



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

**Department on Disability Services
Responses to FY 16 – FY17 Performance Oversight Questions**

Agency Organization

1. Please provide a current organizational chart for DDS and identify the number of full time equivalents at each organizational level.

See attached, “Q.1 – DDS Organizational Chart”

For full time equivalent count, see attached chart, “Q.1 – DDS Full Time Equivalent Count”

Please provide an explanation of any organizational changes made during FY16 or to date in FY17.

In FY 16 and FY17 YTD, there were no organizational changes.

2. How many vacancies were posted during FY16? To date in FY17? 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.

See attached, “Question 2 - DDS FY16 –FY17 Vacancy Report”.

In addition, The Department on Disability Services (DDS) posts vacancy announcements on the DDS website and the DCHR’s employment site for ten (10) business days. In addition, in order to identify candidates with necessary subject matter expertise and to identify qualified bilingual staff, the agency also coordinates with the Mayor's Office of Talent and Appointments and recruits talent from posting on the Office of Latino Affairs, the National Federation of the Blind, Career Builder, and the National Association of State Directors of Developmental Disabilities Services (NASDDDS) websites. In FY16 the agency successfully recruited a bilingual Vocational Rehabilitation (VR) counselor through a partnership with a university in Puerto Rico.

3. With respect to employee evaluations, goals, responsibilities, and objectives in FY16 and to date in FY17, please describe:

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

Performance Plans for employees consist of a minimum of five (5) Competencies, and three (3) to five (5) SMART Goals and at least one (1) Individual Development Plan. Managers work with employees to establish Performances Plans/Goals based on the overall agency goals. Once the agency goals have been established, the





administrations/departments/units enter into PeopleSoft the employees' individual goals that support the agency's overall goals. All performance plans are entered into PeopleSoft by an established due date in November.

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

Management consistently observes, documents, coaches and provides feedback to employees on their performance. At the mid-year (March-June) timeframe, managers conduct a formal meeting with each employee to discuss his or her performance based on the person's performance goals for half of the year. These meetings are mandatory for probationary employees and recommended for employees not on probation.

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

As part of the Performance Management Process if an employee is failing to meet their goals, a Performance Improvement Plan (PIP) is developed. The PIP is a performance management tool designed to offer the employee an opportunity to demonstrate improvement in performance within a prescribed time frame. If the employee does not successfully complete the PIP, further disciplinary actions may result, including termination.

Spending and Payroll

- 4. Please provide a chart showing the agency's approved budget and actual spending, by program and activity, for FY16 and FY17, to date.

See attached, "Question 4 - Budget and Expenditures FY 16 and 17 by Program".

- 5. Please provide a list of all intra-district transfers received by or transferred from DDS during FY16 and to date in FY17. For each, please provide a description of the purpose of the transfer and which programs, activities, and services within DDS the transfer impacted.

See attached, "Question 5 – Intra-District Transfers".

- 6. Please identify any reprogrammings received by or transferred from DDS during FY16 and to date in FY17. Please provide a description of the purpose of the transfer and which DDS programs, activities, and services were impacted.

See attached, "Question 6 – DDS FY 16 - FY17 Reprogrammings".

- 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:	250 E St SW, Washington DC (floors 1, 5, and 6)
Owned/Leased:	Leased Space
DDS Programs:	Standard office space accommodating the Developmental Disabilities Administration, Rehabilitation Services Administration, Agency Management Program, OCFO/agency Financial Operations and OCP staff assigned to Agency as well as 10 staff from DCOA.

8. Please provide DDS’ fixed costs budget and actual dollars spent for FY16 and to date in FY17, and include the following information:
 - a. Source of funding;
 - b. Explanation for changes; and
 - c. Steps the agency has taken to identify inefficiencies and reduce costs.

See attached, “Question 8 - Fixed Costs”.

9. What type of notice does DDS give to disability service providers when there is an increase to the Living Wage?

Official notice of the Living Wage increase is provided by the Department of Employment Services (DOES). However, once DOES advises DDS of the new rate, we share that information with providers through the DC Coalition of Developmental Disability Services Providers.

DDS, as the operating agency for the Home and Community Based Services waiver for people with Intellectual and Developmental Disabilities (HCBS IDD Waiver), works with the Department of Health Care Finance (DHCF) to provide notice about changes in rates for HCBS IDD Waiver services that are affected by the increase to the Living Wage. Specifically, per the requirements in 29 DMCR 1901, DDS, through DHCF, provides notice of changes in Medicaid provider reimbursement rates by publishing notice in the DC Register and by posting the new rates on the District of Columbia Medicaid fee schedule at www.dc-medicaid.com. This year, DDS also posted notice and a link to the change in rates to providers on the log-in page of our shared database, MCIS.

DHCF provides notice of any changes to State Plan Medicaid services, such as Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IIDs) that are affected by the Living Wage.





10. Is DDS aware of any issues with the timeliness or calculation of the District's funding of payments to disability service providers associated with the increase to the Living Wage?

Over the past two Living Wage cycles, there were no issues with the timeliness or calculation of the District's funding of payments to Home and Community Based Services waiver for people with Intellectual and Developmental Disabilities (HCBS/ IDD Waiver) providers. In FY14 there was one delay due to late publication of the Living Wage. However, HCBS IDD Waiver providers were made whole through supplemental payments for the period in question.

Additionally, DDS and DHCF have made changes to the rate setting system to ensure flexibility and promptness in responding to changes to the Living Wage. DDS worked with the Centers for Medicare and Medicaid Services (CMS) to amend the HCBS IDD Waiver, granting the agency authority to increase rates in accordance with the Living Wage. Prior to this amendment, DDS & DHCF were required to seek approval for any rate change at the time of each change to the living wage. This significantly delayed the ability to respond to rate increases in a timely fashion. CMS approved that HCBS IDD Waiver amendment in September 2015.

DDS then revised the way rates are published in order to implement changes quickly. In August 2016, DHCF published a final rule in the DC Register that allowed dual publishing of rate changes through publishing one notice of the changes in the DC Register and then posting the rates online in the Medicaid fee schedule. See, 63 DCMR 10445 (August 12, 2016). Prior to this, DDS and DHCF were required to publish a series of rulemakings to amend the rate provisions in the governing regulations for each affected HCBS IDD waiver service.

The changes to the Living Wage for 2017 were effective January 1, 2017, and all affected HCBS IDD Waiver services had timely rate increases. Using the new waiver authority and publication methodology, DDS worked with DHCF to publish notice of the change in rates through a Public Notice of Medicaid Fee Schedule for the HCBS IDD Waiver. This was published in the DC Register on December 2, 2016, and is available on-line at: <http://www.dcregs.dc.gov/Gateway/NoticeHome.aspx?noticeid=6299197>. Additionally, DHCF updated the Medicaid Fee Schedule and posted changes on-line at www.dc-medicaid.com by January 1, 2017. As indicated in Question 9, above, DDS also posted notice and a link to the change in rates to providers on the log-in page of our shared database, MCIS.

DDS and DHCF are in regular communication with the DC Coalition of Developmental Disability Services Providers regarding the Living Wage and our process for ensuring timely rate changes. Joint meetings with DDS, DHCF and the Provider Coalition are held ahead of rate changes to keep providers apprised of the District's commitment to timely payments,





explain how rate increases are implemented, and answer questions.

11. Does DDS believe implementing the Universal Paid Leave Act might cost disability service providers more than a 0.62% increase to payroll, as the mandated payroll tax increase indicates?

The Department of Healthcare Finance (DHCF) is the state entity that coordinates the setting of rates. However, to the extent that any payroll tax increase affects rate methodology and results in extra costs for disability providers, DHCF and DDS provide several opportunities for public input on the proposed rate methodologies. In addition, the CMS regulations require that DDS post notice of amendments and offer a 30 day public comment period via the DDS website and the DC Register. It is our practice to exceed these requirements and offer a robust public comment period. DDS typically offers a series of opportunities for public comment, including at least two public meetings. Also, DDS holds a public meeting specifically about rates and participates in meetings with stakeholder groups to discuss the proposed waiver changes. At each meeting, DDS records the oral public comments and enters them into the public record for consideration. This process offers ample opportunity for providers to discuss any concerns they may have about implementing new legislation and to provide their recommendations for changes to the rate methodology.

