



# **ANNUAL ACCOUNTABILITY REPORT**

**Fiscal Year 2010-2011**



# **Accountability Report Transmittal Form**

**Agency Name – S.C. Department of Disabilities and Special Needs**

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**South Carolina Department of Disabilities and Special Needs  
2010-2011 Accountability Report**

**Section I – Executive Summary**

**Purpose, Mission, Vision and Values**

The South Carolina Department of Disabilities and Special Needs (DDSN), as stated in Section 44-20-240 of the South Carolina Code of Laws, has authority over all the state's services and programs for South Carolinians with severe lifelong disabilities, including intellectual disabilities and related disabilities, autism, traumatic brain injury, and spinal cord injury and similar disabilities. Primary responsibilities include planning, development and provision of a full range of services for children and adults, ensuring that all services and supports provided meet or exceed acceptable standards, and improve the quality of services and efficiency of operations. The department advocates for people with severe lifelong disabilities both as a group and as individuals, coordinates services with other agencies and promotes and implements prevention activities to reduce the occurrence of both primary and secondary disabilities.

**VISION - WHERE WE ARE GOING!**

To provide the very best services to assist persons with disabilities  
and their families in South Carolina.

**MISSION - WHAT WE DO!**

Assist people with disabilities and their families  
through choice in meeting needs, pursuing possibilities and achieving life goals  
and minimize the occurrence and reduce the severity of disabilities through prevention.

**VALUES - OUR GUIDING BELIEFS!**

Health, safety and well-being of each person  
Dignity and respect for each person  
Individual and family participation, choice, control and responsibility  
Relationships with family, friends and community connections  
Personal growth and accomplishments

**PRINCIPLES - FEATURES OF SERVICES AND SUPPORTS!**

Person-Centered  
Responsive, efficient and accountable  
Practical, positive and appropriate  
Strengths-based, results-oriented  
Opportunities to be productive and maximize potential  
Best and promising practices

*Adopted 11/20/2003*

**Major Achievements for Fiscal Year 2010-2011**

- Served individuals in the least restrictive environment and provided services to support individuals in their own or their family's home. DDSN currently serves approximately 32,000 eligible persons with intellectual disabilities and related disabilities, autism, head injury and spinal cord injury.

Approximately 85 percent of these individuals live at home with their families or in their own home. Of the individuals served who have an intellectual disability/related disability or autism, 71 percent live with family compared to 58 percent nationally. The remaining 29 percent of these individuals with developmental disabilities have the most severe disabilities and complex needs that cannot be met at home and require 24-hour care provided in community residential settings or in one of five state-operated regional centers. (See Figure 7.1-1 and Figure 7.1-11)

- Effectively responded to consumers whose situations jeopardized their health, safety and welfare. During the year, 220 individuals were removed from the critical list. The result was their harmful situations were resolved, most frequently by appropriate out-of-home placement using the least restrictive setting. (See Figure 7.1-7)
- Created a new Caregiver Relief Pilot Program based on input from families and providers. This pilot program offered respite care outside of the home to individuals who were on waiting lists for services. Six providers participated, both private and public, representing large and small providers in both rural and urban areas of the state. Local flexibility was allowed for program design and operation. The result was individuals receiving this service benefited from socialization and inclusion and their caregivers benefited from a break in providing constant care and supervision. The program was cost-effective as more people can receive the service in a congregate setting than in the more expensive option of one-on-one in-home respite.
- Increased opportunities for stakeholders to offer input in decision-making. A survey of the Consumer, Family and Advocate Advisory Committee was conducted which yielded feedback and suggestions for improvement. Almost all of these suggestions were implemented. Regularly scheduled meetings with provider representatives shifted from a one-way communication model to a circular method of communication. The result was increased input and discussion about potential impact prior to decision-making and implementation.
- Successfully received permission from the federal Centers for Medicare and Medicaid Services to move approximately 200 people off the Community Supports Waiver waiting list. Efforts focused on establishing Medicaid eligibility of individuals in 100 percent state-funded day supports and enrolling these people into this waiver. The result was an additional 200 individuals are moving off this waiting list into services without new state funding. (See Figure 7.1-10)
- Assisted 18 residents of the agency's regional centers who expressed a desire to move to the community in moving successfully to community settings. The results were honoring consumer/family choice, compliance with the U.S. Supreme Court's Olmstead decision and provision of less expensive residential services. (See Figure 7.1-4 Chart B)
- Assured only individuals with the most significant and complex needs reside at the regional centers. More than 81 percent of the individuals residing at the centers have severe or profound disabilities whereas less than 75 percent of individuals served in similar facilities in other states have severe or profound disabilities. The results were individuals received services in the least restrictive environment possible and inappropriate nursing home placements were avoided. (See Figure 7.1-5)
- Centralized the agency's first point of contact for potential consumers and their families by creating a single toll-free number and response team to initiate eligibility screening. The result was more than 6,000 callers inquired about DDSN's system and 1,495 applications were taken through the screening process. Applicants screened in were provided a list of all available qualified service coordination or early intervention providers from which to choose to take him/her through the DDSN eligibility process. The result was increased efficiency and improved consumer/family choice of provider.

- Successfully recruited new service providers who were qualified through an RFP solicitation implemented in partnership with the State Budget and Control Board's Materials Management Office. The result was 15 new service providers and increased choices for consumers and families.
- Further advanced the self-directed care option through development of a self-directed manual designed to assist consumers and their families in deciding if self-direction is of interest to them. The result was increased consumer information and increased consumer control over who provides the services.
- Maintained South Carolina's incidence of neural tube defects in line with the national average through collaboration with the Greenwood Genetic Center. This primary prevention effort resulted in positive outcomes for children at birth, prevented the onset of an intellectual disability for 60 children annually and avoids millions of dollars in future medical and service costs over the lifetime of each child. (See Figure 7.1-13)
- Ranked 16<sup>th</sup> nationally in the United Cerebral Palsy annual evaluation of all state disability systems across the country to rank the degree of community inclusion offered to citizens with disabilities. This ranking process utilized numerous indicators covering a broad scope of areas which directly contribute to improved quality of life for people with disabilities. (See Figure 7.1-3)
- Maximized staff skills and workforce resources to meet the priorities of the agency. The start-up of interdisciplinary hiring teams was implemented. This new initiative forms teams to review applications and screen applicants in advance to reduce the amount of time a direct care position remains vacant and minimize turnover. The hiring team includes current staff in that specific work area so applicants learn more about their immediate work environment and better understand skills required and performance expectations prior to hiring. The results were improved appropriate employee placement, increased job satisfaction and employee retention, and reduced personnel costs. Statewide implementation is planned for the future.
- Emphasized the use of technology to improve efficiency. The agency implemented a new automated Incident Management System for providers to report critical incidents, deaths, and occurrences of abuse, neglect or exploitation. A new residential services reporting system was developed to improve census data reporting and billing information. The results were efficient paperless processes, reduction of manual entries, instant access of specific data, and increased reliability of data collection.
- Maintained administrative costs below 2 percent of the overall budget. The result was directing maximum financial resources to services and serving the greatest number of people possible. (See Figure 7.1-14)

### **Key Strategic Goals**

1. Broaden the range and improve the quality of supports and services responsive to the needs of individuals with disabilities and their families.
  - a. Expand the scope of services and supports to address the needs of eligible persons in crisis situations and on waiting lists. (See Figure 7.1-7 and Figure 7.1-9 and Figure 7.1-10)
  - b. Promote and encourage choice of service providers and allow consumers to select services they need from qualified providers they prefer within individually assessed resource limits.
  - c. Provide information on service resources, requirements and options to individuals and families.
  - d. Increase the proportion of community integrated options for persons in regional centers and in the community pursuant to the Olmstead U.S. Supreme Court decision. (See Figure 7.1-6)
  - e. Maximize federal and state resources by using more efficient service models. (See Figure 7.3-9)

- f. Coordinate and partner with other agencies in areas of mutual interest to maximize resources and to avoid duplication. (See Figure 7.2-8)
2. Maintain accountability to all citizens of South Carolina by strengthening quality of services.
    - a. Continue implementation of a performance measurement system linked to customer satisfaction and achievement of consumer's outcomes.
    - b. Continue to track and analyze performance data and trends in support of quality improvement initiatives. (See Figure 7.1-12)
    - c. Enhance quality assurance and quality improvement initiatives and maintain compliance with federal standards.
    - d. Minimize the occurrence and reduce the severity of disabilities through primary and secondary prevention initiatives. (See Figure 7.1-13)

### **Key Strategic Challenges**

- Mission:
- Meet increased levels of service demand
  - Expand and broaden resources and service choices
- Operational:
- Manage critical cases and reduce waiting lists
  - Improve quality
  - Implement financial changes in ways that minimize negative impact to services and costs
  - Incorporate and maximize new technologies in agency systems and processes
- Human Resources:
- Maintain key workforce capacity and retention
  - Maintain workforce job-satisfaction in a recessed economy
  - Meet the increased levels of service demands identified without compromising quality of care, while meeting budget limitations
  - Enhance workforce development and training
- Financial:
- Maximize all revenue sources
  - Manage budget reductions and one-time appropriations for recurring services
  - Increase resources to meet increased service needs
  - Implement new federal and state Medicaid requirements
- Community-related:
- Meet increased consumer demands
  - Meet taxpayer expectations
  - Increase levels of acceptance and inclusion of people with disabilities

### **Use of Accountability Report to Improve Organizational Performance**

The annual accountability report documents the agency's continuous improvement efforts and key performance measures. It reflects the agency's primary mission and the major initiatives to carry out that mission. It is an excellent report card that is useful as both an informational and educational tool available to everyone including the taxpayers, policy makers, service consumers, providers, advocates, and staff. A variety of approaches are utilized to measure agency operations, processes and systems throughout the year. Data is collected uniformly across the state and analyzed in a variety of ways. The accountability report monitors progress and identifies areas for improvement. Comparative data is used to ensure that its strategic goals and allocation of resources are aligned appropriately and to compare effectiveness over time. It demonstrates the systematic comparison of DDSN's practices, outcomes and efficiencies to national benchmarks.



## **Section II – Organizational Profile**

### **❖ Main Products**

DDSN and its statewide network of local providers began implementing a new service-delivery approach statewide in July 1998. This approach, called person-centered services, gives South Carolinians with disabilities and their families more choice and control of the services and supports they receive from DDSN. Person-centered services provide tools and processes for achieving the results individuals and families desire. Consumers set goals and develop a plan that identifies the services and supports they need, and who will provide these services. Consumers and others evaluate the plan and the services and supports delivered, in terms of actual results produced in the person's life and how satisfied he or she is with the supports provided. The department structures services so that the greatest number of people possible can be served and, at the same time, insure that out-of-home care is available for those individuals with the most critical needs.

### **❖ Main Services**

**In-home Individual and Family Support Services:** It is rare that a better, more desirable service costs less, but that is the case with in-home family support. Preventing unnecessary and costly out-of-home placements for individuals with severe lifelong disabilities is the main objective of the in-home individual and family support program. In-home services provide the supports necessary to enable the consumer to continue living at home. In-home supports include day services, supported employment, early intervention, respite, stipends, rehabilitation support services and behavior support services.

**Employment Services:** DDSN provides employment services to train and supervise individuals in the skills and knowledge required for different levels of employment. Some individuals receive individualized supported employment at their own worksite, while others are provided group employment in enclaves at various business and factory worksites.

**Community Residential Services:** Small, family-like community residential services provide 24-hour care, yet cost less than the cost of state operated regional center placements.

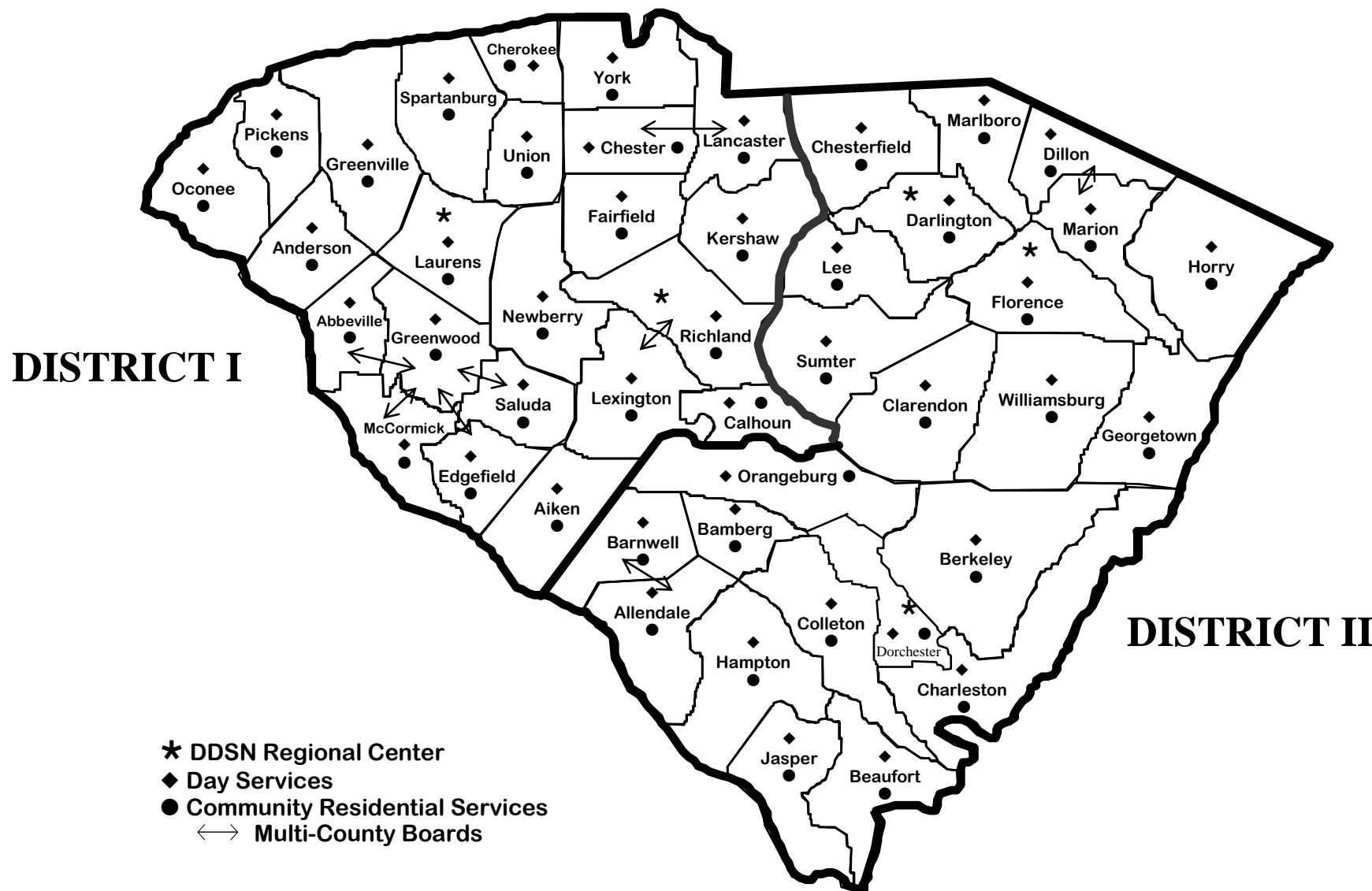
**Regional Centers:** Regional Centers serve persons with the most complex needs. The centers are the most expensive residential alternative due to the level of care and supervision needed.

**Prevention Services:** The emphasis is on preventing disabilities, when possible. DDSN has initiated many prevention programs through contractual and other partnerships in order to prevent the occurrence of lifelong disabilities.

### **❖ Primary Service Delivery Methods and Systems**

DDSN provides services to the majority of eligible individuals in their home communities, through contracts with local service-provider agencies, both public and private. Most of these agencies are called Disabilities and Special Needs (DSN) boards, serve every county in South Carolina and are the local, single point of entry into the state's organized disability service delivery system. Local DSN boards are created by state statute and county ordinance. While they are not local state agencies with state employees, they are public entities, governmental bodies in nature and combine the best aspects of public and private organizations. DSN boards provide a consistent level of services statewide; yet encourage local initiative, volunteerism and pride in service delivery. Local flavor and community preferences are present, yet services are provided at a consistent level of quality statewide by the local disabilities boards and DDSN's network of qualified private providers.

**SC Department of Disabilities and Special Needs  
DDSN Service Delivery**



## ❖ **Key Customer Segments and Key Requirements/Expectations**

DDSN's key customers are the individuals with disabilities and their families who receive services or who are eligible and waiting for services. DDSN serves approximately 32,000 persons with intellectual disabilities and related disabilities, autism, head injury or spinal cord injury. These disabling conditions are severe, life-long and chronic.

## ❖ **Key Stakeholders**

DDSN's stakeholders include South Carolina citizens, community service provider organizations, the Governor's office, members of the General Assembly, families of the customers DDSN serves, advocates and advocacy organizations such as Family Connections, the ARC of the Midlands and South Carolina Spinal Cord Injury Peer Network.

## ❖ **Key Suppliers and Partners**

DDSN contracts with local provider organizations - - public and private - - to provide services. The fluid working relationship between DDSN and the executive directors of these local service agencies, their board members and staff are very important to ensuring the continuous availability of high quality services. Disability advocates and their organizations are integral in promoting consumer-focused services and providing valuable feedback on effectiveness, issues and concerns. The Governor, her staff, members of the General Assembly and their staff are all very important partners in the system of services as they guide policy, appropriate funds and connect individual constituents to available services. DDSN partners with other state agencies to maximize services to its customers and ensure health and safety.

## ❖ **Operating Locations**

DDSN's operation locations cover all 46 counties of the state and include central administration located in Columbia; regional centers located in Columbia, Clinton, Summerville, Florence and Hartsville; district offices located in Clinton and Summerville; 39 Local DSN boards, with some serving multiple counties.

## ❖ **DDSN Employees**

- 1,980 Classified/Unclassified Employees located throughout South Carolina
- 160 Temporary Employees utilized periodically during the year to cover existing vacancies and long-term absences due to illnesses, but not to supplement the work force on a permanent basis
- 7,669 Contract Employees (DDSN contracts with a statewide provider network to administer services to DDSN eligible individuals.)

## ❖ **Regulatory Environment**

The South Carolina Department of Disabilities and Special Needs (DDSN), as stated in Section 44-20-240 of the South Carolina Code of Laws, has authority over all the state's services and programs for South Carolinians with severe lifelong disabilities, including intellectual disabilities and related disabilities, autism, traumatic brain injury, and spinal cord injury and similar disabilities. Various federal, state and local entities help regulate DDSN's operations.

## ❖ **Performance Improvement Systems**

DDSN undertakes specific measures to assure consumer health and safety, and to increase the quality of services and supports offered by its system of service providers through a variety of different methods.

***Risk Management*** – Risk management activities and programs strive to prevent negative occurrences in the lives of consumers. DDSN conducts many risk management activities using several different sources and measures. This is called purposeful redundancy which is used to assess from multiple angles the status of the health and welfare of the people DDSN supports.

***Quality Assurance – Quality Improvement Activities*** – Once appropriate risk management activities are in place, then a strong quality assurance and quality improvement program (QA/QI) must rest on a foundation of health, safety, and financial integrity. QA/QI activities such as: licensing, contractual compliance, personal outcome measures, consumer/family satisfaction measures, quality management, and other quality enhancement activities.

## ❖ Agency Organizational Structure

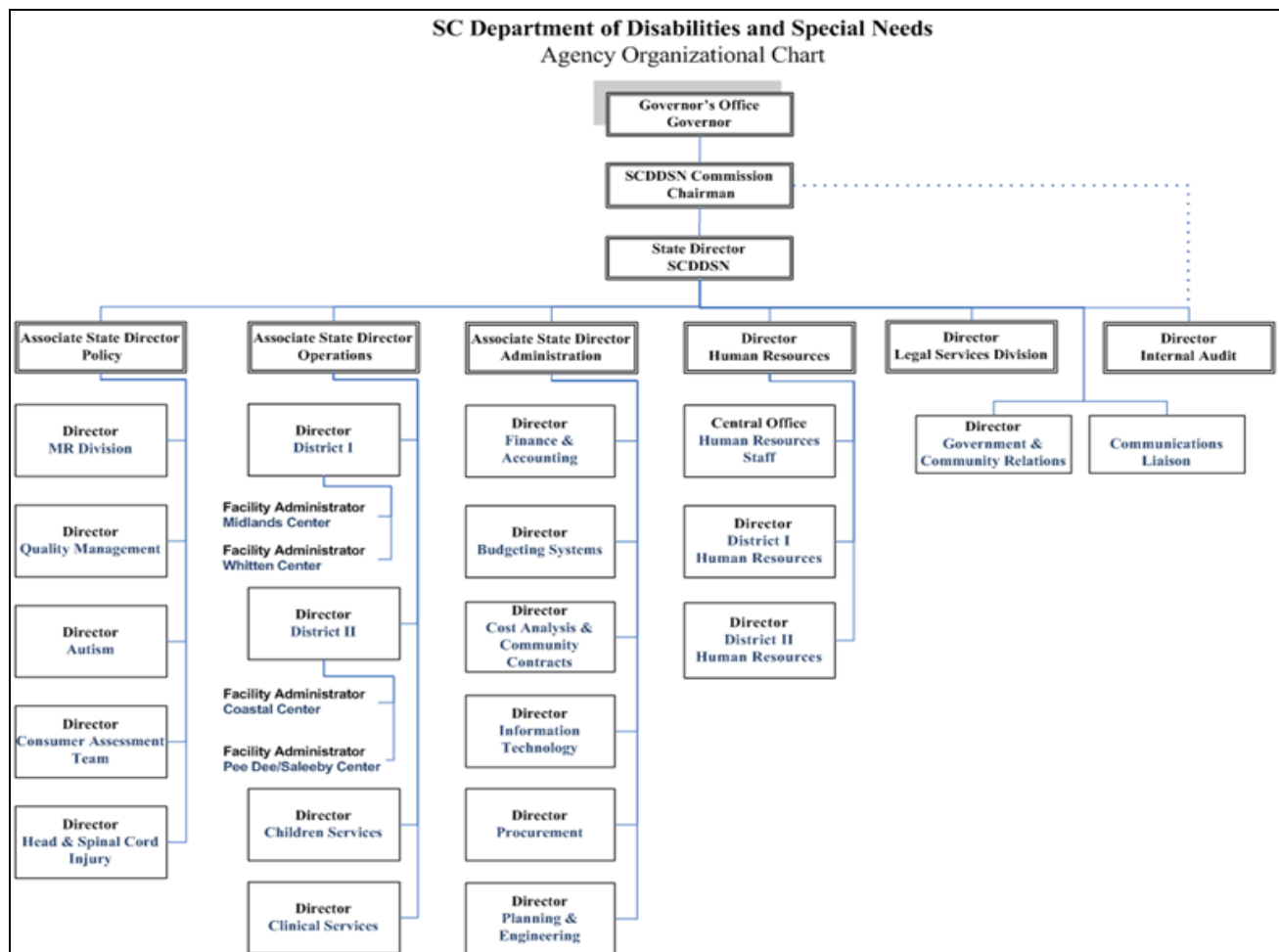
The South Carolina Department of Disabilities and Special Needs (DDSN) is the state agency that plans, develops, coordinates and funds services for South Carolinians with severe life-long disabilities including:

- Intellectual Disabilities and Related Disabilities
- Autism
- Traumatic brain injury and spinal cord injury and similar disabilities

DDSN is governed by a seven-member commission appointed by the Governor with the advice and consent of the Senate. A commission member is appointed from each of the state's six Congressional districts, and one member is appointed from the state-at-large. The commission is the agency's governing body and provides general policy direction and guidance. The state director is the agency's chief executive and has jurisdiction over the central administrative office located in Columbia, SC, five regional centers and all services provided through contracts with local agencies.

