



FY 2011 PERFORMANCE PLAN

Department on Disability Services

MISSION

The mission of the Department on Disability Services (DDS) is to provide innovative high quality services that enable people with disabilities to lead meaningful and productive lives as vital members of their families, schools, workplaces and communities in every neighborhood in the District of Columbia.

SUMMARY OF SERVICES

The Department on Disability Services (DDS) is composed of two Administrations that oversee and coordinate services for residents with disabilities through a network of private and not-for-profit providers. The Developmental Disabilities Administration (DDA) ensures that residents with intellectual disabilities receive the services and supports they need to lead self-determined and valued lives in the community. DDA achieves this through the delivery of outreach and service coordination services; the development and management of a provider network delivering community residential, day, vocational, employment and individual and family support services; and the operation of a comprehensive quality management program. The Rehabilitation Services Administration (RSA) delivers vocational rehabilitation services focusing on employment and training activities that allow persons with disabilities to experience a greater quality of life by obtaining and sustaining employment, economic self-sufficiency and independence. RSA provides employment marketing and placement services, vocational rehabilitation, inclusive business enterprises and supports for the D.C. Center for Independent Living. The Agency also services as the state agency for Social Security Disability Insurance determinations.

PERFORMANCE PLAN DIVISIONS

- Rehabilitation Services Administration (RSA)
- Developmental Disabilities Administration (DDA)
- Office of the Director

AGENCY WORKLOAD MEASURE

| Measure | FY 2009 Actual | FY2010 YTD |
|------------------------------------|---------------------------|-----------------------|
| Number of RSA Clients Served | 6200 | 6657 |
| Number of RSA Referrals | 2200 | 3102 |
| Number of RSA Transition Referrals | 468 | 801 |
| Number of DDA Individuals Served | 2030 | 2077 |



Rehabilitation Services Administration

SUMMARY OF SERVICES

The Rehabilitation Services Administration (RSA) provides quality comprehensive vocational rehabilitation (VR) and independent living services to eligible individuals with disabilities. RSA services, which include job counseling, development, placement, and retention assistance prepares consumers to obtain and maintain competitive employment. RSA markets the placement of its consumers and assists employers in their efforts to include persons with disabilities in their workforce. RSA also assists consumers in obtaining the necessary training to enter into high growth and high demand industries with the greatest opportunities for continued employment, independence and self sufficiency. RSA provides transition services to students with disabilities as they move from the educational arena to the world of work.

OBJECTIVE 1: Increase the number of employment outcomes in the Washington, D.C., Metropolitan area, with priority given to those with significant and most significant disabilities.

INITIATIVE 1.1: Continue outreach efforts within the community by expanding services to other sites that serve persons with disabilities including medical facilities.

DDS currently has one intake site at a medical facility. RSA plans to expand client intake services to five additional hospitals and/or medical facilities to educate persons with disabilities of the availability of VR services and opportunities for employment. DDS will introduce at least one new site per quarter with all five operational by the end of the fiscal year.

INITIATIVE 1.2: Hire a Business Relations Specialist.

RSA outreach to the business community is currently limited. In order to increase the number of individuals with disabilities obtaining employment, RSA plans to hire a Business Relations Specialist to market the services that RSA can provide to employers in order to facilitate the successful placement of persons with disabilities. RSA will work with private and public sector employers to develop job opportunities for RSA clients and encourage employers to look to RSA as their source for qualified applicants to fill jobs. Increased business information and interactions including assessments of current and future hiring trends will assist the VR Specialists in development of more effective Individualized Plans for Employment (IPE) based on the labor market in the District of Columbia and surrounding areas. Recruiting and staffing will be completed by December 31, 2010, and the establishment of specific performance measures for placements and business community involvement will be complete by March 1, 2011.

INITIATIVE 1.3: Implement a disability management program and market this service to employers.

