



Department on Disability Services DDS (JM)

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.

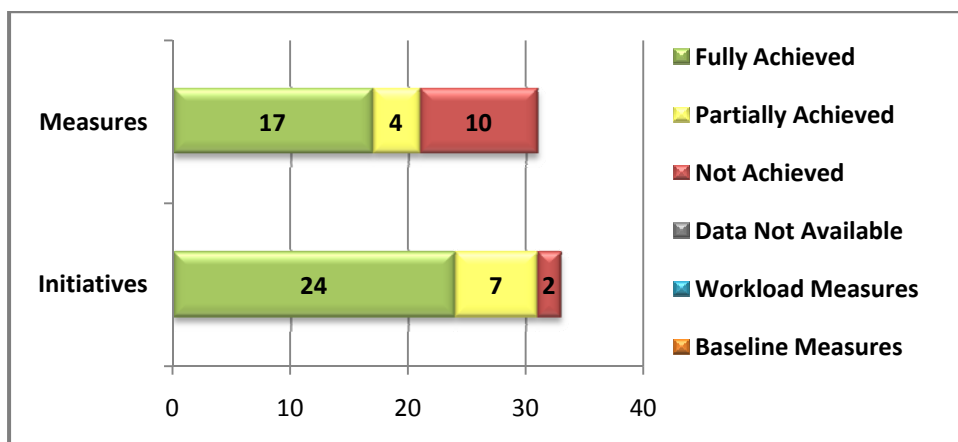
SUMMARY OF SERVICES

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 non-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) focuses on employment, ensuring that persons with disabilities achieve a greater quality of life by obtaining and sustaining employment, economic self-sufficiency and independence. RSA achieves this through employment marketing and placement services, Social Security Disability Insurance determinations, vocational rehabilitation, inclusive business enterprises and supports for the D.C. Center for Independent Living.

ACCOMPLISHMENTS

- ✓ For the third consecutive year DDS Contracts and Procurement Office and DDA reduced per person costs to the District in local funds to support consumer room, board and miscellaneous service expenses.
- ✓ After four years of intensive litigation in the *Evans* class action, DDS, with the Office of the Attorney General and the *Evans* stakeholders, negotiated vacating several court orders; appointing an Independent Compliance Administrator to achieve compliance with the outstanding court obligations; and to create the 2010 Revision to the 2001 Plan for Compliance and Conclusion.
- ✓ DDS implemented a new web-based Case Management System for RSA replacing a dated and ineffective system and significantly improving service delivery. The system has tools to track individual counselor performance, improve controls over purchases and budget, and transition to a paperless office.


OVERVIEW OF AGENCY PERFORMANCE










Performance Initiatives – Assessment Details

Performance Assessment Key:

-  Fully achieved  Partially achieved  Not achieved  Data not reported

REHABILITATION SERVICES ADMINISTRATION

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: Increase community outreach by deploying VR counselors strategically throughout the District.**
During FY 10 DDS-RSA increased the number of intake sites in the community from three (3) to thirteen (13). As a result of the increased outreach, the number of applicants in FY 10 to date is 3,027 compared to 2,577 in FY 09.
-  **INITIATIVE 1.2: Increase funding and enrollment of DDS/RSA consumer for specialized vocational and/or postsecondary college training.**
Limitations in the recently replaced agency data system did not allow for this information to be accurately tracked electronically. The new agency data system has eliminated this concern moving forward; however data for the complete FY required information based on a counselor self-report. During FY10, 54 DDS/RSA clients graduated from vocational and/or postsecondary college training. During FY10, a total 333 clients participated in vocational training. Funding was made available as applicable to support every client who required this training as part of their employment plan.
-  **INITIATIVE 1.3: Ensure VR Counselors are managed by and meet a minimum standard for customer employment outcomes.**
During FY 2010 to date the agency has closed 369 cases in competitive employment. The projected goal for FY 2010 was 600 employment outcomes. The most significant issues impacting the reduced number of outcomes is staff turnover of counselors and the inexperience of current counselors in vocational rehabilitation counseling. Ten counselors left the agency during the FY. A number of these counselors were inexperienced and demonstrated the inability to meet counselor standards.
-  **INITIATIVE 1.4: Improve and expand the Assistive Technology (AT) Resource Center.**
Due to the move from 810 First Street to 1125 15th St. NW, the Administration determined that it would not be feasible to expand AT services in its existing location. The current Assistive Technology Grant expires on September 30, 2010. A Human Care Agreement has been developed to solicit providers to provide Assistive Technology Services in the District of Columbia. The Statement of Work solicits providers with the required equipment and includes provisions for equipment purchase. The Administration will extend the current grant on a month-to-month basis until the grant is awarded.
-  **INITIATIVE 1.5: Provide expanded supported employment services in integrated work settings to DDS/RSA consumers with serious mental illness, intellectual disabilities, and traumatic brain injuries.**