DDSN provides 24-hour residential care for individuals with more complex, severe disabilities in regional centers, located in Columbia, Florence, Clinton, Summerville, and Hartsville. DDSN directly oversees the operations of these facilities, each of which is managed by a facility administrator.

DDSN provides services to the majority of eligible individuals in their home communities, through contracts with local service-provider agencies. Most of these agencies are called Disabilities and Special Needs boards, serve every county in South Carolina and are the local, single point of entry into the state's organized disability service delivery system. Local DSN boards are created by state statute and county ordinance. While they are not local state agencies with state employees, they are public entities, governmental bodies in nature and combine the best aspects of public and private organizations. DSN boards provide a consistent level of services statewide; yet encourage local initiative, volunteerism and pride in service delivery. Local flavor and community preferences are present, yet services are provided at a consistent level of quality statewide.



## Accountability Report Appropriations/Expenditures Chart

### Base Budget Expenditures and Appropriations

Major Budget Categories	FY 09-10 Actual Expenditures		FY 10-11 Actual Expenditures		FY 11-12 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	\$61,410,864	\$46,303,791	\$59,947,785	\$44,412,785	\$61,480,597	\$43,963,633
Other Operating	\$421,490,267	\$85,884,163	\$384,640,810	\$62,200,659	\$453,382,683	\$94,284,115
Special Items	\$126,000		\$13,425,844	\$6,857,170	\$19,086,719	\$9,230,545
Permanent Improvements	\$2,618,296		\$2,496,750			
Case Services	\$11,744,049	\$44,556	\$11,444,143	\$844,841	\$15,468,310	\$922,100
Distributions to Subdivisions						
Fringe Benefits	\$25,250,392	\$18,574,885	\$24,181,076	\$17,953,487	\$25,403,209	\$18,395,217
Non-recurring						
<b>Total</b>	\$522,639,868*	\$150,807,395	\$496,136,408**	\$132,268,942	\$574,821,518	\$166,795,610

### Other Expenditures

Sources of Funds Supplemental Bills	FY 09-10 Actual Expenditures	FY 10-11 Actual Expenditures
Capital Reserve Funds	\$2,571,577	\$2,496,750
Bonds		

\*Fiscal Year 2009-2010 expenditures include \$45,922,779 transferred to the State Treasurer in accordance with Proviso 90.13, Part 1B, of the FY 2009-10 Appropriation Act.

\*\*Fiscal Year 2010-2011 expenditures include \$22,769,789 transferred to the DHHS in accordance with Proviso 90.21, Part 1B, of the FY 2010-11 Appropriation Act.

### Major Program Areas

<b>Program Number and Title</b>	<b>Major Program Area Purpose (Brief)</b>	<b>FY 09-10 Budget Expenditures</b>	<b>FY 09-10 Budget Expenditures</b>	<b>Key Cross References for Financial Results*</b>
II.E - Intellectual Disabilities Community Residential	Residential care provided to consumers in the least restricted environment based on needs of the consumer. This residential care consists of 24 hour care with range of care based on medical and behavioral needs of consumers.	<b>State:</b> 53,751,424.00 <b>Federal:</b> 0.00 <b>Other:</b> 190,486,157.00 <b>Total:</b> 244,237,581.00 <b>% of Total Budget:</b> 47%	<b>State:</b> 26,000,138.00 <b>Federal:</b> 0.00 <b>Other:</b> 198,886,765.00 <b>Total:</b> 224,886,903.00 <b>% of Total Budget:</b> 46%	7.1-3, 7.2-3, 7.3-3, 7.3-10, 7.5-2, 7.5-7
II.H. - Regional Centers	Regional residential centers provide 24 hour care and treatment to individuals with intellectual disabilities/related disabilities or autism with more complex, severe disabilities.	<b>State:</b> 53,212,440.00 <b>Federal:</b> 72,169.00 <b>Other:</b> 38,287,668.00 <b>Total:</b> 91,572,277.00 <b>% of Total Budget:</b> 18%	<b>State:</b> 50,989,707.00 <b>Federal:</b> 105,607.00 <b>Other:</b> 36,826,723.00 <b>Total:</b> 87,922,037.00 <b>% of Total Budget:</b> 18%	7.1-3, 7.2-3, 7.3-3, 7.3-10, 7.5-2 7.5-7
II.B3 - Intellectual Disabilities Family Support Adult Development and Supported Employment	Service consists of center based workshop providing training and skill development in a workshop environment and on the job training in a normal work place. Participants are paid wages based on their ability to produce.	<b>State:</b> 3,911,379.00 <b>Federal:</b> 0.00 <b>Other:</b> 40,081,946.00 <b>Total:</b> 43,993,325.00 <b>% of Total Budget:</b> 8%	<b>State:</b> 127,779.00 <b>Federal:</b> 0.00 <b>Other:</b> 44,382,857.00 <b>Total:</b> 44,510,636.00 <b>% of Total Budget:</b> 9%	7.1-10, 7.2-6, 7.2-8, 7.5-5
II.B2 - Intellectual Disabilities Family Support In-Home Family Support	Family support services prevent the breakup of families; prevent the development of crisis situations and the resulting expensive out-of-home placement for individuals with severe life-long disabilities.	<b>State:</b> 21,650,096.00 <b>Federal:</b> 1,508.00 <b>Other:</b> 24,594,088.00 <b>Total:</b> 46,245,692.00 <b>% of Total Budget:</b> 9%	<b>State:</b> 24,137,414.00 <b>Federal:</b> 5,696.00 <b>Other:</b> 17,175,054.00 <b>Total:</b> 41,318,164.00 <b>% of Total Budget:</b> 8%	7.1-1, 7.1-2, 7.1-10, 7.2-1, 7.2-6, 7.3-1, 7.3-2, 7.5-1, 7.5-5
<b>Below: List any programs not included above and show the remainder of expenditures by source of funds.</b> Program I; Program II. Subprograms A; B1; B4, C; D; F and G.				

<b>Remainder of Expenditures:</b>	<b>State:</b> 18,282,055.00 <b>Federal:</b> 263,463.00 <b>Other:</b> 75,427,180.00 <b>Total:</b> 93,972,698.00 <b>% of Total Budget:</b> 18%	<b>State:</b> 31,013,904.00 <b>Federal:</b> 363,385.00 <b>Other:</b> 63,624,629.00 <b>Total:</b> 95,001,918.00 <b>% of Total Budget:</b> 19%
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\* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

## Section III – Elements of the Malcolm Baldrige Criteria

### **Category 1: Senior Leadership, Governance, and Social Responsibility**

- 1.1 Senior Leadership Direction and Communication:** South Carolina has been a national leader in developing and implementing a statewide service model that relies on consumer choice and consumer satisfaction based on a person-centered needs assessment and personal outcomes review system. The commission, state director and senior leaders actively promote open communication throughout the organization. An opportunity for public comment is available at every commission meeting. Short and long term direction and priorities are established through the strategic planning process. The state director and senior leadership are attentive to and monitor new issues that may come from the Governor, General Assembly, federal government or disability advocates and providers.

The agency's executive leadership team meets regularly to evaluate progress. Top and middle managers in the area of fiscal and administration work together as do the managers of the various disability divisions and community services to set goals, deploy resources' and accomplish objectives. Policy and day-to-day operation managers coordinate regularly. Cross-functional committees are utilized to communicate organizational directives, priorities and values' and to develop agency plans and strategies. This cross-functional staffing provides for a thorough understanding of performance expectations and review of all issues involved in establishing or changing agency-wide policies. Technical training, one-on-one communication, and workgroups are used to communicate the goals and directions to agency staff. The department utilizes staff development opportunities to stress team-building concepts and to train employees and service provider employees. Each member of the executive team takes a "hands on" approach to leadership. The department intentionally has minimal layers of middle management so senior leaders are aware of needs as they arise and are able to quickly develop solutions. The director and executive staff remain involved until goals are met and issues are resolved. Direction and performance expectations are communicated in a variety of ways. Senior leaders work together as a team to communicate to agency staff at all levels areas of need/improvement, new direction of emphasis and performance expectations. The organization's values and principles are stated along with the mission statement and are reviewed and referred to frequently. Executive leadership strives to lead by example and perform their responsibilities in accordance with the ethical standards of their individual professions.

- 1.2 Focus on Customers:** The state director/executive team maintain open lines of communications with many different stakeholder groups to be aware of concerns and areas of needed improvement. The state director and executive staff meet regularly with consumers, various grassroots parent/advocacy groups, each group having its own special interest, the leadership of provider organizations, and leaders from other state agencies. Discussions occur in both small and large groups, often in geographical "clusters". Personal involvement with each of the aforementioned groups allows for continuous and open exchange to identify and address necessary issues. The department relies heavily on its consumers, service providers, parents and advocates for providing feedback on how well the services provided are meeting the needs of each consumer. Senior leadership is available to parents, individuals with disabilities, advocates, board members, providers, elected officials -- all the stakeholders -- to listen to their needs, concerns, and feelings about how the agency is responding and performing. Extra effort is made in developing and improving consumer and family education. Consumer groups/advocacy organizations and provider leadership are kept informed through regular meetings. Special conferences or trainings are sponsored to focus on specific areas of emphasis. The agency utilizes improved technology including its website, email and video conferencing to maximize communication to and involvement of stakeholders.
- 1.3 Impact on the Public:** The state director and executive staff communicate directly with the Governor's office and members of the General Assembly and their staff to discuss the potential

impact of the department's programs, services, facilities and operations and the associated risks of each. These meetings and shared perspectives guide the agency's focus and improve responsiveness and accountability to consumers of services and taxpaying citizens alike. Senior leaders maintain a good reputation and are known to work well with others to prevent problems, provide information and find solutions. Potential impacts and risks are identified by seeking staff input, through audits, legal interpretations, and program integrity measures. Staff counterpart meetings and stakeholder discussions provide meaningful feedback on the direct impact of change in public policies. The organization addresses the current and potential impact including the associated risks through strategic planning and by meeting goals and objectives.

- 1.4 Maintaining Fiscal, Legal, and Regulatory Accountability:** Policies, procedures, internal and external controls are in place and DDSN is regularly audited or reviewed by some external entity. The agency responds to all external audits to ensure necessary changes are made for federal and state compliance. Fiscal and programmatic audits are conducted by the federal Office of Inspector General, Centers for Medicare and Medicaid Services, State Auditor's Office and Department of Health and Human Services. Office of Materials Management, State Fire Marshall, DHEC and other independent entities review regulatory compliance. Quarterly monitorship of agency appropriations to expenditures by senior leadership is performed in conjunction with the State Budget Office. Executive and Legislative branch oversight guides and directs agency actions.

DDSN uses a contracting mechanism to ensure fiscal, legal and regulatory accountability of its providers. Providers agree to follow policy and standards established by DDSN, other state agencies, and the federal government, where appropriate. In some cases this oversight extends to actual licensing of programs. For programs licensed by other state agencies, DDSN provides day-to-day oversight. Providers have external audits. DDSN reviews these and other financial records and initiates audits as appropriate, in both fiscal and program areas. Quality assurance practices monitor and ensure quality of services and strict compliance with standards. If DDSN determines that a provider cannot maintain the requirements under contract, it can seek another provider or take over operations itself.

- 1.5 Key Performance Measures:** Assessment of functions is ongoing to ensure resources are directed to priority areas. This assessment, along with a required review by the state director of non-direct care position vacancies, guides how DDSN organizes, targets funds and evaluates performance. DDSN's reorganization streamlined processes, centralized certain functions and improved utilization of administrative staff. (See Figure 7.1-14 and Figure 7.1-15) Critical placements, aging caregivers, utilization of in-home supports, residential waiting lists, day service waiting lists, waiver service waiting lists, service vacancies, expenditures, utilization of Medicaid funds, critical incidents and the agency's direct care staff-to-consumer ratio are key performance measures that are reviewed regularly. (See Figure 7.1-7, Figure 7.1-8, Figure 7.1-9, Figure 7.1-10, Figure 7.1-11 and 7.3-10) Leadership actively promotes the health, safety and well-being of the consumers DDSN serves, as well as the dignity and respect for these individuals and their families.

- 1.6 Organizational Performance Review/Feedback:** All levels of the organization contribute to decision making processes and setting performance goals. Employees are empowered with the knowledge that their input and role in the whole process is necessary to fulfill the agency's mission. Agency leaders consistently encourage open communication with employees, have an "open door" style, hold open meetings and provide information through the agency's website.

Executive team members lead internal agency committees which make decisions and provide oversight. These committees cover areas of service development, organizational and system responsiveness and funding. Committees meet regularly to identify and address areas of need, potential barriers and opportunities. Employee feedback and participation are relied upon to determine the effectiveness of leadership throughout the organization.

DDSN's governing body, the DSN Commission, takes direction from the Governor and provides policy leadership to the organization. This includes clarifying results expected and setting and



evaluating performance criteria. Input received from stakeholders aids in the development and application of policy. The state director implements policy through a comprehensive plan to develop and provide specialized services through a statewide system.

The department's leadership and contacts at the national level keep the state connected with the broader picture of services provided to people with disabilities and special needs. Senior leaders have served in national capacities and have been requested at national and regional meetings to communicate South Carolina's successes as a leader among its sister states.

**1.7 Succession Planning and Development of Future Leaders:** Succession planning is a key management tool utilized throughout all levels of the agency. The agency identifies employees nearing retirement and those whose skills are specialized or unique to the job function. For each employee identified, the functions and skills that are needed are determined and other employees in the agency who already possess these skills or who have the capability to learn the functions and skills are identified. A mentoring system is established to begin the employee's learning of the new skills and functions. Mentoring and coaching is provided to all new supervisors at all levels. Best practices also are routinely shared. Employees are provided opportunities for training and professional development. Work schedules are altered to allow employees to complete secondary education programs. Tuition assistance is also available for employees in specialized fields.

**1.8 Fostering Performance Improvement:** Process reviews, data analysis and outcome measures guide and modify actions for improvement. The planning process used to carry out the agency's mission is a continuous process. It is primarily concerned with developing organizational objectives, forecasting the environment in which objectives are to be accomplished and determining the best approach in which they are to be accomplished.

Key priorities are communicated in a variety of ways. The state director and executive staff meet directly with stakeholders to keep them informed. The agency's executive leadership works together as a team to communicate and disseminate the objectives and directions for performance improvement to agency staff. DDSN assists local disabilities and special needs boards in developing strategic quality enhancement plans using the organization performance review system.

**1.9 Fostering Organizational and Workforce Learning:** Agency leadership is active in professional organizations at the state, regional and national levels. Up-to-date knowledge of best practices in the field, trends and approaches used by other states is shared throughout all levels of the organization and is used to enhance and improve South Carolina's system. Information is incorporated into training opportunities for front-line staff and managers alike. While there are face-to-face learning opportunities, an increased use of distance training like video conferencing, electronic training modules, and webinars has been cost effective and time efficient.

**1.10 Workforce Motivation and Recognition:** DSN's executive leadership team recognizes that well-motivated employees are the key to success. Formal methods of empowering the workforce include hiring a diverse workforce and establishment of formal job career paths. Tuition reimbursement, telecommuting, and flexible work schedules are available for certain positions. Individual growth of employees is encouraged and opportunities for promotion of internal staff for advancement occur frequently. Individual interviews and informal conversations provide encouragement and feedback to managers, improve working relationships, and foster teamwork.

DDSN's employee recognition programs promote individual employee performance recognition. Each Regional Center Employee of the Year and the DDSN Employee of the Year is recognized at the central office by the DSN Commission and state director. Similar programs are utilized by DDSN's statewide network of local service providers. Senior leaders actively observe Employee Appreciation Month annually.

**1.11 Supporting and Strengthening the Community:** DDSN is actively involved in community outreach. Agency leaders encourage staff participation in community events and set the example by their own community involvement. Senior leadership as well as other DDSN staff are actively

involved in civic organizations, professional organizations, and community and statewide charities. Staff members at all levels participate in and promote various community efforts including the United Way, Community Health Charities of South Carolina, Red Cross blood drive, Harvest Hope food bank, Special Olympics, and walks for breast cancer, MS and other causes. Board members, executive directors and staff of local DSN boards are also very active in their local communities and participate in civic and community organizations and activities. Staff are active members of local Chambers of Commerce, Rotary, Civitan, and other civic groups. Certain business functions have been privatized, increasing public/private partnerships and efficiencies. Local service delivery provides jobs in many small, rural, and poor areas. DDSN's statewide Disabilities Awareness Campaign promotes the abilities and contributions of individuals with disabilities in communities all over the state. A high level of importance is placed on community involvement for all DDSN employees through planned on-site activities and off-site participation during business hours. Individual community and professional involvement is encouraged and recognized.

## **Category 2: Strategic Planning**

**2.1 Strategic Planning Process:** The department's strategic planning sets the overall direction for the development of programs through a multi-year period for persons with autism, intellectual and related disabilities, brain injuries, and spinal cord injuries in South Carolina. Planning is guided by direction from the Governor and the General Assembly, and by our customers' needs and preferences and how they want to be served. It also reflects the department's responsiveness to national trends, to advocates who promote state-of-the-art services and to citizens who require sound stewardship of their tax dollars. This provides a framework to guide agency policy and actions in terms of how to organize, fund and evaluate outcomes of services.

Strengths, weaknesses, opportunities and threats are identified by senior staff through the director's leadership and guidance. Input from DDSN's regional centers and the local DSN boards is integral to the process. Regular meetings are held with key regional center staff to remain abreast of activities and needs at each center. These meetings provide input into various resource needs such as staffing, operating budget, permanent improvement needs and quality of consumer care. The local DSN boards provide input through several functional committees made up of leadership from the DSN boards, as well as key DDSN staff. The committees provide input and direction on numerous items ranging from contractual compliance to quality of services. Each Center and board conducts a facility assessment which outlines renovations, construction, or change in use of specific buildings in order to provide adequate and appropriate facilities to meet individual needs in a high quality setting. To determine services needed over a multi-year period, a review is done of current programs and services, the number of individuals served, underserved and unserved, and the new resources needed to meet the need.

A new Consumer, Family and Advocate Advisory Committee is heavily involved in discussions about service delivery and provide input and suggestions for improvement. This group is a representative sample of the service population and service need areas across the state.

Cross-functional committees which include stakeholders are utilized in the development of agency-wide plans and strategies. When changes are being proposed which impact the way services are provided or funded, taskforces or special stakeholder groups are utilized to ensure that all levels of the organization are represented. A broad range of individuals serve on these taskforces in order to obtain a full understanding of the issues involved.

Specific financial risks, state and federal requirements and regulated initiatives are anticipated whenever possible and incorporated into planning. Workforce resources are directed to meet the priorities of the agency. Information technology is maximized for data collection, process management and systems analysis.

The strategic planning process includes a multi-year analysis of operating budget needs and permanent improvement needs. These multi-year analyses encompass historical trends, regional

center evaluations, key regional staff input, local community provider and consumer input. Once the analysis is refined, the department prepares its annual budget request for the Governor and General Assembly that includes both recurring and non-recurring items. Capital needs are stated in the Comprehensive Permanent Improvement Plan (CPIP), which is submitted to the Joint Bond Review Committee and the Budget and Control Board.

The planning process used to carry out the agency's mission is a continuous process. It is primarily concerned with developing organizational objectives, forecasting the environment in which objectives are to be accomplished and determining the best approach in which they are to be accomplished. Successful planning requires an analysis of data from the past, decisions in the present, and an evaluation of the future.

**2.2 Key Strategic Objectives and Challenges:** The strategic objectives have a direct relationship to the strategic challenges. They are reflective of national trends and best practices and are responsive to consumer needs and preferences. Values guide the development and provision of services and a person-centered approach which offers consumer/family participation and choice improves the range and quality of services. Quality assurance and risk management activities, outcomes and consumer satisfaction are part of a multifaceted coordinated quality enhancement process that is purposefully redundant. This allows comparison with national data and aids the agency in measuring and improving accountability.

**2.3 Developing and Tracking Action Plans:** Customer satisfaction is a priority in DDSN's approach to planning and service delivery. All service providers throughout the state perform customer satisfaction assessments. The principle of continuous quality improvement guides DDSN in determining whether services and service providers are meeting consumer expectations. The policies, processes and procedures used by service providers are reviewed. Services are observed while being provided. Some consumers and family members receive a survey by mail to learn how satisfied they are with the services received. The primary measure of quality is how the person with the disability and the family view the responsiveness of the services. This information is used along with regularly reviewed key performance measures to develop action plans, track progress, and adjust plans as necessary to achieve goals.

DDSN undertakes specific measures to assure consumer health and safety, and to increase the quality of services and supports offered by its system of service providers: (a) traditional activities; (b) consumer-oriented activities; (c) quality assurance activities including licensing, contractual compliance, personal outcomes measures, consumer satisfaction measures, policies, and internal audits.

DDSN utilizes a customer driven approach. Needs, both met and unmet, are identified. System changes are planned to increase consumer and family satisfaction and increase service provider productivity and efficiency. Increases in efficiencies are redeployed to address unmet service needs. This approach increases accountability to the citizens of South Carolina.