The development of the disability management program in RSA is a new program designed to further expand vocational rehabilitation services to employers to improve job retention for employees that become disabled while employed. The program will offer vocational rehabilitation services to individuals who are currently employed and who become disabled as a result of an injury or an illness that may impact the individual's ability to continue working. The VR Specialist will work with the employer and the employee to design reasonable accommodations, modify job activities, or provide additional training to accommodate the disability if necessary. This service will help individuals maintain their employment status and avoid the need to seek other support services for the unemployed and will allow employers to maintain employees who are trained and experienced thereby avoiding the costs of staff turnover. The agency plans to utilize Medicaid Infrastructure Grant funding to hire a coordinator by



December 31, 2010 to implement the program. This service will reside within the Employer Relations Unit and RSA will begin the implementation of this program by January 15, 2011.

OBJECTIVE 2: Improve the efficiency of RSA operations.

INITIATIVE 2.1: Increase monitoring of service delivery.

RSA implemented a new case management system in May, 2010. The previous system did not have the capacity to generate real time reports or statistical data to effectively analyze agency or staff performance. RSA will fully utilize the RSA case management system, System 7, to efficiently track cases throughout the VR process. RSA will obtain 90% compliance in determining eligibility for services within 60 days and developing Individual Plans for Employment within 90 days of application for services. The role of the Quality Assurance unit in RSA will expand to include increased monitoring in System 7 to more effectively address compliance and adherence to federal performance indicators and established service delivery timelines and staff performance. Deficiencies will be more quickly identified resulting in more timely corrective actions. Monthly reports documenting the on-going monitoring results and related actions will be generated beginning November 1, 2010.

INITIATIVE 2.2: Improve compliance of VR cases by 20% in timely processing through the application, eligibility, and service delivery statuses.

Weekly supervisor reports and reviews from the new case management system will be a part of the agency's performance management program during FY 2011. The agency will begin the tracking process for FY 2011 beginning on October 1, 2010. Supervisors will be held accountable for timely follow-up, documentation and reporting to agency administrators regarding any issues or exceptions impacting compliance.

INITIATIVE 2.3: Utilize effective reporting and statistical data in the System 7 case management system to improve the effectiveness of VR services and customer service.

Use data to monitor and adjust the methodology for the assignment of cases and VR Specialist caseload size including the elimination of the outdated "ward based" system of service assignments, expeditiously remove non-compliant cases, and target cases to specialized VR units such as the transition unit. Reduce the number of cases that are moved and reassigned by 20% to improve customer service. Actions will be initiated using data reports by the end of the first quarter in FY 2011.

INITIATIVE 2.4: Improve outreach efforts and information on services available to potential RSA clients.

The public perception of the services provided by RSA has hindered the agency's capacity to attract applicants from diverse populations who are in need of the services to obtain or maintain a job. The agency will design a communication, education and outreach programs to make RSA services information more accessible within the community, including efforts to target particular underserved populations and communities. This initiative will be launched by October 15, 2010, with an increase in the number of information/outreach distribution sites measured on a quarterly basis. There will be a 50% increase in the number of locations where outreach information is regularly available (by December 15, 2010) and RSA will develop a system for regular information distribution (by January 15, 2011). RSA will also develop a system to track and analyze communication and responses from the various locations to determine the most effective vehicles and locations for outreach. This initiative will be completed by the end of FY 2011.



OBJECTIVE 3: Improve RSA's overall customer service to individuals with disabilities.

INITIATIVE 3.1: Increase the number of Certified Rehabilitation Counselors (CRC) at the agency.

According to Federal Comprehensive System of Personnel Development (CSPD) all counselors must be CRC eligible by October, 2015. RSA will hire only CRC eligible or CRC candidates to fill all VR Specialist positions. RSA will also counsel and assist all current employees to obtain their CRC by the 2015 deadline through the use of training and testing deadlines and standards. As a result, the number of CRC or CRC eligible staff is expected to increase by 20% during FY 2011.

INITIATIVE 3.2: Conduct a review and analysis of consumer satisfaction with vocational services.

In accordance with 34 CFR Sec. 361.17, RSA is partnering with the State Rehabilitation Council (SRC) to conduct a review and analysis of customer satisfaction, with RSA provided vocational services, during 30 days of initial contact with the agency. The survey will be conducted by an independent consultant using Medicaid Infrastructure (MIG) funds. The survey will measure the level of customer satisfaction with the intake and application process and with timely movement of cases through eligibility and IPE development. Adjustments in agency procedures and necessary corrective actions will be identified and implemented. The survey will begin in January 2011, and be ongoing for the remainder of the fiscal year.

