DC – One Community for All

FY ’14 Agency Olmstead Goals

Agency	FY 13 Goal	FY 13 Achieved	FY ’14 TARGET Goal
OSSE	N/A	N/A	N/A
DCOA	30	97	140
DYRS	30	120	6
DDS	7	9	7
DHS	0	7	105
DBH	80	168	125
CFSA	20	18	10
DCPS	6	11	7
DHCF	60	25	60

OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION

OSSE Quantitative Progress Summary

OSSE does not place children in residential facilities. The State Education Agency's (SEA's) responsibility is to pay for special education expenses for all District children placed into all nonpublic special education settings, including residential facilities, by other the Local Education Agencies (LEAs) and other District agencies.

OSSE, in its role as the SEA, has developed a robust monitoring framework, aligned with federal and local regulations and policies to ensure LEAs and nonpublic programs compliance with applicable requirements.

OSSE Qualitative Progress Summary

OSSE continues work in the area of training and technical assistance, monitoring and compliance and the timely payments for students placed in PRTF's and other Residential Treatment Centers. OSSE concluded its Student-led IEP Demonstration Project during the month of September. The project produced five (5) video modules to be used for training and outreach during School Year 2013 –2014. OSSE continues work with its Secondary Transition Community of Practice (CoP) which is comprised of government agencies responsible for students with IEP's transitioning into services post high-school. New members are being recruited to expand the lens of the group. A retreat is planned for November. OSSE continues its placement oversight work to ensure students are receiving services in its least restrictive environment (LRE).

DC OFFICE ON AGING

DCOA Quantitative Goal Summary

DCOA's target population for transitions into the community includes 80 individuals from nursing facilities and 60 individuals from hospitals.

DCOA Qualitative Summary

DCOA continues to foster and strengthen its relationship with case managers, discharge planners, social workers, and other relative hospital and nursing facility staff to collaborate efforts in order to implement "The Bridge Model" to transition consumers from the hospital or nursing facility into the community with the appropriate home and community based services.

DEPARTMENT OF YOUTH REHABILITATION SERVICES

DYRS Quantitative Progress Summary

DYRS seeks to transition youth from Psychiatric Residential Treatment Facilities (PRTFs) that are out-of-state back into the community to receive treatment and services through DC YouthLink

DYRS Qualitative Progress Summary

In 2009, DYRS and the Children and Youth Investment Trust (CYITC) collaborated to launch DC YouthLink, a coalition of community-based organizations that provide a diverse array of services to court-involved youth in their home neighborhoods. The initiative is based on the premise that youth are best served within the context of their home community and that building upon their strengths and the strengths of the community is the most effective way to enhance public safety and promote rehabilitation. To this end, we connect each of our youth who are returning home from an out of state facility with DC YouthLink and ensure they receive the appropriate services they need to be successful.

Since its inception, DC YouthLink has grown from serving fewer than one in 10 youth of the overall DYRS population to now serving approximately half. In its first four years, over 1,200 youth have received services through DC YouthLink that range from job training and school support to mentoring and substance abuse interventions. Over this period, DYRS youth have become less likely to be re-arrested, less likely to abscond, and more likely to be engaged in structured, positive activities. More youth than ever are participating in work readiness training and entering post-secondary education.

DEPARTMENT OF DISABILITY SERVICES

DDS Quantitative Progress Summary

DDS assists individuals with intellectual and developmental disabilities in their transition from Psychiatric Residential Treatment Facilities (PRTFs) into the community-based setting of their choice.

DDS Qualitative Progress Summary

DDS attends numerous trainings, collaborative meetings, and other events with representatives from other DC Government agencies as well as non-government community partners. DDS' presence at these events fostered conversations concerning successful transition for individuals with disabilities, represented DC government's interests in the community of practice surrounding transition, and/or communicated directly with individuals who are in the process of transitioning into the community. Specific details of each event attended can be found in DDS' monthly reports.

DEPARTMENT OF HUMAN SERVICES

DHS Quantitative Progress Summary

For FY ’14 DHS has received $2.2M in new Permanent Supportive Housing funding, which will allow DHS to house about 65 new families (20) and individuals (45) who meet the “Olmstead” definition and whose only other housing alternative is a homeless shelter. Similarly, the new DHS La Casa Permanent Supportive Housing facility will be opening in FY 14, which will provide additional new Permanent Supportive Housing to about 40 additional individuals who meet the Olmstead definition, whose only other housing alternative is a homeless shelter as well.

DHS Qualitative Progress Summary

The Permanent Supportive Housing Program continues to support families in the PSH program with services such as job readiness and placement, addressing health needs, and connection to services based on individual service plans. PSH continues to be a critical and highly successful housing resource to address the housing needs of families and individuals with disabling conditions that have very high barriers to housing who would otherwise live in shelter.

