



Department on Disability Services

Responses to Performance Oversight Questions

Please provide all responses for FY 2015 and FY 2016 to date unless otherwise specified.

Agency Organization

- 1. Please provide a current organizational chart for DDS and identify the number of full time equivalents at each organizational level. Please provide an explanation of any organizational changes made during FY15 or to date in FY16.**

Please see attached: *DDS FY 16 Organizational Chart* and *DDS FY16 Full-Time Equivalents Master Report*

In FY15 and to-date in FY16, DDS has lost eight (8) Full-Time Employees (FTEs) who transitioned to the Office of Contracts and Procurement upon the conclusion of DDS' independent contracting authority on September 30, 2015, and the agency has gained four (4) FTEs for the *No Wrong Door* grant project which is federally-funded for three years.

- 2. How many vacancies were posted during FY15? To date in FY16? Please identify each position, how long the position was vacant, what steps have been taken to fill the position, whether the agency plans to fill the position, and whether the position has been filled.**

In FY15, DDS posted a total of 100 vacancies and to date in FY16 DDS has posted 68 vacant positions of which nine (9) were a continuation of postings from FY15, eight (8) were newly approved for posting by the US Social Security Administration and four (4) were newly created FTEs under the *No Wrong Door* Grant.

Please see attached: *FY16 DDS Vacancies*

- 3. With respect to employee evaluations, goals, responsibilities, and objectives in FY15 and to date in FY16, please describe:**

- a. The process for establishing employee goals, responsibilities, and objectives;**

The duties and responsibilities for each DDS position are outlined in an employee's position description. Position descriptions are developed under the guidance of the DDS Human Capital Administration based on input from the supervisor and manager.

Each DDS employee has SMART goals established by their respective supervisor based on an employee's job duties, and the goals and objectives of the work unit. The work unit goals and objectives are tied directly to the agency goals and objectives outlined in the agency's performance plan, which in turn are guided by the Mayor's priorities. In some instances managers and supervisors work as a team to develop SMART goals for their subordinate employees when those employees all hold the same job title with the same duties and responsibilities. Each employee also has at least one individual development goal established by the supervisor and the goal is based on specific employee development needs. In the case of a desk audit or a requested review of a particular position description, the employee is also asked to provide input with regard to the duties and responsibilities of that position.



b. The steps taken to ensure that all DDS employees are meeting individual job requirements; and

Most agency supervisors have dashboards that reflect the status of their work unit and individual employee performance as it relates to the unit-specific goals and objectives. The dashboard provides up-to-date information allowing supervisors to identify performance challenges and mediate as necessary. Moreover, the Agency Director conducts monthly performance review meetings with the managers and supervisors of each administration to review the status of performance against the established goals and objectives. In FY15, DDS conducted mid-year evaluations for 70% of employees and completed annual performance evaluations on 97% of all employees.

c. The remedial actions taken for employees who failed to meet employee goals, responsibilities, and objectives.

DDS employees who are experiencing challenges in meeting their individual performance goals and responsibilities may be placed on a Performance Improvement Plan (PIP). In FY15, a total of 26 employees were placed on a PIP and of those employees, 70% successfully completed the PIP with improved performance. The remaining 30% moved on to advanced actions to correct the performance problems. In FY16 to date, DDS has placed a total of six (6) employees on a PIP, all of which are still in place.

Spending

4. Please provide a chart showing the agency's approved budget and actual spending, by program and activity, for FY15 and FY16, to date.

Please see attached: *FY16 DDS Q4 Program* and *FY16 DDS Q4 Activity*

5. Please provide a list of all intra-district transfers received by or transferred from DDS during FY15 and to date in FY16. For each, please provide a description of the purpose of the transfer and which programs, activities, and services within DDS the transfer impacted.

Please see attached: *FY16 DDS Q5*

6. Please identify any reprogramming received by or transferred from DDS during FY15 and to date in FY16. Please provide a description of the purpose of the transfer and which DDS programs, activities, and services were impacted.

In the fourth quarter of FY15, \$995,312.64 of local funds was reprogrammed from DDS to meet as part of an end of year District wide reprogramming for DC General. The reprogramming had no adverse impact on services to District residents. There have been no reprogramming activities in FY16 to date.



7. Please provide a current list of all properties supported by the DDS budget. Please indicate whether the property is owned by the District or leased and which DDS program(s) utilizes the space.

Property:	Department on Disability Services (main office)
Address:	1125 15th St. NW, Washington DC (floors 1, 2, 3, 4, 8, and 9)
Owned/Leased:	110,443 Square Feet, Leased Space
Rent:	\$5,956,078 year plus \$125,864 in other fixed costs
DDS Programs:	Standard office space accommodating the Developmental Disabilities Administration, Rehabilitation Services Administration, Agency Financial Operations, Agency Management Program, and OCP staff assigned to Agency.

Property:	Disability Determination Division
Address:	1227 25th St. NW, Washington, DC
Owned/Leased:	18,815 Square Feet (Social Security Administration Funded)
Rent:	\$0, with no other fixed costs
DDS Programs:	Standard office space accommodating the Disability Determination Division. Space is shared with and provided by the Social Security Administration (SSA) at no cost to the District.

Property:	Residential Property
Address:	199 Chesapeake Street, SW, Washington, DC (Single-family home with a basement, 1st and 2nd floor)
Owned/Leased:	Property is deeded to DC Government from US Department of Education provided DC uses it for educational purposes during a 30 year period that began Sept 1981.
Rent:	There are no fixed costs associated with the property, but the property is in need of major repair work due to water damage from a sprinkler malfunction.
DDS Programs:	Residential Property

Property:	Residential Property
Address:	1259 Sumner Road SE, Washington, DC 20020
Owned/Leased:	The property is owned by DC Government.
Rent:	There are no fixed costs associated with this property.
DDS Programs:	Individual Advocacy Group (IAG) is a DDA provider who serves three individuals at this location.



8. Please provide DDS' fixed costs budget and actual dollars spent for FY15 and to date in FY16, and include the following information:

a. Source of funding;

Please see attached: *FY16 DDS Q8*

b. Explanation for changes; and

Please see attached: *FY16 DDS Q8*

c. Steps the agency has taken to identify inefficiencies and reduce costs.

DDS strives to be always aware of the opportunities to improve our services and control costs; however the fixed cost category is limited for cost reductions. After examination of the agency's fixed costs, DDS did not distinguish any strategic steps to be taken to identify inefficiencies and reduce costs in the fixed costs category of the budget. Nevertheless, the agency has taken steps to identify inefficiencies and reduce costs against local dollars in services and contracts over the last several years as an effective strategy to serve increasing numbers of District residents.

Contracting and Procurement

9. Please list each contract, grant, and procurement ("contract") awarded or entered into by DDS during FY15 and FY16 to date. For each contract, please provide the following information, where applicable:

- a. **Name of the provider;**
- b. **Approved and actual budget;**
- c. **Funding source(s);**
- d. **Whether it was competitively bid or sole sourced;**
- e. **Purpose of the contract;**
- f. **The term of the contract;**
- g. **Contract deliverables;**
- h. **Contract outcomes;**
- i. **Any corrective action taken or technical assistance provided;**
- j. **Program and activity supported by the contract;**
- k. **Employee responsible for overseeing the contract; and**
- l. **Oversight/Monitoring plan for the contract.**

Please see attached: *FY16 DDS Q9*

Please note: Pursuant to 27 DCMR § 1905, Human Care Agreements (HCAs) differ from typical contracts in that we are not able to predict the actual expenditures. HCAs provide payment for residential supports for people who receive waiver services and go to the person's provider. Under Medicaid, a person has the right to change providers throughout the year; it is therefore impossible to predict the exact amount of expenditure for each HCA.