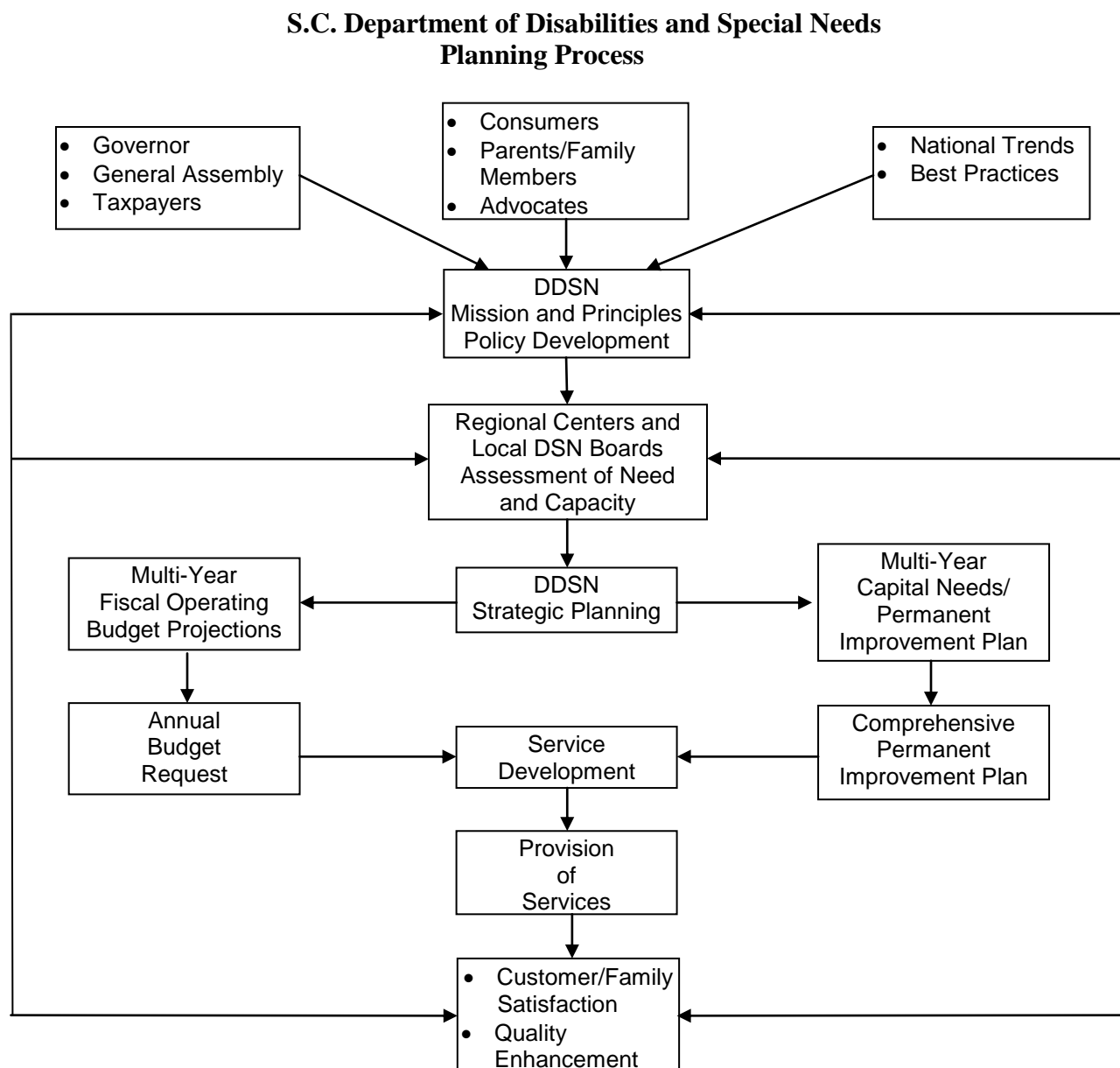
**2.4 Communication and Deployment:** Strategic objectives, action plans and related performance measures are communicated in a variety of ways. Verbal discussion, written communication, special face-to-face meetings and presentations are all utilized to communicate, implement and follow up. The agency's executive leadership works together as a team to communicate and disseminate the objectives and directives to agency staff. Cross-functional committees and stakeholder workgroups are utilized. Consumer groups/advocacy organizations and provider leadership are kept informed through regular meetings and ongoing communication. Questions and feedback are encouraged during deployment. This information is used to fine tune implementation to improve efficiency and outcomes, including stakeholder satisfaction.

**2.5 Measured Progress on Action Plans:** Progress on action plans is measured in several ways. Data is collected throughout the year to determine numbers of individuals served, what services they receive, and the number of new persons requesting eligibility. Information is collected from

consumers and their families to determine personal outcomes. Data is also routinely collected and analyzed to identify individuals in critical circumstances and those who wish to choose different services or different service providers. Trend data is regularly presented, action plans are reviewed and strategic effort is clarified. Resources are constantly monitored to ensure that resources are targeted to priority areas, that revenues and efficiencies are maximized and adequate funds are available to carry out the agency's mission.

**2.6 Evaluation of Strategic Planning Process:** Monitoring and improving the process is ongoing. Data and trends are regularly tracked to determine where the agency is positioned, what remediation needs to occur and whether the action led to improvement. All this funnels into next step planning. The agency utilizes trend data from objective independent surveys, focus groups, and face-to-face interviews, along with public forums to gather customer perspectives. This information is synthesized with service demand. A comparison is made to the current menu of services and how those are delivered to plan and adjust future service spans.

**2.7 DDSN Strategic Plan:** <http://www.ddsn.sc.gov/about/Pages/OurMission.aspx>



## Strategic Planning

Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 2010-2011 Key Agency Action Plan/Plan Initiative(s) and Timeline for Accomplishing the Plan	Key Cross References for Performance Measures*
All Programs	Broaden the range and improve the quality of supports and services responsive to the needs of individuals with disabilities and their families.	<ul style="list-style-type: none"> <li>➤ Expand the scope of services and supports to address the needs of eligible persons in crisis situations and on waiting lists. <i>Continuous.</i></li> <li>➤ Promote and encourage choice of service providers and allow consumers to select services they need from qualified providers they prefer within individually assessed resource limits. <i>Continuous.</i></li> <li>➤ Provide information on service resources, requirements and options to individuals and families. <i>Continuous.</i></li> <li>➤ Increase the proportion of community integrated options for persons in regional centers and in the community pursuant to the Olmstead U. S. Supreme Court decision. <i>Continuous.</i></li> <li>➤ Maximize federal and state resources by using more efficient service models. <i>Continuous.</i></li> <li>➤ Coordinate and partner with other agencies in areas of mutual interest to avoid duplication and share resources as appropriate. <i>Continuous.</i></li> </ul>	7.1-3, 7.1-4, 7.1-5, 7.1-6, 7.1-7, 7.1-8, 7.1-9, 7.1-10, 7.1-12, 7.1-13, 7.1-15, 7.1-16 7.2-3, 7.2-4, 7.2-5, 7.2-7, 7.2-9, 7.2-10 7.3-3, 7.3-4, 7.3-5, 7.3-6 7.3-8, 7.3-9, 7.3-10, 7.3-11 7.4-1 7.5-2, 7.5-3, 7.5-4, 7.5-6, 7.5-7 7.6-1, 7.6-2
All Programs	Maintain accountability to all citizens of South Carolina by strengthening quality of services.	<ul style="list-style-type: none"> <li>➤ Continue implementation of a performance measurement system linked to customer satisfaction and achievement of consumer's outcomes. <i>Ongoing.</i></li> <li>➤ Continue to track and analyze performance data and trends in support of quality improvement initiatives. <i>Ongoing.</i></li> <li>➤ Enhance quality assurance and quality improvement initiatives and maintain compliance with federal standards. <i>Ongoing.</i></li> <li>➤ Minimize the occurrence and reduce the severity of disabilities through primary and secondary prevention initiatives. <i>Ongoing.</i></li> </ul>	7.1-1, 7.1-2, 7.1-12, 7.2-7, 7.2-8, 7.3-1, 7.3-12, 7.4-2, 7.4-3, 7.5-6

\* Key Cross-References are a link to the Category 7 - Business Results. These References provide a Chart number that is included in the 7th section of this document.

### **Category 3: Customer Focus**

**3.1 Key Customers and Requirements:** DDSN uses a variety of methods and approaches to identify its customers. The first source comes from the SC Code of Laws which identifies DDSN's primary customers as people with the lifelong disabilities of intellectual disabilities or a related disability (ID/RD), autism, traumatic brain injury, spinal cord injury and similar conditions. DDSN has a strong referral system from hospitals, doctors, school personnel, families, elected public officials, advocacy organizations, the Governor's office, community service organizations, other state agencies, through DDSN's website and external links to this website. Potential customers are screened via a centralized toll-free telephone system using standardized questions and those meeting screening criteria are taken through the eligibility process. Finally, because the department receives state and federal funds to provide services, taxpayers are considered customers.

DDSN and its network of DSN boards and providers routinely seek input from primary customers and their families through formal and informal means using quantitative and qualitative approaches. Examples include the use of national standardized surveys, focus groups, in-state standardized surveys, educational seminars, public forums, committees and other meetings, and tracking and comparing data over time.

**3.2 Keeping Current with Changing Customer/Business Needs and Expectations:** The department is governed by a seven (7) member commission as set forth in the Code of Laws, whose duties include educating the public as well as state and local officials as to the need for funding, development and coordination for services. DDSN continuously learns about customers' needs, preferences, and priorities. The long term care field is constantly changing. Many approaches are used to keep current with these changes and the expectations of DDSN customers.

More than over 10 percent of primary customers and their families have been surveyed over a six (6) year period using a nationally recognized tool that is used by over 25 states allowing for national comparisons. This data is tracked over time permitting DDSN to identify changes in people's expectations and needs. One area that has remained consistent over time is DDSN's customers' preferences to receive services in their own home and communities versus in ICFs/ID. (See Figure 7.1-6) DDSN exceeds the national trends in meeting this expectation by supporting 71 percent of people at home versus 58 percent nationally. (See Figure 7.1-1)

Second, DDSN uses contractors whose responsibility is to educate the department's primary customers and their families about their rights to be involved in all decision making processes affecting their services. These contractors teach DDSN customers and their families how to be an advocate for themselves and others and to take more responsibility for shaping the service system. A statewide network of self advocates was formed in 2007 for the purpose of affecting policy change at both the local and state level. The network has engaged in many activities aimed positively affecting the quality of services.

Best practices, trends, and approaches used by other states are shared throughout all levels of the agency to enhance and improve South Carolina's system.

**3.3 Key Customer Access Mechanisms:** DDSN uses its website, designated employees, written brochures and guides, and departmental policies as key customer access mechanisms. DDSN's website contains a wealth of information for primary customers, including news updates from the director, lists of all departmental directives which the customer can provide comments on at any time, and a general address to e-mail the agency for consumer and family inquiries. Informal and formal complaints are taken, logged into a data spreadsheet, and a response to the complaint is coordinated. DDSN also publishes Practical Guide to Services which provides not only DDSN

information and contact information, but hundreds of other agencies as well. DDSN also surveys customers regularly to discern how they wish to receive information regarding DDSN services. In addition, DDSN staff attend customer advocacy meetings, visit customers in their workplace and homes, and include customers and their families on a variety of different policy committees and task forces. Last year, the state director formed a group comprised of representatives from various advocacy organizations across the state. The meetings are held monthly and serve to enhance communication between DDSN, its consumers and their families and advocacy groups.

- 3.4 Measuring Customer/Stakeholder Satisfaction:** DDSN contracts with a nationally certified quality improvement organization to periodically conduct customer satisfaction and experience surveys. Some of the surveys are done face-to-face with our customers (5 percent random sample), while others are mailed to customers and their families (10 percent random sample). A majority of states use the same survey tools allowing DDSN to compare data against similar agencies across the nation. Measures have been tested for reliability and validity and, when needed, undergo revision to improve their strength. DDSN prioritizes the areas needing improvement and develops an annual goal for each area with specific interventions that include policy change, training, and technical assistance.

The surveys and personal interviews are designed to assist organizations/providers and the department to use the information gathered to gain a better understanding of its customers' needs and their satisfaction with services. In order to improve overall quality, the data is integrated into local and state quality enhancement planning and efforts. An example of such an effort is the department's purposeful growth of services to customers in their own homes versus nursing homes or out-of-home residential care. Only 3.8 individuals with developmental disabilities per 100,000 of the general population in South Carolina are placed in nursing facilities as compared with the national average of 9.6 (See Figure 7.2-9) Moreover, only 29 percent of DDSN customers received out-of-home residential care compared to 42 percent nationally. (See Figure 7.1-1)

Each of these systems provides feedback to the agency. Feedback is used to remediate problems in order to improve quality across the service delivery system. It also pinpoints areas of specific individual and statewide provider concerns to tailor technical assistance efforts.

- 3.5 Using Feedback Information from Customers/Stakeholders:** DDSN uses a quality improvement process that is grounded in the collection and analysis of reliable and valid data. Data is used to drive the decision making process. The design of this system sets the stage for achieving person-centered desired outcomes along seven (7) dimensions. The design allows DDSN to address topics such as service standards, provider qualifications, service planning, monitoring health and safety, and critical safeguards. The quality management functions gauge the effectiveness and functionality of the design and pinpoints where attention should be devoted to secure improved outcomes. It encompasses three functions: discovery (collecting data and consumers' experiences), remediation (taking action to remedy specific problems or trends that occur), and continuous improvement (using data and quality information to engage in actions that lead to continuous improvement in service delivery). Data is trended and analyzed routinely and where possible compared with national data. In areas that require strengthening, the agency develops a goal with all stakeholders and re-evaluates the effectiveness of the interventions on an annual basis. An example of such an effort was the discovery that primary customers desire a different array of day services that offer the opportunity for them to develop skills to increase their employability. In response, DDSN wrote and received approval to operate five (5) new day services through two (2) of its largest waivers. Another example is the discovery that although most consumers (77 percent) and their families (86 percent) reported being very or somewhat knowledgeable about DDSN services, DDSN continues to improve the functionality of its website using consumers and their families to ensure information in this format is accessible and helpful.

**3.6 Building Positive Relationships with Customers/Stakeholders:** DDSN has staff members whose primary responsibilities include developing positive rapport with customers and their families. The DSN Commission also builds positive relationships with customers and stakeholders. Public input opportunities are offered at each regular meeting. Publications including the Practical Guide to Services, Choosing a Caregiver and others in addition to our person-centered services – A Guide to Consumers and Families, and the agency’s website are kept updated and widely disseminated. DDSN also began publishing a newsletter for its customers and their families, providers, advocacy organizations and the general public. These newsletters are aimed to educate and assist customers, family members, professionals, and other stakeholders, and to keep them abreast of events and activities affecting DDSN or its stakeholders.

DDSN contracts with DSN boards and private providers to provide service coordination to customers and their families. The role of the service coordinator is to assist customers and their families in meeting their needs and improving the quality of their lives. The service coordinator plays a vital role in working with customers and their families by offering a variety of services and supports from which to choose to meet their needs.

The department contracts with grassroots advocacy organizations to train, educate, and empower individuals with intellectual disabilities or a related disability and their families. The Center for Disability Resources, University of South Carolina, organizes and provides training meetings around the state on the concepts and practical application of South Carolina’s person-centered service approach. They also work with local self-advocacy groups to ensure they understand their rights and roles in the service delivery system. Family Connection of S.C. works for families with children who have special needs. The Brain Injury Association of South Carolina educates the public through local support groups and the S.C. Spinal Cord Injury Association assists individuals through peer-to-peer counseling. The S.C. Autism Society and its network of support groups offer information, training, and technical assistance.

DDSN participates regularly with the S.C. Partnership of Disability Organizations, a coalition of numerous statewide advocacy groups, to provide updated information and listen and respond to concerns about services and budget matters. Regular meetings are held with Regional Center parents to update them on current/anticipated issues of interest to them and address concerns they raise. DDSN is a member of the Developmental Disabilities Council within the Governor’s Office to ensure open communication occurs and statewide goals are pursued.

To help meet the specialized needs of people with intellectual disability or related disability, meetings are held with key members of the Governor’s staff and key legislative leaders and their staffs on funding and policy issues. This involvement informs the Governor and Legislators on current needs of DDSN’s customers and its progress to meet those needs so that they have complete information regarding current status and future goals and related constraints.

#### **Category 4: Measurement, Analysis, and Knowledge Management**

**4.1 Determination of Measures:** In 1998, DDSN shifted from a quality assurance process oriented toward inspection and licensing to a quality improvement process based in person-centered outcomes and customer satisfaction. DSSN has a nine-tiered, multifaceted, coordinated risk management/quality assurance/quality improvement program that is not only based on national best practices, but in many ways is setting best practice. There are several approaches employed to determine which operations, processes, and systems to measure. The first is by listening to what DDSN’s customers say is important to them. The second is by meeting funding source requirements. The last is feedback from advocacy organizations, the general public and other states’ systems of quality management. Typically all three sources inform the agency that the first



order of business is to protect, assure, and improve the health, safety, and welfare of our primary customers. The second priority is to provide services that can help the customers address their unique needs in a manner they prefer. The third priority area is to prevent the occurrence and extent of disabilities of South Carolinians. The fourth priority area is to improve DDSN's customers' quality of life and to help them achieve their life goals. Most of their goals match up with those of the general population: being employed, having meaningful relationships, owning a home, and contributing to their communities, and those in need of support.

**4.2 Selecting, Collecting, Aligning, and Integrating Data/Information for Analysis:** DDSN has a robust quality management system that is tweaked every year to ensure it remains on the cutting edge of system design, measurement selection, data collection and analysis. Most measures are selected to ensure compliance with state and federal law, as well as to determine whether customers' expectations are met and meaningful outcomes are occurring. DDSN uses data to drive decisions involving many areas including its customers, their families, service delivery, critical incident/risk management and financial. Data is collected uniformly across the state and analyzed in many different ways. The agency has fourteen (14) years of trend data in the risk management area, nine (9) years of trend data in the quality assurance area, six (6) years of trend data in the customer/family satisfaction area, and seven (7) years of trend data in the quality management area.

**4.3 Key Measures:** DDSN undertakes specific measures using different methods to assure the health, safety, and welfare of its customers and to increase the quality of services and supports offered by its system of service providers. (See Figure 7.1-12)

***Risk Management*** – risk management activities and programs strive to prevent negative occurrences in the lives of consumers. DDSN conducts many risk management activities using several different sources and measures. The three primary risk management (RM) activities are:

1. RM – Traditional Activities – These activities include ensuring the safety of buildings, complying with OSHA standards, and taking appropriate measures to protect against loss through pre-employment screening, pre-service training, insurance coverage, financial auditing and legal consultation. Data is collected annually and trended over time.
2. RM – Consumer Oriented Activities – Activities under this heading include the tracking, review of, and response to allegations of abuse, neglect and exploitation, critical incidents, complaints/appeals and mortality. Data is collected annually and trended over time.
3. RM – Consumer Determined Activities – This is a new area of RM that has developed as a result of the paradigm shift in the treatment and services that has empowered consumers to be more in control of their lives/choices and the decisions that are made regarding the services and supports they receive. These consumer determined risk factors may relate to issues of diet, exercise, use of potentially harmful substances, sexual practices, hygiene, conformance with medical advice, acceptance of behavioral health services and acceptance of staffing levels of supervision, to name a few. Some of the tools DDSN and its network of providers use in this area are consumer and family councils, circles of support, pre-approval of plans of service, ongoing service coordination monitoring of service delivery, the annual planning process, human rights committees, the use of ethics committees and consulting ethicists on an “as needed” basis. Data is collected annually or upon request of the agency.

***Quality Assurance – Quality Improvement Activities*** – Once appropriate risk management activities are in place, a strong quality assurance and quality improvement program (QA/QI) can be designed. At DDSN this system rests on a foundation of health, safety, and financial integrity. QA/QI activities strive to increase positive occurrences in the lives of people served.

1. Licensing Activities – DDSN contracts with DHEC and the State Fire Marshal to perform objective licensing reviews of adult programs and the law requires DSS to conduct licensing reviews of programs serving children. DDSN uses these independent licensing activities to provide an impartial foundation of health and safety upon which other quality of life initiatives may be built. Licensing activities occur on an annual basis. Data is collected annually and trended over time.
2. Contractual Compliance Activities – The second component of this elaborate QA/QI system is the work done by a private company, Delmarva Foundation, a Quality Improvement Organization designated by the federal Centers of Medicare and Medicaid Services (CMS). As part of its activities, Delmarva conducts 12 to 18 month reviews of every provider contracted with DDSN. Data is entered into a sophisticated database allowing for analysis at the provider and statewide level, and permits tracking trends over time.
3. Personal Outcome Measures – Another reliable way DDSN assesses consumer's health, welfare, and satisfaction is through a contract DDSN has with the nationally recognized company, the Council on Quality and Leadership (CQL). CQL uses personal outcome measures to help DDSN determine how well services and supports are helping an individual achieve personal goals. Data is collected quarterly, analyzed annually and trended over time.
4. Consumer/Family Satisfaction Measures – These measures typically have a larger affective component than personal outcomes. It is very possible for a customer to have met all of his/her personal goals but still feel dissatisfied with life or the services and supports he/she is receiving. Customer and family satisfaction surveys are conducted annually by each service provider. Results are tabulated and identified areas of weakness are addressed for correction.
5. Quality Management Activities – With the many different approaches DDSN uses to measure and improve quality, it became important to develop a process that would allow the synthesis of all data in order to understand overall performance of the Organized Health Care Delivery System (OHCDS). In collaboration with the Council on Quality and Leadership, DDSN designed a quality management process that allows for just such an assessment. The process is built on a technical assistance and learning approach to quality enhancement. The effort is grounded in the Council's Organizing Principles and Basic Assurances and therefore much of the work focuses on the OHCDS's leadership, systems and quality management and planning. During the three (3) day visit to providers, DDSN staff talk with a variety of employees throughout the organization, meet with people receiving services and their families, read policies and literature, observe team meetings, identify current data collection strategies and processes, learn how data is used, observe services in motion, and attend meetings/staffings/psychotropic drug review and self-advocacy efforts. Ultimately, the department synthesizes all the information and jointly, with the provider, identifies the strengths of its system and develops, or builds upon, existing quality enhancement plans. Follow-up visits are scheduled and technical assistance is provided throughout the year. Another full visit occurs every third year or as funding permits to assess improvement.
6. Other Quality Enhancement Activities – Another important aspect of DDSN's Quality Assurance System that helps both assure and improve the quality of the services being provided is the official body of policies, directives, and procedures. These documents represent a significant source of guidance to the system as a whole and lay out the expectations for service delivery. A system is in place to regularly review and revise these policies via the DDSN website and other electronic formats. Further, independent Certified Public Accountants are utilized to conduct audits of providers' financial activities and DDSN Internal Audit assesses other financial performance issues.

**4.4 Selecting and Using Comparative Data and Information:** Data selection is based on DDSN's mission, what the commission and state director request, tracking of objectives, funding source requirements, and what DDSN's primary customers say is important to them and quality improvement measures. There is some data that can be compared nationally, while some is available only locally or statewide. Historically, no national database was ever established to track trending within the field. Three such sources now exist, (1) The State of the State, which evaluates states' spending patterns, institutional placements and legislative efforts. (2) HSRI (Human Service Research Institute) partners with an established group of state directors to assess national trends and data relating to services and satisfaction based on information surveyed from customers and their families. States have the option to participate in the data collection process, as it requires staff effort to collect the important information. South Carolina voluntarily joined the effort in order to receive the national feedback and to bolster the field as a whole. (3) United Cerebral Palsy evaluates states' ability to create Community-Inclusive Lives for Americans with ID/RD. South Carolina was the top state listed in the Southeast in 2010. (See Figure 7.1-3)

DDSN evaluates national comparative data where available. For example, in terms of efficiency, the department regularly measures its cost of providing services in a variety of settings. The department's institutional rates are reviewed annually and over time. When compared to national institutional rates, DDSN continues to provide this level of care at 38 percent less than the national rate. (See Figure 7.3-10)

Another example of an efficiency measure that couples with a measure of consumer and family's satisfaction is with the delivery of services in the least restrictive environment. Consumers and families report that they want to live in home and community based settings. Data shows that DDSN continues to meet the demand while providing services in a very cost efficient manner. (See Figure 7.1-6, Figure 7.1-2 and Figure 7.3-10) In terms of measuring activities that produce the greatest return on investment of time and dollars, DDSN implements several primary prevention efforts. One of these efforts is to reduce the rate of infants born with neural tube defects (NTD) through a contract with the Greenwood Genetic Center. For each child the state can prevent from being born with an NTD, the state saves \$30 million over the child's lifetime. DDSN's efforts with the Greenwood Genetic Center have consistently reduced the incidence of NTDs in South Carolina saving tens of millions of dollars per child in health care and disability service costs. (See Figure 1-13)

**4.5 Data Integrity, Timeliness, Accuracy, Security, and Availability for Decision Making:** DDSN uses several approaches to ensure the data it collects is valid, reliable, and otherwise adequate in order to make informed and essential decisions to improve performance. In the risk management area, data collected from reviews are entered directly into the applicable database. All data entry is verified with the provider to ensure accuracy. It is available for analysis at any time. Database access is protected by password. In addition to its web-based critical incident management system, DDSN developed this year two (2) additional web-based applications in the risk management areas of abuse and neglect, and deaths. In the licensing, contractual compliance, customer/family satisfaction and personal outcomes areas, a minimum inter-rater reliability among staff conducting reviews and interviews/surveys is set at 85 percent. Data from these reviews are entered directly into databases. Any inaccuracies are discovered through an editing process. Database access is protected by password. In the quality management area, data collected from reviews is provided to the organization prior to data entry to ensure accuracy. Data is entered directly into a database and is available at any time. Database access is protected by password.