OBJECTIVE 4: Build and strengthen the capacity of RSA providers to provide quality VR services to a diverse group of individuals across disability types, and expand the pool of available qualified employer candidates.

INITIATIVE 4.1: Increase the effectiveness of current and new Human Care Agreements with service providers and Community Rehabilitation Programs (CRPs) as measured by the number of individuals of diverse disabilities who obtain employment.

Human Care providers who provide supported employment and job placement services to RSA clients will be evaluated and ranked on the number of employment outcomes achieved through existing Human Care Agreements. An initial analysis will be completed on the sixteen current providers by September 30, 2010. Providers that are not performing at an acceptable level will be closely monitored throughout the next six months and any necessary actions to improve the results of the services will be identified. Poor performing providers will be removed. DDS will continue to solicit qualified Human Care providers for work adjustment and direct job placement services. RSA plans to increase the number of partnerships with Community Rehabilitation Programs (CRPs) providing direct job placement to clients and increase the number of direct placement outcomes from the CRPs by 10% by September 30, 2011.

INITIATIVE 4.2: Implement the Benefits Counseling program.

This is a new program designed to increase the number of individuals receiving Social Security benefits who decide to go to work. The program educates social security recipients on the benefits of working and the social security programs that provide support as they pursue employment goals. The program will target transition students and will provide benefits and work incentive counseling to VR consumers with disabilities receiving Social Security Insurance (SSI), Social Security Disability Insurance (SSDI), Temporary Assistance to Needy Families (TANF) and



other forms of public assistance to prepare these individuals for placement in competitive employment and enhance Social Security reimbursement. DDS staff will also be trained on the benefits planning process to better service the consumers. The program will be implemented effective October 1, 2010. DDS will provide benefits counseling services to 500 consumers with disabilities during FY 2011.

OBJECTIVE 5: Strengthen and expand existing collaboration and coordination of transition services to improve vocational, post-secondary employment and career opportunities for youths between the ages of 16-22 transitioning from school to work.

INITIATIVE 5.1: Improve youth employment outcomes for youth in transition by providing work experiences and career guidance.

RSA plans to expand the number of transition students participating in RSA VR services as well as Project Search and other youth oriented services. RSA is increasing the staffing in the Transition Unit, and revised the procedures to allow eligible students with disabilities to receive services from transition coordinators and specialized VR staff, which will provide the full range of services to the youth and work more in depth with the school systems and families. DDS will expand the number of students served through Project Search from 12 to 36 students. DDS plans to increase the number of youth with disabilities in summer and year-round employment by 30% by the end of FY 2011.

INITIATIVE 5.2: Improve employment outcomes for transition students with disabilities attending DCPS, charter and private schools.

RSA will place staff, including four VR Specialists and four Transition Coordinators, directly in the schools to serve DCPS, charter and private schools. The VR Specialists will ensure timely development of the Individualized Plan of Employment by the 2nd semester of the junior year of high school. The counselors and transition specialists will provide transition students with career counseling, exploration and resource information. RSA will develop additional collaborative partnerships with various other District agencies, federal agencies and nonprofit organizations to facilitate enhanced services and employment outcomes for transition students. Opportunities will be developed for expanding on the job training, internships and job shadowing. RSA will increase the number of students receiving services in the RSA Transition program by 20% through this initiative by the end of FY 2011.

OBJECTIVE 6: Provide specialized vocational rehabilitation and independent living services to individuals with blindness and visual impairments.

INITIATIVE 6.1: Increase the number of blind, low vision or deaf/blind consumers served in the District.

RSA will serve an additional 200 individuals with blindness or low vision disabilities, a 40% increase. This will be a direct result of the expansion of the Blind Services Division and targeted outreach to the blind community. The program will increase the number of blind and low vision youth participating in the RSA Transition program from approximately 5 to 10 students by the end of the fiscal year.

INITIATIVE 6.2: Identify and establish three new relationships with service providers to total five providers that offer recreational support, information and referral services to individuals with blindness or low vision.