10. Please provide the following information for all contract modifications made during FY15 and FY16, to date:

- a. Name of the vendor;
- b. Purpose of the contract;
- c. Modification term;
- d. Modification cost, including budgeted amount and actual spent;
- e. Narrative explanation of the reason for the modification; and
- f. Funding source.

Please see attached: *FY16 DDS Q10*

Please note: Pursuant to 27 DCMR § 1905, Human Care Agreements (HCAs) differ from typical contracts in that we are not able to predict the actual expenditures. HCAs provide payment for residential supports for people who receive waiver services and go to the person's provider. Under Medicaid, a person has the right to change providers throughout the year; it is therefore impossible to predict the exact amount of expenditure for each HCA.

11. Please provide a list of all MOUs currently in place and any MOUs planned for the coming year. Please provide copies of all such MOUs.

FY15 & FY16 MOUs		
Fiscal Year:	Agencies:	Purpose:
FY15	DDS–OCFO	Armored Car Services
FY15	DDS (RSA)–DCOA	ADRC Services
FY15	DDS (RSA)–DCPL	Services for Blind and Low Vision Individuals
FY15	DDS–DBH	Mental Health Services
FY15	DDS–CFSA	Client Services
FY15	DDS–DCHR	Enhanced Suitability Screening
FY15	DDS (RSA)–ODR	Services for Blind and Visually Impaired Individuals
FY16	DDS–OCP	Agency Personnel Transfer
FY16	DDS–DCHR	Enhanced Suitability Screening
FY16	DDS–CFSA	Client Services
FY16	DDS–DHCF	IDD HCBS Waiver
FY16	DDS–OCFO	Armored Car Services
FY16	DDS(RSA) –DOES	SYEP for summer 2015
FY16	DDS (RSA) –DCPS	Transition Services
FY16	DDS (RSA) -DCOA	Services for Elderly Blind Individuals
FY15	DDS (RSA) –MPD	Employment Related Background Investigations for 15 Clients





FY15	DDS (RSA) – DCPS	Transition Services
FY16	DDS (RSA)– WIC	<i>Planned resource sharing agreement for AJC</i>

Grievance/Complaint Procedures

12. Please respond to the following for FY15 and FY16 to date:

(a) The number of complaints received by DDS’ Customer Relations Unit;

The DDS Customer Relations Unit received a total of 451 contacts/inquiries in FY15 and 99 in FY16 to date. Please note, not all inquiries and contacts with the Customer Relations Unit are considered “complaints”, some calls are requests for information, assistance with understanding processes, assistance with referrals, etc.

(b) Provide a breakdown of complaints received by category type and number within each category type;

Please note: A breakdown of the calls that are received includes calls that would be considered as “complaints” as well as those that are requests for services or information.

Category:	Total:
Housing	32
Incident Management and Enforcement Unit	6
Interest in services	37
Non-payment	11
Staff not meeting services expectation	240
Transportation	27
Unhappy with vendor/provider	7
Waiver (to become a provider)	50
Miscellaneous	140
Grand Total:	550





(c) Indicate the DDS administration and the specific program or provider identified in the complaint;

Administration:	Total:
DDA	236
DDD	7
DDS	14
RSA	293
Grand Total:	550
Program:	Total:
Contracts	1
DDA Day Program	1
DDA	6
DDD	1
Hospital	1
Housing	2
Human Capital	4
Independent Living	2
Incident Management Enforcement Unit	7
Intake	1
Outside Agency	5
Provider	9
Service Coordination	119
Transportation	6
Transportation/SC	1
Vocational Rehabilitation	287
Waiver	43
Miscellaneous	54
Grand Total:	550

(d) Provide the outcomes or corrective actions to address each complaint; and

Resolution:	Total:
Open/Resolution unknown	29
Resolved	521
Grand Total:	550





(e) Provide the response time for responding to complaints.

Days to Close:	Total:
Open	29
<3 days	172
3-6 days	62
7-13 days	71
14-30 days	82
>30 days	134
Grand Total:	426

(f) How many FTEs staff the Customer Service Unit?

The Customer Relations Unit has 2 FTEs.

(g) How many Customer Service Surveys did DDS receive? Please provide an update on the plans to test the effectiveness of a telephone follow-up survey.

DDS received 137 customer service surveys during the last fiscal year. In the last six (6) month period, we have tested an outgoing telephone survey reaching 41 people who were willing to complete the survey. We found that the telephone survey was more effective in collecting responses and DDS intends to expand the telephone survey program in the upcoming fiscal year. DDS is also planning to install ‘quick exit’ survey tool at the new building location.

(h) Please identify any changes in the process of how the agency receives and responds to complaints through the Customer Relations Unit.

DDS is researching and considering options for a more robust electronic tracking system that will facilitate better follow-up and tracking of the type, source and resolution of customer feedback.

FY14 Performance Plan Update

The following questions are based on DDS’ responses to the Committee’s FY14-FY15 Performance Oversight questions.

13. The agency provided the following responses regarding the FY14 Performance Plan (Response to Initiative 1.1; p.7-8):

“In FY2014, RSA expanded outreach efforts, increasing the number of relationships with public/private non-profit community agencies totaling 31 agencies, with VR counselors available to conduct intake and see clients in these offices on a weekly or monthly basis, depending on the needs of the individual agency. In FY2014, RSA coordinated with private and public agencies to ensure that it has a regular presence in at least two private or public agencies serving the Latino population, and two serving Asian and two serving Ethiopian populations. RSA also secured another site working with Vets. The IOU staff is out in the field at least three times a month working to establish relationships with those communities in an effort to increase service capacity to populations underserved.”





Please respond to the following questions for FY15 and FY 16, to date:

a. How many individuals received services from RSA?

In FY15, RSA served 7,145 people and to date in FY16, RSA has served 4,539* people.

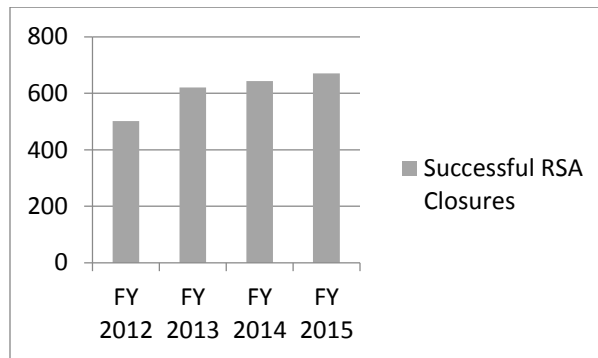
**Please note: This number includes clients who have received paid or unpaid services. An example of unpaid services is job placement services provided by Business Relations Unit (BRU), which is part of RSA.*

b. Were the numbers in FY15 an increase or decrease over FY14?

Increase—the FY15 number of people served by RSA included an additional 966 individuals served in comparison to 6,179 people served in FY14.

c. How many successful outcomes of integrated, competitive employment for 90 or more were achieved through these efforts?

In FY15, 670 people receiving services from RSA were able to obtain competitive, integrated employment and have their cases closed successfully. This is an increase from FY14, in which 643 people obtained competitive, integrated employment, resulting in a successful closure of their case with RSA. As detailed in the figure below, the agency has seen a consistent increase in performance in this area each year: in FY12, there were 501 successful closures, FY13, 620 successful closures; FY14, 643 and FY15 670.



