

GOVERNMENT OF THE DISTRICT OF COLUMBIA

OFFICE OF DISABILITY RIGHTS

DC—One Community for All: Olmstead Community Integration Plan

Calendar Years 2025-2027



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Introduction

In *Olmstead v. L.C.* (1999), the Supreme Court ruled state and local governments could not discriminate against people with disabilities by excluding them from participating in government services, programs, or activities under Title II of the Americans with Disabilities Act (ADA). The ADA's integration mandate requires that these services, programs, and activities be provided in the most appropriate, integrated setting. A state or territory's "Olmstead Plan" demonstrates compliance with the ADA's integration mandate.

This document's purpose is to present the District of Columbia's Olmstead Community Integration Plan for Calendar Years 2025 to 2027 ("Olmstead Community Integration Plan" or "Plan") to District residents, families, advocates, and other community stakeholders. The District's Olmstead Community Integration Plan is a series of goals and priorities the District government ("District") is committed to achieving for residents with disabilities to live in the community in the most integrated setting possible. The United States Department of Justice has defined the "most integrated setting" as one that "enables individuals with disabilities to interact with nondisabled persons to the fullest extent possible."¹ The District defines interacting in the community as providing residents with disabilities opportunities to: a) live and participate in their communities as they see fit; b) build and maintain meaningful relationships with family, friends and peers; and c) work in competitive and integrated employment opportunities while earning market-rate wages.

Overview and Background on the District's Olmstead Plan

In 2007, the Disability Rights Protection Act² established the Office of Disability Rights (ODR) as the District's ADA compliance office.³ Under the Act, ODR was given responsibility for developing and submitting the District's Olmstead Community Integration Plan for approval to the Executive Office of the Mayor. ODR published the District's first Olmstead Plan in April 2012, and the District Government has since made numerous revisions based on stakeholder feedback. In 2015, Mayor Muriel Bowser created the Olmstead Working Group, charged with making recommendations for revisions to future iterations of the District's Olmstead Plan. Through this process, they support the creation of the Olmstead Plan while including a broad array of voices. The Olmstead Working Group is comprised of representatives from District agencies as well as District residents with disabilities, their family members, community organizations, and disability rights advocates. Under the guidance of ODR, the District Government is presenting the new Olmstead Community Integration Plan for Calendar Years 2025 to 2027.

Development and Planning of the District's Olmstead Plan

The creation and development of the 2025-2027 Olmstead Community Integration Plan was a collaborative effort and the result of partnerships with District residents with disabilities, their family members, the community, disability organizations, and disability rights advocates. This Olmstead Community Integration Plan reflects:

¹ See [Statement of the Department of Justice on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.* \(ada.gov\)](#)

² D.C. Code § 2-1431.01.

³ A comprehensive glossary of terms used throughout this document is available in [Appendix C](#).

- Discussions and feedback gathered from three community town halls held in February, June, and October 2024;
- Conversations with the Olmstead task force composed of community advocacy groups, stakeholders, and representatives from 24 District agencies on identified priority areas from the town hall;
- Public comments received during the review period from June 26 to July 26, 2024, as well as September 16 through October 16, 2024; and
- Conversations with the District’s core Olmstead agencies regarding goals, strategies, metrics, and realistic benchmarks to revise since the enactment of the 2021-2024 Olmstead Plan;⁴ and
- Available data provided by the District’s core Olmstead agencies since the enactment of the 2021-2024 Olmstead Plan.⁵

Olmstead Plan Guiding Principles

To support the right of District residents with disabilities to choose their own living and working situation, the District has developed coordinated services and supports designed to meet the specific needs and preferences of the individual with a disability. Four guiding principles are vital to implementing the goals and priorities of the Olmstead Community Integration Plan.

Guiding Principle 1: Diversity

District residents and their families are supported in a culturally competent manner, which responds to their beliefs, interpersonal styles, attitudes, language, and behaviors and ensures effective and meaningful opportunities for full participation in their communities.

Guiding Principle 2: Respect and Dignity

District residents with disabilities are treated with respect and dignity and should be the final decision-makers regarding their supports and services. Government officials and service professionals respect the experience and knowledge of each person who receives services and supports in the District of Columbia.

Guiding Principle 3: Flexibility

Services and supports remain flexible as the lives of District residents with disabilities change over time.

Guiding Principle 4: Empowerment

District residents with disabilities benefit from information and opportunities to be involved in planning programs and choosing activities that are of interest to them. Advocating for change may be a part of this process, and District residents with disabilities should be empowered to advocate for themselves.

⁴ See [Appendix A](#), Input Collected.

⁵ See [Appendix B](#), Plans, Programs, and Reports Coordinated.

District's 2025-2027 Olmstead Plan Priorities

Based on these recent interactions and experiences, the 2021-2024 Olmstead Community Integration Plan identifies and focuses on four main priorities:

1. Housing
2. Healthcare
3. Employment
4. Transportation

Each Priority is numbered 1-4 below. Each of the priorities has a series of associated goals which are numbered (e.g. 1.1 etc.) to help the District reach its guiding principles. Under each goal are one or more strategies the District will implement to accomplish each goal, correspondingly numbered (e.g. 1.1.1, 1.1.2, etc.). Metrics are detailed to show how District agencies will track progress on each listed strategy, and there is at least one metric to track every strategy. Where there is more than one metric to measure a strategy, they are lettered (e.g. 1.1.1.a, 1.1.1.b, etc.). Targets will be determined by agencies based on what is a meaningful but realistic pace of improvement for each strategy. Proposed metrics that are new to the District's Olmstead plan for CY 2025-2027 are highlighted in green.

The District is constantly reevaluating and improving its services to transition individuals with disabilities into the most integrated setting appropriate for their level of care. This Plan builds upon the progress made in the 2021-2024 Olmstead Plan.

Priority Area 1 – Housing

What is the vision for the Housing Priority

The guiding principles for the Olmstead housing priority are based on enhancing opportunities for community inclusive living, so (1) District residents can live in the neighborhoods and/or communities of their choosing; and (2) District residents can transition into community-based housing that meets their needs.

Housing Efforts to Date

The District's efforts to improve housing supports for people with disabilities have focused on areas: (1) transitioning people with disabilities into affordable, accessible housing, and (2) helping people who have housing to stay in it to avoid a serious risk of unnecessary institutionalization. Affordable and accessible housing plays a significant role in transitioning District residents with disabilities out of institutions who wish to do so and ensuring those who wish to live in the community of their choosing have the support they need to do so. However, securing affordable, appropriate housing is often a challenge for people with disabilities, who often have specific physical needs and limited incomes. The District government has engaged through multiple agencies to assist with facilitating or providing housing, including DC Housing Authority (DCHA), Department of Human Services' (DHS), Department of Behavioral Health (DBH), Department of Health Care Finance (DHCF), Department of Housing and Community Development (DHCD), and Department of Aging and Community Living (DACL) as describe below.

Transitioning into community-based accessible housing

The District has a variety of targeted programs that support District residents with finding, facilitating, and obtaining community-based housing that meets their needs.

Affordable, Community-Based Housing

DCHA provides affordable, community-based housing that is owned and managed by DCHA at reduced rents (30% of tenant's income) for low-income families, seniors, and people with disabilities.⁶ The Housing Choice Voucher Program (HCVP) (formerly Section 8), the federal government's major rental assistance program, gives participants the option to live in the community of their choice. Once qualified participants obtain a voucher, they may find a rental unit in any privately owned property in the city, if it meets Fair Market Rent standards established by the U.S. Department of Housing and Urban Development (HUD). This includes apartment communities throughout Washington, D.C., that are owned by individual landlords or companies. The assistance provided is called "Project-Based" or "Unit-Based." This means that tenants who move cannot take the subsidy with them. For the HCVP program, the lease is held in the participant's name, and tenants pay 30 percent of their household income for housing. DCHA pays the rest directly to the landlord — providing financial assistance that gives residents the edge they need to compete in the private housing market. DACL provides the Senior Voucher Program in collaboration with the DC Housing Authority (DCHA). (DACL, FY23-24 Performance Oversight (PO) Response 99).⁷

DHCD increases production of affordable housing by continuing to provide funding for the development of affordable rental and ownership units, and community facility developments that serve District neighborhoods. Mayor Bowser's Housing Equity Report laid out first-in-the-nation goals for affordable housing production in specific geographic areas of the District. These goals are geared to produce a future District in which at least 15% of the residential units in each of 10 planning areas are required to be affordable to households earning 80% of Median Family Income or less.⁸

DHCD also administers the Inclusionary Zoning (IZ) program that delivers new affordable units. (DHCD, FY23-24 PO Response 6 - Priority #1). The District created 1,966 inclusionary zoning units between August 2009 and September 30, 2022. 1,589 of those are rentals, and 377 were for sale and all are either occupied or in some phase of the lottery process. DHCD does not have the exact number of units that are currently vacant. (DHCD, FY23-24 PO Response 99). There are currently 24,919 households registered for the IZ program. 23,911 are registered for rentals, 145 households are registered for sales and 863 households are registered for both. (DHCD, FY23-24 PO Response 100). There are 1,276 rentals and 176 sales units in the pipeline. (DHCD, FY23-24 PO Response 101). DHCD also operates a Tenant-Based Rental Assistance Program, but it is currently closed due to limited funding from the federal HOME Investment Partnerships Program to offer tenant-based rental assistance to low-income renters. Clients are evaluated through a single point of entry for all available District housing programs and referred to other housing programs for assistance.⁹

⁶ DCHA Waitlist, (last accessed May 20, 2024), <https://www.dchousing.org/wordpress/customers/waitlist/>.

⁷ <https://dccouncil.gov/performance-oversight-2024/>.

⁸ Office of Planning, Housing Equity Report (October 2019), <https://planning.dc.gov/publication/housing-equity-report>.

⁹ DHCD, Tenant-Based Rental Assistance Program, (last accessed May 20, 2024), <https://coronavirus.dc.gov/page/dhcd-tenant-based-rental-assistance-program>.

Mental Health Housing Supports

DBH offers a continuum of housing support options to clients with mental health disabilities. DBH makes referrals for initial occupancy and backfill of vacancies for DC Local Rent Supplement Program (LRSP) vouchers attached to newly renovated or developed units funded with DBH capital dollars for 25 years. The program is run by, and follows eligibility requirements for, DCHA's federally funded HUD voucher program. The LRSP vouchers are attached to single-room occupancy (SRO) units and to apartments. DBH also offers the following Supported Residences (Licensed Mental Health Community Residential Facilities) in increasing levels of support:

Supportive Residence (SR) CRF providing on-site supervision when residents are in the facility; medication monitoring; maintenance of a medication log to ensure that medication is taken as prescribed; assistance with activities of daily living; arrangement of transportation; monitoring behaviors to ensure consumer safety; and participation in treatment planning, implementation, and follow-up.

Supportive Rehabilitative Residence (SRR) CRFs provide 24-hour, structured housing support for DBH clients with severe and persistent mental illness who need an intense level of support to live within the community. The specific services offered include: 24-hour awake supervision; assisting the consumer to obtain medical care; providing training and support to assist consumers in mastering activities of daily living; maintaining a medication intake log to ensure that residents take their medications as prescribed; provision of one-to-one support to manage behaviors or perform functional living skills; transportation to doctor's appointments; assistance with money management; and participation in treatment planning, implementation, and follow-up.

Intensive Rehabilitative Residences (IRR) provide an intensive level of care for individuals enrolled in the DBH behavioral health system who have medical issues that put them at risk of needing nursing home care if they do not receive physical health care nursing supports with the appropriate mental health rehabilitation services. (DBH, FY23-24 PO Response 31).

In conjunction with these CRFs, the DBH Residential Services and Supports (RSS) Division supports DBH CRF clients through care management and care coordination to ensure placement disruptions are minimized. Core Service Agencies (CSA) and Assertive Community Treatment (ACT) teams will contact RSS staff for assistance with consumers who have complex needs and can be better served in independent housing when it is available. These consumers are usually experiencing homelessness and are often in inpatient settings or in temporary housing situations. In FY24, RSS was able to secure housing through DBH vouchers for eleven (11) consumers experiencing homelessness.

