

The District of Columbia

Olmstead Community Integration Plan

One Community for All



April 2013

Introduction

On June 22, 1999, the United States Supreme Court ruled in *Olmstead v. L.C.*, 527 U.S. 581, that the unjustified segregation or isolation of people with disabilities in institutions constitutes discrimination based on disability under the Americans with Disabilities Act (ADA).

According to ADA Title II regulations, state and local government agencies must provide services “in the most integrated setting appropriate to the needs of qualified individuals with disabilities” (28 C.F.R. § 35.130(d)). As a result of the Court’s decision, individual states and territories are required to institute a comprehensive, effectively working plan for placing individuals with disabilities in less restrictive settings while maximizing the choices and opportunities for those individuals to receive long-term services and supports in integrated community-based settings.

In April 2012, the Office of Disability Rights (ODR) released the DC Olmstead Community Integration Plan, ***One Community for All***. The Plan details the rights of each person with a disability to self-determination in the District of Columbia. The District values its residents with disabilities as contributing members of society and understands the cost-effective benefits of supporting them with integrated, community-based services.

The goal of ***One Community for All*** is to meet the needs and preferences of the individual while allowing him or her to choose where s/he wants to live in the community with the appropriate supports and services. The Plan is a living document, providing specific goals, action steps, and tools, while allowing for flexibility and promoting improved services for individuals with disabilities.

Nine (9) District agencies are responsible for implementing the Plan. These District agencies include: Office of the State Superintendent for Education (OSSE), Office on Aging (DCOA), Department of Youth Rehabilitation Services (DYRS), Department of Disability Services (DDS), Department of Human Services (DHS), Department of Mental Health (DMH), Child and Family Services Agency (CFSA), DC Public Schools (DCPS) and the Department of Health Care Finance (DHCF). These agencies are collaborating in the hope that the District of Columbia will become a national model for providing community services and supports to persons with disabilities.

One Community for All: A Community Integration Plan

Vision:

District of Columbia residents with disabilities will have access to person-centered services and community-based support options that will maximize choice, self-direction, and dignity.

Four Guiding Principles

To support the right of people with disabilities to choose their own living situation, the District of Columbia 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 objectives of ***One Community for All***:

Guiding Principle 1: Diversity

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

Guiding Principle 2: Respect and Dignity

Persons with disabilities should be treated with respect and dignity and should be the final decision-makers regarding their supports and services. Individual choice and self-determination 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 should remain flexible as the lives of persons with disabilities change over time.

Guiding Principle 4: Empowerment

People with disabilities should 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 persons with disabilities should be empowered to advocate for themselves.

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Background

Disability Rights Protection Act (DRPA)

The Disability Rights Protection Act of 2006 (D.C. Code § 2-1431) (DRPA) and Mayor's Order 2008-06 give the Office of Disability Rights the authority and responsibility for creating the District's "Olmstead Plan." The Olmstead Compliance Plan is defined as "a comprehensive working plan, developed in collaboration with individuals with disabilities and with District agencies serving individuals with disabilities, which shall include annual legislative, regulatory, and budgetary recommendations for the District to serve qualified individuals with disabilities in accordance with *Olmstead v. L.C.*, 527 U.S. 581, and in the most integrated setting as provided in 28 C.F.R. Part 35, App. A." DRPA mandated that, in developing the Olmstead Compliance Plan, the Office of Disability Rights (ODR) would work actively with the District of Columbia Commission on Persons with Disabilities (DCCPD) to ensure that individuals with disabilities, their families, and advocates participated in creating the Plan.

The ADA and the *Olmstead* Decision

Title II of the ADA provides that "no qualified individual with a disability shall, by reason of such disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any such entity." 42 U.S.C. § 12132. In addition, the regulations implementing Title II of the ADA contain an "integration mandate" requiring that state and local government agencies provide services "in the most integrated setting appropriate to the needs of qualified individuals with disabilities." 28 C.F.R. § 35.130(d).

On June 22, 1999, the United States Supreme Court ruled in *Olmstead v. L.C.*, 527 U.S. 581, that the unjustified segregation or isolation of people with disabilities in institutions can constitute discrimination based on disability in violation of the ADA's "integration mandate." In *Olmstead*, the Court found that the State of Georgia Department of Human Resources violated the ADA by keeping two women with mental health conditions in a state psychiatric hospital long after their treatment professionals recommended their transfer to community-based care and while the State's home and community based programs had the capacity to serve them.

The Supreme Court concluded that under Title II of the ADA, States are required to provide community-based treatment for persons with disabilities when the:

- 1) State's treatment professionals determine that such placement is appropriate;
- 2) Affected persons do not oppose such treatment; and
- 3) Placement can be reasonably accommodated, taking into account the resources available to the state and the needs of others with disabilities. *Id.* at 607.

In reaching this conclusion, the Court expressly recognized the States' (the District's) "need to maintain a range of facilities for the care and treatment of persons with diverse ... disabilities, and the States' obligation to administer services with an even hand must be taken into account in complying with the ADA. *Id.* at 597. Further, the Court recognized that "to maintain a range of facilities and to administer services with an even hand, the State must have [more] leeway" than the courts previously understood was allowed under ADA. The Court concluded that one way States could meet their obligations under the ADA's "integration mandate" is by instituting a comprehensive, effectively working plan for placing individuals in less restrictive settings, and a waiting list that moves at a reasonable pace not controlled by endeavors to keep institutions fully populated. *Id.* at 606-607. The District's Olmstead Plan is consistent with the Supreme Court's decision.

Foreword

In ***One Community for All***, District agencies responsible for serving people with disabilities who are living in non-community based settings (nursing homes, long term care facilities, residential treatment centers, and the like) both in-state and out of state are expected to increase community-based services and supports to facilitate transition to community-based living, as well as to divert individuals who are at risk for placement in institutional facilities to more inclusive, integrated settings.

These agencies include:

- | | |
|---|---|
| 1. Department on Disability Services (DDS) | 6. Department of Mental Health (DMH) |
| 2. Office on Aging (DCOA) | 7. Child and Family Services Agency (CFSA) |
| 3. Office of the State Superintendent of Education (OSSE) | 8. DC Public Schools (DCPS) |
| 4. Department of Youth Rehabilitation Services (DYRS) | 9. Department of Health Care Finance (DHCF) |
| 5. Department of Human Services (DHS) | |

An integral part of fostering successful community-based living situations for individuals with disabilities includes meaningful collaboration with secondary service agencies that provide community services, such as the Department of Health (DOH), Department of Employment Services (DOES), DC Housing Authority (DCHA), and the Department of Housing and Community Development (DHCD).