14. The agency provided the following responses regarding the FY14 Performance Plan (Response to Initiative 1.2; p.8):

“The agency hired a project manager for transition services. This person began reaching out to the Student Disability Support Offices at local colleges and Universities in July, 2014. We expect that we will have relationships established with the Disability Offices in all local colleges and universities by March 2015.”





Does RSA have any relationships established with the Disability Offices in local colleges and universities? If yes, identify the colleges and universities.

In April, 2015, the Transition Project Manager moved to another position within the agency. The responsibilities related to engagement with Disability Support Offices at local schools were transferred to the new position that is also responsible for maintaining information on training and education providers. This new position was filled in late April, 2015. This person established relationships with local community colleges and coordinated a community college fair to give job seekers and counselors an opportunity to meet representatives from the disability offices, workforce development offices and admission offices. This position developed relationships with the University of the District of Columbia, Prince Georges Community College, Montgomery County Community College and Northern Virginia Community College. Additionally, DDS provided in-house training with VR Counselors to ensure they were informed about the various colleges and universities in the surrounding area.

Moving forward, RSA will establish relationships with Howard University, Trinity University, Catholic University and the Universities at Shady Grove. RSA will also host two panel discussions, which will feature some local colleges and universities to allow potential students and VR counselors to gain information and ask questions regarding the academic programing and services for people with disabilities.

15. The agency provided the following responses regarding the FY14 Performance Plan (Response to Initiative 3.1; p.12):

“In FY2015, RSA will work with OSSE, DCPS and the Public Charter Schools to provide outreach and education to parents in order to ensure that VR counselors are able to reach out early enough to the youth to actively participate in the development of the transition plan with the youth, their family and school staff.”

Please respond to the following questions for FY15 and FY 16, to date:

- a. Did RSA provide these trainings to parents? Where? When?

RSA provides education to parents to ensure that youth and families actively participate in the development of the transition plan. VR counselors attended back to school night at every DC Public School high school, at the beginning of the 2014-2015 school year in order to provide information to parents. The agency sent a representative to KIPP Academy's meeting in April 2015, with parents of 11th grade students in order to provide information about RSA services for parents and students making post-secondary plans. In January, 2016, RSA staff attended the DCPS Competitive Employment Opportunities Kick Off event with interested students and parents. The agency coordinates with Advocates for Justice and Education to provide education to parents. A representative from RSA was scheduled to attend the Padre a Padre (Parent to Parent) event on January 29, 2016. However, it has been postponed due to snow. The agency has a representative on the State Advisory Panel (SAP) on Special Education, which includes a number of parent advocates. We are working with the SAP to identify parent outreach and education activities. An RSA representative met with the DC Advocacy Partners in October, 2015, to provide information about RSA services, including transition services. VR Counselors also meet individually with parents, in circumstances where the parent attends the intake interview and when the VR counselor is invited to an IEP meeting.



b. Has there been an increase in referrals to RSA from DCPS and Public Charter Schools from FY14 to FY15? Why or why not?

In FY14, there were 1,170 VR referrals from schools and 1,070 in FY 2015. The decrease in the referral numbers is due to the fact that in FY14, the agency changed its practices and asked the schools to begin referring students in eleventh grade, rather than 12th grade. Therefore, there was a significant increase in referrals in FY14 (from 904 in FY13 to 1,170 in FY14). Given that the agency had asked the schools to refer all students 16 and older in FY14, the students referred in FY15 would have been those that newly turned sixteen, in addition to students who had not been referred the year before, although they were 16-21 years old.

c. Does RSA have VR counselors dedicated to students transitioning out of high school? How many? What is their caseload? How many schools are assigned to each VR counselor dedicated to transition?

RSA has VR counselors assigned to all DC Public Schools, all Public Charter Schools and all non-public schools in the DC-Baltimore metropolitan area where DC students attend. There are 13 VR counselors (one current vacancy) assigned to 82 schools. The average case load for each transition VR counselor is presently 108 students.

d. What percentage of students identified as eligible for RSA services has complete, comprehensive IPEs prior to graduation?

All students have a completed IPE prior to graduation. However, DDS cannot confidently address the quality of those IPEs without doing a thorough review of all 1400 transition cases

e. What percentage of students identified as eligible or potentially eligible for RSA services are receiving pre-employment training services prior to graduation? (WIOA requires VR agencies to provide pre-employment transition services to students with disabilities who are eligible or potentially eligible for VR services).

Please see the response to question 54 below, which summarizes all pre-employment transition services provided to date.

16. The agency provided the following responses regarding the FY14 Performance Plan (Initiative 1.1; p.20):

“RSA now has agreements with 2 community based centers serving people who are Ethiopian, 2 centers serving Veterans, 4 sites that primarily serve people who speak Spanish, 2 sites serving Asians and Pacific Islanders and one site that serves people who are blind or visually impaired. In addition, the agency now has VR Specialists at 3 sites in ward 7 and 6 sites in ward 8.”



Please respond to the following questions for FY15 and FY 16, to date:

a. Has RSA maintained these agreements?

b. How many individuals received services from RSA at these community-based centers?

The agency has had little success in receiving referrals at the community based agency that serves people who are Ethiopian. Subsequently, although the agreement remains in place, the agency has suspended intakes at these sites. However, in June, 2015, the agency hired an Ethiopian VR Counselor, who speaks Amharic and we plan to recommence having intakes at the Ethiopian Community Center by March 31, 2016.

The agency has also received few referrals at the DC Office of Veterans Affairs. However, in consulting with the staff at this site, they have reported that the VR counselor is an asset in their office. Although he is not receiving referrals at this site, he is providing information about VR services available through RSA, for those veterans who are ineligible for VR services through the VA. The agency currently has 19 applications pending for veterans and has 181 active cases for veterans.

The agency maintains agreements and provides services in three of the four sites serving people who speak Spanish. However, through promotions and resignations, the agency has lost all four Spanish speaking counselors in the past two years. Therefore, we have been actively recruiting for new bi-lingual VR counselors; one person will start on February 22, 2016. Recruitment efforts continue to hire one additional bi-lingual counselor. None of the four counselors who previously served Spanish speaking clients had exclusively Spanish speaking clients on their caseload. Therefore, based on the current need, we expect that two counselors will be sufficient.

17. The agency provided the following responses regarding the FY14 Performance Plan (Initiative 1.1; p.20):

“RSA and DOES are developing an MOA regarding coordinating services at the American Job Centers (AJC). RSA completed a draft of this MOA on January 12, 2015, and submitted it to DOES for review. Two of the four AJCs are now equipped and able to accommodate VR Specialists five days per week. A conference call is scheduled for January 23, 2015, to work out the details and make arrangements for VR Specialists to start there by March 1, 2015.”

Please respond to the following questions for FY15 and FY 16, to date:

a. Have VR Specialists begun working at the AJCs? If yes, how many VR Specialists are assigned to AJCs? How often?

There are currently six (6) VR Specialists assigned to the American Job Centers (AJC). There are currently VR Specialists assigned five (5) days per week in two (2) sites (Backus and Reeves) and VR Specialists assigned one (1) day per week to the MLK and Minnesota Avenue site. RSA has also identified staff to increase the latter two sites to five days per week as soon as there is sufficient space and resources identified in these locations. There is also one Transition VR Specialist who meets with youth at the Minnesota Avenue site one (1) day per week. She does not conduct intake at this site, but is available to meet with youth there because it is more convenient for the youth to connect to services at the AJC. Not only are intakes done by RSA at



AJCs, but also when clients apply for VR services, the counselor assists the person to register in the Virtual One Stop, to allow the person to receive Title I employment services through DOES.

