



**ANNUAL
ACCOUNTABILITY
REPORT**

Fiscal Year 2011-2012

Accountability Report Transmittal Form

Agency Name – SC Department of Disabilities and Special Needs

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**South Carolina Department of Disabilities and Special Needs
2011-2012 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

Major Achievements for Fiscal Year 2011-2012

- Served individuals in the least restrictive environment and provided services to support individuals in their own or their family's home. DDSN currently serves more than 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, 72 percent live with family compared to 56 percent nationally. The results are this is best for the person with a disability, it is preferred by families and it is the most cost-efficient service alternative for taxpayers. (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, 227 individuals were removed from the critical waiting 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)

- Moved a substantial number of people into services off waiting lists and provided other people new supports and services. The agency redirected service dollars to provide necessary supports to remove more than 220 individuals from the critical waiting list and to provide 40 new people traumatic brain injury/spinal cord injury (TBI/SCI) post-acute rehabilitation services following injury. More than 1,000 people began receiving needed services from one of DDSN's four waiver programs and more than 460 people received new competitive employment or center-based day supports. Over 300 people participated in a new community-based respite service. Almost 3,800 new children ages 0 to 5 received essential early intervention and family training services. The agency improved and increased its overall service capacity utilizing existing resources. The results were meeting the critical needs of vulnerable individuals, supporting hundreds of family caregivers and enabling people with disabilities to work and live as independently as possible. (See Figure 7.1-2, Figure 7.1-7 and Figure 7.1-10)
- Ranked 13th in the United States and higher than any other southeastern state in the United Cerebral Palsy (UCP) 2012 report, *The Case for Inclusion*. UCP is an international advocacy and service organization that ranks all 50 states and the District of Columbia on their service outcomes for citizens with intellectual/developmental 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)
- Conducted a special series of eight (8) community Stakeholder Sessions and developed an on-line survey to solicit stakeholders' input and perspectives. More than 800 self-advocates, parents, family members, provider staff and advocates participated in the Stakeholder Sessions which were held in conveniently located sites across the state. Each session broke out into four concurrent target groups based on the age of the person with a disability or where they live. In addition, more than 150 people completed the on-line surveys. The result was the agency received essential information on the value and importance of services which was analyzed by the University of South Carolina's (USC) Institute for Public Services and Policy Research. USC reported the major finding was "virtually every service that DDSN provides is considered important by consumers." (See Figure 7.1-19)
- Doubled a new Caregiver Relief Program based on input from families and providers. This program offered respite care outside of the home to individuals who were on waiting lists for services. Twelve providers participated, twice the previous year's number, 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 results were more than 300 individuals consistently received this service over the year, benefiting from socialization and inclusion, and their caregivers benefited from a break in providing constant care and supervision. Another result of this cost-effective program is more people can receive support and care for less money per person in a congregate setting than in the more expensive option of one-on-one in-home respite.
- Assisted 48 residents of the agency's regional centers in moving successfully to community settings based on their expressed preference. 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)
- Assured only individuals with the most significant and complex needs reside at the regional centers. More than 84 percent of the individuals residing at the centers have severe or profound disabilities whereas nationally 76 percent of individuals served in similar facilities in other states have severe or profound disabilities. Reserving utilization of the most expensive service is cost-efficient.

Additional results are that individuals received services in the least restrictive environment possible and inappropriate nursing home placements were avoided. (See Figure 7.1-5)

- Redirected an additional \$1.7 million of service funds from regional centers to local community services and reduced forty-three (43) permanent workforce positions (FTEs). Since DDSN began its “Money Follows the Individual (MFI)” initiative, more than \$67 million has been redirected to less expensive service alternatives over time and resulted in the reduction of more than 2,070 FTEs. (See Figure 7.1-17)
- Reduced the net census at regional centers by 2.6 percent and the number of people served in community Intermediate Care Facilities for Individuals with Intellectual Disabilities by 5 percent. The results are cost-efficiencies and practices consistent with federal priorities. (See Figure 7.1-6)
- Maintained regional center per diems below the national average. DDSN’s institutional rate is 38 percent less than the national average rate. The result of having a more efficient system than other agencies across the country is significant as regional center care is the most expensive service option. (See Figure 7.3-13)
- 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 infants 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)
- Created a smooth transition for children diagnosed with a Pervasive Developmental Disorder (PDD) receiving Early Intensive Behavioral Intervention (EIBI) services through the BabyNet program to move seamlessly into the PDD Program. As these children age out of BabyNet services at age 3, individualized EIBI services through the PDD Program continue essential interventions which improve children’s skills. The result eliminated a gap in services and improved the children’s outcome measures. (See Figure 7.1-14)
- Developed a new PDD Parent Handbook to inform parents about the Pervasive Developmental Disorder Program. It describes the specialized services and options parents have to manage and maximize their child’s services, including their role in assuring the best possible outcomes are achieved. The result is increased consumer information, increased involvement of parents in their children’s treatment, and increased consumer control over who provides the services.
- Developed and issued a third RFP for graduate level training courses to increase the number of Board Certified Behavior Analysts specifically for children participating in the Pervasive Developmental Disorder (PDD) Program and people participating in the Intellectual Disabilities/Related Disabilities Waiver and the Traumatic Brain Injury and Spinal Cord Injury Waiver. One result is a more cost-effective approach to training a core group of students than the typical university enrollment process and fees. Another result is thirty-five (35) students enrolled in the training with a commitment to provide services for a minimum of two years in exchange for tuition costs.
- Improved the use of technology to improve efficiency. The agency enhanced its automated Incident Management System for providers to report critical incidents, deaths, and occurrences of abuse, neglect or exploitation. Previously 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 of the agency 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 7.1-15)

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 utilizing cost-effective strategies.
 - a. Redesign and expand the scope of services and supports to address the needs of eligible persons in crisis situations and on waiting lists.
 - 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.
 - e. Maximize state and federal resources by using more efficient service models.
 - f. Coordinate and partner with other agencies in areas of mutual interest to maximize resources and to avoid duplication.
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.
 - 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.

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 external mandates 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
 - 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 and employ measures to control costs
 - 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 core functions. 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 have used a person-centered service delivery approach since 1998. This approach 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 supports. The primary objective is to provide the necessary in-home services to individuals with severe lifelong disabilities enabling them to continue living at home independently or with family. This prevents unnecessary and costly out-of-home placements. In-home supports include early intervention, adult activity and center-based services, 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 mobile work crews or enclaves at various business and industry 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: DDSN has established many prevention programs and activities to prevent or reduce primary and secondary disabilities. Genetic services, specialized treatments, wellness programs, and professional and public education and awareness are conducted in partnership with many entities 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 and serve every county locally in South Carolina. DSN boards are created by state statute and county ordinance. They are not local state agencies with state employees, but are public entities, governmental in nature, and combine the best aspects of public and private organizations. DSN boards provide a consistent level of access to services statewide, yet with local initiative and volunteerism. While local flavor and community preferences are present, services are provided at a consistent level of quality statewide by DDSN's network of disabilities boards and qualified private providers.

❖ 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 more than 32,000 persons with intellectual disabilities and related disabilities, autism, traumatic brain injury or spinal cord injury and similar disabilities. These disabling conditions are severe and lifelong.

❖ **Key Stakeholders**

DDSN's stakeholders include the citizens of South Carolina, families of the customers DDSN serves, community service provider organizations, advocates and advocacy organizations, and the Governor's office and members of the General Assembly.

❖ **Key Suppliers and Partners**

DDSN contracts with both public and private provider organizations to provide services. The 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 of 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 operations are located in all 46 counties of the state and include regional centers located in Columbia, Clinton, Summerville, Florence and Hartsville, 39 Disabilities and Special Needs boards serving local counties, district offices in Clinton and Summerville, and central administration in Columbia.

❖ **DDSN Employees**

- 1,900 Classified/Unclassified Employees located throughout South Carolina
- 223 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.
- 8,010 Contract Employees (DDSN contracts with its 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 disability. Various federal, state and local entities regulate DDSN's operations.

❖ **Performance Improvement Systems**

DDSN undertakes specific measures to assure consumer health, safety and welfare and to enhance the quality of services and supports offered through its statewide system of service providers utilizing a variety of 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, a strong quality assurance and quality improvement program (QA/QI) must then rest on a foundation of health, safety and financial integrity. QA/QI activities include licensing, contractual compliance, personal outcome measures, consumer/family satisfaction measures, quality management, and other quality enhancement activities.

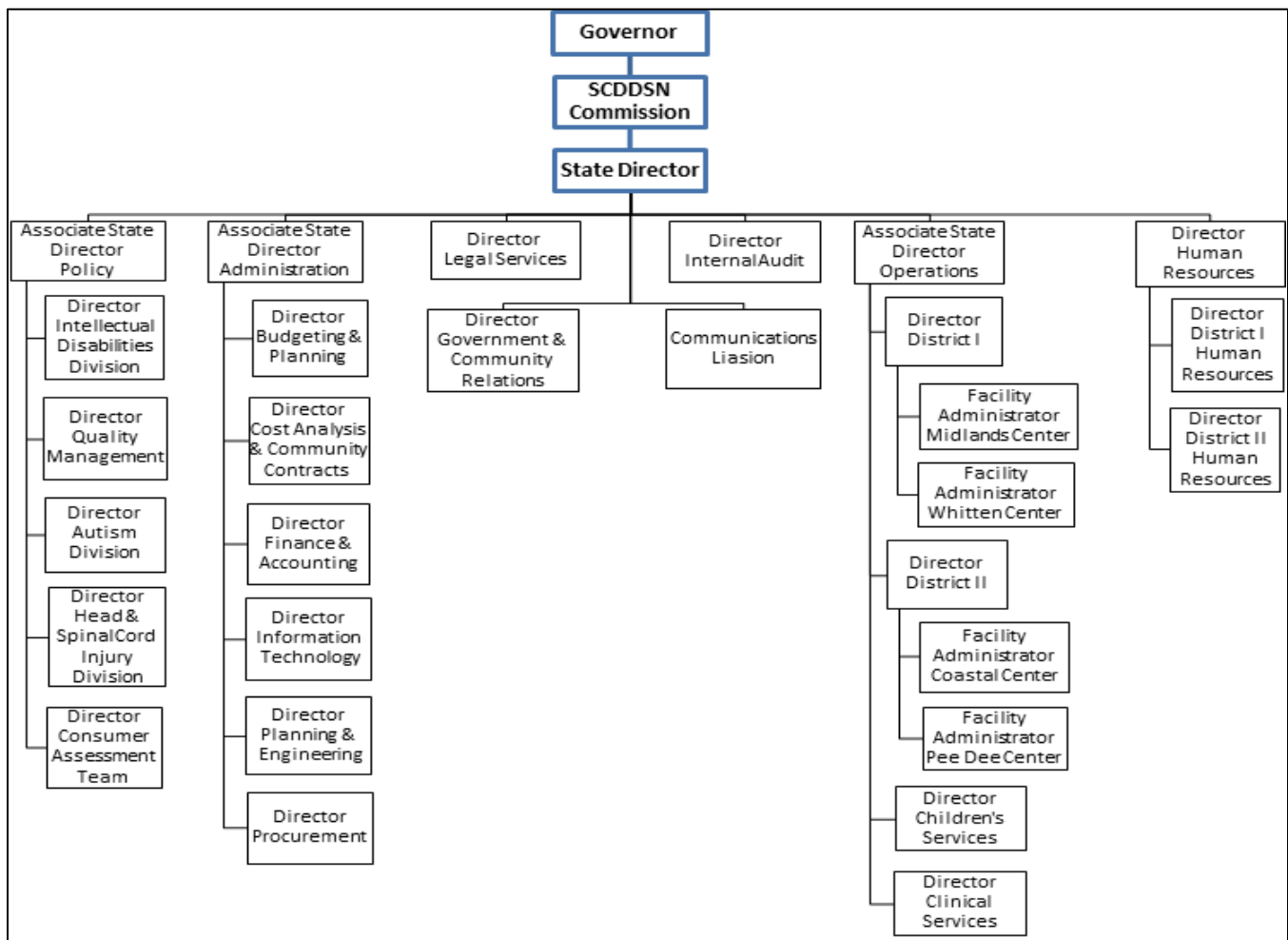
❖ **Agency Organizational Structure**

State law establishes the South Carolina Department of Disabilities and Special Needs (DDSN) as the state agency responsible to plan, develop, coordinate and fund services for South Carolinians with severe lifelong disabilities including:

- Intellectual Disabilities and Related Disabilities
- Autism
- Traumatic Brain Injury
- Spinal Cord Injury and Similar Disability

DDSN is governed by a seven member commission appointed by the Governor with the advice and consent of the Senate. Currently a commission member is appointed from each of the state’s six Congressional districts, and one member is appointed from the state at-large. However, this will change to a seven member commission with a member appointed from each of the state’s new seven Congressional districts. The commission is the agency’s governing body and provides general policy direction and guidance. The state director is the agency’s chief executive officer who has jurisdiction over all programs and services operated directly by the department and through contracts with providers and other agencies.

DDSN provides 24-hour residential care for individuals with the most complex, severe disabilities in the regional centers it operates located in Columbia, Florence, Clinton, Summerville, and Hartsville. DDSN also provides services to eligible individuals in their home communities through contracts with its statewide network of service providing agencies. Most of these agencies are Disabilities and Special Needs boards which are created by state statute and county ordinance. Other qualified community providers are private entities.



Accountability Report Appropriations/Expenditures Chart

Base Budget Expenditures and Appropriations

Major Budget Categories	FY 10-11 Actual Expenditures		FY 11-12 Actual Expenditures		FY 12-13 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	\$59,947,785	\$44,412,785	\$60,360,609	\$44,718,896	\$60,365,449	\$43,413,633
Other Operating	\$383,795,998	\$62,200,659	\$357,358,395	\$95,744,993	\$437,805,924	\$97,456,696
Special Items	\$13,425,844	\$6,857,170	\$14,810,499	\$8,261,470	\$29,055,876	\$13,634,300
Permanent Improvements	\$2,496,750		\$2,798,185			
Case Services	\$12,288,984	\$844,841	\$12,545,241	\$900,800	\$15,428,310	\$914,800
Distributions to Subdivisions						
Fringe Benefits	\$24,181,076	\$17,953,487	\$23,815,431	\$17,821,833	\$25,792,706	\$18,983,219
Non-recurring						
Total	\$496,136,408*	\$132,268,942	\$471,688,360	\$167,447,992	\$568,448,265	\$174,402,648

Other Expenditures

Sources of Funds	FY 10-11 Actual Expenditures	FY 11-12 Actual Expenditures
Supplemental Bills		
Capital Reserve Funds	\$2,496,750	\$2,798,185
Bonds		

*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 Appropriations Act

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 10-11 Budget Expenditures	FY 11-12 Budget Expenditures	Key Cross References for Financial Results*
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.	State: 26,000,138 Federal: 0 Other: 198,886,765 Total: 224,886,903 % of Total Budget: 46%	State: 40,102,119 Federal: 0 Other: 166,051,832 Total: 206,153,951 % of Total Budget: 44%	7.1-3, 7.1-6, 7.1-9, 7.1-17
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.	State: 50,989,707 Federal: 105,607 Other: 36,826,723 Total: 87,922,037 % of Total Budget: 18%	State: 51,557,149 Federal: 76,465 Other: 35,855,801 Total: 87,489,415 % of Total Budget: 19%	7.1-3, 7.1-4, 7.1-5, 7.1-6, 7.1-17, 7.2-11, 7.3-13, 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.	State: 127,779 Federal: 0 Other: 44,382,857 Total: 44,510,636 % of Total Budget: 9%	State: 12,528,997 Federal: 0 Other: 28,092,307 Total: 40,621,304 % of Total Budget: 9%	7.1-3, 7.1-10, 7.1-11
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 lifelong disabilities.	State: 24,137,414 Federal: 5,696 Other: 17,175,054 Total: 41,318,164 % of Total Budget: 8%	State: 22,054,285 Federal: 838 Other: 8,578,805 Total: 30,633,928 % of Total Budget: 6%	7.1-1, 7.1-2, 7.1-6, 7.1-10

Below: List any programs not included above and show the remainder of expenditures by source of funds.

Program I; Program II. Subprograms A; B1; B4, C; D; F and G.

Remainder of Expenditures:	State:	31,013,904	State:	41,205,442
	Federal:	363,385	Federal:	175,171
	Other:	63,624,629	Other:	62,610,964
	Total:	95,001,918	Total:	103,991,577
	% of Total Budget:	19%	% of Total Budget:	22%

*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 communication 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 and the 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 and 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 funding and evaluates performance. (See Figure 7.1-15, Figure 7.1-16 and Figure 7.2-10) 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 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 Figure 7.3-13) 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 SC Commission on Disabilities and Special Needs, 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. (See Figure 7.1-19) 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 serve 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 and private providers 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, the increased use of video conferencing, electronic training modules, and webinars have been cost-effective and time efficient.

1.10 Workforce Motivation and Recognition: DDSN's executive leadership team recognizes that well-motivated employees are 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.

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.

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, local DSN boards and private qualified providers is integral to the process. Regular meetings are held with key regional center staff to remain informed of performance 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. DDSN's statewide network of community providers gives input through several functional committees made up of leadership from the DSN boards, private providers and 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 waiting for services, and the new resources needed to meet the need.

A Consumer, Family and Advocate Advisory Committee is heavily involved in discussions about service delivery and provides 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 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 and regional 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. These include: (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.