An effective collaboration requires input from a wide range of stakeholders to help agencies ensure that they are providing effective transition to community services to qualified persons with disabilities in institutional settings. The following are the key community stakeholders of One Community for All:

- | | |
|---|-----------------------------------|
| 1. Individuals with disabilities | 5. Local government officials |
| 2. Families | 6. District of Columbia employers |
| 3. Disability advocacy groups and spokespersons | 7. Community leaders |
| 4. Service provider agencies | 8. General public |

Key Elements of One Community for All

- **Data collection:** Participating agencies collect data about the number of people with disabilities living in non-community based settings as well as the number of people with disabilities living in the community.
- **Assessment:** The District determines what general services are necessary to allow persons with disabilities to successfully participate in their community.
 - Individual service determinations are based on a comprehensive assessment of the individual's needs and also take into account their preferences.
 - Participating agencies have developed their own procedures to evaluate the needs of these individuals as they transition to community-based services and supports.
- **Prioritization:** Using the assessments above, agencies have developed their own criteria to determine the order of placement priority given to individuals transitioning into the community.
- **Transition Coordination:** Where appropriate, each agency has drafted policies and guidance with criteria for identifying individuals ready for safe transitions into the community.
 - Families and caregivers will also play a vital role in the identification and transition process, as they help individuals identify the proper supports needed for successful transition.
- **Communication:** Agencies communicate with individuals in non-community based-settings and their families to apprise them of community-based options.
 - Each agency has appointed an Olmstead Liaison to communicate with stakeholders regarding their concerns and to convene an annual meeting to obtain recommendations from constituents.
- **Outreach:** Agencies provide individuals with disabilities, their families, caregivers, advocates, and service providers accurate, comprehensible information about community based living options.
- **Routine Review:** Agencies have developed procedures to allow individuals with disabilities to evaluate the quality of the community-based supports they receive.
- **Evaluation:** Agencies monitor, evaluate, and report their progress on community integration goals internally within the District government and to District residents with disabilities who are living in or are at risk of living in non-community-based settings.

Setting Priorities

Each of the nine (9) participating District agencies is charged with setting annual goals that contribute to the opportunities for community based-living available to DC residents with disabilities. The One Community for All priorities of each agency reflect its resources, environmental assessments, and stakeholder input. Agency priorities can include:

- Children and adults who are receiving residential services from District agencies. Priority should be given to individuals who currently receive these services outside of the District of Columbia.
- Persons with disabilities who are homeless, soon to be released from jail, prison or juvenile detention facilities or otherwise known to District agencies;
- Persons who are receiving community living services, but still have significant unmet needs that put them at risk of placement in non-community-based settings;
- Persons who are known to need, but do not receive community living services and are at immediate or long term risk of being placed unjustifiably in a non-community-based setting; and
- Persons with disabilities who are not receiving services from District agencies because they live with a family member who can no longer support an individual with a disability.

Creating Performance Measures

Each primary service agency, in collaboration with stakeholders, establishes annual performance measures that embrace the spirit and intent of the Olmstead Community Integration Plan. In creating the annual performance measures, the primary service agencies will:

- Recommend community services and supports that reflect personal choice and allow individuals with disabilities to select services and supports that are designed to meet their specific needs.
- Provide information about community-based providers in accessible formats that promote effective communication and respect individual choice.
- Develop a transition plan upon admission of an individual to a non-community-based setting.
 - Individuals require a reasonable amount of time based on their needs to develop a transition plan.
 - In order to facilitate timely community placement, potential service providers must be identified when the individual is placed in a non-community-based setting.
- Develop outreach materials in accessible formats to be distributed to the agency's service population.

- Materials should promote effective communication and provide clear and concise information on community-based services and options. Facilitate community forums for each agency's constituency.
- These events will be conducted so that community members may receive accurate information on how to access community-based services.
- The forums will be scheduled, publicized, and hosted throughout the fiscal year to promote the education of the target population regarding community-based services and options.

Barriers to Community-Based Services

Barriers to the successful provision of community-based services to individuals with disabilities may include:

- Lack of comprehensive information on all available community-based supports and services for persons with disabilities.
- Scarcity of accessible, affordable and integrated housing.
- Impacts of placement in non-community-based settings, discrimination, fear and stigma that are a part of daily life.
- Unavailability of basic support services such as assistance with activities of daily living, transportation, employment and education to persons with severe disabilities.
- Insufficient numbers of adequately trained and compensated employees who work in the community with persons with disabilities.

Goals

This plan is a living document – continuously reviewed, revised and updated to reflect current available information. In light of this fact, the following proposed tasks and activities support the successful implementation of ***One Community for All***:

1. Collect relevant data regarding individuals the agency serves in non-community-based settings, including costs, needed community-based services, and other barriers achieving community-based living.
2. Conduct actual assessments where appropriate of all individuals currently served in non-community-based settings to determine the individual's readiness for community placement.
3. Where appropriate, identify specific individuals to be offered transition plans and community-based services on an annual basis.
4. Schedule, publicize, and host community forums on services offered to support persons with disabilities in community-based settings. These events should be held throughout each fiscal year.
5. Identify Olmstead Performance Goals—both qualitative and quantitative-- that will capture and measure the Agencies' Goals for this Plan.
6. Develop outreach materials and an outreach plan designed to inform individuals, their families, caregivers, advocates, and service providers about the availability of community-based services and supports, Individual agency and cross-agency materials should be made available in order to provide a menu of all the available community-based support services and options available to persons with disabilities.
7. Develop budget projections that address financial expenditures that may be required to meet agency community integration goals.

Accountability

The success of ***One Community for All*** depends on the accountability measures developed and implemented by the individual participating primary service agencies. ODR convenes semi-annual meetings with the participating agency Directors to exchange information and collaborate on goals related to the implementation of ***One Community for All***.

Recommended Agency Olmstead Plan Outline

The following outline provides guidance for each primary service agency to develop their individualized Olmstead Plan. This outline is recommended but is not intended to be used as a strict format for agency Olmstead Plans.

1. Agency mission and vision
2. Agency future planning
3. Agency's identified population and the definition of this population
 - a. Number of people currently living in non-community-based settings
 - b. The demographics of the individuals in the non-community-based settings
 - c. Number of individuals that are currently residing in-state and out-of-state in non-community-based settings
 - d. The average length of stay for individuals non-community-based settings
4. Agency's identified barriers unique to each population the agency serves
 - a. Housing
 - b. Transportation
 - c. Other barrier issues and service needs unique to the populations that the Agency serves in non-community-based settings
 - d. Number of individuals who transitioned safely into the community for each fiscal year
 - e. Available resources to be used in order to safely transition these individuals
5. Service needs that challenged the Agency to comply with the Olmstead Plan
 - a. Services currently available to individuals with disabilities that support self-determination, transitioning, and/ from non-community-based placements
 - b. Other District agencies that are currently coordinating or providing services and/or financial assistance to people currently living in non-community-based settings
6. Barriers to providing self-determination and transitioning and the Agency's population away from non-community-based settings

FY 2013 Agency Performance Measures and Outlines

Department on Disability Services (DDS)

The Department on Disability Services (DDS) is composed of two administrations that oversee and coordinate services for residents with disabilities through a network of private and non-profit providers: the Developmental Disabilities Administration (DDA) and the Rehabilitation Services Administration (RSA). DDS also includes the State Office of Disability Administration (SODA), and DDS supports the District's Disability Determination Division (DDD) where Social Security disability claims determinations are processed.

