues related to sexual health, identity, relationships, intimacy and safety.
- Elimination of supports for healthy living, such as oral health, weight management, community and social mapping, and adapted exercise.
- Significantly poorer documentation on the course of medical and behavioral health care, impacting clinical decision-making, coordination of care and quality of care.
- Loss of internships and training opportunities for medical students and resident physicians in developmental disabilities. This results in decreased primary care capacity, potentially reduces the number of physicians who specialize in disabilities, and negatively impacts establishing skilled medical homes for this vulnerable population.
- Loss of extensive web-based resources for training, policy, research and technical assistance specifically customized for the DDA service community (link to the DDA Health Initiative site https://ucedd.georgetown.edu/DDA/).
- Elimination of physician rounds at health care facilities (hospitals, long-term acute hospitals, nursing homes, rehab facilities) and community-based homes. By providing physician rounding by our DDA Health Initiative physician, this proactive strategy has identified emerging issues, promoted wellness and prevented unnecessary care. This will result in people with disabilities experiencing longer lengths of stay and increased hospitalizations.
- Community-based nurses who support people enrolled in DDA services will have no opportunities for training that focuses on the needs of people with disabilities. Most of these nurses obtain their license-required continuing education units through the DDA Health Initiative.
- Elimination of the certification class (Trained Medication Employee) for community-based nurses to teach direct supports staff to pass medications in community homes. The DDA Health Initiative nurse educator is a DC Board Nursing-appointed Master Trainer for TME. Eliminating this training will hamper community providers' ability to hire and train staff that meet the medication administration requirements of DC's Board of Nursing.
- Participation in quality improvement studies and root cause analyses based on emerging issues and critical incidents. The DDA Health Initiative conducts Continuous Quality Improvement analyses of DDA's policies and implementation strategies using real-time data from DDA's database.
- Elimination of training and technical assistance to the 90-plus DDA community provider agencies, the DC Coalition of Providers, and related community partners and DC agencies. The DDA Health Initiative provides just-in-time training on various themes that are trending in the District's disability community.

DDA Health Initiative Accomplishments

- Provided extensive support to DDA to meet court-mandated requirements per the *Evans v. Gray* class action suit, including consulting with health care providers, creating plans of correction, creating standards and processes related to optimal health care, evaluating progress, and providing expert testimony. Without the ongoing involvement of Georgetown University and the DDA Health Initiative, the District is at risk for future class actions.
- Leveraged funding for a variety of other initiatives, such as the Community of Practice federal grant on cultural and linguistic competency, the DC Dept. of Behavioral Health grant on youths with mental health and developmental disabilities transitioning to adult services, and the DC Dept. of Health grant home visiting supports for parents with disabilities and infants to pre-school children.
- Provided extensive consultations among District hospitals and health care facilities to promote effective diagnoses, treatment, and coordination of care among hospital physicians, primary care physicians, surgeons, and variety of health care specialists.
- Reduced the length of stay in area hospitals (i.e., from an average of 14 days to 6 days).
- Created the Health Passport, a universal tool used by medical professionals to facilitate health care in hospitals, clinics, physician offices and other healthcare facilities.
- Developed the initial DDA Health & Wellness Standards in collaboration with DDA, and created proposed standards, including trauma informed care and healthy sexuality and relationships.
- Developed behavioral support tools, strategies and procedures in collaboration with DDA.
- Initiated the development of the new DDA Nursing & Health Assessment Tool.
- Developed the Transition of Care Guide, which focuses on helping people with disabilities move from health care facilities back to their communities in a timely, coordinated and caring fashion.
- Facilitated the development of end of life assessments, including education around DNR/DNI procedures, and person-centered decision-making for comfort care as an alternative to continued interventional care.
- Provided training to nurses on a wide variety of current clinical topics, such as stroke, sepsis, eating disorders and g-tubes, quality assurance procedures for people with disabilities, LGBTQ supports, holistic health approaches, dementia supports, understanding Autism Spectrum Disorder, adaptive devices for sexuality, managing anti-seizure medications, signs and symptoms of critical clinical events, polypharmacy, end of life planning, immunization strategies; collaborated with Whitman-Walker Clinic on HIV and STD prevention. These educational sessions feature a variety of experts in the health care field, and award continuing education units that assist nurses in meeting their DC-mandated requirements for licensure.
- Facilitated family access to community public resources, such as day care, pre-school, TANIF, SNAP, and WIC for men and women with intellectual disabilities who are parenting their children.
- Facilitated Individual Education Program (IEP) meetings at schools for parents enrolled in DDA.

- Conducted a variety of evaluation studies and case reviews to improve services, such as: identifying predictors of hospital admission; decreasing hospital re-admissions; identifying factors related to fall risks; improving the effectiveness of behavior support services; identifying methods to reduce hospital lengths of stay; creating effective strategies to teach parenting skills; and identifying techniques to improve quality of care reviews.
- Managed the Toys for Tots for families enrolled in DDA.
- Provided training to DC Superior Court judges on developmental disabilities, co-occurring mental health issues, trauma and unique adjudication needs of people with disabilities.
- Provided deep expertise in DDA quality improvement efforts, including the Quality Improvement Committee, Mortality Review Committee, Health & Wellness Unit, and policy development/reviews.
- Created the only Person-Centered Thinking training program specifically targeted for community-based nurses in collaboration with DDA.
- Provided consultations to people enrolled in DDA who have been placed at healthcare and detention facilities in other states.
- Provided direct training to community provider agencies on a variety of trending topics, such as Autism Spectrum Disorder, Intellectual Disabilities, co-occurring mental health issues, behavioral supports for challenging persons, cultural and linguistic competency, person centered thinking, sexuality and relationships, internet safety, food preparation, recovery from trauma, crisis interventions, individualized therapy for people with intellectual disabilities, adapted communication strategies, community engagement activities, and creating opportunities for self-direction.
- Provided quality improvement guidance to community provider agencies on the implementation and use of the Health Passport in response to concerns raised by health care facilities.
- Partnered with the DC Dept. of Health Care Finance to revamp the prior authorization process for oral healthcare services, streamlining access to oral care for people with disabilities. In addition, through education and technical assistance, the DDA Health Initiative expanded the number of oral healthcare providers that deliver services to people with disabilities.
- Provided education to DDA's Health and Wellness Unit and community provider agencies on universal precautions, practices and appropriate isolation responses, especially during DC city-wide health contagion alerts (i.e., West Nile outbreak, staph "flesh-eating" bacterial infection, measles, shingles)
- Provided independent, objective analyses of DDA services related to improving the standards of physical health care, mental/behavioral health services, and community care.