Contracting and Procurement

12. Please list each contract, grant, and procurement (“contract”) awarded or entered into by DDS during FY16 and FY17 to date. For each contract, please provide the following information, where applicable:
- Name of the provider;
 - Approved and actual budget;
 - Funding source(s);
 - Whether it was competitively bid or sole sourced;
 - Purpose of the contract;
 - The term of the contract;
 - Contract deliverables;
 - Contract outcomes;
 - Any corrective action taken or technical assistance provided;
 - Program and activity supported by the contract;
 - Employee responsible for overseeing the contract; and
 - Oversight/Monitoring plan for the contract.

See attached, “Q. 12 – Contracts and Procurement Sheet”.





13. Please provide the following information for all contract modifications made during FY16 and FY17, 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.

14. 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.

See attached, “Q. 14 –MOUs”

15. Please provide a list and copies of all current and planned Memoranda of Agreement with Public Charter Schools regarding referrals and coordination of transition services for youth with disabilities.

See attached, “Q. 15 – List of MOAs & Planned MOAs”.

Grievance/Complaint Procedures

16. Please respond to the following for FY16 and FY17 to date:

- a. The number of complaints received by DDS’ Customer Relations Unit;

The DDS Customer Relations Unit responded to a total of 750 contacts in FY16 and FY17 to date. Please note, not all contacts with the Customer Relations Unit are considered complaints; some contacts are requests for information, assistance with understanding processes, assistance with referrals, etc.

- b. Provide a breakdown of complaints received by category type and the number within each category type;

A breakdown of the contacts that are received includes contacts that would be considered as complaints as well as those that are requests for services or information.

Approximately 16% of the contacts may include multiple questions or concerns and are reflected in multiple categories.

Category	Total
Housing	2
Interest in services	64
Payment problems- provider	10





Staff not meeting services expectation	161
Transportation	47
Contact problems with DDS staff	65
Unhappy with vendor/provider	39
Waiver related	27
Quick response inquiry / no referral	262
General referral to program area	193
Total	870

- c. Indicate the DDS administration and the specific program or provider identified in the complaint;

The breakdown of contacts by administration and issue/nature of contact is as follows:

Administration	Total
DDA	246
DDD	24
DDS	60
RSA	278
Other DC or federal agency or outside organization	142
Total	750

- d. Provide the outcomes or corrective actions to address each complaint;

Below are the number of open complaints/inquiries and the number resolved. The action and outcome for each complaint is specific to that inquiry or complaint and may contain protected and confidential information and is not listed in this context.

Resolution	Total:
Open/Resolution pending	14
Resolved	521
Total:	535

- e. Provide the response time for responding to complaints.

The response time for responding to contacts are listed below. Please note that the agency does not collect closure information for inquiries that are referred to other District agencies, federal agencies or other organizations.





Days to Close	Total:
Currently open	14
<3 days	213
3-13 days	284
14-30 days	21
>30 days	3
Total:	535

f. How many FTEs staff the Customer Relations Unit?

Two (2) FTEs staff the Customer Relations Unit

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

DDS reached out to 65 individuals receiving services from DDS during FY16 for a customer service telephone survey. Of those, 30 provided positive responses, 2 provided negative responses and 33 were not responsive. Findings show that the telephone survey is more effective for people receiving RSA services.

In February 2016, RSA conducted a survey to determine the level of satisfaction with services received by persons who are Deaf and Hard of Hearing. Surveys were sent via email to 140 people. Of the 15 respondents, nine (9) were Deaf, five (5) were Hard of Hearing and one (1) was deaf and blind. The results of the survey will be used to design a more person-focused service delivery system by ensuring accessibility to all RSA services, and enhancing individual supports to increase the quantity and quality of successful employment outcomes in competitive integrated settings. RSA will review the feasibility of conducting additional survey via email.

In May 2016, DDS began using an exit snapshot survey tool that allows everyone exiting through the main doors of the DDS reception area to register their opinion on their service experience that day. The tool involves two kiosks with the question “Please rate our services today” and four push button options from “very satisfied” to “not at all satisfied”. Between May 2016 and December 2016 the agency received 1822 exit responses with 1641 or 90% indicating they were very positive or positive about the services they received. Although this tool is limited in the amount of detail it provides it does have a high response rate that provides valuable general and trend information.

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

In January 2017, DDS launched a more detailed and automated process for receiving and





responding to complaints and inquiries. The new process uses the IQ (Intranet Quorum) software to receive, track and respond to inquiries. People still are able to contact DDS through the customer service form on the DDS website, the DDS “Ask the Director” section on the website, by general email, and in person at the office or through the DDS customer service hotline. The complaint or inquiry is captured in the IQ system and routed and tracked through IQ, providing up-to-the minute detail for all managers and supervisors about questions and concerns routed to their work units, consistent responses, and tracking of repeat inquiries and repeat inquirers. The system also allows for better reporting on, and analysis of the details of all inquiries and complaints received. In January 2017 the agency trained 11 staff members as “super-users” and all supervisors and managers as general users.

Performance Plans

17. Please indicate if DDS met the objectives set forth in the performance plan for FY16. 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.

In FY16, DDS had 25 initiatives that were designated as complete and 12 that were 75-99% complete but will be completed in FY17, and 12 that were not met.

DDS had 13 key performance Indicators (KPIs) that were met, four that were nearly met, two that were neutral measures and two that were unmet. The two unmet KPIs related to: (1) the Disability Determination Division’s (DDD) not achieving the average number of days for processing Social Security Administration cases but the agency has made organizational changes that improved the processing time for Social Security Administration cases; and (2) delays in completing DDA intake applications in the average time specified. DDS has updated the intake policy to remove the need for certain documents and shortened the intake application process. See, DDS Intake and Eligibility Policy and Procedures, <https://dds.dc.gov/book/i-intake-and-eligibility/intake-and-eligibility-policy-and-procedures>.

See attached, “Q.16 – DDS FY 16 Performance Accounting Report”

18. Does DDS have a performance plan for FY17?

Yes. See attached, “Q. 18 - DDS FY17 Performance Accountability Report”.

19. When the “subject-to-appropriations” clause is removed from DC Code Section 38-2614 and transition planning and services must begin at age 14 rather than age 16, what services is DDS able to provide to youth with disabilities at those younger ages and/or activities in their schools?





The change in the law to incorporate transition planning for students with disabilities at the age of 14 has allowed RSA to partner with the schools to provide appropriate supports alongside the transition plan. For 14 – 15-year-old students, RSA will focus primarily on self-advocacy instruction and independent living skills development. Due to the fact that this will be the student’s first transition plan, the students will be focused on building basic skills needed to identify their future career pathway. These skills are self-determination, self-advocacy, career awareness, and independent living skills. As a result, RSA will be focusing the Pre-ETS supports in the areas of career counseling, self-advocacy instruction and independent living skills training because they closely align to the transition planning process the schools will be following for these students.

- a. How much funding pursuant to, for example, the Workforce Innovation and Opportunity Act does DDS likely have available to provide services to youth with disabilities age 14-16 after that law change?

The Workforce Innovation and Opportunity Act (WIOA) requires a state to reserve and expend at least 15% of its Vocational Rehabilitation grant funds for Pre-Employment Transition services (Pre-ETS) i.e. to transition age youth. RSA’s VR grant for FY17 is approximately \$14 million. Therefore, in FY17, the agency will have at least \$2.1 million for Pre-ETS expenditures, including staff salaries.