In FY23, DBH provided residential services and support to 1,082 consumers who resided in community residence facilities. Consumers in this program received room and board, assistance with activities of daily living up to 24 hours a day depending on medical necessity, and coordination of care with their core service agency regarding their mental health treatment.

Supported Housing for Individuals with I/DD

DDS provides various supported living services for individuals with I/DD through its Developmental Disabilities Administration (DDA).¹⁰ The majority of these supported individuals live in community-based housing (1,038 live in their natural homes, out of 2,454 as of December 31, 2023). (DDS, FY23-24 PO Response 67).

Homeless Housing Support Programs

DHS provides a variety of housing subsidies and supports for families experiencing or at risk of homelessness. The Targeted Affordable Housing Program (TAH) provides a permanent housing subsidy (with case management) to assist individuals and families who are independent but due to a disability, age, or income, a permanent housing subsidy is needed to prevent homelessness.¹¹ (DHS, FY23-24 PO Response 84). The Permanent Supportive Housing Program (PSH) and provides two core services: 1) a rental subsidy which pays for rent that exceeds 30% of a participant's income, and 2) intensive case management services. PSH is designed to connect participants to other supportive services, such as behavioral health, to maintain stable housing and move toward wellness as defined by the participant.¹² (DHS, FY23-24 PO Response 89). The Rapid Rehousing for Individuals (RRH-I) provides up to 12 months in rent subsidies for individuals experiencing homelessness. Compared to the Family Re-housing Stabilization Program (FRSP). This is DC's Emergency Solutions Grant Program funded by HUD, which provides up to 18 months of rent subsidies for families experiencing or at risk of homelessness.¹³ FRSP provides a range of services including: individualized case management services, housing identification, connection to government and community-based resources, and time-limited rental subsidies. (DHS, FY23-24 PO Response 4). In FY23, 1,547 individuals benefited from a TAH voucher, 5,215 benefited from a PSH voucher, and 829 benefited from a unit-based voucher. (DHS, FY23-24 PO Response 85). Transitional Housing Programs (THP) are supportive housing programs that are temporary but designed to be an intermediate step between emergency shelter and permanent housing. Eligibility requirements and programming vary by program, but most programs offer structure, supervision, support, and life skills. Families may only be connected to Transitional Housing by the Virginia Williams Family Resource Center (VWFRC), the central point of intake for families experiencing homelessness or at risk of homelessness, or matched through the Family-Coordinated Assessment and Housing Placement (CAHP).¹⁴

DHS also provides a variety of housing programs for youth experiencing or at risk of homelessness through grants to community-based organizations to provide housing, street outreach, and drop-in

¹⁰DDS, Home and Community-Based Services (HCBS) Individuals with Intellectual and Developmental Disabilities (IDD) and Individual and Family Supports (IFS) Waivers Description of Services (August 7, 2023), <https://dds.dc.gov/sites/default/files/dc/sites/dds/publication/attachments/IDD-IFS%20Waiver%20Service%20Descriptions%208.7.2023.pdf>.

¹¹ DHS, Targeted Affordable Housing for Individuals and Families (last accessed May 20, 2024), <https://dhs.dc.gov/page/targeted-affordable-housing-individuals-and-families>.

¹² DHS, Permanent Supportive Housing for Individuals and Families (Project Based, Tenant Based, Local Veterans) (last accessed May 20, 2024), <https://dhs.dc.gov/page/permanent-supportive-housing-individuals-and-families-project-based-tenant-based-local-veterans>.

¹³ DHS, Rapid Rehousing for Individuals (last accessed May 20, 2024), <https://dhs.dc.gov/page/rapid-rehousing-individuals>; DHS, ESG CARES Act Funding (last accessed May 20, 2024), <https://dhs.dc.gov/page/esg-cares-act-funding>.

¹⁴ DHS, Transitional Housing for Families Experiencing Homelessness (last accessed May 20, 2024), <https://dhs.dc.gov/page/transitional-housing-families-experiencing-homelessness%20A0>.

center services for youth up to 24 years old. DHS runs the Youth Housing Options Prevention Education (HOPE) program that provides youth homeless prevention, reunification, and stabilization services. The program works to divert youth from the homeless shelter system and reunite them with their natural supports (family, mentors, allies, etc.) via mediation services and family support, whenever safe and possible, as well as identification of permanent housing solutions.¹⁵

When diversion is not possible, DHS has an emergency services system that provides safe shelter to everyone who needs it. DHS recently purchased a property on E Street to provide non-congregate shelter for the first time through the use of HOME American Rescue Plan (HUD grant) funds.¹⁶ This will allow individuals who are medically vulnerable or individuals who cannot be served in low-barrier shelter because they have adult family members of a different gender or were not able to seek congregate care, to have a place to go. This site will build on the lessons the District learned from its Pandemic Emergency Program for Medically Vulnerable (PEP-V) individuals. Though the PEP-V program has now ended, it served 2,396 individuals from May 2020 to December 2023. (DHS, FY23-24 PO Response 8).

DBH's Projects for Assistance in Transition from Homelessness (PATH) team is a two-person team funded by Substance Abuse and Mental Health Services Administration (SAMHSA) with the expressed goal of assisting individuals experiencing serious mental illness and homelessness connect to care and housing navigation. In FY23, the PATH team engaged 470 consumers and enrolled 275 in the PATH program. Consumers receive mental health assessment, counseling, community support, and assistance with housing and homeless services system navigation. Nine (9) consumers achieved permanent housing situations, eighteen (18) achieved temporary housing, four (4) were placed in institutional settings to include skilled nursing facilities, and 176 accessed an emergency shelter or a PEP-V site.

Two DBH certified providers (Community Connections and MBI) partnered with District youth shelters to link individuals to behavioral health services and refer transition age youth to housing at DBH's transitional living facility, Wayne Place. Wayne Place supports young adults and provides them with the skills and knowledge to learn the necessary skills to transition independently to adulthood. During FY23 and to date in FY24, Wayne Place served 32 transition age youth. Over the course of FY23 and FY24, 21% (10) were discharged from the 18-month independent living program. Of the 21% discharged transition age youth, 70% (7) were discharged successfully to leased single or shared apartments. Thirty percent (3) of transition age youth were prematurely discharged and connected to other housing resources that met their needs. (DBH, FY23-24 PO Response 33).

Complex Health Needs-Based Housing Support Programs

Since 2022, DHS and DHCF have offered a DC Medicaid State Plan-based Housing Supportive Services (HSS) benefit that focuses on helping District Medicaid beneficiaries who are homeless or at risk of homelessness find and maintain permanent housing in the community. The benefit is targeted to people with disabilities or complex health needs, who often experience significant barriers to accessing care and housing. (DHS, FY23-24 PO Response 4). It consists of housing navigation services to help a participant plan for, find, and move to housing of their own in the community; and housing stabilization services

¹⁵ DHS, Youth Homeless Services (last accessed May 20, 2024), <https://dhs.dc.gov/page/youth-homeless-services>

¹⁶ DHCD, District of Columbia Annual Action Plan, Including the HOME ARP Plan and HTF Allocation Plan, FY 2023 (July 8, 2022), <https://dhcd.dc.gov/sites/default/files/dc/sites/dhcd/publication/attachments/HOME-ARP%20Allocation%20Plan%20draft%207-07%20Public%20Comment.pdf>

to help a participant in their own housing in the community and move toward wellness as the participant defines it. This program allows DC to use federal Medicaid funding to pay for permanent supportive housing services.¹⁷

DC Health administers the Housing Opportunities for Persons With AIDS (HOPWA) program. HOPWA is the only Federal program dedicated to addressing the housing needs of low-income people living with HIV/AIDS and their families. HOPWA provides housing and housing supports to select persons with HIV/AIDS to stabilize their housing to enable them to access comprehensive healthcare and adhere to HIV treatment.¹⁸ In FY23, DC Health provided housing support to 379 participants. (DC Health, FY23-24 PO Response 91).

Re-entry Housing Support Programs

DOC operates the READY Center to provide re-entry services for individuals who are incarcerated at DOC facilities (including individuals with disabilities. In FY23, the READY Center served 1,728 residents in the custody of DOC, and 545 residents in the custody of BOP. Though DOC reports that it does not record outcomes from participation in the READY Center, it reports that a number of District agencies participate in helping returning citizens enroll in government services for re-entry, including disability-related services like aging and disability services from DACL, behavioral and mental health services from DBH, Medicaid and SNAP from DHS, workforce development from DOES.

Supports to Remain in community-based housing

The District has a variety of targeted programs that support District residents with retaining community-based housing that meets their needs.

DHCD Subsidies for renting and owning

DHCD's Emergency Rental Assistance Program (ERAP) helps District residents earning less than 40% of the Area Median Income (AMI) who are facing housing emergencies. The program provides funding for overdue rent if a qualified household is facing eviction (including late costs and court fees). The program also supports security deposits and first month's rent for residents moving to new apartments. ERAP serves income eligible District households with children, elderly households, and people with disabilities. The amount paid on behalf of eligible families depends on a household's income and available resources and is subject to certain limitations.¹⁹

DHCD's Housing Preservation Fund is administered by three community development financial institutions that serve as fund managers. (DHCD, FY23-24 PO Response 58). When a property receives a Housing Preservation Fund (HPF) loan, a covenant is recorded against the deed of the property requiring that rents for at least 50% of units be set at levels affordable to households earning 80% of Median Family Income or less. These covenants apply for ten years regardless of the type of long-term funding the project ultimately secures, whether publicly subsidized or not, and whether the project was acquired

¹⁷ DHS, Housing Supportive Services (last accessed May 20, 2024), <https://dhs.dc.gov/service/housing-supportive-services%C2%A0>; DHCF, District of Columbia's Housing Supportive Services Benefit Tip Sheet – Provider Enrollment & Billing (August 2022), <https://www.dc-medicaid.com/dcwebportal/documentInformation/getDocument/29415>.

¹⁸ HUD, Housing Opportunities for Persons with AIDS Program (last accessed May 20, 2024), https://www.hud.gov/program_offices/comm_planning/hopwa.

¹⁹ DHS, Emergency Rental Assistance Program (last accessed May 20, 2024), <https://dhs.dc.gov/node/117692>.

using TOPA rights. Eligible loan types for HPF include acquisition, predevelopment, environmental remediation, critical repairs, earnest money deposits, and other housing preservation activities. (DHCD, FY23-24 PO Response 59).

DHCD's Home Purchase Assistance Program (HPAP), funded by HOME Investment Partnerships Program (HUD grant), provides qualified applicants with interest-free loans and closing cost assistance to purchase single family houses, condominiums, or cooperative units. DHCD also partners with community-based organizations to provide housing counseling services to residents, including but not limited to HPAP participants. In FY23, there were 1,153 applications and 444 closings from the HPAP program. (DHCD, Performance Oversight Hearing Response 67).

DHCD's National Housing Trust Fund (HPTF) Program (a HUD grant) that complements existing District efforts to increase the supply of affordable housing for extremely low-income households, including homeless families and individuals, and persons with special needs.²⁰ Since 2010 to date there have been 10,127 HPTF Units created. of those 1,121 are accessible units. (DHCD, FY23-24 PO Response 50).

DHCD administers Low-Income Housing Tax Credits (LIHTC) created by the Tax Reform Act of 1986, to encourage the private sector to invest in the construction and rehabilitation of housing for low and moderate-income individuals and families. Project owner/investors can claim LIHTC on their federal income tax return for 10 years in exchange for low-income use for 30 years. Projects are selected according to DHCD's annual plan.²¹

DHCD runs the Housing Resource Center on the first floor at 1800 Martin Luther King Jr Avenue SE to assist with housing questions. In addition, DCHousingSearch.org is a free listing service usable there that provides information on currently available affordable, accessible housing.²²

Home Accessibility Programs

DHCD's Single-Family Residential Rehabilitation Program (SFRRP) administers grants of up to \$30,000 for homeowners to make modifications to eliminate barriers to accessibility for persons with mobility or other physical impairments.²³ There were 87 applications for SFRRP in FY23 (DHCD, FY23-24 PO Response 80), 124 projects were completed in FY23 and FY24 to date for an average cost of \$24,467.50. (DHCD, FY23-24 PO Response 84). The average time from application to project completion is one year. (DHCD, FY23-24 PO Response 83).

