



Department on Disability Services DDS (JM)

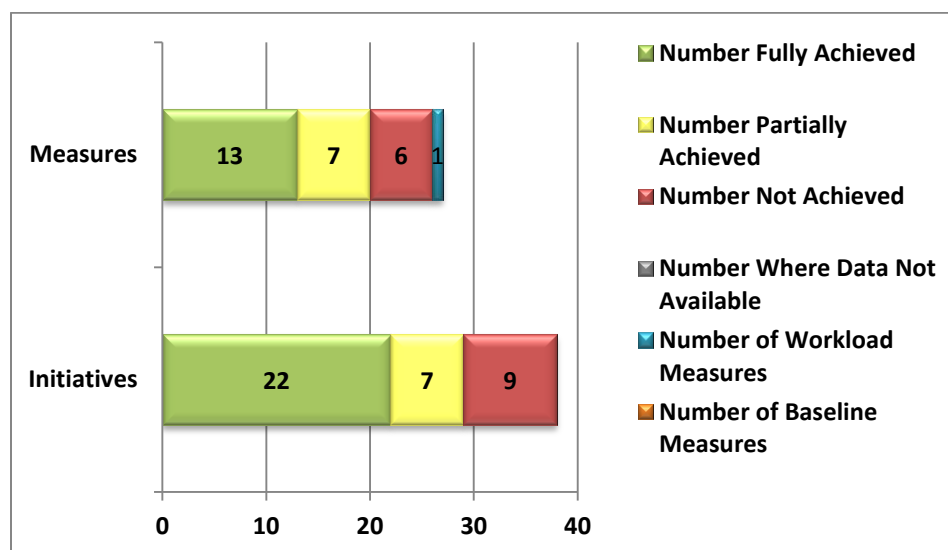
MISSION

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.

ACCOMPLISHMENTS

- ✓ The Department on Disability Services (DDS) through the efforts of the Rehabilitation Services Administration (RSA) exceeded successful job placement goals by 10% in FY 11, and increased job placement overall by 39% over FY 10. The total number of individuals placed in employment and continued in employment for at least 90 days was 659 in FY 11. **Job Creation**
- ✓ The DDS Rehabilitation Services Administrations successfully increased the effectiveness of service providers and Community Rehabilitation Programs (CRPs) that provide supported employment and job placement services to District Residents with disabilities. During FY11, approximately two hundred and forty (240) RSA clients working with these providers achieved employment outcomes. This exceeded the goal by more than 15. **Job Creation**
- ✓ The DDS Development Disabilities Administration (DDA) made great strides to ensure the timely completion of Individual Service Plans (ISP) exceeding the established goal by 5%. The annual ISP is the primary vehicle for identifying and securing necessary services for the individuals that are consumers of DDA. These plans must be completed on a timely basis to ensure continuity of services for the consumers we support. In the last quarter of FY11, DDA achieved an average of 95% of all ISPs being completed on time. **Fiscal Stability**

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

-  Currently RSA staff is located at both DOES one-stops and medical facilities in the District. RSA currently continues to seek to increase the number of sites at which services are provided. Future efforts will include collecting data regarding off-site referrals to identify areas in the District with the highest demand for RSA field service and intake operations.

INITIATIVE 1.2: Hire a Business Relations Specialist.


-  RSA has staffed a Business Relations unit (BRU) with 4 FTE. These staff members have been tasked with identifying employees in the region who have a need, or would like to explore hiring qualified individuals with disabilities. Furthermore, for the job leads identified as a result of improved business relations, BRU staff work to match qualified RSA consumers to the available job openings.

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


-  RSA has instituted human care agreements to provide disability management (job retention). However, a full-scale marketing campaign has not been conducted and more outreach to employers will be conducted in FY 2012.

OBJECTIVE 2: Improve the efficiency of RSA operations.

INITIATIVE 2.1: Increase monitoring of service delivery.

-  Monitoring of cases in RSA's new case management system (System 7) by the Quality Assurance team was completed during FY11. The result of the audits allowed a feedback mechanism to alert staff of potential compliance concerns. Additionally, RSA uses the system to track case progress in efforts to ensure compliance. As a result of this work, RSA has the necessary data to improve upon service delivery in FY12.

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

-  RSA is focusing on robust performance management systems for FY12 in order to meet this goal. Specific actions will include, but are not limited to: More explicit, scripted management actions based on caseload, counselor, team, and supervisor data to drive performance; more effective use of data to target actions to problematic areas; Use of weekly and monthly reporting data to drive staff actions towards targets on a weekly basis; the public display of performance data in RSA workspaces, and targeted use of progressive discipline for line staff and supervisors to remediate poor performance.

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.