Since the beginning of fiscal year 2010, the Administration has approved 16 new providers under the Performance Based Contract category and increased supported employment Status 26 closures from 35 in 2009 to 73 closures as of September 29, 2010. The unit is currently works with six (6) service providers from the Department of Mental Health using the Evidenced-based Supported Employment Services model (EBSE) to provide SE to assist District of Columbia residents with severe mental illnesses.

OBJECTIVE 2: IMPROVE THE EFFICIENCY OF RSA OPERATIONS

● INITIATIVE 2.1: Increased supervision and monitoring of the service delivery process.

The Division Chief meets with the VRSD Supervisory staff individually and in bi-weekly staff meetings to collectively improve the service delivery process. In an effort to preserve cohesiveness and case quality control, the supervisors are mandated to submit weekly unit reports that monitor their unit's movement of consumers through the VR process. This report also includes the monitoring of case compliance as well as projections towards cases that will be closed rehabilitated by the end of the fiscal year. Supervisors' adherence to the objectives of the administration has significantly improved. As the supervisors deliver the same caliber of expectation relative to customer service delivery to their staff, the division has demonstrated progress and improvements in service delivery. To address this initiative the RSA Office of Quality Assurance and Federal Compliance developed and implemented a monthly Time-In-Status Report to provide a caseload by caseload analysis of the cases exceeding federal and district service delivery standards. The report is used by managers to flag cases that are out of compliance as well as to identify training needs for staff experiencing difficulty managing their caseloads. As a result of recent training initiatives, a decrease in the percentage of cases exceeding the federally mandated 60 Day eligibility timeframe was noted. Cases exceeding 90 days to Plan Development are being aggressively monitored and improvements were noted.

● INITIATIVE 2.2: Implement new VR case management system.

Agency completed the final preparations for implementation of this system in May, 2010.

OBJECTIVE 3: IMPROVE DDS/RSA'S OVERALL CUSTOMER SERVICE TO INDIVIDUALS WITH DISABILITIES.

● INITIATIVE 3.1: Increase the number of Certified Rehabilitation Counselors (CRCs).

The Administration bases its personnel standards for VR counselors on the degree needed to meet the national CRC requirements through CRCC. New hires as a Vocational Rehabilitation Counselor must have a master's degree in Rehabilitation Counseling or Counseling. To-date, all of our counseling staff has master's degrees. The agency currently has approximately 12 counselors who cannot sit for the CRCC examination. During FY 2010, the agency lost two CRC counselors and one CRC supervisor due to resignations. Currently the agency has 7 CRC counselors and 12 counselors who are CRC eligible. The agency recently interviewed and recommended for hire three (3) CRC counselors and one (1) CRC eligible counselor. In FY 2009, the agency had eight (8) CRC counselors at the end of the fiscal year.

● INITIATIVE 3.2: Actively recruit bilingual staff to create a culturally diverse workforce that meets the vocational rehabilitation needs of minority populations.

The Administration encompasses a uniquely diverse staff. Currently, it has 16 bilingual staff. We are continuing to expand our outreach to attract employees proficient in Spanish and sign language and all languages served by the District of Columbia and covered entities identified by the D.C. Office of Human Rights. The number of bilingual staff increased by one during FY 2010.

