GOVERNMENT OF THE DISTRICT OF COLUMBIA

OFFICE OF DISABILITY RIGHTS

DC—One Community for All: Olmstead Community Integration Plan

Calendar Years 2025-2027

Contents

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 integrated setting appropriate to their needs. A state or territory's "Olmstead Plan" helps demonstrate 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 presents 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. 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 Act[2] 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 presents 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

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[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.

members, the community, disability organizations, and disability rights advocates. This Olmstead Community Integration Plan reflects:

- Discussions and feedback gathered from three community town halls held in February, June, and October 2024;
- Conversations with an Olmstead task force composed of community advocacy groups, stakeholders, and representatives from 24 District agencies on identified priority areas from the town halls;
- Public comments received during the review period from July 5 to August 2, 2024;
- 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 provides 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.

Guiding Principle 4: Equity

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[4] *See* Appendix A, Input Collected.
[5] *See* Appendix B, Plans, Programs, and Reports Coordinated.

This plan recognizes the intersectional nature of District residents with disabilities. Though the integration mandate covers all people with disabilities, the strategies identified under each priority seek to help narrow existing racial inequities in outcomes among residents with disabilities, including where possible, collecting data by geography because we know that socio-economic status is correlated with both race and disability.

District's 2025-2027 Olmstead Plan Priorities

Based on these recent interactions and experiences, the 2025-2027 Olmstead Community Integration Plan identifies and focuses on four main priorities:

1. Housing
2. Health and Wellness
3. Employment
4. Transportation

Each Priority is numbered 1-4 below. Each of the priorities under this District Olmstead Plan describes current and ongoing efforts to provide programs and services for people with disabilities in the most integrated setting appropriate to the needs of each individual. These programs and efforts are a current snapshot of the District's efforts towards maintaining and improving services for people with disabilities. 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. The plan is always subject to change as appropriations vary and identified needs evolve.

Under each priority, associated goals are numbered (e.g. 1.1 etc.) to gauge District progress towards its guiding principles. Under each goal are one or more strategies the District is utilizing to accomplish each goal, correspondingly numbered (e.g. 1.1.1, 1.1.2, etc.). Metrics are detailed to show how District agencies are tracking 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.). Benchmarks for progress are 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.

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: (1) transitioning people with disabilities into affordable, accessible housing; and (2) helping people who have housing to stay in that housing to avoid unnecessary institutionalization. Affordable and accessible housing plays a significant role in transitioning District residents with disabilities out of institutions if the residents wish to do so and providing needed supports to those who wish to live in the community. However, securing affordable, appropriate housing is often a challenge for people with disabilities, who

often have specific physical needs and limited incomes. As noted in the section on "Why Employment Remains a Focus?" on page 37, one in four working-age persons with a disability lives in poverty. Multiple District government agencies 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 described below.

Moreover, Mayor Bowser has made the development of housing, including affordable housing, a top priority, as laid out in her 2019 Housing Equity Report, charting an agenda to be achieved by 2025. Importantly for the Olmstead Plan's vision of providing opportunities for community living throughout the city, the plan set first-in-the-nation goals for affordable housing production in each specific geographic area of the District as set forth in the Comprehensive Plan. 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.[6] Providing more low-income households the possibility of living in high opportunity neighborhoods is a key goal, and progress towards the total housing, affordable housing, and housing by neighborhood goals is tracked and displayed on the Mayor's initiative website.[7]

Federal law requires that as of July 11, 1988, all newly constructed housing using federal financial assistance make at least five percent of units in new construction be accessible to people with mobility impairments, and at least two percent accessible to people with hearing or vision impairments. New construction and substantial alterations to housing must meet the Uniform Federal Accessibility Standards (UFAS) or a stricter standard.[8] Additionally, all privately owned and publicly assisted multifamily new condominium, apartment, and townhome buildings of four or more units built for first occupancy after March 13, 1991, with an elevator are required to have 100% of its units accessible. If the multifamily building does not have an elevator, then all ground level units must be accessible.[9] Additionally, the entrance, doors, pathways, and common areas must all be accessible for people using wheelchairs.

Similarly, District law requires that for multifamily dwellings of more than four units[10] built for first occupancy after April 20, 1999, the common areas and dwellings must be accessible for people using wheelchairs.[11] DCHA and DHCD both verify and enforce the requirement that all newly constructed and substantially altered buildings comply with these requirements.[12] To integrate people with disabilities in the community, the District has a variety of targeted programs that support District residents with disabilities with finding, facilitating, and obtaining community-based housing that meets their needs.

Subsidies for renting and owning

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[6] Office of Planning, Housing Equity Report (October 2019).
[7] *See* DMPED 36,000 by 2025 Dashboard, (last accessed September 27, 2024).
[8] *See* 24 C.F.R. § 8.22(b).
[9] *See* 24 C.F.R. Part 100.
[10] Additional coverage requirements are detailed in D.C. Code § 2-1402.24.
[11] *See* D.C. Code § 2-1402.21(d)(3)(C).
[12] Reasonable modification requests and complaints can be submitted to DCHA and DHCD's ADA Coordinators. The current point of contact and contact information is provided on ODR's website.

As part of the District's commitment to promoting District residents with disabilities' ability to live in communities of their choosing, 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.[13]

- Housing Choice Voucher Program

The **Housing Choice Voucher Program** (HCVP) (formerly Section 8), the federal government's major rental assistance program administered by DCHA, gives individuals with disabilities in the program 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. 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 DCHA that helps people with disabilities live in communities of their choosing. (DACL, FY23-24 Performance Oversight (PO) Response 99).[14] Moreover, the District's Human Rights Act provides that it is illegal to discriminate in housing based on lawful sources of income, a provision intended to prevent discrimination against voucher holders.[15]

Not only are private units subsidized by the District, District subsidies also help spur the increased production of affordable housing for people with disabilities through DHCD funding for the development of affordable rental and ownership units, and community facility developments that serve District residents.

- Inclusionary Zoning Program

Specifically, DHCD administers the **Inclusionary Zoning (IZ) Program** that delivers new affordable units and that helps low-income households, including those with disabilities integrate into the community. (DHCD, FY23-24 PO Response 6 - Priority #1).[16] The District created 1,966 inclusionary zoning units between August 2009 and September 30, 2022. Of those, 1,589 are rentals, 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 vacant. (DHCD, FY23-24 PO Response 99). As of February 9, 2024, there were 24,919 households registered for the IZ program, 23,911 of whom 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). All of these units help increase the inclusion of people with disabilities into the community.

- Housing Production Trust Fund Program

DHCD's **Housing Production Trust Fund (HPTF) Program** complements existing District efforts to increase the supply of affordable housing for extremely low-income households, including homeless families and

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[13] DCHA Waitlist, (last accessed May 20, 2024).
[14] DC Council, Performance Oversight Responses FY23-24.
[15] Human Rights Act of 1977, as amended, D.C. Code § 2-1401.01.
[16] DHCD Pre-Hearing Responses (February 9, 2024).

individuals, and people with disabilities in accordance with the rest of the District's Olmstead Plan.[17] Since 2010 to 2024, there have been 10,127 HPTF units created. Of those HPTF units created, 1,121 are accessible. (DHCD, FY23-24 PO Response 50).