The Division will identify five (5) aging-related and faith-based service providers through a



Request for Proposal (RFP) that will provide services to eligible D.C. residents participating in the Title VII Chapter 2 Older Blind Independent Living Services Program that will impact consumers residing in all sectors of the District by December 31, 2010.

INITIATIVE 6.3: Implement Business Enterprise Program in System 7.

RSA will utilize an additional module in the new System 7 case management system to track the performance of the Randolph Sheppard program. The system will track information on blind services vendors who participate in the Randolph Sheppard program, establish an inventory system and track the location of equipment, program expenditures, and data collection for federal reporting and facility management. The program will provide real-time performance and accounting reports for RSA users. The module will be implemented by December 31, 2010.

PROPOSED KEY PERFORMANCE INDICATORS— Rehabilitation Services Administration

| Measure | FY2009 Actual | FY2010 Target | FY2010 YTD | FY2011 Projection | FY2012 Projection | FY2013 Projection |
|--|---------------|---------------|------------------|-------------------|-------------------|-------------------|
| Number of applicants classified as having the most significant disabilities | 1,395 | 1,500 | 459 ¹ | 1,000 | 1,250 | 1,500 |
| Clients graduating from vocational and trade-based training | 108 | 175 | 28 ² | 100 | 125 | 150 |
| Number of clients employed for 90 calendar days or more | 410 | 600 | 353 | 600 | 700 | 850 |
| Percent of cases exceeding 90 calendar day Federal timeframe from eligibility to plan development | 13% | 5% | 29.2% | 20% | 10% | 5% |
| Average time taken for development of Individualized Plan (in calendar days) | 90 | 80 | 86 | 75 | 70 | 65 |
| Number of Certified Rehabilitation Counselors | 7 | 11 | 6 | 10 | 20 | 30 |
| Percent of transition students with an IPE | Not Available | 50% | 36% | 50% | 65% | 75% |
| Percent of cases where eligibility is determined within 60 calendar days | Not Available | Not Available | 75% | 85% | 95% | 95% |
| Percent of transition students who exit the system with a successful employment outcome. | Not Available | Not Available | 5% | 25% | 35% | 50% |
| Percent of clients receiving post-secondary education services (including associates, bachelors, and masters degrees) who graduate | Not Available | Not Available | Not Available | 40% | 50% | 60% |
| Percent of job placements with Human Care providers achieving employment | Not Available | Not Available | Not Available | 40% | 50% | 60% |

1 Value as of the end of 2nd quarter, FY2010. Year end data to be updated 9/30/2010.

2 Value as of the end of 2nd quarter, FY2010. Year end data to be updated 9/30/2010.



Developmental Disabilities Administration

SUMMARY OF SERVICES

The Developmental Disabilities Administration (DDA) enables individuals with intellectual disabilities to maximize their independence and exercise meaningful choice and control over their own lives through greater access to services, participant-centered service planning and delivery, and increased provider capacity. DDA coordinates a provider network delivering community residential, day, vocational, employment, and individual and family support services for individuals, and promotes the health and wellness of individuals with intellectual and developmental disabilities through participant safeguards and a robust quality assurance program.

OBJECTIVE 1: Access – Assure necessary services and supports for participant access are available and initiated in a timely manner.

INITIATIVE 1.1: Implement monitoring systems to support DDA intake and eligibility operations, and ensure timely processing of new individual applications for services.

Improve the performance of the Intake and Eligibility Unit through the creation and use of enhanced information management tools and internal audit protocols by the Quality Management Division, to ensure initial DDA eligibility determinations are completed within 60 days or less. Information system training and the design of the audit protocols will be completed in the first quarter of FY 2011. Performance tracking will begin in the second quarter. This initiative will automate the tracking of applications and improve supervision, leading to faster eligibility decisions and access to services.

INITIATIVE 1.2: Reduce processing time for initial Individualized Service Plan (ISP).

