



FY2015 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

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. DDS also serves as the state agency for Social Security Disability Insurance Determinations under the direction of the Social Security Administration.

PERFORMANCE PLAN DIVISIONS

- Developmental Disabilities Administration
- Rehabilitation Services Administration
- Disability Determination Division
- Office of the Director¹

¹ For the purpose of the FY15 Performance Plan, the Office of the Director includes (1000) Agency Management and (100F) Agency Financial Operations



AGENCY WORKLOAD MEASURES

Workload Measures	FY2012 Actual	FY2013 Actual	FY2014 Actual
DDA Clients Served	2,126	2,172	2,280
DDA Applications for services	187	207	170
DDA Prior Authorizations processed	8,794	8,545	8,926
DDA Serious Reportable Incidents (SRIs) Requiring Investigation	1,096	1,156	1,099
DDA Provider Certification Reviews (PCR) Conducted	89	132	105
RSA Clients Served	7,422	7,136	9,075
RSA Referrals	2,416	3,141	4,016
RSA Transition Referrals	445	904	1,230
DDD Determinations	572	570	589



Developmental Disabilities Administration

SUMMARY OF SERVICES

The Developmental Disabilities Administration (DDA) supports people with intellectual and developmental disabilities to maximize their independence and exercise meaningful choice and control over their own lives through the use of person centered thinking tools which impact service planning and delivery. DDA contracts with qualified providers who deliver community-based residential, vocational/day, employment, individual and family support services for people with intellectual disabilities. DDA also has a robust quality assurance system which includes assurances and safeguards that address the safety, wellbeing and health of people receiving supports through the system.

OBJECTIVE 1: Ensure service and support is provided in a timely manner.

INITIATIVE 1.1: Ensure timely development of the initial Individual Service Plan for people who are found eligible for services.

In FY2014, DDA successfully implemented systems to ensure new applicants for services experienced timely eligibility decisions within 90 days of receipt of a completed application packet. In FY2015, DDA will improve its processes and management systems to ensure that people found eligible for services are effectively supported to have the person and his/her support team complete a thorough Level of Need Assessment and person-centered Individual Support Plan within 60 days of the eligibility decision.

The completion date is September 2015.

OBJECTIVE 2: Utilize Person-Centered Planning and Delivery approaches to ensure each person's personal needs, expressed preferences, and decisions concerning his/her life in the community are planned and effectively implemented.

INITIATIVE 2.1: DDA will select and work with a minimum of four provider agencies to become Person Centered Organizations.

In FY2015, DDA in conjunction with Support Development Associates and the selected provider agencies will successfully integrate person-centered thinking skills with specific best practices in each agency's management and quality improvement systems. The agencies will commit to having senior management, front-line supervisors, and board members receive training and participate in activities directed at reviewing current practice and changing policies, procedures and practices as identified. Each agency will successfully train 90% of the identified personnel and implement at least 50% of the identified projects as identified in each agency's project plan for person-centered quality improvement in FY2015.

The completion date is September 2015.

INITIATIVE 2.2: Continue the development and implementation of a comprehensive plan to promote the least restricted, most integrated day, vocational and employment services (Age-Friendly DC Goal: Domains 4, 5, 6, 8).

In FY2014, DDA successfully implemented critical elements of this plan to develop the capacity of both DDA and provider personnel to offer increasingly integrated and individualized day, vocational and employment services including: launching the new Home



and Community Based Services (HCBS) waiver Individualized Day Service (IDS), creating a Community of Practice (CoP) for IDS providers, and, providing extensive training and resource materials for IDS providers; expanding the Customized Employment CoP; providing training to DDA and to provider personnel in Discovery methods of assessment for community integration and employment; and active participation in the Administration on Intellectual and Developmental Disabilities (AIDD)/Institute of Community Inclusion (ICI) Employment Learning Community and the Office of Disability Employment Policy (ODEP) Employment Leadership Mentoring Program and Employment First Vision Quest Series technical assistance program.