- Housing Preservation Fund

DHCD provides loans to developers through the **Housing Preservation Fund (HPF)** that requires that rents for at least 50% of the renovated units be set at levels affordable to households earning 80% of Median Family Income or less. This helps increase affordable housing for low-income households, including those with disabilities. 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 using Tenant Opportunity to Purchase Act (TOPA) rights. (DHCD, FY23-24 PO Response 59).

- Low-Income Housing Tax Credits

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, including those with disabilities. 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.[18]

- Tenant-Based Rental Assistance Program

DHCD also assists low-income renters, including those with disabilities, with a **Tenant-Based Rental Assistance Program**, but it is currently closed due to limited funding from the federal HOME Investment Partnerships Program to offer rental assistance. Clients, who include District residents with disabilities, are evaluated through a single point of entry for all available District housing programs and referred to other housing programs for assistance.[19]

- Emergency Rental Assistance Program (ERAP)

DHCD's **Emergency Rental Assistance Program (ERAP)** helps District residents earning less than 40% of the Area Median Income (AMI), including people with disabilities, 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. The amount paid on behalf of eligible families depends on a household's income and available resources and is subject to certain limitations.[20]

- Home Purchase Assistance Program

DHCD's **Home Purchase Assistance Program (HPAP)** provides qualified applicants including people with disabilities 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

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[17] *See* the Housing Production Trust Fund Act of 1988, as amended (D.C. Law 7-202); DHCD, Housing Production Trust Fund Website (last accessed September 23, 2024).

[18] DHCD, Low Income Housing Tax Credit Program (last accessed May 20, 2024).

[19] DHCD, Tenant-Based Rental Assistance Program (last accessed May 20, 2024).

[20] DHS, Emergency Rental Assistance Program (last accessed May 20, 2024).

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).

- Housing Resource Center

Additionally, DHCD runs the **Housing Resource Center** on the first floor at 1909 Martin Luther King, Jr Avenue SE or by phone at (202) 442-9505 to assist individuals with disabilities and others get answers to their housing questions. In addition, DCHousingSearch.org is a free listing service usable there that provides information on currently available affordable, accessible housing.[21]

Mental Health Housing Supports

To enhance opportunities for community living, DBH provides housing supports to clients with mental health disabilities through vouchers and community residential facilities.

- DC Local Rent Supplement Program Vouchers

DC Local Rent Supplement Program (LRSP) vouchers are 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. DBH makes referrals for initial occupancy and backfill of vacancies for these LRSP vouchers, which are attached to single-room occupancy (SRO) units and to apartments.

- Community Residential Facilities

DBH also offers the following Supported Residences (Licensed Mental Health Community Residential Facilities) in increasing levels of support:

- **Supportive Residence (SR) Community Residential Facilities (CRFs)** provide on-site supervision when residents are in the facility; medication monitoring; maintenance of a medication log to help residents take medication as prescribed; assistance with activities of daily living; arrangement of transportation; monitoring behaviors for 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 help 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

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[21] DHCD, Housing Resource Center (last accessed May 20, 2024).

nursing supports with the appropriate mental health rehabilitation services. (DBH, FY23-24 PO Response 31).

- Core Service Agencies and DBH Vouchers

In conjunction with these CRFs, the DBH Residential Services and Supports (RSS) Division supports DBH CRF clients through care management and care coordination to minimize placement disruptions. **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 due to mental health disabilities. In FY24, RSS was able to secure community integrated 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 Intellectual and Developmental Disabilities (I/DD)

District residents with intellectual and developmental disabilities have their own housing needs that are distinct from District residents with other types of disabilities and the District supports those needs with the following programs that support community living.

- I/DD Supported Living Services

The Department on Disability Services (DDS) provides various supported living services for individuals with I/DD through its Developmental Disabilities Administration (DDA).[22] 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

All too often, and for a variety of factors, people with disabilities are not always served by the District's disability benefits and services. People with disabilities are often overrepresented among District residents experiencing homelessness, and in need of emergency and temporary services to stabilize their living situation. The Department of Human Services provides programs to immediately address homelessness and promote community living as part of the District's Olmstead Plan to provide people with disabilities the supports they need to live in the community.

- Targeted Affordable Housing Program

DHS provides housing subsidies for families with disabilities experiencing or at risk of homelessness to promote continued community integration. The **Targeted Affordable Housing (TAH) Program** provides a permanent housing subsidy (with case management) to assist individuals and families who are

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[22]DDS, 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).

independent but need a housing subsidy to prevent homelessness due to disability, age, or income.[23] (DHS, FY23-24 PO Response 84).

- Permanent Supportive Housing Program

Similar to these targeted affordable housing subsidies, DHS also provides a **Permanent Supportive Housing (PSH) Program** with 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 furthers the goals of the Olmstead Plan because it connects residents with disabilities to other supportive services, such as behavioral health for those with mental health disabilities, to maintain stable housing and move toward community integration.[24] (DHS, FY23-24 PO Response 89). 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).

- Rapid Rehousing for Individuals

Additional efforts to help residents with disabilities live in community-based housing include the **Rapid Rehousing for Individuals (RRH-I)**, which provides up to 12 months in rent subsidies for individuals experiencing homelessness.

- Family Re-housing Stabilization Program

Similarly, the **Family Re-housing Stabilization Program (FRSP)** provides up to 18 months of rent subsidies for families including those with disabilities who are experiencing or at risk of homelessness.[25] 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).

- Transitional Housing Programs

In between emergency shelter and permanent housing, DHS provides temporary supportive housing through the **Transitional Housing Programs (THP)** that provides structure, supervision, support, and life skills. Families, including those with disabilities, are matched through the Family-Coordinated Assessment and Housing Placement (CAHP) or 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.[26]

For youth, including youth with disabilities up to 24 years old, DHS also provides a variety of housing programs for youth experiencing or at risk of homelessness through grants to community-based organizations.

- Youth Housing Options Prevention Education Program

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[23] DHS, Targeted Affordable Housing for Individuals and Families (last accessed May 20, 2024).
[24] DHS, Permanent Supportive Housing for Individuals and Families (Project Based, Tenant Based, Local Veterans) (last accessed May 20, 2024).
[25] DHS, Rapid Rehousing for Individuals (last accessed May 20, 2024); DHS, ESG CARES Act Funding (last accessed May 20, 2024).
[26] DHS, Transitional Housing for Families Experiencing Homelessness (last accessed May 20, 2024).

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 institutions like homeless shelters and reunite them with their natural supports (family, mentors, allies, etc.) in the community via mediation services and family support, whenever safe and possible, as well as identification of permanent housing solutions.[27]

- E Street Shelter

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.[28] 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 builds on the lessons the District learned from its Pandemic Emergency Program for Medically Vulnerable (PEP-V) program. 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).

- Projects for Assistance in Transition from Homelessness team

The Olmstead Plan also incorporates many mental health supports for housing. 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 goal of assisting individuals with mental health disabilities and homelessness connect to care and housing navigation to remain in the community. In FY23, the PATH team engaged 470 consumers and enrolled 275 in the PATH program. Consumers receive mental health assessments, 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.

- Transitional Living Facilities

Two DBH certified providers (Community Connections and MBI) partner with District youth shelters to link individuals with disabilities to behavioral health services and refer transition age youth to housing at DBH's **transitional living facility, Wayne Place**.[29] 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 in the first two months of FY24, Wayne Place served 32 transition age youth. Over the course of FY23 and beginning of 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 in the community. Thirty percent (3) of transition age youth were

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[27] DHS, Youth Homeless Services (last accessed May 20, 2024).