- b. Before learning that the law did not change in summer 2016 as originally planned, what planning had DDS undertaken to bring services to these younger youth with disabilities? In early June 2016, in preparation for the law change, RSA and DCPS began planning and providing of services to students with disabilities age 14 – 16 years old. At the end of the June 2016, OSSE notified RSA and DCPS that there were insufficient funds to extend services to students aged 14 – 16 years old. RSA was able to fund services to students age 14 through the use of VR funds. Although Pre-ETS funds may only be used for students that the state has identified as “transition age,” i.e., age 16-22 years old, the agency is still able to use VR funds for youth, regardless of their age. These VR funds can be used for any student who has applied and been found eligible for VR services, to provide work based learning experiences, and supported employment support, as a VR service; or the agency is also able to provide other Pre-ETS services as “VR services to groups,” which are charged to the VR grant and may be provided to a group of students, regardless of whether they meet the state’s transition age requirement.

In addition, in FY 2016, RSA created a project manager position responsible for the management and creation of Pre-Employment Transition Services (pre-ETS). Due to the significant increase in service provision placed at the Vocational Rehabilitation counselor level by WIOA, the project manager is responsible for making sure VR counselors (the front line implementers of PreETS to students) have all the resources at





their expense to coordinate PreETS to students. This person is also responsible for developing planning for implementation of the provision of PreETS services in middle schools.

Additionally, RSA established a contract with the DC Special Education Cooperative to fulfill the need for Pre-ETS to District charter schools. This HCA included Pre-ETS specific components, to include work readiness trainers that will act as liaisons between RSA and the over 30 charter schools, and assist VR counselors in the coordination of Pre-ETS implementation.

Finally, RSA's business relations unit devoted an employment specialist to the transition department. This specialist works in conjunction with the program manager to manage Pre-ETS. More specifically, they are responsible for working closely with the Special Education Co-op to create and manage work-based learning experiences for charter school students. In addition, this specialist is responsible for building employer relationships and placing work-ready RSA consumers from the transition program into integrated, competitive employment.

Because of the timing of the notice that the transition age definition in the District was not being implemented, RSA still provided services to a number of 14 and 15 year old youth, and can continue to do so, through the use of general VR funds as described above. The agency will implement more extensive outreach and provision of services in middle schools after the change in age becomes effective.

Court Supervision

20. The FY17 budget for court supervision and oversight costs was significantly reduced based on the premise that DDS will exit the *Evans* litigation in FY17. Please provide a status update now that court oversight has ceased.

The *Evans v. Bowser* federal class action was filed in 1976 on behalf of District of Columbia residents with intellectual and developmental disabilities (IDD) who were once housed at Forest Haven. In August 2010, the parties negotiated the "2010 Revision to the 2001 Plan for Compliance and Conclusion of *Evans v. Williams*," identifying 70 outcome criteria related to health, safety and welfare which would mean that the District was in compliance with the related underlying court orders. On December 13, 2016, the Court issued an order finding the District in compliance with the final five outcome criteria, and the final hearing in the case took place on January 10, 2017, at which time the Court agreed to a joint motion to vacate all of the underlying court orders. The FY17 budget was sufficient to meet the final court supervision and oversight costs.

21. How many individuals, once institutionalized at Forest Haven, currently live in group homes





overseen by DDS?

DDS provides residential supports, based upon the person's needs. Of the people who were former residents of Forest Haven:

- 13 people live with their families;
- 225 live in Supported Living settings, which are apartments for 1 – 3 people
- 18 live in Host Homes, with families in an adult-foster care arrangement;
- 56 reside in Residential Habilitation settings, which are houses that support up to 5 people (these settings are typically referred to as “group homes”); and
- 157 people reside in Intermediate Care Facilities (ICFs), which are houses that can support up to six (6) people, although the majority has four (4) people living in them.

22. Has DDS done any work to help individuals, once institutionalized at Forest Haven, overcome the trauma they may have faced at that facility?

During fiscal year 2016, DDA initiated a Trauma Informed Care project through its partnership with the Georgetown University Center for Excellence in Developmental Disabilities (GUCEDD) known as the DDA Health Initiative. The initial purpose of the project was to provide training and technical support to a pilot group of 10 DDA provider agencies to help design support systems for people with intellectual disabilities and co-occurring histories of trauma. These pilot agencies were selected by DDA because they provide services to a significant number of people with known histories of trauma and complex support needs, which includes 156 members of the Evans class. This also has provided an opportunity for GUCEDD to support providers through direct consultations on individual cases. As part of this initiative, GUCEDD created a Trauma Informed Care Screening Tool because no tool currently exists to screen for trauma or its impact among adults with intellectual disabilities. This screening tool will assist provider agencies in identifying support needs of persons with intellectual disabilities who may have experienced trauma. This initiative also includes collaboration with other District agencies, including the Department of Behavioral Health and Child and Family Services Agency that support people with histories of trauma. The ultimate goal is to deliver trauma informed care to vulnerable people that will assist in recovery from trauma and prevent re-traumatization. The results of the pilot project will inform the next phase, which will include implementation to all remaining provider agencies, and screening all persons with intellectual disabilities for trauma. The screening tool will be piloted with Evans Class members. It is anticipated that all class members will be screened for history of trauma, and any signs of impact.

23. How will you ensure that the group homes DDS currently works with will continue to





function and perform at a high level and not return to previous conditions when they were noncompliant with the U.S. District Court’s orders?

In FY12, DDA established its Performance and Quality Management Strategy (<https://dds.dc.gov/publication/performance-quality-management-strategy>) for the purposes of oversight and assessment of DDA’s service system. This strategy focuses on the performance of agency-wide functions as well as services offered through the contracted provider network. DDA utilizes various staff, including those in the service planning and coordination division, health and wellness unit, and quality management division to ensure the following: (1) that people receive all services and supports in the scope, frequency and duration required; (2) that service provider agencies are and remain qualified and compliant with applicable rules and policies; and (3) that DDA effectively employs a system for the protection of rights, freedom from harm and continuous quality assessment and improvement to support positive personal outcomes. DDA also collaborates with other District agencies, including the Department of Health Care Finance and the Department of Health, Health Regulation and Licensing Administration, to oversee the provision of home and community-based services and compliance of District-licensed Intermediate Care Facilities (ICFs).

24. How many group homes are there in the District for individuals with developmental disabilities?

DDS provides residential services in various settings that include Natural Homes, Supported Living, Host Home, Residential Habilitation and Intermediate Care Facilities (ICFs).

Setting Type	# of People	# of Settings	Settings in District of Columbia	Settings in Maryland	Settings in Virginia	Settings 25 miles outside of District of Columbia, not in Maryland or Virginia
ICF	319	67	67	N/A	N/A	N/A
Natural Home	892	880	880	N/A	N/A	N/A
Supported Living	859	504	389	109	0	6
Residential Habilitation	127	38	21	12	2	3





Out of State (not in waiver setting)	9	6	0	0	1	5
Host home	87	89	22	67	0	0
Other (jail, hospital, nursing home, CFSA)	24	14	13	1		0
Total	2317	1598	1392	189	3	14

Does DDS perform regular inspections of these group homes as a measure of quality control?

Yes. DDA, through its service planning and coordination division conducts regular monitoring visits to ensure that people are receiving services and supports as prescribed by their individualized service plans. DDA’s health and wellness unit oversees provider compliance with medical and quality standards, as well as best practices and principles. DDA also coordinates and communicates with the Department of Health, Health Regulation and Licensing Administration, which conducts licensing and certification reviews for Residential Habilitation settings and Intermediate Care Facilities (ICFs) and conducts unusual incident investigations.

In addition, The Provider Certification Review (PCR) team conducts annual certification reviews of home and community-based residential services based on requirements set forth by the Centers for Medicare and Medicaid Services. Results of PCRs can lead to 24, 12 or six-month certifications, or can subject provider agencies to DDA sanctions, including recommendation to the Department of Health Care Finance for the termination of the Medicaid provider agreement.

25. Please detail how many adverse incidents were reported to DDS, in the last three years, at group homes for individuals with developmental disabilities.

Please note, DDS operates various residential settings for adults with intellectual disabilities (DDA does not currently serve people with developmental disabilities who do not have a co-occurring intellectual disability). The agency maintains a quality system that tracks and addresses incidents.