In FY 2015, DDA will continue implementation of this plan to increase the number of people who have opportunities for community integration through day, vocational and employment supports. DDA will also implement new quality improvement initiatives consistent with the goals of Employment First and the CMS Transition Plan for HCBS waiver programs to come into compliance with new CMS rules for HCBS services to ensure that people supported by DDA funded services receive services that are: tailored to their personal, assessed needs and interests; result in achievement of personal outcomes; involve meaningful work and/or activities that teach or maintain important employment related skills; and, are consistent with the new CMS definition of community-based. These initiatives will include: the provision of technical assistance and resources to day habilitation and employment readiness providers to improve and enhance adult and vocational education and adaptive skills and positive behavioral support training; modifications to the DC IDD HCBS rules to enforce increased programming requirements; and, additional training of DDA and provider personnel to improve the effectiveness of monitoring of these services. The number of people who have increased opportunities for community integration through day, vocational and employment supports will increase by at least 25% (from 375 to 468). **The completion date is September 2015.**

INITIATIVE 2.3: Continue the professional development of DDA service coordinators to improve skills in the facilitation and development/writing of person-centered Individual Support Plans.

In FY2014, all DDA service coordinators completed a two-day training in person-centered thinking, and in using Discovery methods to develop Positive Personal Profiles and Community Integration Plan or Employment Plans. DDS/DDA also developed via contract with Support Development Associates an in-depth training series in person-centered planning and support for service coordinators. In FY2015, all DDA service coordinators will successfully complete this training series. DDA will also develop training in writing and monitoring effective person-centered goals. At least 95% of DDA service coordinators will complete this training. **The completion date is June 2015.**

OBJECTIVE 3: Recruit and retain qualified providers to meet specialty clinical and support needs; remove poorly performing providers (Age-Friendly DC Goal: Domain 8).



INITIATIVE 3.1: Develop and implement strategies to recruit new providers to meet specific needs in the areas of clinical services, dual diagnosis, and elders (Age-Friendly DC Goal: Domain 8).

In FY2014, DDS/DDA researched and implemented strategies to recruit and retain clinical staff in the District to support the work of the providers. In FY2015, DDS/DDA will: work with the Department of Behavioral Health (DBH) to support the training of up to three core service agencies to increase mental health professionals' skills in working with people with dual diagnoses; collaborate with the Child and Family Services Agency (CFSA) to recruit and support provider(s) to effectively support individuals who age out of CFSA into the DDA service delivery system; collaborate with the Office of Aging and community senior centers on expanding their services to elders with IDD; establish an internship program with local universities to increase the availability of psychologists with experience in behavioral health treatment modalities for persons with dual diagnoses; and continue to recruit national providers with expertise in supporting people with significant behavioral health needs. **Completion date is September 2015.**

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

INITIATIVE 4.1: Continue the implementation of education and preventative activities on abuse and neglect (Age-Friendly DC Goal: Domain 10).

The Agency will conduct regular training with provider agency staff. A portion of the curriculum will be dedicated to "Prevention Activities: Abuse and Neglect," which will include, but will not be limited to a requirement for the provider agency to conduct annual training for all of its staff in the prevention of abuse and neglect; and the development of a template that identifies key areas, (e.g., the characteristics of a person at risk, why these characteristics place them at risk and staff interventions). The Agency will host a "District of Columbia Government Abuse Investigator" roundtable that will include attendees from the provider agency community, other government agencies and law enforcement. The Agency will also continue to convene an internal committee to discuss incident trends that will include but not be limited to an analysis of provider agency data related to a noticeable high or lower number of abuse and neglect incidents for people. The results of this analysis of data could suggest additional training or possible sanctions. **The completion date is September 2015.**

INITIATIVE 4.2: Implement the DDS/DDA Centers for Medicare and Medicaid Services (CMS) Corrective Action Plan and exit CMS oversight for the DDA HCBS waiver program.