How many individuals received services from RSA at the AJCs?

The agency identified 77 individuals whose applications were accepted at the AJC. However, this is an underrepresentation of the work done at these sites, as VR counselors also see existing clients who completed their application at another location at the AJC sites. Additionally, this number reflects only referrals, but doesn't account for the many individuals who receive job-related counseling and other informational services pertaining RSA.

b. Were the numbers in FY15 an increase or decrease over FY14?

This is an increase of 66 people.

c. How many successful outcomes of integrated, competitive employment were achieved through these efforts?

Of the 77 people referred, six (6) have been placed in employment, three (3) have been employed for more than 90 days, and their cases have been closed successfully, and the other three (3) are still receiving supports from RSA.

RSA is currently working with the Office of the City Administrator's Performance staff to identify performance metrics to measure the success of the integration of services at the AJC's. VR counselors are not placed at these sites as another "VR office," but to ensure integration of services for people with disabilities. We expect to have performance measures identified to measure the extent of coordination of these services developed by the beginning of the program year (July 2016). Measuring whether a person whose intake was conducted at the AJC has a successful closure of a VR case does not adequately capture the utility of the integration of RSA services at AJCs. What we expect to see is a higher utilization by people with disabilities of Title I Workforce Services. Furthermore, given that the agency has only expanded services in the AJCs in the past year, and that a person's rehabilitation can take several months to a number of years, the number of successful outcomes from 77 intakes conducted in FY 2015 would significantly understate the benefits of VR services being fully integrated into the AJC.

18. The agency provided the following responses regarding the FY14 Performance Plan (Initiative 1.3; p.21):

"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."



Please respond to the following questions for FY15 and FY 16, to date:

- a. Did RSA assign one staff person to maintain current information on all training and education providers approved for placements? If yes, who is assigned to maintain the information at RSA?**

The agency hired an Employment Coordinator of Education and Training in April 2015. The position is located within the Business Relations Unit and the person is responsible for conducting data analysis on outcomes of career training programs and local colleges and universities.

- b. Is there a printed resource guide regarding all available training programs and local colleges and universities? Is this information, regarding appropriateness of training facility, the safety and adequacy of the program, description of services and outcomes, available online?**

There is not a printed training programs guide at this time. We are developing a framework for providing a web-based guide and information regarding training program services and outcomes will be available in the web-based guide. The information will reflect outcomes associated with career training program completion, post-training employment and prerequisites for potential training. We will also work with the Department of Employment Services (DOES) to obtain best practices and learn about their standards for selecting training program providers. We are also encouraging training providers to enter into Human Care Agreements, which will allow us to capture detailed outcome data.

- c. How many individuals received services from RSA at the community-based centers? Does this number represent an increase or decrease over FY14?**

In FY15, approximately 180 job seekers were authorized to receive career training services. This number represents an increase from FY14 where approximately 121 job seekers were authorized to receive career training services.

- d. How many successful outcomes of integrated, competitive employment for 90 or more were achieved through these efforts?**

In FY15, 123 job seekers, who completed career training, gained and maintained employment past 90 days. This is an increase when compared to 83 job seekers, who gained and maintained employment past 90 days after completing career training in FY14.



FY15 Performance Plan

19. Please provide an update on the agency’s performance plan for FY15. Please indicate if DDS met the objectives set forth in the performance plan for FY15. Please provide a description of what actions DDS undertook to meet the key performance indicators and/or any reasons why key indicators were not met.

Please see attached: *FY15 DDS Performance Accountability Report (PAR)*

Court Supervision

20. The FY16 budget for court supervision and oversight costs was significantly reduced based on the premise that DDS will exit the *Evans* litigation in FY16. Please provide a status update for court oversight associated with *Evans v. Bowser*.

The funding allocation for court supervision and oversight in *Evans v. Bowser* was reduced from \$328,000 in FY15 to \$25,000 in the Mayor’s approved FY16 budget based on DDS’s anticipated exit from the *Evans* litigation during the fiscal year.

As of October 1, 2015, the federal court had determined the District government to be in compliance with 65 of the 70 outcome criteria in the 2010 Exit Plan. The five remaining outcome criteria involve achieving a 90% compliance threshold for providing class members with remaining outstanding elements of:

- (a) Appropriate community-based individualized habilitation, medical and health services (four outcome criteria (iii, viii, ix, and x) in Goal A.1.), and
- (b) Vocational and day services in the least restrictive, most integrated setting (one outcome criterion (i) in Goal A.2.).

On December 28, 2015, the ICA notified the Court Monitor of the District government’s intent to file certifications of compliance with these five remaining outcome criteria in March 2016. The Court Monitor began her joint monitoring activities in January 2016, and notwithstanding the delays occasioned by the recent snow event, DDS is working with the ICA to file its certifications of compliance with the Special Master in late March to early April 2016. Thereafter, under the agreed-upon certification procedures, the plaintiffs and plaintiff-intervenor will have 30 to 60 calendar days to file objections, and the Special Master will have 30 to 60 calendar days to file his report and recommendations to the Court. Accordingly, DDS continues to anticipate exit from the *Evans* litigation prior to the end of FY 2016.



FY16 Budget and Policy Directives

21. Please provide a status update on the agency’s compliance with the Committee’s FY16 budget and policy directives. When reports or other documents are indicated, please provide those documents.

DDS filed a timely and complete response to the Committee on December 1, 2015.

Please see <http://dds.dc.gov/release/dds-report-committee-health-and-human-services-re-fy16-budget>.

Developmental Disabilities Administration (DDA)

22. Please provide a current organizational chart for DDA. Please provide information to the activity level.

Please see attached: *FY16 DDS Organizational Chart* (chart 8 through 22) and *FY16 DDS Full-Time Equivalent Master Report*

Please identify the number of full time equivalents at each DDA organizational level and the employee responsible for the management of each program and activity.

Please see attached: *FY16 DDS Organizational Chart* (chart 8 through 22) and *FY16 DDS Full-Time Equivalent Master Report*

23. How many DDA vacancies were posted during FY15? To date in FY16? Please identify each position, how long the position was vacant, what steps have been taken to fill the position, whether the agency plans to fill the position, and whether the position has been filled.

Please see attached: *FY16 DDS Vacancies*

24. How many people applied for DDA services in FY15 and FY16 to date?

In FY15, 164 people applied for DDA services and, as of January 27, 2016, 45 people have applied for DDA services.

25. How many people are currently in the intake process awaiting a decision about eligibility?

Currently, we have 44 people in the Intake process awaiting eligibility. DDS is required by policy to provide a response regarding eligibility within 45 – 90 business days.

# of Days for Pending Cases	# of Applications
1 to 30 days old	15
31 to 60 days old	8
More than 60 days old	21
Total	44





26. How many people did DDA deny who applied for DDA services in FY15 and FY16 to date? Please provide the reasons/categories for denial and the number of denials in each category.

In FY15, DDA denied 28 people who applied for DDA services and as of February 9, 2016, DDA denied 12 people who have applied for services in FY16. The DDS Intake and Eligibility policy requires three categories for eligibility (1) DC Residency, (2) a Full Scale Intelligence Quotient (FSIQ) score of 69 or below for a person and (3) Concurrent deficits in at least two areas of adaptive functioning in order to be eligible for services. Based on available data for the 40 ineligible cases total, 20 did not meet the eligibility criteria and had Pre-18 FSIQ scores above 69; six (6) did not have any Pre-18 documentation and no historian to provide developmental summary; one (1) was not a District resident; 13 did not have Adaptive deficits in 2 or more areas. Please see attached: *FY16 DDS Q27*

27. What was the average age of individuals denied eligibility?

The average age of people denied eligibility is 26 and the median age is 22.