INITIATIVE 3.3: Address the concerns of DDS/RSA consumers in a timely manner.



In FY 2009 OQAF conducted a customer satisfaction survey designed to assess the level of satisfaction with training provided to customers with successful employment outcomes in FY 2008. In FY 2010 the survey was revised for use by counselors with active consumers who complete training. The survey is available in large print, Spanish, Cantonese and Mandarin. Consumer satisfaction ratings (1-5 stars) will eventually be assigned to the training programs to assist new consumers with program selection and the exercising of informed choice. OQAF coordinated and facilitated the administration's administrative reviews, an optional informal dispute resolution process designed to address/resolve the consumer's concern at the administrative level. In FY 2009, the process was revised requiring OQAF to forward complaints submitted to OQAF to either the Chief of the Vocational Rehabilitation Services Division (VRSD) or the Chief of the Blind Services Division (BSD) for review and possible resolution. As a result, DDS/RSA experienced a drastic reduction in administrative reviews held: 17 in FY 2007, 8 in FY 2008, 3 in FY 2009 and 3 to date FY 2010. On May 28, 2010, the Director of the Department on Disability Services, pursuant to D.C. Official Code § 7-761.09, gave notice of the adoption of rulemaking amending Title 29, Chapters 1 and 2 of the D.C. Municipal Regulations which govern the Department on Disability Services, Rehabilitation Services Administration. The rulemaking clarified the administrative review process and established that the administrative review meeting is a non-binding, non-adversarial component of the Agency's informal dispute resolution process. It also added a new section, which established mediation as a formal dispute resolution process for resolving determinations that affect the provision of vocational rehabilitation services. It is anticipated that the published clarification of the administration review process and the addition of the option for mediation will expedite DDS/RSA's ability to address consumer concerns and will further reduce the actual number of administrative reviews held.

OBJECTIVE 4: BUILD AND STRENGTHEN THE CAPACITY OF DDS/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: Hire a Benefits Counselor to provide benefits and work incentive counseling to VR consumers with disabilities receiving SSI, SSDI, TANF and other forms of public assistance for the purpose of preparing these individuals for placement in competitive employment.

Through this initiative, the Administration seeks to provide our consumers with needed employment/training supports that highlight the value of employment and reduced dependency on public assistance. Our goal is to increase significantly the percentage of DDS/RSA consumers using federal work incentives and the number of such persons who are employed for at least 90 days. The Administration has identified a VR Counselor to participate in the federally-sponsored "Certification Training for Benefit Counseling" on May 17-20, 2010.

INITIATIVE 4.2: Expand the service capacity of DDS/RSA through increased partnerships with Community Rehabilitation Programs (CRPs) to provide direct VR employment counseling, job training, and other services to clients.

During FY 2010, RSA added 16 new Community Rehabilitation Programs (CRP) that partner with us to provide an array of vocational rehabilitation services to consumers. Additional services available to our consumers through the newly initiated Human Care Agreements include VR work adjustment services, trial work experiences and job placement. The human care providers are working collaboratively with the agency job placement specialist to provide job readiness training and supports to our consumers. RSA has designated two (2) staff to monitor, identify needs, and maintain and improve CRP quality. The new Human Care Agreements ensure that our collaboration yields the desired results in supported employment, job placement, career assessment services and increased employment outcomes for



consumers, particularly those with developmental disabilities, chronic mental illness, acquired brain injury, deaf/hard of hearing, blind/vision impaired, transitioning youth, and Hispanic and Asian individuals with disabilities. In FY 2009, the agency had three (3) Human Care Agreements in place.

OBJECTIVE 5: Strengthen and expand collaboration and coordination of transition services to improve vocational, post-secondary, employment and career opportunities for youth transitioning from school to work.