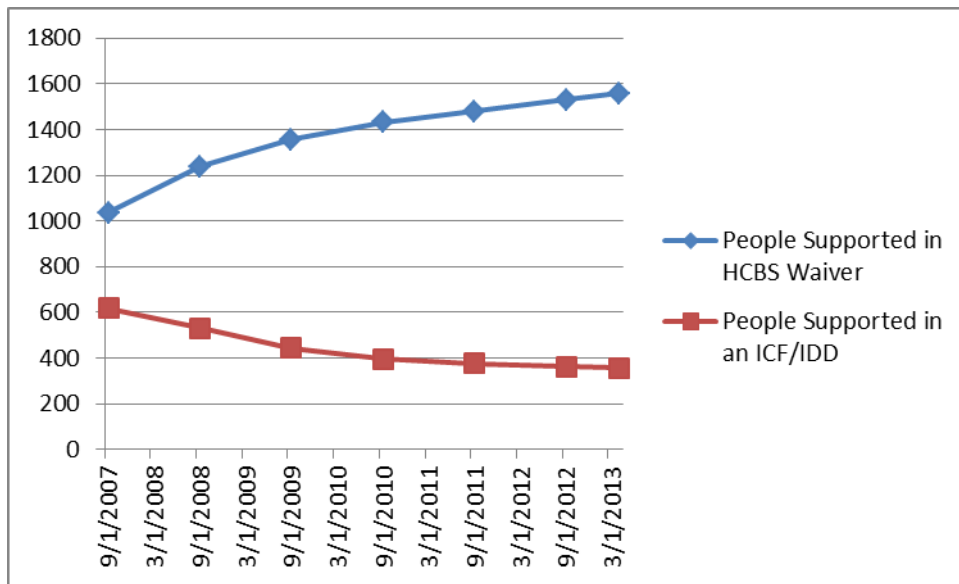
Mission:

The mission of the Department on Disability Services is to provide innovative, high quality services that enable people with disabilities to lead meaningful and productive lives as vital members of their families, schools, workplaces and communities in every neighborhood in the District of Columbia.

Supporting People with Intellectual and Developmental Disabilities:

DDA is responsible for the oversight and coordination of all services and supports provided to eligible people with intellectual and developmental disabilities in the District of Columbia. DDA coordinates home and community services for over 2,100 people so each person can live, work, and engage in community activities of his or her choosing, while promoting health, wellness and a high quality of life. In the past five years, to support people's choice and right to live in the most integrated, least restrictive setting appropriate to meet their needs, DDS has expanded the HCBS waiver from around 1,000 to more than 1,550 District residents being supported in the community. At the same time, the District has nearly 100 fewer Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) placements, and has reduced the number of people who live in the bigger ICF/IID's from eight (8) to six (6). Since the beginning of fiscal year 2012, DDA has supported 37 people to move out of a facility and into community-based services.

Currently, 1,559 people are receiving a variety of home and community-based services through participation in the waiver program, 356 receive comprehensive 24-hour services provided by intermediate care facilities for people with intellectual and developmental disabilities, and the remainder receive service coordination services from DDA as they live independently or with family members utilizing other Medicaid and human services supports.



Future Planning:

DDS is engaged in a “Person-Centered Thinking” initiative to redesign the delivery of services to persons with intellectual and developmental disabilities to a more progressive, best-practice approach that will support people with disabilities to have fuller lives in which they have real choices and be self-directing the lives they lead. This multi-faceted initiative involves working with DDA staff and providers to learn new ways to understand what each person wants, likes and needs. DDA will be working to help people experience new activities, places and people so that they can know what options exist. DDS will be examining how the focus on protecting people from harm may in fact limit people from experiencing a typical life. And DDS will evaluate how/if government regulations financing and policy also limit people from experiencing a full life. This is a process of critical self-evaluation, and the agency is working with preeminent experts in the field, DDS/DDA staff, the providers and key stakeholders to move forward on this path.

Barriers to Community Integration:

- Limited availability of accessible, affordable, *housing* in safe neighborhoods
- Reliance on Medicaid funded *transportation*, which often requires people with disabilities to travel in groups using vans.
- Difficulty recruiting and retaining *qualified health care providers*, including nurses and other clinicians, with a background in supporting people with intellectual and developmental disabilities.

FY 2013 Community Integration (Olmstead) Performance Measures:

1. Conduct 3 outreach activities quarterly (including service provider fairs, inter-agency liaison assignments, and relationship building with community resources).
2. Reduce the number of people receiving DDA services in congregate settings by seven (7) individuals in FY 2013. These individuals will transition to community-based placements where they will receive needed support services.
3. Divert the placement of seven (7) individuals eligible for DDA services from institutional settings in FY 2013 through effective service planning and delivery of community-based services and supports.
4. Increase the number of qualified providers by four (4) in FY 2013 to meet identified service gaps. Achievement of this goal was impacted by the approval of the new HCBS Waiver and the need to promulgate new regulations. A decision was jointly made by DHCF and DDS that on October 1, 2012, a hold on new provider application for the HCBS waiver program was put in place. To date the new waiver regulations have not been published. Once the regulations are promulgated DDA will again be accepting applications for new providers and this goal will be back in play.

Office on Aging (DCOA)

FY 2013 Community Integration (Olmstead) Performance Measure:

1. DCOA/ADRC facilitates quarterly Hospital Discharge Planning Advisory Council meetings to share best practices surrounding the issue of discharge planning to ultimately develop a universal person-centered discharge planning process to be implemented at all participating hospitals in the District of Columbia. In addition, DCOA/ADRC will be establish a Nursing Home Transition Advisory Council to discuss pertinent issues as it relates to nursing home discharge planning. DCOA anticipates that **thirty (30)** individuals will transition from hospital or nursing facility settings in FY13
2. DCOA/ADRC 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.

FY 2013 Community Integration (Olmstead) Plan Outline:

Agency Mission:

The mission of the DCOA/ADRC is to assist the District's elderly and persons with disabilities in maximizing their independence and improving their quality of life by linking people with a range of quality services. In addition, the DCOA/ADRC provides assistance and information to seniors and persons with disabilities about their current situation and helps them explore options and benefits available to them.

Vision:

The vision of the DCOA/ADRC is to be a highly visible and trustworthy resource center and primary point of contact in the District for public and private-pay elderly and persons with disabilities, their families, friends, and health care providers who are seeking assistance and information on public and private long-term support programs and benefits.

Agency Future Planning:

The DCOA/ADRC has a two-prong approach for addressing institutionalization in the District: hospital discharge planning and nursing home transition. Through the hospital discharge planning efforts, DCOA/ADRC will educate people about

institutionalization, nursing home diversion, and about the importance of getting an effective plan of care and discharge plan if one must go to a nursing home from a hospital. DCOA/ADRC will collaborate with government agencies and private nonprofit organizations to identify individuals who are able and desire to return to the community. Such individuals will receive assistance from DCOA/ADRC in beginning the transition process and identifying resources for moving them back into the community. The transition process also consists of identifying a home for the client and securing furnishing and other household items that are essential for living in a new home.