DACL's Safe at Home Program provides in-home preventative adaptations to reduce the risk of falls for District residents aged 60 and older and adults 18 and over living with disabilities. These adaptations can be made to any homeowner's home, or a rental unit with permission from the landlord. Examples of adaptations may include but are not limited to handrails, grab bars, bathtub and shower cuts, shower chairs, stair lifts, and accessible lighting.²⁴ (DACL, FY23-24 PO Response 38 SAH1 Attachment). In FY23, Safe At Home completed 105 home modification projects. (DACL, FY23-24 PO Response 38 SAH2 Attachment). In addition, during FY23 and Q1 of FY24, Home Care Partners provided virtual evidence-

²⁰ DHCD, National Housing Trust Fund (last accessed May 20, 2024), <https://dhcd.dc.gov/page/national-housing-trust-fund-nhtf>.

²¹ DHCD, Low Income Housing Tax Credit Program (last accessed May 20, 2024), <https://dhcd.dc.gov/page/low-income-housing-tax-credit-lihtc-program>.

²² DHCD, Housing Resource Center (last accessed May 20, 2024), <https://dhcd.dc.gov/service/housing-resource-center>.

²³ DHCD, Single Family Residential Rehabilitation Program (last accessed May 20, 2024), <https://dhcd.dc.gov/SFRRP>.

²⁴ DACL, Safe at Home (last accessed May 20, 2024), <https://dacl.dc.gov/service/safe-home>.

based fall prevention exercise classes for some of their clients. Clients who are given priority to participate experienced limited mobility or isolation and were provided in-person evidence-based fall prevention exercise classes. All classes include vision and medication screenings. (DAFL, FY23-24 PO Response 40). Data findings and outcomes of the program as measured by American University show 89.2% of respondents stated they were ‘completely satisfied’. Most clients served, 78.8%, did not fall since the home modifications were completed. Safe At Home appears to be cost-effective: the average cost of \$4,019 per client to safely age in place is significantly less than the average cost of a hospital visit for a fall (\$62,521).²⁵

DDS’ “Technology First” program (Tech First) is committed to expanding and diversifying the use of tech by people with disabilities-with the goal of promoting their ability to live independently as possible in their community, home, and workplace. Technology includes many things such as simple medication reminders or dispensing devices, personal assistants, apps, sensors on doors and windows, environmental controls or systems that enable individuals to communicate with remote staff by using phones or web-based technology. Assistive Technology services available through the Developmental Disabilities Administration and Rehabilitation Services Administration as well as other community-based programs in the District enables people who are eligible to discover and access tech to experience greater independence, security, and reduces reliance on direct supports.

DDS also supports people with I/DD to remain in the community through individualized day supports, companion supports, and day habilitation services. Most individuals receiving day supports from DDA receive individualized day services (526), only 248 receive segregated day habilitation services. According to DDS, in FY24 all day programs complied with CMS’ Settings Rule. (DDS, FY23-24 PO Response 68-70).

Why Housing remains a focus?

Difficulty finding affordable and accessible housing units. Unfortunately, securing affordable, appropriate housing often remains a challenge for people with disabilities who often have specific physical needs and limited incomes. DCHA reports that it has 529 rental units that are fully accessible (meeting Uniform Federal Accessibility Standards) and 357 of those are leased. (DCHA, FY23-24 PO Response 43i). The demand for affordable and accessible housing exceeds the supply in our Nation’s Capital. Additional affordable, accessible housing is needed. DCHA’s waiting list for affordable housing was closed for over a decade before being reset and opened in 2023. That waiting list is now closed again. Unfortunately, it is not clear what the wait time is for this new waiting list, nor how DCHA’s regulatory changes to the system to create a site-based waiting list will impact individuals with disabilities’ chances of getting these available accessible units they need to live independently. The 2022 HUD report concluded that approximately 25% of DCHA’s rental units were vacant at the time of the report.²⁶ (DCHA, FY23-24 PO Response 8).

Information gaps in finding available and affordable units. Even when affordable, accessible housing units are available, that information is either not made public at all, or is shared poorly and fails to reach individuals with disabilities who need these units. The Olmstead public meetings reveal many District residents are not aware of existing web resources like DCHousingSearch.org and Housinginsights.org,

²⁵ https://aura.american.edu/articles/report/Safe_at_Home_Program_Evaluation_2023/25215596

²⁶ HUD OAG, District of Columbia Housing Authority Assessment (September 30, 2022), https://oag.dc.gov/sites/default/files/2022-10/DCReview_Final%209302022%20%281%29.pdf

which are not well advertised to individuals with disabilities (DDS' housing guide does not mention these critical resources for searching available units at all;²⁷ likewise DACL's housing guide is not made public, (DACL, FY23-24 PO Response 101)). DCHA mentions that affordable units are uploaded for rent reasonableness onto AffordableHousing.com. (DCHA, FY23-24 PO Response 57). Moreover, not all affordable, accessible units are listed on one site (or potentially any site). As a result, extremely scarce affordable, accessible units can end up being utilized for individuals or families who do not have any individuals with disabilities. The District must do a better job of ensuring information about available affordable, accessible housing is timely made available to the individuals with disabilities who need it, and that there is a clear map of housing support options across all agencies, the eligibility criteria and other program requirements.

Limited capacity for programs that facilitate obtaining and retaining affordable housing. DDS and DHCF direct care worker staffing shortages have placed individuals with disabilities at risk of hospitalizations and facility-based placements. While DHCF and DDS are working to revise provider rates through studies and additional funding, there is an immediate need for supports that cannot be met due to the staffing shortage by increasing technological solutions for monitoring and providing adaptive equipment and assistive technology to make living at home more independent as well as private.

²⁷ DDS, Housing Resource Guide (last accessed May 20, 2024), <https://dds.dc.gov/node/1687661>

Housing Goals

- 1.1 Increase access to and opportunities for affordable, fully accessible, community integrated housing for people with disabilities.
- 1.2 Improve transitions from institutions to community-based housing
- 1.3 Increase inclusion and independence of people with disabilities through integrating advanced technology solutions for assistive technology and remote supports

Housing Metrics

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets
1.1.1 Increase and preserve the number of affordable housing units that are ready to purchase or rent	DHCD	1.1.1.a Number of new District assisted affordable housing units that come online ready for purchase or rental (higher is better)* *Please note Housing Production Trust Fund allocations will most likely be down in future fiscal years, this will impact production.	584 (FY23)	
1.1.1 Increase and preserve the number of affordable housing units that are ready to purchase or rent	DHCD	1.1.1.b Number of inclusionary zoning units available for occupancy (higher is better)	365 (FY22)	
1.1.1 Increase and preserve the number of affordable housing units that are ready to purchase or rent	DHCD	1.1.1.c Number of SFRRP Projects completed (higher is better)	66 (FY22)	
1.1.2 Increase number of affordable, accessible housing units ready to rent	DCHA	1.1.2.a Number of DCHA owned units that meet or exceed either UFAS or ADA 2010 ADAAG Standards (higher is better)	529 (FY23)	
1.1.2 Increase number of affordable, accessible housing units ready to rent	DCHA	1.1.2.b Percentage of all affordable public housing units that must meet UFAS standards (higher is better)	5% (FY23)	
1.1.3 Increase number of people with mental health disabilities	DBH	1.1.3.a Number of people “Severe and Persistent Mental Illness” (SPMI) provided a voucher vs. capacity (higher is better)	989 / 1,088 (FY23)	

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets
provided a voucher or placed in the community				
1.1.3 Increase number of people with mental health disabilities provided a voucher or placed in the community	DBH	1.1.3.b Number of people with “Severe and Persistent Mental Illness” (SPMI) placed in a Community Residential Facility (CRF) vs capacity (higher is better) (includes new admissions and not administrative transfers between CRFs)	600 / 614 (FY23)	
1.1.3 Increase number of people with mental health disabilities provided a voucher or placed in the community	DBH	1.1.3.c Number of people with “Severe and Persistent Mental Illness” (SPMI) integrated into the community from a CRF into independent living with a voucher (higher is better)	2 (FY23)	
1.1.4 Increase the number of DBH clients who maintain independent, community-based housing for 12 months or longer	DBH	1.1.4.a Number of DBH clients who maintain independent, community-based housing for 12 months or longer (higher is better)		
1.1.4 Increase the number of DBH clients who maintain independent, community-based housing for 12 months or longer	DBH	1.1.4.b DBH will maintain an 80% or greater occupancy rate within its subsidized housing program (higher is better)	94% (FY23)	
1.1.4 Increase the number of DBH clients who maintain independent, community-based housing for 12 months or longer	DBH	1.1.4.c 80% of DBH clients in subsidized housing received services within the last 120 days from a Core Service Agency (CSA) (higher is better)	83% (FY23)	
1.1.5 Increase number of people with a disability housed with a DCHA voucher	DHS	1.1.5.a Number of persons with a disability who were housed with a DCHA voucher through a DHS program (PSH and TAH) (higher is better)	661 (FY23)	
1.1.5 Increase number of people with a disability housed with a DCHA voucher	DHS	1.1.5.b Number of families with a disability who were housed with a DCHA voucher through a DHS program (PSH and TAH) (higher is better)	297 (FY23)	
1.1.5 Increase number of people with a disability housed with a DCHA voucher	DHS	1.1.5.c Number of families with a disability who were housed with a time-limited housing subsidy (FRSP) (higher is better)	2,366 (FY23)	

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets
1.1.5 Increase number of people with a disability housed with a DCHA voucher	DHS	1.1.5.d Number of persons with a disability who were housed with a time-limited housing subsidy (Rapid Rehousing) (higher is better)	32 (FY23)	
1.1.6 Increase number of individuals discharged from psychiatric facilities with a community placement	DBH	1.1.6.a Number of individuals discharged from St. Elizabeth's with a voucher (higher is better)	3 (FY23)	
1.1.6 Increase number of individuals discharged from psychiatric facilities with a community placement	DBH	1.1.6.b Number of people discharged from St. Elizabeth's into community housing (higher is better)	152 = 167 (KPI 2.7) – 15 (KPI 2.32) (FY23)	
1.1.6 Increase number of individuals discharged from psychiatric facilities with a community placement	DBH	1.1.6.c Number of youth discharged from PRTF quarterly to community-based setting (higher is better)	15 (FY23)	
1.1.7 Increase number of individuals with mental health disabilities provided a voucher who were homeless	DBH	Number of individuals with "Severe and Persistent Mental Illness" (SPMI) provided a voucher who were homeless (higher is better)	14	
1.1.8 Increase number of individuals transitioning out of nursing facilities into home and community-based settings	DACL	1.1.8.a Number of referrals from nursing facilities (higher is better)	250 (FY23)	
1.1.8 Increase number of individuals transitioning out of nursing facilities into home and community-based settings	DACL	1.1.8.b Number of clients currently in the pipeline (meaning in the process of transitioning from a nursing facility to the community) (higher is better)	341 (FY21) 437 (FY22) 409 (FY23)	
1.1.8 Increase number of individuals transitioning out of nursing facilities into home and community-based setting	DACL	1.1.8.c Number of nursing facility transition team clients transitioned from nursing facilities into the community (higher is better)	118 (FY23)	
1.1.8 Increase number of individuals transitioning out of nursing facilities	DACL	1.1.8.d Number of community transition team cases closed (higher is better)	121 (FY23)	176