● **INITIATIVE 5.1: Begin developing Individual Plans for Employment (IPE) earlier for transition students, during their junior year of school. Earlier development will improve the likelihood that students will have a comprehensive, completed plan upon graduation.**

Our VR Specialists who are now deployed in local schools are increasing the number of completed school-to-work IPEs prior to Transition students' graduation; and, subsequently, improving their chances for employment, upon completion of school. This initiative began in the first quarter of 2010 and is proving to be quite successful. The Administration provided Transition and employment services to 907 with disabilities, ages 14-21 in FY 2009-2010. Approximately 388 Individual Plans for Employment have been completed prior to the student exiting school.

● **INITIATIVE 5.2: Build partnerships to increase the number of youth with disabilities in summer and year round employment.**

Project Search was implemented in the District of Columbia in FY 2010. The agency served 12 students under this program. RSA is more effectively collaborating with the DC Department of Employment Services to work with transitioning youths throughout the city. For example, last summer we helped recruit disabled youth to apply to work in the mayor's summer youth program. All transition students being served by RSA were contacted and encouraged to apply for the program. We had a number of disabled summer youth at the Department on Disability Services. At this time, we are successfully working with a number of our fellow Government of the District of Columbia agencies to get disabled individuals work experience through internships. The Youth Transition Program is making progress through its partnership with the District of Columbia Public Schools (DCPS) to identify high school youths with disabilities for employment or career related post secondary education/training. RSA is currently working in collaboration with DCPS to identify gaps in services and ensure that all DCPS students receive an appropriate transition plan for VR services and employment after post high school graduation.

DEVELOPMENTAL DISABILITIES ADMINISTRATION

OBJECTIVE 1: PARTICIPANT ACCESS – ASSURE NECESSARY SERVICES AND SUPPORTS FOR PARTICIPANT ACCESS ARE AVAILABLE AND INITIATED IN A TIMELY MANNER.

● **INITIATIVE 1.1: Support consumer choice by conducting quarterly outreach activities to providers and the general public, and improving access to information through the DDS website.**

Significant activities completed in this broad initiative. Community outreach activities by the month are attached. Staff are members of the following standing Committee meetings to ensure collaboration and team work are sustained in critical family support areas: Georgetown University Center for Child and Human Development -University Center for Excellence in Developmental Disabilities (GU-UCEDD) Consumer Advisory Council (CAC); Emergency Transitions Parent Led Steering Committee (w/Quality Trust); OSSE Secondary Transition Toolkit; Secondary Transition Community of Practice Forum; Transition Stakeholder Forum (School Talk). DDA staff are assigned as inter-agency liaisons at the Aging and Disabilities Resource Center and the Mayor's Services Liaison Office, DC Superior Court. For Providers, DDA holds Provider Leadership Forums throughout the year and Information Sessions. There were a total



of 4 Prospective Provider Information Sessions, two routine sessions for prospective providers, and two special sessions. Special sessions were held to ensure all previously approved providers not currently serving individuals and were approved prior to the inception of the Readiness Process and Protocol which began on or about April 2009, go through the Readiness Process. A total of 9 Provider Leadership Forums (including both day and residential providers) were held in FY 2010. Five additional meetings were held for Day and Vocational providers specifically, and four separate additional meetings were held for Host Home providers. Web posting of Provider Certification Review (PCR) results was interrupted in FY 2010 as the new PCR review tool and process was finalized. The web posting will resume in FY 2011 with the roll out of the new DDS web portal.

● **INITIATIVE 1.2: DDA will reduce the time between identification of service need, completion of an initial individual plan, issuance of an authorization for service, identification of a service provider and implementation of the service.**

DDA completed data tracking systems for three of five steps of this process. Tracking for the last two steps is not yet incorporated into automated reporting systems and management dashboards but will be in the first two months of FY 2011. Based on our current review of case files, the following information is available. This Quarter, we received 36 new case files made eligible this quarter. Of those 36, there was only 1 case file, who exceeded 120 days from the date of transfer to continuing Services to the date of final ISP approval and implementation (124 days). Of the 36 cases, 5 of them exceeded the 120 days from date of eligibility to ISP approval and implementation (132 days, 127 days, 173 days, 163 days & 124 days respectively). Of the 36 cases, 10 of them exceeded the 120 day mark from the number of days from eligibility to no ISP in the system as of 9/28/2010.