28. Of those who were denied eligibility in FY15 and FY16 to date, how many appealed through the internal appeals process? How many of those denials were reversed in the internal appeals process?

Of the 40 people who were denied eligibility in FY15 and FY16 to date, 11 appealed through the internal appeals process and 10 were reversed in the internal appeals process. There are various levels to the internal appeals process: Level I review (Unit Supervisor), Level II (Deputy Director), Level III (Administrative review hearing). Six (6) of the reversals happened at Level I. The reversal decision was made on account of the applicants providing the outstanding assessments after the initial eligibility determination period. Three (3) reversals occurred at Level II whereby the Deputy Director for DDA reversed the determinations based on assessment at that level. The remaining reversal occurred at the Office of Administrative Hearings (OAH) level.

DDS is actively working on revising its *Intake and Eligibility* policy and procedure and is evaluating the causes of reversals as part of that revision to ensure the DDS policy provides sufficient and clear guidance to applicants and staff.

29. How many denials of eligibility were appealed to the Office of Administrative Hearings (OAH) in FY15 and FY16 to date? How many of those denials were reversed in the OAH?

In FY15 and FY16 to date there are no appeals for denials of eligibility to the Office of Administrative Hearings. However, a case brought in October 2013 appealing a denial of eligibility was reversed by OAH in a decision issued in November 2014. It is the reversal referenced in the response to question 29 above even though it began the appeals process in FY14.

30. Of those individuals denied eligibility by DDA in FY15 and FY16 to date, how many were because the applicant lacked pre-18 documentation of an intellectual disability?

Based on available data for the 40 ineligible cases, six (6) people did not have any Pre-18 documentation of an intellectual disability.



31. In FY15, what was the average number of days from when an application for DDA services was submitted and an eligibility decision was made? How does this compare to FY14?

Fiscal Year:	# of Individuals:	Average Days:
FY14	139	49.71
FY15	106	60.08
FY16 YTD (1/27/16)	34	61.11

Note: Average time is calculated as the number of business days between Application and Eligibility Determination date, removing days when the clock has been stopped pending receipt of required additional information. Data is based on the Eligibility Determination date.

32. For the people found eligible for DDA services in FY15, what was the average length of time between the finding of eligibility and the completion of an Individual Support Plan (ISP)? What was the average length of time between eligibility and receipt of services identified in the ISP?

DDA strives to have the initial ISP within 60 calendar days of the eligibility decision so that services can be initiated in a prompt fashion. As noted below, DDA is currently averaging 75 days to complete the initial ISP. The initial ISP can be delayed for a number of reasons, most commonly due to a delay in obtaining necessary medical assessments, difficulty with coordinating schedules, or delays in assigning a DDA service coordinator to work with the person and his/her friends and family. In FY 2015, DDA has evaluated the delays in the critical first access point to services, and is making changes to its Intake Policy and its ISP policy to remove barriers involved in completing the initial ISP which in turn will speed access to services.

Category:	Days:
# of Individuals Found Eligible	89
Average Days Between Eligibility and Initial ISP	75.46
Average Days Between Eligibility and First Waiver Service is Received	111.66

Note: Average time is calculated as the number of calendar days between eligibility date and the effective date of the initial ISP. Data is based on the initial ISP date.



33. What steps has DDA taken to bring additional residential providers to the District, especially those with experience and expertise supporting people with behavioral challenges?

In FY15, DDA solicited new providers by contacting:

- 1) The Department of Health licensing board to obtain a list of all specialty clinicians in order to develop a mailing list;
- 2) The Department of Health Care Finance to obtain a membership listing of the Medicaid Advisory Committee;
- 3) The Georgetown University Center for Child and Human Development to obtain a list of department chairs of educational programs for the specialty areas; and
- 4) Various professional boards seeking to have DDA's search for professional clinicians posted in their newsletters, and make presentations at board meetings about the Home and Community-Based Services waiver program and DDA's need for clinicians.

Through the coordination and convening of a series of orientation meetings with interested clinicians and organizations, DDA was able to enroll providers to add capacity to its residential and specialty clinical provider network. From October 1, 2015 to date, DDA has enrolled a total of nine (9) residential providers, and seven (7) of those providers have experience and expertise supporting people with behavioral challenges.

34. Please provide the number of incidence reports for FY15 and FY16, to date, by provider.

In fiscal year 2015, DDA accepted 3,339 Reportable Incidents (RI) and 1,103 Serious Reportable Incidents (SRI), for a total of 4,442 incidents, involving our providers. As of February 3, 2016, DDA accepted 995 RIs and 341 SRIs, for a total of 1,337 incidents, involving our providers in FY16.

Please see attached: *FY16 DDS Q35 Incidents*

a. Please provide copies of the most recent Provider Report Cards related to incident management performance.

Please see attached: *FY16 DDS Q35 FY15 Provider Report Card and FY16 DDS Q35 FY16 Provider Report Card*

35. In September 2015 and in response to recent U.S. Supreme Court precedent, DDS, through DHCF, amended the General Provisions of the Home and Community Based Waiver for DDA services to recognize that determinations of eligibility must take into account a standard error of measurement associated with IQ test scores. Yet the current DDA Intake Policy and Procedure has not been similarly amended to indicate that having a Full Scale IQ score of 69 or below is not a "bright line rule" for DDA eligibility. Please provide an update on DDS efforts to revise its DDA Intake Policy and Procedure.

DDS is currently revising its *Intake Policy and Procedure* to align with the General Provisions regulations and based upon stakeholder feedback.

36. How many people who DDA supports were competitively employed in FY15 and in FY16, to date? How does this compare with FY14?

In FY15, 253 people that DDA supports were competitively employed and to date in FY16, 256 people are competitively employed. The numbers have remained consistent in comparison for FY14 where 256 people were competitively employed. Additionally, RSA successfully closed cases for 68 people with intellectual disabilities in FY15, who achieved competitive, integrated employment.

For the past two years, DDA has participated in the National Core Indicators (NCI) survey. NCI is a voluntary effort by public developmental disabilities agencies to measure and track their own performance. The core indicators are standard measures used across states to assess the outcomes of services provided to individuals and families. Indicators address key areas of concern including employment, rights, service planning, community inclusion, choice, and health and safety. According to data from the NCI survey, the District scores above the national average in terms of people receiving services who are engaged in competitive, integrated employment.



37. In what ways, if any, is DDA working to improve the quality and individualization of day services? Please identify any specific changes, if any, which will be implemented in FY16.

To improve the quality and individualization of services, in July 2015, DDA put out standards for daily schedules for people who attend day programs. First, we required that each activity a person engages in must be linked to a person’s goal and interests as identified in person-centered planning and discovery tools, and/or skill building. Skill building should support the person on his or her pathway to community integration and employment and may include skill building in support of community involvement and participation; community contribution; improving communication; building and/or sustaining relationships; pursuing employment or integrated retirement; self-determination and self-advocacy; money management; learning to use public transportation; and other activities that are important to or for the person, as identified in his or her person-centered planning and discovery tools. When an activity is taking place in the community and is designed to promote community integration, the daily schedule should include the following information:

- Specific location.
- Specific activity the person will be doing at the location.



- What interest(s) that the person has addressed by the activity?
- What goal(s) that the person has that are addressed by the activity?