See Incident Spreadsheet (Type) tab in Attachment, “Q. 25 & Q. 39 - Incidents Spreadsheet”.





Developmental Disabilities Administration (DDA)

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

See chart 8-14 in “Q. 1 – DDA Organizational chart”.

27. 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.

See DDA FTE count by unit in attached, “Q.1 – DDA Full Time Equivalent Count”.

28. How many DDA vacancies were posted during FY16? To date in FY17?

See attached, “Q. 28 – DDA Vacancy Report FY 16 and FY 17”.

Please identify each position,

See attached, “Q. 28 – DDA Vacancy Report FY 16 and FY 17”.

How long the position was vacant,

See attached, “Q. 28 – DDA Vacancy Report FY 16 and FY 17”.

What steps have been taken to fill the position?

The Department on Disability Services (DDS) posts vacancy announcements on the DDS website and the DCHR’s employment site for ten (10) business days. In addition, in order to identify candidates with necessary subject matter experience for RSA and DDA and to identify qualified bilingual staff, the agency also coordinates with the Mayor's Office of Talent and Appointments and recruits talent from posting on the Office of Latino Affairs, the National Federation of the Blind, Career Builder, and the National Association of State Directors of Developmental Disabilities Services (NASDDDS) websites. In FY16 the agency successfully recruited a bilingual VR counselor through a partnership with a university in Puerto Rico.

Whether the agency plans to fill the position, and whether the position has been filled.

See attached, “Q. 28 – DDA Vacancy Report FY 16 and FY 17”.

29. How many people applied for DDA services in FY16 and FY17 to date?

In FY16, 167 people applied for DDA services.

In FY17 YTD, 65 people applied for DDA services (data as of 2/6/2017).

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





As of 2/7/2017, there are 24 people awaiting a decision about eligibility.

31. How many people did DDA deny who applied for DDA services in FY16 and FY17 to date? Please provide the reasons/categories for denial and the number of denials in each category.

In FY16, 11 people were found ineligible for supports from DDA, and in FY17 YTD, 5 people have been found ineligible. Of these, one person did not provide any of the required documentation. The remainder did not have documentation that met DDA's intake criteria for establishing that the person has an intellectual disability.

32. What was the average age of individuals denied eligibility?
The average age of people denied eligibility is 26, the median age is 22.

33. Of those who were denied eligibility in FY16 and FY17 to date, how many appealed through the internal appeals process? How many of those denials were reversed in the internal appeals process?

In FY16, DDA received two (2) appeals through the internal appeals process and one (1) was reversed through this process.

In FY 17 YTD, DDS has received no appeals.

34. How many denials of eligibility were appealed to the Office of Administrative Hearings (OAH) in FY16 and FY17 to date? How many of those denials were reversed in the OAH?

In FY 16, zero (0) eligibility denials were appealed to the Office of Administrative Hearings. In FY 17 YTD, there are no denial appeals to the Office of Administrative Hearings.

35. Of those individuals denied eligibility by DDA in FY16 and FY17 to date, how many were because the applicant lacked pre-18 documentation of an intellectual disability?

In FY 16 and FY17 YTD, 10 people lacked pre-18 documentation that met DDA's eligibility criteria for establishing an intellectual disability. For example, the documentation provided may not have indicated the requisite pre-18 deficits in adaptive or cognitive functioning.

36. In FY16, what was the average number of days from when an application for DDA services was submitted and an eligibility decision was made?

In FY16, the average number of days from when an application for DDA services was submitted to an eligibility decision is 95 calendar days.

How does this compare to FY15?





In FY15, the average number of days from when an application for DDA services was submitted to an eligibility decision is 106 calendar days.

37. For the people found eligible for DDA services in FY16, what was the average length of time between the finding of eligibility and the completion of an Individual Support Plan (ISP)?

In FY16, the average length of time from eligibility to completion of an Individual Support Plan was 71 calendar days.

What was the average length of time between eligibility and receipt of services identified in the ISP?

In FY16, the average number of days from eligibility to receipt of first waiver service was 124 calendar days. Effective October 1, 2016, DDA implemented a new intake process. Now intake staff meet with potential applicants within a week of their first inquiry to the agency about supports. DDS employs a new “front door tool” that uses person-centered thinking to determine the person’s needs and preferences, explores their interest in employment and links them right away to community-based supports. This is consistent with best practices in the field that recommend that waiver services are a part of an integrated package of supports, along with family and community supports and the use of technology.

38. 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 FY16, DDA solicited new providers by:

1. Establishing an internal partnership between DDA Service Planning and Coordination Division and Provider Relations Business Unit for the specific purpose of meeting to offer referrals for specific potential providers and possible leads resulting in an increased number of applicants and ultimately DDA approved providers. Provider Relations Business Specialist coordinates these meetings and during such times, receives referrals and suggestions from service coordination staff for potential providers that are then solicited by the Provider Relations Business Specialist to attend an upcoming quarterly Potential Providers' Information Session.
2. Hosting quarterly Potential Providers' Information Sessions. Provider Relations Business Specialist coordinates and hosts each session.
3. Seeking feedback and ideas through inter and intra-Agency network efforts. Provider Relations Business Specialist solicits information about potential providers from other District agencies, including, but not limited to the Department of Health Care Finance (DHCF) as well as the three DDA divisions (Quality Management, Service





Planning and Coordination, and Operations).

As a result of the agency's efforts to bring additional providers to the District, DDA was successful in expanding its overall provider network by 27, eight (8) of which are residential and one (1) of those eight (8) providers has experience and expertise supporting people with behavioral challenges. Four (4) behavior support providers were enrolled to provide behavior support development and follow-up (professional and paraprofessional) and behavior support diagnostic assessment.

39. Please provide the number of incidence reports for FY16 and FY17, to date, by provider.

In FY 16 – there were 1348 incident reports.

FY 17 YTD – there are 359 incident reports.

a. For each incidence, provide the response by DDS.

Please see the Outcome Spreadsheet Tab in Attachment Q. 39 – Incidents Spreadsheet”.

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

Please see the Incidents Spreadsheet (Provider) tab in Attachment Q. 39, “Incident Spreadsheet”.

40. How many people who DDA supports were competitively employed in FY16 and in FY17, to date?

In FY 16, 276 people were competitively employed.

In FY 17, YTD, 270 people are competitively employed.

How does this compare with FY15?

In FY 15, 259 people were competitively employed.

41. 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 FY17.

In the final quarter of FY16, the Special Master in the Evans lawsuit found the District in substantial compliance with the two remaining disputed criteria under the exit plan and recommended that the District redouble its efforts to implement meaningful opportunities for those class members in large, congregate day programs comparable to what has been achieved on behalf of other groups. DDA's approach to this recommendation affects everyone in the service delivery system, not exclusively former class members. Using person centered-thinking as a foundation, DDS has implemented numerous programmatic initiatives that further community integration for the individuals that receive DDS services, many of which relate directly to the large, congregate day setting. These efforts include: (1) expanding opportunities for community integration; (2) restructuring the large, congregate day program model; and (3) monitoring of day programs by DDS. Each of these efforts





supports the District’s goals to reduce reliance on large, congregate day programs; transform practices within those programs; and increase the use of new models. For example, under (1) “expanding opportunities for community integration,” DDA applied for and was one of only two states selected by the Institute for Community Inclusion (ICI) to participate in a pilot project aimed at expanding and/or improving community life engagement (CLE) supports in the District. DDA identified three provider agencies to participate in this project that will be introduced to opportunities to learn strategies to individualize supports, access community partners; monthly technical assistance calls; and two site visits to collect baseline, progress, and satisfaction data. DDA’s intent is to share the tools and benefits of this pilot with other large community day habilitation programs and DDA staff to improve experiences for people throughout the service system.