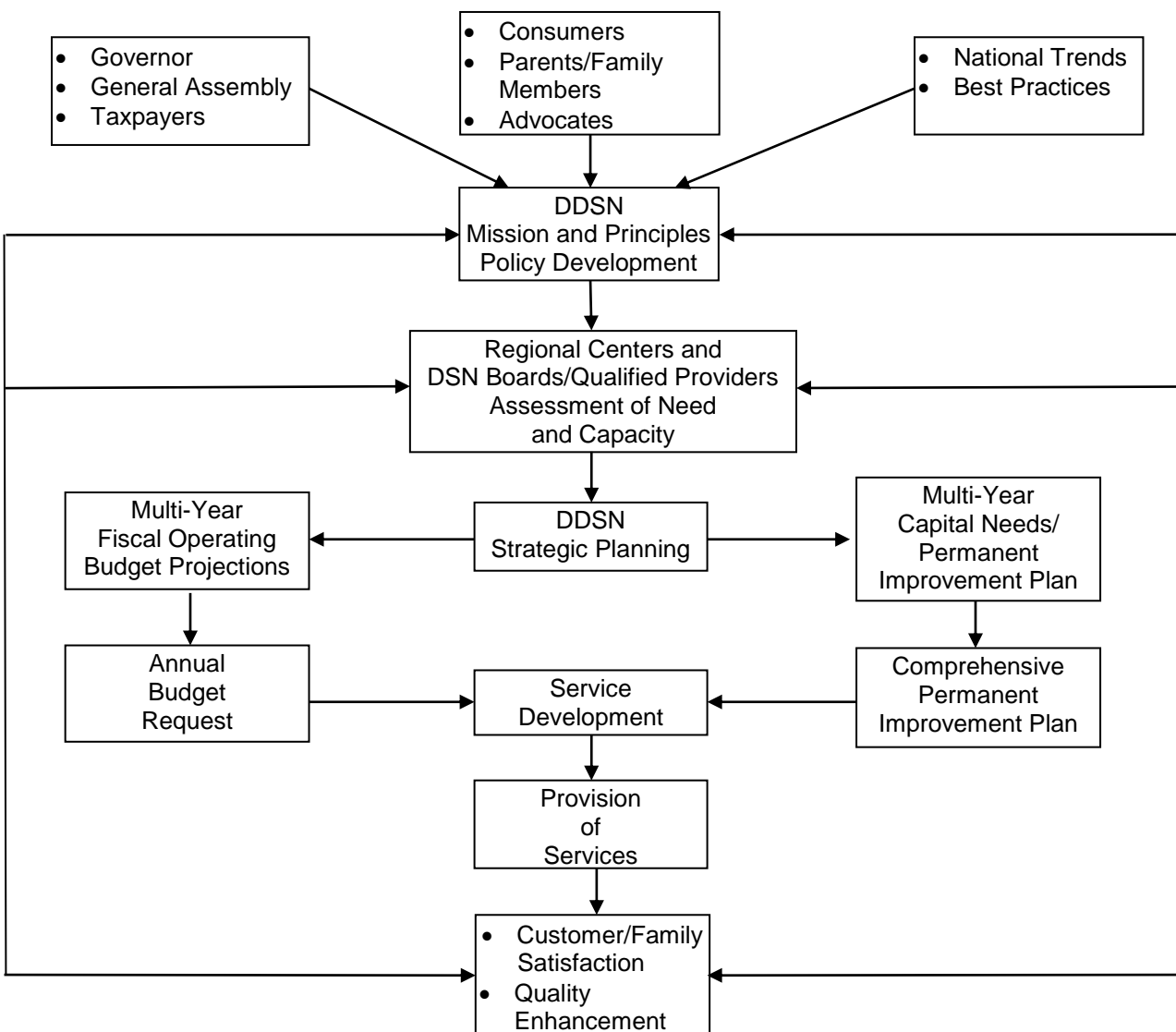
2.4 Communication and Deployment: Strategic objectives, action plans and related performance measures are communicated in a variety of ways. Verbal discussion, written communication, special face-to-face meetings and presentations are all utilized to communicate, implement and follow up. The agency's 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 and core functions.

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.

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

**SC Department of Disabilities and Special Needs
Planning Process**



Strategic Planning

Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 2011-2012 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 utilizing cost-effective strategies.	<ul style="list-style-type: none"> ➤ Redesign and expand the scope of services and supports to address the needs of eligible persons in crisis situations and on waiting lists. <i>Continuous.</i> ➤ 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> ➤ Provide information on service resources, requirements and options to individuals and families. <i>Continuous.</i> ➤ Increase the proportion of community integrated options for persons in regional centers and in the community pursuant to the Olmstead US Supreme Court decision. <i>Continuous.</i> ➤ Maximize state and federal resources by using more efficient service models. <i>Continuous.</i> ➤ Coordinate and partner with other agencies in areas of mutual interest to maximize resources and avoid duplication. <i>Continuous.</i> 	7.1-3, 7.1-4, 7.1-5, 7.1-6, 7.1-7, 7.1-8, 7.1-9, 7.1-10, 7.1-11, 7.1-13, 7.1-14, 7.1-15, 7.1-16, 7.1-17, 7.1-19, 7.2-10, 7.2-11, 7.2-14, 7.3-13
All Programs	Maintain accountability to all citizens of South Carolina by strengthening quality of services.	<ul style="list-style-type: none"> ➤ Continue implementation of a performance measurement system linked to customer satisfaction and achievement of consumer's outcomes. <i>Ongoing.</i> ➤ Continue to track and analyze performance data and trends in support of quality improvement initiatives. <i>Ongoing.</i> ➤ Enhance quality assurance and quality improvement initiatives and maintain compliance with federal standards. <i>Ongoing.</i> ➤ Minimize the occurrence and reduce the severity of disabilities through primary and secondary prevention initiatives. <i>Ongoing.</i> 	7.1-1, 7.1-2, 7.1-12, 7.1-13, 7.1-14, 7.2-10, 7.4-3, 7.4-4

* 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, public officials, advocacy organizations, community service organizations, and 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 private 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, stakeholder sessions, education 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 member commission as set forth in state law, whose duties include educating the public as well as state and local officials regarding the need for funding, development and coordination of 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 10 percent of DDSN's primary customers and their families have been randomly selected and surveyed over a six year period using a nationally recognized reliable and valid tool that is used by over 25 states thus 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 is DDSN's customers' preference to receive services in their own home and communities versus in ICF's/ID. (See Figure 7.1-6) DDSN exceeds the national trend in meeting this expectation by supporting 72 percent of people at home versus 56 percent nationally. (See Figure 7.1-1)

Second, DDSN organized a special series of Stakeholder Sessions across the state in the spring of 2012. The sole purpose of these sessions was to hear directly from customers about the services that help them the most, what is working well and not so well for them, and what DDSN can do to improve its system. DDSN contracted with the University of South Carolina's Institute for Public Services and Policy Research to analyze the feedback and to prepare a report of the findings. (See Figure 7.1-19) The major finding from this report is that "virtually every service that DDSN provides is considered important by consumers".

Third, DDSN uses independent 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 advocates 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 local and state levels. The network has engaged in many activities aimed toward positively affecting the quality of services and satisfaction for all customers.

Best practices, trends, and approaches used across the country and internationally are examined and analyzed throughout all levels of the agency to make informed decisions for policy changes which will 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 policies which the customer can provide comments on at any time, and a general address to e-mail the agency for consumer and family inquiries. DDSN also manages a toll-free line for customers' informal and formal complaints, which are logged into a data spreadsheet and responded to immediately. DDSN also publishes the Practical Guide to Services which provides not only DDSN information and contact information, but other agencies' information 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. Two years ago, the state director formed a new advisory group comprised of representatives from various advocacy organizations across the state. Meetings are held bi-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 routinely conduct customer satisfaction and experience surveys. Some of the surveys are done face-to-face with customers (5 percent random sample), while others are mailed to customers and their families (10 percent random sample). Over 30 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 undergo revision to improve their strength when needed. DDSN prioritizes the areas for improvement and develops an annual goal with stakeholders for each area with specific activities that include policy change, new interventions, skill development, and technical assistance.

The surveys and personal interviews are designed to assist organizations/providers and the department in gaining 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 3.9 individuals with developmental disabilities per 100,000 of the general population in South Carolina are placed in nursing facilities as compared with the southeastern rate of 12.6, and the national rate of 10.3. (See Figure 7.2-11) Moreover in 2010, only 28 percent of DDSN customers received out-of-home residential care compared to 44 percent nationally. (See Figure 7.1-1)

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 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 compared with national data where possible. In areas that require strengthening or redirecting, the

agency develops a goal with all stakeholders and re-evaluates the effectiveness of the interventions on a semi-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 requested and received approval from the federal Medicaid agency to operate five new day services through two of its home and community based waivers. This action has resulted in significantly more people (31 percent) with ID/RD being competitively employed through DDSN's efforts compared with the national average of 20 percent. (See Figure 7.2-14)

3.6 Building Positive Relationships with Customers/Stakeholders: DDSN has a staff member whose primary responsibility includes developing positive rapport with customers and their families. The agency's Commission also builds positive relationships with customers and stakeholders. Public Input is a standing agenda item 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 updated and widely disseminated. DDSN also began an electronic newsletter for its customers, their families, providers, advocacy organizations and the general public. These efforts 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 service coordination 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. (See Figure 7.1-19)

The department contracts with grassroots advocacy organizations to train, educate, and empower individuals with intellectual disabilities, autism, traumatic brain injury and spinal cord injury 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.

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 staff on funding and policy issues. This involvement informs the Governor and legislators on current needs of DDSN's customers, related issues and progress to meet those needs. This assures 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: DDSN uses an outcomes-based, results-oriented quality management system. Whenever possible, DDSN uses measures that have undergone rigorous scientific testing for reliability and validity. In addition, DDSN uses measures that allow the

agency to compare its performance with disability organizations across the country. There are several approaches employed to determine which operations, processes, outcomes, 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 third 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 address the unique needs of the agency's customers in the most efficient manner while maintaining the highest quality to achieve the desired outcome. The third priority area is to prevent the occurrence and extent of disabilities of South Carolinians.

- 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: (1) ensure compliance with state and federal law, (2) determine whether customers' expectations are met, and (3) ensure meaningful outcomes are occurring. DDSN uses data to drive decisions across all priority areas including financial, cost efficiency, customer satisfaction, outcomes, health, safety and welfare and primary prevention of disabilities. Performance reviews are conducted by an independent quality improvement organization on every provider across the state. Data is collected in an electronic format allowing real-time access and data analysis using standardized and customized designs and formats. (See Figure 7.1-12 for an example of aggregated data used to analyze provider performance in key areas of health, safety and welfare.)
- 4.3 Key Measures:** Key measures fall under the following categories: financial, cost efficiency, health, safety and welfare, outcomes achieved, cost avoidance, using primary prevention approaches, providers' performance and quality of care. As an example of outcomes achieved, DDSN contracted with USC - College of Social Work to analyze data on children participating in the Pervasive Developmental Disorders (PDD) Program. USC found that DDSN's interventions to children with autism are statistically improving the children's lives in all areas of functioning. (See Figure 7.1-14)
- 4.4 Selecting and Using Comparative Data and Information:** DDSN is adamant about using national comparative data when available. The intellectual disability field has made huge strides in collecting, analyzing and publishing national data, sorted by each state. There are three primary sources DDSN uses for comparative data: (1) The State of the State, which evaluates states' spending patterns, institutional placements and legislative efforts, (2) Human Service Research Institute (HSRI), which accesses 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. There are over 30 states now participating. (3) United Cerebral Palsy evaluates states' ability to create Community-Inclusive Lives for Americans with ID/RD. South Carolina was ranked the top state in the southeast in 2011 and ranked 13th out of 51 states/DC. (See Figure 7.1-3)

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 a per diem cost 38 percent less than the national rate. (See Figure 7.3-13) In terms of resource utilization,

DDSN serves 15 percent fewer persons than the national and southeastern averages per 100,000 population living in large 16+ bed institutions. (See Figure 7.1-18)

Another example of an efficiency measure that couples with a measure of consumer and family 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 7.3-13) 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 \$3 million over the child's lifetime. DDSN's efforts with the Greenwood Genetic Center have consistently reduced the incidence of NTDs in South Carolina avoiding tens of millions of dollars in health care costs and disability services costs. (See Figure 7.1-13)

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. Most data collected is entered directly into its web-based applications with user ID and password protection complying with HIPAA and National Standards for Information Technology. DDSN requires a minimum inter-rater reliability among people conducting provider performance reviews and interviews/surveys at 85 percent. Data is available at any time managers making decisions.

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 trainings, 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 core functions necessary to carry out the agency's mission. The primary organizing principle 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 the organization and its provider network is based upon assessment, quality improvement processes and planned change.

The nature of DDSN's jobs dictates the 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. The department devotes 63 percent of its FTE workforce to its human services operations. (See Figure 7.1-15) 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 of health, safety and well-being, dignity and respect, individual and family participation, personal growth and accomplishments. Supervisory staff is 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. Because the DDSN network is spread across the entire state, the agency has invested in videoconferencing 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, and 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 remains 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, Human Services Assistants (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 is hired into the higher pay-band LPN II classification. Flexibility and resources are needed to recruit and retain critical staff. DDSN has been granted the authority to offer salaries to nurses at or above the midpoint of State classification pay-bands in response to the intense employment 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, recognizing that the employees in the immediate work environment have an intimate understanding of the "soft" skills required in their particular area given the unique needs and behaviors of the residents.

5.4 Workforce Capability and Capacity Needs: 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 is 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 each 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. Residential facility census data, overtime utilization, 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. National standards of staffing, such as consumer to staff ratios or administrative to service staffs, are compared.

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 contribution to the mission of the agency. Additional efforts to increase employee knowledge of the interrelationship of staffs 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 (APM) accreditation for managerial expertise, and to complete the Certified Public Manager (CPM) accreditation for more advanced managerial expertise. DDSN has coordinated with the Budget and Control Board (B&CB) Division of Human Resources' training staff to develop a "Supervisory Training" course specific to the needs of its regional facility staffs. 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 employees and providers interested in participating. The DSN Commission holds monthly meetings, open to the general public, where strategic challenges and plans of action are openly discussed, providing the most formal discourse and reiteration of the agency's mission and ethical position. Less formally, 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, best practices are researched, and gap analyses are thereby generated. Where there is a need for developmental training, it is provided by the agency to all pertinent workforce either through internal or contractual experts. When it was determined that the performance of several newly promoted managers was being compromised due to a lack of supervisory skills/knowledge, courses tailored to address these deficiencies were developed in coordination with B&CB Division of Human Resources' training 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 concerted effort to address increased costs associated with employee injuries has resulted in the reduction of critical resources spent on Workers' Compensation costs.

5.8 Encourage On-The-Job Use of New Knowledge and Skills: Experiential training has been determined an efficient method of adult education. Most core competency education utilizes hands-on training. The development of a customized management training curriculum was implemented as part of a Professional Development series to encourage the application of taught skills. DDSN leadership, supervisors and managers actively encourage the use of new knowledge and skills.

The conversion of human resources and payroll functions to the SC Enterprise Information Systems (SCEIS) 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 is key to its published 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 an important resource and training of service delivery staff is vital to the agency's action plan.

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 staffs receive a rating on their supervisory skills. Both the CPM and APM training 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's 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 of the agency's five regional facilities 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. Leadership and managers foster 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 and providers have developed workforce activity teams, conduct satisfaction surveys, and implement change on a local level. Some of the policies developed from these include flexible and alternative work schedules, telecommuting and training opportunities, personal achievement recognition, team safety recognition programs, and opportunities for socialization and casual dress. The opportunity to coordinate with counterparts to discuss

processes and challenges inherent to specific work divisions is often identified as increasing staff confidence and job-satisfaction.

Turnover, sick leave analysis, retention and grievance statistics are used by senior leaders, managers and HR staff to determine what interventions need to be implemented to reduce or reverse trends detrimental to the achievement of agency 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.

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 are posted throughout campuses, and workforce is encouraged to apply for promotional opportunities. Supervisory staffs are taught to identify employees who have the ability to coach and mentor other employees, establishing the first step in succession planning. Internal promotion is critical to developing a workforce that is knowledgeable of those requirements specific to DDSN's work environment. The hiring policy reflects dedication to this course of action. DDSN and contracted provider workforce are provided training/education opportunities and interact with relative regularity.

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 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. Staffs 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 is taught and regularly reminded of the responsibilities of maintaining a secure, safe environment for the sake of the persons served as well as staff. Abuse, neglect and exploitation prevention is taught in orientation, taken very seriously by all levels of workforce, and policy requirements are strictly adhered to. Any allegations of workplace violence or sexual harassments are immediately investigated. 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: The state director and executive staff actively seek input from consumers, advocates, parent groups and service provider representatives through both formal and informal methods to stay informed of how well the service delivery system is functioning. Efforts to increase and/or improve opportunities for stakeholders to offer input in decision making are ongoing. The department relies on the consumers, families, advocates and service providers to supply feedback on the responsiveness of the service system to consumers as well as suggest any changes needed to the system. This input influences actions taken by the department including changes in policy, process, systems and assistance to individual consumers.