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets
into home and community-based setting				
1.1.8 Increase number of individuals transitioning out of nursing facilities into home and community-based setting	DHCF	1.1.8.e Number of District residents enrolled in Medicaid Assisted Living Programs (higher is better)	240 (FY23)	
1.1.9 Increase re-entry services to connect returning citizens with a disability to community housing	DOC	1.1.9.a Percent reduction in the 12-month rate of return to DOC of Re-Entry program participants with a disability (annual measure) (higher is better)	30.30% (FY23)	
1.1.9 Increase re-entry services to connect returning citizens with a disability to community housing	DOC	1.1.9.b Percent reduction in the 12-month rate of return to DOC of RSAT program participants with a disability (annual measure) (higher is better)	76.30% (FY23)	
1.1.9 Increase re-entry services to connect returning citizens with a disability to community housing	DOC	1.1.9.c Number of residents with a disability actively receiving READY Center services on bi-annual basis (higher is better)	1728 at DOC, 545 returning from Federal Bureau of Prisons (BOP) (FY23)	
1.2.1 Decrease timeframe between time person is ready for discharge from St. Elizabeths and date of placement in the community	DBH	Average number of days between time person is ready for discharge from St. Elizabeth's and date of placement in the community (lower is better)	12 (FY23)	
1.2.2 Decrease timeframe for discharge from a nursing facility	DHCF	1.2.2.a Average number of days between DAACL referral and LTCSS assessment (lower is better)		
1.2.2 Decrease timeframe for discharge from a nursing facility	DAACL	1.2.2.b Average days to transition (for clients who do not have housing to return to) (lower is better)	282.75 (FY23)	
1.2.2 Decrease timeframe for discharge from a nursing facility	DAACL	1.2.2.c Average days to transition (for clients who have housing to return to) (lower is better)	282.8 (FY23)	
1.2.2 Decrease timeframe for discharge from a nursing facility	DHCF	1.2.2.d Number of people enrolled in the Medicaid transition code that establishes eligibility for the Elderly and persons with Physical Disabilities waiver before discharged from the nursing home (higher is better)	61 (FY23)	

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets
1.2.3 Decrease timeframe for EPD Waiver enrollment	DHCF	Average number of days between assessment and receipt of LTCSS in an approved Person-Centered Service Plan (PCSP) (lower is better)		
1.2.4 Increase DACL transition capacity	DHCF	Number of people directly transitioned to Medicaid Home and Community-Based Services without DC Aging and Disability Resource Center transition assistance after a 90+ day stay in a nursing facility or hospital (lower is better)	55 (FY23)	
1.2.5 Increase DACL transition quality through training	DACL	Percentage of transition unit staff who complete transition assistance training (higher is better)		
1.3.1 Increase the number of Safe At Home adaptations performed	DACL	Number of Safe at Home adaptations performed (higher is better)	1,027 (FY23)	
1.3.2 Increase awareness of and participation in Library by Mail services, through targeted outreach and an increase in District residents with disabilities who are active users	DCPL`	Number of District residents with disabilities who use the service at least once a year		
1.3.3 Increase access for people supported by DDS to assistive technology and remote supports	DDS	TBD		

Priority Area 2 - Healthcare

What is the vision for the Healthcare Priority

The vision for the Healthcare priority is that (1) District residents are supported in transition from institutional settings or facilities to home and community-based settings; and (2) Quality, person-centered, home and community-based services are necessary and therefore provided for District residents with disabilities to live and remain in the community.

Healthcare Efforts to Date

Home and Community-Based Long-Term Care Supports and Services for the Elderly and persons with Physical Disabilities (EPD) Waiver

DACL's clinical services division is one of the direct service arms of DACL. This division includes DACL's Case management, Adult Protective Services, and Nursing home transition. The community transition unit was developed to assist and empower people who want to move from a nursing home, hospital, or rehabilitation facility back to the community. This 13 staff unit includes a housing coordinator that provides information and support to assist with the transition residents as they return to the community. DACL's programs division includes entry services. 10 staff members provide information and referral services, by phone and in person, along with assistance with enrollment into DC Medicaid's EPD Waiver program. This team also aids with application, submission, and linkage to EPD Waiver case management. (DACL, FY23-24 PO Response 1).

DHCF's EPD Waiver offers a combination of in-home or community-based support services, which include: Case Management – assistance with obtaining or coordinating health care services; Personal Care Aide (PCA) Services – assistance with activities of daily living, such as dressing, eating, toileting, etc. for up to twenty-four (24) hours daily; Adult Day Health Programs (ADHP) – non-residential services and supports promoting community inclusion and community-based care; Respite Care – assistance with daily needs when a primary caregiver is absent or unavailable; Environmental Accessibility Adaptations (EAA) – physical modifications to a home to ensure the safety and welfare of a District resident; Participant-Directed Services (Services My Way or SMW) – more choice and flexibility over the services District residents receive, including PCA services; Community Transition Services – up to \$5,000 to support household set-up expenses for people moving from a nursing facility or hospital to home. DHCF also provides a range of supports and services under the DC Medicaid State Plan which provides up to eight hours of care daily of personal care aide services, as well as durable medical equipment, among other services.

Home and Community-Based Long-Term Care Supports and Services for Individuals with Intellectual and Developmental Disabilities (I/DD) and Individuals and Family Supports (IFS) Waivers

DDS' Intellectual and/or Developmental Disabilities (I/DD) Waiver provides residential, day/vocational, and other support services for District residents with intellectual disabilities who choose to live in their own homes or in other community-based settings. Services include: Day Habilitation Services – services aimed at developing meaningful adult activities and skills; Individualized Day Supports – services and activities that operate totally in the community and are focused on opportunities to increase a person's abilities; and Companion Services – non-medical assistance and supervision to support a person's goals, desires, and needs as identified in the person's Individual Support Plan (ISP); In-Home Support Services –

blended services that provide habilitation, personal care, and other support services to help the person live successfully in their home; PCA Services – assistance with activities of daily living such as dressing, eating, toileting, etc.; Respite Care Services – provision of short-term, temporary relief to those who are caring for family members enrolled in the waiver; Residential Habilitation Services – blended service that provides residential supports in a licensed home serving four to six District residents; Supported Living Services – a blended service that covers residential supports in a home serving one to three District residents; Creative Art Therapies – helps a person express and understand emotions through artistic expression and the creative process; and Wellness Services – professional services which include bereavement counseling, nutritional counseling, fitness training, massage therapy, and sexuality education.

DDS also administers the Individual and Family Support (IFS) Waiver, which allows District residents with intellectual and developmental disabilities who live in an independent environment, either in their own home or with family or friends, to receive LTCSS tailored to their specific needs. The IFS Waiver offers 18 services, all of which are currently available under the IDD Waiver and adds one previously unavailable service: Education Supports, which consists of communication classes to teach participants who are deaf American Sign Language, Visual Gestural Communication, or another form of communication, to the extent that such classes are not available under a program funded by IDEA or DC Rehabilitation Services Administration (DC RSA).

Mental Health Supports for Adults

In FY23, 43,472 people were served by DBH in the mental health system, and 1,270 adults were served by the Intensive Care Coordination Team. DBH delivers services to individuals who are homeless—living on the streets, in shelters, or transitional housing—through DBH contracted providers, Assertive Community Treatment (ACT) teams, and government-operated programs to include Intensive Care Coordination teams and the SAMHSA funded PATH program. (DBH, FY23-24 PO Response 32). In FY23, ACT Teams served 2,442 consumers. Of those active enrollments, 221 (10%) of those consumers were identified as homeless in their service authorization requests. Consumers enrolled with an Assertive Community Treatment team receive intensive outpatient services. ACT teams deliver or coordinate all the services a consumer needs and work in coordination with DHS and the Interagency Council on Homelessness (ICH) to help consumers access housing and housing vouchers. In FY23, the Intensive Care Coordination (ICC) Teams served 1,270 consumers experiencing homelessness in PEP-V placements and in shelters, of the total 1388 engaged. The ICC team offered support to connect individuals to a Core Service Agency and delivered direct services until the consumer selected agency had seen the consumer a minimum of three times. Seventy-five (75%) percent of the consumers served selected a Core Service Agency to work with them regarding their mental health needs. In addition, the ICC team works in partnership with DHS homeless outreach and housing navigation teams and the Interagency Council on Homelessness to support the mental health needs of consumers experiencing homelessness. *Id.*

DBH and DHCF began partnering in 2020 to plan for the full integration of behavioral health services in the Managed Care Organizations (MCO) service delivery. Behavioral Health Integration is a District-wide effort to provide a full continuum of whole-person care to youth. As part of the system redesign efforts and transition to managed care, a comprehensive rate study was conducted by DHCF's vendor. The rate study reviewed fifty-three services and their corresponding rates to include services completely new to the District. DBH and DHCF have integrated the continuum of behavioral health services into managed

care programs, effective April 1, 2024. (DBH, FY23-24 PO Response 61). DBH continues to certify the provider network. DBH plans to conduct annual audits of all ACT providers to ensure adherence to fidelity using the TMACT (Tool for the Measurement of ACT) developed by the University of North Carolina, to ensure that service quality is maintained or enhanced because of this change. (DBH, FY23-24 PO Response 40).

Mental Health Supports for Children/Adolescent/Families

DBH provides Substance Use Disorder (SUD) prevention and treatment programs to children and adolescents and transition-aged youth through Adolescent Substance Abuse Treatment Expansion Project (ASTEP) providers to prevent the onset of illegal drug use, prescription drug misuse and abuse, alcohol misuse, and abuse, and underage alcohol and tobacco use. DBH consults on early intervention and treatment services to students and parents. Through the Child and Adolescent Mobile Psychiatric Service (ChAMPS) contract with Catholic Charities, DBH provides crisis intervention and stabilization services to residents and visitors who are experiencing psychiatric crisis in the community or at home; services include linkage to DBH, psycho education, treatment compliance support, and grief and loss services to individuals after a traumatic event. The service is designed to help manage emotional and psychiatric crisis including dysregulated behavior and to support families wherever possible to prevent behavior from resulting in a psychiatric hospitalization or the child otherwise being removed from the home. In cases where a child or youth does require hospitalization, ChAMPS facilitates the referral for both voluntary and involuntary hospitalizations. ChAMPS services include screening for mental health and substance use needs, crisis stabilization, and referral to appropriate resources including longer-term mental health or substance use services. After the youth mobile crisis program provides a crisis intervention service, ChAMPS follows up with the family or caregiver within 24 hours to check on the child's well-being and may provide follow-up support for up to 30 days post-intervention. The team links children and families to a behavioral health provider for ongoing support. For children already enrolled with a provider, the team communicates the child's status and recommendations based on the intervention. ChAMPS also offers family peer specialist services to support families in the stabilization of their child's behavior and to promote a culture that recognizes, understands, and respects the family's views and preferences. (DBH, FY23-24 PO Response 43-44).

DBH also provides centralized coordination and monitoring of placement, continued stay, and post-discharge of children and youth in Psychiatric Residential Treatment Facilities (PRTF). The agency oversees the coordination of the PRTF medical necessity review process. DBH has an established discharge policy which provides the required procedures for providers for effective and safe discharges for children and youth. The child/youth's Core Service Agency or (CSA) and/or Community-Based Intervention (CBI) provider is required to participate in the development of an appropriate discharge plan with the individual's family and the hospital staff. The DBH's PRTF branch staff members provide support to youths (and their family) throughout their treatment in a PRTF as well as during and after discharge. Prior to discharge the DBH staff will ensure that the youth is linked to a CSA and supports the assessment of need for additional behavioral health services as recommended by the treating PRTF's clinical team. (DBH, FY23-24 PO Response 61.b).

Saint Elizabeths Hospital (SEH), an IMD (Institution for Mental Diseases), is the only public psychiatric hospital in the District providing residential treatment to District residents with severe mental illnesses and substance use disorders. The hospital is licensed for 292 inpatient adult beds. In FY23, 316

individuals with mental illness were admitted. The hospital reduced inpatient admissions in FY22 and 2023 in response to the COVID-19 pandemic emergency. In FY24 the census is increasing back to the pre-pandemic levels. (DBH, FY23-24 PO Response 84).

Re-Entry Services for Medicaid and Mental Health

At DOC facilities, DBH planning begins within a few hours of intake. DOC asks DBH to assess all residents at intake from a roster with the DBH to help healthcare staff distinguish and select those in need of mental health services to ensure continuity of care. DBH's liaison reviews residents within 30 days of a known discharge date to ensure they return to their CSA or see if they qualify for any DBH services. Persons with SUD/Opioid Use Disorder (OUD) are connected to their methadone clinic the day after discharge.