DDS reinforces the need for high quality individualized day services on a one-to-one basis with providers during regular service coordination monitoring, and offers technical assistance and uses the Issues system, as appropriate, when services do not meet expectations. In the Fall 2015, DDA identified 12 day habilitation and employment readiness providers as requiring technical assistance to improve the quality of services and, ultimately, compliance with the HCBS Settings Rule. The DDA Service Coordination Planning and Quality Management Divisions launched an intensive monitoring and technical assistance effort, completing 469 visits and providing each provider with a breakdown of issues identified through monitoring, and focused the technical assistance on those areas.

In FY15, DDS provided training and technical support to traditional day and employment readiness programs to improve the quality of those programs and to help those providers plan for future business models that support community integrated services and compliance with the HCBS Settings Rule. The training and technical support program was entitled “Laying the Foundation for Successful Community Involvement.” It involved both big group training sessions, open to all day providers, as well as a number of one-to-one strategic planning sessions with twelve participating provider agencies.

Additionally, DDS provided training and support with” Community Mapping” on both a person-specific and neighborhood/Ward specific basis and training on “Community-Based Transportation Strategies.” DDS has developed and shared materials for recruiting Direct Support Professionals with skills in community integration and as community builders. The materials from the trainings are available on-line at: <http://dds.dc.gov/page/individualized-day-supports-toolkit>. (Although some of these trainings were targeted specifically for providers of Individualized Day Supports, all of those providers also offer day and/ or residential services under the HCBS IDD waiver.)

In FY16, DDS is continuing to facilitate forums for discussions on efforts to enhance opportunities for community integration with HCBS IDD waiver providers and offer training and support at the Day and Vocational Provider Community of Practice. Additionally, the twelve day habilitation providers who participated in the provider transformation initiative created strategic plans, which are being followed and discussed at their regular Provider Performance Review meetings.

38. In FY15 and FY16 to date, how many people receiving DDA services were successfully supported to move from congregate day habilitation programs to Individualized Day Supports (IDS)?

DDS increased community integration options for people with IDD by reducing the number of people receiving day supports in a congregate setting by 203 people in FY15, as demonstrated by:

- (1) Increased numbers of people engaged in competitive integrated employment;
- (2) Enrollment in Individualized Day Supports and Supported Employment; and/ or
- (3) Changes to more individualized Active Treatment for people living in ICF/IIDs.



39. In FY15 and FY16 to date, how many people receiving DDA services were in pre-vocational or employment readiness programs? Of those, how many successfully moved into supported employment? Or competitive employment?

In FY15, 400 people receiving services from DDA were in prevocational or employment readiness programs, and in FY16 to date, 407 people have received these services.

124 people who received employment readiness services in FY14 moved to receiving supported and/or competitive employment services in FY15. As of January 27, 2016, 34 people who received employment readiness services in FY15 moved to supported and/or competitive employment services in FY16.

40. What actions are being taken by DDA to assist people with intellectual disabilities progress from pre-vocational or employment readiness programs to supported or competitive employment?

DDS has prioritized an enhanced focus on employment in the individual support planning (ISP) process and in service delivery. Tools were developed in FY15 to assist service coordinators and service providers in having guided conversations as part of the ISP process to support people on a pathway to employment, including training on how to do discovery, develop a positive personal profile, and complete a job search/community participation plan.

DDA's ISP policy and relevant procedures have been updated to require use of Person Centered Thinking (PCT) tools, Discovery Positive Personal Profile (PPP) & the Job Search and Community Participation Plan (JS/CPP), and guided conversations to assess a person's interest in employment; whether they are spending their day in the most integrated setting; and whether there was informed choice of setting and provider. These documents are available at:

- [ISP Policy](#)
- [Annual ISP Procedure](#)
- [Initial ISP Procedure](#)
- [Person-Centered Thinking Procedure](#)

The Guided Conversations/ Assessment Tools to have an in depth conversation with the support team about a person's interest in employment and in receiving services in a community based setting, identify any barriers, and create an action plan, as appropriate are available at:

- [Assessing Employment](#)
- [Assessing Most Integrated Day Informed Consent](#)
- [Supporting Informed Choice](#)
- [Benchmarks on the Pathway to Employment & Community Integration](#)



Discovery Vocational Assessments and related documents, including a guide to using PCT tools to fill out the Discovery documents to ensure they align, and a quality rubric so that we have clear expectations on what will meet our standards are available on-line at:

- [DDS Discovery Toolkit](#)
- [Using PCT to Inform Discovery](#)
- [Discovery Positive Personal Profile](#)
- [Job Search and Community Participation Plan](#)
- [Discovery Quality Rubric](#)

Additionally, we have placed a strong emphasis on provider transformation. In FY15, DDS worked with twelve day habilitation and employment readiness providers to move towards individualized community-based services that support a pathway to employment. Three additional providers received support through DDS from the Department of Labor Office of Disability Employment Policy subject matter experts to support service transformation.

41. In FY15 and FY16 to date, how many people receiving DDA services were competitively employed? How does this compare to the FY14?

Please see response to Q37, above.

42. In FY15, how many new customized employment opportunities were created for people receiving DDA services? In FY16 to date?

In FY15, all of the DDA staff and day/employment service providers received training on customized employment, including its cornerstone, called Discovery, which is a form of vocational assessment specially tailored for people with the most significant barriers to employment. Providers and DDA staff also learned about developing Job Search/Community Participation Plans based on what they learned through the Discovery process. Three provider agencies received targeted support through DDS's involvement in the Employment First State Leadership Mentoring Program focused on customized employment and provider transformation from day services to employment.

Providers are not asked to report on which jobs could be considered customized, therefore, DDA does not have a number to provide. Most of the jobs developed in FY15, were customized in one or more ways, including task reassignment, flexible hours or schedules; job sharing, or job modification. Some jobs are customized as part of the hiring process while others are customized after someone starts and the employer/employee learn about what accommodations, modifications and support will enable someone to be successful.

In FY16, DDA and RSA have worked with national experts to create a Customized Employment Community of Practice, which will train local agency provider staff as well as DDA and RSA staff to become subject matter experts on successfully implementing Customized Employment, with an emphasis on employer engagement. Therefore, the groundwork that was laid in FY15 should result in increased numbers of people with disabilities entering the workforce.



- 43. Please provide an update on the agency's work in coordination with DC Public Schools, Office of the State Superintendent of Education, DC Public Charter Schools, and private schools to help students transition from special education services to adult disability services, continued education, employment, and independent living.**

The DDA intake and eligibility determination unit continues to partner with the DC Public School system to ensure adequate participation in Individualized Education Program meetings and forums with families to ensure transitional links to adult services. In February 2016, DDA will meet monthly with DCPS transition coordinators to, among other things: share information, coordinate supports, discuss specific cases, and plan for the next fiscal year. DDA intake and eligibility staff is supporting transition age youth to also make application to RSA simultaneously to encourage transition to employment rather than traditional day programs. In addition, DCPS convenes monthly transition collaborative meetings that include points of contact from, among others, DDA, RSA, DOES, non-public and charter schools, and OSSE.

Rehabilitation Services Administration (RSA)

- 44. Please provide a current organizational chart for RSA. Please provide information to the activity level. Please identify the number of full time equivalents at each organizational level and the employee responsible for the management of each program and activity.**

Please see attached: *FY 16 DDS Organizational Chart* (chart 3 through 6)

- 45. How many RSA vacancies were posted during FY15? To date in FY16? Please identify each position, how long the position was vacant, what steps have been taken to fill the position, whether the agency plans to fill the position, and whether the position has been filled.**

Please see attached: *FY16 DDS Vacancies*

- 46. How many individuals received services from RSA in FY15 and FY16, to date?**

RSA served 7,145 people in FY15, and has served 4,539 people through the first quarter of FY16.