OBJECTIVE 2: PARTICIPANT-CENTERED SERVICE PLANNING AND DELIVERY –IMPROVE THE PERFORMANCE OF DDA SERVICE COORDINATION TO ENSURE TIMELY COMPLETION OF ALL ISPS AND FULL IMPLEMENTATION OF ALL NECESSARY SERVICES AND SUPPORTS.

● **INITIATIVE 2.1: Monitor and guide DDA Service Coordination through enhanced information systems tools to ensure the completion and delivery of client’s Individualized Service Plans (ISPs) in a timely manner.**

Through the use of operational dashboards and performance reports, which aggregate and monitor ISP data, services and supports will be effectively implemented in accordance with the individual's needs and preferences. Dashboards will be implemented in the first quarter of 2010 and improvements in ISP delivery will be shown by the end of 2010. ISPs Dashboards completed and ISP completion and delivery improved accordingly through the fiscal year as expected each quarter. ISPs are completed on line and the provider receives an email notice when it is approved. The provider then can print the document from the web-based information system for immediate delivery. The DDA records room likewise receives the notice, prints and mails the completed ISP to the family, guardian and court appointed attorney if applicable. The ISP completion within timelines rate improved as a result on the enhanced information management tools from 26% in October 2009, 59% in March 2010, to 75% for the month of August 2010.

● **INITIATIVE 2.2: Improve the quality and effectiveness of DDA monitoring activities and analysis by DDA Service Coordination, Provider Management and Quality Management Divisions and the DC Health Resources Partnership (DCHRP).**

A new Issue Resolution System has been designed and put in place in the first quarter to centrally track all issues (defined as incidents, monitoring findings, and any recommendations from Mortality Review, Human Rights, Behavior Review Committees) and subsequent resolution by individual, service location and provider. Service Coordination monitoring tools to focus monitoring activity and effectiveness in



residential and vocational settings have been revised and are now undergoing IT development to be programmed into MCIS for tracking and analysis of results. The Provider Management Unit is fully implementing Provider Performance Management reviews and subsequent follow-up of Provider Quality Improvement Plans. The Quality Management Division manages the Issue Resolution system, and has completely revised the Provider Certification Review Tool a second time to increase the number and specificity of metrics in the tool for review. DCHRP now enters its monitoring and technical assistance findings and reports directly into MCIS to centralize all data and reports.

OBJECTIVE 3: PROVIDER CAPACITY AND CAPABILITIES – CONTINUE TO RECRUIT AND RETAIN ONLY QUALIFIED PROVIDERS AND IMPLEMENT A MECHANISM TO REMOVE POORLY PERFORMING PROVIDERS.

● **INITIATIVE 3.1: Increase successful recruitment of specialized day, residential and clinical service providers.**

The DCHRP and the George Washington Health Initiative projects' collective efforts resulted in 35 new health and clinical providers as of August 31, 2010. Oct 1-December 31 Primary care provider: 1 ICF-IDD Medical Director: 1 Nutritionist: 2 Ophthalmologists: 4 General Surgeon: 1 January 1-March 31 OB-GYN: 15 gastroenterologist: 1 psychiatrist: 1 April 1 -June 30 Dentist: 1 July 1-September 30 Primary care providers: 3 gastroenterologist: 1 Speech-language pathologist: 1 individual and 2 agencies Ophthalmologist: 1

● **INITIATIVE 3.2: Fully implement the Provider Readiness Protocol and revise, with the Department of Health Care Finance, the Home and Community Based Services (HCBS) waiver provider application/enrollment requirements and process.**

Nineteen (19) applicants have been denied since initiating this more rigorous process.