Strategic Processes: DDSN uses a person-centered approach to service delivery. The strategic process used to implement and enhance this approach is:

- A Person-Centered Support Plan is completed by a service coordinator
- Service provider(s) is(are) selected by the consumer
- Funding is awarded 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, service standards, contract requirements, consumer/family satisfaction surveys and other quality management activities

Critical/Priority Needs Assessment: DDSN's Critical/Priority Needs system identifies and tracks persons who have critical or high 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 service providers to assist them in proactively identifying and responding to individual needs before they reach a critical level. This targeted resource allocation strategy ensures that individuals in dire circumstances receive supports in a timely manner to assure their health, safety and welfare. (See Figure 7.1-7)

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 referred to as providing services in the "least restrictive" setting. It is a best practice in the field, is preferred by families and saves the taxpayers a significant amount of money. (See Figure 7.1-1 and Figure 7.1-11) 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 the regional centers. DDSN management staff review and approve the placement of all individuals moving to more restrictive and expensive residential service settings. Review of those individuals moving into regional centers, the most restrictive and expensive residential service, are carefully scrutinized. The result is the regional centers serve 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 to assure that residential vacancies are filled in a timely manner with individuals in need. If providers fail to fill these vacancies in a timely manner, a financial sanction is imposed. This monitoring ensures that the most expensive service options are utilized to the fullest extent possible and 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 has enhanced its web-based abuse, neglect and exploitation reporting system which provides instant access of specific data, improved reporting timeliness and efficiency and increased reliability of data collection and 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 and 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 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 \$67 million has been redirected to local community services. (See Figure 7.1-17)

6.3-6 Key Performance Requirements, Service Process Evaluation and Enhancement: DDSN ensures its service providers are monitored regularly. The agency utilizes a centralized and consistent approach to reviewing providers using DDSN licensing standards which focus primarily on health and safety issues. Licensing professionals conduct regular on-site reviews of provider organizations. Policy and procedure, consumer records, and facilities are reviewed. Based on 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. DHEC monitors the performance of the regional centers and community provider-operated ICFs/ID using 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 “arm’s 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 which improves provider performance. 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. (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.

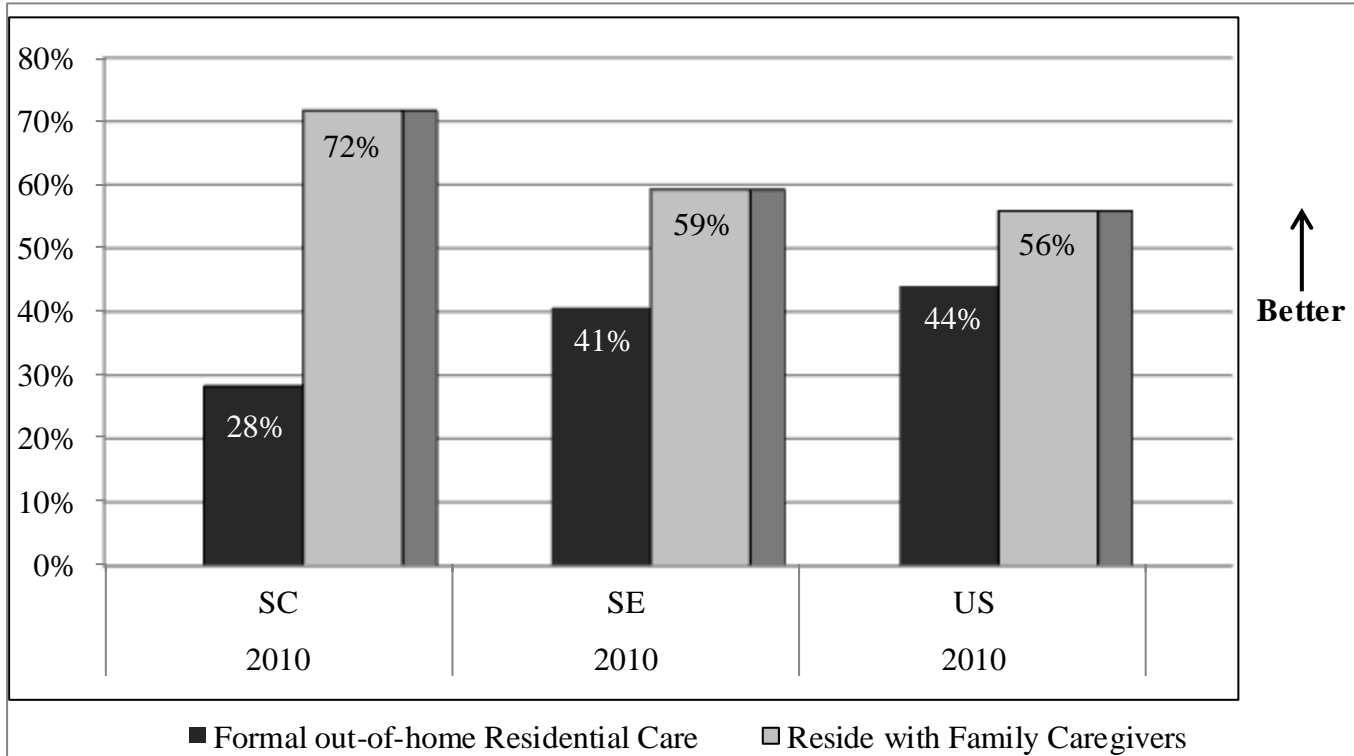
6.7 Service Need Resource Forecast: DDSN monitors the cost of each service provided and the amount of service activity. It also regularly tracks agency revenue and expenditures. DDSN routinely updates service waiting lists which reveal the level of need of potential consumers. (See Figure 7.1-8, Figure 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.

Category 7: Results

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

Section I:
 Major Achievements
 Section III:
 Category 3 – Customer Focus
 Category 6 – Process Management

**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**



	Out-of-home residential care	Reside with family caregivers
Georgia	59%	41%
North Carolina	40%	60%

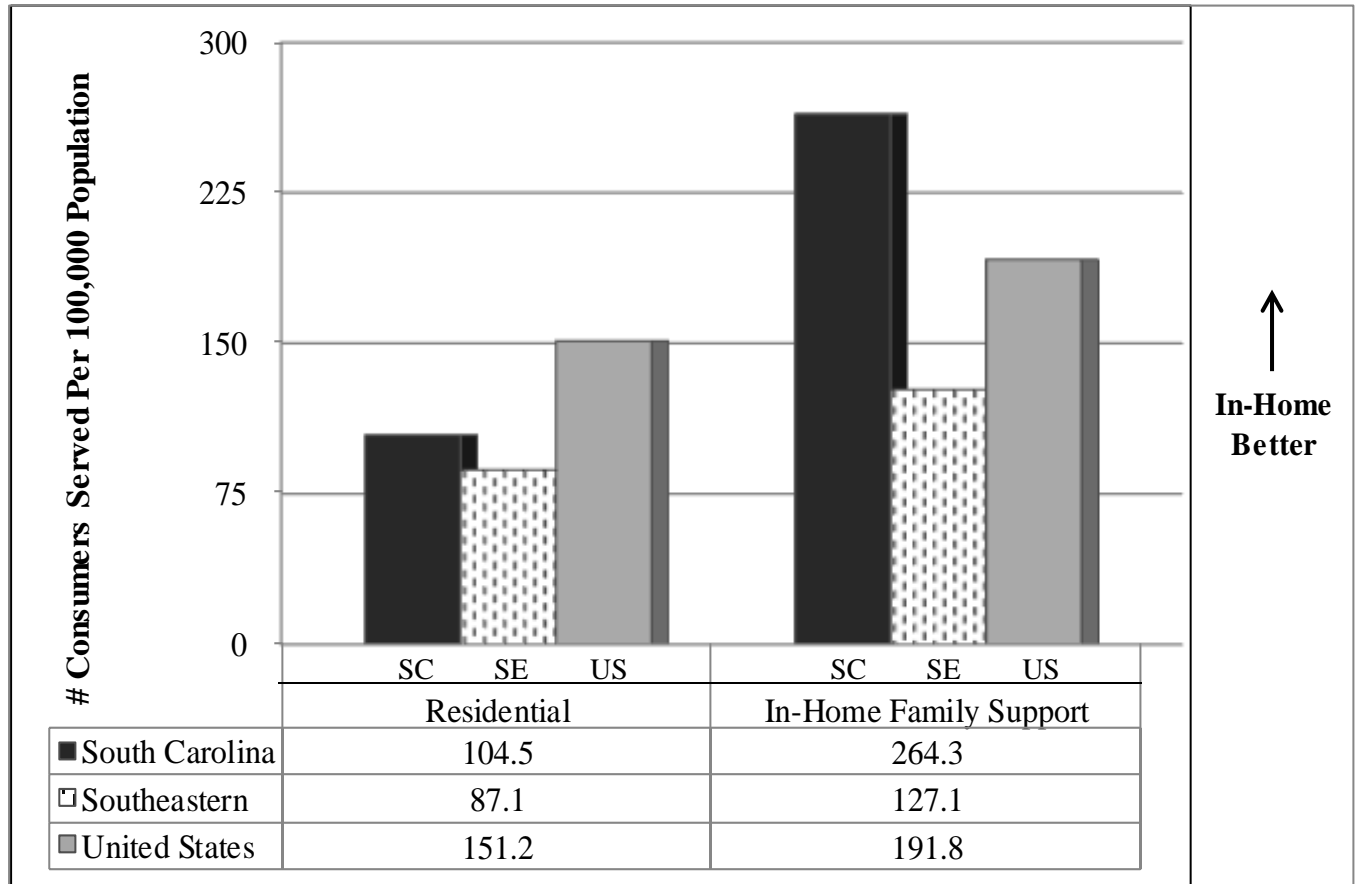
Serving people with severe lifelong disabilities in their homes with family is best for the person, preferred by families and is the most cost-efficient service alternative for taxpayers. Of the thousands of persons with intellectual disabilities and related disabilities (ID/RD) and autism receiving services from DDSN, 72% live with family caregivers compared to 56% nationally. DDSN is doing a better job of keeping families together utilizing 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 2010 published by The University of Minnesota

**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	55.1	79.3
North Carolina	140.3	93.9

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 38% more persons with less expensive in-home family supports. Utilization of 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 2010 published by The University of Minnesota

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

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

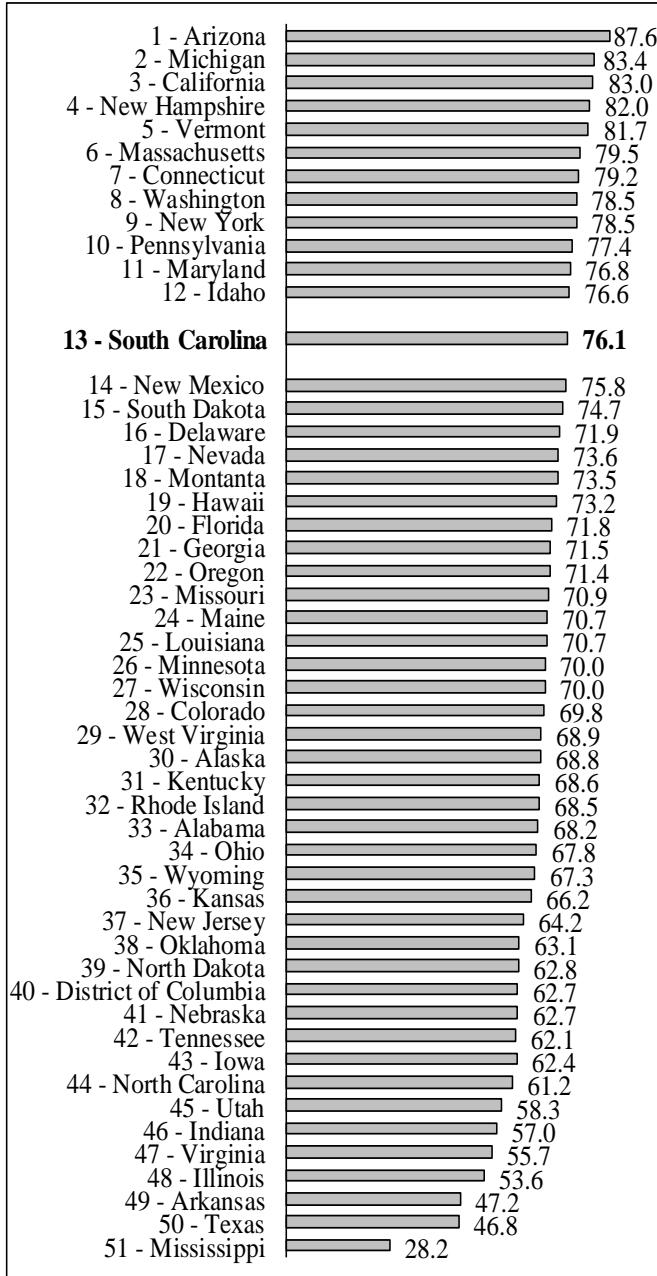
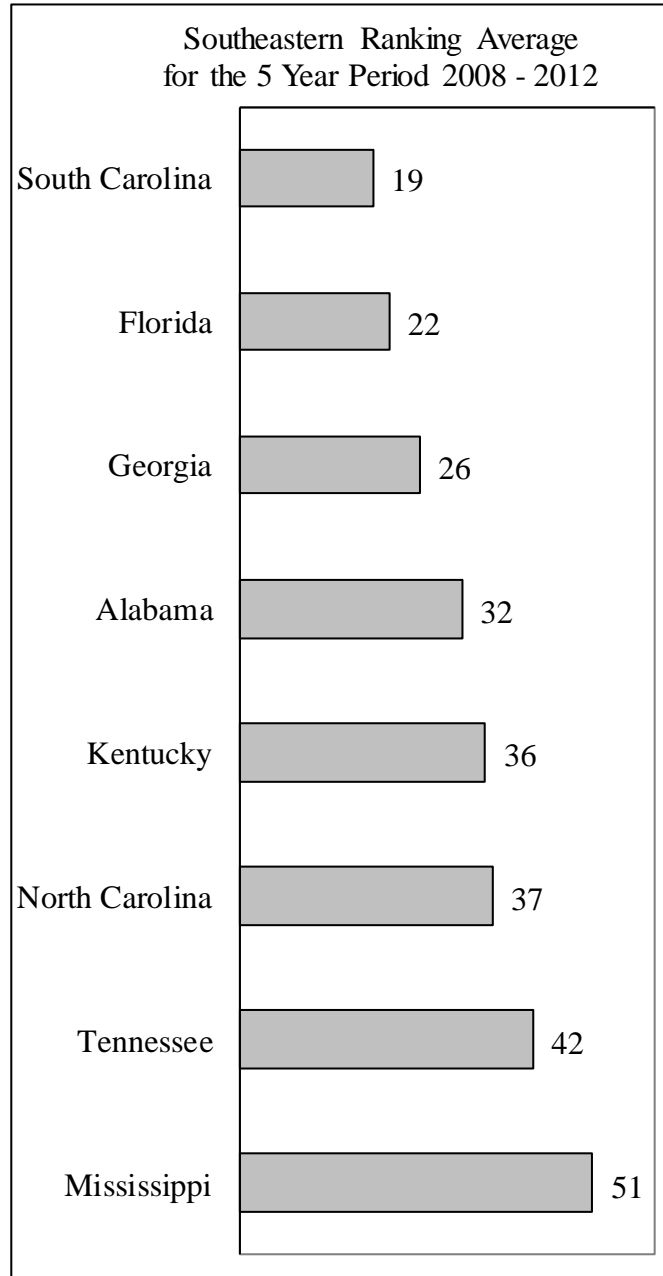


Chart B



United Cerebral Palsy is one of the nation’s leading organizations serving and advocating for 52.9 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 13 nationally in 2012 and ranks highly in comparison to Southeastern states and across the nation.