[28] DHCD, District of Columbia Annual Action Plan, Including the HOME ARP Plan and HTF Allocation Plan, FY 2023 (July 8, 2022).

[29] Contracting partners with the District generally provide services for only one year at a time because contracts depend on the availability of funding, but many have the option to continue. Many providers have been stable partners of District agencies for years.

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

- DC Medicaid State Plan-based Housing Supportive Services

People with disabilities or who have complex health needs often experience significant barriers to accessing care and housing. (DHS, FY23-24 PO Response 4). To assist with providing community housing for this population, the Department on Human Services (DHS) and the Department of Health Care Finance (DHCF) offers 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. Started in 2022, it consists of housing navigation services to help a participant plan for, find, and move to housing of their own integrated in the community; and housing stabilization services to help people with disabilities 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. [30]

- Housing Opportunities for Persons With AIDS (HOPWA) program

For the housing needs of low-income people with HIV/AIDS (a qualifying condition under the ADA) and their families, DC Health administers the **Housing Opportunities for Persons With AIDS (HOPWA) program**. HOPWA provides housing and housing supports to select persons with HIV/AIDS to stabilize their housing in the community to enable them to access comprehensive healthcare and adhere to HIV treatment.[31] In FY23, DC Health provided housing support to 379 participants. (DC Health, FY23-24 PO Response 91).

Re-entry Housing Support Programs

- READY Center

For individuals who are incarcerated at Department of Corrections (DOC) facilities (including individuals with disabilities), the DOC operates the **READY Center** to provide re-entry services. In FY23, the READY Center served 1,728 residents in the custody of DOC, and 545 residents in the custody of the federal Bureau of Prisons (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 the Department of Aging and Community Living (DACL), behavioral and mental health services from DBH, Medicaid and SNAP from DHS, and workforce development from the Department of Employment Services (DOES).

Home Accessibility Programs

- Single-Family Residential Rehabilitation Program (SFRRP)

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[30] DHS, Housing Supportive Services (last accessed May 20, 2024); DHCF, District of Columbia's Housing Supportive Services Benefit Tip Sheet – Provider Enrollment & Billing (August 2022).
[31] HUD, Housing Opportunities for Persons with AIDS Program (last accessed May 20, 2024).

To help people with disabilities remain in their own homes in the community, 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.[32] There were 87 applications for SFRRP in FY23 (DHCD, FY23-24 PO Response 80), 124 projects were completed in FY23 and beginning of FY24 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).

- <u>Safe at Home Program</u>

Additionally, to reduce the risk of falls for District residents aged 60 and older and adults 18 and over living with disabilities, the Department of Aging and Community Living's (DACL) **Safe at Home Program** provides in-home preventative adaptations. These adaptations can be made to any homeowner's home, or a rental unit with an annual household income at or below 100% of Area Median Income (AMI) 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.[33] (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-based fall prevention exercise classes for some 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. (DACL, 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 (as to the falls prevented) is significantly less than the average cost of a hospital visit for a fall ($62,521).[34] DACL is committed to continuing the Safe At Home program.

- <u>Senior Wellness Centers</u>

DACL also promotes community inclusion of people with disabilities through its programs at **Senior Wellness Centers** that promote the health and wellness of District residents 60 years of age and older, regardless of income, through classes in nutrition, exercise, reflexology, smoking cessation and other health dialogues, seminars, support groups, auxiliary activities, creative arts, intergenerational programs and peer leader training. Health care services are provided to help seniors in the community maintain their independence and avoid unnecessary institutionalization including through screenings, evaluations, and assistance with obtaining benefits like long term care services. The location, hours, and operating status of these senior centers in each ward are available on DACL's website at: https://dacl.dc.gov/service/senior-centers.

- <u>Tech First Program</u>

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[32] DHCD, Single Family Residential Rehabilitation Program (last accessed May 20, 2024).
[33] DACL, Safe at Home (last accessed May 20, 2024).
[34] Hawkins, Melissa, et al., Safe at Home Program Evaluation 2023, American University (February 14, 2024).

In addition to its I/DD support services, The Department of Disability Services (DDS) promotes independent living in the community through its **"Technology First" (Tech First) program** by expanding and diversifying the use of tech by people with disabilities. 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 (DDA) and Rehabilitation Services Administration (RSA), the Senior Tech Connect Pilot program which has provided iPads to socially isolated District seniors along with ongoing training on their use, 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.

- I/DD Waiver Community Living Supports

DDS also supports people with the **Intellectual and Developmental Disabilities Waiver (I/DD Waiver)** to remain in the community through individualized day supports, companion supports, and day habilitation services. Most individuals receiving day supports from DDS 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).

<p align="center">Why Housing remains a focus?</p>

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. The DC Housing Authority (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 re-opened in 2023. That waiting list is now closed again as DCHA works to clear its backlog and fill vacant apartments. The 2022 HUD report concluded that approximately 25% of DCHA's rental units were vacant at the time of the report.[35] (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, or 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, which are not well advertised to individuals with disabilities. For example, until recently DDS' housing guide did not mention DCHousingSearch.org for searching available units;[36] 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 timely publicizing the availability of

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[35] HUD OAG, District of Columbia Housing Authority Assessment (September 30, 2022).
[36] DDS, Housing Resource Guide (last accessed October 11, 2024) (see specifically Step 5.C).

affordable, accessible housing to the individuals with disabilities who need it, and developing a clear map of housing support options across all agencies, with eligibility criteria and other program requirements.

Limited capacity for programs that facilitate obtaining and retaining affordable housing. The Health care workers who provide direct care are in short supply, and this has affected the work and clients of both the Department on Disability Services and the Department of Health Care Finance. These worker shortages have placed individuals with disabilities at risk of hospitalizations and facility-based placements. Lengthy hospitalizations and facility placements put individuals with disabilities who live in the community at risk of losing their community-based housing. While DHCF and DDS are working to revise provider rates, they can explore increasing technological solutions for monitoring and providing adaptive equipment and assistive technology to make living at home more independent as well as private.

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/Outcomes
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)* *Housing Production Trust Fund allocations may vary year to year.	584 (FY23)	584
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)	365
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)	66
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)	529
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)	5%
1.1.3 Increase number of people with mental health disabilities provided a voucher or placed in the community	DBH	1.1.3.a Number of people with "Severe and Persistent Mental Illness" (SPMI) provided a voucher vs. capacity (higher is better)	989 / 1,088 (FY23)	989/1088

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets/Outcomes
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)	540/550
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)	4
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)	719 (FY23)	715
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)	90%
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)	83%
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)	700
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)	325
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)	2,400

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets/Outcomes
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 (higher is better)	32 (FY23)	40
1.1.5 Increase number of people (adult families) with a disability and PSH voucher in "Bridge Housing" waiting to move into a unit	DHS	1.1.5.e Number of persons with a disability who will be housed with a PSH Voucher, placed in "Bridge Housing"	No baseline data	50
1.1.5 Increase number of people with a disability who are employed in the "work bed" program living in "Bridge Housing"	DHS	1.1.5.f Number of persons with a disability who will be housed with a PSH Voucher and in the "work bed" program placed in "Bridge Housing"	No baseline data	190
1.1.6 Increase number of individuals discharged from psychiatric facilities to a community placement	DBH	1.1.6.a Number of individuals discharged from St. Elizabeths with a voucher (higher is better)	3 (FY23)	4
1.1.6 Increase number of individuals discharged from psychiatric facilities to a community placement	DBH	1.1.6.b Number of people discharged from St. Elizabeths into community housing (higher is better)	152 = 167 (KPI 2.7) – 15 (KPI 2.32) (FY23)	15
1.1.6 Increase number of individuals discharged from psychiatric facilities to a community placement	DBH	1.1.6.c Percentage of youth discharged from PRTF quarterly to community-based setting (higher is better)	15 (FY23)	15
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	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)	300 (FY25)
1.1.8 Increase number of individuals transitioning out of nursing facilities	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)	425 (FY25)