Ensure Individualized Service Plans are completed within 90 calendar days of admission for continuing services by the Service Coordination Division to improve timely access to services. Currently the time to complete the initial ISP ranges from 60 to 200 days. Individuals in the HCBCS waiver program must have a completed ISP prior to receiving services, so this performance measure will decrease the time it takes for individuals to begin receiving services. Internal audit protocols will be developed by the Quality Management Division for reporting to the DDA Deputy Director. ISP plans not completed within 90 days are expected to be reduced by more than 25% by the end of FY 2011. All information management tools and internal audit protocols will be completed by December 31, 2010, and fully implemented in the second quarter.

INITIATIVE 1.3: Improve the timely processing of Home and Community Based waiver prior authorizations for services to ensure 95% of individuals receive services within 90 calendar days of the Individualized Service Plan date.

Currently the ISP and the HCBS waiver service prior authorization systems are not linked, leading to errors in the ISP and duplicate data entry into the waiver prior authorization system; both resulting in delays in starting services. Upgrades and revisions to the ISP and the prior authorization systems will permit the free-standing systems to be linked, improving speed and accuracy. Revised DDA business processes and information management tools in DDA's information management data system will be fully implemented by November 2010, and internal audit protocols will be developed and fully implemented in January 2011.

OBJECTIVE 2: Person-Centered Service Planning and Delivery – Services and supports are planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning his/her life in the community.



INITIATIVE 2.1: Implement a web-based Level of Need Assessment Tool (LON).

The LON will ensure that the team has consistent and comprehensive assessment results upon which to develop Individualized Service Plans to meet all of an individual's unique needs, and can design strategies to address his or her health and safety risks. Training on LON will be completed by December 31, 2010. The LON web-based application will be launched by the second quarter by the DDS Office of Information and Data Management unit at which time the assessment tool will be completed prior to new or annual ISPs.

INITIATIVE 2.2 Improve timely completion and monitoring of Individualized Service Plans.

The Quality Management Division will begin tracking of Individualized Service Plans (ISP) through the approval process to ensure that ISPs and prior authorizations are completed prior to the initiation or renewal date of services. Following ISP development, the Division will implement additional audit protocols to track timely service initiation to individuals. Revised monitoring tools and discovery methods linked to the Issue Resolution System will be fully operational in the first quarter of FY 2011 to improve identification of unmet needs and ensure timely corrective action. These two additional quality management strategies will improve timely service delivery to individuals and timely payment to providers.

INITIATIVE 2.3: Complete and implement the DC DDA State Employment Leadership Network (SELN) strategic plan.

DDA is committed to continuing to promote an "employment first" policy that all working age adults, regardless of disability, can be employed and experience the rewards of an integrated working life in the community. To help reach that goal, the Quality Management and Operations Divisions will develop the strategic plan in the first quarter of FY 2011 to promote the least restrictive, most integrated day, vocational and employment services. The plan will promote the Employment First language and policy with all stakeholders; initiate at least three (3) projects to down-size large, congregate day programs; and increase the number of persons who are employed or in employment programs. The plan will also bring significant program enhancements to current day and vocational service programs to improve the quality of skills training and service options to be more individualized and provide adult oriented skill training, employment development and integrated retirement options.

OBJECTIVE 3: Provider Capacity and Capabilities – Continue to recruit and retain qualified providers to meet specialty clinical and support needs and continue to implement and refine mechanisms to remove poorly performing providers.

INITIATIVE 3.1: Ensure all Home and Community Based Service waiver providers undergo the Provider Certification Review in FY 2011.

Devise a plan with timelines by November 2010, to ensure that all providers complete the new annual Provider Certification Review process by the end of FY11. Providers that fail the certification review are recommended for termination from the DC Medicaid program, and all results are posted on the DDS/DDA website to increase transparency and public awareness when choosing providers of service. The Quality Management Division is responsible for managing this initiative.



INITIATIVE 3.2: Increase the number of clinical professionals through the DC Health Resources Partnership (DC HRP) initiative, and the number of specialized day or vocational service providers to serve individuals with complex and challenging needs.