In FY2014, DDS/DDA successfully completed the implementation of its performance and quality management strategy for the purposes of oversight and assessment of the District's Developmental Disabilities service system, and achieved compliance with the *Evans* court orders related to the development and implementation of a quality assurance system.

In FY2015, DDS will, consistent with the Medicaid Waiver Program approved application, achieve and maintain at least 86% compliance with all CMS quality measures. DDS/DDA will measure compliance and develop plans for remediation when compliance falls below the acceptable level. **The completion date is September 2015.**



OBJECTIVE 5: Protect Individual rights and decision-making authority, as well as ensure implementation of due process and grievance procedures.

INITIATIVE 5.1: Continue to improve performance in the efficiency of the Restrictive Control Review Committee (RCRC) review process to ensure adherence to policy and procedures that will increase the number of approved behavioral support plans (BSPs) with restrictive controls.

The Agency will continue its efforts to improve the efficiency of the RCRC approval process by analyzing its data to determine which clinicians require additional training related to the development of plans that comport to DDS policy and procedures and professional standards. Using the performance data collected in FY 2014, DDA will recommend new performance standards to DHCF for continued participation in the HCBS waiver Medicaid program for Behavior Support providers. The Agency will provide technical assistance to individual clinicians on a case-by-case basis following a pre-review of all BSPs submitted for review to the RCRC. **The completion date is December 2014.**

OBJECTIVE 6: Increase the number of individuals who achieve positive quality of life outcomes in the areas of health, work, relationships and community inclusion (Age-Friendly DC Goal: Domains 4, 5, 6, 8).

INITIATIVE 6.1: Participate in National Core Indicators (NCI) Project in order to collect data on the satisfaction of individuals receiving DDA services and compare DDA results to national data (Age-Friendly DC Goal: Domains 4, 5, 6, 8).

In FY2014, DDS/DDA completed participation in the NCI family/guardian surveys and consumer surveys. In FY2015, DDS/DDA will continue participation in this national project, share the FY2014 results and NCI reports with DDA stakeholders and the general community and implement quality improvement initiatives based on stakeholder feedback and engagement. DDS/DDA will design and initiate at least one quality improvement initiative in FY2015 based on the results of the 2014 NCI surveys and measure its effectiveness over time via the NCI Project results. **The completion date is September 2015.**

OBJECTIVE 7: Monitor the budget for the Medicaid Waiver program on a quarterly basis to ensure it is being managed to the projections of utilization and expenditures.

INITIATIVE 7.1 Monitor the budget for the Medicaid Waiver program on a monthly basis.

DHCF will provide DDS/DDA regular monthly as well as quarterly consolidated expenditure reports by service type, showing the aggregated utilization compared to the projected annual utilization so that DDA can evaluate patterns of under or over utilization and manage variations through a number of approaches including verification/audit of billing versus service delivery documentation, audits of ISPs, training for DDA staff and providers on service types and limitations and other service options; and potential amendments to adjust the total number of authorized persons to be served in Waiver Year 3 (FY 2015). **The completion date is September 2015.**



OBJECTIVE 8: Limit increases in the average annual residential costs per consumer to 110% of Consumer Price Index.

INITIATIVE 8.1 Exercise greater scrutiny on housing requests and observe HUD fair market rent guidelines for all providers' housing rental costs unless essential for documented medical or accessibility necessity (Age-Friendly DC Goal: Domain 3).

Contracts staff will work with DDA program staff earlier in the process of acquiring new residential service locations to provide increased guidance and oversight. Sanctions will be employed against provider agencies when renewal leases exceed fair market rent guidelines without DDS approval. **The completion date is September 2015.**