**4.6 Translating Organizational Performance Review:** DDSN uses an executive team approach to determine what activities will be prioritized for continuous quality improvement. DDSN prioritizes such activities based on (1) its impact on customer health and safety, (2) the greatest

return on investment of time and dollars, (3) its impact on meeting customer needs and expectations, including satisfaction, and (4) requirements of the various funding sources.

- 4.7 Managing Organizational/Employee Knowledge:** DDSN identifies best practice through publications, conferences, national associations, websites, and state agency contacts. Information is shared through policy to appropriate personnel and the public via the website and other written and oral means.

Many times during the year information and knowledge is shared through conferences, workshops, counterpart groups, committees, consumer and parent organizations. These act as a means of both sharing and gaining organizational knowledge.

## **Category 5: Workforce Focus**

- 5.1 Organization and Measurement of Work:** DDSN's workforce is structured in accordance with the four tenets of its mission. The primary organizing principle of the agency is to facilitate a person's choice of services to support his/her needs in support of life goals; to provide access to the life-enhancing possibilities available in SC; and to provide it in such a manner as to prevent or minimize the occurrence and severity of disabilities. The current structure and delivery system of DDSN's organization and its provider network is based upon assessment, quality improvement projects and planned change.

The nature of DDSN's jobs dictate design of the individual work systems; but in each case the systems are built around interdisciplinary teams, adequately trained and cross-trained to ensure consistent delivery of services and programs. Staff responsible for working directly with consumers must successfully complete pre-employment orientation (and continuing education over the course of their employment) in courses that support the guiding principles: health, safety and well-being; dignity and respect; individual and family participation; personal growth and accomplishments. Supervisory staff are taught to observe, encourage and reinforce behaviors that exemplify the organization's over-arching objectives. DDSN has established career progressions for those employees who consistently exhibit competencies identified as critical to its mission.

- 5.2 Effective Communication and Knowledge/Skill/Best Practice Sharing:** DDSN's Quality Improvement/Quality Management strategy involves the regular review and updating of its policies and procedures based upon appropriate assessments and measures. This information is passed along to all of its stakeholders through various means of communication, including its updated and improved website, emails, departmental SharePoint sites, publications, public announcements, training materials, group training sessions, and experiential training. Since DDSN's network is spread across the entire state, the agency has invested in video conferencing equipment available to all staff as necessary. Interdepartmental and counterpart meetings are integral to the organization's communication strategy.
- 5.3 Recruitment, Hiring, Placement and Retention of New Employees:** Recruitment efforts are directed toward ensuring the maintenance of a capable, satisfied and diverse workforce. DDSN utilizes a variety of recruitment strategies in an effort to reach a diverse applicant pool, including posting vacancies on the State Government online job site, the utilization of a wide range of online and classified advertisement, professional journals, community publications, and road signage. (See Figure 7.4-3 and Figure 7.4-4)

DDSN has been challenged in its retention of nurses and direct care staff. A limited compensation structure in highly competitive areas was identified as a contributing factor. To reflect their level of responsibility and establish parity with private employers, HSAs are hired at a higher entry-level salary than are other employees in the same pay-band, and the majority of entry-level LPN

staff are hired into the higher pay-band LPN II classification. Flexibility and resources are needed to recruit and retain critical staff. DDSN has been delegated the authority to offer salaries to nurses at or above the midpoint of State classification pay-bands in response to the intense competition from private healthcare facilities.

Recruitment and retention of direct care employees is hindered by the intimate nature of very labor-intensive work. Although each job utilized by the agency is supported by a comprehensive position description, identifying those outlined skills and abilities in applicants is complicated. Interdisciplinary hiring “teams” have been implemented in an effort to reduce the amount of time a position remains vacant. Furthermore, residential unit staff participate in the interview and selection process to facilitate appropriate employee placement. This recognizes that the employees in the immediate work environment have an intimate understanding of the “soft” skills required of new employees based on the individual needs and behaviors of the residents.

- 5.4 Workforce Capability and Capacity Needs:** DDSN employees are ultimately the keys to success. The diverse range of knowledge and skills required for the various positions within the agency are outlined in position descriptions and are updated on a regular basis to reflect the changing utilization of resources. To ensure capability, many DDSN jobs require associate degrees, bachelor degrees, advanced specialized degrees, certifications or licenses prior to employment. Supervisory staff are trained to reinforce core competencies to ensure consistent quality of care.

Workforce capacity is assessed through multiple means. In most cases these are consumer driven, e.g. residents who require one-to-one attention are provided it. Critical staffing requirements are based upon our consumer’s individual needs and goals as identified by his/her support team and family. Personal outcomes and consumer and family satisfaction measures are taken into account. Use of overtime hours, temporary and contract staff utilization, sick leave usage, employee relations issues, and employee injuries are all indicators that are measured and analyzed in relation to staffing levels.

- 5.5 Workforce Performance Management System:** The State Employee Performance Management System (EPMS) is based upon continuous communication between the supervisor and the employee to support high performance. Individualized action plans are incorporated into each EPMS. Each employee can identify her/his role in contributing to the mission of the agency. Additional efforts to increase employee knowledge of the interrelationship of staff in the organization’s many systems are being developed.

- 5.6 Development and Learning System for Leaders:** Management-level employees are encouraged to take the Associate Public Manager accreditation for managerial expertise and to complete the Certified Public Manager accreditation for more advanced managerial expertise. In addition to training requirements and core competency skills checks, DDSN’s staff development policy recommends all staff receive ten hours of job-related training annually, in the form of workshops, professional staff meetings and/or conferences. Managers are encouraged to identify employees with exemplary skills who can be mentored for succession. Agency-sponsored educational seminars and workshops are regularly occurring and open to service providers and DDSN employees interested in participating. Informal opportunities for staff volunteerism and coordination of charitable campaigns are regularly provided to foster the development of critical interactive and leadership skills.

- 5.7 Identification of Key Developmental Training Needs:** Career paths are in place for 85 percent of the non-management workforce. As these jobs evolve and position descriptions are updated, skills, knowledge and ability assessments are performed. New technologies are utilized and best

practices are researched to identify and analyze gaps. Where there is a need for developmental training, it is provided by the agency to all pertinent workforce either through internal or by contractual experts. For example, it was determined that the performance of several newly promoted managers was being compromised due to lack of supervisory skills/knowledge. Contract negotiations are ongoing to provide appropriate supervisory skills training to appropriate staff. Conflict resolution, diversity and sensitivity training have been noted as immediately necessary and beneficial to staff and management. As new skills and competencies are identified, or when policy and practice changes, they are incorporated in employee orientation and communication.

All conflicts, employee relations matters, and all injuries are thoroughly investigated. The outcome is the reduction of critical resources spent on Workers' Compensation costs.

- 5.8 Encouraging On-The-Job Use of New Knowledge and Skills:** Experiential training has been determined an efficient method of adult education. At DDSN, most core competency education utilizes hands-on training. As mentioned, the development of a customized management training curriculum is planned as a Professional Development series to encourage the application of skills taught throughout. DDSN leadership, supervisors and managers actively encourage the use of new knowledge and skills.

This fiscal year DDSN converted its human resources and payroll functions to the SC Enterprise Information Systems. This required significant procedural changes in some areas of the department, and additional staff training. Though there have been some challenges, generally efficiencies have been created and the improved technology is being embraced.

- 5.9 Contribution of Employee Training to Action Plans:** DDSN recognizes that well-qualified and knowledgeable staff are the key to its vision of providing the best services to assist persons with disabilities and their families. As stated in the agency's Quality Management policy, implementation of such "requires a strong, well-coordinated pre-service orientation program and the maintenance of staff enthusiasm through ongoing in-service training and professional development programs." The workforce is the agency's most important resource and training of service delivery staff are vital to new plans of action. Efforts to increase training opportunities to administrative staff are being developed.

- 5.10 Evaluation of the Effectiveness of Workforce and Leader Training:** All mandatory workforce development training requires a combination of written tests and skills checks. Employees must successfully demonstrate their capability prior to employment with DDSN. Re-certification is regularly required. Interviews and random observations are also used. In accordance with EPMS requirements, managerial staff receive a rating on their supervisory skills. The Certified Public Manager and the Associate Public Manager training both involve comprehensive evaluation and demonstration of learned skills and abilities. Where there are additional training needs, the agency makes the determination as to its most efficient application. Regular observation and audits of internal procedures and provider delivery systems provide additional information.

- 5.11 Motivation of Employees to Develop and Use Potential:** DDSN workforce is encouraged to develop their full potential through a variety of formal and informal methods. The EPMS is one tool. Identification and acknowledgement of employee initiative is another. Each regional facility identifies an Employee of the Month, an Employee of the Year, and the DSN Commission recognizes the agency Employee of the Year at a formal commission ceremony. Continuing education is encouraged through a Tuition Assistance Program and Educational Leave policy. Perhaps most importantly, DDSN fosters an environment of trust, camaraderie and empowerment among employees.

**5.12 Employee Well-being, Satisfaction and Motivation Methods and Measures:** Workforce well-being and satisfaction assessment is not consistently performed in all facets of DDSN's service delivery system. Many facilities have workforce activity teams, conduct satisfaction surveys, and implement changes. Agency policies develop from these initiatives include flexible and alternative work schedules, telecommuting, training opportunities, and personal achievement recognition. Counterpart meetings to discuss processes and challenges relative to specific work divisions increase staff confidence and job-satisfaction.

Turnover, sick leave analysis, retention and grievance statistics are used by senior leaders and HR staff to determine what interventions are needed to reduce or reverse trends detrimental to achievement of the agency's goals. Priority for improvement is given to those changes that will have the most positive impact on the DDSN service delivery system and consumer/family satisfaction. (See Figure 7.3-12)

**5.13 Management of Career Progression and Effective Succession Planning:** Many of DDSN's positions are identified as relative to specific career progression. Position descriptions within a career track identify increasing levels of knowledge and accumulated experience within the DDSN delivery system. Workforce may request to review prototype position descriptions at any time. Vacancy announcements, which include minimally required training and experience, are posted throughout campuses, and applications to these are encouraged. Supervisory staff are taught to identify staff who have the ability to coach and mentor other employees, thereby establishing the first step in succession planning. Internal promotion is critical to developing a workforce that is knowledgeable of those requirements essential to DDSN's work environment and DDSN's hiring policy reflects this course of action.

**5.14 Maintaining a Safe, Secure and Healthy Work Environment:** OSHA and DHEC guidelines are followed to maintain a safe and secure working environment. Employees who will have responsibilities of directly caring for consumers must submit to a pre-employment health screening as well as pre-employment and random drug testing. Employees are offered health screenings and workshops, and are provided information on state-sponsored Employee Assistance Programs. All appropriate employees receive driver safety and assistive equipment training before they are allowed to operate state equipment. DDSN has a well-established and published Disaster Preparedness Plan. Staff are taught their responsibilities in relation to safety/fire/disaster occurrences. Risk management teams review any and all accidents and make suggestions to procedural changes as necessary in response. Administrative Officers of the Day ensure the safety and security of facilities, and regular security patrols of administrative buildings have been implemented. Staff are taught and regularly reminded of the responsibilities of maintaining a secure, safe environment for the well-being of the persons served as well as staff. Abuse and neglect prevention is taken very seriously and policy is strictly adhered to. Any allegations of workplace violence or sexual harassments are immediately investigated. HR policies prohibit possession of alcohol, illegal drugs, and firearms by the workforce on the organization's facilities.

## **Category 6: Process Management**

**6.1-2 Key Processes That Determine Core Competencies, Create Value, and Enhance Efficiency and Effectiveness:** DDSN has shifted its system of services from a program-centered approach to one that is person-centered. A strategic process is used to implement this person-centered approach to service and support delivery as follows:

- A Person-Centered Support Plan is completed by a service coordinator
- Service provider(s) is(are) selected by the consumer

- Funding is assigned through an annual contract with the selected provider(s) based upon the assessed needs of the consumer
- Provider accountability is assured through assessment of compliance with licensing standards and contract requirements

The state director and executive staff have always sought input from consumers, consumer advocates, parent groups and service provider representatives through both formal and informal methods to stay abreast of how they perceive the service delivery system is functioning. Efforts to increase the frequency and breadth with which public input is solicited include upgraded internet comment options, agency newsletters and increased meetings between the state director and various constituency groups. This input resulted in actions ranging from changes in policy or process to assisting an individual consumer. The department relies heavily on consumers, families, advocates and service providers to supply feedback on the responsiveness of the service system to consumers as well as any changes needed to the system.

Key work processes include:

*Critical/Priority Needs Assessment:* DDSN's Critical/Priority Needs system identifies and tracks persons who have critical or priority need of support. The needs of individuals are reviewed by a group of knowledgeable DDSN professionals to determine whose needs are most critical. The most extensive and expensive services are then delivered to those individuals whose needs are identified as most intense. This assures that limited resources are provided to those individuals in greatest need. DDSN staff also provide support to providers to assist them in proactively identifying and responding to individual needs before they reach a critical level. This targeted resource allocation strategy has assured that those individuals in dire circumstances receive supports in a timely manner. (See Figure 7.1-7 and Figure 7.5-4)

The increasing age of the caregivers is a concern. As of June 30, 2011, there were 956 individuals living with a caregiver age 72 or older. (See Figure 7.1-8) Additionally more individuals with severe disabilities are being cared for by siblings, grandparents or people other than their parents. When these fragile family arrangements fall apart, DDSN must respond to the health and safety risks of the individual with the disability who cannot care for him/herself.

*Least Restrictive Services:* DDSN persists in making every effort to shift available resources to prevention and family support services and to avoid expensive out-of-home placements. The agency continues to focus on supporting families, not supplanting families. This approach is often referred to as providing services in the "least restrictive" setting. It is considered a best practice in the field and additionally saves the state a significant amount of money. (See Figure 7.1-1 and 7.1-11-1) Even for the most restrictive and most expensive services (residential), there is a hierarchy of restrictiveness. This range extends from minimal supports provided in the Supervised Living Program to intensive medical, educational, recreational, and personal care services provided in our regional centers. In recognition of this philosophy of providing services in the least restrictive setting, DDSN management staff review and approve the movement of all individuals going to more restrictive and expensive residential service settings. Review of those individuals moving into regional centers -- the most restrictive and expensive residential service -- is scrutinized with the greatest vigilance. This thorough review process has resulted in the regional centers serving individuals with a higher level of needs than those served in public institutions in other states. (See Figure 7.1-5)

*Vacancy Tracking:* Residential service vacancies are monitored and tracked on a regular basis. DDSN management staff conduct regular follow up with the residential service providers (including the directly operated regional centers) to assure that residential vacancies are filled with individuals in need in a timely manner. If providers fail to fill these vacancies in a timely manner,



a financial sanction is imposed. This assures that the most expensive service options are being utilized to the fullest extent possible. This monitoring has resulted in an 80 percent reduction in residential service vacancies in the last several years.

*Freedom from Abuse, Neglect, and Exploitation:* DDSN manages a systematic response to allegations of abuse, neglect, and exploitation. DDSN enforces a 24-hour reporting rule as required by law. State or local law enforcement agencies conduct abuse investigations as mandated by law. Data reported from providers about abuse, neglect, and critical incidents are collected by DDSN to allow an evaluation of the effectiveness of given service providers in preventing and responding to these adverse incidents. DDSN staff complete an analysis of the data for trends and patterns. The results of investigations are reviewed and analyzed by DDSN management and trends are shared with providers. DDSN senior managers meet with providers that are experiencing deviations from the average rate of reporting abuse, neglect, or exploitation to assist them in developing remedial actions. DDSN recently launched a web-based abuse, neglect and exploitation reporting system which enhanced reporting timeliness and efficiency and thoroughness of DDSN analysis.

*Complaint/Appeal Resolution:* DDSN is committed to timely and effective resolution of complaints and appeal of adverse actions. A centralized system for receiving complaints and appeals is maintained so each complaint/appeal receives timely attention. Staff time is allocated to receive reports, gather information, interview consumers, their families, and providers to assure each complaint/appeal is addressed in an equitable manner in accordance with state and federal regulations. A computer record of all complaints is maintained which permits analysis and follow-up with providers experiencing higher rates of complaints.

*Money Follows the Individual:* DDSN has aggressively re-shifted resources in order to meet the priorities of the agency. As people move from the regional centers to community residential settings, their service funding is redirected from regional centers to local community services. Since implementing the “money follows the individual” (MFI) formula in fiscal year 1994, more than \$65 million has been redirected to local community services. (See Figure 7.1-16)

**6.3-6 Key Performance Requirements, Service Process Evaluation and Enhancement:** DDSN assures its service providers are monitored regularly. The agency adopted a centralized and consistent approach to reviewing providers using DDSN licensing standards. These standards primarily focus on health and safety issues. Licensing professionals conduct regular on-site reviews of provider organizations. Policy and procedure, consumer records, and facilities are reviewed. As a result of the review, the provider is either issued a license to operate, issued a license with a required plan of correction, or loses their license to operate. Beginning in fiscal year 2010, DDSN transferred the licensing function to the Department of Health and Environmental Control (DHEC) to further enhance the impartiality of the review process. DHEC monitors the performance of the regional centers and community provider-operated ICFs/ID. DHEC uses a comprehensive set of regulations to perform this monitoring.

DDSN measures compliance with federal Medicaid regulations and other high priority contractual requirements using a Key Indicator approach. Using a competitive bidding process, DDSN contracts with an independent, private, federally certified Quality Improvement Organization to perform this crucial monitoring function. This arrangement assures an “arms length” relationship exists between DDSN and its providers.

DDSN staff provide targeted technical assistance to those providers identified to have performance problems through the licensure and compliance reviews. DDSN evaluates the specific components of both the licensing and compliance review process on an annual basis. Changes in the areas of

provider performance review occur as a result of these reviews based upon prior year performance trends and changes in national “best practices”. Typically these changes result in an increase in expectations of providers. DDSN imposes financial sanctions if providers are not compliant in the critical areas of eligibility, planning, and implementation of Key Indicators that are assessed by Delmarva. This strategy has resulted in consistently high provider performance. (See Figure 7.1-12)

In 1997, South Carolina became the first state to pursue an outcome-based measurement system. A committee of stakeholders was formed to review several companies that provide this service and selected The Council on Quality and Leadership, which is recognized as the world leader in outcome methods of quality improvement. This resulted in DDSN using the measurement of 25 personal outcomes and a provider’s efforts to provide support as the primary data. This best practice in quality improvement system and information is used in several ways, including individual supports planning, and establishing agency goals.

These efforts helped the agency develop an organizational performance enhancement system that is a total systems approach to quality improvement. The system draws data from licensure compliance, Delmarva, and organizational performance measures. A team including consultants, provider staff, consumers, families, board members and others engage in a two to four day examination of a provider’s service and support system. They examine governance, policy and procedure, resource utilization, staffing, staff development, and the consumer information on the desired outcome. The information is distilled to a report outlining strengths, opportunities, and challenges for the provider. The team makes specific recommendations about where and how the provider should go about making changes in policy, procedure, and day-to-day operations. This total approach to quality management closes the loop in the agency’s search for excellence.

Another example of how DDSN is constantly striving to enhance its monitoring systems is a Real Choices System Change Grant received by DDSN from the federal government. This grant allowed for DDSN’s multi-tiered system of quality enhancement to be evaluated by highly regarded independent entities. This independent evaluation found the DDSN system to have many superior features. This was the first independent evaluation ever conducted of a state developmental disability agency’s quality enhancement system.

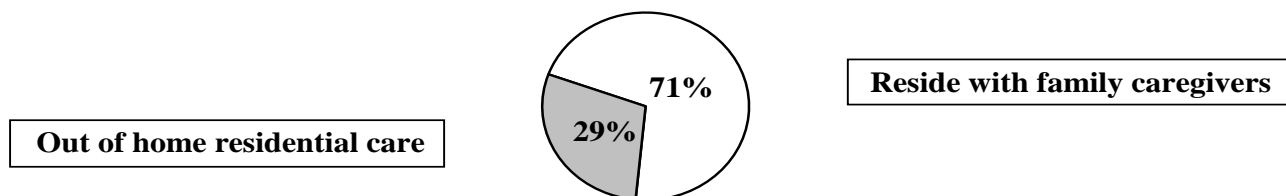
DDSN’s senior leadership regularly reviews the status of the service and support system. Leadership review data collected by multiple agency activities to include quality management, licensure, abuse/neglect reporting, death reporting, critical incidents reporting, Delmarva reviews, DHEC reviews, independent audits, and Internal Audit. Data is analyzed, input is sought from stakeholders and plans are then developed to improve processes and desired outcomes. Staff have the authority to deploy resources to implement a corrective plan.

- 6.7 Determination of Needed Resource:** DDSN monitors the cost of each service provided and the amount of service activity. It also regularly tracks agency revenue and expenditures. DDSN routinely updates service waiting lists which reveal the level of need of potential consumers. (See Figure 7.1-9 and Figure 7.1-10) Using the process for systematically evaluating the urgency of consumer need provides a current accounting of the number and types of services required by degree of urgency. Using detailed cost figures, DDSN projects the resources needed to address unmet consumer need.

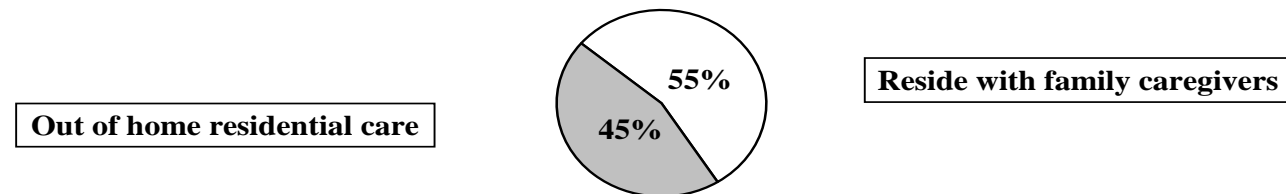
**Figure 7.1-1**  
**Figure 7.2-1**  
**Figure 7.3-1**

**South Carolina Department of Disabilities and Special Needs  
Living Arrangements for Persons with  
Intellectual Disabilities/Related Disabilities (ID/RD) Receiving Services  
Comparing South Carolina with Southeastern and United States**

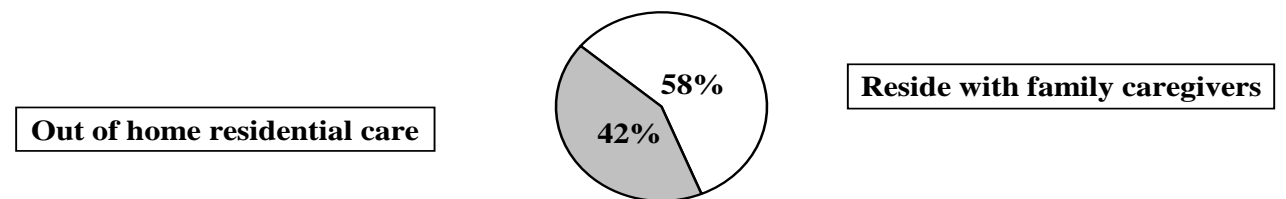
**Persons with ID/RD by Living Arrangement  
South Carolina**



**Persons with ID/RD by Living Arrangement  
Southeastern**



**Persons with ID/RD by Living Arrangement  
United States**



	Out of home residential care	Reside with family caregivers
Georgia	45%	55%
North Carolina	41%	59%

Serving people with severe lifelong disabilities in their homes with family is best for the person, preferred by families and is the most cost efficient service alternative for taxpayers. Of the thousands of persons with intellectual disabilities and related disabilities (ID/RD), and autism receiving services from DDSN, 71% live with family caregivers, compared to 58% nationally. DDSN is doing a better job of keeping families together through day services, respite, personal care, and other needed supports.