Agency's Population and the Definition of this Population:

The Office on Aging and its Aging and Disability Resource Center are designed to assist older adults and persons with disabilities in locating supportive services and eldercare resources in order to continue living as they choose in their community

Agency's Barriers Unique to each Population:

1. Housing: Lack of accessible and affordable housing units.
2. Transportation: Lack of adequate wheelchair equipped transportation. Also, restrictions of pick up location – clients must be able to enter transportation from the curb rather than receiving “door to door” assistance from driver.
3. Other barrier issues and service needs unique to the populations that the Agency serves in institutional settings: There is not an identified case management agency that provides wrap-around services for the targeted population under 60 years of age who is transitioning from an institutional setting back into the community. Also, some informal caregivers are unable to pay for respite care services. Thus, some type of subsidy program may be beneficial to this population. Lastly, the lack of a client's social support network may lead a client to be without the necessary assistance to maintain an independent, quality life in the community.
4. Barriers to providing self-determination and transitioning and diverting the Agency's population away from institutions: The lack of public knowledge about home and community-based services and the cost and programmatic restrictions associated with respite care programs make it difficult for family caregivers to support a loved one with special needs in the community.
5. Available resources to be used in order to safely transition or divert these individuals: grant funding through the Money Follows the Person and Hospital Discharge Planning programs.

Service Needs that Challenged the Agency to Comply with the Olmstead Plan:

The following unmet service needs have hindered DCOA/ADRC from complying with the Olmstead Plan:

There is a lack of available services for individuals with disabilities that support self-determination, transitioning, and/or diverting from institutional placements of persons with disabilities. As part of the Olmstead Plan, DCOA/ADRC and its co-located agency staffs offer options counseling, which is a decision making approach, that empowers its consumers with the necessary information to make informed decisions about receiving long-term care services in an institution or at home. During FY13, DCOA will implement a new nursing home initiative to provide individualized transitional support to those nursing facility residents interested in transitioning into the community.

Office of the State Superintendent of Education (OSSE)

FY 2013 Community Integration (Olmstead) Performance Measure:

OSSE will determine an accurate, complete count of the number of students with qualifying disabilities under the Individuals with Disabilities Education Act (IDEA) who are currently served in residential treatment centers using OSSE funds. This count will include the total number of children served by disability, gender, race/ethnicity, in-state/out-of-state, type of treatment program, and length of stay.

FY 2013 Community Integration (Olmstead) Plan Outline:

OSSE maintains that all children are entitled to an equal opportunity, high quality education, in the least restrictive environment, that prepares them to be actively involved in all aspects of society. OSSE has worked to ensure that children with a disability residing in the District of Columbia are educated with their non-disabled peers to the greatest extent possible.

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 the Local Education Agencies (LEAs) and other District agencies.

While OSSE does not place students in facilities, OSSE plays a lead role in ensuring program quality and monitoring for compliance with federal and local law.

Agency Mission:

OSSE sets high expectations, provides resources and support, and exercises accountability to ensure that all residents receive an excellent education.

Vision:

All District residents will receive an excellent education.

Agency Future Planning:

OSSE will continue to collect data that allows the District to focus its attention on creating a more accurate picture of the population served in in-state or out-of-state in residential institutions. Toward this end, OSSE will coordinate with other agencies and the District's LEAs to improve data collection to inform city-wide future planning. OSSE will also continue to support the District's efforts to ensure a smooth and effective transition for children returning to District LEAs from more restrictive settings.

Agency's Population and the Definition of this Population:

OSSE will continue to work with the District's placing agencies to collect district-wide for all students served under IDEA placed in residential treatment centers. OSSE tracks the number and types of placements made by the District of Columbia Public Schools (DCPS), the District of Columbia public charter schools, and other placing agencies. Regular compilation and verification of this information will provide an accurate picture of this population.

Agency's Barriers Unique to each Population:

OSSE is not a placing agency and therefore does not face barriers related to community-based services to the same degree. However, OSSE plays a role in supporting LEAs, through monitoring, policy issuance, and training, with appropriate placements and transitions back to less restrictive placements.

Service Needs that Challenged the Agency to Comply with the Olmstead Plan:

OSSE's main challenges have been related to the fact that it is a newer State agency that needed to develop data systems, policies, and procedures from the ground up. OSSE has effectively developed these systems and is fully able to support the work of the Olmstead committee.

Available Resources Utilized to Safely Transition or Divert Students:

OSSE partners with all relevant stakeholders, including sister agencies and LEAs, to support the appropriate placement into, and return from, restrictive, separate settings. OSSE uses its monitoring, data, training, and policy teams to support this work.

Service Needs that Challenged Agency Compliance with the Olmstead Plan:

OSSE does not place students in residential facilities. OSSE's responsibility is to pay for special education expenses for all District children placed into all nonpublic special education settings, including residential facilities, by LEAs and other District agencies.

Barriers to Providing Self-determination and Transitioning and Diverting the Agency's Population Away from Institutions:

OSSE does not have the authority or responsibility either to place children into or transition children from institutions. The most difficult barrier OSSE has faced is the lack of comprehensive data to accurately depict the population, to inform city-wide coordination and planning efforts.

Department of Youth Rehabilitation Services (DYRS)

FY 2013 Community Integration (Olmstead) Performance Measure:

In FY 2013, DYRS expects to transition **thirty (30)** youth from Psychiatric Residential Treatment Facilities (PRTF) or other Residential Treatment Centers (RTC) with services, but only if such community-based placements protect the safety of the young persons and the public.

FY 2013 Community Integration (Olmstead) Plan Outline:

Mission:

The mission of the Department of Youth Rehabilitation Services is to improve public safety and give court-involved youth the opportunity to become more productive citizens by building on the strengths of youth and their families in the least restrictive, most home-like environment, consistent with public safety.

Vision:

The Department of Youth Rehabilitation Services will provide the nation's best continuum of care for court-involved youth and their families through a wide range of programs that emphasize individual strengths, personal accountability, public safety, skill development, family involvement and community support.

Agency Future Planning:

In 2009, DYRS established the Lead Entity Service Coalition plan, now known as DC YouthLink, a regionalized continuum of community-based services. Two community-based organizations, East of the River Clergy Police Community Partnership and Progressive Life Center, were identified to broker large arrays of both traditional and non-traditional services and supports for DYRS youth returning to their home communities. Previously, either youth were sent out-of-state to access needed services or youth and their families had to travel throughout the District to access services and supports, resulting in their reduced utilization. By enhancing services available in local communities, and by adding to the array, non-traditional services (e.g., non-Medicaid-able services such as recreational opportunities and arts and leadership programs), DYRS strives to increase the likelihood of their successful use and to be able to keep more youth in their communities. Going forward, DYRS intends to expand the quality and breadth of services available to youth in the community through DC YouthLink.