KEY PERFORMANCE INDICATORS – Developmental Disabilities Administration

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 Actual	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Average days to complete initial Individual Support Plan (ISP)	80	NA	70	60	60	60
Percentage of annual Individual Support Plans (ISP) that are completed on-time	89%	95%	94%	95%	95%	95%
Percentage of reported issues that are resolved on-time	45%	80%	66%	85%	90%	90%
Percentage of waiver providers currently receiving a twelve (12) month full certification	NA	80%	70%	75%	80%	85%
Percentage of investigations completed within required timelines.	89%	95%	94%	95%	95%	95%
Percentage of DDA Service Coordinators, staff and supervisors who completed required competency-based training	93%	95%	98%	95%	95%	95%
Percent of people with a Level of Need (LON) assessment completed on schedule.	88%	95%	58%	85%	90%	95%
Number of people in supported or competitive employment.	235	350	226	260	300	345
Percentage of people with restrictive interventions who have an approved Behavior Support Plan	NA	90%	55%	95%	95%	95%



Rehabilitation Services Administration

SUMMARY OF SERVICES

RSA provides quality comprehensive vocational rehabilitation (VR) and independent living services to eligible people with disabilities. RSA services include job counseling, development, placement, and retention assistance that prepare people to obtain and maintain competitive employment. RSA markets the placement of individuals and assists employers in their efforts to include persons with disabilities in their workforce. RSA also assists people with disabilities 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 DC residents with disabilities who achieve employment and the quality of employment outcomes.

INITIATIVE 1.1: Continue outreach efforts within the community by expanding services to other sites that serve people with disabilities with a particular focus on serving underserved populations identified in the 2013 Comprehensive State Needs Assessment and expand the VR presence within the American Jobs Centers.

RSA has continued to expand its outreach efforts in FY2014 in order to ensure that services are widely available in the community. RSA is now strategically focusing its outreach efforts to expand to sites that serve populations identified as unserved and underserved in its Comprehensive State Needs Assessment completed in May, 2013. In addition, the Administration plans to increase the number of days that counselors work at American Jobs Centers (One Stop Centers) from one day per week currently, up to four or five days per week in order to improve cooperation with the DC Office of Employment Services (DOES), and other providers. These efforts will assist in raising the number and quality of successful employment outcomes. RSA will have agreements with government and community-based agencies to provide VR intake services at 30 different locations throughout the District, focusing particularly on unserved and underserved areas. (. **The completion date is September 2015.**

INITIATIVE 1.2: Revise the payment structure in place for Supported Employment and Job Placement Providers to provide incentives based on entry level wages and availability of benefits.

RSA will revise the payment structure in place for community rehabilitation providers that provide Job Placement and Supported Employment Services in order to establish a system that provides for performance payments to providers, rewarding providers for timely job placement, assisting people to job stabilization more timely, and placement in higher quality jobs (i.e., including at least DC living wage or meeting or exceeding the standard established for RSA's federal performance goal of 52% of the current average wage in the District and availability of health benefits). The average entry level wages for people whose cases are closed successfully will increase to the DC living wage in effect at that time, and the percentage of individuals who are placed in jobs that include private health insurance will increase by 10% over FY2014. **The completion date is September, 2015.**



INITIATIVE 1.3: Increase the effectiveness of current and new Supported Employment service providers and Community Rehabilitation Programs (CRPs).

In FY2013, RSA hired external program monitors in its Quality Assurance Unit. These monitors regularly visit contract service providers and local training providers that are approved for payment by RSA. The monitors compile information regarding provider performance and compliance. The information gathered enables RSA to provide technical assistance and training to improve outcomes of partner agencies and provides better information to consumers and counselors when selecting service providers. In addition, RSA will assign one staff person the responsibility of maintaining current information on all training and education providers approved for placements by RSA. This person will conduct initial reviews of the facilities to determine appropriateness of training facility, to ensure the safety and adequacy of the program, and will provide data to counselors and consumers about program requirements, description of services and outcomes. RSA will have printed resource guides regarding all available training programs and local colleges and universities and will have data on all service providers available on line, to assist consumers and staff in selecting service providers. **The completion date is September 2015.**

OBJECTIVE 2: Improve RSA service delivery through more efficient operations and a more effective and skilled workforce.

INITIATIVE 2.1: RSA will use the automated case management system and regular supervisory case reviews to ensure that the agency complies with federal timeline requirements regarding determination of eligibility and development of Individualized Plans for Employment (IPEs) and that quality services are provided in compliance with District and federal regulations.