**Note:** Approximately 85% of *all* individuals served by DDSN, not just those with ID/RD, live at home with their families or in their own home. National data is unavailable to compare to the broader population served in South Carolina.

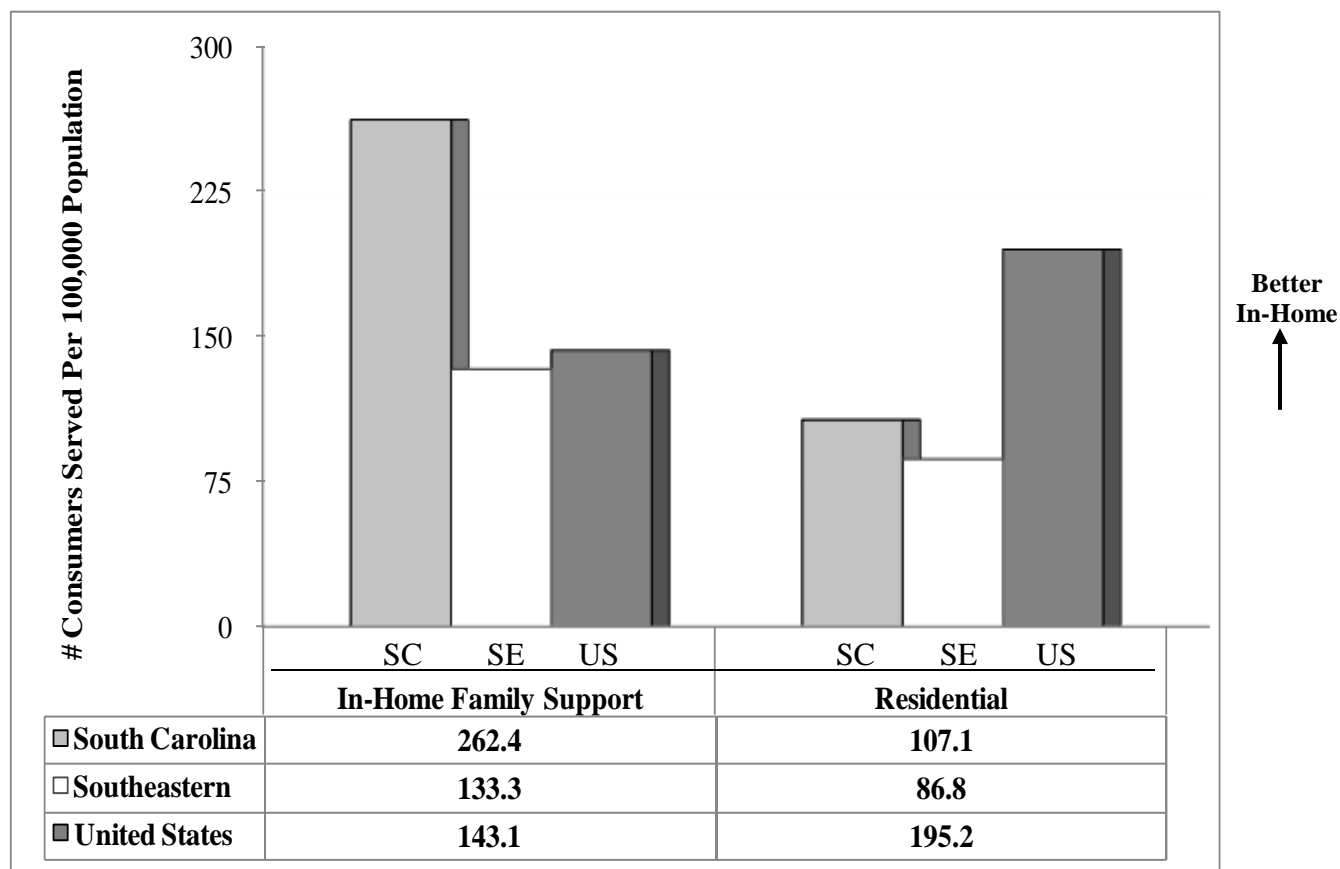
**Data Source:**

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2009 published by The University of Minnesota

Figure 7.1-2  
Figure 7.2-2  
Figure 7.3-2  
Figure 7.5-1

Section III:  
Category 4 – Measurement, Analysis  
& Knowledge Management  
Category 6 – Process Management

**South Carolina Department of Disabilities and Special Needs  
Type of Service and Proportionate Number of Persons with  
Intellectual Disabilities/Related Disabilities (ID/RD) Served (Consumers)  
Comparing South Carolina with Southeastern and United States**



Georgia	75.8	60.6
North Carolina	156.7	106.7

DDSN places a strong emphasis on the more cost effective services provided to consumers living with family members rather than costly out-of-home residential services. This graph reflects the number of persons per 100,000 general population receiving in-home family support services and out-of-home residential services. Compared to the national average, DDSN serves 83% more persons with less expensive in-home family supports. Despite South Carolina's comparatively weak economy this service delivery strategy has enabled DDSN to serve proportionately more persons with disabilities than are served in other states.

(South Carolina's number of people served with in-home family support includes children receiving BabyNet services.)

**Data Source:**

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2009 published by The University of Minnesota

Figure 7.1-3  
Figure 7.2-3  
Figure 7.3-3  
Figure 7.5-2

Section I:  
Major Achievements  
Section III:  
Category 4 – Measurement, Analysis  
& Knowledge Management

**South Carolina Department of Disabilities and Special Needs**  
**Ranking of States' Ability to Create Community – Inclusive Lives for**  
**Americans with Intellectual Disabilities/Related Disabilities (ID/RD)**

Chart A

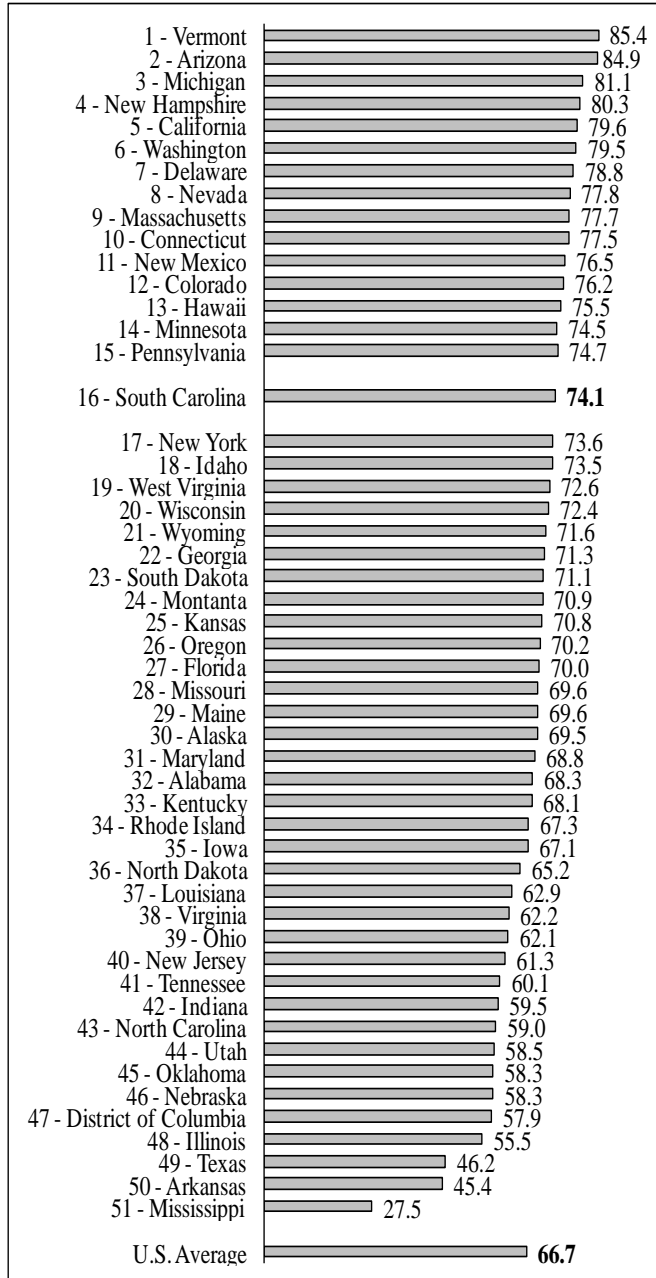
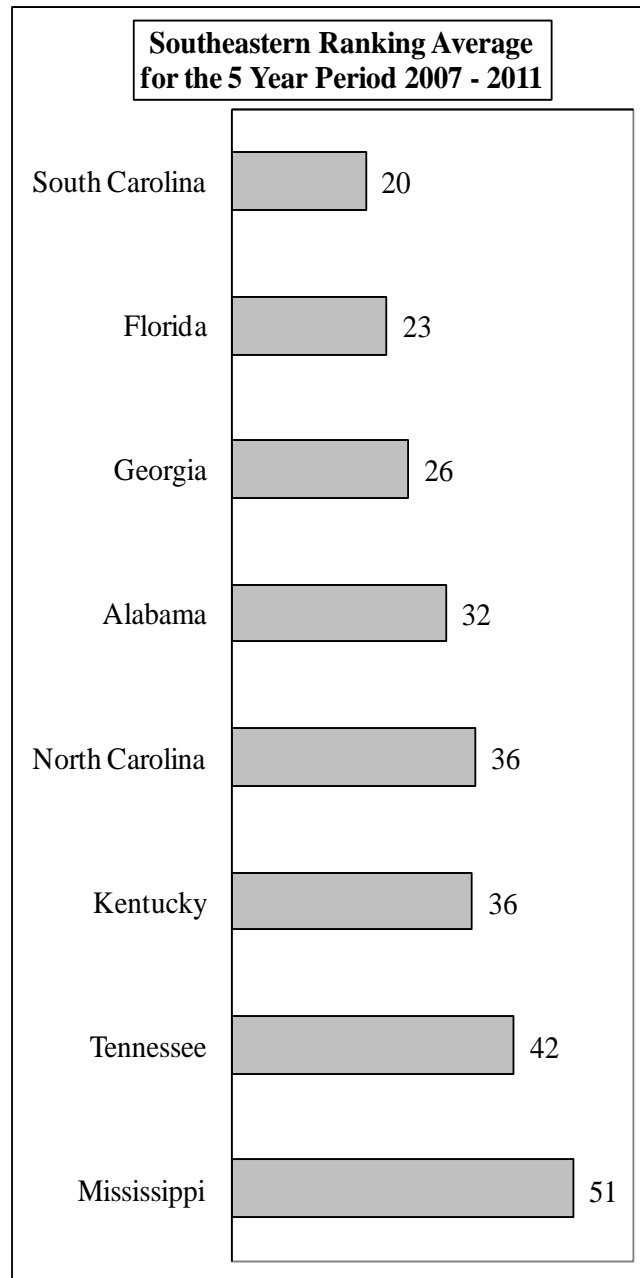


Chart B



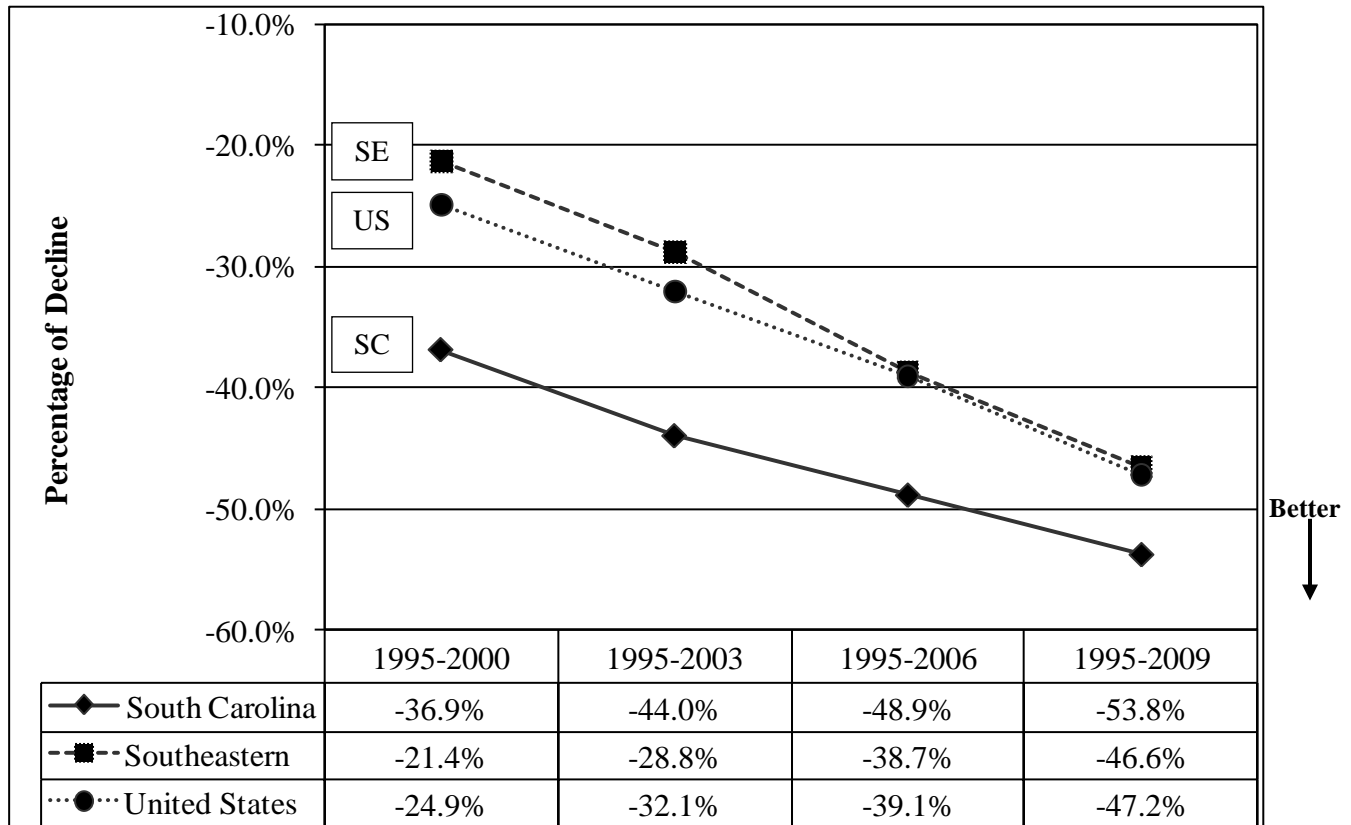
United Cerebral Palsy is one of the nation's leading organizations serving and advocating for more than 54 million Americans with disabilities. Their ranking is based on the states' ability to create quality, meaningful and community-inclusive lives for Americans with intellectual and developmental disabilities. South Carolina ranked 16 nationally in 2011 and ranks highly in comparison to southeastern states.

**Data Sources:**

The Case for Inclusion - An Analysis of Medicaid for Americans with Intellectual and Developmental Disabilities: 2007, 2008, 2009, 2010 and 2011 published by United Cerebral Palsy

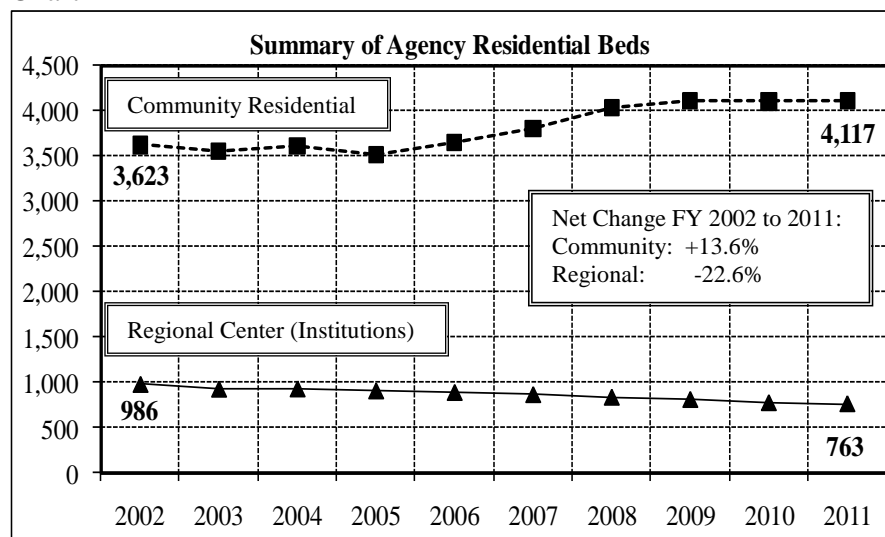
**South Carolina Department of Disabilities and Special Needs  
Average Daily Population of Persons with  
Intellectual Disabilities/Related Disabilities (ID/RD)  
In Regional Centers (Institutions)**

Chart A



Consistent with consumer preference and choice, DDSN continues to redirect residential services from regional centers to local community services. Shifting these resources is also more cost effective and efficient. South Carolina continues to reduce institutional capacity at a greater rate than the Southeast and United States averages.

Chart B

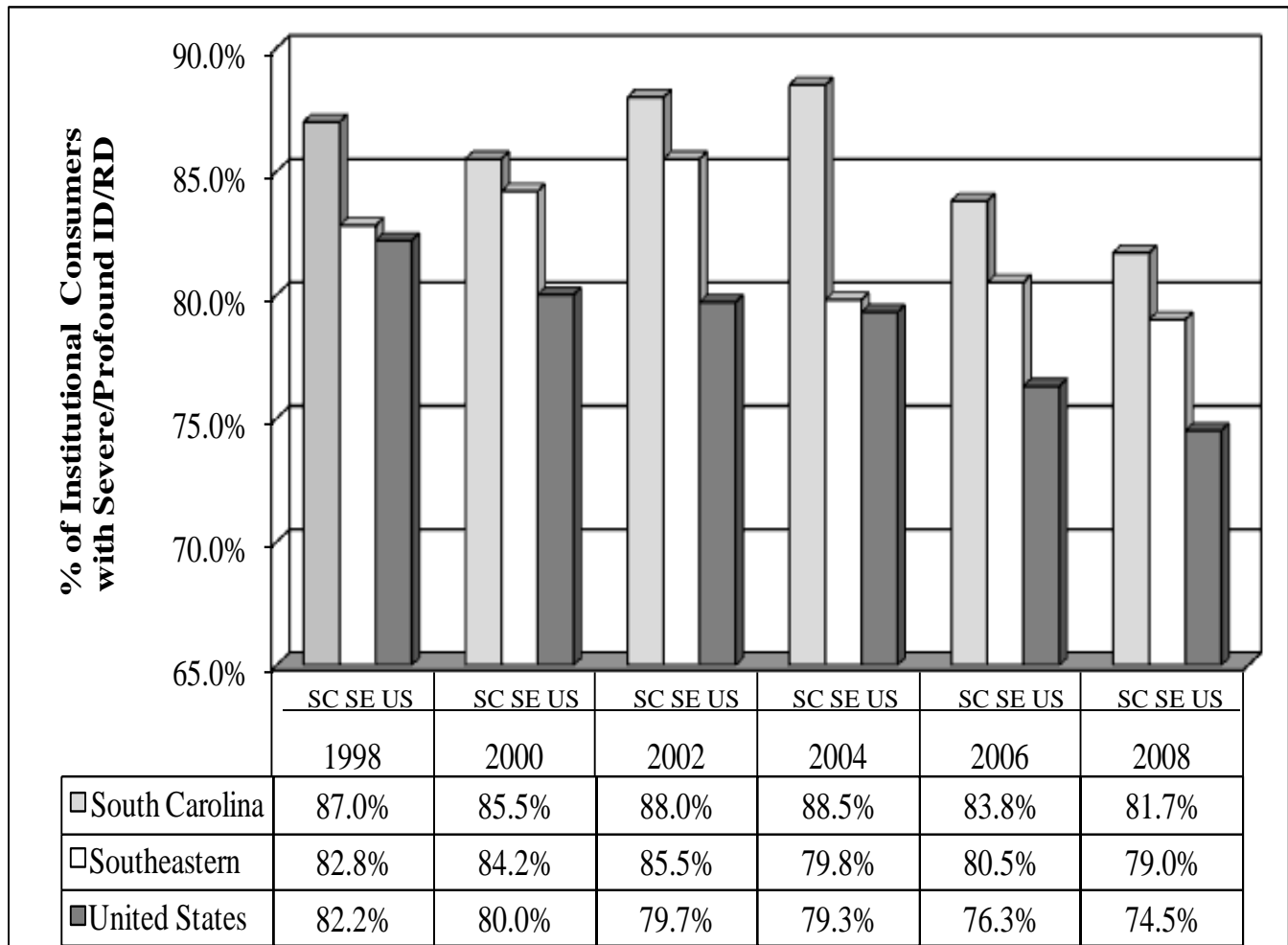


**Data Sources:**

Chart A – Residential Services for Persons with Developmental Disabilities: Status and Trends through 2009 published by The University of Minnesota

Chart B – Agency data provided by DDSN

**South Carolina Department of Disabilities and Special Needs  
Level of Intellectual Disability of Consumers  
Residing in Regional Centers (Institutions)  
Comparing South Carolina with Southeastern and United States**



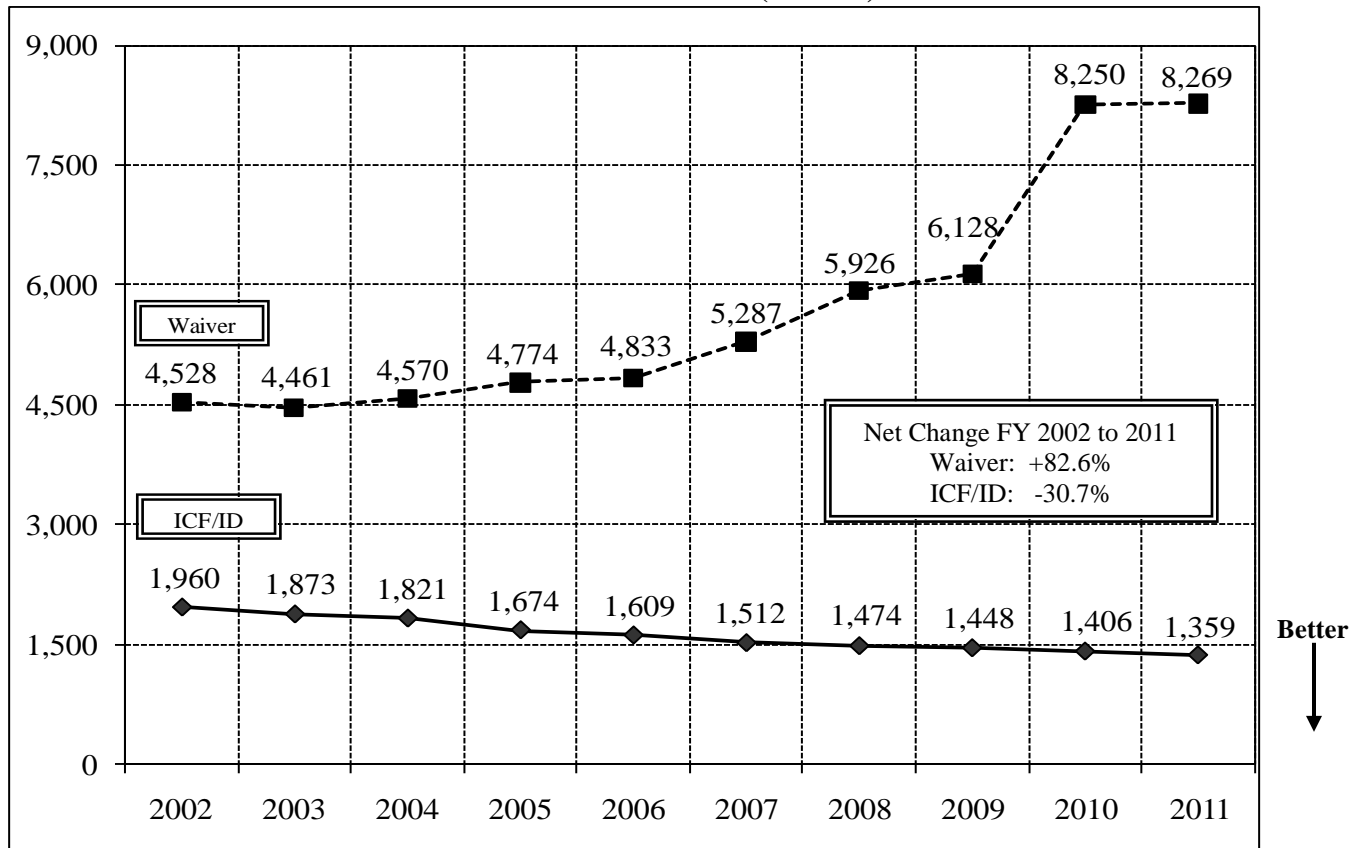
This chart compares the percentage of individuals with the most extensive disabilities who are served in DDSN's regional centers to the national and southeastern averages. The needs of the individuals served in South Carolina's regional centers (institutions) are consistently higher than the national and southeastern averages.