● **INITIATIVE 3.3: Improve provider performance.**

External QA Contract awarded and implemented. B) Performance Management program fully implemented. Provider Resource Management completed annual reviews of all providers and approved subsequent Quality Improvement Plans for each. C) Policies and standards issued for Provider Staff Training and Incident Management. Final approvals in process for Enhanced Monitoring, Sanctions, and Provider Certification. Modifications have been completed to update policies in Human Rights, Positive Behavior Supports, and Restrictive Procedures. Promulgation planned for October for effective date of November 2010. D) One ICF/IDD provider closed via Receivership, one ICF/IDD provider under settlement agreement and independent enhanced monitoring throughout FY 2010 through December 2011, one provider was removed from the DDA HCBS waiver program, two additional provider have been recommended for removal by DDA to DHCF pending due process, and up to 8 provider locations at any one time have been under enhanced monitoring in FY 2010.

OBJECTIVE 4: PARTICIPANT SAFEGUARDS – IMPROVE THE PERFORMANCE OF DDA AND THE PROVIDER COMMUNITY TO MEET ALL HEALTH, SAFETY AND WELFARE REQUIREMENTS.

● **INITIATIVE 4.1: Critical Incident Management – Improve the timeliness and quality of incident investigations and conduct targeted analysis of incidents to focus quality improvement activities on poorly performing providers or systems.**

The revised policy was the subject of intense debate with the Evans stakeholders throughout FY 2010. The DDS Director intervened in August and made the final decision to move forward with policy decisions that best met the quality assurance and improvement needs of all District residents supported by DDA. The new policy and procedures are effective October 1, 2010. Staffing of the Incident Management Unit remained a priority throughout the year, although repeated vacancies and staff out on medical leave left



the unit at less than full strength for eleven out of 12 months. Of the 1,000 incidents received this year slightly more than 30% were investigated and closed within policy timelines. Most significant, DDA completed a massive effort to clear the backlog of incidents from the previous year to resolve the recurring pattern of overdue investigations. DDA has cleared 1,799 cases in FY 2010 and as of this writing (9/30/10) has only seventy-five remaining investigations in a past due status.

● **INITIATIVE 4.2: Expand the capacity and quality of the DDS Restrictive Controls and Human Rights Review committees.**

DDA has developed a second sub-committee to review individuals who are receiving one-to-one supports for reasons other than behavioral supports to expand the capacity of Restrictive Controls Committee to ensure individuals are not experiencing a restriction of rights. Additionally, DDA completed an independent review of all individuals receiving psychotropic medications and is now following up on those recommendations by the independent psychiatrist via the DC HRP to ensure individuals are not inappropriately receiving psychotropic medications.

● **INITIATIVE 4.3: Provide training to DDA staff in psychotropic medication and medical monitoring skills.**

DDS successfully trained 85% of service coordination staff and supervisors in medical monitoring training. The agency also trained 42% of service coordination staff and supervision in psychotropic medication.

OBJECTIVE 5: PARTICIPANT RIGHTS AND GUARDIANSHIP – ENSURE CLIENT RIGHTS ARE PROTECTED AND NEEDS ARE MET BY IMPROVING THE TIMELY ASSESSMENT OF HEALTH CARE DECISION MAKING AND SUBSEQUENT GUARDIANSHIP PROCEEDINGS

● **INITIATIVE 5.1: DDA Service Coordination will ensure that all individuals are assessed for health care decision making capacity on at least an annual basis or as needed.**

DDA Management and the Office of the General Counsel will implement strategies to ensure Guardianship Packages are submitted in a timely manner by Service Coordination and filed with the court by the DDA Attorney General's Office per policy. A new data system will be completed and implemented in the first quarter of 2010 in order to track guardianship initiation and filing.