During FY2015, RSA will implement its electronic case management system, including having fully electronic case records. Ninety percent (90%) of eligibility determinations will be completed within 60 days of application for VR services. Ninety percent (90%) of IPEs will be developed within 90 days of eligibility determination.

The completion date is September 2015.

INITIATIVE 2.2: Review and revise all program policies, procedures and protocols and make them available on the Agency's website.

In FY2014, RSA, in collaboration with the State Rehabilitation Council (SRC), undertook a comprehensive review of all Agency policies and procedures. In FY2014, the Agency updated its order of selection, and supported employment policies and post-secondary procedures, and plans to update its supported employment procedures. During FY2015, the Administration will continue working with the policy committee of the SRC to update policies and procedures identified during the comprehensive review of policies in FY2014 as needing revision, finalize policies and procedures and make them available on the Agency's website. In addition, RSA will undertake a review of all internal Administration protocols, revise current protocols as necessary, and develop new protocols where appropriate. Upon completion, these protocols will be shared with the SRC practice committee and will be made available on the DDS website. **The completion date is September 2015.**



INITIATIVE 2.3: RSA will implement a Community Rehabilitation Provider module on its electronic case management system.

In order to improve coordination of services with Community Rehabilitation Providers, the Agency is purchasing the necessary software for its case management system in order to allow access to the “CRP Module” of the RSA case management system. This will allow counselors to make referrals within System 7 to all job placement and supported employment providers, and will allow for status reports and billing to be filed directly within the system, providing for a more efficient process in collaboration with partner agencies providing job placement and supported employment services. **The completion date is March 2015.**

OBJECTIVE 3: Expand and improve the quality of transition services and improve coordination with the state education agency and all local education agencies.

INITIATIVE 3.1: Improve coordination with all schools working with DC youth, including public, public charter and non-public schools to ensure that RSA is fully integrated into the transition planning for youth.

RSA will develop and implement a comprehensive outreach plan. RSA has been working with a non-profit provider, School Talk, Inc., to develop outreach materials to provide information regarding the transition process to youth, their families and school staff. In FY2014, RSA developed a transition tool kit, which will be translated into Spanish during FY2015. In addition, in FY2014, the Agency hired a Transition Project Manager who will work with the transition specialists to develop a specific outreach plan, including a schedule of outreach and education events at schools and in the community for implementation during FY2015. Transition specialists will provide information at staff meetings at all schools regarding availability of VR services and the intake process and will provide other community education consistent with the outreach plan. **The completion date is September 2015.**

INITIATIVE 3.2: RSA will establish agreements with Public Charter Schools regarding referrals and coordination of transition services.

During FY2012, RSA finalized a memorandum of agreement (MOA) with DCPS, and during FY2013 an MOA was finalized with OSSE, in order to improve coordination of services between RSA and the local education agencies. The coordination with DCPS has improved considerably. DCPS and RSA meet monthly to monitor the progress of all referrals and plan strategies for outreach and education to all DCPS schools and all dependent charter schools. In FY2014, RSA began working with the DC Public Charter School Board in an effort to develop the same kinds of systems with the independent charter schools. In FY2015, the Agency will work with OSSE, the Public Charter School Board and all charter schools to establish a system for coordinating referrals and coordination of transition services. **The completion date is September 2015.**



OBJECTIVE 4: Develop a Self-Employment/Entrepreneurship Program.

INITIATIVE 4.1: Implement the Self- Employment/Entrepreneurship Program.

In FY2014, RSA, in coordination with the SRC, developed policies and procedures governing the Entrepreneurship Program. Once the policies and procedure are complete, training will be provided to all staff on this service. The program will be fully implemented and RSA will increase the number of successful closures in self-employment cases.

The completion date is September 2015.