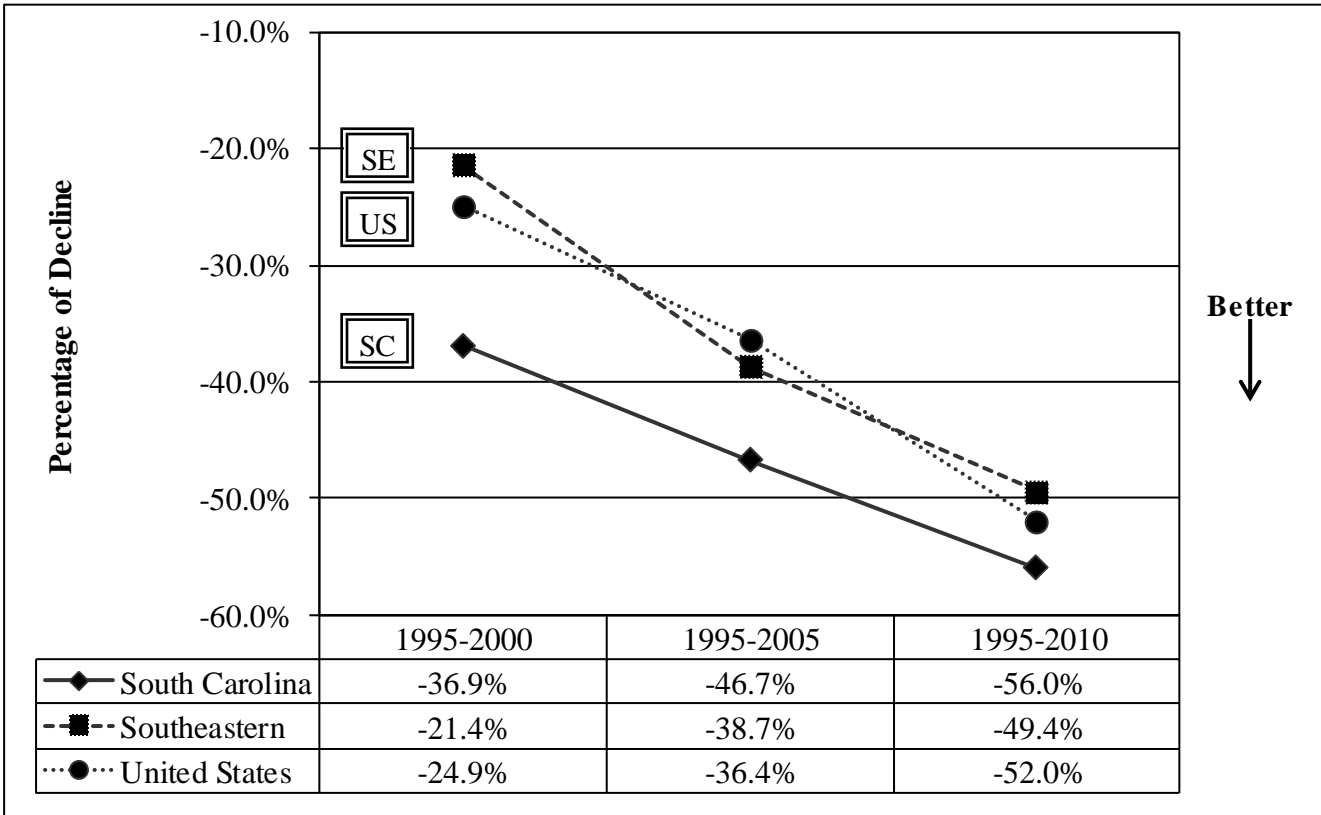
Data Sources:

The Case for Inclusion - An Analysis of Medicaid for Americans with Intellectual and Developmental Disabilities: 2008, 2009, 2010, 2011 and 2012 published by United Cerebral Palsy

Figure 7.1-4
 Figure 7.2-4
 Figure 7.3-4
 Figure 7.5-4
 Figure 7.6-1

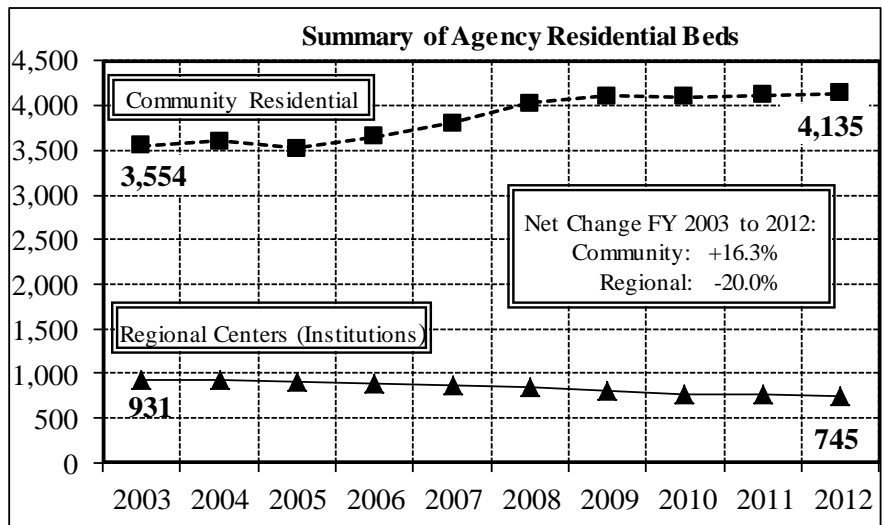
**South Carolina Department of Disabilities and Special Needs
 Average Daily Population of Persons with
 Intellectual Disabilities/Related Disabilities (ID/RD)
 In Regional Centers (Institutions)**

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.

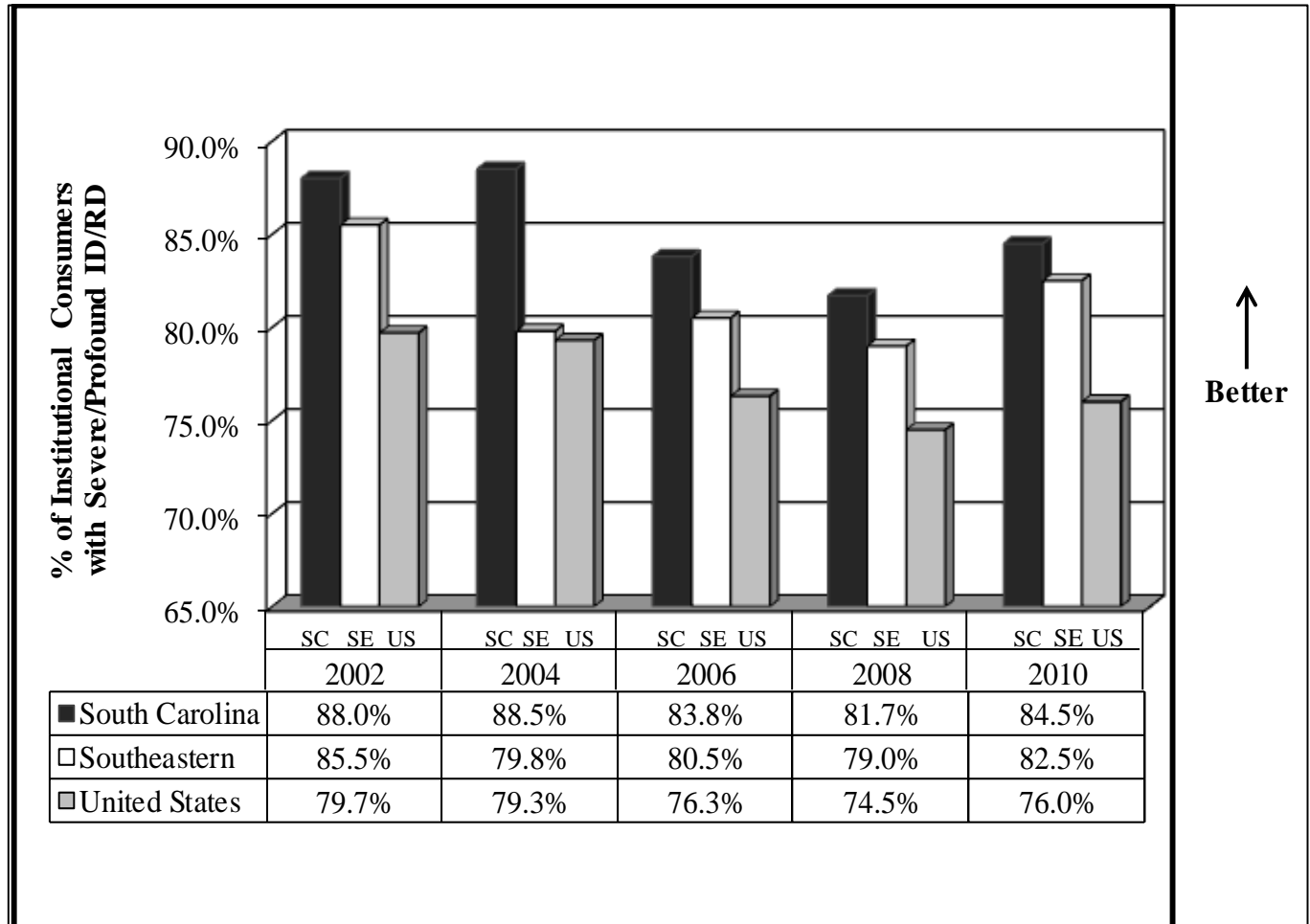
Chart B



Data Sources:

Chart A – Residential Services for Persons with Developmental Disabilities: Status and Trends through 2010 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. DDSN uses its institutions more effectively, reserving beds only for those with the most severe levels of functioning.

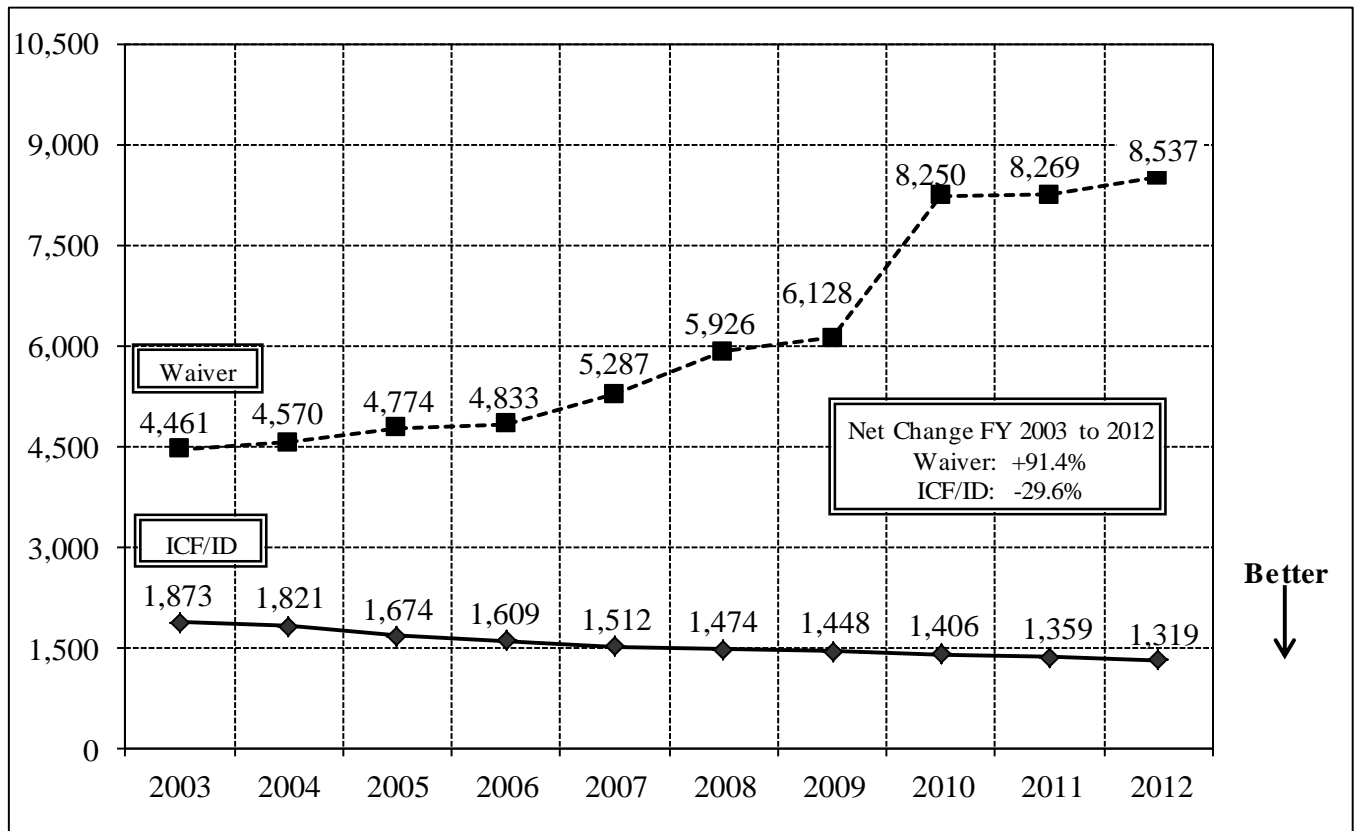
Data Sources:

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2000, 2002, 2004, 2006, 2008 and 2010 published by The University of Minnesota

Figure 7.1-6
 Figure 7.2-5
 Figure 7.3-5
 Figure 7.5-5
 Figure 7.6-3

Section I:
 Major Achievements
 Section III:
 Category 3 – Customer Focus
 Category 4 – Measurement, Analysis
 & Knowledge Management

**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 30% since 2003, while the demand for waiver services has increased by 91%. 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)

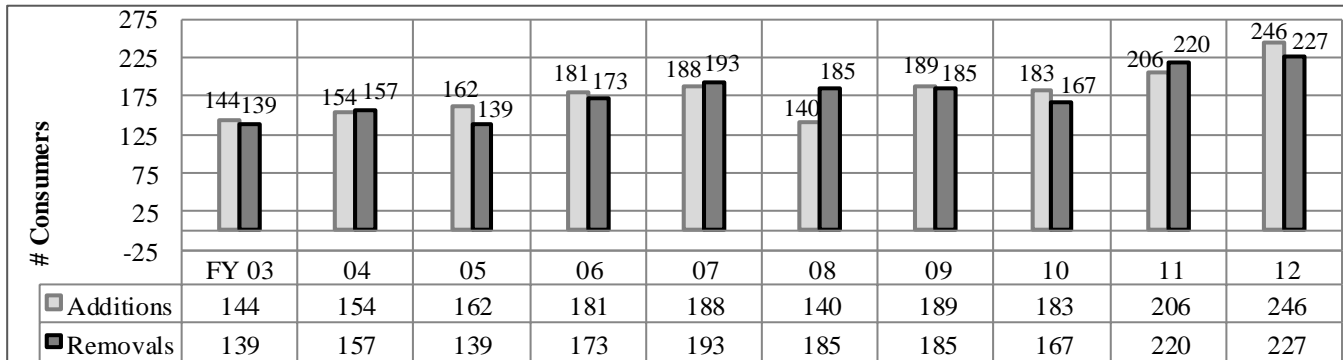
The combined per capita cost of the three waivers is approximately one-third less than the combined per capita ICF/ID costs.

Data Source:
 Agency data provided by DDSN

Figure 7.1-7
Figure 7.5-6

Section I: Major Achievements	Section III: Category 1 – Senior Leadership, Governance & Social Responsibility Category 6 – Process Management
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**South Carolina Department of Disabilities and Special Needs
Critical Waiting List – Additions/Removals**

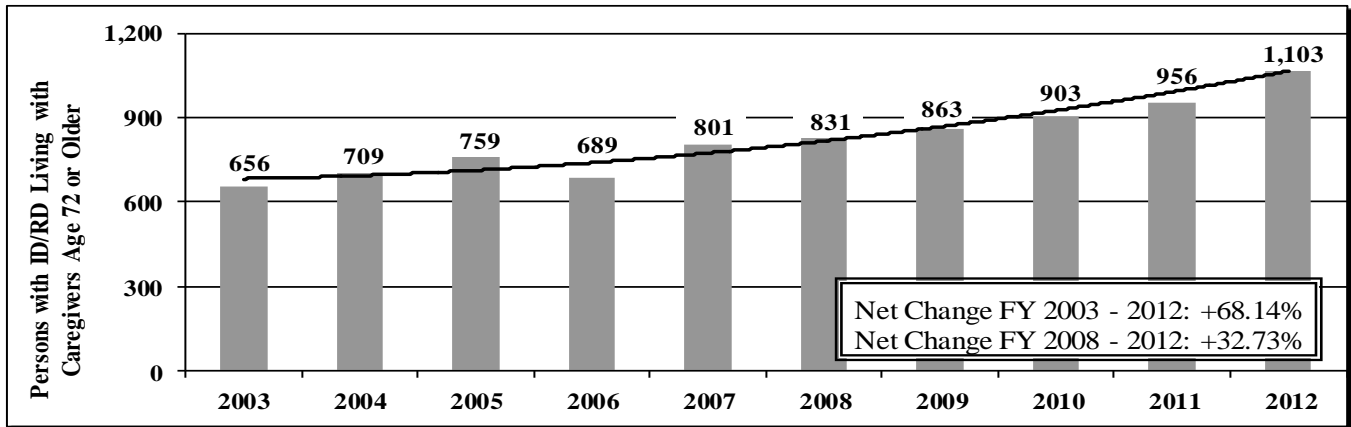


DDSN prioritizes services to those persons with lifelong disabilities who have the greatest need. Individuals whose health and safety are at risk, who cannot care for him/herself and who meet critical criteria are served first. In most critical circumstances the parent or caregiver has died or becomes so impaired they can no longer provide care, or 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 more than 200 individuals were in critical situations and service placements were developed to meet their needs and resolve the crisis.