Agency's Population and the Definition of this Population:

Many youth committed to DYRS have significant behavioral health needs. These youth may be sent to out-of-state RTCs or PRTFs to receive treatment and services. DYRS predominantly serves an African American population of males under the age of 21. In FY 2011, for example, 98% of youth committed to DYRS were African American. The most significant barrier to keeping youth in their home communities continues to be the lack of available resources in the District.

Department of Human Services (DHS)

FY 2013 Community Integration (Olmstead) Performance Measure:

For FY 2013, DHS has not received additional housing vouchers to house families or individuals, and as a result is unable to commit to housing persons with disabilities. Issuance of vouchers has been halted due to the sequestration. Currently housed families or individuals will continue to receive case management in an effort to move toward self-sufficiency, to connect to employment opportunities, and assist with health and mental well-being. There will be instances where DHS will provide housing during this fiscal year; however this will largely depend on consumers exiting the program. Exits could occur due to various reasons, but will not be frequent (death, incarceration, illness, successful exits, etc.)

FY 2013 Community Integration (Olmstead) Plan Outline:

Agency Mission:

The mission of the District of Columbia Department of Human Services (DHS), in collaboration with community-based homeless service providers, is to assist low-income individuals and families to maximize their potential for economic security and self-sufficiency.

Vision:

The specific focus of the Homeless Services Program (HSP) is to ensure that shelter services, transitional housing, permanent supportive housing and supportive services are provided to individuals and families that are homeless (or at-risk of homelessness) with the goal of moving them beyond homelessness and towards self-sufficiency.

Agency Future Planning:

During FY 2013, DHS will continue to address the need for housing and individualized case management within Homeless Services Programs such as those listed below:

- Permanent Supportive Housing for Veterans Plan – Veterans Administration (VA) funded plan which is a partnership between the VA Medical Center, DHS and DCHA. Through this plan veterans in the District will be provided permanent supportive housing.
- Emergency Rental Assistance Program – This program provides crisis intervention in the form of payment of rental arrearages, security deposit, and/or first month's rent. The purpose of the program is to prevent homelessness by enabling very low-income families, and individuals who

are elderly or have disabilities, and who are at imminent risk of homelessness to remain in or access permanent housing.

Agency's Population and the Definition of this Population:

During FY 2013, DHS will continue to serve persons who are homeless that have disabilities.

Agency's Barriers Unique to each Population:

All HSP populations face one or more of the following barriers:

- Availability of safe, decent and affordable housing
- Availability of accessible housing units
- Transportation resources
- Substance Abuse
- Mental illness
- Medical ailments
- Unemployment/underemployment (limited income)
- Legal (immigration) status

Agency Resources Identified to Transition Identified Population: DCHA vouchers, Housing First subsidies, Federal housing resources, local HSP budget resources.

Barriers to Providing Self-Determination and Transitioning and Diverting the Agency's Population Away from Institutions:

- Limited affordable housing resources in the District
- Availability of accessible housing units

Department of Mental Health (DMH)

FY 2013 Community Integration (Olmstead) Performance Measure:

DMH anticipates that eighty, (80) individuals will successfully transition into the community from a Psychiatric Residential Treatment Facility (PRTF), or from Saint Elizabeths Hospital.

FY 2013 Community Integration (Olmstead) Plan Outline:

Agency Mission:

The goal of the Department Mental Health is to develop, support and oversee a comprehensive, community-based, family-driven, culturally competent, quality mental health system. This system should be responsive and accessible to children, youth, adults, and their families. It should leverage continuous positive change through its ability to learn and to partner. It should also ensure that mental health providers are accountable to consumers and offer services that promote recovery from mental illness.

Vision:

DMH strives to provide a dynamic, innovative, outcome-oriented mental health system for the residents of the District of Columbia. DMH wants to maximize consumer choice, offer flexible and responsive services, and partner with competent mental health providers committed to providing quality care.

Agency Future Planning:

DMH has included a level of service goal as part of its Olmstead Compliance plan. Specifically, DMH will keep the St. Elizabeth's census below 280 patients. This goal reflects a shift to providing community based supports for persons with significant behavioral health concerns. DMH has also been collaborating with the Department of Health Care Finance (DHCF) and advocacy organizations on strategies to transition people with mental health diagnoses from St. Elizabeth's Hospital, Mental Health Community Residential Facilities and Nursing Facilities. DMH is also training staff and providing a nurse consultant who meets with the nursing homes on a rotating basis to help with transitioning people to community-based settings.

Agency's Population and the Definition of this Population:

There were 63 youth from the District of Columbia residing in Psychiatric Residential Treatment Facilities (PRTF's) as of February 28th, 2013. The average length of stay for this population was 9.9 months. Additionally, there are

264 individuals residing at Saint Elizabeth's Hospital. The average length of stay for this demographic is over 30 days.

Agency's Identified Barriers Unique to each Population:

The Department will continue to identify housing and services for Transition Age Youth, 18-21 years of age, in order to fit their social, emotional and other needs. Also, Medicaid is supporting treatment-based transportation needs.

Other Barrier Issues and Service Needs Unique to this Population:

DMH would like to continue to decrease the overall District of Columbia PRTF census, consequent bed days, and increase youth connections with community-based services upon discharge from PRTF (i.e., CBI services).

Service Needs that Challenged the Agency to Comply with the Olmstead Plan

In partnership with all of the child/youth serving agencies in the District, the Department of Health Care Finance (DHCF), the Managed Care Organizations (MCO's), the Office of the State Superintendent of Education (OSSE), representatives from the Deputy Mayor's Office and youth advocates, DMH is has developed a common set of standards for all agencies to use in making decisions regarding residential placements for children and youth.

Child and Family Services Agency (CSFA)

FY 2013 Community Integration (Olmstead) Performance Measure:

The Agency continues to make progress in reducing the number of youth placed in Psychiatric Residential Treatment Facilities (PRTF), including those placed more than 100 miles from the District. Each month the Agency continues to discharge or transition eligible youth to local, community-based residences. In FY2013, the Agency will transition 10 cases from the original cohort (October 15, 2012 PRTF population). These cases will be transitioned by September 30, 2013. As of March 31, 2013, the Agency has met half of its FY2013 target, as five youth placed in PRTF's have transitioned to community living.

FY 2013 Community Integration (Olmstead) Plan Outline:

Agency Mission:

The Child and Family Services Agency (CFSA) is the District of Columbia's cabinet-level, child welfare agency. CFSA works to improve the safety, permanence, and well-being of abused and neglected children in the District of Columbia and to strengthen their families.

Regarding the Community Integration (Olmstead) initiative, CFSA remains committed to placing and maintaining all children in its care in the least restrictive and most family-like environments, as determined by the needs of the individual child.