RSA has completed the necessary work to capture data on case compliance to assist in the development of performance reports summarized at various operational levels. This data is developed on a monthly basis for review by RSA Management.

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

RSA has instituted an on-line splash page (www.talentfinddc.com) as part of this effort and has developed printed marketing materials for distribution. In FY12, improving internal business processes and job outcomes are a higher priority than increasing referrals. RSA will focus its outreach improvement efforts on increasing the quality of our joint ventures with DYRS, DCPS, OSSE, and DOES.

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.

Complete for FY11. In FY12, RSA will be continuing its ongoing training and professional development activities to move an additional 5 counselors into CRC attainment.

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

Activities to improve customer service included: devoting a staff member to customer service issue resolution, developing an issue tracker system that can be analyzed to determine root causes, developing a customer service survey through our quality assurance team targeted to specific areas RSA needs to improve upon.

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.

RSA reduced the expenditure per client without reducing the effectiveness of services. Achieved 58% employment outcome which is above national average. Won national award from Johnson and Johnson Evidence-based Supported Employment. Additionally, RSA conducted monthly Provider's meeting to ensure that providers concerns were resolved in a timely manner.

INITIATIVE 4.2: Implement the Benefits Counseling program.

RSA has finalized purchase orders and benefits counseling guidance so that vendors can begin taking consumers through the counseling process. RSA anticipates new consumers receiving counseling services by end of February 2012. Consumers will be targeted for services in order of need. Current data suggests that up to 1300 consumers could potentially benefit (the number of consumers receiving social security benefits and RSA services).

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.

While RSA has supported students in work experiences, particularly in Project Search, the resulting employment outcomes from those work experience has yet to be realized. Further efforts to strengthen the team and the public school partnerships for transition are underway to improve successful outcomes.

INITIATIVE 5.2: Improve employment outcomes for transition students with disabilities attending DCPS,



charter and private schools.

RSA has made progress in improving the management of the transition team and in collaborating with DCPS. The management structure of the team has been changed to provide clearer roles and responsibilities and more explicit guidance. As RSA improves its use of data analysis in its LEA partnerships, demand will increase and RSA will leverage existing funding to add additional staff to meet the need.

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.

- The number of blind and low vision consumers grew from 75 to 127, a percentage change of 70%. Further targeted outreach efforts are planned for FY12 to continue growth. Furthermore, RSA is pursuing policy changes that will expand RSA eligibility to a wider range of low-vision consumers.

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.

- RSA will be carrying this activity through into the new Fiscal Year. The Human Care Agreements that will be used to implement these relationships are currently out to bid. The bids will be finalized in late March and services are currently scheduled to begin no later than June 1.

INITIATIVE 6.3: Implement Business Enterprise Program in System 7.

- 100% of Business Enterprise Program (BEP) Sites and Vendors have been implemented in the new case management system (System 7). Additionally, all financial profit and loss-statement related data for the vendor sites are now housed electronically in the system.

Developmental Disabilities Administration

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.

- DDA revised policies and procedures in FY 2011 and monitoring systems have been designed and implemented. Performance did not substantially improve by the close of the fiscal year.

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

- DDA implemented monitoring on a monthly basis the completion of initial ISPs by employee and work unit. Training completed for Service Coordination staff on timelines to assure better understanding of the requirements. The average processing time goal was met or exceeded for six out of twelve months. The annual average time was not met as a result of nine cases (out of 104) that were significant poor performance outliers.

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 initial Individualized Service Plan date.

- This initiative was achieved for new individuals entering services thereby assuring the timely access to the DDA Home and Community-Based Services Waiver program.



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 Level of Need Assessment Tool web-design was completed and training of all DDA and Provider staff was initiated by the end of the fiscal year. The implementation of the use of the tool was not accomplished by the close of the fiscal year. Implementation scheduled to begin in the first quarter of FY 12.

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

DDA improved its timely completion rate of annual Individual Service Plans from 63% in October 2010 to 95.7% in September 2011. During the last quarter of FY 11, DDA met or exceeded the target of a 90% timely completion rate.

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

The year 1 Strategic Plan was implemented successfully. DDA completed an Employment First mission statement, supported six provider agencies to develop and implement organizational change initiatives to advance employment and community integrated services, and had two employees successfully achieve national certification as a Benefits Counselor.

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.

The contractor met its requirements to complete Provider Certification Reviews for all residential and day/vocational Home and Community-Based Services Waiver program providers. This was especially noteworthy as the number of reviews required exceeded expectations due to an increase in 6 month versus annual certifications awarded as a result of increased quality assurance requirements imposed on the provider system by DDA in FY 11.

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.