Figure 7.1-8
Figure 7.2-6

Section III: Category 1 – Senior Leadership, Governance & Social Responsibility Category 6 – Process Management
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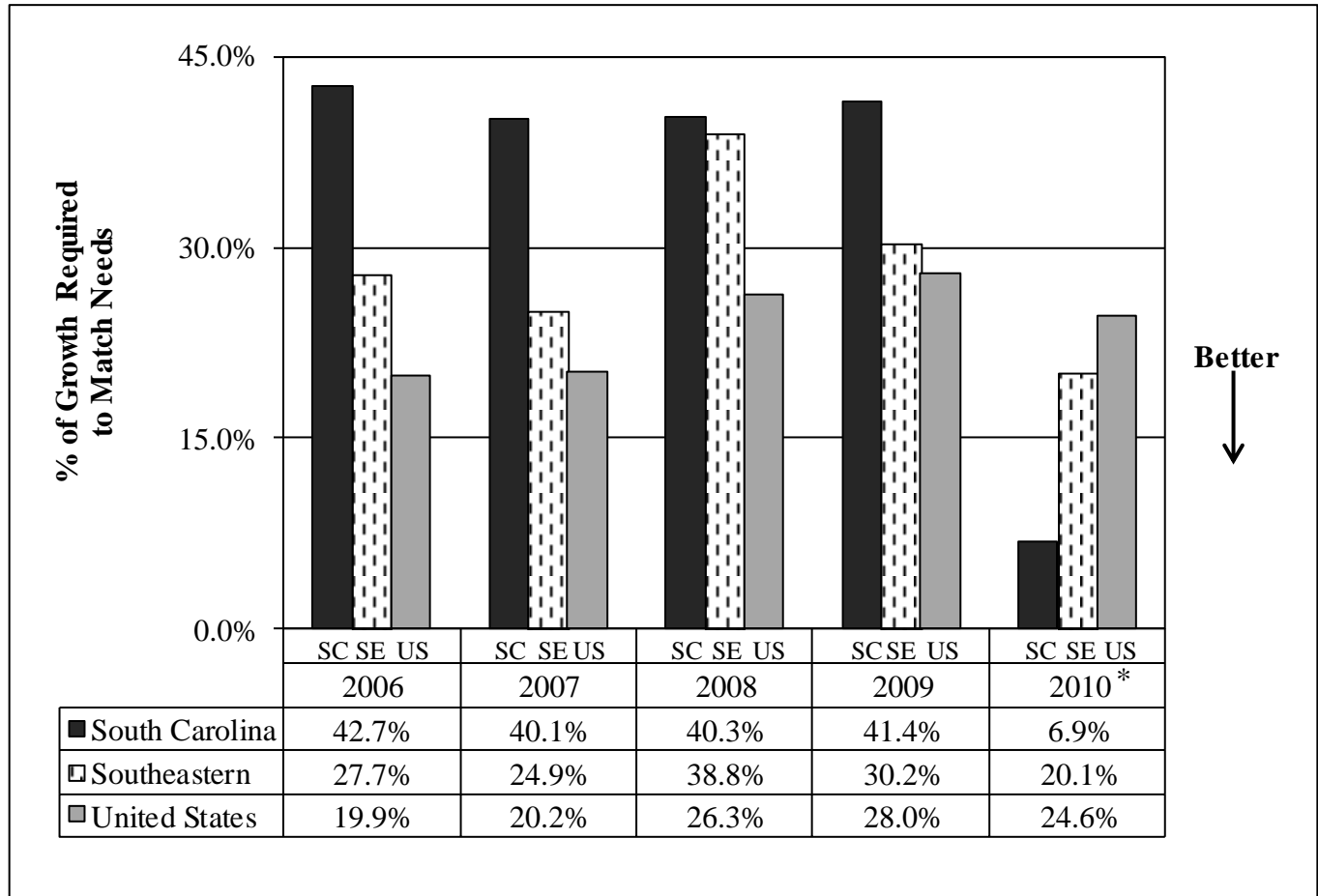
**South Carolina Department of Disabilities and Special Needs
Persons with Intellectual Disability/Developmental Disabilities (ID/RD)
Living with Caregivers Age 72 or Older**



The number of consumers living with caregivers 72 years of age or older has increased 33% over the last five years and 68% since 2003. 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

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



Georgia	32.0%	14.0%	129.0%	27.3%	21.3%
North Carolina	41.0%	11.0%	13.0%	Didn't Report	Didn't Report

*In 2010, the University of Minnesota modified its description of percentage growth required to eliminate states' residential waiting lists by adding "within the next 12 months". In South Carolina, residential services are reserved for only those persons with critical needs. DDSN manages its residential waiting list significantly better than the Southeastern or National averages.

Data Sources:

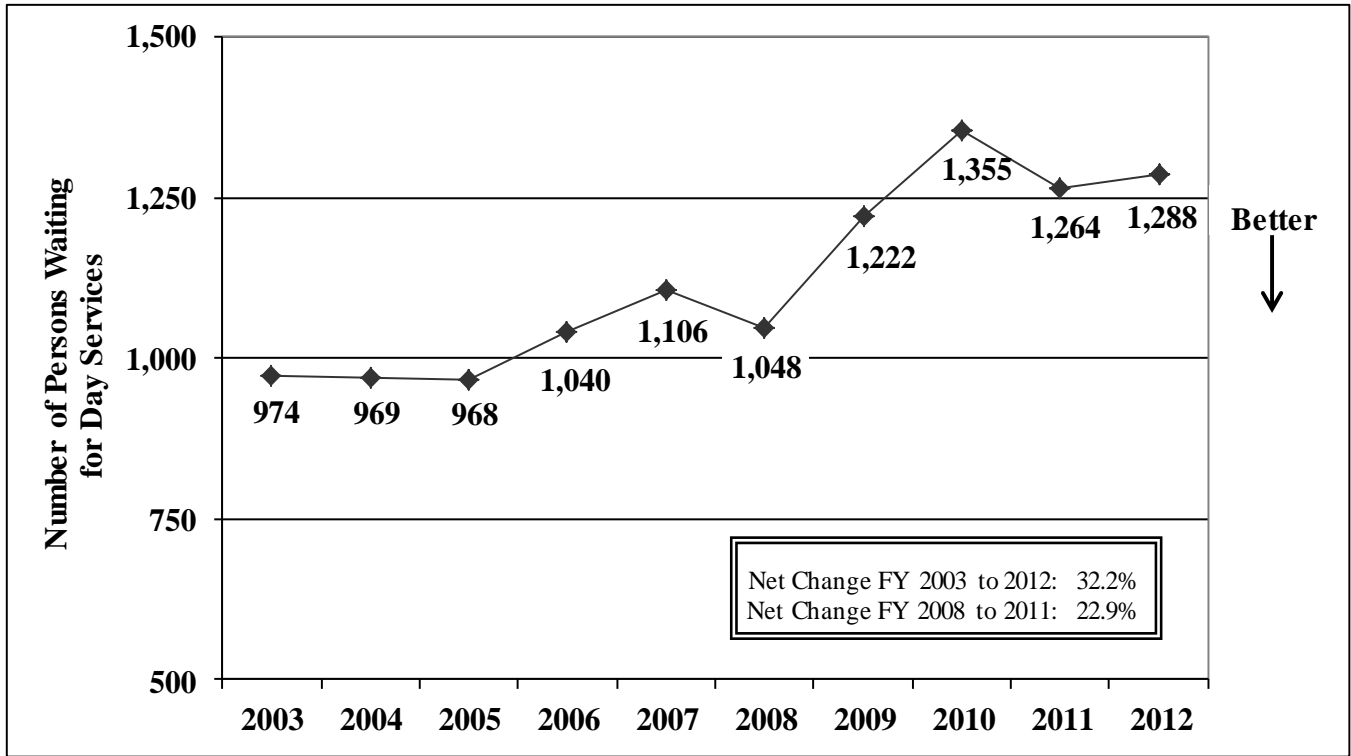
Residential Services for Persons with Developmental Disabilities: Status and Trends through 2006, 2007, 2008, 2009 and 2010 published by the University of Minnesota

Figure 7.1-10
Figure 7.3-7

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
 Day Service Waiting List**



The waiting list for day services has increased 23% over the last five years and 32% since 2003 even though **over 10,431 people have been removed since 2003**. The individuals who are waiting for day services 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:

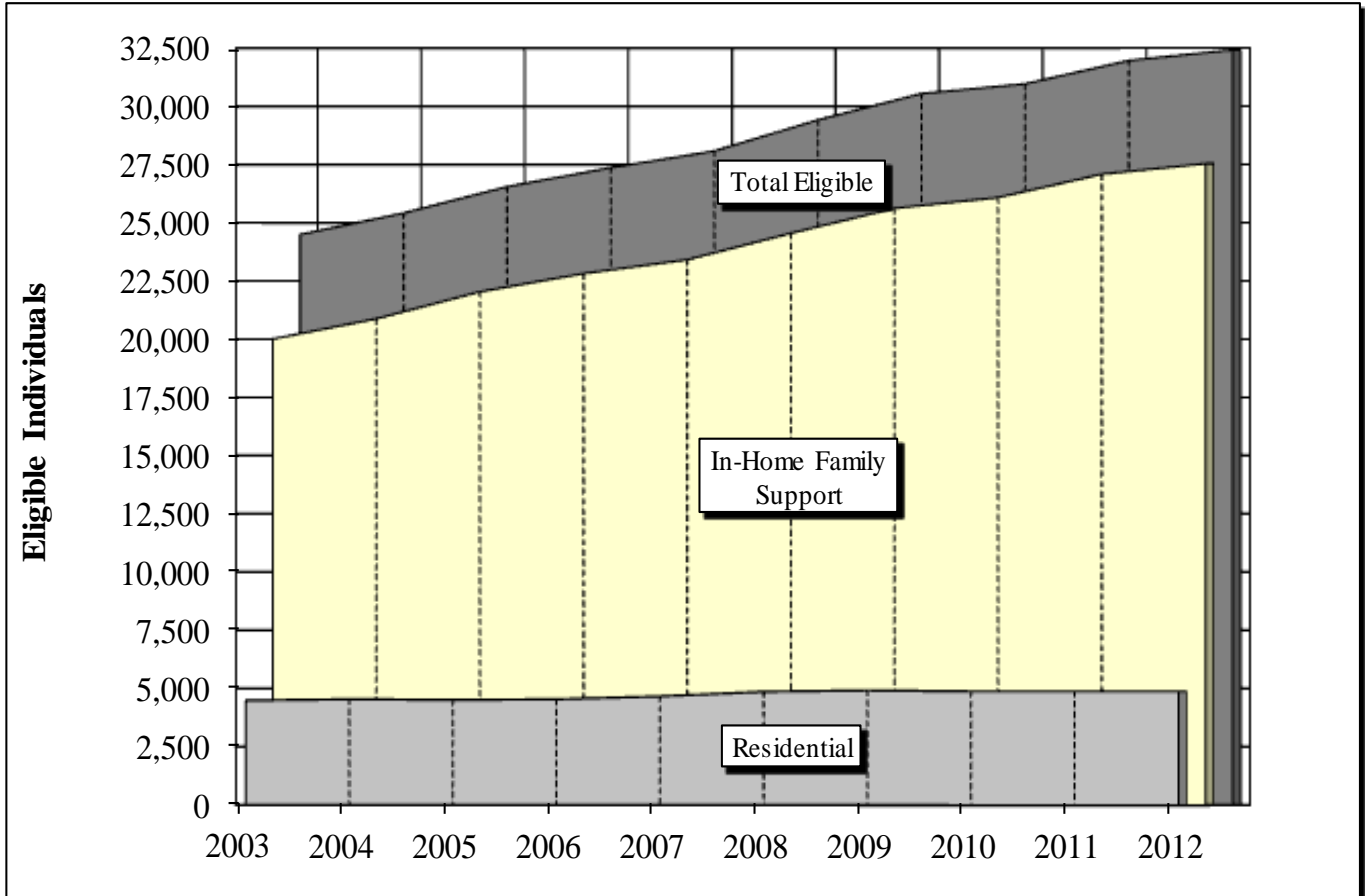
Agency Data provided by DDSN

Figure 7.1-11
 Figure 7.2-7
 Figure 7.3-8
 Figure 7.5-7

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 2003 to 2012	
Total Eligible:	+32.3%
Family Support:	+37.6% (7,500 additional people)
Residential:	+ 8.9% (395 additional people)

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 37.6% growth in the use of cost-efficient family support services compared to only 8.9% growth in residential services, which are more expensive.

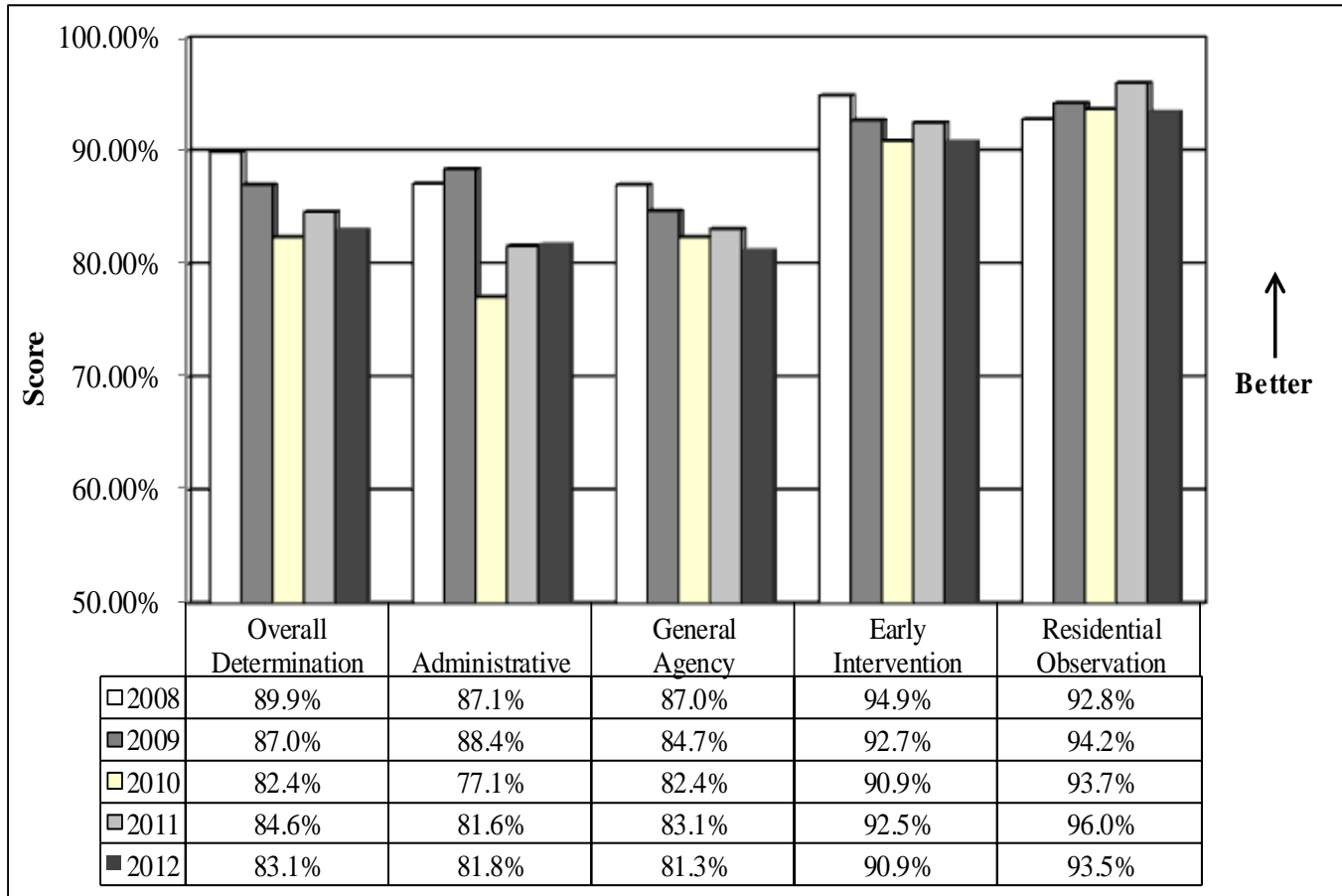
Of the approximately 32,400 individuals eligible or receiving DDSN services, 85% live at home with their families or in their own home. Of the thousands of persons with intellectual disabilities/related disabilities and autism receiving services from DDSN, 72% live with family caregivers, compared to 56% 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 2010 published by The University of Minnesota

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



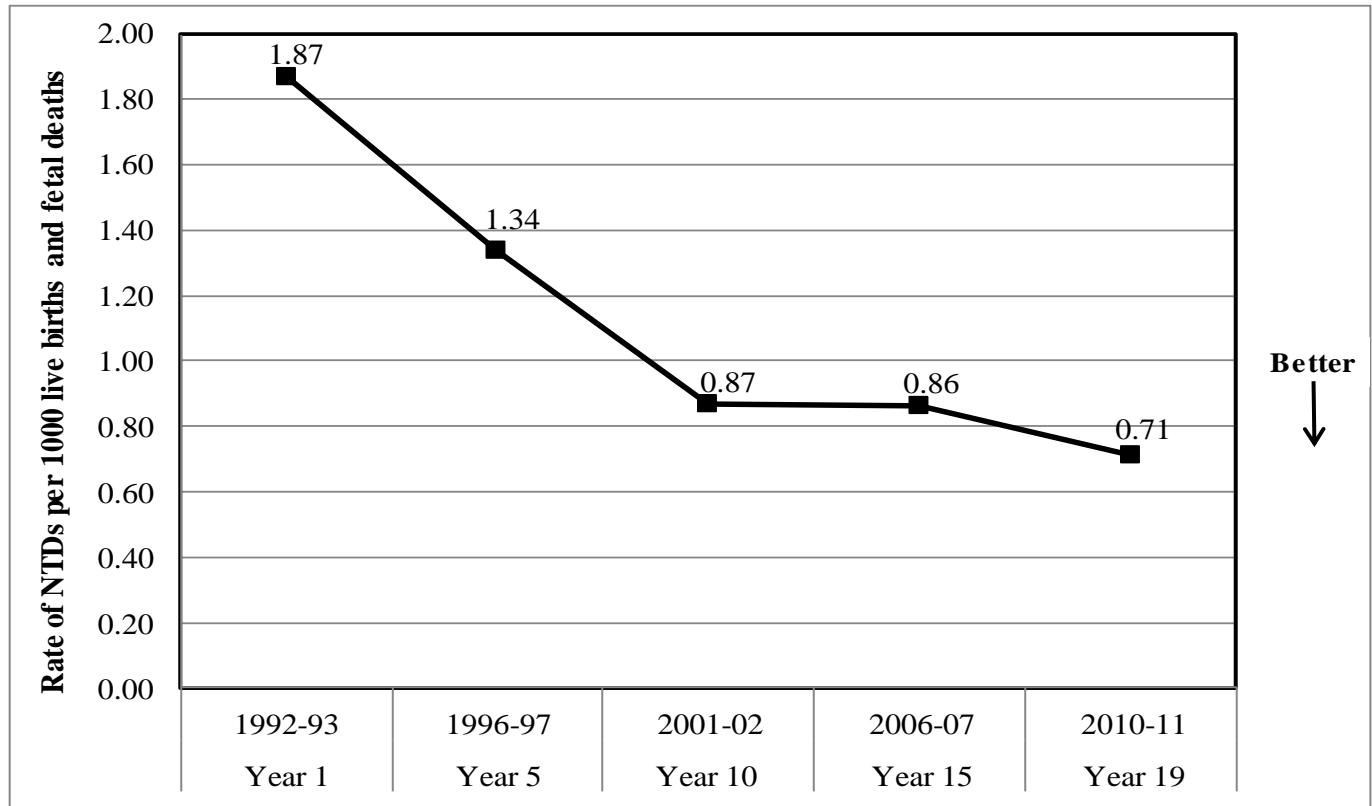
DDSN contracts with a nationally recognized CMS-Certified Quality Improvement Organization to conduct a sophisticated annual quality assurance review of DDSN service providers using random sampling to ensure reliability and validity of results. Areas such as health, safety, rights, compliance with Medicaid contracts, choice, service planning and fiscal management are reviewed. It should be noted that DDSN’s change of outcome measures has increased the expected performance of its service providers over this five year period.