Vision:

Under new leadership in 2012, CFSA and the local child-serving community developed and rallied around a strategic agenda known as the Four Pillars (detailed below). It is a bold offensive and strategically focused effort that supports the agency's vision to improve outcomes for children, youth, and families involved with District child welfare. Each pillar represents an area ripe for improvement and features a values-based foundation, set of evidence-based strategies, and series of specific outcome targets.

Narrowing the Front Door

Children should have the opportunity to grow up with their families if at all possible and should be removed from their families only when necessary to keep them safe. CFSA will implement several strategies, including bringing Differential Response to full scale to provide services that stabilize and support families. It is a priority of this administration to reach out and locate relatives as natural resources for children who come to CFSA's attention. We will take full advantage

of Family Team Meetings, including increasing the number of pre-removal meetings, to quickly identify, locate, and engage relatives.

Temporary Safe Haven

Foster care should be a temporary safe haven, with permanency planning beginning the day a child enters care. We will seek relative placements first, followed by the most appropriate and least restrictive placements to keep children connected to their schools and communities. We will promote and preserve paternal relationships and sibling connections through frequent, quality visits. Permanence is best achieved through a legal relationship such as reunification, guardianship, or adoption.

Well-being

Every child is entitled to have a nurturing environment that supports growth and development as a healthy, self-assured, and educated adult. CFSA is committed to working collaboratively with other systems such as education, mental health, and physical health care services so children we serve receive the supports they need to thrive. We will step up efforts to reduce teen pregnancies on our caseload and will use a two-generation approach to ensure good outcomes for our teen parents and their children. We will employ evidence-based practices to address underlying issues of trauma and mental health as well as chronic diseases and other medical issues. Our goal is to support educational achievement for all children in care, from early childhood education through high school and college or vocational school graduation.

Exits to Positive Permanency

Every child and youth will exit foster care to a well-supported family environment or lifelong connection as quickly as possible. CFSA staff will support families after permanence to ensure that family connections are stable. Our older youth will exit with the education and skills necessary to help them become successful, self-supporting adults.

Agency's identified Population and the Definition of this Population:

The Agency provides services to children and youth in foster care who are experiencing mental health and behavioral difficulties that require psychiatric residential treatment facilities (PRTF). The Agency also provides services to a smaller number of children and youth who are experiencing severe developmental disabilities, social communication disabilities, and medical fragility that require higher levels of specialized long-term care.

Number of People Currently Living in Institutions:

In the beginning of the fiscal year 2013, the total number of children and youth in foster care who were placed in either a PRTF or long-term care facility was 28, 3 less than the previous year. Twenty-one of the children were being served in PRTFs and 7 were being served in LTCs.

The Demographics of the Individuals in Institutions:

Of the 28 children and youth in foster care who were placed in a PRTF or long-term care facility, 16 were male and 12 were female. Twenty-six of the children and youth were African American and 2 were Hispanic.

Agency's Identified Barriers Unique to Population:

There are no intermediate placements that are not institutional and there is limited availability of local (within 100 miles) specialized residential treatment services for children and youth with mental and behavioral health difficulties, severe developmental disabilities and medical fragility.

Number of Individuals who were Transitioned or Diverted out of Institutions Safely for the Fiscal Year:

In FY 2012, the Agency transitioned 20 youth in foster care who were placed in PRTF into the community. As previously noted, 5 youth have transitioned in FY2013 (as of March 31, 2013).

The Following Resources have been Instrumental in Safely Diverting Children from Institutional Care:

The Psychiatric Residential Treatment Facility (PRTF) Diversion Committee

The PRTF Diversion Committee was established from the System of Care (SOC) approach. Under this process, cases are referred to the Department of Mental Health (DMH) Technical Assistance (TA) Coordinator and assessed for severity of clinical need and for the specific teaming required to meet those identified needs. Subsequently, a referral is made to the best-suited local provider, either DC Choices Wraparound support, or Healthy Families Thriving Communities Child and Family Team/Wraparound Process.

Evidence – Based Practices

The current evidenced-based practices in use are family-based interventions, including Multi-Systemic Therapy (MST), Family Functional Therapy (FFT) Parent Child Interaction Therapy (PCIT), and Trauma Focused Cognitive Behavioral Therapy.

Family-based treatments recognize the role that the family environment often plays in the development, continuation, and successful recovery of substance use problems in adolescents. These treatments typically address family conflict, parenting practices, and neighborhood factors that contribute to and/or exacerbate the problem.

- Multi Systemic Therapy (MST)
MST is a family service for children between the ages of 10-17 and focuses on increasing responsible behavior for all family members.
- Functional Family Therapy (FFT)
FFT is a prevention and intervention program for children and youth between the ages of 10-18.
- Parent-Child Interaction Therapy (PCIT)
PCIT is a highly structured treatment model involving both parent and child. Originally developed for children with behavioral problems, PCIT has been adapted for physically abusive parents with children age 2 to 8 years. Treatment is brief (12 to 20 sessions) and involves hands on coaching sessions where the parent/caregiver learns skills while engaging in specific play with the child. The overarching goal of PCIT is to change negative parent-child patterns.
- Trauma Focused Cognitive Behavioral Therapy (TF-CBT)
TF-CBT is designed for anyone who has experienced a significantly traumatic event. TF-CBT is used to help people experiencing clinical posttraumatic stress return to a healthy state of functioning after a traumatic event. This therapy is used for the caretaker, children, and adolescents in a way that decreases the negative behavior patterns and emotional responses that occur as a result of sexual abuse, physical abuse, or other trauma.

Family Team Meetings (FTMs)

FTMs are structured planning and decision-making meetings that use skilled and trained facilitators to engage families, family supports and professional partners. FTMs are successfully utilized at CFSA to increase family and community involvement at times of critical decision-making, to reduce the need for non-kinship foster care and to lay the groundwork for permanency.

0-3 Early Assessment

In FY2013, the Agency continues to promote early assessment and intervention of eligible 0-3 year olds as a preventive investment in early childhood. Through a partnership between CFSA and the Office of the State Superintendent of

Education (OSSE), Office of Special Education, Infants and Toddlers with Disabilities Program, the agencies have established a process to ensure referral of children under three with a substantiated allegation of child abuse and/or neglect to appropriately screen for developmental delays

In FY12, the total number of referrals for early intervention was 82. Of the 82, 74 were determined to not be in need of services and the developmental screenings of 7 were undetermined. One child was reunified just a few days after removal.

Quality Services Reviews and Structured Progress Reviews

Annually, the Agency conducts intensive 2-day case reviews of a sample of both CFSA and private agency cases through the Quality Services Review¹ (QSR) process. The QSRs provide a detailed look at case practice and the system of care around a youth, and facilitate an opportunity for recommending practice improvements and enhancing the quality of next steps in the case, including recommendations for maintaining local, family-based placements. On a semi-annual basis, the vast majority of foster care cases are reviewed through the Structured Progress Review (SPR) process. These reviews are facilitated by SPR Specialists, all of whom are licensed clinical social workers. The staff evaluates the progress of each case and provides recommendations to the case management team to support effective safety, well-being and permanency planning. The SPR maintains a system of accountability, including prescriptive requirements for planning, participating in, and following up on the SPR. The structured agenda allows for a thorough appraisal of the child's well-being, including verification of annual medical, vision, dental, developmental, psychiatric and any other evaluations and/or treatment. The child's school, grade, academic services and progress are also addressed in addition to discussions related to any risks or safety issues, and steps required to address such concerns. This approach supports the case management team to plan for appropriate services.