**Data Sources:**

Residential Services for Persons with Developmental Disabilities: Status and Trends through 1998, 2000, 2002, 2004, 2006, and 2008 published by The University of Minnesota

Chart data based on latest published data available from the University of Minnesota.

**South Carolina Department of Disabilities and Special Needs  
Delivery of Services Per Consumer Choice  
Home and Community Based Settings (Waiver)  
Versus Institutional (ICF/ID)**



DDSN provides services to consumers based on their choice of either institutional (ICF/ID) or home and community based waiver services. Consumer demand for institutional care (the ICF/ID), the most expensive and most restrictive option, has decreased by 31% since 2002, while the demand for waiver services has increased by 83%. In response to this demand, DDSN designed and implemented home and community based options. These options also facilitate people moving from ICFs/ID, prevent people from having to move into ICFs/ID and are cost efficient. DDSN designed and began operating three home and community-based waivers as follows:

- 1991: Intellectual Disabilities/Related Disabilities (ID/RD)
- 2007: Pervasive Developmental Disorder (PDD)
- 2009: Community Supports (CS)

The combined per capita cost of the three waivers is approximately one-third less than the combined per capita ICF/ID costs.

**Data Source:**

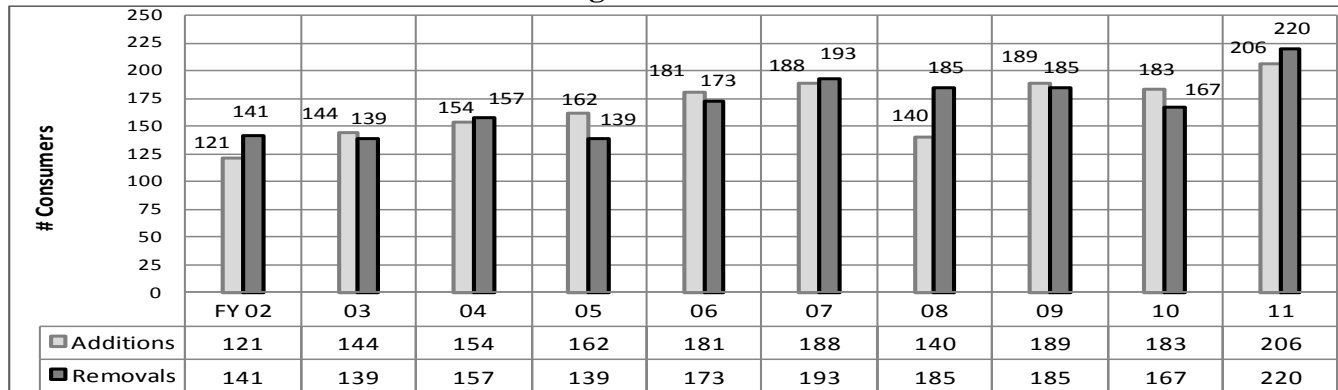
Agency data provided by DDSN



**Figure 7.1-7**  
**Figure 7.5-4**

Section I:  
Major Achievements  
Key Strategic Goals  
Section III:  
Category 1 – Senior Leadership,  
Governance & Social Responsibility  
Category 6 – Process Management

**South Carolina Department of Disabilities and Special Needs**  
**Critical Waiting List – Additions/Removals**

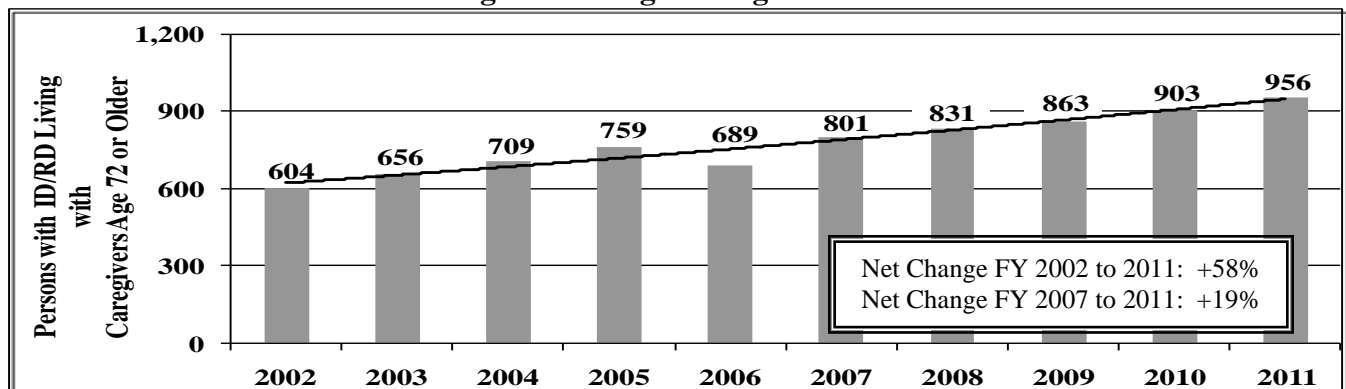


DDSN prioritizes services to those persons with lifelong disabilities who have the greatest need. Individuals whose health and safety are at risk, who cannot care for him/herself and meet critical criteria are served first. In most critical circumstances the parent or caregiver has died or become so impaired they can no longer provide care, the individual with disabilities has been neglected or abused, or the individual's behavior has become so aggressive or violent they are a danger to themselves or their caregiver/family members. When these fragile family arrangements fall apart, DDSN must respond to provide appropriate care. This past year over 200 individuals were in critical situations and service placements were developed to meet their needs and resolve the crisis.

**Figure 7.1-8**  
**Figure 7.2-5**

Section III:  
Category 1 – Senior Leadership,  
Governance & Social Responsibility  
Category 6 – Process Management

**South Carolina Department of Disabilities and Special Needs**  
**Persons with Intellectual Disability/Developmental Disabilities (ID/RD)**  
**Living with Caregivers Age 72 or Older**



The number of consumers living with caregivers 72 years of age or older has increased 19% over the last five years and 58% since 2002. At any time, care for consumers by older caregivers becomes jeopardized as the caregiver's health deteriorates, the caregiver dies or is no longer able to continue this responsibility, even with increased in-home and day supports.

**Data Source:**

Agency Data provided by DDSN

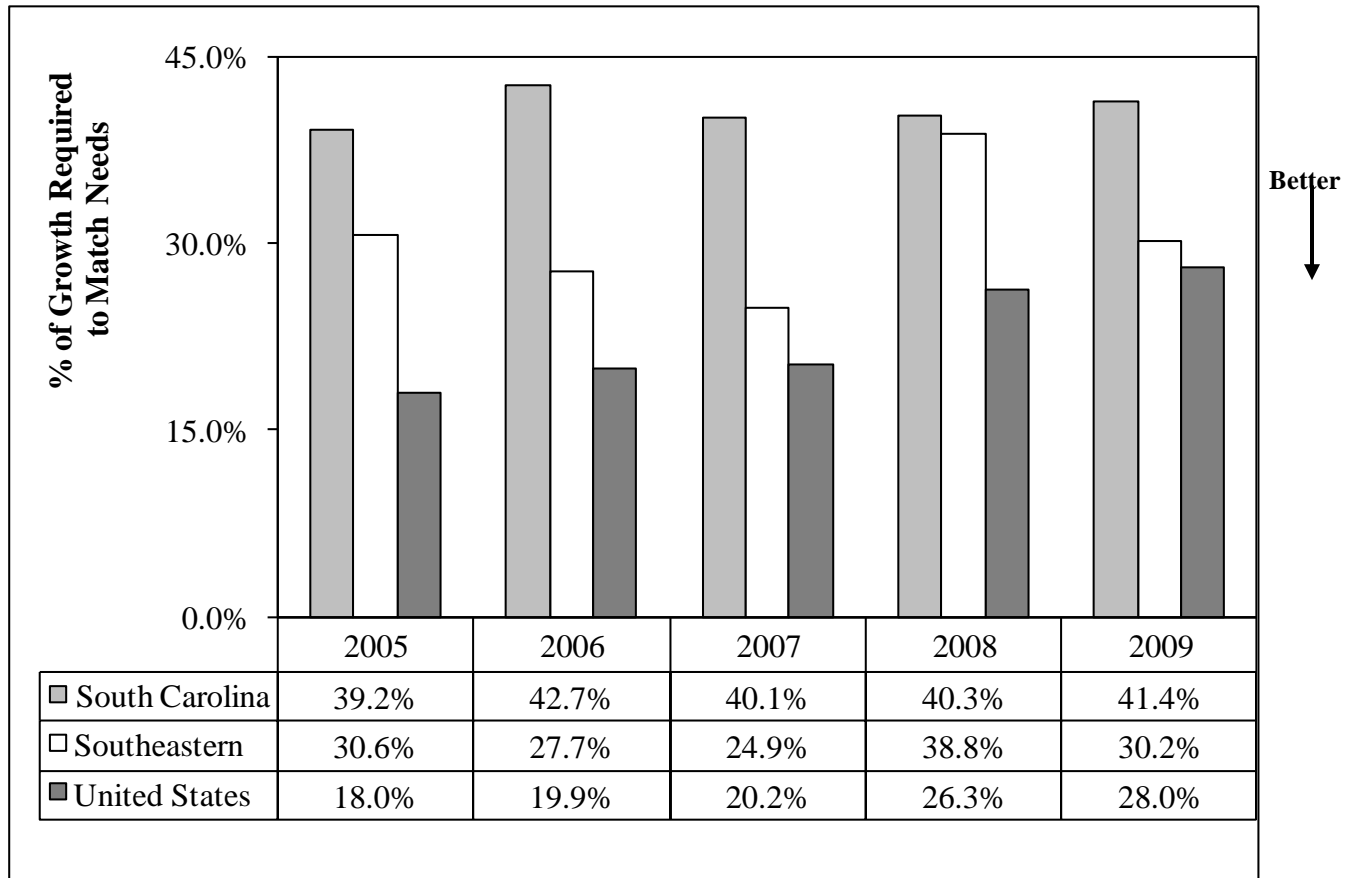
**Figure 7.1-9**

Section I:  
Key Strategic Goals

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Section III:  
Category 1 – Senior Leadership,  
Governance & Social Responsibility  
Category 6 – Process Management

**South Carolina Department of Disabilities and Special Needs  
Residential Services Percentage Growth  
Required to Eliminate Residential Waiting List**



Georgia	26.0%	32.0%	14.0%	129.0%	27.3%
North Carolina	Didn't Report	41.0%	11.0%	13.0%	Didn't Report

The waiting list for residential services is higher than the national and southeastern averages. In South Carolina, residential services are reserved for only those persons with critical needs.

**Data Sources:**

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2005, 2006, 2007, 2008 and 2009 published by the University of Minnesota

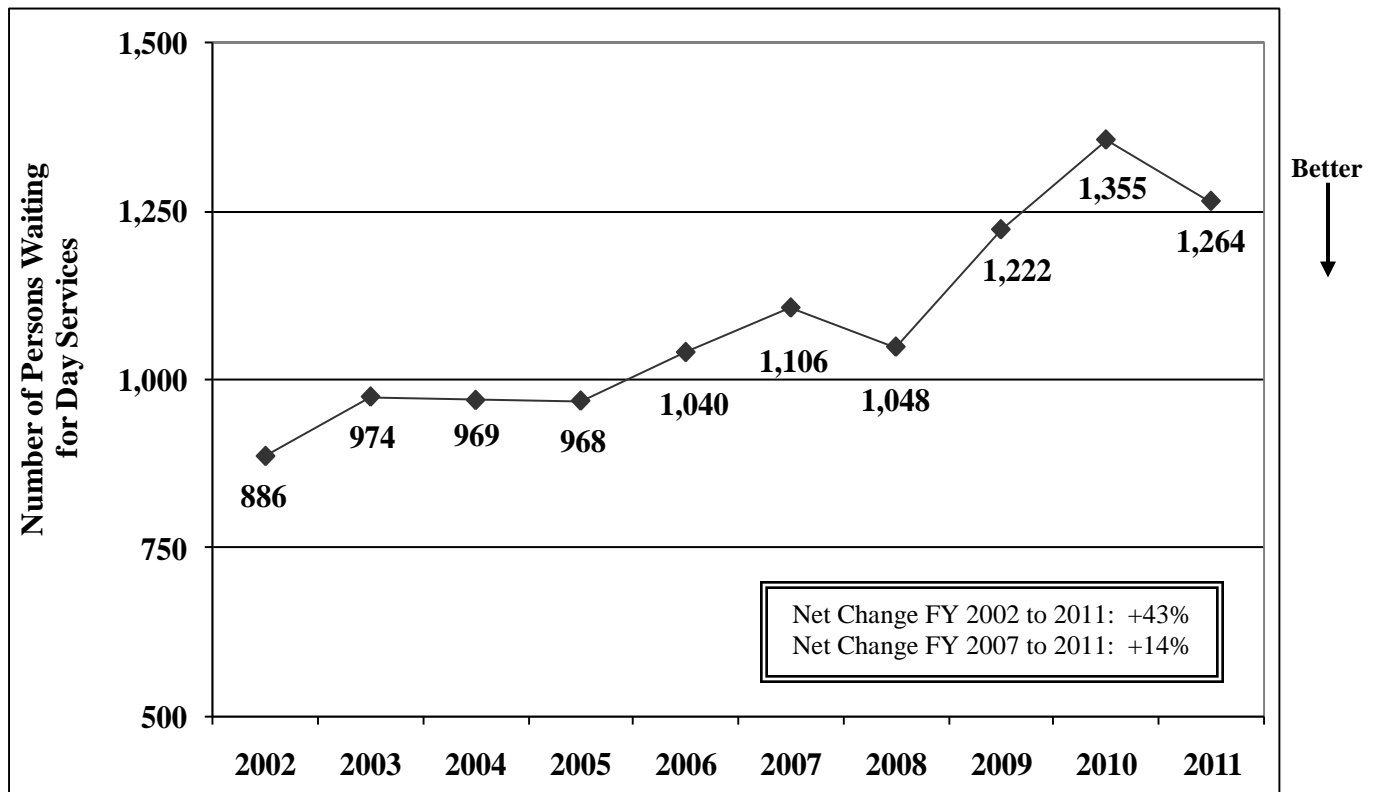
**Figure 7.1-10**

Section I:  
Major Achievements  
Key Strategic Goals

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Section III:  
Category 1 – Senior Leadership,  
Governance & Social Responsibility  
Category 6 – Process Management

**South Carolina Department of Disabilities and Special Needs  
Day Services Waiting List**



The waiting list for day services has increased 14% over the last five years. This waiting list has increased 43% since 2002 even though over 10,925 people have been removed since 2002. The individuals who are waiting live at home with family. These habilitative and job-related services are important for the consumers, allow family members to remain employed and prevent the need for more expensive out-of-home placement.

**Data Sources:**

Agency Data provided by DDSN

Figure 7.1-11

Figure 7.2-6

Figure 7.5-5

Section I:

Major Achievements

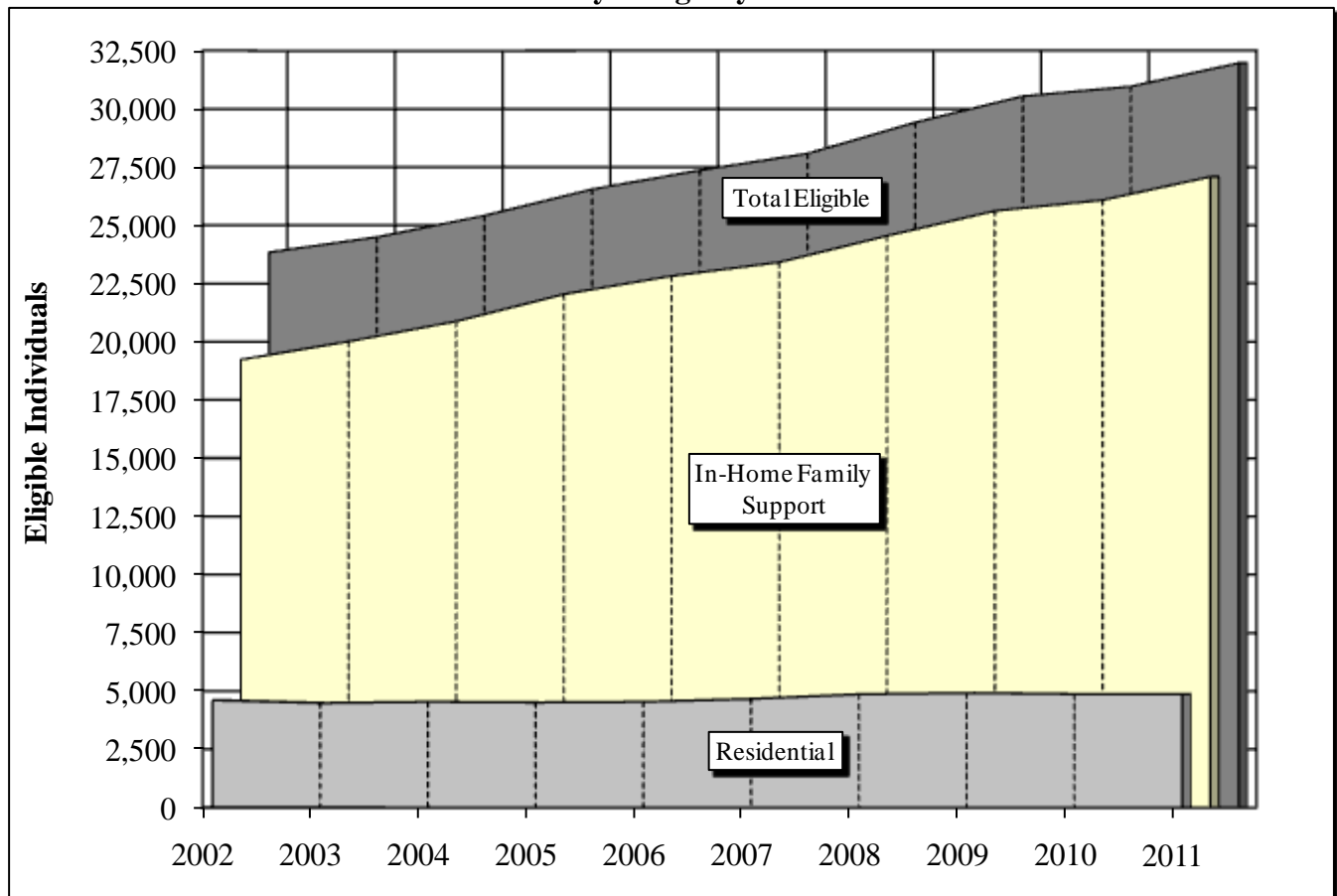
Section III:

Category 1 – Senior Leadership,

Governance & Social Responsibility

Category 6 – Process Management

**South Carolina Department of Disabilities and Special Needs  
Summary of Agency Services**



Net Change FY 2002 to 2011:

Total Eligible: +34.0%

Family Support: +40.8%

Residential: +5.9%

DDSN policies reflect federal and state laws by supporting people in the least restrictive setting possible. In the ten year period shown, there has been a 40.8% growth in the use of cost efficient family support services compared to only 5.9% growth in residential services, which are more expensive.

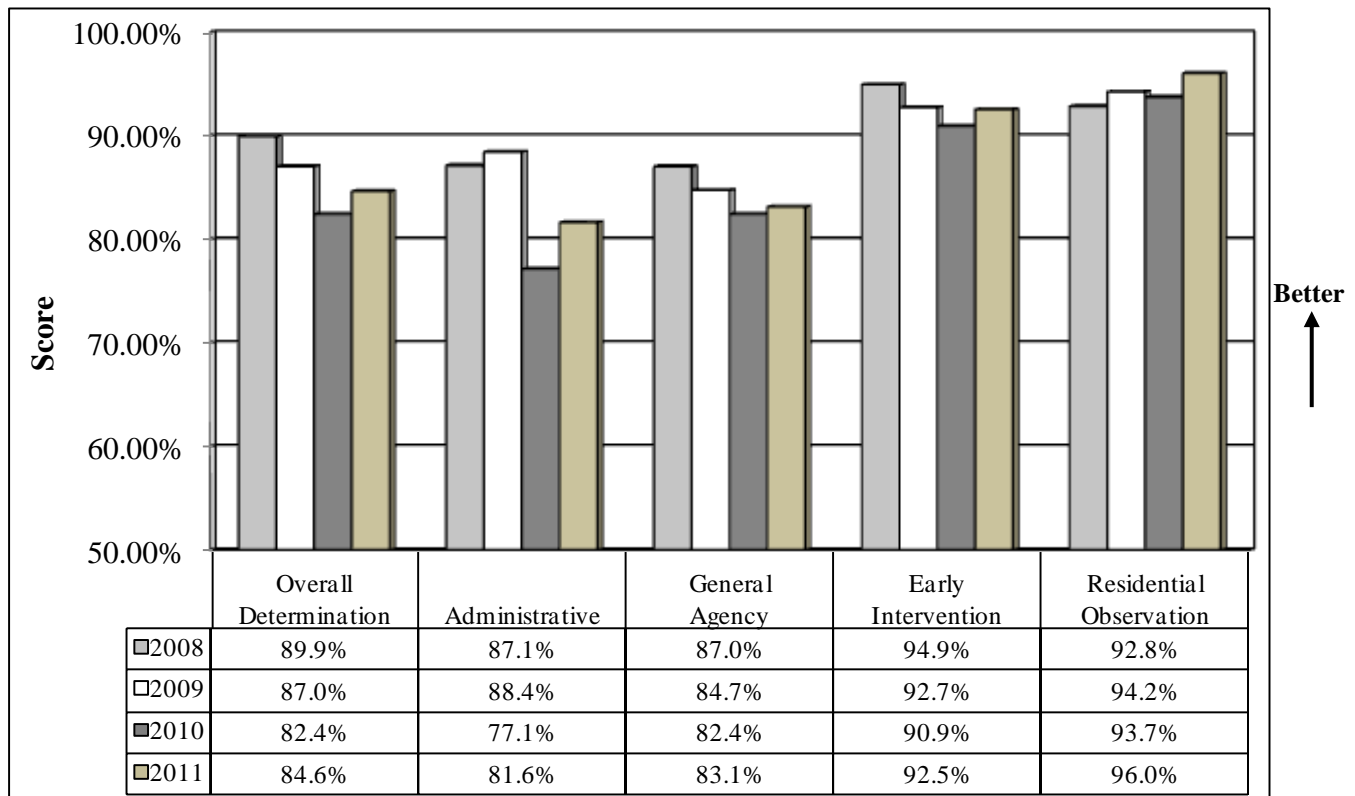
Of the approximately 32,000 individuals eligible or receiving DDSN services, 85% live at home with their families or in their own home. Of the thousands of persons with intellectual disabilities and related disabilities, and autism receiving services from DDSN, 71% live with family caregivers, compared to 58% nationally. DDSN is doing a better job of helping individuals live in a family setting.