OBJECTIVE 6: PARTICIPANT 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: DDA, via the Healthcare Initiative, will improve access to and quality of health, allied health, and behavioral health services, and improve the capacity and performance of the provider community to fully implement health care management plans.**

The agency has made great strides in recruit recruiting and retaining new health care providers this fiscal year including: 1. Primary Care Physicians - 4 2. Specialists (OB-Gyn, gastroenterologists, ophthalmologists) - 23 3. Dentist - 1 4. Nutritionist - 2 5. Speech and language – 3

● **INITIATIVE 6.2: Improve employment opportunities and outcomes among individuals with intellectual disabilities.**

DDA completed a self-assessment of the DC service system with the participation of the State Employment Leadership network staff. Day and vocational service providers have initiated strategic plans for their respective agencies for FY 2011 and beyond with collaboration from DDA. DDA sponsored attendance at the National Organizational Change Conference in September 2010 for eight (8) provider agencies and DDA staff as part of a larger project designed to assist day/vocational providers to engage in



change practices to increase opportunities for community integration and employment. The DDA system-wide strategic plan and targeted provider specific projects are expected to increase integration and employment in FY 2011. DDA currently has more than 150 of its individuals competitively employed.

OFFICE OF THE DIRECTOR

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

- **INITIATIVE 1.1: Develop agency performance management program.**
The PRO application has been fully implemented as well as monthly and quarterly reports which draw directly from case management databases to inform users of agency challenges. Senior staff meet once a month to review performance reports and develop corrective actions.
- **INITIATIVE 1.2: Educate staff on the use of performance metrics.**
Monthly meetings with senior staff are currently held to inform and educate on performance data trends. Instructional meetings have been held to instruct management and front-line staff on the use of data dashboards in prioritization and data driven decision making.

OBJECTIVE 2: IMPROVE THE DDS WEBSITE THROUGH PUBLICATION OF CONSUMER/INDIVIDUAL, PROVIDER, AND AGENCY INFORMATION FOR THE GENERAL PUBLIC.

- **INITIATIVE 2.1: Utilize the agency website as a source of agency and clientele data.**
Agency has met with OCTO on new web layout and will incorporate a facts and statistics page into the overall layout. These statistics were rolled out with the new agency website in June, 2010.
- **INITIATIVE 2.2: Provide information to constituents on the agency website and promote greater informed choice.**
DDS has published the PCR reviews on its website at http://dds.dc.gov/dds/frames.asp?doc=/dds/lib/dds/pcr_website_cert_results_format_1-28-10__2_.pdf. As the agency completes additional reviews and the website moves to the new format, additional information will be available to the public and more rich content will be used.

OBJECTIVE 3: GREEN INITIATIVE: INSTITUTE METHODS FOR REDUCING DDS' CARBON FOOTPRINT AND INCREASING THE EFFICIENCY OF THE AGENCY'S WORKFORCE.

- **INITIATIVE 3.1: Improve efficiency and reduce costs through mobile computing and teleconferencing/videoconferencing.**
DDS has worked to ensure that all service coordinators and VR counselors are equipped with laptops and cell phones. In addition, RSA implemented a new web-based case management system to ensure, along with the current DDA case management system, that all client files for DDS are available while at remote client locations. In addition, the agency has begun to utilize web-based meeting and productivity tools such as Google apps, videoconferencing, and Webex sessions. These steps reduce double entry into multiple systems, paper processes, and overall inefficiencies and costs due to program operations.

OBJECTIVE 4: CONTINUE TO REDUCE BUDGETARY PRESSURES THROUGH COMPETITIVE CONTRACTING AND IMPROVED CONTRACT ADMINISTRATION.

- **INITIATIVE 4.1: Continue to renegotiate existing Human Care Agreements and other contracts to meet**



agency budget and guidelines.

Administrative fees were brought well below the target goal of 15% and contract renegotiation resulted in a lower cost per individual served in FY10.