KEY PERFORMANCE INDICATORS - Rehabilitation Services Administration

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 Actual	FY 2015 Projections	FY 2016 Projection	FY 2017 Projection
Number of people placed by RSA that remained employed for 90 calendar days or more.	533	601	643	645	650	675
Percent of people with a plan developed within 90 calendar days of eligibility determination.	68%	90%	93%	90%	90%	90%
Percent of people for whom eligibility is determined within 60 calendar days.	91%	90%	92%	90%	90%	90%
Average entry level wages for people whose cases are closed successfully	12.50	12.75	12.06	13.00	13.25	13.50
Percentage of eligible transition youth for whom an Individualized Plan of Employment is developed.	91%	90%	82%	90%	90%	90%



Disability Determination Division²

SUMMARY OF SERVICES

The Disability Determination Division (DDD) processes Social Security Disability and Supplemental Security Income Claims. The Social Security Administration (SSA) obtains an application for disability benefits from a claimant and the application is sent to the DDD office electronically to begin the process of determining if the claimant is medically eligible to receive disability and/or Supplemental Security Income (SSI) benefits based on SSA rules, laws and regulations. The DDD may schedule examinations for claimants and provide transportation assistance when necessary as part of the eligibility determination process. In addition to the claimant and medical/psychological treating sources, the DDD communicates with advocates, third parties, relatives, parents, attorneys, social workers and any other applicable sources that might be able to assist in the disability determination. Once the medical portion of the disability determination is complete, the disability claim is returned to SSA for implementation of payment and/or other action as indicated or necessary.

OBJECTIVE 1: DDD will meet and/or exceed SSA standard case processing time (currently 115 days).

INITIATIVE 1.1: Utilize all available resources for achieving timely determination decisions.

Expedite the determination process for individuals with a high likelihood of disability based on their application. Provide training to staff as needed on best practices in review of applications with the most likely determinations. Streamline methods for obtaining supporting documentation through improvements in the medical evaluative records processes. **The expedited process will be implemented by September 2015.**

KEY PERFORMANCE INDICATORS – Disability Determination Division

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 Actual	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Average SSA Case Processing Time (in days)	76	115	89.	105	98	98
Accuracy of Eligibility Determinations	93%	91%	96%	98%	98%	98%
Annual Case Clearances	14,019	14,000	15,359	15,580	16,000	16,250

² The FY2015 Performance Plan does not reflect the Disability Determination Division separately from the Rehabilitation Services Administration although the DDD does appear under RSA in the FY2014 budget. The DDD will appear separate from the RSA in the FY2015 budget.



Office of the Director

SUMMARY OF SERVICES

The Office of the Director develops, implements, and manages programs including oversight of RSA, DDA, DDD, State Office of Disability Administration (SODA) and the Administrative Management Programs of Human Resources, Contracting, Information and Data Management and Performance Management.

OBJECTIVE 1: Increase employment-related supports for people with disabilities, by recruiting service agencies that can provide services through the Ticket to Work program by creating an Administrative Employment Network (EN), and recruiting ticket holders who would benefit from the program.

INITIATIVE 1.1: DDS will work with the Social Security Administration (SSA) to accept SSA Tickets to Work from people who receive Social Security benefits.

This initiative will enable DC Department on Employment Services (DOES), the Department of Behavioral Health (DBH) and other current community rehabilitation providers that are not ENs, other job training and placement agencies, and employers themselves to provide services through the Ticket to Work program that might otherwise not be available to people. This will provide additional federal funding that can be used flexibly for job support, job retention services, and benefits planning, eliminating the administrative burden on employment services agencies by coordinating reporting requirements at DDS, and enabling people and organizations to benefit from this underutilized resource. In FY2015 DDS will continue its community outreach initiative to recruit ticket holders and to identify additional agencies to provide job retention support. In FY2014, DDS conducted an analysis to determine the number of people RSA supports who are ticket holders and eligible for referral to the DDS EN. Based upon that analysis, DDS is adjusting the performance indicators in this area. **The completion date is September 2015.**

OBJECTIVE 2: Exit existing agency litigation and meet oversight requirements.