**Data Sources:**

Agency data provided by DDSN

National data provided by: Residential Services for Persons with Developmental Disabilities: Status and Trends through 2009 published by The University of Minnesota

**South Carolina Department of Disabilities and Special Needs  
Annual Provider Performance Rating on  
Compliance and Service Effectiveness**



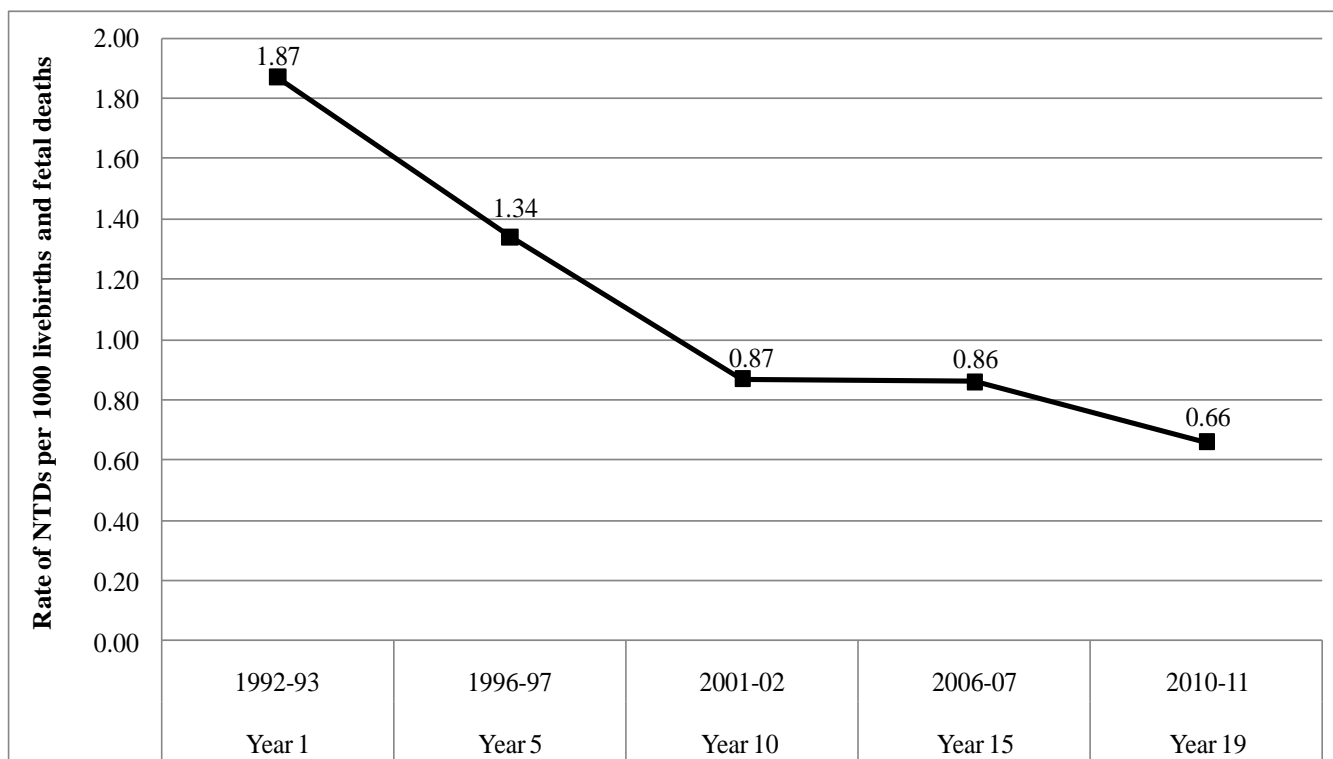
DDSN contracted with a nationally recognized CMS-Certified Quality Improvement Organization to conduct a sophisticated annual quality assurance review of DDSN service providers using random sampling to ensure reliability and validity of results. Areas such as health, safety, rights, compliance with Medicaid contracts, choice, service planning, and fiscal management are reviewed.

The five (5) major domains of review are **Administrative**, including fiscal, governing body, critical reporting system and other management indicators; **General Agency**, including a broad range of direct service indicators such as services provided are meeting clients' needs; **Early Intervention**, including measures that evaluate the effectiveness of services to children from birth to age six, and **Residential Observation**, which evaluates the support provided to consumers in their homes during unannounced visits. Reports reflect that service providers meet or exceed compliance requirements in all domains. It should be noted that DDSN's change of outcome measures has increased the expected performance of its service providers.

**Data Source:**

Delmarva Foundation Inc., "Report of Findings, Annual Aggregate Data"

**South Carolina Department of Disabilities and Special Needs**  
**Neural Tube Defects (NTDs) in South Carolina**

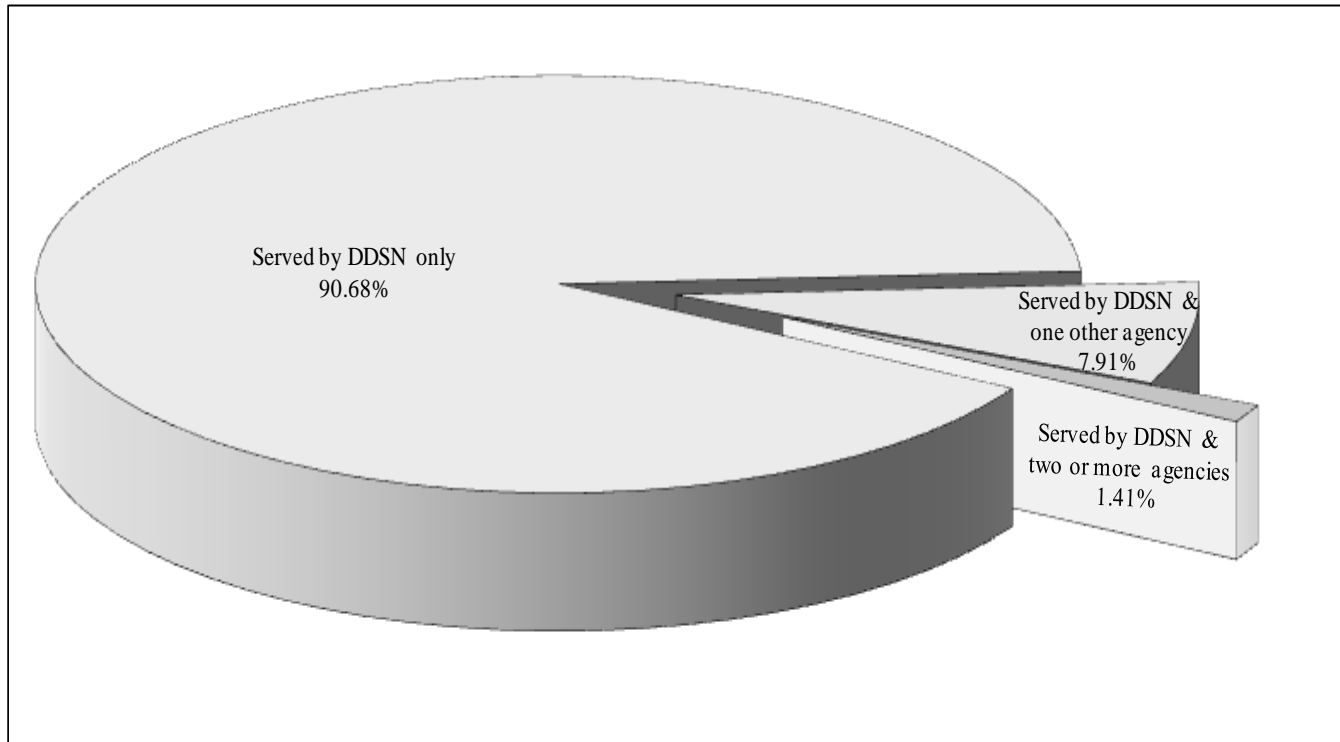


Primary prevention efforts produce the greatest return on investment of time and dollars. An example of one effort is reducing the rate of infants born with neural tube defects (NTDs) through DDSN's partnership with the Greenwood Genetic Center. The rate of NTDs per 1000 livebirths in South Carolina has steadily declined over the last 19 years. The result is the prevention of 60 infants born each year with an NTD, saving the state \$30 million in medical and disability service costs over the lifetime of each child. Twenty years ago, South Carolina's rate of NTDs was 3 times the national average; it is now in line with the national average.

**Data Source:**  
Greenwood Genetic Center

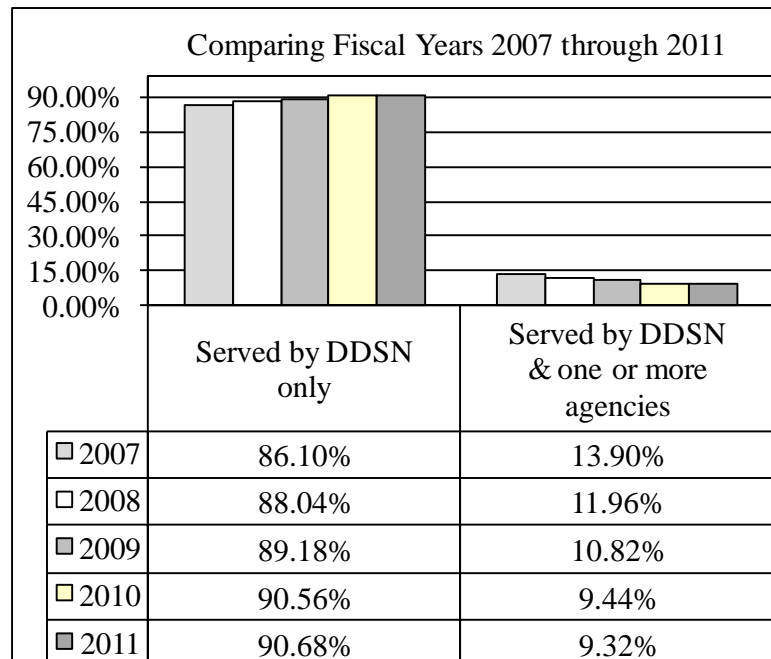
**South Carolina Department of Disabilities and Special Needs  
DDSN Consumers Served By  
Other State Agencies  
For Fiscal Year 2011**

Chart A



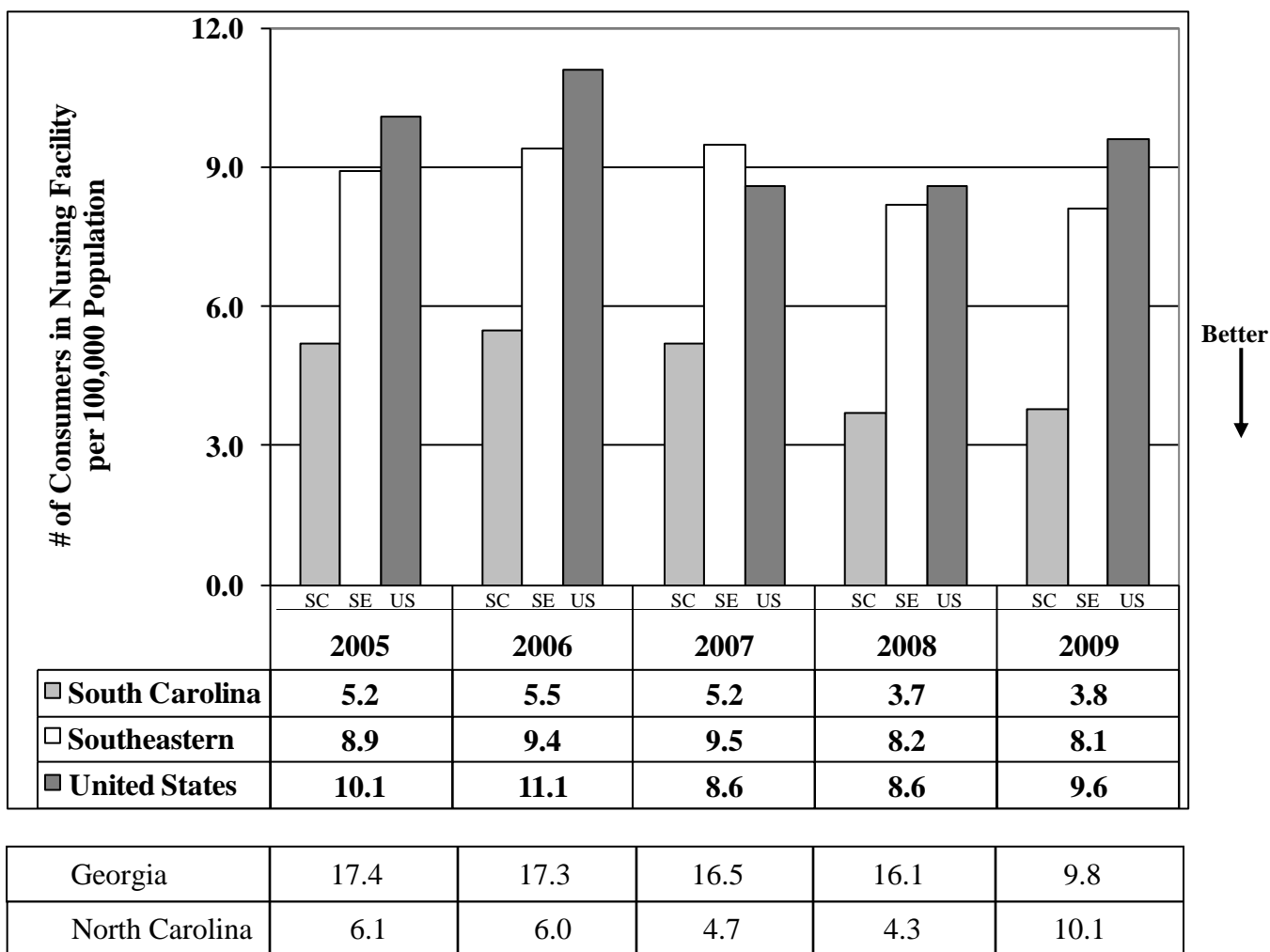
Over 90% of individuals served by DDSN do not receive services from other state agencies. When they do, services complement but do not duplicate other agencies' efforts. DDSN services focus on the developmental aspects of care and family supports such as day supports and respite care as opposed to protective/social services or psychiatric services as examples. DDSN tracks other agencies' involvement and regularly communicates with them to ensure collaboration and efficient use of services.

Chart B

**Data Source:**

Agency data provided by DDSN

**South Carolina Department of Disabilities and Special Needs  
Rate of Consumers with Developmental Disabilities  
Placed in a Nursing Facility per 100,000 Population  
South Carolina compared with Southeastern and United States**



The Federal Nursing Home Reform Act, passed in 1987, was intended to improve the conditions in nursing homes and protect people with intellectual disabilities and related disabilities. The law requires any individual suspected of having a developmental disability to be screened prior to being admitted to a nursing home. This screening ensures that individuals with developmental disabilities requiring specialized residential services are most appropriately placed. Litigation has been initiated against several states for failing to avoid inappropriate placement.

DDSN's rate of consumers with developmental disabilities placed in nursing homes has been much lower than the United States and Southeastern average rates for the past several years. In South Carolina, just 3.8 individuals with developmental disabilities per 100,000 of the general population are served in traditional nursing facilities. As with the general population, people with lifelong disabilities are living longer and prefer receiving services in their own homes and communities.

**Data Sources:**

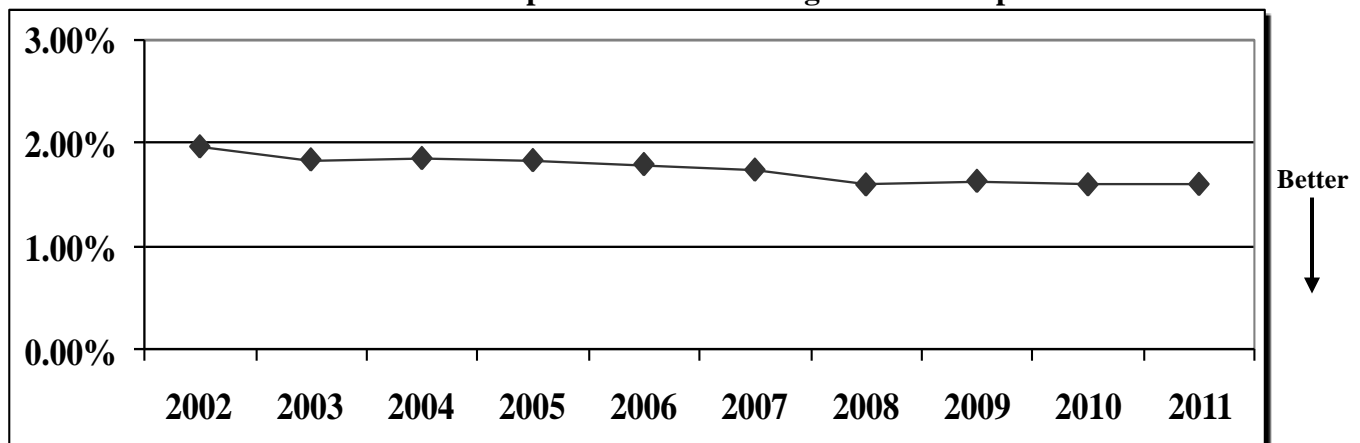
Residential Services for Persons with Developmental Disabilities: Status and Trends through 2004, 2005, 2006, 2007, 2008, and 2009 published by The University of Minnesota



**Figure 7.1-14**  
**Figure 7.3-7**

Section I:  
Major Achievements  
Section III:  
Category 1 – Senior Leadership,  
Governance & Social Responsibility

**South Carolina Department of Disabilities and Special Needs  
Administration Expenses as a Percentage of Total Expenses**

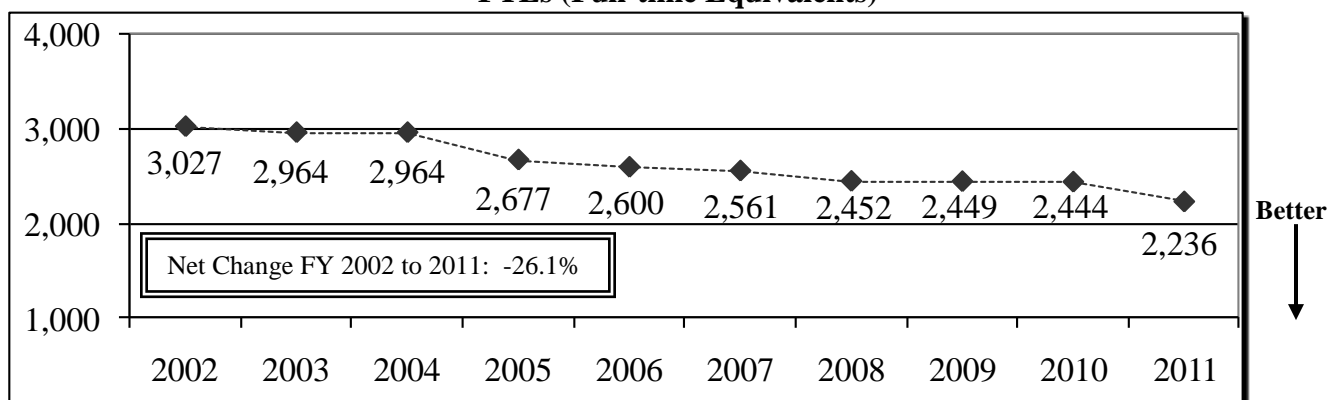


DDSN has continually shifted resources from administration to service priorities. Over the last ten years, DDSN's administrative FTEs were reduced by 28% through attrition, reductions in force, and retargeting resources and FTE reduction provisos. Central Office administrative expenses have remained at less than 2% of total expenses even though there has been an increase in the need for services, the number of people served, an increased scope of services and increased federal and state compliance requirements.

**Figure 7.1-15**  
**Figure 7.3-8**  
**Figure 7.4-1**

Section III  
Category 1 – Senior Leadership,  
Governance & Social Responsibility

**South Carolina Department of Disabilities and Special Needs  
FTEs (Full-time Equivalents)**



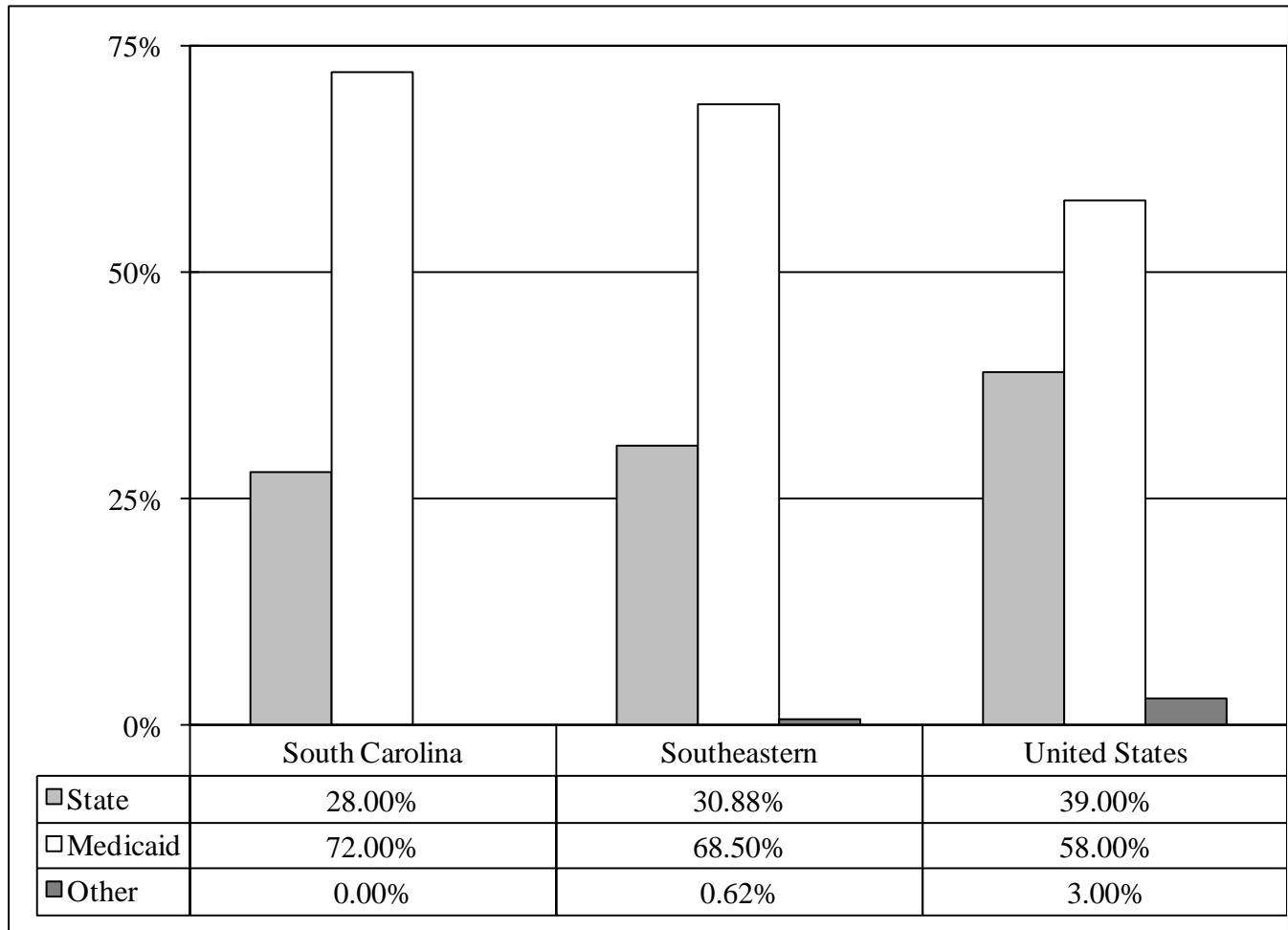
From 2002 to 2011, 791 FTEs were eliminated. The purpose was to assist the agency in aligning its human resources needs with the operational needs now and in the future.