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets/Outcomes
into home and community-based settings				
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)	125 (FY25)
1.1.8 Increase number of individuals transitioning out of nursing facilities into home and community-based setting	DACL	1.1.8.d Number of community transition team cases closed (higher is better)	121 (FY23)	125 (FY25)
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)	300
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)	15%
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)	15%
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)	1,728 at DOC, 545 returning from Federal Bureau of Prisons (BOP) (FY23)	440
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. Elizabeths and date of placement in the community (lower is better)	12 (FY23)	12

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets/Outcomes
1.2.2 Decrease timeframe for discharge from a nursing facility	DHCF	1.2.2.a Average number of days between DACL referral and Long-Term Care Supports and Services (LTCSS) assessment (lower is better)	No baseline data	TBD
1.2.2 Decrease timeframe for discharge from a nursing facility	DACL	1.2.2.b Average days to transition (for clients who do not have housing to return to) (lower is better)	282.75 (FY23)	280 (FY25)
1.2.2 Decrease timeframe for discharge from a nursing facility	DACL	1.2.2.c Average days to transition (for clients who have housing to return to) (lower is better)	282.8 (FY23)	215 (FY25)
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)	0 (Note we no longer use the 383 transition code)
1.2.3 Decrease timeframe for EPD Waiver enrollment	DHCF	Average number of days between assessment and receipt of Long-term Care Services and Supports (LTCSS) in an approved Person-Centered Service Plan (PCSP) (lower is better)	No baseline data	TBD
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)	30
1.2.5 Increase DACL transition quality through training	DACL	Percentage of transition unit staff who complete transition assistance training (higher is better)	No baseline data	100 % (FY25)
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)	1030 (FY25)
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	27 (Active as of 10/28/24)	32 (FY25) /40 (FY26)

Priority Area 2 - Health and Wellness

What is the vision for the Health and Wellness priority

The vision for the Health and Wellness 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.

Health and Wellness Efforts to Date

- DACL Services

The Department of Aging and Community Living (DACL) plays a critical role in assisting District residents in moving from institutional settings to home and community-based settings as envisioned by the District's Olmstead Plan and the *Olmstead* decision. DACL's **clinical services division** includes the **Case Management**, **Adult Protective Services**, and **Nursing Home Transition** units. 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 who provides information and support to assist with transitioning residents as they return to the community. DACL's programs division includes entry services, and individuals can refer themselves to this program; they do not need a referral from a social worker. Ten staff members provide information and referral services, by phone and in person, along with assistance with enrollment into DC Medicaid's Elderly and Persons with Disabilities Waiver program for persons who are elderly and persons with physical disabilities. This team also aids with application, submission, and linkage to EPD Waiver case management. (DACL, FY23-24 PO Response 1).

- DC Medicaid Elderly and Persons with Disabilities Waiver

The Department of Health Care Finance's (DHCF) **DC Medicaid Elderly and Persons with Disabilities (EPD) Waiver** helps District residents with disabilities transition into and remain in their own homes in the community by offering 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 improve the safety and welfare of a District resident;
- **Participant-Directed Services (Services My Way)** – more choice and flexibility over the services District residents receive, including PCA services; and
- **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.

- I/DD Waiver

Similarly, as discussed above, the Department on Disability Services' (DDS) provides residential, day/vocational, and other support services for District residents with intellectual or developmental disabilities who choose to live in their own homes or in other community-based settings through the **Intellectual and Developmental Disabilities (I/DD) Waiver**. Services that support community inclusion for these District residents with disabilities 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;
- **Personal Care Assistance (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.

I/DD and IFS Waiver services are available from DDS through an application for DDA services explained in detail here: https://dds.dc.gov/service/how-apply-services.

- IFS Waiver

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 Long-Term Care Supports and Services tailored to their specific needs. The IFS Waiver offers 18 services, all of which are currently available under the I/DD 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 the Individuals with Disabilities Education Act (IDEA) or DC Rehabilitation Services Administration (DC RSA).

Mental Health Supports for Adults

- Intensive Care Coordination Teams

There are a variety of healthcare supports to help individuals with mental health disabilities integrate into and remain in the community. In FY23, 43,472 people were served by the Department of Behavioral Health (DBH) in the mental health system, and 1,270 adults were served by the **Intensive Care Coordination Team**. DHCF has submitted a DC Medicaid State Plan Amendment to expand this service to children and youth with significant behavioral health concerns as well.[37] The ICC team connects individuals to a Core Service Agency they select and delivers direct services until the selected agency has seen the individual at least three times. Seventy-five (75%) percent of individuals with disabilities served select 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 individuals with mental health disabilities experiencing homelessness. *Id*. This helps individuals with disabilities get the support they need to have quality, person-centered services in the home and community.

- ACT Teams

For individuals with mental health disabilities experiencing a crisis, Assertive Community Treatment (ACT) team provide intensive outpatient services. In FY23, **ACT Teams** served 2,442 individuals with significant mental health needs. ACT teams deliver or coordinate all the services an individual needs in that moment and work in coordination with DHS for those experiencing homelessness.

- Behavioral Health Services in Managed Care Organizations

Behavioral Health Integration is a District-wide effort to provide a full continuum of whole-person care to youth. 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. 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 the 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 plans to conduct annual audits of all ACT providers to adhere to fidelity using the TMACT (Tool for the Measurement of ACT), to maintain or enhance service quality because of this change. (DBH, FY23-24 PO Response 40).

Mental Health Supports for Children/Adolescent/Families

- ASTEP Providers

DBH also 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, underage alcohol and tobacco use, and resulting disorders that can place individuals, including individuals with disabilities, at serious risk of institutionalization.

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[37] *See* DHCF Transmittal No. 23-32 (July 21, 2023).

- ChAMPS

DBH also provides early intervention and treatment services to students with disabilities and parents through the **Child and Adolescent Mobile Psychiatric Service (ChAMPS)** contract with Catholic Charities. ChAMPS is a crisis intervention and stabilization service for residents and visitors who are experiencing psychiatric crisis in the community or at home; ChAMPS provides referrals to DBH for ongoing services, 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 crises 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).

- Psychiatric Residential Treatment Facilities

When crisis does require psychiatric hospitalization or treatment at a facility, DBH 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 work to link youth to a CSA and support based on recommendations by the treating PRTF's clinical team. (DBH, FY23-24 PO Response 61.b).

- Saint Elizabeths Hospital

Some adults with mental health disabilities and substance use disorders are served through inpatient services at **Saint Elizabeths Hospital (SEH)**, an Institution for Mental Diseases (IMD). The hospital is licensed for 292 inpatient adult beds. The hospital reduced inpatient admissions in FY22 and 2023 in response to the COVID-19 pandemic emergency. In FY23, 316 individuals with mental health disabilities were admitted. In FY24 the census is increasing back to the pre-pandemic levels. (DBH, FY23-24 PO Response 84). The District's Olmstead Plan is focused on shifting services towards home and community-based settings so that individuals with mental health disabilities can be served in the community wherever possible.