- 47. Were the numbers in FY15 an increase or decrease over FY14?**

The FY15 total number of people that received services from RSA represents an increase from FY14, in which the agency served 6,179 people. However, there was a decrease in the total number of people with whom RSA had contact, which also includes people who were referred to the agency for services, but did not follow through with completing an application. Including those who did not follow through with applications, there was a decrease in the total number from FY14 to FY15, from 9,075 to 8,911.



48. What are the caseloads for the RSA rehabilitation counselors?

According to the state plan for vocational rehabilitation services, the agency has established different caseload standards for counselors, depending on population served. Currently, the average caseload for VR counselors in the sensory unit (i.e., serving people who are blind, visually impaired, Deaf, hard of hearing or deafblind) is 81; the average caseload in the transition unit is 108; the average caseload in the general VR units is 138.

49. How many individuals receiving services through DDA are also getting services from RSA?

There are 309 people receiving services through DDA are also receiving services from RSA.

50. What percentage of cases in FY15 did DDS meet the 60 day target for determinations of RSA eligibility? To date in FY16?

In FY15, RSA met the 60 day target for determination of eligibility 95% of the time which is an increase from 92% in FY14. Presently DDS is meeting the 60-day target goal 93% of the time as of January 30, 2016.

51. How many individuals attained employment for 90 days or more in FY15? To date in FY16?

In FY15, 670 individuals attained employment for 90 days or more, with average entry level wages of \$13.52. This was an increase from FY14, in which 643 individuals attained employment for 90 days or more with average entry level wages of \$12.06. Thus far, in FY16 (through January 30, 2016), 100 individuals have attained employment for 90 days or more.

52. Individuals continue to report that RSA is failing to tender timely payments for their client's educational and training programs, particularly post-secondary education. What efforts are being made ensure that RSA tenders payment for these services in a timely fashion?

In the past two fiscal years the agency has made a number of changes regarding post-secondary education, in part, to address concerns about timely processing of payments. The agency's regulations and policies require that a student maintain a 2.0 grade point average as a condition of continuing funding for tuition. Historically, there were issues with processing the spring semester payments as counselors were waiting to receive grades from students before processing the spring tuition. Given that the GPA requirement is calculated on an annual basis, two years ago the agency instructed counselors not to delay processing spring payments due to outstanding grades, as any decision regarding funding would not occur until the end of the Spring semester.

Additionally, one year ago, the agency instructed counselors to complete all funding authorizations for college tuition at the beginning of the fiscal year. This made the process much more efficient each semester. We have found that these changes have had significant impact on the number of



complaints received regarding late payment of tuition and school related payments. This school year we received a small number of complaints. The complaints fell into two categories: one is individual performance issues by counselors and the other issues are with payments being seized by the IRS due to outstanding tax bills. The agency has had to resolve issues of payments made to schools for tuition or supplies being seized by the IRS for payments made to nine different schools. When we learn that this has occurred, staff in the Office of the Chief Financial Officer assist us in resolving this issue and ensuring that payments are processed.

53. The FY16 budget for RSA included \$1.75 million to meet its obligations under the Workforce Innovation and Opportunity Act (WIOA) to expand the range of vocational rehabilitation services DDS provides to students with disabilities. Please describe how the additional funding has been used by the agency to meet the new requirements under WIOA. Please provide the number of students that have been reached through these efforts.

RSA has been coordinating with a number of partner agencies to provide pre-employment transition services to students with disabilities. The agency has been providing support for work based learning experiences for students, including students in DCPS's Career Academy at River Terrace and for students in DCPS's General Exploration course. RSA has provided funding for wages, and when necessary job supports, for 35 students participating in the career academy, to provide work experience related to their training at school; and support for 35 students in the DCPS General Exploration course, to assist in developing work skills. In addition, the agency supports 16 students in Project Search, a ten month training program for students with intellectual and developmental disabilities. The students are placed at the Smithsonian Institution, NIH and Embassy Suites Hotels.

RSA has provided funding to DCPS to hire workforce development coordinators, who identify work experiences for students and provide counseling on post-secondary options and job readiness training. These staff have served 1,454 students to date. RSA is coordinating with DCPS in its Competitive Employment Opportunities Program, which provides mentoring and internship opportunities for 70 youth. RSA VR counselors have provided group work readiness and career counseling workshops to 101 students in DCPS and Public Charter Schools. The RSA Employment Coordinator has provided employment readiness workshops in Public Charter Schools for 74 students.

RSA has contracted with the Special Education Cooperative for assistance in providing transition services to students in Public Charter Schools. The staff from the Special Education Cooperative has provided career counseling and counseling on post-secondary opportunities to 40 students. The Center for Independent Living is providing peer support groups for students with disabilities, currently in three schools. Additionally, the agency is currently coordinating with OSSE and School Talk to host the annual Transition Forum on March 11, 2016; we expect approximately 400 students and their families to attend. In addition, over spring break, the Special Education Cooperative will host an Alternative Spring Break, which will provide career planning and work readiness training to 25 students.



54. Does RSA have a guidance document or booklet for applicants and/or clients of RSA explaining the eligibility and IPE process and the services available from RSA?

RSA has a number of printed materials available to consumers to educate them about vocational rehabilitation services. The most comprehensive document is a tool kit for transition youth, which provides information about the VR process. This document is also available on-line at: dctransition.org/rsa. The tool kit provides a comprehensive description of the VR process, including what the student can expect at each stage of the process from application through successful employment. There is also a companion document that is provided to school staff to educate them about the VR process. The agency has a Frequently Asked Questions document available for all VR clients that summarizes the VR process and answers questions about what is required of the client and what the client can expect from RSA throughout this process. Both the tool kit and the FAQ document are available in English and Spanish. The agency also has brief information cards describing the VR program in Spanish, Amharic, Tegrinha, French, Korean, Vietnamese and Chinese. Additionally, RSA has a video explaining the RSA eligibility and IPE process.

55. What efforts are being taken to ensure that all RSA clients have complete copies of their Individual Plans for Employment (IPE) and are provided copies of their evaluations in a timely manner in order to ensure they can exercise informed choice?

Prior to developing the IPEs counselors inform clients about their rights and responsibilities; the option of developing their own IPEs in line with their employment goals and the availability of assistance if or as needed; and the opportunity to choose their own service providers from the list of HCA providers. RSA counselors encourage and respect clients' employment goals. Additionally, the IPEs can be amended to suit clients' needs, preferences, strengths, abilities, and other functional capacities and limitations. Clients are provided with copies of their IPEs once they are completed. Regarding evaluations, clients can receive copies of their evaluations if they so request.

56. The top languages spoken, aside from English, in DC are: Spanish, French, Amharic/Ethiopian, German, and Chinese.

a. How many FTEs are employed by RSA that speak each of these languages?

There are 15 FTEs employed by RSA that speak the top languages spoken aside from English by people that receive services from RSA.

b. Do those FTEs interact with individual clients?

Yes, the 15 FTEs that speak the top languages other than English interact with the people RSA serves.



57. On average, how long do Vocational Rehabilitation (VR) counselors remain employed at RSA?

Vocational Rehabilitation (VR) counselors remain employed at RSA for an average of 48 months.

58. What efforts are being taken to ensure that all staff, including those who greet customers in the lobby, are properly trained to assist RSA clients and ensure access to VR counselors?