One new specialized day program was opened to support individuals with complex medical needs, one new supported employment provider was enrolled in the HCBS waiver program, and one new behavioral healthcare provider was enrolled in the HCBS waiver program. Medical and dental professionals were recruited via initiatives through Georgetown University and George Washington University Medical Center to serve individuals with intellectual and developmental disabilities.

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

DDA fully implemented increased training and competency-based testing requirements for the provider service system. DDA conducted one audit of the provider community to assess compliance with the policy requirements, required corrective action plans for non-compliance and implemented sanctions for



significant non-compliance. A second full-scale audit is scheduled for the first quarter of FY 12 to measure the effectiveness of those corrective actions.

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 business day timeframe to complete investigations of abuse, neglect and serious physical injury.

- DDA exceeded its targeted goal of 80% timely completion for the entire year. This represented a significant improvement of performance over FY 2010 where the timely completion rate failed to reach 50% in any single month. In FY 12, this performance metric is being raised to require closure within 45 calendar days.

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

- All policies and procedures in the areas of protection of rights were updated to reflect best practice in FY 2011. The Rights and Advocacy Specialist developed a new fact sheet on prevention and reporting of abuse and neglect, and a second one on individual rights, for distribution to individuals and families.

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

- A study completed by Georgetown University found that the percentage of individuals receiving residential services who had current age-appropriate preventive health care exceeded the National and District rates in flu vaccinations, mammography and prostate screening.

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.

- The policy and program were implemented in August 2011 for all DDA services.

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.

- Due to lack of personnel resources, DDA was forced to withdraw from the NCI project in FY 2011.

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

- DDS has successfully launched the Tableau software, the primary method in which the Agency collects and monitors performance data. Using Tableau, DDS now has access to data collected in the two primary case management systems real time. Additionally, the agency is producing summarized and detailed performance reports to that are reviewed with that Agency's Senior Leadership monthly.

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



DDS implemented the Performance Reporting Online (PRO) tool as the vehicle in which performance data would be reported. DDS uses PRO to allow the Agency to track KPI's on a monthly basis and document analysis and corrective actions. The Agency has automated the data capture pieces, and metrics are automatically generated at the beginning of each month. Monthly meetings are led by the DDS Director to review the KPI's, discuss analysis, and create corrective actions.

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.

- DDS launched Twitter and Facebook pages during FY11. The Agency uses the social media outlets to provide information to the population we serve on a daily basis. The utilization of Web 2.0 has provided DDS with access to the consumers we serve and the providers and organizations that support them. Additionally, this technology has provided our consumers another option to access to the Agency.

INITIATIVE 2.2: Provide more interactive functionality on agency website.

- The GIS map of intake locations was completed during FY11. This map displayed the time and locations where RSA counselors were available to process consumer intakes in the field. Additionally, DDS has implemented an online referral form in which potential RSA consumers can request a meeting with a counselor via the website. Consumers who submit an online referral form are contacted by RSA to setup an orientation appointment.

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.

- DDS has implemented new scanning equipment but are still working through digitizing legacy paper files. The digitization of these files will continue through FY12. Additionally, the agency now has implemented a cloud printing solution which allows staff members to print documents, and access those documents by swiping their badge at any printer in the agency. This process has cut down on paper files being printed but not used. Additionally, the cloud computing solution allows DDS to analyze individual employee print outputs to identify potential waste.

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

- The agency has completed various efforts to transform paper forms into electronic forms to improve efficiencies in operational processes. The monitoring tools leverage by DDA have been converted from paper files to being tracked electronically. Additionally, the new Case Management system for RSA has allowed the agency to electronically capture most case related information.

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

INITIATIVE 4.1: Provide real-time data on budgetary pressures

- The DDS contracts and procurement office maintained up-to-date data in the agency's internal budget management system for DDA services and performed close oversight of all data in PASS. DDA Service Funding Authorizations (SFAs) were processed within an average of five (5) days at a rate of 95%. The Administrative Officer, Performance Management Unit and AFO identified structural weaknesses in the RSA budget management system that caused false reports of spending pressures in that program leading to unnecessary service delays. The corrections to the RSA budget system required extensive modifications to program business processes, case management systems and reporting. All completed and systems prepared and in place for FY 12.



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.

Contracts and Provider Resource Management, using newly developed Provider Readiness protocols, reduced time to determine provider qualification status to less than 30 days after receipt of applications.