Re-Entry Services for Medicaid and Mental Health

The District's Olmstead Plan is also focused on connecting District residents with mental health disabilities with community-based services upon re-entry from institutionalization at Department of Corrections (DOC) facilities. At these facilities, DBH planning begins within a few hours of intake. DOC asks DBH to assess all individuals who are incarcerated at the Central Detention Facility and Central Treatment Facility at intake to help healthcare staff distinguish and select individuals with mental health disabilities in need of mental health services for continuity of care. DBH's liaison reviews residents within 30 days of a known discharge date to enable their return to their CSA or see if they qualify for any DBH services. Persons identified as having a SUD/Opioid Use Disorder (OUD) are connected to their methadone clinic the day after discharge.

- CDF and CTF Re-entry Services

DOC works with DHCF and the Department of Human Services (DHS) Economic Security Administration to place Medicaid on suspension when a resident enters the **Central Detention Facility (CDF)**, or **Central Treatment Facility (CTF)** as required by federal law and works to reinstate Medicaid within days after an individual's return to the community. District Access System (DAS) can reduce reinstatement time for 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 Health and Wellness remains a focus?

Continuous, comprehensive health care is critical for persons with disabilities who wish to stay in the community. It is a focus of this plan because persons with disabilities face numerous challenges obtaining such reliable, comprehensive care outside of institutions. Some of these challenges include:

Workforce Shortages. Unfortunately, delays and gaps in the delivery of mental health and long-term care supports and 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, which can hinder timely and consistent service delivery for all the above listed services. (*See*, *e.g.*, DBH, FY23-24 PO Response 49).

Lack of Long-Term Care Supports and Services for people with disabilities who want to work prevents employment. The Centers for Medicaid and Medicare Services 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 Long-Term Care Supports and Services 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% Federal Poverty Level 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 Long-Term Care Supports and Services 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 Long-Term Care Supports and Services. Eliminating asset limits or increasing them beyond these limits would

recognize that people with disabilities who need Long-Term Care Supports and Services want to work and are likely to incur expenses related to work or community living and would enable them to accrue some savings to meet future expenses. This shift in policy would 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.[38]

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[38] 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).

Health and Wellness Goals

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

Health and Wellness Metrics

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets/Outcomes
2.1.1 Increase the number of Individual Service Plans completed before the 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 Level Of Need assessments completed before Individual Service Plan 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 Individual Service Plan	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)	1,321
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	307 (FY23)	307
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)	50%

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets/Outcomes
2.1.6 Increase DC Medicaid LTCSS (Long Term Services and Supports) provider capacity	DHCF	2.1.6.a Number of beneficiaries enrolled in the Medicaid Adult Day Health Program (ADHP) (higher is better)	648 (FY23)	572
2.1.6 Increase DC Medicaid Long Term Services and Supports provider capacity	DACL	2.1.6.b Number of clients receiving nutrition assistance (to include both congregate meal participants and home delivered meal participants) (higher is better)	4,084 (FY23)	4,085 (FY25)
2.1.7 Increase quality of Long Term Services and Supports 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)	90%
2.1.7 Increase quality of Long Term Services and Supports 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)	93%
2.1.7 Increase quality of Long Term Services and Supports 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)	90%
2.1.7 Increase quality of Long Term Services and Supports 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)	87%
2.1.7 Increase quality of Long Term Services and Supports services	DBH	2.1.7.e Percentage of providers complying with full fidelity reviews for evidence-based	88% (FY23)	88%

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets/Outcomes
		practice models, including community-based intervention services (higher is better)		
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 relevant mental health and substance use disorder needs based on the resident population (higher is better).	No baseline data	50%
2.1.8 Expand capacity to manage mental health and substance use disorder needs	DDS	2.1.8.b Number of Developmental Disabilities Administration staff who attend at least one training in Positive Behavior Supports	No baseline data	130
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)	92% (FY23)	86%

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.[39] These strategies provide the best opportunity for long-term success in careers and lives for people with disabilities.[40] Pursuing these opportunities is the first option explored for transition-age (16-22) students and adults through the District's publicly-funded services,[41] 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 helps 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.[42] Additionally for every one dollar in services to support people with disabilities with employment, people with disabilities who are employed provide four to six dollars in return to the District's economy through wages earned, taxes paid, and goods and services purchased.[43]

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.[44] From 2010 to 2018 private sector employment in the District grew by almost 20%.[45] Higher skill and professional degree occupations are two-to-four times more prevalent in the District than the rest of the United States.[46] In 2020, DC's labor force participation

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

[40] HHS Administration for Community Living, Research Supporting Competitive, Integrated Employment (July 2022); *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).

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

[42] *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).

[43] Dean *et al*. The effects of vocational rehabilitation for people with cognitive impairments. International Economic Review, 56(2), 399–426 (2015).

[44] 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).

[45] Sayin, Yesim, Growing Labor Demand in DC is Driving up Wages, DC Policy Center (June 19, 2019).

[46] District of Columbia WIOA State Plan, PY2020-2023.

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.[47]

The COVID-19 pandemic created shockwaves throughout the District 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.[48] 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. As of September 2024, the District's labor force participation rate of 72% and its unemployment rate of 5.7% are once again in line with its pre-COVID rate.[49]

- Employment First Policy

In alignment with the District's Olmstead Plan vision of competitive, integrated employment for District residents with disabilities, 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 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 (NASDDDS) and TransCen, Inc, to provide technical assistance on ways to implement Employment First in the District.

- WIOA State Plan

The District's **Workforce Innovation and Opportunity Act (WIOA) State Plan** re-emphasizes the focus on employment first, and that DDS works with the Office of the State Superintendent of Education (OSSE) to provide Pre-Employment Transition Services for transition-age youth ages 16-22 to improve outcomes for transition-age youth with disabilities.[50] These services include pre-employment counseling, site-based work experiences, and other services from Vocational Rehabilitation (VR) counselors to help students with disabilities consider employment after school and provide a seamless transition as they leave secondary school and pursue work or higher education.

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[47] U.S. Bureau of Labor Statistics, Unemployment Rate in the District of Columbia, Federal Reserve Bank of St. Louis (January 24, 2020).

[48] Austermuhle, Martin. The Costs Of Remote Work Are Starting To Be Felt In D.C., According To New Revenue Estimate, DCist.com (March 1, 2023).

[49] DC Department of Employment Services, District of Columbia Unemployment Rate at 5.7% in September (October 22, 2024).

[50] District of Columbia WIOA State Plan, PY2020-2023.

- State As a Model Employer

In addition to providing the training and career exploration services District residents with disabilities need to find competitive, integrated employment, the District is working to become a model employer for people with disabilities through the FY24 **State as a Model Employer of People with Disabilities Initiative (SAME)**. This grant from the Office of Disability Employment Policy (ODEP) at the Department of Labor (DOL) is operated by DDS to provide technical assistance from subject matter experts.

- DC Rehabilitation Services Administration

The Department on Disability Services (DDS), through the **Rehabilitation Services Administration (DC RSA)**, provides thousands of District residents with disabilities vocational rehabilitation services 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 Independent Living Program

DC RSA also provides **Blind and Visual Impairment Independent Living Services** to people with disabilities to help them live as independently as possible in the community.