The DDA service delivery system consists of private agencies and individual clinicians enrolled in the District Medicaid State Plan and/or the DDA Medicaid HCBS waiver program. Individuals served by DDA often have difficulty obtaining clinical services quickly because too few participate in the Medicaid program, or have experience working with persons with intellectual and developmental disabilities. DDA supports the Georgetown University DC HRP which trains, educates and recruits professionals in physical therapy, occupational therapy, speech and language therapy, nutrition, and behavior support to effectively work in the DDA service delivery system. DDA, through DC HRP, will add at least two clinicians in one or more of these fields by March 30, 2011 and in all by September 30, 2011. In addition, DDA will recruit at least one new provider by the third quarter of FY 2011 in residential and vocational services to support individuals with challenging reputations to ensure individuals have timely access to clinical services and specialized providers.

INITIATIVE 3.3 Develop and implement a consistent and comprehensive quality assurance system to ensure providers meet pre-employment training and screening requirements.

DDA service providers are required to meet pre-employment training and hiring requirements. Sample audits and investigations in FY 2010 revealed inconsistent compliance with these policy and rule requirements. DDA will add more expansive audit processes to be in place by the first quarter of FY 2011 led by the Quality Management Division. At least 50% of all providers will be audited in the first year and corrective actions will be completed within 30 days to ensure individual health and safety, and provider policy and rule compliance, in all provider settings. Training and hiring practices will continue to be checked during investigations and at the annual Provider Certification Review for waiver providers.

OBJECTIVE 4: Individual Safeguards – Improve the performance of DDA and the provider community to meet all health, safety and welfare requirements.

INITIATIVE 4.1: The Incident Management and Enforcement Unit will significantly improve performance in meeting the established 45 calendar day timeframe to complete investigations of abuse, neglect and serious physical injury.

Factors such as increased numbers of reported incidents, inconsistent staffing levels, staff performance and staff turnover contributed to DDA not meeting compliance standards in FY 2010 in this area. DDA will continue to utilize data dashboards and performance feedback tools to support effective management and ensure timely completion of investigations. Timely investigations and subsequent corrective actions should result in a long-term reduction in these incidents and increased safety over time. Additional enhancements in training, software and data analysis will also target contributing factors to overall incident management system performance. Timely completion of investigations will increase from 45% to at least 90% by the end of FY 2011.

INITIATIVE 4.2: Establish and implement education and prevention activities on abuse and neglect.

The best incident management is prevention of acts of abuse and neglect, and to educate individual consumer, families, friends and the community about abuse, neglect and exploitation, to ensure everyone reports any suspected incident to DDA. New prevention activities will include education and training of individuals, family members and friends through individual discussion



and advocacy, group training opportunities and written materials; quality improvement requirements within the provider community, noted above; and collaboration with all licensing, certification and enforcement agencies to ensure training and pre-screening requirements for personnel are fully implemented. This initiative will be coordinated by the Quality Management Division and initiated by the second quarter of FY 2011.

INITIATIVE 4.3: Increase the number and percent of individuals who receive age-appropriate preventive health care.

For the last three years, DDA has implemented a Health Care Initiative to improve access to and delivery of medical, behavioral, dental and psychiatric services. A critical element of maintaining good health is ensuring the delivery of preventive health care services. For those individuals receiving residential services from private providers, DDA will implement its enhanced monitoring and information management systems to increase the percentage of people receiving 100% of age-appropriate preventive health care by 20% in FY 2011. For individuals living at home with families or on their own, DDA will increase the education and referral information to this community to improve their access as well with a target of 10% increase in the number of preventative health care services received.

OBJECTIVE 5: Rights and Responsibilities: Protection of rights and decision-making authority, as well as due process and grievance procedures.

INITIATIVE 5.1: Develop and implement a grievance procedure and informal resolution program.

DDA and the Office of Rights and Advocacy will formalize and publish a new grievance process that will ensure that individuals and families know how to file a complaint, resolve grievances informally and obtain assistance to solve problems. The ombudsman will be responsive and resolve issues within one business week. The design of the program will be completed in the first quarter by the DDA Deputy Director's Office, and fully operational by January, 2011.

OBJECTIVE 6: Outcomes and Satisfaction – Increase the number of individuals who achieve quality of life outcomes in the areas of health, work, relationships and community inclusion.

INITIATIVE 6.1: Continue participation in the National Core Indicators (NCI) Project.