DOC works with DHCF and DHS Economic Security Administration to place Medicaid on suspension when a resident enters the Central Detention Facility (CDF), or Central Treatment Facility (CTF) and that Medicaid is reinstated within days after they return to the community. District Access System (DCAS) can reduce reinstatement time 50-60% for known Medicaid recipients. The manual process continues to take up to 14 days, so DOC releases residents with 30 days of medication upon discharge. (DOC, FY23-24 PO Response 37).

Why Healthcare remains a focus?

Workforce Shortages. Unfortunately, delays and gaps in the delivery of mental health and LTCSS services are often due to workforce challenges, staff turnover, and sometimes communication issues between providers. In addition, when providers can hire staff, they report having challenges retaining staff. As a result, some DHCF, DDS, and DBH providers have limited admissions or capacity for their services, and as a result it can be challenging for timely and consistent service delivery for all the above listed services. (See, e.g., DBH, FY23-24 PO Response 49).

Lack of LTCSS for people with disabilities who want to work prevents employment. CMS allows the District to cover working people with disabilities whose income and/or assets exceed the limits for other eligibility pathways. This option enables people with disabilities to retain access to the medical and LTCSS they need as their income increases. Medicaid often is especially important to working people with disabilities because private insurance typically does not cover all the services and supports they need to live independently and to work. Currently, however, DHCF has established asset limit eligibility to \$4,000 for an individual and \$6,000 for a couple, along with a 100% FPL income limit for the DC Medicaid State Plan and 300% SSI income limit for the EPD Waiver. These limits make it difficult if not impossible for individuals with disabilities who need LTCSS to work at all because doing so would terminate their support services. Additionally, private health insurance plans and DC Medicaid's Qualified Health Plan (QHP) DC Health Link do not offer LTCSS. Eliminating asset limits or increasing them beyond these limits recognizes that people with disabilities who need LTCSS want to work and are likely to incur expenses related to work or community living and enables them to accrue some savings to meet future expenses. This shift in policy will better align DC Medicaid with the District's commitment detailed below to its

Employment First policy. The District also can choose to charge monthly premiums, usually on a sliding scale based on income.²⁸

²⁸ Kaiser Family Foundation, Medicaid Financial Eligibility in Pathways Based on Old Age or Disability in 2022: Findings from a 50-State Survey (July 11, 2022), https://www.kff.org/report-section/medicaid-financial-eligibility-in-pathways-based-on-old-age-or-disability-in-2022-findings-from-a-50-state-survey-appendix/#endnote_link_558973-6.

Healthcare Goals

1.4 Provide high-quality direct services and supports leading to the full inclusion of people with disabilities in the District.

Healthcare Metrics

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets
2.1.1 Increase the number of ISPs completed before their required date	DDS	Percent of Individual Support Plans (ISP) that are completed (meaning in place) before the Individual Support Plan effective date (higher is better)	99% (FY23)	86
2.1.2 Increase the number of LON assessments completed before ISP meetings	DDS	Percent of People with a Level of Need (LON) assessment completed before the Individual Support Plan meeting date (higher is better)	95% (FY23)	86
2.1.3 Decrease the number of days to complete an initial ISP	DDS	Median Number of Calendar Days from eligibility decision to completing the Initial Individual Support Plan (lower is better)	59 (FY23)	60
2.1.4 Increase the percentage of healthcare management plans that meet published standards	DDS	Percentage of Healthcare Management Plans that meet published standards (higher is better)	95.2% (FY23)	86
2.1.5 Increase access to community-based mental health for youth	DBH	2.1.5.a Number of ChAMPS calls to Anchor Mental Health (higher is better)	1,321 (FY23)	
2.1.5 Increase access to community-based mental health for youth	DBH	2.1.5.b Number of mobile crisis deployment for children and youth		
2.1.5 Increase access to community-based mental health for youth	DBH	2.1.5.c Percentage of children seen in the community within 7 days of a psychiatric discharge (higher is better)	47% (FY23)	
2.1.6 Increase DC Medicaid LTCSS provider capacity	DHCF	2.1.6.a Number of beneficiaries enrolled in the Medicaid ADHP (higher is better)	648 (FY23)	
2.1.6 Increase DC Medicaid LTCSS provider capacity	DACL	2.1.6.b Number of clients receiving nutrition assistance (to include both congregate meal	4,084 (FY23)	

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets
		participants and home delivered meal participants) (higher is better)		
2.1.7 Increase quality of LTCSS services	DHCF	2.1.7.a Percentage of Medicaid Elderly and persons with Physical Disabilities Home and Community-Based Services Waiver program participants who have service plans that address personal goals (higher is better)	91% (FY23)	
2.1.7 Increase quality of LTCSS services	DHCF	2.1.7.b Percentage of Medicaid Elderly and persons with Physical Disabilities Home and Community-Based Services Waiver program participants who have service plans that address health & safety risks (higher is better)	92.75% (FY23)	
2.1.7 Increase quality of LTCSS services	DHCF	2.1.7.c Percentage of Medicaid Elderly and Persons with Physical Disabilities Home and Community-Based Waiver complaints investigated within 7 days of receipt of complaint (higher is better)	94.25% (FY23)	
2.1.7 Increase quality of LTCSS services	DHCF	2.1.7.d Percentage of Medicaid Elderly and persons with Physical Disabilities Home and Community-Based Services Waiver program beneficiaries' critical incidents, where follow-up to resolve contributing factors in the incident is implemented in 30 days (higher is better)	79.5% (FY23)	
2.1.7 Increase quality of LTCSS services	DBH	2.1.7.e Percentage of providers complying with full fidelity reviews for evidence-based practice models, including community-based intervention services (higher is better)	88% (FY23)	
2.1.8 Expand the review of annual training for facility staff related to managing mental health and substance use disorder needs.	DC Health	2.1.8.a Number of inspections of nursing facility and assisted living residences regarding training of staff on positive behavior intervention, crisis management, and other	The baseline or sample size should be based on the number of licensed nursing facilities and	

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets
		relevant mental health and substance use disorder needs based on their resident population (higher is better).	assisted living residences respectively.	
2.1.8 Expand capacity to manage mental health and substance use disorder needs	DDS	2.1.8.b Number of DDA staff who attend at least one training in Positive Behavior Supports		
2.1.8 Expand capacity to manage mental health and substance use disorder needs	DDS	2.1.8.c Percentage of people receiving psychotropic medications who had quarterly medication reviews. (higher is better)		

Priority 3 - Employment

What is the vision for the Employment Priority?

The guiding principle for the Olmstead employment priority is to increase access for District residents with disabilities to integrated and competitive supported employment based on a person-centered planning and informed choice model that meet their individual preferences, interests, needs, and strengths.²⁹ These strategies provide the best opportunity for long-term success in careers and lives for people with disabilities.³⁰ Pursuing these opportunities is the first option explored for transition-age (16-22) students and adults through the District’s publicly-funded services,³¹ and the District government has committed to becoming a model employer for people with disabilities.

Competitive and integrated employment is a key pathway to community inclusion and economic security. For people with disabilities, employment increases connections to the community by fostering organic connections to coworkers, customers, and partners; builds self-confidence and develops skills, and help avoid putting people with disabilities at unnecessary risk of depression, isolation, and segregation. The District gains from the perspectives and talents people with disabilities bring to the workforce.³² Additionally for every one dollar in services to support people with disabilities with employment, they provide four to six dollars in return to the District’s economy through wages earned, taxes paid, and goods and services purchased.³³

Employment Efforts to Date

The District has a strong foundation of economic growth and a robust business climate that began with the District’s economic resurgence in the late 1990s.³⁴ From 2010 to 2018 private sector employment in the District grew by almost 20%.³⁵ Higher skill and professional degree occupations are two-to-four times more prevalent in the District than the rest of the United States.³⁶ In 2020, DC’s labor force participation rate of 70% was above the US average and steadily rising. Immediately before the COVID-19 pandemic in January 2020, the District’s 5.3% unemployment rate was the lowest in the past 30 years.³⁷

²⁹ DD Council, Advocacy and Public Policy Agenda for FY24-FY25 (last accessed May 20, 2024).

³⁰ HHS Administration for Community Living, Research Supporting Competitive, Integrated Employment (July 2022), <https://acl.gov/sites/default/files/Aging%20and%20Disability%20in%20America/ResearchSupportingComplntEmployment.pdf>; see Advisory Committee on Increasing Competitive Integrated Employment for Individuals with Disabilities, Final Report to the Honorable Thomas E. Perez, United States Secretary of Labor (September 15, 2016), https://www.dol.gov/sites/dolgov/files/odep/topics/pdf/acicieid_final_report_9-8-16.pdf.

³¹ Developmental Disability Services, Employment First Policy, DDS Policy 2014-DDS-EMPL-01 (Eff. December 19, 2014).

³² See, e.g., University of Kansas, Benefits of competitive integrated for employment for individuals with ASD, “Positive impact on society and diversity” (January 10, 2024), <https://educationonline.ku.edu/community/benefits-of-competitive-integrated-employment-for-individuals-with-asd>.

³³ Dean *et al.* The effects of vocational rehabilitation for people with cognitive impairments. *International Economic Review*, 56(2), 399–426 (2015), <https://doi.org/10.1111/iere.12109>.

³⁴ Lazere, Ed and Nickelson, Idara, *The Untold Story of the DC Budget: Overall Spending Has Grown Only Modestly Since 1990 but Support for Services to Low-income Residents Has Fallen Sharply*, DC Fiscal Policy Institute (March 16, 2004), <https://www.dcfpi.org/all/the-untold-story-of-the-dc-budget-overall-spending-has-grown-only-modestly-since-1990-but-support-for-services-to-low-income-residents-has-fallen-sharply/>.

³⁵ Sayin, Yesim, *Growing Labor Demand in DC is Driving up Wages*, DC Policy Center (June 19, 2019), <https://www.dcpolicycenter.org/publications/employment-trends-washington-region/>.

³⁶ District of Columbia WIOA State Plan, PY2020-2023.

³⁷ U.S. Bureau of Labor Statistics, Unemployment Rate in the District of Columbia, Federal Reserve Bank of St. Louis (January 24, 2020), <https://fred.stlouisfed.org/series/DCUR>

The COVID-19 pandemic created shockwaves through the District economy as efforts to combat the spread of the virus impacted the entire economy, from a massive spike in unemployment to the rise in remote work.³⁸ Despite all these changes to the District's economy over the past four years, the District continues to evolve in its efforts to help achieve competitive, integrated employment for all people with disabilities through the following lead agencies and programs.

DDS, through the Rehabilitation Services Administration (DC RSA), assesses, plans, develops, and provides vocational rehabilitation services to individuals with disabilities to enable them to prepare for, maintain, and advance in integrated, competitive employment; and provides services to businesses, including recruitment and job placement for people with disabilities and training for employers on issues related to hiring and maintaining employees with disabilities; DC RSA Blind and Visual Impairment Services provides services to people with disabilities to help them live as independently as possible in the community; and DDS provides individuals with intellectual and developmental disabilities long term job coaching and job supports. Services include advocacy, independent living skills training, information and referral, peer support, and transition – from secondary school to post-secondary activities and from nursing homes.

The District of Columbia declared itself an Employment First State on October 8, 2012. Under the Employment First philosophy, competitive, integrated employment is the first and overwhelmingly preferred option for working-age youth and adults with disabilities, regardless of the complexity or severity of their disabilities. In providing employment services, the District tailors and customizes services to a person's needs, interests, and skill set with the goal of achieving long-term employment in a business or organization, or self-employment in the community at a competitive wage. These employment opportunities allow people with disabilities opportunities to integrate and interact with his or her coworkers, the public, and/or customers without disabilities. Subsequently it established its own chapter of Association of People Supporting Employment First (APSE) to focus on integrated employment and career advancement opportunities for people with disabilities. The District received technical assistance through the Employment Learning Community (ELC), a project of the Institute for Community Inclusion in partnership with the National Association of State Directors of Developmental Disabilities Services (NASDDS) and TransCen, Inc, to provide technical assistance on ways to implement Employment First in the District.