All staff including intake and front desk employees goes through new employee orientation and Human Resource trainings on topical areas such as agency mission and values and customer service. They are also provided with regular clinical supervision to ensure they keep abreast of best practices in customer service and remain professionally responsive to customer needs in a holistic way. Front desk staff ensures clients are served in a timely manner and aim for no more than 15-minute wait times. The front desk staff has to inform counselors immediately when their appointments arrive by either calling or emailing them and their immediate supervisors are also included in those communications.

59. How many RSA case closures were there in FY15? How many were successful case closures, as defined in DDS' responses to last year's oversight questions? How many were unsuccessful case closures?

In FY15, RSA had 670 successful case closures, with average entry level wages of \$13.52 per hour. This is an increase from FY14, in which the agency had 643 successful closures, with average entry level wages of \$12.06 per hour. In FY15, RSA closed 1,641 cases as unsuccessful – this is an increase. RSA is in the process of conducting a thorough review of all cases and closing out, as unsuccessful those cases in which the person is no longer engaged actively in services. The agency has established a new position of a vocational rehabilitation specialist for re-engagement. This individual is being assigned cases in which the agency has lost contact with a person and is making attempts to re-engage with the person to identify the reason for the person's disengagement from services. The VR Specialist then works to re-engage the person in services.

60. In what percentage of FY15 cases did DDS meet the 60-day target for determinations of RSA eligibility?

In FY15, RSA met the 60 day target for determination of eligibility 95% of the time. This compares with 92% in FY14, and 93% through January 30, 2016.

61. How many vocational evaluations were funded by RSA in FY15? To date, in FY16?

In FY15, the agency funded 113 vocational evaluations. To date in FY16 (through February 6, 2016), the agency has funded 78 vocational evaluations.



62. How many post-secondary educational and training programs tailored to people with intellectual disabilities did RSA fund in FY15 and in FY16, to date? What were the names and locations of those programs?

RSA has funded post-secondary educational and training services for people with intellectual disabilities at training providers and colleges and universities that include programs to accommodate people with intellectual disabilities. None of these programs are segregated programs that serve exclusively people with intellectual disabilities, but there are supports available to meet the needs to people with ID. In FY15 and FY16, the agency has funded the following programs:

1. The Carroll Center for the Blind; Newton, MA
2. Hands on Educational Services; Washington, DC
3. Marshall University; Huntington, WV
4. Montgomery Beauty School; Silver Spring, MD
5. Montgomery Community College; Rockville, MD
6. National Children's Center; Washington, DC
7. Northern VA Community College; Fairfax, VA
8. St. Augustine's College; Raleigh, NC
9. West Virginia University; Morgantown, WV
10. VMT Education Center; Washington, DC

63. How is RSA working to use advances in technology to help people with disabilities obtain and maintain jobs or gain employable skills?

RSA has an assistive technology (AT) specialist on staff who conducts AT assessments and provides training for people on how to use AT equipment. In FY15, the agency provided AT equipment to 45 individuals. In addition, the agency coordinates with the AT Center at University Legal Services, which has an AT demonstration center that allows people to borrow equipment in order to decide on the most appropriate equipment to meet their needs. The agency also has agreements with community based providers that conduct AT assessments and provide necessary AT equipment.

64. What efforts have been made to increase the number of RSA vendors in FY15 and FY16, to date?

In FY15, RSA issued several solicitations to increase the number of vendors serving RSA. The solicitations included the vocational rehabilitation services (including job placement (JP), supported employment (SE), and benefits counseling), evidence-based supported employment (EBSE) services; career assessments; tutoring and academic support; and vocational training program providers.



With the new solicitations, RSA was able to increase the number of JP and SE providers to a total of 22 providers with 4 SE and one (1) JP providers joining in FY15, and one (1) SE and (1) JP providers joining in FY16. RSA had in FY15 also developed agreements with 10 EBSE providers, who are also providing services to persons served by Department of Behavioral Health. There are now 10 career assessment providers with RSA agreements, eight (8) of which had their agreements approved in FY15.

RSA also added four (4) tutoring and academic support providers in FY15 and one in FY16 with a total of five (5) providers; and two (2) additional vocational training programs that will allow people served by RSA to become prepared in hospitality and other trades.

RSA is currently finalizing several solicitations. One is for Independent Living and Assistive Technology services. RSA is also finalizing the solicitation for pre-employment transition services that will be open to multiple vendors to submit proposals for programs to be implemented in the summer. Lastly, RSA is revising its VR Training solicitation to ensure consistency in monitoring training programs with the same performance metrics as DOES and OSSE.

65. To what extent is RSA researching job development trends to identify jobs that people with certain types of disabilities are or could be well-suited for, if they receive appropriate supports and services?

RSA works with each individual to develop an employment goal consistent with that individual's strengths, needs, abilities, capabilities, resources, interests and informed choice. Services and supports are then provided to enable each individual to be successful in the career of their choice. Based on a person's disability, he or she may require particular accommodations; however, the agency does not believe that individuals with certain disabilities are better suited for particular careers based on their disability. The disability is a part of who the person is; the decisions regarding employment goal are more individualized and comprehensive than simply looking at the person's disability.

66. Please describe RSA's efforts within the past year to implement the District's "Employment First" initiative.

In FY15, through a competitive process, the District of Columbia was one of 15 states selected to participate in the U.S. Department of Labor's (DOL) Employment First State Leadership Mentoring Program (EFSLMP), funded through DOL's Office of Disability Employment Policy (ODEP). This project, led by DDS, created a cross-system, cross-disability approach to promoting Employment First systems change efforts. Through this project, the District receives a combination of onsite and virtual technical assistance from national subject matter experts based on ODEP's Criteria for Performance Excellence in Employment First State Systems Change & Provider Transformation, focused on:

- (1) Policy and funding alignment;
- (2) Policy analysis;
- (3) Strategic planning;
- (4) Rate restructuring and resource braiding;
- (5) Service delivery coordination and/or
- (6) Cross-agency collaboration.





The District focused on provider transformation and cross-agency collaboration for WIOA implementation.

In FY16, the District of Columbia was awarded a continuation of its Employment First State Leadership Mentoring Program, funded by the DOL, with DDS again as lead agency. For this year, ODEP is investing in systems change efforts to increase community-based, integrated employment opportunities for people with disabilities, for which the cross-agency District partners selected capacity-building and youth transition to employment as their priority areas. The District will again receive extensive technical assistance and training from a pool of nationally-recognized subject matter experts to support our work to improve employment outcomes for youth and adults with disabilities.

Capacity-building work will include the creation of an Employment First/Customized Employment Community of Practice starting in February for DC government staff and providers to create local subject matter experts that can support the implementation of effective practices in key agencies. Other training and technical assistance is targeted to increase the capacity of state staff across systems to support the implementation of effective practices by providers to promote Employment First and achieve employment outcomes and to support the work of key youth transition staff and the District's robust Secondary Transition Community of Practice to support the implementation of effective practices for youth and families to promote Employment First and achieve employment outcomes.

A portion of our technical assistance is focused on the creation of policy guidance and MOA/MOU development between DDS/RSA, DC public and charter schools, and DOES to provide services and supports for students with disabilities who graduate with a certificate rather than a diploma so that they have at least one community-based, integrated paid work experience prior to school exit. This will build on the existing MOU and collaboration between DDS/RSA, DCPS and DOES to support the successful integration into the Summer Youth Employment Program for people with disabilities.

Training materials and approaches will be shared across agencies so that a broader range of staff in the public and private systems serving youth and adults with disabilities can benefit from the support the District is receiving through the EFSLMP.