- SYEP and Project SEARCH

The **Marion Barry Summer Youth Employment Program (SYEP)**, and **Project SEARCH** program provide site-based work experiences to students so that they can explore career opportunities.

- SchoolTalk

Additionally, the nonprofit **SchoolTalk,** in collaboration with RSA, OSSE, DC Public Schools, and other stakeholders has created a toolkit to provide students, parents, and teachers with implementable, adaptable resources and information that facilitate students' secondary transition to employment or postsecondary education.[51] The toolkit provides support for the referral process, intake and eligibility, Individualized Education Programs/Plans (IEPs), transition plans, Individualized Plans for Employment (IPEs), and as needed elsewhere throughout the VR process.

- Long Term Job Coaching and Job Supports

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.

- American Job Centers

District residents, including residents with disabilities, also have access to resources provided by the Department of Employment Services' (DOES) **American Job Centers (AJCs)**, which offer job seekers workshops, skills trainings, and employer referrals. The AJCs partner with DC RSA to refer and enroll people with disabilities who face more significant barriers in DC RSA services to support their path to employment.

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[51] SchoolTalk Resources page (last accessed May 20, 2024).

- Ticket to Work Program

DOES also partners with DDS as an Administrative Employment Network under **Social Security Administration's (SSA) Ticket to Work Program**. For District residents 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 or DOES, including individualized benefits counseling from a certified benefits counselor to understand exactly how their benefits will be impacted before losing them.

- Evidence-based Supported Employment Program

The Department of Behavioral Health (DBH) partners with DDS and RSA to provide the **Evidence-based Supported Employment Program** that serves adult consumers with mental health disabilities 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.

- DC Career Connections and Project Empowerment

DBH also partners with the DOES to provide onsite behavioral health support, screening and referral for District residents who participate in DOES' job readiness programs, specifically **DC Career Connections and Project Empowerment**. This partnership promotes behavioral health and prepares participants to have a comprehensive and well-rounded experience leading to long term employment success and economic stability. During Fiscal Year 2023 (FY23), there were two (2) DBH onsite clinicians who screened and referred 620 residents to behavioral health resources and services.

- Behavioral Health Screenings

Through DBH's 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 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. In FY23, four hundred and eleven (411) TANF customers were screened and referred to providers for ongoing behavioral health services.

Why Employment remains a focus?

Disproportionate unemployment and racial disparities in employment rates for people with disabilities. Using the most recent U.S. Department of Labor Office of Disability Employment Policy 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%.[52] Overall, 35% of DC residents with disabilities are employed compared with 78% of people without disabilities.[53] Only 420 out of 1,866 (23%) of people with intellectual and developmental disabilities (I/DD) supported by the Developmental Disabilities Administration (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.[54] Disability reduces 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.[55] 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. [56] 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.[57]

Disparities in Education and Training for Youth with Disabilities. A skills gap starts early among DC Public Schools (DCPS), in fiscal year 2021, only 76.15% of students age 16+ had appropriate, measurable postsecondary goals (target was 100%). In FY 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 (9%) are served in a separate school – three times the national average.[58] Graduation rates for students with disabilities who earned a diploma was 58%, above the Office of the Superintendent of Education's (OSSE) target of 54% ,[59] it still falls well below students without disabilities (75%).[60] The U.S. Department of Education recently advised OSSE that it needs assistance meeting the requirements for child outcomes (Part C) under the Individuals with Disabilities Education Act (IDEA).[61]

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[52] DOL ODEP, Employment-Population Ratio Map (last accessed May 20, 2024).
[53] *Id*.
[54] National Disability Institute, National Poverty Awareness Month: Opportunity for Change (October 2020).
[55] 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.
[56] National Disability Institute, Financial Inequality: Disability, Race and Poverty in America (February 2019).
[57] U.S. Census Data, 2022 ACS 5-year data (last accessed April 2024).
[58] OSSE, Students with Disabilities in the District of Columbia Landscape Analysis (October 9, 2019).
[59] OSSE, Recovery to Restoration 2023-2025 Strategic Plan.
[60] OSSE, 2022-23 High School Graduation Rates (last accessed May 20, 2024).
[61] US Dept. of Education, Office of Special Education and Rehabilitative Services, Letter to DC RSA (June 21, 2023).

Employment Goals

3.1 Improve classroom inclusion and employment opportunities for students with disabilities.

3.2 Improve and enhance seamless transitions for students with disabilities into post-secondary education, training, and employment

3.3 Review and realign (if necessary) structures across the workforce development system to better support people with disabilities

3.4 Increase hiring, retention, and promotion of people with disabilities

3.5 Increase number of people with intellectual and developmental disabilities (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 the Developmental Disabilities Administration (DDA) and Department of Behavioral Health (DBH)

Employment Metrics

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets/Outcomes
3.1.1 Improve classroom inclusion of students with disabilities	DCPS	Percentage of students with a disability who learn in a separate, segregated learning environment (lower is better)	9% (FY19)	5%
3.2.1 Improve employment opportunities for transition-age youth with disabilities	DCPS	3.2.1.a Percentage of students with disabilities who earned a diploma (higher is better)	72.61% (FY21) 74.93% (FY22)	78%
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)	3,775 out of 4,616 (82%) (FY24)	75% of the number of students 16-21 with an IEP. *(The number of students is tracked by OSSE and provided to DDS in March of each year).*

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets/Outcomes
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)	1,452 (FY24)	TBD – need additional data to establish target
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	Percentage of Individualized Education Plans (IEP) reviewed that comply with secondary transition requirements (higher is better)	65% (FY22) 58% (FY23)	58%
3.3.2 Increase DC RSA staff compliance 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)	86%
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	DOES	3.4.3.b Employment rate 2nd Qtr. after exit from an American Job Center for individuals with a disability (higher is better)	39% (FY23)	40%
3.4.3 Increase job stability for people with disabilities who receive DC RSA and DDA services	DOES	3.4.3.c Employment rate 4th Qtr. after exit from an American Job Center for Individuals with a Disability (higher is better)	44% (FY23)	45%
3.4.3 Increase job stability for people with disabilities who receive DC RSA and DDA services	DOES	3.4.3.d Median or average wages 2nd Qtr. after exit from an American Job Center for individuals with a disability (higher is better)	$5,965 (FY23)	$7000.00
3.4.3 Increase job stability for people with disabilities who receive DC RSA and DDA services	DDS	3.4.3.e Number of people supported by DDA competitively employed (higher is better)	311 (FY21) 347 (FY22) 420 (FY23) 424 (FY24)	20% of persons working aged 18-64 receiving Waiver services

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets/Outcomes
				supported by DDA will have employment.
3.4.4 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)	No baseline data	FY25 is the Baseline year to establish a target
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 – 53%	50%

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 safe[62] and fully accessible Public Right-Of-Way (PROW) and timely, efficient, and fully accessible modes of private and public transportation. Such a transportation system is critical for persons living in the community rather than in institutional settings. Though not a substitute for an accessible public right of way and transportation system, technological developments augment an accessible transportation system by facilitating the delivery of goods and services to residents, providing services remotely including telemedicine, social service visits, entertainment and educational offerings from District agencies, for people with disabilities.

Transportation Efforts to Date

Accessible sidewalks are critical for people with disabilities to be able to live and work in the community because they enable the safe passage between their home, transportation, and/or their destinations in the community. In 2023, the DC Department of Transportation (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 Geographic Information System (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/Advisory Neighborhood Commission 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.[63] 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).