The District's WIOA State Plan re-emphasizes the focus on ensuring DDS in collaboration with OSSE provides Pre-Employment Transition Services for transition-age youth ages 16-22 to improve outcomes for transition-age youth with disabilities.³⁹ These services include pre-employment counseling, site-based work experiences, and other services from VR counselors to help students with disabilities consider employment after school and ensure a seamless transition as they leave secondary school and pursue work or higher education. These site-based work experiences are created through third party programs including the Mayor's Summer Youth Employment Program, and Project SEARCH, among others.

Additionally, the nonprofit SchoolTalk in collaboration with RSA, the Office of the State Superintendent of Education (OSSE), DC Public Schools, and other stakeholders created a Toolkit to provide students,

³⁸ Auster Muhle, Martin. *The Costs Of Remote Work Are Starting To Be Felt In D.C., According To New Revenue Estimate*, DCist.com (March 1, 2023), <https://dcist.com/story/23/03/01/remote-work-weighing-on-dc-finances-cfo-says/>

³⁹ WIOA State Plan PY2020-2023.

parents, and teachers with implementable, adaptable resources and information that facilitate students' secondary transition to employment or postsecondary education.⁴⁰ The Toolkit will provide support for the referral process, intake and eligibility, IEPs, transition plans, IPEs, and as needed elsewhere throughout the VR process.

In FY24, DDS is coordinating a district wide effort called State as a Model Employer of People with Disabilities Initiative (SAME) to make DC Government a Model Employer of People with Disabilities with support of the National Expansion of Employment Opportunities Network (NEON) through the Office of Disability Employment Policy (ODEP) at the Department of Labor (DOL). DDS and partners agencies are continuing to work on additional strategies identified as priorities in the strategic plan that fall outside of the technical assistance funded by ODEP/NEON.

DOES' American Job Centers (AJC) connect job seekers with resources such as workshops, skills trainings, and employer referrals. The AJCs partner with DC RSA to ensure people with disabilities who face more significant barriers are referred to and enrolled in DC RSA services to support their path to employment.

DOES also partners with DDS as an Administrative Employment Network under Social Security Administration's (SSA) Ticket to Work Program. For people with disabilities who receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) and want to work but are concerned about losing access to benefits not provided by an employer like long-term care supports and services, they can participate in Ticket to Work and receive employment services through DDS, including individualized benefits counseling from a certified benefits counselor to understand exactly how their benefits will be impacted before losing them.

DBH partners with DDS and RSA to provide the evidence-based supported employment program that serves adult consumers with a serious mental illness or substance use disorder for whom competitive employment has been interrupted or intermittent because of significant mental health or substance use challenges to obtain part-time or full-time competitive integrated employment. The program offers intake, assessment, job development, treatment team coordination, disclosure counseling, benefits counseling and follow-along support for all participants enrolled in the program.

DBH partners with the Department of Employment Services (DOES) to provide onsite behavioral health support, screening and referral for DC residents who participate in DOES' job readiness programs, specifically DC Career Connections and Project Empowerment. This partnership promotes behavioral health wellness and prepares participants to have a comprehensive and well-rounded experience leading to long term employment success and economic stability. During FY23, there were two (2) DBH onsite clinicians who screened and referred 620 residents to behavioral health resources and services.

DBH continues its partnerships with the Department of Human Services (DHS), and Economic Security Administration (ESA) to assist Temporary Assistance for Needy Families (TANF) participants experiencing behavioral health challenges to progress in their path to recovery. In FY23, four hundred and eleven (411) TANF customers were screened and referred to providers for ongoing behavioral health services. Through our partnership with DHS, DBH administers behavioral health screenings to TANF participants to refer and link those in need to appropriate behavioral health services to address mental health related barriers to employment and recovery. Participants are educated regarding strategies to meaningfully

⁴⁰ SchoolTalk Resources page (last accessed May 20, 2024), <https://schooltalkdc.org/power-with-youth/resources/>.

engage in work activities, secure employment, and achieve greater degrees of self-sufficiency. In addition, DBH partners with DHS to host TANF Employment Programs, which provide education and employment training opportunities/programming to support TANF participants' educational and work-related goals.

Why Employment remains a focus?

Disproportionate unemployment and racial disparities in employment rates for people with disabilities. Using the most recent DOL ODEP data from 2016-2020, DC has the highest disability employment-population ratio among white adults in the country among states at 65%, the highest in the country for Asian adults at 56%, and one of the highest for Hispanic adults at 51%. DC has one of the lowest disability employment-population ratio among black adults at 26%.⁴¹ Overall 35% of DC residents with disabilities are employed compared with 78% of people without disabilities.⁴² Only 420 out of 1,866 (23%) of people with I/DD supported by DDA were competitively employed. (DDS, FY23-24 PO Responses 60 and 72).

Skills gap, disproportionately low college education rate, median earnings rate lead to disproportionately high poverty rates for people with disabilities. Nationally, one in four working-age people with disabilities lives in poverty.⁴³ Disability negatively impacts employment and earnings, and creates additional costs such as medical bills, transportation, home modifications and personal assistants that Medicaid and other benefits do not always provide.⁴⁴ These issues of course co-exist and are exacerbated by racial and gender inequities. Having a disability can be especially difficult for people of color who already have poorer outcomes in education, income, and employment, and who also are less likely to be fully banked and more likely to use predatory financial services.⁴⁵ In a labor market where 52% of DC residents have a college degree, 1.5 times the national average, the competition for competitive, integrated employment can be substantial.⁴⁶

Disparities in Education and Training for Youth with Disabilities. A skills gap starts early among DCPS schools, in FFY2021 only 76.15% of students age 16+ had appropriate, measurable postsecondary goals (target was 100%). In FFY 2021 (School Year 2021-22) DCPS served 8,007 students with disabilities PK3-12 (16% of 49,627). While most DC students with disabilities spend most of their instructional time in a general education setting, nine percent are served in a separate school – three times the national average.⁴⁷ Though graduation rates for students with disabilities who earned a diploma was 72.61%,

⁴¹ DOL ODEP, Employment-Population Ratio Map (last accessed May 20, 2024), <https://www.dol.gov/agencies/odep/research-evaluation/EPRmap>

⁴² *Id.*

⁴³ National Disability Institute, *National Poverty Awareness Month: Opportunity for Change* (October 2020), <https://www.nationaldisabilityinstitute.org/press/national-poverty-awareness-month-opportunity-for-change/>

⁴⁴ United States Senate Committee on Health, Education, Labor & Pensions (2014), *Fulfilling the Promise: Overcoming Persistent Barriers to Economic Self-Sufficiency for People with Disabilities*. Majority Committee Staff Report, <http://www.nasud.org/sites/nasud/files/HELP%20Committee%20Disability%20and%20Poverty%20Report.pdf>

⁴⁵ National Disability Institute, *Financial Inequality: Disability, Race and Poverty in America* (February 2019), <https://www.nationaldisabilityinstitute.org/wp-content/uploads/2019/02/disability-race-poverty-in-america.pdf>.

⁴⁶ U.S. Census Data, 2022 ACS 5-year data (last accessed April 2024), <https://censusreporter.org/profiles/31000US47900-washington-arlington-alexandria-dc-va-md-wv-metro-area>

⁴⁷ OSSE, *Students with Disabilities in the District of Columbia Landscape Analysis* (October 9, 2019), https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/SWD%20Landscape%20Analysis%2010.10.19.pdf

above OSSE's target of 54% Target 54%),⁴⁸ it still falls well below students without disabilities (75%).⁴⁹ The U.S. Department of Education recently advised OSSE that it needs assistance meeting the requirements for child outcomes (Part C) under the IDEA.⁵⁰

⁴⁸ OSSE, Recovery to Restoration 2023-2025 Strategic Plan, <https://osse.dc.gov/strategicplan>

⁴⁹ OSSE, 2022-23 High School Graduation Rates (last accessed May 20, 2024), <https://osse.dc.gov/service/high-school-graduation-rates-0>.

⁵⁰ US Dept. of Education, Office of Special Education and Rehabilitative Services, Letter to DC RSA (June 21, 2023), <https://sites.ed.gov/idea/files/DC-aprltr-2023c.pdf>

Employment Goals

- 1.5 Improve classroom inclusion and employment opportunities for students with disabilities.
- 1.6 Improve and enhance seamless transitions for students with disabilities into post-secondary education, training, and employment
- 1.7 Review and realign (if necessary) structures across the workforce development system to better support people with disabilities
- 1.8 Increase hiring, retention, and promotion of people with disabilities
- 1.9 Increase number of people with I/DD and mental health disabilities (Severe Mental Illness (SMI) or Serious emotional disturbance (SED)) who obtain and maintain employment through better coordination of supported employment services with DDA and DBH

Employment Metrics

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets
3.1.1 Improve classroom inclusion of students with disabilities	OSSE/DCPS	Percentage of students with a disability who learn in a separate, segregated learning environment (lower is better)	9% (2019)	
3.2.1 Improve employment opportunities for transition-age youth with disabilities	OSSE/DCPS	3.2.1.a Percentage of students with disabilities who earned a diploma (higher is better)	72.61% (FFY21)	
3.2.1 Improve employment opportunities for transition-age youth with disabilities	DDS	3.2.1.b Number of transition-age youth with a disability who receive at least one pre-employment transition service each school year, and how many potentially eligible students. (higher is better)	1,499 out of 4,406 (34%) (FY23)	
3.2.1 Improve employment opportunities for transition-age youth with disabilities	DDS	3.2.1.c Number of transition-age youth who receive DC RSA career exploration service (higher is better)	852 (FY21) 1,499 (FY22) 1,563 (FY23)	
3.2.2 Ensure DC RSA counselors attend the pre-exit IEP meeting for all students to ensure that appropriate post-secondary	DDS	Number of IEP meetings attended by DC RSA counselors (higher is better)		

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets
training and employment goals are identified				
3.2.3 Increase timely submission and decrease processing time of DC RSA applications	DDS	3.2.3.a Median number of days from date of DC RSA receipt to date of determination (lower is better)		60
3.2.3 Increase timely submission and decrease processing time of DC RSA applications	DDS	3.2.3.b Median number of days from date of DC RSA eligibility to date of first service (lower is better)		90
3.3.1 Increase IEP compliance through transition planning that complies with legal requirements, while centering around the unique strengths, needs, and aspirations of each student.	OSSE/DCPS	Percentage of Individualized Education Plans (IEP) reviewed that comply with secondary transition requirements (higher is better)	65% (FY22) 58% (FY23)	
3.3.2 Ensure DC RSA staff comply with existing regulations, policies, and procedures	DDS	Percent of indicators that demonstrate compliance with vocational rehabilitation regulations and policies (based on monthly case reviews) (higher is better)	88% (FY23)	
3.3.3 Expand career discovery and exploration opportunities provided by DC RSA	DDS	Number of DC RSA clients provided vocational evaluation (higher is better)	68 (FY21) 128 (FY22) 163 (FY23)	
3.4.1 Ensure DC RSA clients understand the impact of employment on their benefits	DDS	Number of RSA clients received benefits counseling from a certified benefits counselor (higher is better)	134 (FY23)	
3.4.2 Improve percentage of DC RSA clients who obtain a recognized postsecondary credential as a result of participating in an education or training program.	DDS	Percentage of participants who obtain a recognized postsecondary credential as a result of participating in an education or training program during a program year (higher is better)	36% (FY23)	35%

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets
3.4.3 Increase job stability for people with disabilities who receive DC RSA and DDA services	DDS	3.4.3.a Average hourly wage of DC RSA and DDA clients employed more than 90 days (higher is better)	\$19.81 (FY23)	\$21.67
3.4.3 Increase job stability for people with disabilities who receive DC RSA and DDA services	DDS	3.4.3.b Percentage of DC RSA and DDA clients who remain employed for 90 days or more. (higher is better)	78% (FY23)	46%
3.4.3 Increase job stability for people with disabilities who receive DC RSA and DDA services	DOES	3.4.3.c Employment rate 2nd Qtr. after exit from an American Job Center for individuals with a disability (higher is better)	39% (FY23)	
3.4.3 Increase job stability for people with disabilities who receive DC RSA and DDA services	DOES	3.4.3.d Employment rate 4th Qtr. after exit from an American Job Center for Individuals with a Disability (higher is better)	44% (FY23)	
3.4.3 Increase job stability for people with disabilities who receive DC RSA and DDA services	DOES	3.4.3.e Median or average wages 2nd Qtr. after exit from an American Job Center for individuals with a disability (higher is better)	\$5,965 (FY23)	
3.4.3 Increase job stability for people with disabilities who receive DC RSA and DDA services	DDS	3.4.3.f Number of people supported by DDA competitively employed (higher is better)	311 (FY21) 347 (FY22) 420 (FY23)	
3.4.4 Increase DC RSA partnerships with major area employers	DDS	Number of major employer partnerships (higher is better)	38 (FY23)	
3.4.5 Improve employment rate for returning citizens with disabilities	DOES	The number of formerly incarcerated individuals with disabilities who receive services from DOES. (higher is better)		
3.5.1 Increase percentage of people with mental health disabilities who remain employed for 90+ days	DBH	Number of enrolled individuals who receive and successfully complete Evidence-Based Supported Employment.	131 (FY23) out of 247 participants	

Priority Area 4 - Transportation

What is the vision for the Transportation Priority?