**Data Sources:**

Figure 7.1-14 - Agency data provided by DDSN

Figure 7.1-15 - Agency data provided by the (Budget and Control Board) Office of Human Resources Appropriations Act

**South Carolina Department of Disabilities and Special Needs  
Comparing South Carolina with Southeastern and United States  
Revenue Sources for Fiscal Year 2009**



	Georgia	North Carolina	
State	41.00%	33.00%	
Medicaid	59.00%	62.00%	
Other	0.00%	5.00%	

DDSN earns Medicaid revenue to pay for 72% of service costs compared to a 58% national average for fiscal year 2009. This minimizes new costs to the state and allows the agency to serve more individuals. The amount of state funds available limits overall agency expenditures as DDSN services are not driven by entitlement.

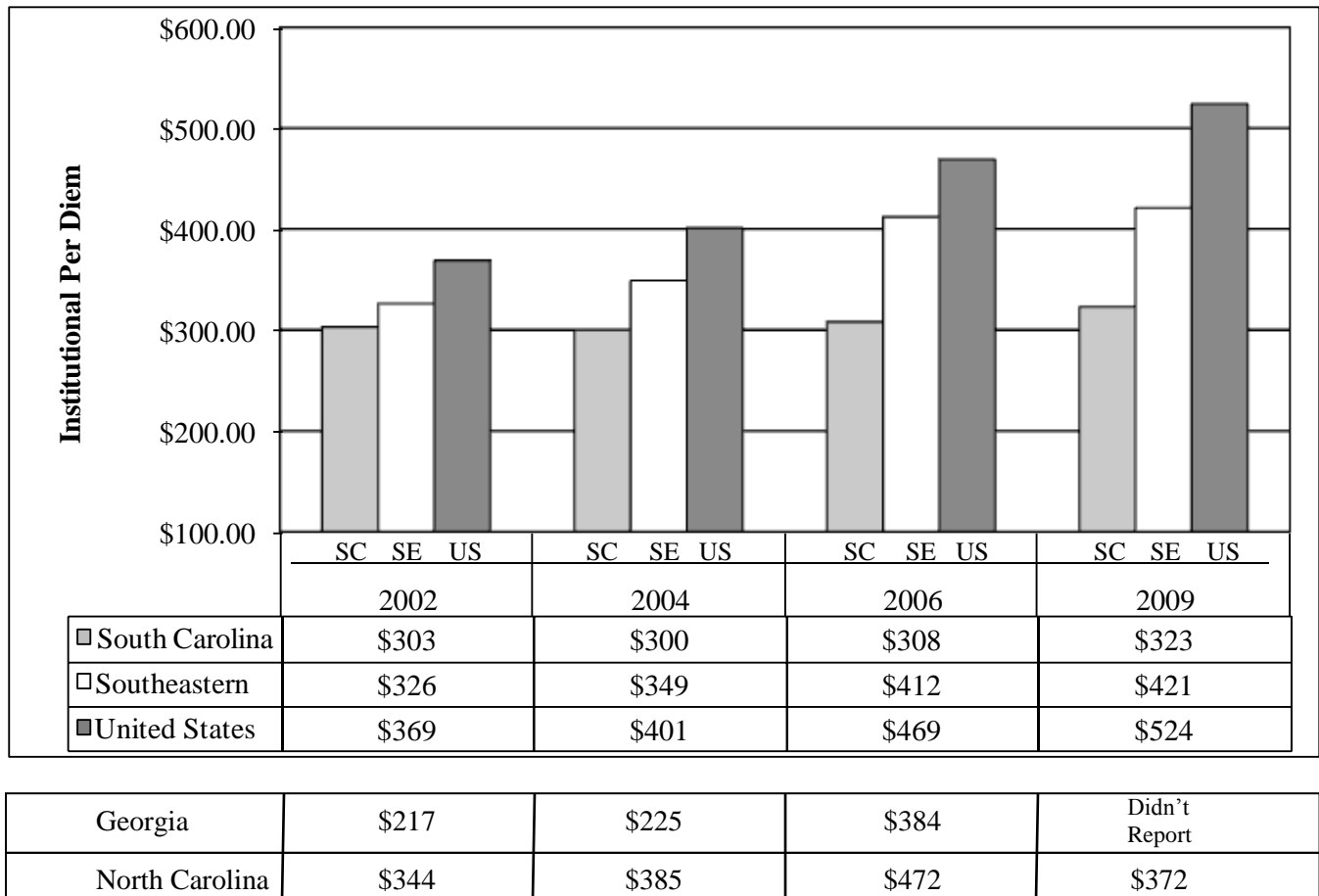
**Data Source:**

The State of the States in Developmental Disabilities: 2009 published by The University of Colorado

**Figure 7.3-10**  
**Figure 7.5-7**

Section III:  
 Category 1 – Senior Leadership,  
 Governance & Social Responsibility  
 Category 4 – Measurement, Analysis,  
 & Knowledge Management

**South Carolina Department of Disabilities and Special Needs**  
**Institutional Per Diem**  
**Comparing South Carolina with Southeastern and United States**

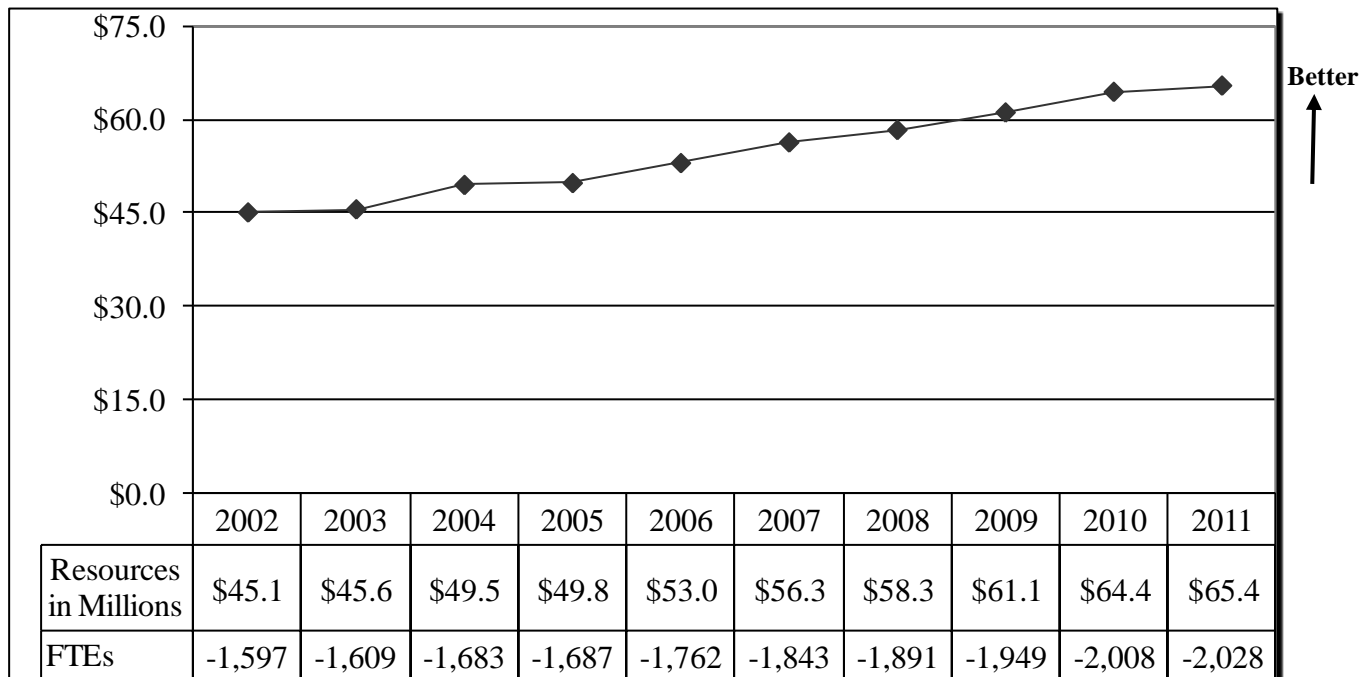


South Carolina's institutional per diem is 38% less than the average per diem in the United States and 24% less than the Southeastern average.

**Data Sources:**

The State of the States in Developmental Disabilities: 2002, 2004, 2006 and 2009 published by The University of Colorado

**South Carolina Department of Disabilities and Special Needs  
Regional Center Resources Redirected to Community Residential Services  
Cumulative Totals from Fiscal Year 2002 to 2011**



**Cumulative Effect 1994 to 2011**

Service Funding: \$65,409,593

FTEs: -2,028

**Note:** Figure displays 10 most recent years due to space limitation.

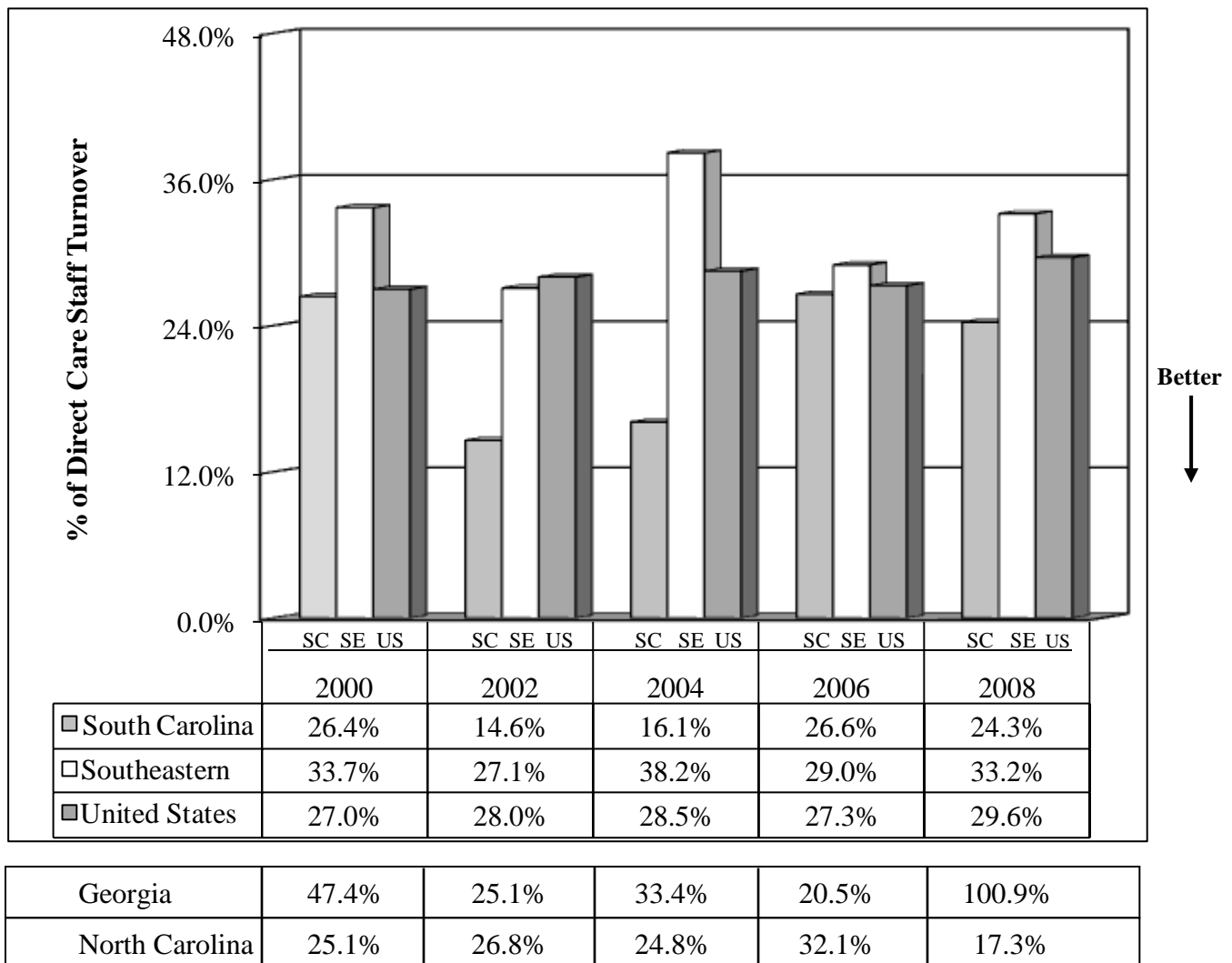
As people move from the regional centers to community residential settings, their service funding is redirected from regional centers to local community services. Since implementing the “money follows the individual” (MFI) formula in fiscal year 1994, more than \$65 million has been redirected to local community services.

While South Carolina has a seventeen year history of utilizing its MFI formula, the national MFI effort by the federal government only began in 2006. Therefore, national data is not comparable at this time. The federal government only recently began giving states grants to help with this effort. South Carolina’s MFI effort is achieved without federal aid. Another result is the reduction of DDSN permanent workforce positions.

**Data Source:**

Agency data provided by DDSN

**South Carolina Department of Disabilities and Special Needs  
Institutional Direct Care Staff Turnover Rate  
Comparing South Carolina with Southeastern and United States**



Lower staff turnover is more efficient and cost effective. The rate of turnover in the direct care workforce in South Carolina's regional centers is lower than both the national and southeastern rate. Lower staff turnover avoids additional costs of recruitment, background checks and training.

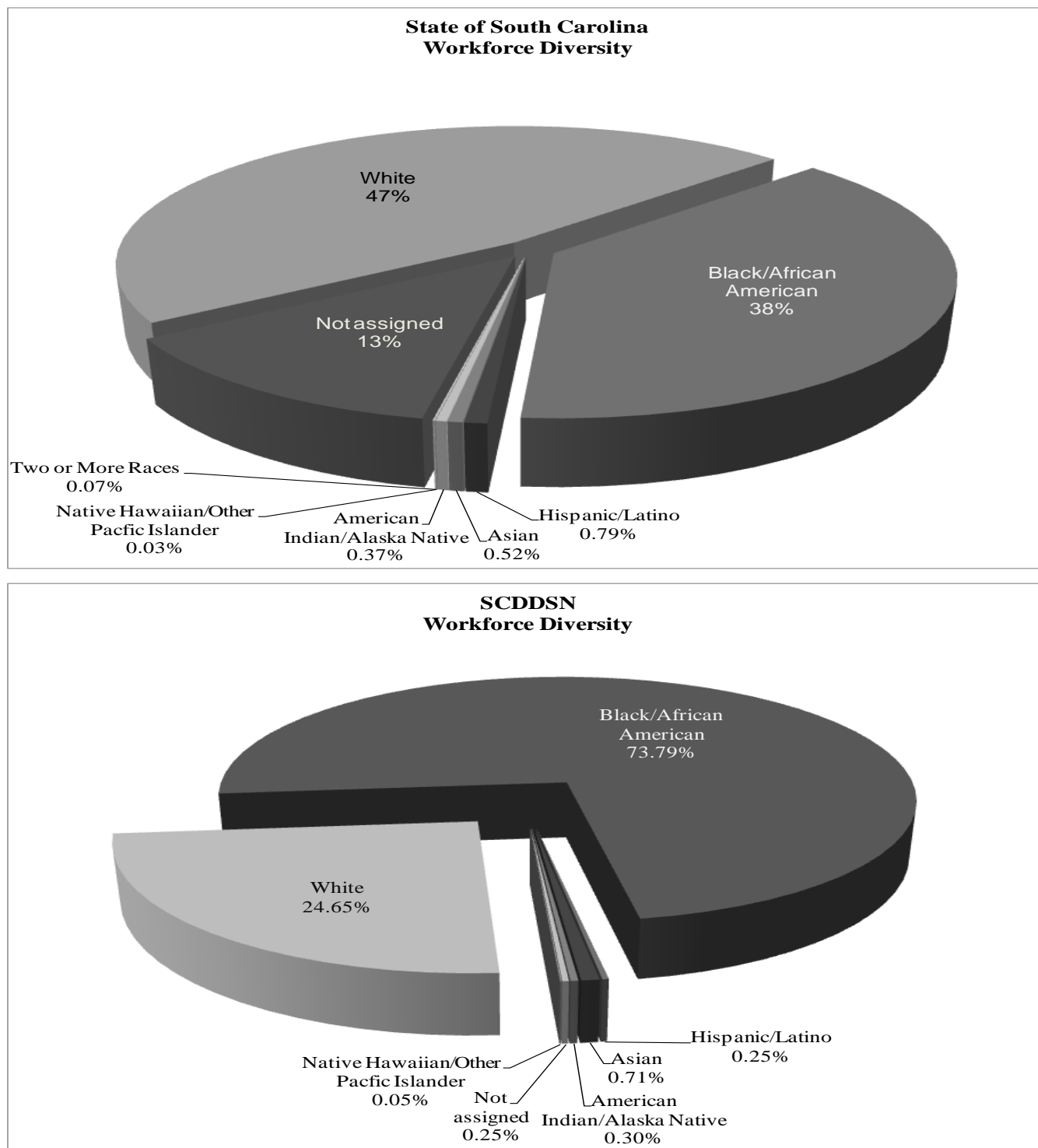
Lower staff turnover also prevents disruption in care. The direct care staff in the regional centers (institutions) are in many ways a surrogate family to the consumers who live there. Important personal bonds are formed between the direct care staff and the consumers served. Staff have a substantial impact on consumers and therefore, when the turnover of the direct care staff can be minimized, the consumer's quality of life is enhanced.

**Data Sources:**

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2000, 2002, 2004, 2006, and 2008 published by The University of Minnesota

Chart data based on latest published data available from the University of Minnesota

**South Carolina Department of Disabilities & Special Needs  
Work Force Diversity  
Comparing the State of South Carolina with DDSN**



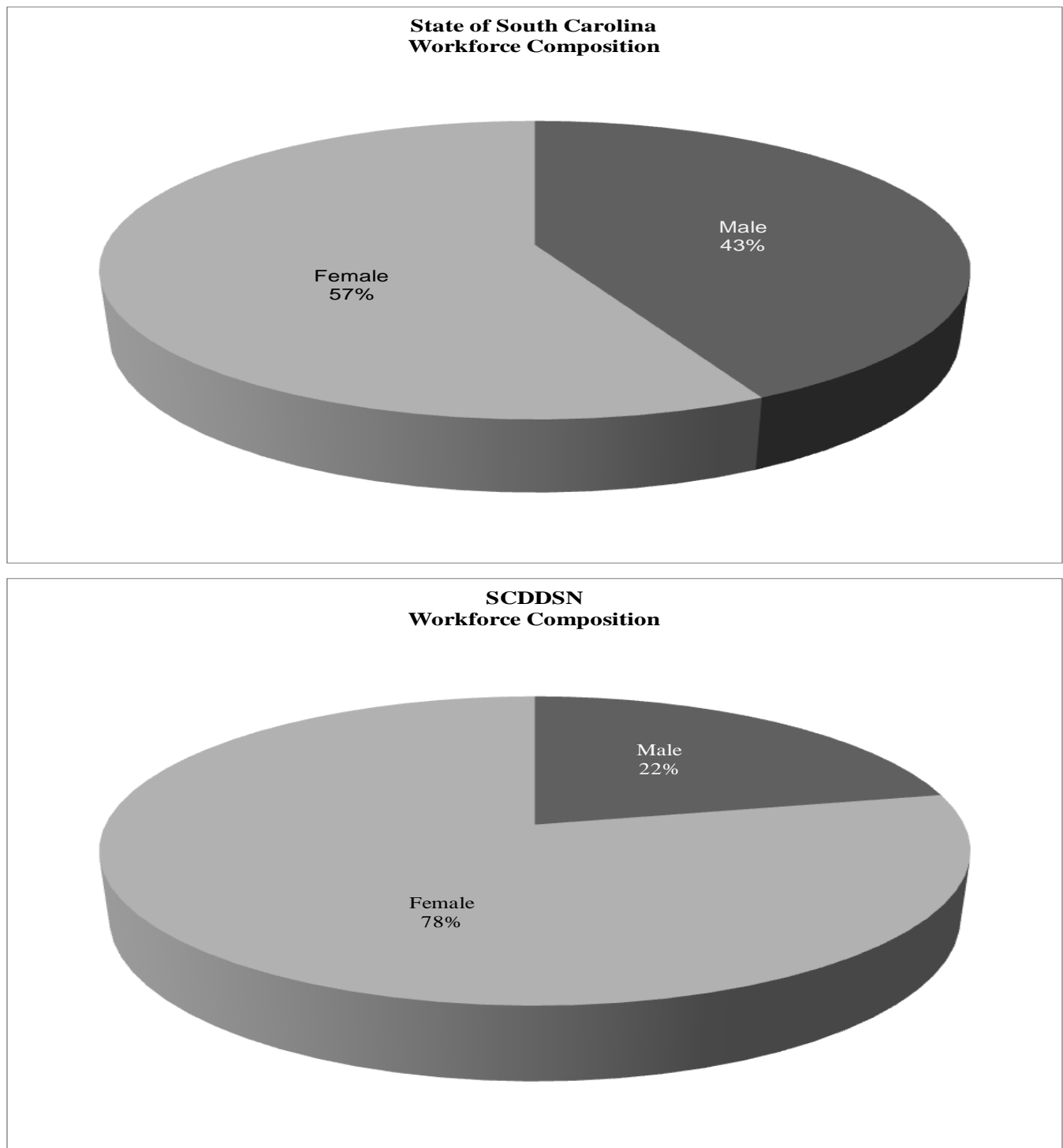
This chart reflects workforce diversity and how DDSN compares with the total State employee workforce.

**Data Sources:**

DDSN data provided by DDSN

State of South Carolina data provided by South Carolina Enterprise Information System

**South Carolina Department of Disabilities & Special Needs  
Work Force Composition  
Comparing the State of South Carolina with DDSN**



This chart reflects the hiring by gender, and how DDSN compares with the total State employee workforce.

**Data Sources:**

DDSN data provided by DDSN

State of South Carolina data provided by South Carolina Enterprise Information System