INITIATIVE 2.1: Exit *Evans v. Gray*.

The Director's office will focus planning, personnel and strategic efforts to assure that the requirements for the 2010 Revision of 2001 Plan for Compliance and Conclusion of the *Evans v. Gray* are met (70 exit criteria) so that the District can responsibly exit this case. This will be done through continued development and implementation of *Evans* work plans as well as meeting performance goals required by the 2010 Plan. Final certifications of compliance were filed in June 2014. The District was found to not be in compliance with one exit criterion and is pending a decision in seven additional exit criteria under dispute between the parties. DDS will implement plans of correction/improvement if and as necessary based on those pending decisions to achieve the conclusion of the class action. **The target date for case conclusion is April 2015.**



OBJECTIVE 3: Improve the overall perception and delivery of services by DDS through the establishment of systems for customer feedback, analysis and improved communications with Agency consumers and stakeholders.

INITIATIVE 3.1: Improve the overall perception of customer service through increased efforts to capture customer feedback and use the information to guide the development of training, policy, and procedures.

The Director's office will improve customer service feedback results through advancement in DDS survey methodology. The Director's office will also seek to identify incentives for customer feedback. **The completion date is September 2015.**

OBJECTIVE 4: Improve the system of supports for people with intellectual and developmental disabilities and their families.

INITIATIVE 4.1: Stand up Family Support Council (Age-Friendly DC Goal: Domain 8).

The FY2015 Budget Support Act of 2014 created a Family Support Council to assist DDS and other agencies to develop systems of support for families throughout the lifespan of their family members with intellectual and developmental disabilities. In FY2015, DDS shall publish operating procedures for the Family Support Council, and appoint the initial Family Support Council members. **The completion date is April 2015.**

INITIATIVE 4.2. Analysis of DC laws regarding Supported Decision Making and recommendations for change.

DDS will convene and lead a stakeholder group, including people with disabilities, their family members, advocates and attorneys, to review and analyze DC laws regarding the rights of people with intellectual and developmental disabilities to make their own decisions, and make recommendations for any reforms that may be needed. This includes an analysis of the DC Law 2-137 and the DC Guardianship Code.

The completion date is September 2015.

OBJECTIVE 5: Oversee the implementation of agency-wide priorities.

INITIATIVE 5.1: Conduct agency sustainability assessment using OCA approved criteria developed by DDOE and OP in accordance with Mayor's Order 2013-209 (Sustainable DC Governance Goal 1, Action 1.2; Built Environment Goal 3)

Within one hundred twenty (120) days after the City Administrator approves sustainability assessment criteria developed jointly by the District Department of the Environment and the Office of Planning, each agency head subject to the authority of the mayor shall use the criteria to evaluate the sustainability of their respective operations in accordance with the requirements of Mayor's Order 2013-209, the Sustainable DC Transformation Order, and submit to his or her responsible Deputy Mayor and the Office of the City Administrator the results of the agency's internal assessment. **The completion date is April 2015.**



KEY PERFORMANCE INDICATORS – Office of the Director

Measure	FY 2013 Actual	FY 2014 Target	FY 2014 Actual	FY 2015 Projection	FY 2016 Projection	FY 2017 Projection
Improve the overall perception of customer service provided by the Agency as measured by phone testing. Percent of employees tested per quarter meeting full compliance.	N/A ³	95%	N/A ⁴	98%	98%	98%
DDS will survey 5% of individuals served by the agency.	N/A ⁵	N/A ⁶	N/A ⁷	5%	5%	5%
Number of agencies enrolled to participate in the Ticket to Work program as measured by new agencies added.	3	10	3	5	6	7
Percent increase in individuals enrolled in Ticket to Work	N/A	N/A	N/A	100%	100%	70%

³ DDS did not report on phone testing data in FY2013

⁴ Phone testing data was not available for FY2014

⁵ DDS did not record this survey data in FY2013.

⁶ DDS did not have a target for this measure in FY2014.

⁷ DDS did not have sufficient survey data to report on this metric in FY2014