The vision of the Olmstead Plan's Transportation priority is that District residents with disabilities have access to the services, programs, and activities of the District by ensuring a safe⁵¹ and fully accessible Public Right-Of-Way (PROW) and timely, efficient, and fully accessible modes of private and public transportation.

Transportation Efforts to Date

In 2023, DDOT completed a citywide field inventory of missing sidewalks with DDOT employees in the field verifying sections of streets for missing sidewalks. The inventory was led by DDOT's Performance Management Division using a GIS-based sidewalk gap tool (ESRI's Survey 123) installed on employees' phones. DDOT employees verified the presence of a gap and uploaded photos and information regarding vegetation, utilities, and topography. This data was used to create DDOT's GIS based Sidewalk Gap Tool, which geographically/spatially shows all missing sidewalks across the District. Each sidewalk gap segment contains corresponding data including the length of the gap, an estimated construction cost, side of the street, block number, and Ward/ANC information. Additionally, each segment is assigned a Sidewalk Construction Index (SCI) score which is the primary tool to prioritize sidewalk gap construction. SCI scores are computed using safety, transportation equity, roadway functional classification, and proximity to schools, parks, and transit data. A Sidewalk Gap Program website was launched in December 2023, which includes a sidewalk gap dashboard that shows all the sidewalk gaps and includes the annual work plan.⁵² The dashboard also tracks construction progress with the sidewalk gap lines changing color from planned, under construction, to completed. (DDOT, FY23-24 PO Response 68).

In partnership with the Washington Metropolitan Area Transit Authority (WMATA), DDOT began issuing warning letters for violators of bus lanes and zones regulations on July 24th, 2023. DDOT prepaid \$904,533 for fiscal year 2023 to fund the daily operation costs of the violation detection system, and WMATA procured, installed, and will maintain the bus-mounted cameras at their sole expense. (DDOT, FY23-24 PO Response 1).

Why Transportation remains a focus?

Transportation is critical to ensuring individuals with disabilities are connected to and included in their community. All too often, physical and operational barriers to transportation negatively impact the employment opportunities and healthcare outcomes for people with disabilities.

Ensuring building entrance accessibility. Building entrance accessibility is critical for ensuring community inclusion for individuals with disabilities. It enables their participation in all aspects of living and working in the community. More must be done to ensure that individuals with disabilities can get in the door in buildings that are part of the PROW and open to the public.

Address barriers to sidewalks. Quite literally, the first step in ensuring accessibility of the Public Right-Of-Way is to have an accessible sidewalk system. As of FY21, DDOT reported the majority (54%) of its sidewalks still were not ADA-compliant, 71% (25,954 out of 36,353) of its curb ramps were not ADA-compliant, and there were only 493 Audible Pedestrian Signals (APS) at intersections in the District, 9%

⁵¹ See Mayor's Vision Zero Initiative (last accessed May 20, 2024), <https://visionzero.dc.gov/>.

⁵² DDOT, Sidewalk Gap Program (last accessed May 20, 2024), <https://sidewalkgap.ddot.dc.gov/>.

of the 5,404 total.⁵³ DDOT's PaveDC program⁵⁴ has some planned sidewalk repairs, which allow DDOT to address over 270 business days (more than a year), but DDOT was only successfully able to resolve 62% of those requests closed in FY23. (DDOT, FY23-24 PO Response 99). Additional efforts are needed to ensure compliance with both the Olmstead integration mandate and Title II of the ADA. DDOT consistently gets almost 5,000 sidewalk repair requests each year. (DDOT, FY23-24 PO Response 92 (4,182 for FY22, 5,351 for FY23)). Additionally, dockless bikes and scooters provide an alternative mode of micro-transportation in the District, but this convenience can come at the cost of accessing sidewalks for individuals with disabilities when they are not properly locked as required by District law.⁵⁵ DDOT received at least 2,070 complaints about dockless scooters alone in FY23. (DDOT, FY23-24 PO Response 119). Dockless vehicles are not the only operational barrier for sidewalks. Snow removal presents barriers for people with mobility impairments because of the gap in snow removal for curb ramps. Serve DC which provides volunteers to shovel people with disabilities' sidewalks, and DPW which handles street snow removal, but no agency handles removal of snow on curb ramps.

Addressing barriers to transit stops. DDOT is consistently working on ADA compliance at bus stops across the District and coordinates with WMATA to realign stops, where feasible, to locations that are compliant. Bus stops are made compliant during ongoing capital projects among other efforts. The agency has aligned bus stop ADA compliance and improvements with the ongoing Bus Priority Program, local and federal sidewalk improvement plans, and all capital projects for better synergy in completing this effort. There are over 3,000 bus stops in the District. The Bus Shelter Franchise Agreement allows for 788 shelters at compliant bus stops. This number is fluid due to construction activities, stop changes and consolidations, and development projects. The 2023 bus shelter inventory indicated 760 bus shelters at stops across the District. (DDOT, FY23-24 PO Response 110).

Ensuring access to curb space for pick-ups and drop-offs. Finding space that is accessible to board accessible transportation is difficult with many different transit modes and needs for limited curbside space, including delivery services, micromobility, bicycles, private cars, buses, taxis, rideshares, and paratransit vehicles. DDOT's efforts to implement road diets and daylighting at intersections help increase the visibility of pedestrians, particularly those with disabilities, to safely cross at intersections. However, barriers erected to enforce these efforts further limit areas previously used for boarding vehicles for individuals with disabilities. A comprehensive curb management system needs to be created to manage these competing priorities.

Improvements to transportation services for youth with disabilities. OSSE provides students with disabilities transportation to and from school on buses. These services were the subject of a settlement agreement more than ten years ago, leading to dramatic improvements in the timeliness and efficiency of service. Similar concerns have been raised for these transportation services, and OSSE has made it a priority to improve these transportation services for students with disabilities.

⁵³ DDOT, *2022 ADA Transition Plan Update* (last accessed May 20, 2024), <https://ddot.dc.gov/sites/default/files/dc/sites/ddot/publication/attachments/DDOT%20FY%202022%20ADA%20Transition%20Plan%20Update.pdf>.

⁵⁴ DDOT, PaveDC (last accessed May 20, 2024), <https://pavedc.ddot.dc.gov/>.

⁵⁵ DDOT, Press Release, DC Law Now Requires Riders to Lock Shared Electric Scooters to Bike Racks, Scooter Corrals, or Signposts After Use (September 27, 2021), <https://ddot.dc.gov/release/dc-law-now-requires-riders-lock-shared-electric-scooters-bike-racks-scooter-corrals-or>.

Improvements to transportation services for adults with disabilities. Priority bus and public transit lanes allow people with disabilities, who are twice as likely not to own a car in the District as people without disabilities, to benefit equally from the Public Right-Of-Way. Equity for people with disabilities means they do not face a transit penalty for their trips taking longer because they utilize buses rather than a car. One of the biggest obstacles for individuals with disabilities in making healthcare appointments on time is the lack of accessible, efficient, and timely transportation. Even when calling for an accessible taxicab, taxis do not always show up with the right accommodations, and private ride sharing companies are not directly overseen by DFHV to enforce requirements for wheelchair accessible vehicles.

Transportation Goals

- 1.10 Improve access to the Public Right Of Way for people with disabilities.
- 1.11 Make significant improvements to transportation services provided to students with disabilities.
- 1.12 Make significant improvements to the daily transportation services offered to adults with disabilities.

Transportation Metrics

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets
4.1.1 Ensure newly constructed and renovated buildings connect to the Public-Right-Of-Way with accessible entrances	OP/DDOT	Number of building sites assessed by OP/DDOT for accessibility of path of travel (higher is better)	74 (FY23)	
4.1.2 Address barriers to sidewalks	DDOT	4.1.2.a Number of miles of sidewalk gaps (streets with no sidewalks at all)	49 miles (FY24)	8 miles per FY
4.1.2 Address barriers to sidewalks	DDOT	4.1.2.b Number of miles of sidewalk repaired	33 miles (FY21) 69 miles (FY23)	40 miles
4.1.2 Address barriers to sidewalks	DDOT	4.1.2.c Number of curb ramps remediated	1,054 (FY21)	500
4.1.2 Address barriers to sidewalks	DDOT	4.1.2.d Number of Audible Pedestrian Signals (APS) at intersections in the District installed	169 (FY21)	
4.1.2 Address barriers to sidewalks	DDOT	4.1.2.e Median number of days to address dockless vehicle parking complaints reported via 311		
4.1.3 Ensure transit stops are safe and fully accessible for people with disabilities	DDOT	Number of bus stops made fully accessible	93 (FY22) 78 (FY23)	

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets
4.2.1 Ensure buses arrive at school within 20 minutes of scheduled morning drop off time.	OSSE/DCPS	Percentage of buses arriving at school within 20 minutes of scheduled morning drop-off time. (higher is better)		
4.3.1 Increase access to TransportDC services	DFHV	4.3.1.a Number of rides provided by TransportDC (higher is better)	288,898 (FY23)	
4.3.1 Increase access to TransportDC services	DFHV	4.3.1.b Number of events attended		
4.3.2 Increase access to taxicab services through the right mix of incentives	DFHV	4.3.2.a Average wait time for a wheelchair-accessible taxicab (lower is better)		
4.3.2 Increase access to taxicab services through the right mix of incentives	DFHV	4.3.2.b Increase number of wheelchair-accessible taxicab drivers after 6pm (higher is better)		
4.3.3 Reduce commute times for people with disabilities by expanding and enforcing bus lane restrictions	DDOT	Number of tickets issued for bus lane infractions (lower is better for fewer infractions)	48,009 (FY23)	

Appendix A – Input Collected

Olmstead Plan Working Group and Taskforce Meetings

Olmstead Work Group Meeting, February 1, 2024
Olmstead Townhall, February 26, 2024
Olmstead Focus Meeting on Employment, March 28, 2024
Olmstead Focus Meeting on Housing, April 11, 2024
Olmstead Focus Meeting on Healthcare, April 18, 2024
Olmstead Focus Meeting on Transportation, April 25, 2024
Olmstead Work Group Meeting, June 10, 2024
Olmstead Townhall, June 18, 2024
Olmstead Townhall, October 1, 2024

Partner Agencies

DD Council (DDC)
Homeland Security and Emergency Management Agency (HSEMA)
Mayor’s Office on Deaf, Deafblind, and Hard of Hearing (MODDHH)
Department of Disability Services (DDS)
Department of Aging and Community Living (DACL)
Department of Employment Services (DOES)
Department of Behavioral Health (DBH)
DC Health
DC Public Schools (DCPS)
Department of Human Services (DHS)
Department of Health Care Finance (DHCF)
Department of Housing and Community Development (DHCD)
District of Columbia Housing Authority (DCHA)
District Department of Transportation (DDOT)
District Department of For Hire Vehicles (DFHV)
Age Friendly DC