The four (4) 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.

Data Source:

Delmarva Foundation Inc., Fiscal Year 2012 “Report of Findings, Annual Aggregate Data”

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



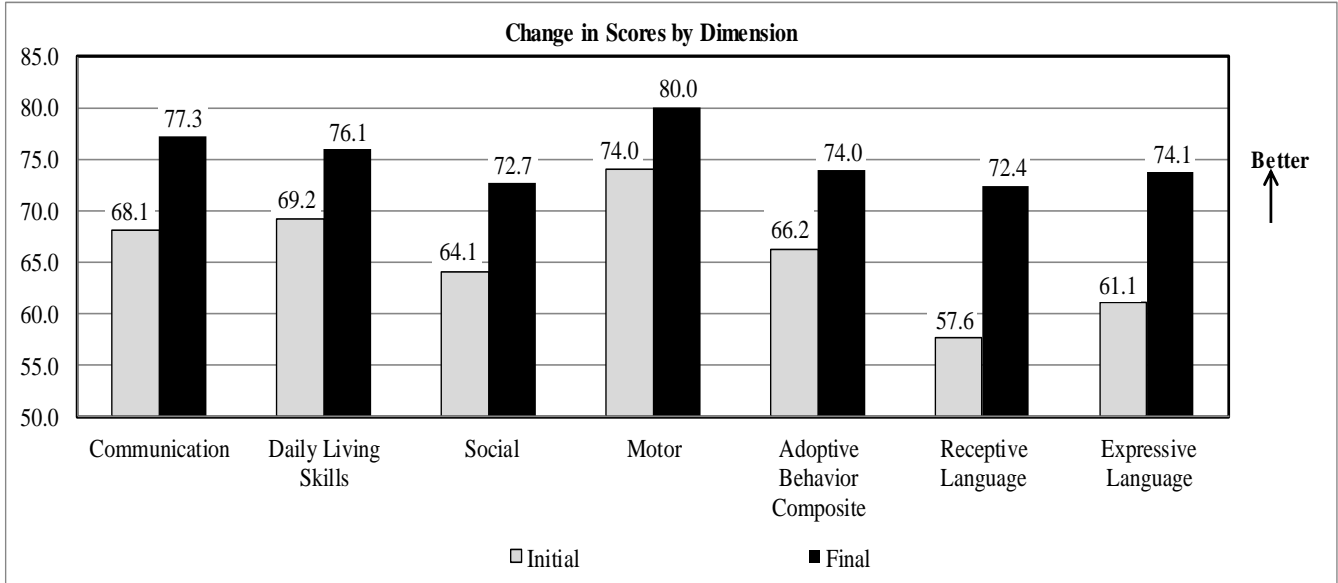
Primary prevention efforts produce the greatest return on investment of time and dollars. An example of one effort is reducing the rate of infants born with neural tube defects (NTDs) through DDSN’s partnership with the Greenwood Genetic Center. The rate of NTDs per 1,000 live births in South Carolina has steadily declined over the last 19 years. The result is the prevention of 60 infants born each year with an NTD, avoiding over \$180 million in medical and disability service costs over the lifetime of these children. Twenty years ago, South Carolina’s rate of NTDs was three times the National average; it is now in line with the National average.

Data Source:
 Greenwood Genetic Center

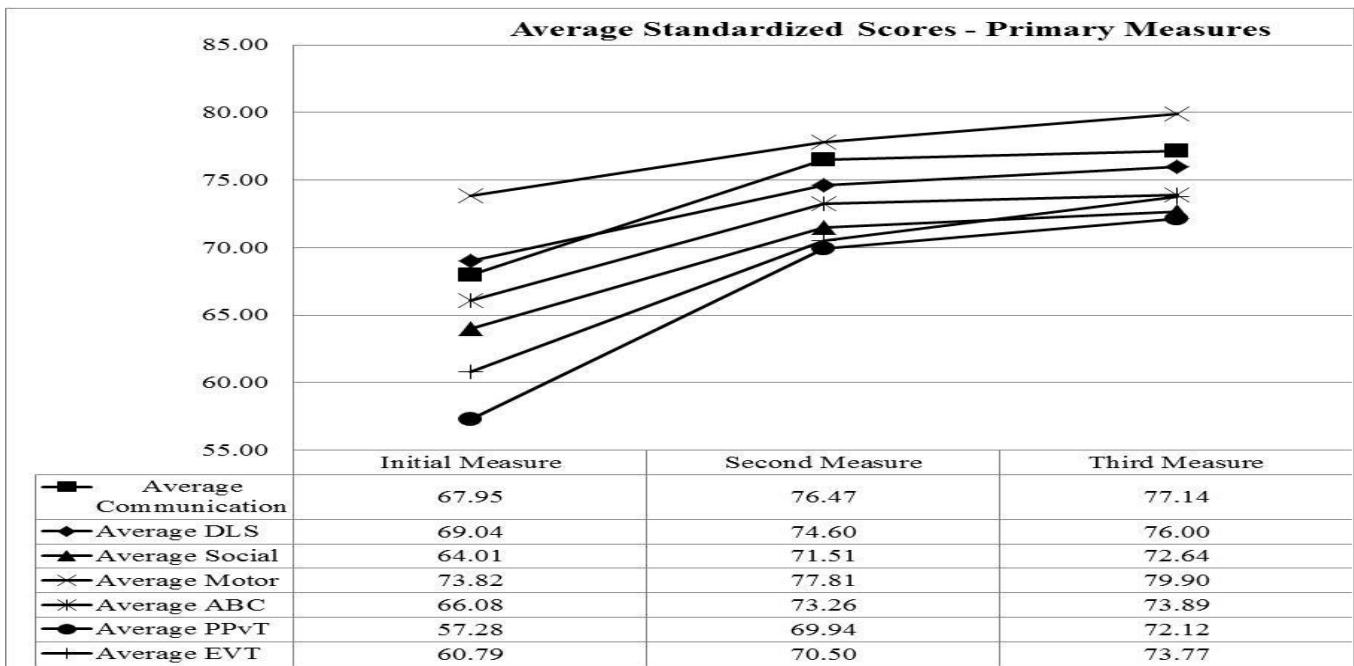
Figure 7.1-14
Figure 7.2-9
Figure 7.3-10

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

**South Carolina Department of Disabilities and Special Needs
 Pervasive Developmental Disorders Program**



The Pervasive Developmental Disorders program provides evidence-based individualized treatment interventions for children with autism. The program is positively changing the lives of the children and their families. DDSN requested an independent analysis from University of South Carolina (USC) to determine the outcomes of children who participate in the program. The results of the USC evaluation show children demonstrate statistically significant improvement in all seven primary measures affecting children with autism: communication, expressive and receptive language, social, adaptive behavior, daily living skills and motor skills.



Data Source:
 University of South Carolina College of Social Work 2011

South Carolina Department of Disabilities and Special Needs
Avoiding Duplication
DDSN Consumers Served By Other State Agencies
For Fiscal Year 2012

Chart A

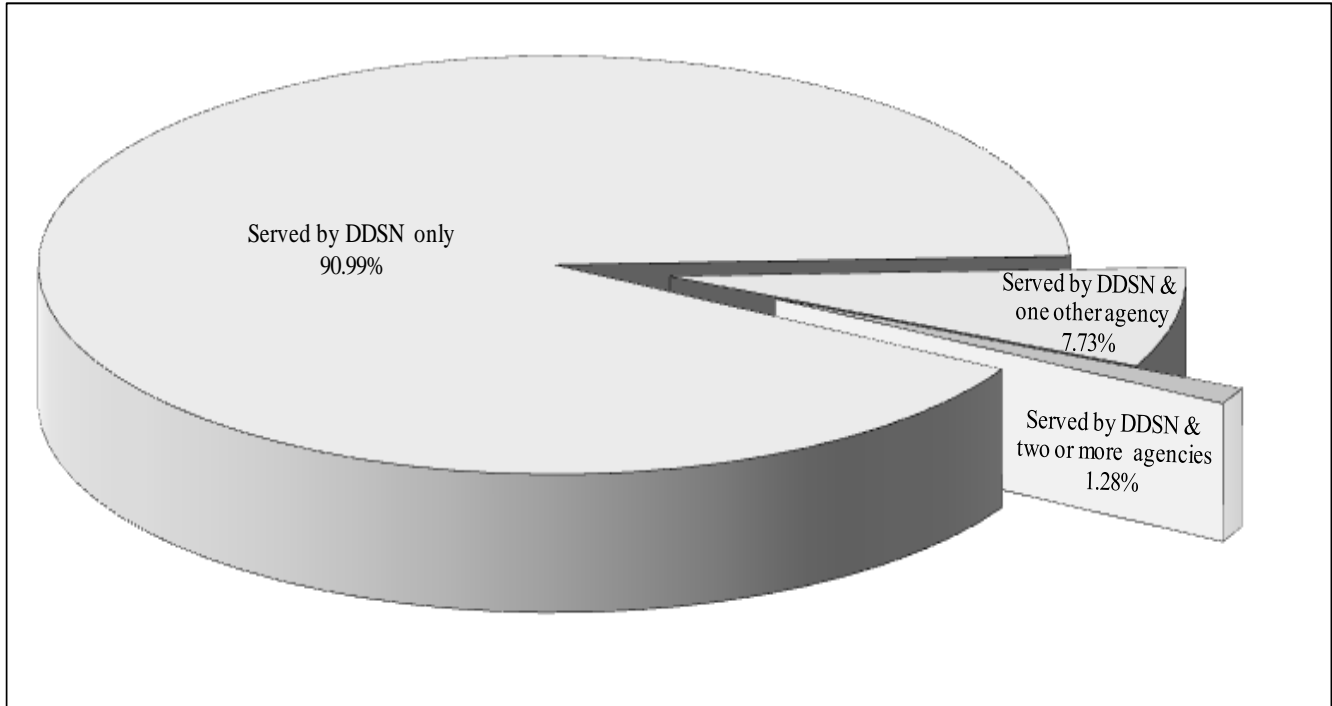
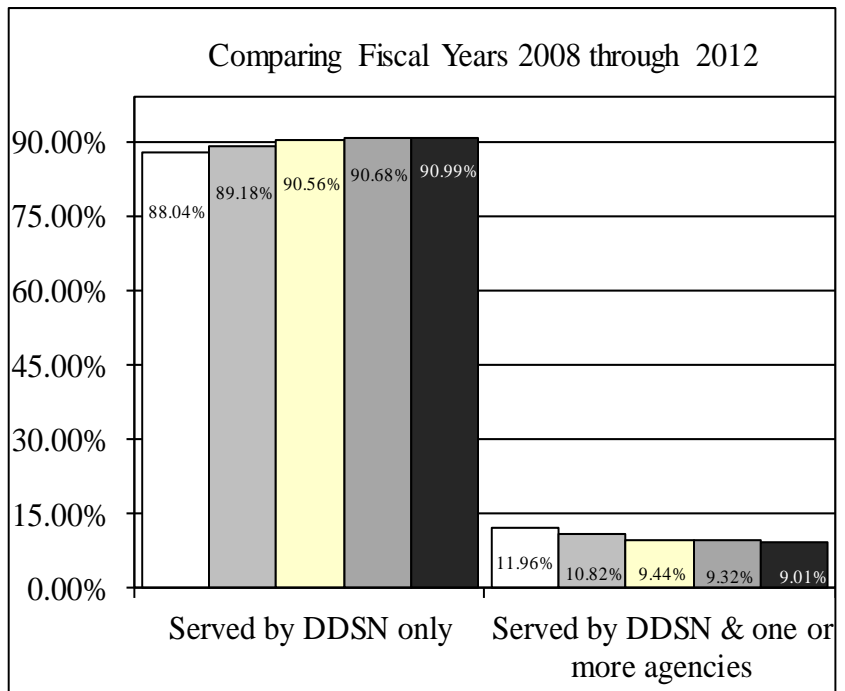


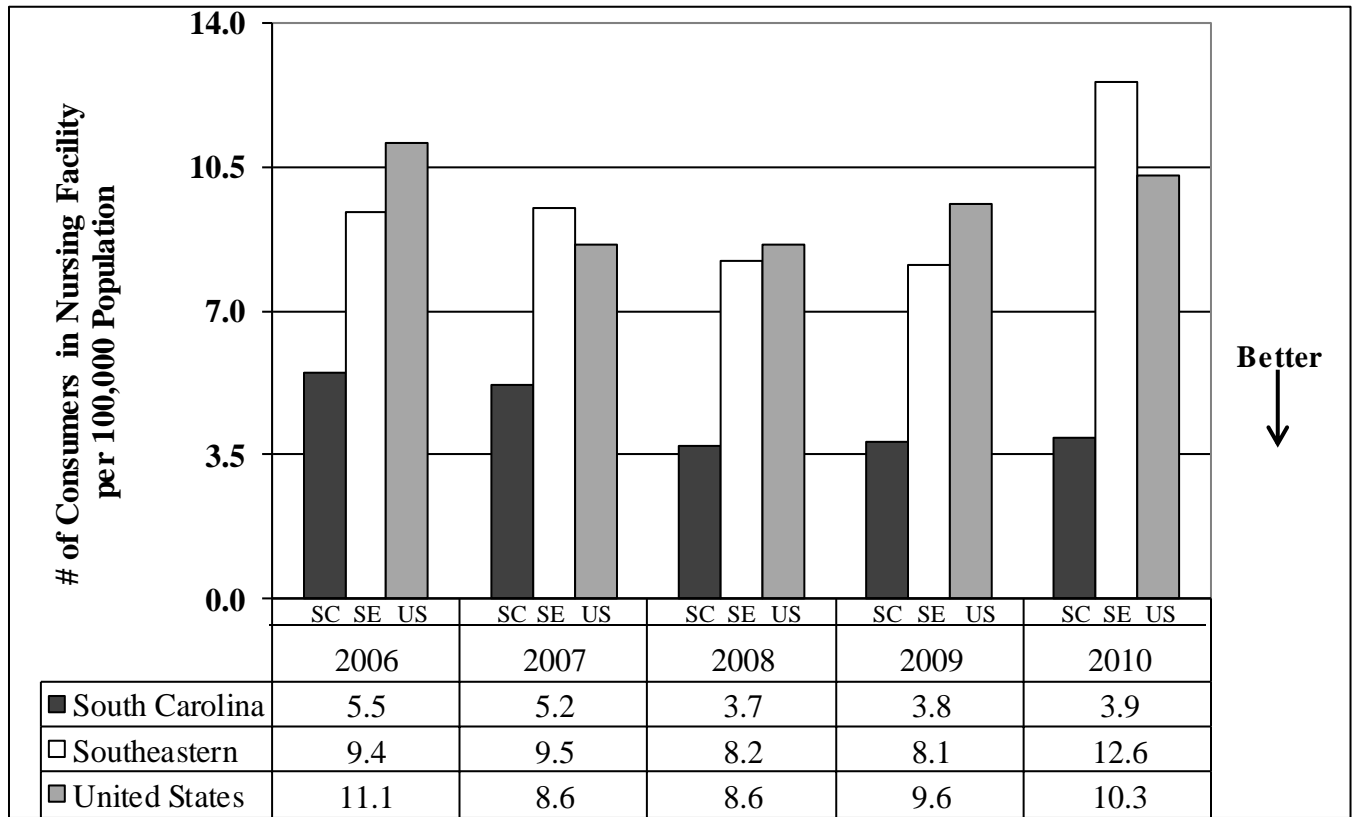
Chart B

Ninety-one percent (91%) 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.



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**



Georgia	17.3	16.5	16.1	9.8	7.7
North Carolina	6.0	4.7	4.3	10.1	44.6

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 many years. In South Carolina, just 3.9 individuals with developmental disabilities per 100,000 of the general population are served in traditional nursing facilities compared to 10.3 per 100,000 nationally.