Key Performance Indicators – Assessment Details

Performance Assessment Key:

● Fully achieved
 ● Partially achieved
 ● Not achieved
 ● Data not reported
 ● Workload measure

		Measure Name	FY2010 YE Actual	FY2011 YE Target	FY2011 YE Revised Target	FY2011 YE Actual	FY2011 YE Rating	Budget Program
Developmental Disabilities Administration								
●	1.1	Percentage of intake applications received that have been responded to within required timelines	16.67%	70%		21.84%	31.20%	MENTAL RETARDATION & DEVELOPMNT DISAB
●	1.2	Percentage of prior authorization requests issued within policy	60.08%	85%		34.24%	40.28%	MENTAL RETARDATION & DEVELOPMNT DISAB
●	1.3	Percentage of ISPs that are completed on-time (annually)	63.28%	90%		76.10%	84.55%	MENTAL RETARDATION & DEVELOPMNT DISAB
●	1.4	Percentage of issues that are resolved on-time	36.85%	50%		38.05%	76.10%	MENTAL RETARDATION & DEVELOPMNT DISAB
●	1.5	Average number of days between entry to continuing services and completion of the initial ISP	0	150		177.2	84.65%	MENTAL RETARDATION & DEVELOPMNT DISAB
●	2.1	Percentage of health and clinical services received within appropriate timelines	90.02%	75%		73.37%	97.83%	MENTAL RETARDATION & DEVELOPMNT DISAB
●	2.2	Percent of individuals receiving services in congregate settings (ICF/MR)	19.05%	19%		17.83%	106.55%	MENTAL RETARDATION & DEVELOPMNT DISAB
●	2.3	Number of individuals requiring 1:1 supervision for behavioral support	58	120		60	200%	MENTAL RETARDATION & DEVELOPMNT DISAB



		Measure Name	FY2010 YE Actual	FY2011 YE Target	FY2011 YE Revised Target	FY2011 YE Actual	FY2011 YE Rating	Budget Program
●	2.4	Percent of persons reviewed whose ISP's were revised, as needed, to address changing needs	0	0		43.46%		MENTAL RETARDATION & DEVELPMNT DISAB
●	3.1	Number of new clinical providers identified and made available	22	5		1	20%	MENTAL RETARDATION & DEVELPMNT DISAB
●	3.2	Number of providers on enhanced monitoring status	7	10		5	200%	MENTAL RETARDATION & DEVELPMNT DISAB
●	3.3	Percent of all providers that complete the Provider Certification Review process annually	0	95%		97.80%	102.95%	MENTAL RETARDATION & DEVELPMNT DISAB
●	4.1	Percentage of recommendations from SRI investigations that are implemented within required timelines	90.57%	90%		94.44%	104.93%	MENTAL RETARDATION & DEVELPMNT DISAB
●	4.2	Percentage of DDA Service Coordinators, staff and supervisors who completed required competency-based training, including medication and medical monitoring skills	60%	80%		92.59%	115.74%	MENTAL RETARDATION & DEVELPMNT DISAB
●	4.3	Percentage of Investigations completed within required timelines	27.53%	80%		89.96%	112.45%	MENTAL RETARDATION & DEVELPMNT DISAB
●	6.1	Number of individuals in competitive or supported employment	161	190		207	108.95%	MENTAL RETARDATION & DEVELPMNT DISAB
Rehabilitation Services Administration								
●	1.1	Number of applicants classified as having the most significant disabilities	1339	1000		1597	159.70%	REHABILITATION SERVICES



		Measure Name	FY2010 YE Actual	FY2011 YE Target	FY2011 YE Revised Target	FY2011 YE Actual	FY2011 YE Rating	Budget Program
●	1.2	Clients graduating from vocational and trade-based training	54	100		99	99%	REHABILITATION SERVICES
●	1.3	Number of clients employed for 90 calendar days or more	475	600		659	109.83%	REHABILITATION SERVICES
●	1.4	Percent of clients receiving post-secondary education services (including associates, bachelors, and masters degrees) who graduate	0	40%		29.09%	72.73%	REHABILITATION SERVICES
●	1.5	Percent of job placements with Human Care providers achieving employment	0	40%		55.93%	139.83%	REHABILITATION SERVICES
●	2.1	Percent of cases exceeding 90 calendar day Federal timeframe from eligibility to plan development	28.7%	20%		24.64%	81.18%	REHABILITATION SERVICES
●	2.2	Average time taken for development of Individualized Plan (in calendar days)	83.92	75		54	138.89%	REHABILITATION SERVICES
●	2.3	Percent of cases where eligibility is determined within 60 calendar days	0	85%		55.95%	65.83%	REHABILITATION SERVICES
●	3.1	Number of Certified Rehabilitation Counselors	7	10		14	140%	REHABILITATION SERVICES
●	5.1	Percent of transition students with an IPE	29.64%	50%		24.48%	48.96%	REHABILITATION SERVICES
●	5.2	Percent of transition students who exit the system with a successful employment outcome	0	25%		2.58%	10.33%	REHABILITATION SERVICES