DC Gateway Project

CFSA participates in a city-wide effort on bridging service gaps in the District's continuum of care for youth. Partner agencies focus on incentivizing the development of appropriate and effective services in the District, and the Project is charged with and continues to work on the following crucial action steps:

- Identifying strategies to better invest public sector resources and improve behavioral health outcomes by integrating policy and decision making for behavioral health services.
- Developing uniform rates and credentialing for providers.

¹ Using a format developed by a national research agency, the QSR provides a standardized method for rating child welfare cases based on casework practice, movement toward permanency, teaming, the status of the child and their parent, and other factors.

- Developing a single, cross-agency Individualized Service Plan (ISP) for each child, youth and family in need of services through the system of care.
- Developing a Social Marketing/Communication Plan.
- Creating a detailed Strategic Plan that: provides access to collaborative planning and service delivery across all child serving agencies, provides evidence based treatment approaches, identifies policy development and change to support an developing system of care, gives children, youth, and families a voice in service planning and choice from a full array of services options regardless of point of entry.

Available Services for Individuals with Disabilities that Support Self-Determination, Transitioning, and/or Diverting Individuals from Institutional Placements:

CFSA Nurse Care Managers

Since 2010, Nurse Care Managers (NCM) have provided support to children and youth in foster care to promote the stability of their placements. Children and youth in foster care impacted by the severest mental and behavioral health concerns are assigned a NCM who is responsible for overseeing their holistic health care management. The NCMs collaborate with social workers to provide safe and seamless support through assessment, care planning and review, and monitoring through inter-professional liaisons with community health care providers including physicians, therapists, and psychiatrists. NCMs provide close consultation to placement providers and ensure regular monitoring and record review, as well as liaising with the prescribing professionals and foster parents during monthly medication management appointments to ensure the effective and safe management of these medications.

Wraparound Services

Wraparound is an approach to care that has evolved through efforts to help families with the most challenging children function more effectively in the community. These services incorporate a definable planning process that results in a unique, individualized set of community services and natural supports that “wrap around” a child and family to further their efforts towards safety, permanency, and well-being. The philosophy that led to wraparound is based upon identifying the community services and supports that a family needs and to provide them as long as they are needed. This initiative is jointly funded by CFSA and the District’s Department of Mental Health.

ChAMPS

The Children and Adolescents Mobile Psychiatric Service (ChAMPS) provides timely home and school-based crisis support services for children and young people experiencing severe emotional disturbances.

Other District Agencies that are Currently Coordinating or Providing Services and/or Financial Assistance to People Currently in Institutions:

In FY2013 there is continued collaboration between District agencies and facility treatment teams to assure that all residential treatment and discharge decisions and plans are timely and adhere to the least-restrictive philosophy congruent with the requirements and spirit of Olmstead. Level of care certifications are reviewed every three months after the initial authorization for treatment has expired, and if additional treatment time is requested, the treatment goals and expected length of stay is thoroughly evaluated by the team. The multi-agency teams meet weekly and are comprised of representatives from CFSA, DMH, OSSE, Parent Membership and the Department of Youth Rehabilitation Services (DYRS).

Barriers to Providing Self-Determination and Transitioning and Diverting the Agency's Population Away from Institutions:

There are no intermediate or "step-down" placement resources that are not institutional and there is limited availability of local (within 100 miles) specialized residential treatment services for children and youth with mental and behavioral health difficulties, severe developmental disabilities and medical fragility.

District of Columbia Public Schools (DCPS)

FY 2013 Community Integration (Olmstead) Performance Measure:

In FY 2013, DCPS proposes to transition **six (6)** students from residential facilities to school settings in the community. In addition, DCPS will monitor the progress of one hundred and twenty (120) students in residential facilities, twenty-one (21) of whom were placed by DCPS. Five (5) students entered residential facilities in FY 2012.

FY 2013 Community Integration (Olmstead) Plan Outline:

Agency Mission:

The mission of DCPS is to ensure every DCPS school provides a world-class education that prepares ALL of our students, regardless of background or circumstance, for success in college, career, and life.

Agency Future Planning:

To reduce residential school placements, DCPS will proactively engage community services and exhaust school-based interventions to ensure that all possible special education and community resources are explored before residential school placements are utilized for DCPS students with disabilities. DCPS will also reduce the need of extended residential placements by creating discharge plans for DCPS-placed students with disabilities prior to their entry into residential facilities to ensure an appropriate and timely return to the District of Columbia. Services and supports provided to students with disabilities may include wraparound case management services, transition to adulthood services, and other services and supports that are specified within each student's Individual Education Plan (IEP).

Agency's Identified Population and the Definition of this Population:

DCPS has identified special education students who are currently placed in residential school settings. The largest funding source is from OSSE and DC Medicaid for student's placed in these residential settings. The average length of stay for students in these placements is approximately 24 months. Residential school placements represent the most restrictive environment for a student with disabilities. The decision to place a student in a residential setting is made based on what is considered to be the most appropriate placement for the individual student as agreed during the IEP process, or as determined by an independent hearing officer as the result of a due process complaint.

Agency's Identified Barriers Unique to the Population the Agency Serves:

1. Poor or lack of communication between various District placing agencies if the student is linked to other agencies.

2. Family and home environment challenges.

Readily accessible community services for youth returning from the residential placements especially for youth 18+ years of age.

Service Needs that Challenged the Agency to Comply with the Olmstead Plan:

1. Lack of wraparound case management and behavioral supports.
2. Services for medically fragile students are not coordinated to support these students within local schools.

Barriers to Providing Self-Determination and Transitioning and Diverting the Agency's Population Away from Institutions:

1. Students with disabilities are often placed without coordinated educational and treatment plans that comprehensively consider the goals of the placement from date of admission to the discharge planning process.
2. Students with disabilities frequently receive services from multiple District Government agencies and these agencies may favor residential placements.

Department of Health Care Finance (DHCF)

Agency Mission:

The mission of the Department of Health Care Finance (DHCF) is to improve health outcomes by providing access to comprehensive, cost-effective and quality healthcare services for residents of the District of Columbia.

DHCF's evolving Olmstead Initiative is a reflection of its commitment to providing a continuum of high quality long term care services and supports for all Medicaid beneficiaries who have a disability. The Olmstead Initiative is based on the principles of "continuous quality improvement" - an approach to improving health care that emphasizes meeting (and exceeding) consumer needs and expectations, and using scientific methods to continually improve care.