DDS is also engaged in a year-long process of intensive PCT mentoring and coaching, aimed at building the capacity of staff within five of the large day programs to use person-centered thinking to better support community integration and meaningful days. To achieve the requisite capacity DDS PCT mentor trainers are leading two sets of activities within each day program: (1) PCT modeling; and (2) PCT coach certification and training. For modeling, the PCT mentor trainers will lead the day program staff in reviewing and updating PCT and Discovery tools for people in the program and creating One Page Profiles. Based upon these tools, the PCT trainers will work with day program staff to update each person’s daily schedule to ensure that it reflects activities that are important to and for the person; and that, where appropriate, supports discovery of new interests and possible employment opportunities. Following the activities, the PCT mentor trainers will work with day program staff on how to use PCT tools such as the Learning Log and 4+1 to record what they learned about the person during the activity and what they will do next.

The District also kicked off the year-long PCT coach training and certification process in October 2016, using the International Learning Community PCT Coaches curriculum. The goal is to identify, train and support a group of people within each of the five large day programs to become the PCT champions and internal experts for the provider to support their organization to embed PCT skills into day-to-day practice and make the use of PCT skills habit, so that each participant receives person-centered supports.

In March 2014, the Centers for Medicare and Medicaid Services (CMS) issued a new regulation to ensure that people receive Medicaid Home and Community-Based Services (HCBS) in settings that are integrated in and support full access to the greater community. In response to this regulation, DDA has submitted to CMS a transition plan for review and approval that describes, in pertinent parts, DDA’s plan to restructure and reform the individualization of day facilities to improve opportunities for community integration. First, the District will impose a size limitation on all day habilitation and employment readiness settings, aimed at improving opportunities for individualized supports. Second, the District will limit the IDD HCBS waiver day habilitation service so that no one who receives waiver support will be authorized to attend day habilitation for more than 24 hours per week.





Additionally, people with a certain Level of Need Day Composite score would no longer be eligible to attend day habilitation services, and would instead be offered employment services, either through the waiver, RSA, or other community-based options. Third, the District proposes limiting the length of time a person can consecutively attend Employment Readiness programs to one year. There would be up to a one-year extension, to a maximum of two years if the person has been referred to RSA, Supported Employment, or another community-based employment service. DDA continues to monitor providers' progress through its certification process that was modified in FY16 to measure compliance with the new HCBS regulation's requirements around opportunities to seek employment, engage in community life and receive services in the community to the same degree of access as people not receiving Medicaid HCBS. Failure by the providers to comply with these requirements can lead to DDA sanctions, including a recommendation that the Department of Health Care Finance terminate the Medicaid provider agreement.

42. In FY16 and FY17 to date, how many people receiving DDA services were successfully supported to move from congregate day habilitation programs to Individualized Day Supports (IDS)?

In FY16 and FY17 YTD, 181 people who previously received full-time congregate day habilitation services now receive services in more individualized day settings; including Individual Day Supports, Employment Readiness, Supported Employment, Companion, Small Group Day Habilitation. Of those, 120 people receive Individual Day Supports.

43. In FY16 and FY17 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 FY16, 393 people were in employment readiness.

In FY17, 366 people are in employment readiness.

In FY16, 33 people moved from Employment Readiness to Supported Employment and eight (8) people moved from Employment Readiness to competitive employment; In FY17, nine (9) people moved from Employment Readiness to Supported Employment. In FY17 to date, no one has yet to transition from employment readiness to competitive employment.

In FY 2016, DDS had 61 successful closures for people with intellectual disabilities inclusive of the eight above from DDA.

44. In FY16 and FY17 to date, how many people receiving DDA services were competitively employed?

In FY 16, 276 people were competitively employed.

In FY 17, YTD, 270 people are competitively employed.





How does this compare with FY15?

In FY 15, 259 people were competitively employed.

45. In FY16, how many new customized employment opportunities were created for people receiving DDA services? In FY17 to date?

DDA does not have a number to provide because it does not ask providers to report on which jobs could be considered customized. It is important to note that some jobs are customized as part of the hiring process while others can be customized after someone starts and the employer/employee learn about what accommodations, modifications and support will enable someone to be successful.

46. 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.

RSA's Pre – Employment Transition Services (Pre-ETS) programming is being fully implemented through completed Memoranda of Understanding, Memoranda of Agreements or contracts with DCPS, OSSE, DOES, and a contract with the Special Education Cooperative (SpeED Co-op). The collaborations with these agencies increases District's students' exposure to paid and unpaid work based learning experiences, counseling on post-secondary education opportunities, and creates a greater outreach network to engage more families and community supports.

Throughout School Year (SY) 2015–2016, RSA provided Pre-ETS to 2,189 students with disabilities. RSA supported a paid 10-month work based learning experience inclusive of the Marion S. Barry Summer Youth Employment Program (MBSYEP), for 165 DCPS youth with disabilities, some of whom were not likely to graduate with a diploma but exit with a Certificate of Individualized Education Program Completion. An additional 60 students with disabilities participated in a work-based learning boot camp called Jumpstart the week preceding MBSYEP, working and creating visual resumes to better showcase their skills, experiences and interests. 217 students with disabilities in charter school received Pre-ETS support. 23 participated in an "Alternative Spring Break Program"

During the 2016/17 School Year, the 10-month work based learning program in DCPS will support 223 students with disabilities in SY 16–17, while approximately 1900 students with disabilities will receive a Pre-ETS. RSA projects to support 450 students at DC Charter schools over the school year.

47. How is either RSA or DDA involved in ensuring that students with disabilities in DCPS, PCS, or nonpublic schools who likely will need services after leaving school, have the appropriate current evaluations (including pre-age-18 scores as appropriate) for RSA or DDA





eligibility processes as the student transitions out of school?

RSA and DDA work together to identify students with significant disabilities (those requiring a supported employment plan) at the application phase. When disability documentation is provided to either administration, and the applicant appears to be an appropriate candidate for Independent Living supports, employment services or both, referrals between administrations are made before eligibility is determined. DDA and RSA have different eligibility requirements and work under different eligibility timeframes. By making referrals early in the process, eligibility can be determined, and service coordination can begin earlier. This increases the likelihood that people will experience a seamless transition of services not only between agencies, but during the transition from school to independent living and/or work.

How does DDA proceed if the school has not done an evaluation within the last year, as is the case with many transitioning youth?

If the purpose of the evaluation pertains to an eligibility determination, the psychological evaluation would be referred to be conducted internally. DDA previously required such diagnostic documentation to have been addressed prior to the individual becoming 18 years of age, however, as of October, 2016 this is no longer required. Therefore, if a comprehensive diagnostic evaluation was conducted and the report includes cognitive and adaptive scores, additional testing would not be required for next steps with the process. Overall, DDA proceeds with alternative solutions within the community and if no suitable resources are available, the evaluation would be addressed internally via DDA's consultant.

48. Young adults with intellectual/developmental disabilities often do not have a usual source of health care as they transition to adulthood. Does DDS or RSA include health care as part of their postsecondary transition planning efforts with schools?

RSA works with the appropriate District agency's to ensure that the person is directed to resources that will assist them in gaining the health care services that they need. DDA works with RSA to identify the exact documentation required for their needs. If this documentation is not already on file at RSA, either agency can request that the person be evaluated via DDS's provider network.

RSA works with the appropriate District agency's to ensure that the person is directed to resources that will assist them in gaining the health care services that they need. DDA works with RSA to identify the exact documentation required for their needs. If this documentation is not already on file at RSA, either agency can request that the person be evaluated via DDS's provider network.

49. What steps has DDS taken to attract, train, and retain direct support workers in the disability





services field?

Direct support workers are employed by Provider agencies. DDS does not recruit or hire direct support workers. However, the agency does regulate the qualifications and training of direct support workers. In addition, DDS employs quality measures through the Provider Performance Review process to ensure that direct support workers are properly trained before they work with a person supported by DDS and ongoing thereafter. See, DDS “Provider Staff Training Policy”, <https://dds.dc.gov/node/735312>.

Rehabilitation Services Administration (RSA)

50. 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.

See charts 3 – 6 in “Q. 1 – DDS Organizational Chart”.