DDA participated in the National Core Indicators Project in FY 2010, interviewing 400 individuals about his/her satisfaction with services and supports, and mailing surveys to all family members and guardians of those receiving services from DDA. The results of those interviews and surveys are being compiled by Human Services Research Institute (HSRI) and will be prepared for DDA showing how the District compares to other states and national averages. DDA will work with the re-constituted Management Advisory Committee in FY 2011 to plan at least three community forums to review the results, have discussion groups and solicit input based on those results to improve services, supports and customer satisfaction. In collaboration with MAC, DDS/DDA will use that input to guide the 2011 initiatives where appropriate and the FY 2012 DDA HCBS waiver renewal. The agency will publish results from those community forums on the DDS/DDA website prior to the close of FY 2011.



PROPOSED KEY PERFORMANCE INDICATORS— Developmental Disabilities Administration

| Measure | FY2009 Actual | FY2010 Target | FY2010 YTD | FY2011 Projection | FY2012 Projection | FY2013 Projection |
|---|----------------------|----------------------|-------------------|--------------------------|--------------------------|--------------------------|
| Percentage of intake applications received that have been responded to within required timelines | 15% | 50% | 19% | 70% | 75% | 80% |
| Percentage of prior authorization requests issued within policy | 70% | 80% | 62% | 85% | 95% | 95% |
| Percentage of ISPs that are completed on-time (annually) | N/A | 90% | 75% | 90% | 95% | 97% |
| Percentage of issues that are resolved on-time | 10% | 50% | 39% | 50% | 60% | 75% |
| Percentage of health and clinical services received within appropriate timelines | N/A | 75% | 89.8% | 75% ³ | 85% | 90% |
| Percentage of individuals receiving services in congregate settings (ICF/MR) | 23% | 21% | 19.1% | 19% | 18% | 17% |
| Number of providers on enhanced monitoring status | N/A | 5 | 8 | 10 | 8 | 6 |
| Percentage of Investigations completed within required timelines | 33% | 75% | 31% | 80% | 85% | 90% |
| Percentage of recommendations from SRI investigations that are implemented within required timelines | 46% | 80% | 89.2% | 90% | 95% | 97% |
| Number of individuals requiring 1:1 supervision for behavioral support | 165 | 155 | 61 | 120 | 110 | 100 |
| Percentage of DDA Service Coordinators, staff and supervisors who completed required competency-based training, including medication and medical monitoring skills. | N/A | 90% | 60% | 80% | 90% | 100% |
| Number of new <u>clinical</u> providers identified and made available. | N/A | 5 | 5 | 5 | 5 | 5 |
| Number of individuals in competitive or supported employment | N/A | 120 | 163 | 190 | 220 | 250 |
| Percent of all providers that complete the Provider Certification Review process annually | N/A | N/A | 37% | 95% | 97% | 98% |
| Average number of days between entry to continuing services and completion of the initial ISP ⁴ | N/A | N/A | N/A | Baseline | TBD | TBD |
| Percent of persons reviewed whose ISPs were revised, as needed, to address changing needs ⁵ | N/A | N/A | N/A | Baseline | TBD | TBD |

³ Methodology for calculating will change in FY11 and follow more restrictive indicators of whether health and clinical services were received within timeframe.

⁴ Benchmarks will be established within the first quarter of FY11 and targets for subsequent years will be established.

⁵ Benchmarks will be established within the first quarter of FY11 and targets for subsequent years will be established.



Office of the Director

SUMMARY OF SERVICES

The Office of the Director develops implements and manages Department programs including oversight of RSA, DDA, Human Resources, Contracting, Performance Management, and Information Technology.

OBJECTIVE 1: Establish an online performance management system using a Performance Reporting Online (PRO) application which includes metrics and baseline data.

INITIATIVE 1.1: Implement new performance management technologies that incorporate data dashboards and aggregation tools for a real-time view of agency performance.

Utilize Tableau software to create dashboards and other aggregation tools for management and staff to ensure the agency website is a central place where users can get real-time information on client status, potential negative trends, and agency performance. Use of Tableau and resulting performance reports will be implemented by December 31, 2010.