DHCF has identified the need for a comprehensive DHCF plan for providing services and supports to individuals with disabilities in the most integrated setting appropriate. Accordingly, in the summer of 2012, DHCF embarked on a comprehensive reform effort to improve the current long term care system. In FY 2013, DHCF will continue to build upon and strengthen existing Medicaid programs and assess the advantages of providing services through alternative strategies under federal Medicaid laws.

Vision:

Provide services and supports to all Medicaid beneficiaries who have a disability, in the most integrated setting appropriate, in a continuum of services and supports in accord with a comprehensive plan that:

- Involves Medicaid beneficiaries with disabilities in the design of the long term care system;
- Provides access to a broad range of high-quality long term care services and supports through a network of providers to meet the needs of eligible beneficiaries;
- Provides care more efficiently, through ensuring program integrity, while maximizing federal resources; and
- Strengthens the partnership between DHCF, providers, and other government agencies, to expand healthcare services.

FY 2013 Community Integration (Olmstead) Plan Outline:

In FY 2013 DHCF will continue to address the following goals:

1. The needs of persons with disabilities in the DC Medicaid program, review of barriers and the drafting of policies and procedures;

2. Restructuring and realigning Medicaid personnel and resources to provide stronger focus on community-based long term care services and supports and the quality of those services;
3. Review the performance of the array of community-based long term care (CB-LTC) services and supports in the Medicaid program; and
4. Development of a 12-month work plan to include six goals: strengthening the safety, effectiveness, person-centeredness, timeliness, efficiency, and equity of long term care services including home and community-based long term care to prevent institutionalization and to ensure that individuals with disabilities receive services in the most integrated setting appropriate to their needs.²

Rebalancing priorities developed by MFP stakeholders will be used by the agency to guide new activities in FY13 that will contribute to rebalancing the long term care system from institutional to home and community-based services. Activities include the funding of the Community Integration Demonstration services under the MFP Demonstration, and the financing of transition services for non-MFP transitions from nursing homes to the community.

FY 2013 Community Integration (Olmstead) Performance Measure:

The agency, through the MFP Demonstration, will oversee the transition of at least **sixty (60)** DC residents from institutions to home and community-based settings. These are proposed as the transitions of forty (40) nursing home residents and twenty (20) residents in Intermediate Care Facilities for people with Intellectual and Developmental Disabilities.

Agency Future Planning:

The foundation for DHCF planning efforts is the development of a comprehensive DHCF Olmstead Initiative in FY 2013. This will include focus on the Money Follows the Person (MFP) program, as well as the continuum of other CB-LTC Medicaid benefits to include State Plan Personal Care Aide, Skilled Care and the 1915 (i) Home and Community-Based Services Waiver. An Adult Day Program is under development.

With respect to MFP, the CMS-approved Operational Protocol (OP) outlines a deinstitutionalization strategy for MFP-eligible people with Intellectual and Developmental Disabilities (I/DD) through the Intellectual and Developmental Disabilities (IDD) HCBS Waiver administered by the Developmental Disabilities

² These six goals have been embraced nationally as the aims of good quality health care towards which all involved in health care should focus their efforts. (See Institute of Medicine (IOM), 2001. Crossing the Quality Chasm. A New Health System for the 21st Century. National Academy Press. Available online at http://www.nap.edu/catalog.php?record_id=10027.)

Administration (DDA). In FY 2010, CMS approved the expansion of the OP to reach people who are eligible for the Elderly and Physical Disability (EPD) HCBS Waiver administered by DHCF.

The DHCF MFP team continues to collaborate with the Department of Mental Health (DMH) and advocacy organizations on strategies to transition people with mental health diagnoses from St. Elizabeths Hospital, Mental Health Community Residential Facilities and Nursing Facilities.

Agency Identified Population and the Definition of this Population:

The DHCF strategy will focus on adults (22 years old and older) who:

1. Live in DC long-term care institutions or are at risk of institutionalization; and
2. Eligible and enrolled in the DC Medicaid program.

For the target population, funding will shift from payment for Medicaid Inpatient Services delivered by institutions to payment for Home and Community-Based Services through one of three HCBS options:

1. Intellectual and Developmental Disabilities (IDD) HCBS Waiver - Administered by the Developmental Disabilities Administration (DDA)
2. Elderly and Physical Disability (EPD) HCBS Waiver-Administered by DHCF
3. Rehabilitation Option of the State Plan for people with Mental Illness/Mental Health Diagnoses-Administered by the Department of Mental Health (DMH)

Agency's Identified Barriers Unique to the Population the Agency Serves:

The Lack of Affordable, Accessible Housing:

With the tightening of the rental market for low and moderate income individuals and families and the competition among various groups for the housing that is available, it has become more difficult to find housing for individuals coming out of institutional settings. Mayor Gray convened a task force on housing in 2012. The task force was charged with making recommendations to city-leaders on the development of more affordable housing for residents of the District. The task force issued their report on March 12, 2013.

Limited Housing Options for Individuals with Intellectual and Developmental Disabilities:

A housing resource for individuals with intellectual and developmental disabilities has been supported living settings available through residential providers with vacancies in their programs. With the lack of funding for new housing through DDS and the limited number of vacancies in the system, particularly those that are accessible, the supported living option has limited capacity to offer choices of neighborhoods, housing and roommates to individuals who want to transition from ICFs into supported living using this option.

Many of the Individuals eligible to transition through the IDD waiver and their service teams view the choices in location and housing stock offered through vouchers, as being less desirable than the communities and housing offered through ICFs. In FY 2012, 4 individuals who moved from ICFs used a total of two vouchers. It is uncertain what the demand for vouchers will be from this population in FY 2013.

Limited Housing Vouchers for Residents of Nursing Homes:

The MFP Demonstration was awarded a number of housing vouchers when the project began. The nursing home residents selected in the March 2013 lottery are slated to receive the remaining vouchers. Once these vouchers are awarded other funding resources will be needed to finance future housing alternatives.

Community-based Housing for Individuals Served by the Department of Mental Health:

DHCF is working with DMH to search for available and affordable housing options that can provide the necessary supports for people who are transitioning from St. Elizabeths Hospital and from contractual Mental Health Community Residential Facilities (CRFs).

Other Barriers:

The Perceived Benefit of Transitioning:

At an average size of about 5 people, DC's ICFs are relatively small group homes. It is sometimes challenging to convince residents (potential participants), their families, other decision-makers and caregivers that a move to a less restrictive setting can be beneficial.

Isolation of Individuals in the Community:

Isolation after the move is often a factor for both older and younger people transitioning from nursing homes. There has been little opportunity to address this issue directly because service teams have been focused on ensuring that services and supports to maintain general well-being are provided in accordance with waiver requirements and plans of care.

Community Integration and Employment:

One of the goals of transition is to offer opportunities for people to develop or reestablish a life in the community. One way of doing this is through employment. The MFP MIG pilot demonstrated that there is a lack of awareness and understanding among individuals with disabilities and many of the people who support them, that employment is a viable option. MFP staff will continue to be

involved in the District's efforts to increase employment opportunities for Medicaid beneficiaries as well as other individuals with significant disabilities.