DEPARTMENT OF BEHAVIORAL HEALTH

DBH Quantitative Progress Summary

DBH helps individuals transition from Psychiatric Residential Treatment Facilities (PRTFs) into the community. Additionally, it facilitates youth transitions from PRTFs to therapeutic foster homes and other youth-centered community-based settings.

Additionally, DBH facilitates transition for individuals with a stay of 187 days or more from Saint Elizabeth's Hospital into the community of their choice.

DBH Qualitative Progress Summary

St. Elizabeth's Hospital Section 8 Housing Choice Voucher Set-Aside - As part of its Section 8 Housing Choice Voucher Program, DCHA has elected to establish a Section 8 set-aside for 50-tenant vouchers made available for non-elderly persons with a disability who are making the transition from St. Elizabeth's Hospital to community-based living. DBH coordinates referrals to DCHA by identifying eligible DBH consumers from St. Elizabeth's Hospital.

The Department of Behavioral Health through the Children and Youth Services Division has developed a coordinated system of care for children and youth and their families. A broad range of treatment and support services are available, including early childhood intervention programs, evidence-based treatment services, emergency treatment and ongoing services through community-based behavioral health providers. Services include individual, group, and family counseling, diagnostic assessment, medication management, and community support and crisis response through an array of intensive home, school- and community-based services.

CHILD AND FAMILY SERVICES ADMINISTRATION

CFSA Quantitative Progress Summary

CFSA transitions youth into the community from Psychiatric Residential Treatment Facilities (PRTF's). Youth who are placed in a PRTF setting meet a psychiatric need for this level of placement due to mental health and significant behavioral challenges that put their safety at risk in the community. Placements are approved by the Department of Behavioral Health and are time-limited, based on unique need.

CFSA Qualitative Progress Summary

On a monthly basis, CFSA will report the status of those youth placed in a PRTF at the beginning of FY14. The monthly report will include the services that were successful with each youth, the individuals involved in the youth's transition, the type of placement that they will enter in the community and the type of services that will ensure the youth's sustainability in the community (e.g., individual therapy, medication management, community support, and special education services).

DC PUBLIC SCHOOLS

DCPS Quantitative Progress Summary

DCPS transitions youth from residential programs out-of-state and returns to home and community-based settings.

DCPS Qualitative Progress Summary

The students DCPS planning to transition have been monitored by the DCPS Multi-Disciplinary Teams throughout the school year, and have been found to have made significant progress in meeting individual their transitional goals. The approval by these Teams helps ensure that the students will be able to thrive successfully once they are placed in the community of their choice. The students receive supports upon transition such as case management, job coaching, and independent living skill development through DCPS collaboration with other District agencies.

DEPARTMENT OF HEALTHCARE FINANCE

DHCF Quantitative Progress Summary

DHCF facilitates transitions from nursing facilities (NFs) and Intermediate Care Facilities (ICFs) for people with Intellectual/Developmental Disabilities (I/DD).

35 of DHCF's proposed FY '14 transitions are projected through MFP upon discharge from a nursing facility or intermediate care facility for people with an intellectual or developmental disability (I/DD). In keeping with the benchmarks submitted to the Centers for Medicare and Medicaid Services for the year, 30 of these transitions are projected from nursing facilities, and five are projected from intermediate care facilities for people with I/DD. 25 additional transitions from nursing facilities are projected for the year with home and community-based supports from the Elderly and persons with Physical Disabilities (EPD) Waiver Program and Medicaid State Plan home and community-based services immediately upon discharge.

There will not be double counting across MFP and EPD/State Plan HCBS transitions because each individual will only be counted once upon discharge from an institution. Any subsequent changes to enrollment will not be counted, e.g. MFP participant enrolls in EPD after 365 days in MFP.

DHCF Qualitative Progress Summary

MFP Project Team members continue to actively participate in several systems change initiatives aimed at increasing community integration for people with disabilities. Among these are the Deputy Mayor of Health and Human Services' Nursing Home Workgroup, the Association of People Supporting EmploymentFirst (APSE) board and membership meetings, the EmploymentFirst Leadership meeting, and the Employment First Community of Practice meeting. MFP Project Team members also provided planning and implementation support for the Mayor's Disability Awareness Expo . MFP and Division of Long-Term Care staff continue collaborations with key stakeholders in the community including the DC Long-Term Care Coalition. DHCF/MFP began working with an independent contractor at the beginning of the fiscal

year for the purpose of identifying housing for nursing facility residents who are MFP participants, and procuring household set-up items and other transition-related expenses on behalf of DC nursing facility residents who are returning to homes in the community.