51. How many RSA vacancies were posted during FY16? To date in FY17?

Please identify each position: See attached, “Q. 51 – RSA Vacancy Report FY16 –FY17”.
how long the position was vacant? See attached, “Q. 51 – RSA Vacancy Report FY16 – FY17”.

what steps have been taken to fill the position?

In addition, The Department on Disability Services (DDS) posts vacancy announcements on the DDS website and the DCHR’s employment site for ten (10) business days. In addition, in order to identify candidates with necessary subject matter experience for RSA and DDA and to identify qualified bilingual staff, the agency also coordinates with the Mayor's Office of Talent and Appointments and recruits talent from posting on the Office of Latino Affairs, the National Federation of the Blind, Career Builder, and the National Association of State Directors of Developmental Disabilities Services (NASDDDS) websites. In FY16 the agency successfully recruited a bilingual VR counselor through a partnership with a university in Puerto Rico.

whether the agency plans to fill the position, and whether the position has been filled.

See attached, “Q. 51 – RSA Vacancy Report FY16 –FY17”.

52. How many individuals received services from RSA in FY16 and FY17, to date?

In FY16 approximately 8,578 individuals received services from RSA. In FY 17 YTD, 6,838 people are receiving services from RSA.

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





The average caseload size for rehabilitation counselors is 112.

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

There are 342 people currently receiving services through DDA and also receiving services through RSA.

55. What percentage of cases in FY16 did DDS meet the 60 day target for determinations of RSA eligibility? To date in FY17?

In FY16, 92% of cases met the 60 day target for determinations of RSA eligibility. In FY 17 YTD, 93% of cases meet the requirement.

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 currently 3 FTEs who speak Spanish, 1 speaks French, 1 speaks Amharic/Ethiopian. The language access line provides full access to all languages through contractors.

b. Do those FTEs interact with individual clients?

Yes, the FTEs interact with individual clients.

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

On average, VR counselors remain employed at RSA for 7.49 years.

58. How many RSA case closures were there in FY16? How many were unsuccessful case closures?

There were 2714 case closures in FY16.

- There were 623 successful case closures
- 693 were closed as applicants *i.e.*, eligibility was not determined. Some clients were no longer interested in services or were not able to be contacted to complete the process.
- 302 were closed after eligibility determination but before the Individualized Plan for Employment (IPE) was developed. Client not interested in pursuing VR, loss of contact, fear of losing disability benefits.
- 895 were closed after services were initiated. Examples of common documented reasons for these are lack of engagement or no contact, and/or clients not interested in pursuing employment.
- 201 were closed after the IPE was developed, but before services were initiated. A few





examples of common documented reasons for these are lack of engagement or no contact, and/or clients not interested in pursuing employment.

59. How many vocational evaluations were funded by RSA in FY16? To date, in FY17?

In FY16, RSA authorized and paid for 143 evaluations. In FY17 YTD, RSA has authorized 75 evaluations.

60. Please provide an update on RSA’s activities to expand vocational and pre-employment transition services (“PETS”) to students with disabilities, pursuant to the Workforce Innovation and Opportunity Act (WIOA).

- a. How many students, broken down by school, were provided each of the following services in FY16 and FY17 to date:
 - i. job exploration counseling
 - ii. internship or job sampling experience
 - iii. work-based learning experience
 - iv. counseling on higher education opportunities
 - v. workplace readiness training
 - vi. instruction in self-advocacy
 - vii. alignment of IEP transition goals with IEP employment goals

RSA has hired additional staff whose role it is to expand the creation, implementation, and monitoring of Pre-ETS and VR services. From more intimate collaboration at the school level between VR counselors and school based staff, to the building of employer and provider relationships that will ensure more quality work experiences and employment opportunities to clients, RSA continues to strategically devote more resources to the essential pillars of WIOA that set out to better prepare youth for employment and provide better employment opportunities for all VR clients. The table below explains those efforts.

a. Approximately 6,171 Pre-ETS services as shown below:

	Job Exploration Counseling	After School Work-Based Learning Experience	During School Work-Based Learning Experience	Internship	Counseling For Enrollment in Training Program	Counseling For Enrollment in College Program	Workplace Social Skills Training	Self-Advocacy Instruction	IEP Reviewed	GRAND TOTAL
Anacostia	86	58	14	46	76	15	87	37	27	446
Ballou	89	87	28	75	104	64	111	49	136	743





	Job Exploration Counseling	After School Work-Based Learning Experience	During School Work-Based Learning Experience	Internship	Counseling For Enrollment in Training Program	Counseling For Enrollment in College Program	Workplace Social Skills Training	Self-Advocacy Instruction	IEP Reviewed	GRAND TOTAL
Ballou Stay	16				10	5	15	4		50
Banneker				1				2		3
Cardozo	25	39		36	18	10	29	7	65	229
CHEC	8	14	2	4	7	7	14	2	3	61
Coolidge	66	77	23	82	79	63	48	116	68	622
Dunbar	143	83	22	106	80	34	114	74	74	730
Eastern	194	73	26	89	60	42	222	216	130	1052
Ellington						1		1		2
Hardy		7								7
Luke C. Moore	71	58	2	80	41	31	88	63	15	449
McKinley	10	31	1	13	12	11	33	4	2	117
Non-Public	35	1	1	2	6	2	2	3		52
Phelps	7	33		25	6	6	33	3		113
Roosevelt	5	23		22	2	1	22	2	17	94
RTEC - WDC	1			1			1	1		4
Wash Met	5	6		1	5	5	6	1		29
Whittier								6		6
Wilson	26	63	2	80	28	20	71	20	99	409
Woodson	109	126	23	152	107	26	164	140	105	952
Youth Services Center									1	1
Grand Total	896	779	144	815	641	343	1060	751	742	6171

*SWW@FS is School Without Walls at Francis Stevens

** SWW HS is School Without Walls High School





- b. Where are the Workforce Development Coordinators, pursuant to or related to DDS's MOU with DCPS, located? How many schools are each assigned to?

SCHOOL	COORDINATOR
All Middle Schools	Coordinator 1
All Non-Public Schools	Coordinator 1
Ballou SHS	Coordinator 2
Ballou STAY	Coordinator 2
School Without Walls	Coordinator 2
Coolidge SHS	Coordinator 3
Dunbar SHS	Coordinator 3
McKinley SHS	Coordinator 3
Cardozo EC	Coordinator 4
Columbia Heights EC	Coordinator 4
Wilson	Coordinator 4
Eastern SHS	Coordinator 5
River Terrace EC	Coordinator 5
Ron Brown	Coordinator 5
Washington Met	Coordinator 5
Anacostia SHS	Coordinator 6
Phelps SHS	Coordinator 6
Roosevelt SHS	Coordinator 6
Roosevelt STAY	Coordinator 6
Banneker	Coordinator 7
Luke C. Moore	Coordinator 7
Woodson SHS	Coordinator 7
Central Office Work Based Learning Programs	Coordinator 8

Coordinators 3, 4, and 8 are funded through a MOU between RSA and DCPS. The remaining coordinators are funded by DCPS.

- c. Describe the content of each monthly PETS training session.





SY 2016 was a planning year for Pre-ETS monthly meetings. During that year the Workforce Development Coordinators worked with students individually at schools while planning monthly meetings with RSA Counselors. Consistent monthly meetings began in November 2017. However, individual planning with students and counselors continued.

Pre-ETS Activity Lesson of the Month – NOVEMBER 2016

Objectives
By the end of this session, students will be able to:
 Students will be able to differentiate between the different types of communication they might use in certain situations and environments.

Pre-ETS Activity Lesson of the Month – DECEMBER 2016

Objectives
By the end of this session, students will be able to:
 Through the use of Positive Thinking, students will be able to change a tough situation into something better.

Pre-ETS Activity Lesson Plan of the Month - JANUARY

Objectives
By the end of this session, students will be able to:
 Discuss ideas on how to bridge generational, cultural, and other diversity gaps in the workplace.
 Build a new standard of professionalism in the workplace.