Key Performance Indicators – Details

Performance Assessment Key:

Fully achieved
 Partially achieved
 Not achieved
 Data not reported

	Measure Name	FY2009 YE Actual	FY2010 YE Target	FY2010 YE Actual	FY2010 YE Rating	Budget Program	
REHABILITATION SERVICES ADMINISTRATION							
	1.1	Number of clients served	6200	6500	6896	106.09%	REHABILITATION SERVICES
	1.2	Total referrals	2200	2500	3108	124.32%	REHABILITATION SERVICES
	1.3	Number of clients employed for 90 days or more	410	600	475	79.17%	REHABILITATION SERVICES
	1.4	Clients graduating from vocational training	108	175	54	30.86%	REHABILITATION SERVICES
	2.1	Percent of cases exceeding Federal timeframes from eligibility to plan development	13	5	28.70%	17.42%	REHABILITATION SERVICES
	2.2	Average time taken for development of Individualized Plan (in days)	90	80	22.28	359.07%	REHABILITATION SERVICES
	3.1	Number of Certified Rehabilitation Counselors	8	11	7	63.64%	REHABILITATION SERVICES
	3.2	Number of bilingual staff members	15	17	16	94.12%	REHABILITATION SERVICES



4.1	Number of applicants classified as having the most significant disabilities	1395	1500	1339	89.27%	REHABILITATION SERVICES
5.1	Number of CRPs available to provide services	7	10	22	220%	REHABILITATION SERVICES
5.2	Number of transition referrals	468	525	822	156.57%	REHABILITATION SERVICES
5.3	Percent of transition aged youth in their junior year or later with an IPE initiated	0	50	29.64%	59.28%	REHABILITATION SERVICES
DEVELOPMENTAL DISABILITIES ADMINISTRATION						
1.1	Number of individuals served	2030	2050	2089	101.90%	MENTAL RETARDATION & DEVELPMNT DISAB
1.2	Percentage of intake applications received that have been responded to within required timelines	15	50	16.67%	33.33%	MENTAL RETARDATION & DEVELPMNT DISAB
2.1	Percentage of Prior Authorization requests Issued within policy	70	80	60.08%	75.10%	MENTAL RETARDATION & DEVELPMNT DISAB
2.2	Percentage of ISPs that are completed on-time on annual basis	0	90	63.28%	70.31%	MENTAL RETARDATION & DEVELPMNT DISAB
3.1	Number of new health service providers identified and made available	0	5	22	440%	MENTAL RETARDATION & DEVELPMNT DISAB
4.1	Percentage of issues that are resolved on-time	10	50	36.85%	73.69%	MENTAL RETARDATION & DEVELPMNT DISAB
4.2	Number of providers on enhanced monitoring status	0	5	7	140%	MENTAL RETARDATION & DEVELPMNT DISAB
4.3	Percentage of Investigations completed within required timelines	33	75	27.53%	36.70%	MENTAL RETARDATION & DEVELPMNT DISAB



4.4	Percentage of recommendations from SRI investigations that are implemented within required timelines	46	80	90.57%	113.21%	MENTAL RETARDATION & DEVELPMNT DISAB
4.5	Percentage of DDA staff trained in psychotropic medication and medical monitoring skills	0	90	42.35%	47.06%	MENTAL RETARDATION & DEVELPMNT DISAB
5.1	Percentage of health and clinical services received within appropriate timelines	0	75	90.02%	120.03%	MENTAL RETARDATION & DEVELPMNT DISAB
5.2	Percentage of Guardianship Packages that are filed with the court within policy by the DDA AAG	20	75	40%	53.33%	MENTAL RETARDATION & DEVELPMNT DISAB
6.1	Percent of individuals receiving services in congregate settings (ICF/MR)	23	21	19.05%	110.22%	MENTAL RETARDATION & DEVELPMNT DISAB
6.2	Number of individuals requiring 1:1 supervision for behavioral support	165	155	58	267.24%	MENTAL RETARDATION & DEVELPMNT DISAB
6.3	Number of individuals in competitive or supported employment	0	120	161	134.17%	MENTAL RETARDATION & DEVELPMNT DISAB
OFFICE OF THE DIRECTOR						
1.1	Number of internal output/outcome performance management metrics electronically tracked at least quarterly	0	25	27	108%	
2.1	Average number of monthly website visits	0	5000	5286	105.72%	
4.1	Average annual residential cost per consumer	28832	28000	\$27,961	100.14%	
4.2	Average administrative fee rate in the Human Care Agreement	19	15	12.42%	120.79%	