The Federal Nursing Home Reform Act, passed in 1987, was intended to improve the conditions in nursing homes and protect people with developmental 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. As with the general population, people with lifelong disabilities are living longer and prefer receiving services in their own homes and communities.

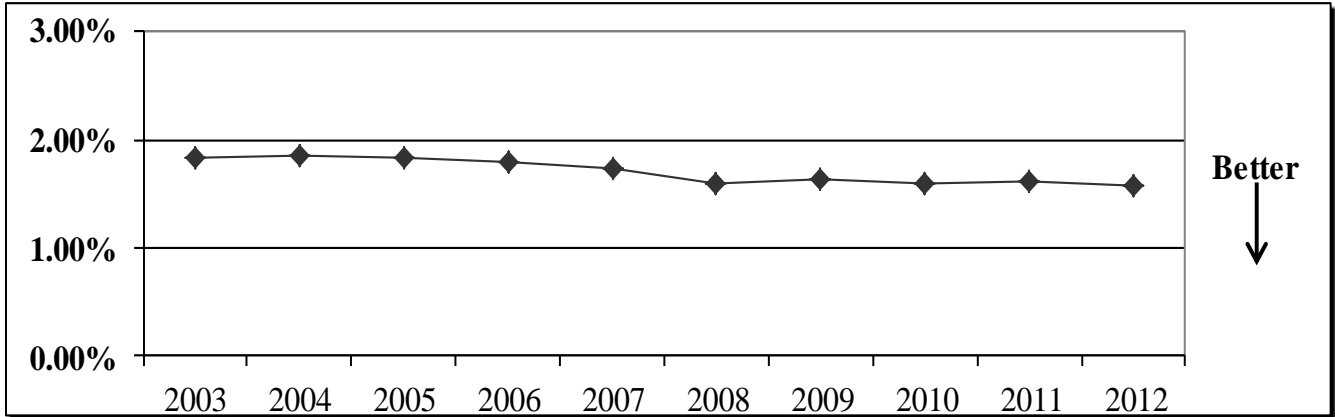
Data Sources:

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2006, 2007, 2008, 2009 and 2010 published by The University of Minnesota

Figure 7.1-15
 Figure 7.3-11
 Figure 7.4-1

Section I:
 Major Achievements
 Section III:
 Category 1 – Senior Leadership,
 Governance & Social Responsibility
 Category 5 – Workforce Focus

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

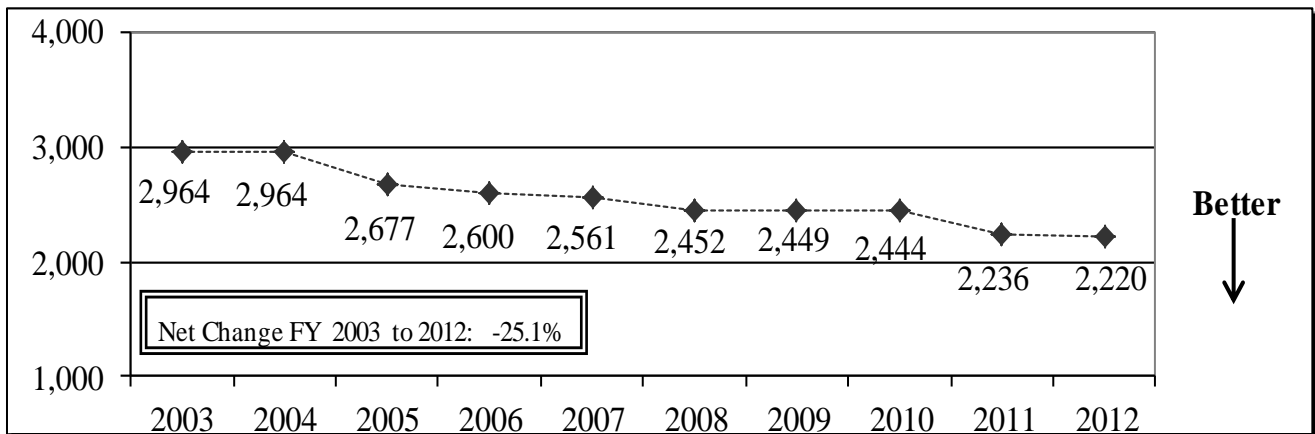


DDSN has continually shifted resources from administration to service priorities. Over the last ten years, DDSN’s administrative FTEs were reduced by 32% through attrition, retargeting resources, and reductions in force. Central Office administrative expenses have remained at less than 2% of total expenses even though there has been an increase in the need for services and in the number of people served, an increased scope of services and increased federal and state compliance requirements.

Figure 7.1-16
 Figure 7.3-12
 Figure 7.4-2

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

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

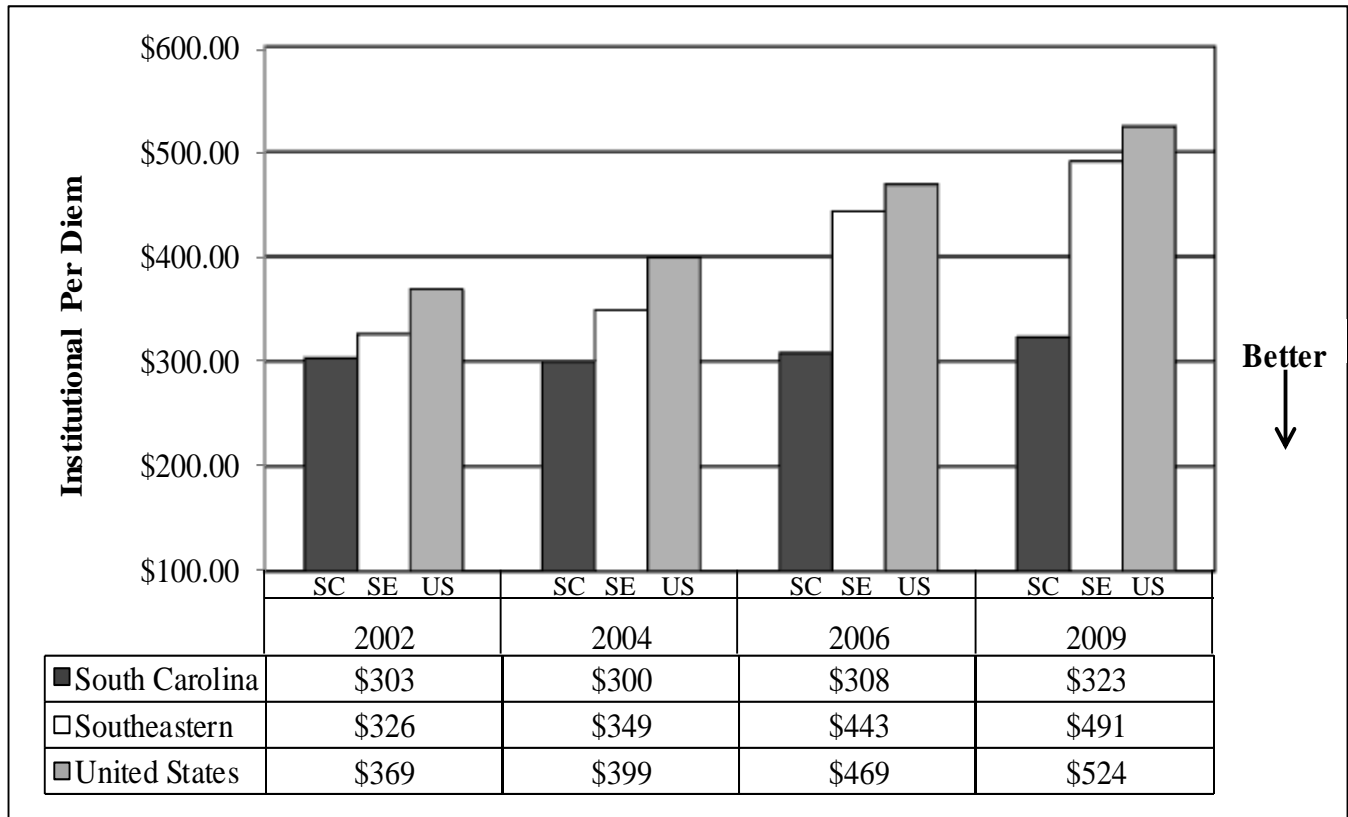


From 2003 to 2012, 744 FTEs were eliminated. The purpose was to realign the agency’s human resources to support core services and meet its operational needs.

Data Sources:

- Figure 7.1-14 - Agency data provided by DDSN
- Figure 7.1-15 - Agency data provided from Appropriations Act for Fiscal Year 2013

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



Georgia	\$217	\$225	\$384	\$207
North Carolina	\$344	\$385	\$472	\$476

South Carolina’s institutional per diem is 38% less than the average per diem in the United States and 34% less than the Southeastern average. This is very important because institutional care is the most expensive service. DDSN operates a much leaner and more efficient system than other agencies across the country.

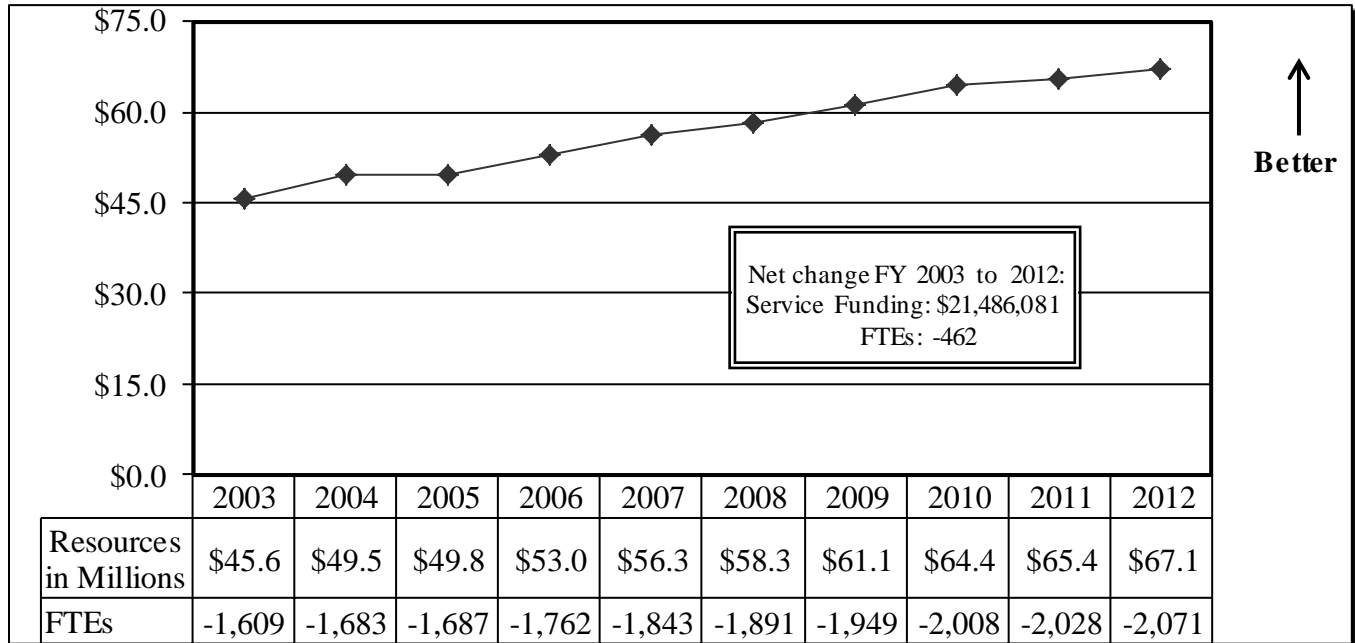
Data Source:

The State of the States in Developmental Disabilities: 2004, 2006, 2008 and 2011 published by The University of Colorado

Figure 7.1-17
 Figure 7.2-12
 Figure 7.3-14
 Figure 7.5-12
 Figure 7.6-5

Section I:
 Major Achievements
 Section III:
 Category 6 – Process Management

**South Carolina Department of Disabilities and Special Needs
 Regional Center Resources Redirected to Community Residential Services
 Cumulative Totals from Fiscal Year 2003 to 2012**



Cumulative Effect 1994 to 2012
Service Funding: \$67,096,530
FTEs: -2,071

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

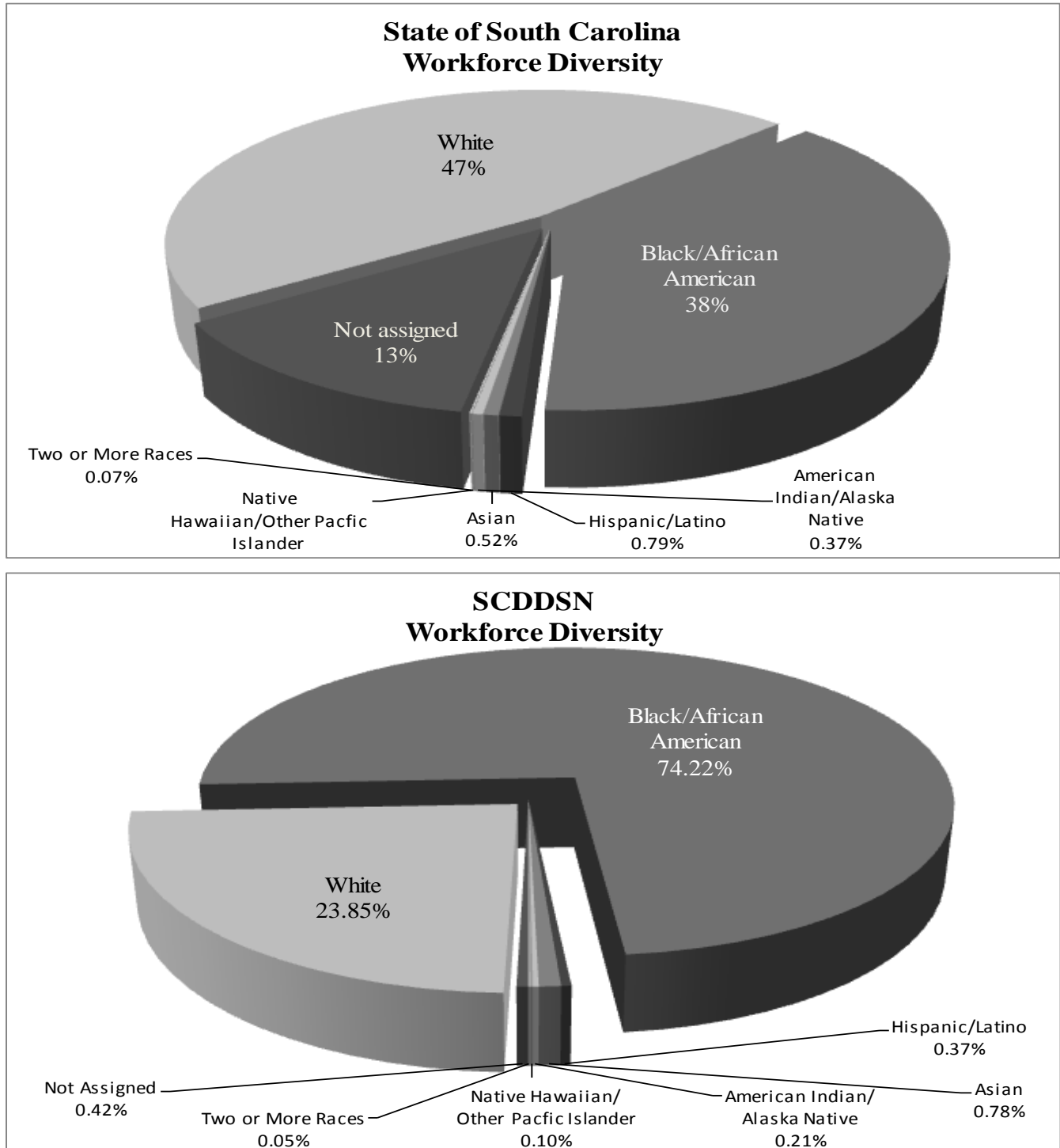
As people move from the regional centers to community settings, their service funding is redirected from regional centers to local community services. Since implementing the “money follows the individual” (MFI) formula in fiscal year 1994, more than \$67 million has been redirected to local community services.

While South Carolina has an eighteen year history of utilizing its MFI formula, the National MFI initiative by the federal government only began in 2006 when states were given grants to help with this effort. National comparable data is not available at this time.

South Carolina’s MFI effort is achieved without federal aid. Another significant result is the reduction of DDSN permanent workforce positions (FTEs).