Pre-ETS Activity Lesson Plan of the Month - FEBRUARY

Objectives
By the end of this session, students will be able to:
 Understand the classic rules of communicating via email by discussing professional “email etiquette” behaviors.

d. What challenges has DDS identified for its monthly meetings with DCPS? DCPS Workforce Development Coordinators (WDCs) are located in, or assigned to, all DCPS high schools, non-public schools that DCPS students attend, and middle schools where transition planning has been initiated. Each WDC is assigned three schools, on average.

RSA and DCPS continue to work through challenges stemming from the following areas:





- RSA getting access to students with disabilities that are pursuing a Standard High School Diploma or are otherwise in an inclusive classroom setting. The students do not have time in their schedules to be removed from a credit bearing class geared toward obtaining a Standard High School Diploma, for monthly events as seat time calculated in Carnegie Units is required. After School or weekend events must be used for training.
- RSA/DCPS providing Pre-ETS to students in non-public schools.
- Students attending Pre-ETS activities on a consistent basis.
- Reaching more unique students (not the same students) for Pre-ETS activities.
- Promoting RSA services to students, school staff, and families more effectively through the schools so that referrals increase.

61. What trainings did RSA provide to parents of students, via work with OSSE, DCPS, or Public Charter Schools, so that VR counselors are able to actively participate early enough in transition planning? Please include date and location.

RSA provided trainings about vocational rehabilitation services and Pre-ETS. Parents were encouraged and invited to attend and learn more about how they can play a role in their child's transition planning. The dates, location and number of attendees are listed below.

Next Steps Transition Fair – October 12, 2016

Location: Walter E Washington Convention Center

- 76 Students Attended
- 23 Teachers

DDS Community Resource Fair – October 20, 2016

Location: Department on Disability Services

- 117 Students

Mayor's Annual Disability Awareness Expo – October 25, 2016

Location: Department of Employment Services

- 87 Students

Project SEARCH Info Session - November 7, 2016

Location: Department of Employment Services

- 124 attendees
 - 68 Students
 - 36 Parents/Guardian/Family
 - 20 Provider Staff

DC Youth Workforce Development Fair – December 5, 2016

Location: Department on Disability Services

- 35 Attendees

RSA College Student Pre-ETS Transition Workshop – December 19, 2016





Location: Department on Disability Services

- 1 college student

DCPS CEO Internship Kickoff Event – January 12, 2017

Location: Department on Disability Services

- 97 attendees
 - 42 students
 - 41 parents/guardians
 - 14 mentors
 - 4 school staff

RSA Public Charter School Internship Program – January 25, 2017

Location: Department on Disability Services

- 13 attendees
 - 8 students
 - 5 parents

a. There were 823 referrals in FY16 as listed below:

FY16 School Name	Referrals	School Name	Referrals
ACCOTINK ACADEMY	13	KIPP SCHOOL	39
ANACOSTIA HIGH SCHOOL	40	LAB SCHOOL	10
BALLOU HIGH SCHOOL	36	LUKE C MOORE ACADEMY SCHOOL	26
BALLOU STAY PROGRAM	6	MARET SCHOOL	1
BANNEKER HIGH SCHOOL	7	MAYA ANGELOU	14
BELL MULTICULTURAL HIGH SCHOOL	13	MAYA ANGELOU ACADEMY AT NEW BEGINNING	11
Capital City PCS	2	McKINLEY TECH	7
CAPITOL CITY PUBLIC CHARTER SCHOOL	1	NATIONAL CHILDREN CENTER	11
CARDOZO HIGH SCHOOL	23	NEW BEGINNINGS	7
CESAR CHAVEZ (CAPITOL HILL)	14	NEXT STEP	1
CESAR CHAVEZ (PARKSIDE)	4	OTHER	1
CFSA'S OFFICE OF YOUTH	8	PATHWAYS SCHOOL (EDGEWOOD CAMPUS)	4
CHILDREN'S GUILD	1	PAUL PUBLIC CHARTER SCHOOL	4
Community College Preparatory Academy	4	PHELPS HIGH SCHOOL	10





FY16 School Name	Referrals	School Name	Referrals
COOLIDGE HIGH SCHOOL	17	PHILLIPS SCHOOL - ANNANDALE (VA)	3
DC CHILD AND FAMILY SERVICES	1	PHILLIPS SCHOOL - LAUREL (MD)	2
DUKE ELLINGTON SCHOOL	5	PROBATION OFFICERS	1
DUNBAR HIGH SCHOOL	37	PRS	1
DYRS	2	Richard Wright PCS	12
E. L. HAYNES PCHS	8	RIVER TERRACE EDUCATION CAMPUS	26
EASTERN HIGH SCHOOL	45	ROOSEVELT HIGH SCHOOL	24
Edmund Burke Collegiate Preparatory High School	1	ROOSEVELT STAY PROGRAM	10
ELEANOR ROOSEVELT HIGH SCHOOH (GreenBelt, MD)	1	SCHOOL WITHOUT WALLS	2
FOUNDATION SCHOOL - MONTGOMERY COUNTY	1	SEED PCS	5
FOUNDATION SCHOOL OF PG	7	SELF REFERRAL	7
FRIENDSHIP COLLEGIATE ACADEMY	22	ST. COLETTA SCHOOL	2
Friendship PCS Technology Preparatory Academy	18	THE MONROE SCHOOL	6
HARBOR SCHOOL - ANNAPOLIS	1	THE PATHWAYS SCHOOL - CROSSLAND	1
HARBOUR SCHOOL - BALTIMORE	2	THE PATHWAYS SCHOOL - NORTHWOOD	2
HIGH ROAD (LANHAM)	5	THURGOOD MARSHALL	7
HIGH ROAD ACADEMY (UPPER SCHOOL EDGEWOOD)	17	VILLAGE ACADEMY	4
IDEA PUBLIC CHARTER SCHOOL (Integrated Design Electronics Academy)	7	WASHINGTON LATIN	2
IDEAL SCHOOLS HIGH SCHOOL	1	Washington Latin Public Charter School	8





FY16 School Name	Referrals	School Name	Referrals
IVYMOUNT	4	WASHINGTON MATHEMATICS SCIENCE TECH CHARTER	18
KATHERINE THOMAS	1	WASHINGTON METROPOLITAN HIGH SCHOOL	8
KINGSBURY DAY SCHOOL	26	WILSON SENIOR HIGH SCHOOL	39
KINGSMAN ACADEMY CHARTER SCHOOL (previously-OPTIONS PCS)	22	WOODSON HIGH SCHOOL	61
		YOUTH BUILD	3

There are 297 Referrals to date in FY 17 as listed below.

FY17 School Name	Referrals	School	Referrals
ACADEMY OF HOPE ADULT	3	HIGH ROAD (LANHAM)	2
ACCOTINK ACADEMY	9	IDEA PUBLIC CHARTER SCHOOL (Integrated Design Electronics Academy)	12
ANACOSTIA HIGH SCHOOL	3	KENNEDY INSTITUTE	3
BALLOU HIGH SCHOOL	18	KENNEDY KRIEGER HIGH SCHOOL	1
BALLOU STAY PROGRAM	9	KINGSBURY DAY SCHOOL	2
BELL MULTICULTURAL HIGH SCHOOL	11	KIPP SCHOOL	6
CAPITOL CITY PUBLIC CHARTER SCHOOL	1	LAB SCHOOL	1
CARDOZO HIGH SCHOOL	10	LUKE C MOORE ACADEMY SCHOOL	1
CESAR CHAVEZ (CAPITOL HILL)	14	MAYA ANGELOU	14
CESAR CHAVEZ (PARKSIDE)	1	McKINLEY TECH	7
CFSA'S OFFICE OF YOUTH	1	NATIONAL COLLEGIATE PREP ACADEMY	2
Community College Preparatory Academy (CC-Prep)	1	NEXT STEP	1