- <u>Sidewalk Repairs</u>

The overall condition of the District's sidewalks is continuously improving as DDOT performs regular sidewalk repairs and replacements. In addition to full-block sidewalk replacements, featured on the sidewalk plan, DDOT's Street and Bridge team repairs sidewalks throughout the year that only need a partial replacement. Sidewalk condition assessment data provides an objective snapshot of the District's entire sidewalk network and can be found on the Open Data DC Portal. Additionally, DDOT maintains a portal that tracks all its ongoing efforts to repair and replace sidewalks at PaveDC.[64]

- <u>Great Streets Initiative</u>

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[62] *See* Mayor's Vision Zero Initiative (last accessed May 20, 2024).
[63] DDOT, Sidewalk Gap Program (last accessed May 20, 2024).
[64] DDOT, PaveDC (last accessed September 16, 2024).

To develop nine under-invested corridors into thriving and inviting neighborhood centers, the Office of the Deputy Mayor for Planning and Economic Development (DMPED) is partnering with the District Department of Transportation (DDOT) and the Office of Planning (OP) as part of the Great Streets Initiative. This is a multi-year, multiple-agency effort to invest more than $200 million into new mixed use development projects, storefront improvements, transportation, streetscape, and transit improvements along these corridors.

- Accessible Bus Stops

DDOT is currently in the process of replacing all the bus shelters in the District with new, modern shelters, under a 20-year agreement with Clear Channel. Clear Channel provides and maintains the new bus shelters located throughout the city. In addition, through revenue generated and paid to the District from the sale of advertising on the bus shelters, the District has earmarked $100 million to finance the Great Streets program to improve and beautify some of the major transportation corridors in the District. Residents can request new shelters or report problems about the bus shelter program by contacting the Mayor's Citywide Call Center at 311 or completing a service request online using the District government's Service Request Center. Safety sensitive requests are responded to within 24 hours once the request is forwarded to Clear Channel.[65] Where bike lanes intersect with bus stops, DDOT is working on different designs to safely incorporate both priorities while maintaining accessibility.[66]

- School Bus Transportation

The Office of the Superintendent of Education's Division of Student Transportation (OSSE-DOT) provides safe, reliable transportation services to support learning for students with disabilities in the District. OSSE-DOT provides school bus transportation services to and from an eligible student's residence and school, with scheduled pick-up times, that can change throughout the year as routes are optimized. Text messaging sends route status information to families.[67]

- Wheelchair Accessible Taxicabs

To facilitate the accessibility of taxicabs in the District, the Taxicab Service Improvement Amendment Act of 2012, set a specific benchmark for the percentage of wheelchair accessible vehicles in company fleets. This requirement is applicable to all sedan service and taxicab companies that own 20 or more vehicles. Each taxicab company with 20 or more vehicles in its fleet as of July 1, 2012, or anytime thereafter; and each company with 20 or more sedan-class vehicles in its fleet as of January 1, 2013, or any time after is required to have at least 20% of each fleet be wheelchair accessible by December 31, 2018.[68] To encourage these private companies to comply, the Department of For-Hire Vehicles (DFHV) created a Wheelchair Accessible Vehicle Incentive Program to make funding available to taxicab companies who own, rent, or lease a Wheelchair Accessible Vehicle (WAV), to increase the availability of

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[65] *See* DDOT, Bus Shelter Program (last accessed September 16, 2024).
[66] *See* DDOT, Bus/Bike Stops (last accessed September 16, 2024).
[67] *See* DDOT, Student Transportation Family Handbook: 2024-25 School Year (last accessed September 16, 2024).
[68] *See* DFHV, Wheelchair Accessible Vehicle Requirement (July 9, 2014).

wheelchair accessible taxis and offset ownership costs.[69] The vision set forth in 2012, however, has faced significant challenges with the transformation of the whole industry by transportation network companies like Uber and Lyft as very few independent drivers have wheelchair accessible vehicles and there are no regulations requiring them to do so.

- TransportDC

DFHV also operates Transport DC, a premium alternative transportation service for WMATA Metro Access customers. Transport DC provides up to 10 one-way trips (5 round trips) each month using taxicabs for any location within DC. Registered Metro Access riders can use the service 24 hours a day, 7 days a week for $7 per ride and book by calling the number. All trip requests are available for same-day, on-demand taxi service (except for WAV reservations, which can be booked up to an hour before the departure time).[70]

- Clear Lanes Program

Buses are equipped with ramps or lifts and mechanisms to secure wheelchairs in place, which greatly increases the opportunities for people with disabilities to get around the District. To live and work in the community, District residents with disabilities who rely on bus service need timely, reliable buses to get to and from medical appointments, jobs, and community events. In partnership with the Washington Metropolitan Area Transit Authority (WMATA), DDOT created bus only lanes throughout the District to make bus service faster and more reliable. DDOT began issuing warning letters for violators of bus lanes and zones regulations on July 24th, 2023. DDOT prepaid $904,533 for fiscal year (FY) 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). DDOT's Autonomous Vehicle Working Group is working on establishing principles and guidelines prior to shared autonomous vehicle deployment that include a priority that these autonomous vehicles benefit people with disabilities.

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 impair employment opportunities and healthcare outcomes for people with disabilities.

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

Address barriers to sidewalks. The first step in properly implementing PROW is providing an accessible sidewalk system for the District residents. As of FY21, DDOT reported the majority (54%) of District sidewalks were not ADA-compliant, 71% (25,954 out of 36,353) of District curb ramps were not ADA-

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[69] *See* DFHV, Notice of Grant Funding for Wheelchair Accessible Vehicle Incentive Program (September 22, 2017).

[70] DFHV, Transport DC (last accessed September 16, 2024).

compliant, and there were only 493 Audible Pedestrian Signals (APS) at intersections in the District, 9% of the 5,404 total.[71] DDOT's PaveDC program[72] consistently plans to address sidewalk repairs, but the window of repairs spans over 270 business days (more than a year). In FY23, DDOT was able to resolve 62% of those requests. (DDOT, FY23-24 PO Response 99). Residents with and without disabilities at Olmstead townhalls and in other fora have called for additional repairs to be completed given that 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 residents with disabilities express that this convenience comes at the cost of accessing sidewalks when they block the sidewalks when they are not properly locked. District law reinforces the necessity of locking dockless bikes and scooters.[73] In 2023 alone, DDOT received at least 2,070 complaints about dockless scooters. (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 provides volunteers to shovel people with disabilities' sidewalks, and DPW 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. Residents with disabilities have difficulty finding space to board accessible transportation with many different transit modes. There are 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. A comprehensive curb management system needs to be created to manage these competing priorities.

Improvements to transportation services for youth with disabilities. The Office of the Superintendent of Education (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.

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[71] DDOT, 2022 ADA Transition Plan Update (last accessed May 20, 2024).
[72] DDOT, PaveDC (last accessed May 20, 2024).
[73] 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).

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 cars. 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 accommodation, and private ride sharing companies are not directly overseen by the Department of For-Hired Vehicles (DFHV) to enforce requirements for wheelchair accessible vehicles.[74]

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[74] Amanda Gomez, D.C. Is Falling Short Of Its Taxi Accessibility Requirements. What Went Wrong?, DCist (December 6, 2022).