Data Source:
 Agency data provided by DDSN

**South Carolina Department of Disabilities and Special Needs
Workforce Diversity
Comparing the State of South Carolina with DDSN**

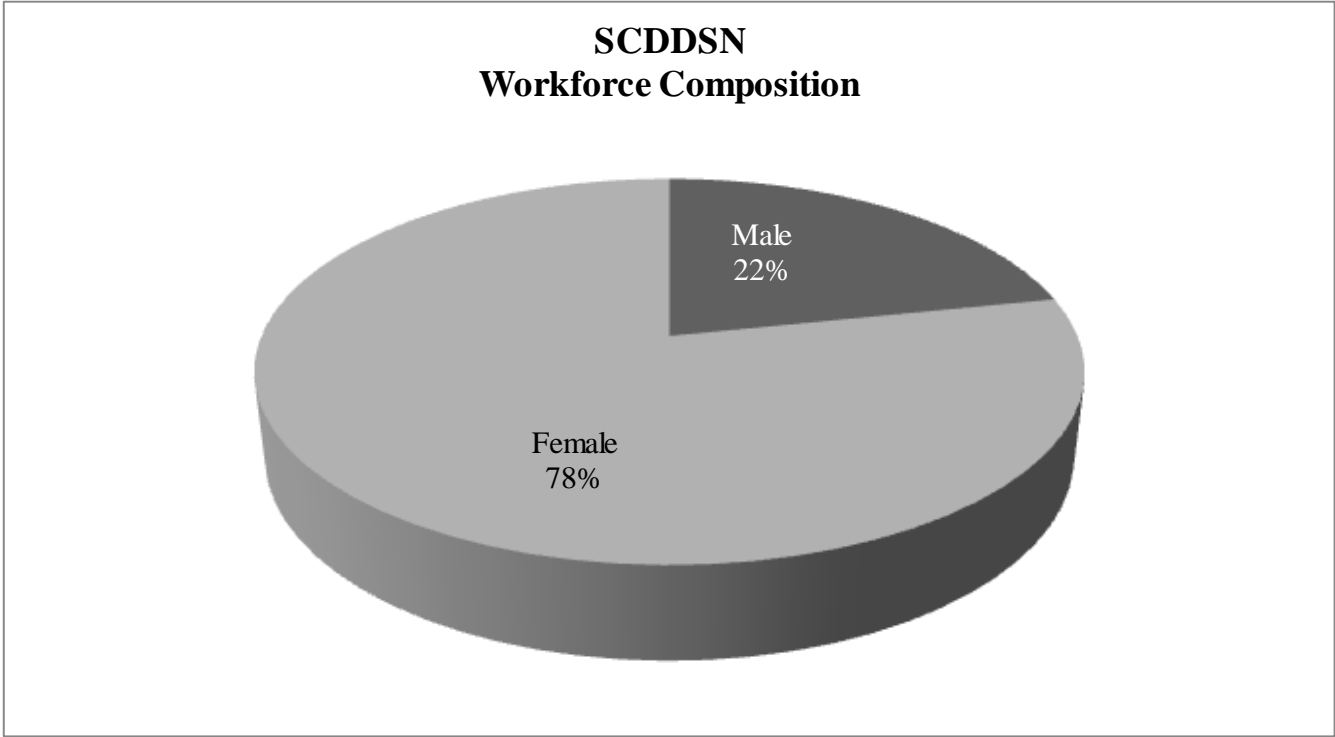
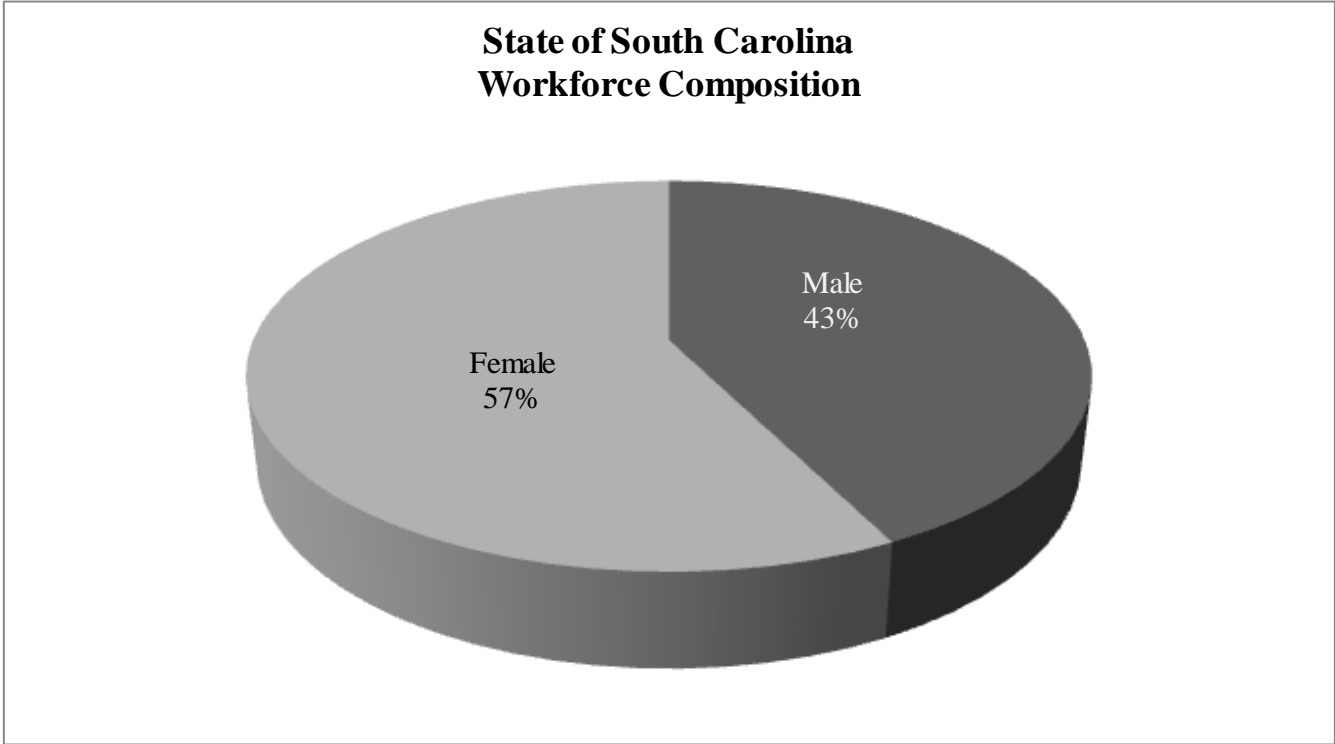


DDSN’s workforce reflects diversity as African-American and other ethnic minority groups make up almost 76% of the total workforce. DDSN utilizes a variety of recruitment strategies in an effort to reach a diverse applicant pool.

Data Sources:

State of South Carolina data provided by South Carolina Enterprise Information System Fiscal Year 2011
SCDDSN data provided by South Carolina Enterprise Information System Fiscal Year 2012

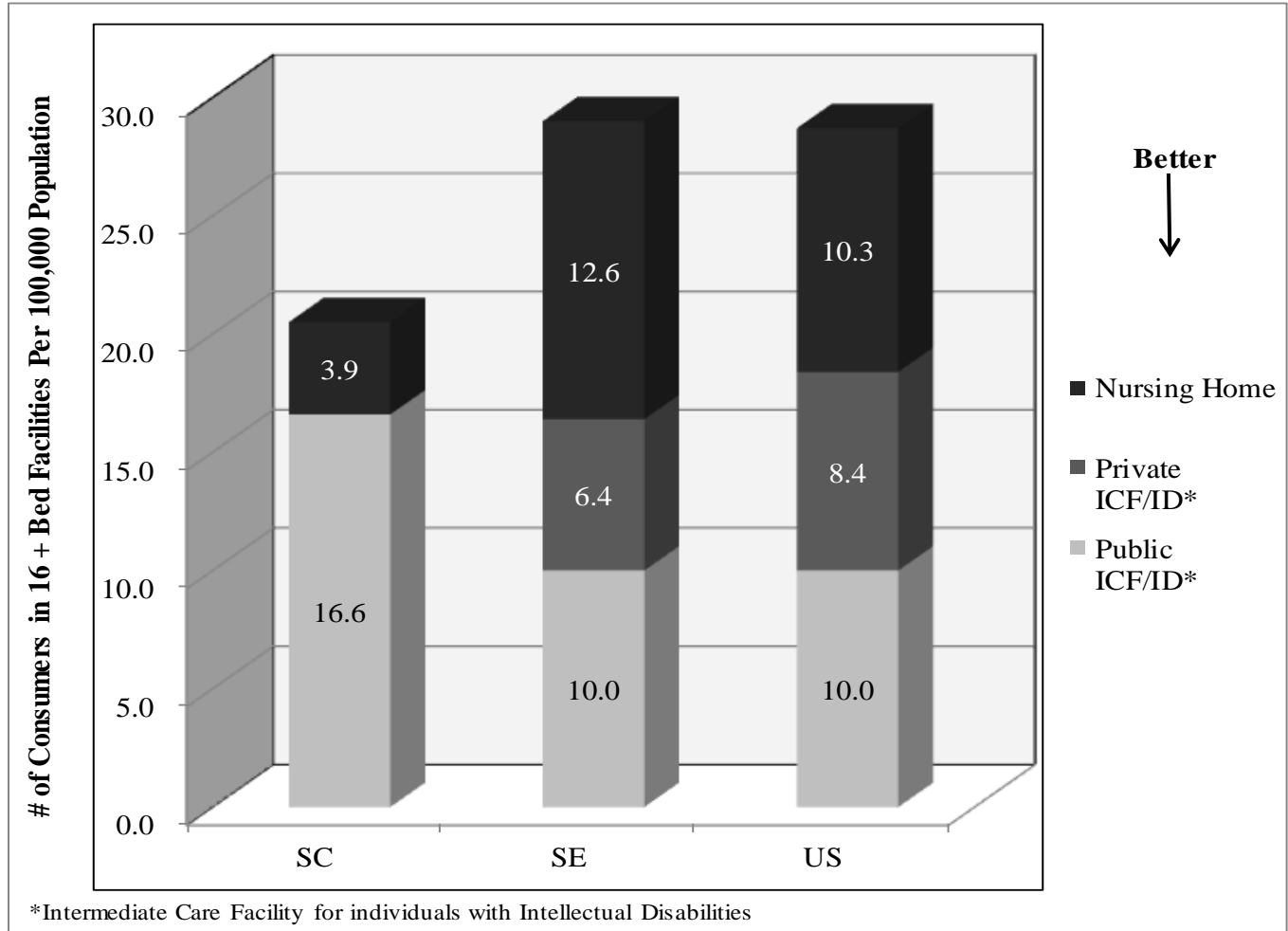
**South Carolina Department of Disabilities and Special Needs
Workforce Composition
Comparing the State of South Carolina with DDSN**



DDSN’s workforce reflects diversity as women comprise 78% of the total workforce. DDSN utilizes a variety of recruitment strategies in an effort to reach a diverse applicant pool.

Data Sources:
State of South Carolina data provided by South Carolina Enterprise Information System Fiscal Year 2011
SCDDSN data provided by South Carolina Enterprise Information System Fiscal Year 2012

**South Carolina Department of Disabilities and Special Needs
 State Developmental Disabilities System Resource Utilization
 Comparing South Carolina with Southeastern and United States**



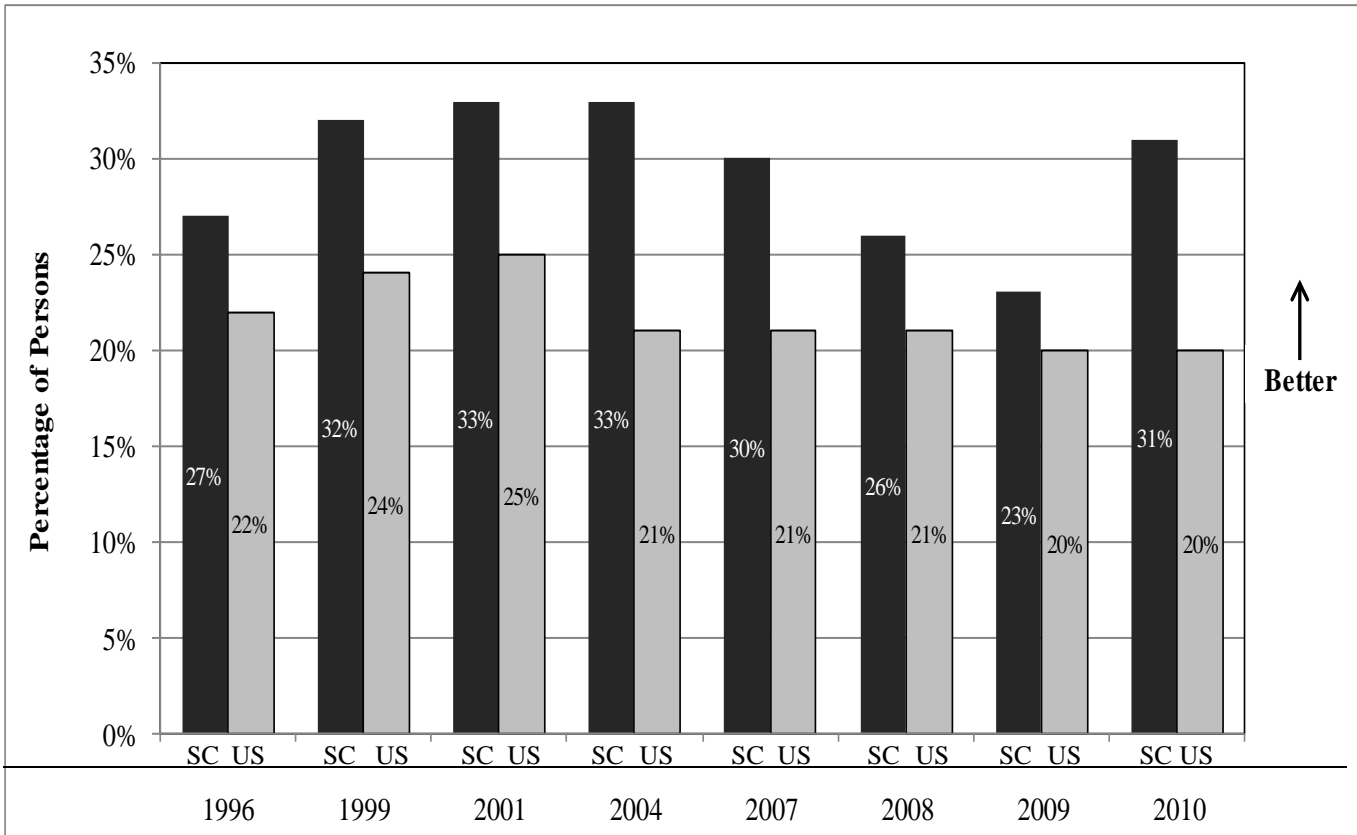
DDSN serves 15% fewer persons than the National and Southeastern averages of persons per 100,000 population living in large (16+ beds) institutions. Federal and South Carolina state laws require that people with intellectual disabilities and related disabilities (ID/RD) live in the least restrictive environment. DDSN is doing a better job supporting people in home and community based settings than its Southeastern counterparts and across the nation.

Receiving services in a smaller, family like setting is preferred by consumers and families and is a more cost-efficient service alternative for taxpayers.

Data Source:

Residential Services for Persons with Developmental Disabilities: Status and Trends through 2010 published by The University of Minnesota

**South Carolina Department of Disabilities and Special Needs
Percentage of Persons with Intellectual Disabilities/Related Disabilities (ID/RD)
Served in Integrated Employment
Comparing South Carolina with United States**



In South Carolina 33.3% of people with an intellectual disability and related disability (ID/RD) live below the poverty line which is comparable to the National average of 33.4%. To address this, DDSN uses strategies and practices which focus on integrated, community based employment as the desired outcome for individuals with ID/RD.

The percentage of people served by ID/RD agencies in integrated, community based employment across the country is 20% compared to 31% in South Carolina.

South Carolina does a better job supporting people with intellectual disabilities in integrated, competitive employment compared to National averages.

Data Source:

The National Report on Employment Services and Outcomes 2011 published by Institute for Community Inclusion, University of Massachusetts, Winter 2012

Figure 7.1-19
Figure 7.2-15
Figure 7.5-13

Section I: Major Achievements
Section III: Category 1 – Senior Leadership, Governance & Social Responsibility Category 3 – Customer Focus

South Carolina Department of Disabilities and Special Needs
2012 Stakeholder Sessions
Customer Satisfaction Analysis

As part of its continuing efforts to improve the services provided to its consumers, DDSN conducted a special series of eight Stakeholder Sessions in spring 2012 and offered an on-line survey. More than 800 self-advocates, parents, family members, provider staff and advocates participated in the Stakeholder Sessions and more than 150 people completed the on-line survey. Each Stakeholder Session broke out into four concurrent target groups based on the age of the person with a disability or where they live. DSDN contracted with the University of South Carolina Institute for Public Services and Policy Research to analyze the responses.

Customer Satisfaction Analysis MOST IMPORTANT SERVICES PROVIDED BY DDSN REPORTED BY PARTICIPANTS			
Families of children birth to age 5 living at home	Families of school age children 6 to 20 years living at home	Adults over 20 years living with their families	Families with children all ages living in a DDSN residential home
Assistance with home and community based supports	Applied Behavior Analysis	Jobs	Continuity of Staff
Coordination of Services	Personal Care	Supplies and Equipment	Friendly/Dedicated Staff
Early Intervention	Behavior Supports	Life skills - activities of daily living	Having choices - participating fully in life - have a purpose
Respite Care	Day Services	Day Services	Quality of life
Therapies	Respite Care	Respite Care	Safety, Independence and Health

The University of South Carolina Institute for Public Services and Policy Research reported the following major findings from their analysis:

1. Virtually every service that DDSN provides is considered important by consumers. Stakeholders need the services and supports that DDSN provides and they consider them to be important.
2. There are virtually no supports that are considered to be “least important”.
3. Stakeholders generally believe that the DDSN system works well.
4. Participants expressed value and importance of communication.

Data Source

SCDDSN Stakeholders Analysis published by University of South Carolina Institute for Public Services and Policy Research August 2012