FY17 School Name	Referrals	School	Referrals
COOLIDGE HIGH SCHOOL	11	PATHWAYS SCHOOL (EDGEWOOD CAMPUS)	4
DCI (DISTRICT OF COLUMBIA INTERNATIONAL SCHOOL)	1	PATHWAYS SCHOOL (NORTHWOOD CAMPUS)	1
DDA	1	Richard Wright PCS	4
DOES, MINNESOTA AVE.	2	RIVER TERRACE EDUCATION CAMPUS	3
DUKE ELLINGTON SCHOOL	1	ROOSEVELT HIGH SCHOOL	13
DUNBAR HIGH SCHOOL	2	SEED PCS	2
E. L. HAYNES PCHS	9	SELF REFERRAL	3
EASTERN HIGH SCHOOL	22	THE MONROE SCHOOL	2
Edmund Burke Collegiate Preparatory High School	1	THE PATHWAYS SCHOOL - NORTHWOOD	1
FOUNDATION SCHOOL OF PG	3	THURGOOD MARSHALL	1
FRIEND, RELATIVE OR OTHER ACQUAINTANCE	1	VILLAGE ACADEMY	2
FRIENDSHIP COLLEGIATE ACADEMY	10	Washington Latin Public Charter School	8
Friendship PCS Technology Preparatory Academy	1	WASHINGTON MATHEMATICS SCIENCE TECH CHARTER	7
HARBOR SCHOOL - ANNAPOLIS	5	WASHINGTON METROPOLITAN HIGH SCHOOL	6
HIGH ROAD (LANHAM)	2	WILSON SENIOR HIGH SCHOOL	14
		WOODSON HIGH SCHOOL	21

- a. How many of those referrals resulted in an application and then student eligibility for RSA services? What was the average length of time between referral from school and eligibility decision?

	APPLICATION	ELIGIBILITY	NUMBER OF DAYS
FY 16	708	472	54
FY17	234	80	45





- b. For referrals not found eligible, what were the reasons and how many fit into each reason category?

Below is a list of reasons referrals were not found eligible and how many fit into each category.

FY16: All other reasons e.g. lack of documentation or lack of follow through- 72

Does not require VR services-1

No disabling condition- 2

No impediment to employment- 27

Refused services or further services- 18

No response - 100

FY17: All other reasons- 24

No disabling condition- 2

Refused services or further services- 4

Transferred to another agency- 1

Non-responsive- 18

- c. How many and what percentage of students identified as eligible for RSA services have a complete, comprehensive IPE prior to graduation or other exit from school?

95% of students identified as eligible for RSA services have a complete, comprehensive IPE prior to graduation or other exit from school.

- d. How many VR specialists/counselors dedicated to student transition does DDS have? How many schools are assigned to each VR specialists/counselor? How many days per week does each school receive VR specialist attendance (broken out by school)? What is each transition VR specialist's caseload?

There are 13 counselors in total and one vacant position. Each transition VR counselor is assigned, on average, to seven (7) schools. VR counselors have office hours at each school once every two weeks, on average.

The current caseload for each VR Counselor is as follows:

Counselor #1: 134

Counselor #2: 135

Counselor #3: 155

Counselor #4: 115





Counselor #5: 108
Counselor #6: 115
Counselor #7: 128
Counselor #8: 128
Counselor #9: 59
Counselor #10: 44
Counselor #11: 145
Counselor #12: 87
Counselor #13: 164
Counselor #14: Vacant

- e. How many invitations to attend IEP/transition planning meetings did RSA/VR specialists/counselors receive from DCPS or PCS schools in FY16 and to date in FY17? Please break down by school from which the invitation was received. How many of these meetings did the VR specialists/counselor attend? Please break down by school.

Although the Individuals with Disabilities Education Improvement Act of 2004 (IDEA), requires the Local Education Agency (LEA) to invite outside agencies who may provide services to students with disabilities to the Individualized Education Program (IEP) team meeting, RSA does not currently monitor the number of invitations to attend IEP/transition planning meetings. However, Vocational Rehabilitation (VR) Counselors are assigned to schools and collaborate with Workforce Development Coordinators on transition planning. Schools hold monthly informational meetings with students to discuss services that can be provided should they become eligible. The VR Counselor and Workforce Development Coordinator also hold individual planning meetings with adult students upon request to discuss the student's Transition Plan which is included in the Individualized Education Program (IEP), and the Individualized Plan for Employment (IPE). If at any time the IEP and the IPE list varying goals, a formal IEP team meeting is held to revise one or both documents to reflect the student's needs.

If the student is a minor (under the age of 18), parents are invited to informational sessions to discuss services that may become available should the student become eligible for services.

62. How many post-secondary educational and training programs tailored to people with intellectual disabilities did RSA fund in FY16 and in FY17, to date? What were the names and locations of those programs?





Here's a list of post-secondary educational and training programs funded by RSA:

STATE	SCHOOL / COLLEGE	PROGRAM	LOCATION
MD	Montgomery College	Challenge	Rockville, Maryland
MD	Prince George's County Community College	Challenge	Largo, Maryland
VA	George Mason University	Life Skills	Fairfax, Virginia

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 in-house Assistive Technology (AT) specialist who conducts individualized AT assessments for people with disabilities and also provides AT services which includes set up, training, troubleshooting, and general technical assistance. The AT specialist makes recommendations for referrals to external AT providers when specialized AT training is needed. In addition, RSA funds specialized training at institutions such as Gallaudet University. Also, RSA has Mobility and Orientation specialist who provides mobility and orientation training to individuals who are blind and visually impaired.

64. What efforts have been made to increase the number of RSA vendors in FY16 and FY17, to date?

RSA's Contract Administrators research potential vendors based on the services the vendors provide by calling vendors directly and through online research. Some services RSA may require include, but are not limited to, general vocational rehabilitation services, assistive technology, direct and indirect medical services and consultations, interpreting services, and psychological services. Requests for proposals are opened when Client Services expresses a need. Upon opening solicitations, the Contracts Administrators call potential providers who wish to work with RSA, and ask providers to apply. In FY16, Contracts Administrators reached out to at a minimum 20 prospective providers to apply. In FY17 the Contracts Administrators have reached out to at least 10 potential providers.

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 collaborates with the Department of Employment Services (DOES) regarding job opportunities based on the labor market data, industry demands and the employment goals which are developed based on the job seeker's skills, abilities, education and qualifications. Additionally, staffs identify employers who can employ persons with disabilities. Agencies





do not search for jobs based on a person’s disability, limitations and impairment(s). RSA’s role is to remove barriers which prevent our clients from pursuing and maintaining competitive employment in an integrated setting. If there are barriers specifically associated with their disability, we provide the sufficient education and training to remove those barriers. We also educate business about the various forms of reasonable accommodations available. For example, if a job seeker is Deaf, we educate them about the various modes of communication, which will allow them to perform their jobs satisfactorily with or without accommodations.

66. Please describe RSA’s efforts within the past year to implement the District’s “Employment First” initiative.

The District has continued its work as an Employment First state through multiple initiatives. In FY 2016, RSA promoted cross-system collaboration between RSA and other agencies including Department of Employment Services (DOES), the Child and Family Services Administration (CFSA), the Department of Youth Rehabilitation Services (DYRS), the District of Columbia Public Schools (DCPS), the District of Columbia Public Charter Schools (DCPCS), the Department of Disability Services Developmental Disabilities Administration (DDA), and private partners. RSA also works with partners to facilitate youth and adults participation and leverage resources across systems so that people benefit from the services offered from these agencies.

In addition, in the past year, RSA has entered into data-sharing agreements to identify transitioning youth and adults and to streamline intake and enrollment with DCPS and DDS DDA. RSA also has co-enrolled community providers who are DDA and Department of Behavioral Health (DBH) service providers so that they can offer more robust services to the people they support.

Through the Employment First State Leadership Mentor Program (EFSLMP), DDS has coordinated joint capacity-building activities on Customized Employment, employer engagement and alternative vocational assessments (i.e., Discovery). As part of Employment First, DDS has been engaging people with disabilities and their families in planning, and in guiding and evaluating the effectiveness of employment initiatives, in part through the work of its State Office of Disability Administration.