INITIATIVE 1.2: Implement further performance management tools within the agency according to industry best practices.

The lack of a formalized performance feedback utility will be rectified in DDS by utilizing the Performance Reporting Online (PRO) tool to incorporate analysis and corrective action feedback required for each key performance indicator. Using the web-based PRO application, users will report performance online and be required to explain shortcomings and recommend corrective action to ensure improvement. The result will be an up-to-date analysis of agency actions to improve performance. PRO will be fully implemented and in use by November 1, 2010.

OBJECTIVE 2: Improve the DDS website through publication of consumer/individual, provider, and agency information for the general public.

INITIATIVE 2.1: Utilize interactive, Web 2.0 technologies such as Facebook and Twitter.

Create Facebook and Twitter accounts to communicate directly with public and encourage more interaction between the agency and its constituents. Incorporate functions and interactive programs online to encourage users to communicate with the agency and each other in a web forum. The agency will go live with at least one of these tools by April 1, 2011 and the other by the end of the fiscal year.

INITIATIVE 2.2: Provide more interactive functionality on agency website.

Allow users to submit initial eligibility requests online as well as interactive features such as provider information and reviews. Create GIS mapping tools to visually display agency operations throughout the community (e.g. employment one-stops, external intake offices, etc.). By utilizing Google analytics, the agency will track heavy usage areas and target low-usage areas for improvement. The online eligibility forms and GIS mapping tools will be available for RSA by November 1, 2010. An online form for DDA will be completed by December 31, 2010.

OBJECTIVE 3: Green initiative: Institute methods for reducing DDS' carbon footprint and increasing the efficiency of the agency's workforce.

INITIATIVE 3.1: Continue to work towards a paperless office.

Provide scanning capabilities on all network printers and begin to remove desktop printers. Scan all new and archived case files, client supporting documents, and agency files into paperless



repository. New scanning equipment will be available by October 31, 2010, and case files will be fully scanned and digital by September 30, 2011.

INITIATIVE 3.2: Create better paperless workflows to reduce inefficiencies in operational processes.

Integrate scanning functions into agency case management systems in order to automate workflows. All paper-based applications and forms will be identified and moved to electronic format for improved workflow and paper reduction. This will be completed by September 30, 2011.

OBJECTIVE 4: Continue to reduce budgetary pressures through competitive contracting and improved contract administration.

INITIATIVE 4.1: Provide real-time data on budgetary pressures.

Service Funding Authorizations are processed, and approved budgets are entered, in MCIS by Contracts staff within three business days after receipt of proposed budgets. Authorizations will be fully up to date in order to project possible spending pressures for the year. These actions will result in a clear, real-time budgetary picture in order to accurately project spending pressures during the fiscal year. This initiative will be implemented by October 31, 2010.

INITIATIVE 4.2: Reduce time taken to process new and modified provider and service contracts in order expedite services to the population served by DDS.

In order to expedite services to clients and ensure prompt payment to vendors, Task Orders and their revisions thereto will be processed by Contracts within five (5) business days after receipt of approved requisitions. A system will be developed to track this process and implemented by December 31, 2010.

PROPOSED KEY PERFORMANCE INDICATORS

| Measure | FY2009 Actual | FY2010 Target | FY2010 YTD | FY2011 Projection | FY2012 Projection | FY2013 Projection |
|--|---------------|---------------|---------------|-------------------|-------------------|-------------------|
| % of subgrantee's budget spent on programmatic costs ⁶ | Not Available | Not Available | Not Available | 65% | 65% | 65% |
| % of scheduled monitoring reports as defined in agency monitoring plan completed for each grant award ⁷ | Not Available | Not Available | Not Available | 100% | 100% | 100% |

⁶ The Wise Giving Alliance of the Better Business Bureau identifies 65% to be an industry standard for this measure <http://www.bbb.org/us/Charity-Standards/>. This metric measures all subgrantees' programmatic costs as a percentage of their overall costs.

⁷ Pursuant to 11.4 of the Grants Manual and Source Book all District agencies must complete monitoring reports. All District agencies should be in compliance with this standard. The standard is 100%.