Transportation Goals

4.1 Improve access to the Public Right Of Way (PROW) for people with disabilities.

4.2 Make significant improvements to transportation services provided to students with disabilities.

4.3 Make significant improvements to the daily transportation services offered to adults with disabilities.

Transportation Metrics

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets/Outcomes
4.1.1 Connect newly constructed and renovated buildings 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)	100 per year
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)	145 per year
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	2 days (FY24)	2 days (each year)
4.1.3 Improve transit stop safety and accessibility for people with disabilities	DDOT	Number of bus stops made fully accessible	93 (FY22) 78 (FY23)	85 per year
4.2.1 Improve buses arrival times at school to be within 20 minutes of scheduled morning drop off time.	OSSE	Percentage of buses arriving at school within 20 minutes of	No baseline data	TBD

Strategy	Lead Agency	Metric	Baseline	2025-2027 Targets/Outcomes
		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) 101,000 (FY24)*	300,000
4.3.1 Increase access to TransportDC services	DFHV	4.3.1.b Number of events attended for outreach by DFHV staff	4 (FY24)	6 events
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 within the Transport DC Program (lower is better)	22 minutes (FY23)	18 minutes
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)	3 (FY24) From the WAV Pilot	5 drivers
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)	50,000 per year

The decrease in the number of trips could be due to various factors, including WAV passengers using alternative programs like MetroAccess or an overall decline in demand for WAV services.

Conclusion

The 2025-2027 Olmstead Community Integration Plan provides a roadmap for the District's continued efforts to increase community integration and community inclusion for people with disabilities. The plan improves on the work accomplished in the District's 2021 Olmstead Plan, incorporating ideas and feedback from agency partners and the community through townhalls, meetings, and discussions had throughout 2024. In creating the Plan, members of the Olmstead Working Group as well as community members identified additional metrics to track in this revised plan to better measure progress towards this Plan's goals. The District will continue to collect and report metrics listed in this Plan on a quarterly basis to measure progress across these priorities.

The Plan demonstrates the District's continued commitment to fulfilling the integration mandate under Title II of the ADA by having a "comprehensive, effectively working plan" to move people from institutional settings and into the community as well as serving as a resource guide to residents, families, and advocates wanting to learn more about options for living and working in the community.

The data collected from these metrics will be used to identify and address evolving areas for improvement. As a dynamic, living document, the District's Olmstead Plan will continue to evolve as we seek to increase community inclusion for all District residents with disabilities.

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 Virtual Meeting, July 17, 2024
Olmstead Townhall, October 1, 2024

Additional Olmstead Listening Sessions and Feedback

DC Long Term Care Ombudsman Nursing Facility Residential Presidents Council Meeting, April 15, 2024
Public Notice and Comment on First Draft, July 5 to August 2, 2024
Written Comments from Georgetown UCEDD, received July 15, 2024
DDOT Multi-Modal Accessibility Advisory Council (MAAC) Meeting, July 10, 2024
Department of For-Hire Vehicles Accessibility Advisory Committee (DFHV AAC), July 16, 2024
Written Comments from Quality Trust for Individuals with Disabilities, received July 17, 2024
Unique Nursing Facility Meeting, July 19, 2024
DHS Meeting with Unhoused Individuals with Disabilities and Staff, July 23, 2024
DDS Community and Provider Forum, July 26, 2024
DYRS Meeting with Youth who are incarcerated at YSC and New Beginnings, July 31, 2024
HSEMA Disability Community Advisory Group (DCAG) Meeting, August 1, 2024
DHCF Long Term Care Supports and Services Provider Meeting, August 15, 2024
DDOT Multi-Modal Accessibility Advisory Council (MAAC) Meeting, October 9, 2024

Olmstead Partner Agencies

Department of Aging and Community Living (DACL)
Department of Behavioral Health (DBH)
Department of Health Care Finance (DHCF)
Deputy Mayor for Health and Human Services (DMHHS)
Department of Disability Services (DDS)
Department of Employment Services (DOES)
Department of Human Services (DHS)
Department of Housing and Community Development (DHCD)
Homeland Security and Emergency Management Agency (HSEMA)
Mayor's Office on Deaf, Deafblind, and Hard of Hearing (MODDHH)
Age-Friendly DC

District Department of Transportation (DDOT)
District Department of For Hire Vehicles (DFHV)
DC Public Library (DCPL)
District of Columbia Housing Authority (DCHA)
DC Health
Mayor's Office on Returning Citizen Affairs (MORCA)
Executive Office of the Mayor (EOM)
DC Public Schools (DCPS)
Child and Family Services (CFSA)
Department of Corrections (DOC)
Department of Youth Rehabilitation Services (DYRS)

Organizations, Councils, and Associations

DC Council
DC Commission on Persons with Disabilities
HSEMA Disability Community Advisory Group (DCAG)
Multi-modal Accessibility Advisory Council (MAAC)
DFHV Accessibility Advisory Council (DFHV AAC)
DC Long Term Care Ombudsman Nursing Facility Residential Presidents Council
Quality Trust for Individuals with Disabilities
Georgetown University Center for Excellence in Developmental Disabilities
DC Transportation Equity Network (DC TEN)

Appendix B – Plans, Programs, and Reports Coordinated

Priority Area 1 – Housing

Office of Planning, Housing Equity Report[75]
FY22 Inclusionary Zoning Annual Report, April 12, 2023[76]
DACL's State Plan 2023-2027[77]
Performance Oversight Responses FY24 for: DCHA, DHCD, DBH, DHS, DACL, DOC[78]
Age Friendly DC Strategic Plan 2018-2023[79]
DD Council's Advocacy and Public Policy Agenda for FY24 and FY25[80]
DHCD FY24 Performance Plan[81]

Priority Area 2 – Health and Wellness

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.*)[82]
Office of the State Superintendent of Education (OSSE) Strategic Plan 2023-2025[83]
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)[84]
Office of Racial Equity (ORE), Districtwide Racial Equity Action Plan (REAP)[85]

Priority Area 4 – Transportation

Mayor's Build Back Better Taskforce Report[86]

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[75] Office of Planning, Housing Equity Report (October 2019).
[76] DHCD, FY2022 Inclusionary Zoning Annual Report (April 12, 2023).
[77] DACL, State Plan on Aging 2024-2027.
[78] DC Council, Performance Oversight Responses of respective agencies.
[79] Age-Friendly DC, 2018-2023 Strategic Plan Progress Evaluation Report (last accessed May 20, 2024).
[80] DD Council, Advocacy and Public Policy Agenda for FY24-FY25 (last accessed May 20, 2024).
[81] DHCD, FY2024 Performance Plan (March 22, 2023).
[82] DC WIC, DC WIOA Unified State Plan (2022).
[83] Office of the State Superintendent of Education (OSSE), Strategic Plan 2023-2025.
[84] State as a Model Employer Initiative (May 17, 2023).
[85] Mayor's Office of Racial Equity, Districtwide Racial Equity Action Plan (REAP) (last accessed May 20, 2024).
[86] Mayor's Build Back Better Infrastructure Task Force Report (November 17, 2022).

Mayor's Vision Zero Initiative[87]

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)[88]

DACL's State Plan 2023-2027

Performance Oversight Responses FY24 for: DDOT, OSSE, DFHV

DDOT, 2022 ADA Transition Plan Update[89]

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[87] Mayor's Vision Zero Initiative (last accessed May 20, 2024).

[88] OSSE, Students with Disabilities in the District of Columbia Landscape Analysis (October 9, 2019).

[89] DDOT, 2022 ADA Transition Plan Update (last accessed April 26, 2024).

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
OUD	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