Organizations, Councils, and Associations

DC Council
DC Commission on Persons with Disabilities
Multi-modal Accessibility Advisory Council
DC Long Term Care Ombudsman Nursing Facility Residential Presidents Council

Appendix B – Plans, Programs, and Reports Coordinated

Priority Area 1 – Housing

Office of Planning, Housing Equity Report⁵⁶
FY22 Inclusionary Zoning Annual Report, April 12, 2023⁵⁷
DACL’s State Plan 2023-2027⁵⁸
Performance Oversight Responses FY24 for: DCHA, DHCD, DBH, DHS, DACL, DOC⁵⁹
Age Friendly DC Strategic Plan 2018-2023⁶⁰
DD Council’s Advocacy and Public Policy Agenda for FY24 and FY25⁶¹
DHCD FY24 Performance Plan⁶²

Priority Area 2 – Healthcare

DACL’s State Plan 2023-2027
Performance Oversight Responses FY24 for: DDS, DBH, DC Health, DHCF

Priority Area 3 – Employment

DD Council’s Advocacy and Public Policy Agenda for FY24 and FY25
WIOA State Plan PY2024-2027 pursuant to the Workforce Innovation and Opportunity Act (29 U.S.C. § 3101 *et seq.*)⁶³
Office of the State Superintendent of Education (OSSE) Strategic Plan 2023-2025⁶⁴
Performance Oversight Responses FY24 for: DDS, DOES, DBH, OSSE
Vocational Rehabilitation Program pursuant to the Rehabilitation Act of 1973 (29 U.S.C. § 701 *et seq.*)
U.S. Department of Labor, Office of Disability Employment Policy (ODEP), National Expansion of Employment Opportunities Network (NEON), State As a Model Employer initiative (SAME)⁶⁵
Office of Racial Equity (ORE), Districtwide Racial Equity Action Plan (REAP)⁶⁶

⁵⁶ Office of Planning, Housing Equity Report (October 2019), <https://planning.dc.gov/publication/housing-equity-report>.

⁵⁷ DHCD, FY2022 Inclusionary Zoning Annual Report (April 12, 2023), <https://dhcd.dc.gov/publication/fy2022-inclusionary-zoning-annual-report>.

⁵⁸ DACL, State Plan on Aging 2024-2027, https://dacl.dc.gov/sites/default/files/dc/sites/dacl/page_content/attachments/DACL%20State%20Plan%202023.pdf.

⁵⁹ DC Council, Performance Oversight Responses of respective agencies, <https://dccouncil.gov/committee-oversight/>.

⁶⁰ Age-Friendly DC, 2018-2023 Strategic Plan Progress Evaluation Report (last accessed May 20, 2024), https://agefriendly.dc.gov/sites/default/files/dc/sites/agefriendly/page_content/attachments/2018-2023%20Age-Friendly%20DC%20Strategic%20Plan%20Progress%20and%20Evaluation%20Report-compressed.pdf.

⁶¹ DD Council, Advocacy and Public Policy Agenda for FY24-FY25 (last accessed May 20, 2024), https://ddc.dc.gov/sites/default/files/dc/sites/ddc/page_content/attachments/DC%20DD%20Council%20FY24%20and%20FY25%20Advocacy%20Agenda%20-%20APPROVED%20FINAL.pdf

⁶² DHCD, FY2024 Performance Plan (March 22, 2023), <https://oca.dc.gov/sites/default/files/dc/sites/oca/publication/attachments/DHCD24.pdf>.

⁶³ DC WIC, DC WIOA Unified State Plan (2022), <https://dcworks.dc.gov/publication/dc-wioa-unified-state-plan>.

⁶⁴ Office of the State Superintendent of Education (OSSE) Strategic Plan 2023-2025, <https://osse.dc.gov/node/1643936>.

⁶⁵ State as a Model Employer Initiative (May 17, 2023), https://dds.dc.gov/sites/default/files/dc/sites/dds/release_content/attachments/Department%20of%20Labor%20Selects%20C%20for%20NEON%20Initiative.pdf.

⁶⁶ Mayor’s Office of Racial Equity, Districtwide Racial Equity Action Plan (REAP) (last accessed May 20, 2024), <https://ore.dc.gov/actionplan>.

Priority Area 4 – Transportation

Mayor’s Build Back Better Taskforce Report⁶⁷

Mayor’s Vision Zero Initiative⁶⁸

DD Council’s Advocacy and Public Policy Agenda for FY24 and FY25

Office of the State Superintendent of Education (OSSE) Recovery to Restoration 2023-2025 Strategic Plan

OSSE, Students with Disabilities in the District of Columbia Landscape Analysis (October 9, 2019)⁶⁹

DACL’s State Plan 2023-2027

Performance Oversight Responses FY24 for: DDOT, OSSE, DFHV

DDOT, 2022 ADA Transition Plan Update⁷⁰

⁶⁷ Mayor’s Build Back Better Infrastructure Task Force Report, (November 17, 2022), <https://mayor.dc.gov/release/mayor-bowser-releases-dc-build-back-better-infrastructure-task-force-report-launch-regional>.

⁶⁸ Mayor’s Vision Zero Initiative (last accessed May 20, 2024), <https://visionzero.dc.gov/>.

⁶⁹ OSSE, Students with Disabilities in the District of Columbia Landscape Analysis (October 9, 2019), https://osse.dc.gov/sites/default/files/dc/sites/osse/page_content/attachments/SWD%20Landscape%20Analysis%2010.10.19.pdf

⁷⁰ DDOT, 2022 ADA Transition Plan Update (last accessed April 26, 2024), <https://ddot.dc.gov/sites/default/files/dc/sites/ddot/publication/attachments/DDOT%20FY%202022%20ADA%20Transition%20Plan%20Update.pdf>.

Appendix C - Glossary of Terms

ACRE	Association of Community Rehabilitation Educators
ACT	Assertive Community Treatment
ADA	Americans with Disabilities Act
ADAAG	ADA Standards for Accessible Design
ADHP	Adult Day Health Program
ADRC	Aging and Disabilities Resource Center
AJC	American Job Centers
ALF	Assisted Living Facility
AJC	American Job Centers
AMI	Area Median Income
APS	Audible Pedestrian Signals
ASTEP	Adolescent Substance Abuse Treatment Expansion Project
BOP	Federal Bureau of Prisons
BSP	Behavior Support Plan
CAPH	Family-Coordinated Assessment and Housing Placement System
CBI	Community-Based Intervention
CBO	Community-Based Organization
CDF	Central Detention Facility
ChAMPS	Child and Adolescent Mobile Psychiatric Service
CMS	Centers for Medicare and Medicaid Services
CRF	Community Residential Facilities
CSA	Core Service Agency
CTF	Central Treatment Facility
CTP	Community Transition Program
DACL	Department of Aging and Community Living
DBH	Department of Behavioral Health
DCAS	District Access System
DCHA	DC Housing Authority
DCPL	DC Public Libraries
DCPCS	DC Public Charter Schools
DCPS	DC Public Schools
DDA	Developmental Disabilities Administration
DDC	Developmental Disabilities Council
DDOT	DC Department of Transportation
DDS	Department on Disability Services
DHCD	Department of Housing and Community Development
DFHV	Department of For Hire Vehicles
DHCF	Department of Health Care Finance
DHS	Department of Human Services
DMHHS	Office of the Deputy Mayor for Health and Human Services
DOC	Department of Corrections
DOES	Department of Employment Services
DOH	DC Health
DOL	U.S. Department of Labor

DPR	Department of Parks and Recreation
DSP	Directo Support Professional
DQHO	Department of Quality and Health Outcomes
EPD	Elderly and Persons with Physical Disabilities Waiver
ERAP	Emergency Rental Assistance Program
ESA	Economic Security Administration
ESG	Emergency Solutions Grant Program
FPL	Federal Poverty Level
FRSP	Family Re-Housing Stabilization Program
FSA	Family Services Administration
GIS	Geographic Information System
HCA	Human Care Agreement
HCBS	Home and Community-Based Services
HCMP	Health Care Management Plan
HCVP	Housing Choice Voucher Program
HOPE	Youth Housing Options Prevention Education Program
HOPWA	Housing Opportunities for People with AIDS Program
HPAP	Home Purchase Assistance Program
HPF	Housing Preservation Fund
HPTF	Housing Preservation Trust Fund
HSCSN	Health Services for Children with Special Needs
HSS	Housing Supportive Services
HUD	U.S. Department of Housing and Urban Development
ICC	Intensive Care Coordination Teams
ICH	Interagency Council on Homelessness
I/DD	Intellectual and Development Disabilities
IDEA	Individuals with Disabilities Education Act
IDS	Individualized Day Supports
IEP	Individualized Education Plan
IFS	Individual and Family Supports Waiver
IIC	Individual-In-Care
IMD	Institution for Mental Diseases
IPE	Individualized Plan for Employment
IRR	Intensive Rehabilitative Residences
ISP	Individual Support Plan
IZ	Inclusionary Zoning Program
KPI	Key Performance Indicator
LIHTC	Low-Income Housing Tax Credits
LON	Level of Need
LRSP	Local Rent Supplement Program
LTCA	Long-Term Care Administration
LTCSS	Long-Term Care Supports and Services
MCO	Managed Care Organization
MDS	Minimum Data Set
MES	Medicaid Enrollment Specialist
MFP	Money Follows the Person

MOU	Memorandum of Understanding
MORCA	Mayor's Office on Returning Citizens
MOVA	Mayor's Office of Veteran Affairs
NASDDS	National Association of State Directors of Developmental Disabilities Services
NEON	National Expansion of Employment Opportunities Network
NF	Nursing Facility
NFB	National Federation for the Blind
NOFA	Notice of Funding Availability
NWD	No Wrong Door
ODEP	Office of Disability Employment Policy
ODR	Office of Disability Rights
OFIP	Opportunity for Improvement Plan
OP	Office of Planning
OSSE	Office of State Superintendent of Education
ODU	Opioid Use Disorder
PATH	Projects for Assistance in Transition from Homelessness
PBIS	Positive Behavioral Interventions and Supports
PCA	Personal Care Aide
PC	Program Coordinator
PCP	Primary Care Physician
PCSP	Person-Centered Service Plan
PEP-V	Pandemic Emergency Program for (Medically) Vulnerable Individuals
Pre-ETS	Pre-Employment Transition Services
PROW	Public Right-Of-Way
PRTF	Psychiatric Residential Treatment Facility
PSH	Permanent Supportive Housing Program
QHP	Qualified Health Plan
QIDP	Qualified Intellectual and Developmental Professional
READY Center	Resources to Empower and Develop You Center
RRH-I	Rapid Rehousing for Individuals
RSA	Rehabilitation Services Administration
RSS	Residential Services and Supports Division of DBH
SAME	State As a Model Employer
SAMHSA	Substance Abuse and Mental Health Services Administration
SC	Service Coordinator
SCI	Sidewalk Construction Index
SFRRP	Single-Family Residential Rehabilitation Program
SHE	St. Elizabeths Hospital
SILP	Supported Independent Living Program
SMI	Serious Mental Illness
SMW	Services My Way
SNAP	Supplemental Nutrition Assistance Program
SNT	Special Needs Trust
SPDAT	Service Prioritization Decision Assistance Tool
SPMI	Severe and Persistent Mental Illness
SRR	Supportive Rehabilitative Residence

SRO	Single Room Occupancy
SRR	Supportive Rehabilitative Residence
SSA	U.S. Social Security Administration
SSI	Supplemental Security Income
SSDI	Social Security Disability Insurance
SUD	Substance Use Disorder
TAH	Targeted Affordable Housing
TANF	Temporary Assistance for Needy Families
TOPA	Tenant Opportunity to Purchase Act
TMACT	Tool for the Measurement of ACT
TSH	Temporary Supportive Housing
THP	Transitional Housing Programs
UFAS	Uniform Federal Accessibility Standards
VRC	Vocational Rehabilitation Counselor
VWFRC	Virginia Williams Family Resource Center
WAV	Wheelchair Accessible Vehicle
WIOA	Workforce Innovation and Opportunity Act
WMATA	Washington Metropolitan Area Transit Authority
YSD	Youth Services Division