



**ANNUAL  
ACCOUNTABILITY  
REPORT**

**Fiscal Year 2006-07**

**Accountability Report Transmittal Form**

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

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**South Carolina Department of Disabilities and Special Needs  
2006-2007 Accountability Report**

**Section I – Executive Summary**

**Mission 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 mental retardation and related disabilities, autism, traumatic brain injury, and spinal cord injury and similar disabilities. Primary responsibilities include planning, development and provision of a full range of services for children and adults, ensuring that all services and supports provided meet or exceed acceptable standards, and improve the quality of services and efficiency of operations. The department advocates for people with severe lifelong disabilities both as a group and as individuals, coordinates services with other agencies and promotes and implements prevention activities to reduce the occurrence of both primary and secondary disabilities.

**VISION - WHERE WE ARE GOING!**

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

**MISSION - WHAT WE DO!**

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

**VALUES - OUR GUIDING BELIEFS!**

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

**PRINCIPLES - FEATURES OF SERVICES AND SUPPORTS**

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

*Adopted 11/20/03*

**Major Achievements for Fiscal Year 2006-2007**

**Meeting Service Needs:** DDSN currently serves over 28,000 persons with mental retardation and related disabilities, autism, head injury and spinal cord injury. Approximately 82 percent of these individuals live at home with their families, which compares to only 60 percent nationally. The remaining 18 percent of individuals have the most severe disabilities and complex needs that cannot be met at home and require 24-hour care provided in community residential settings or in one of five state-operated regional centers. (See Figure 7.1-1 and Figure 7.2-1, also Figure 7.2-5 and Figure 7.5-2)

Community residential services and in-home support services are provided through contracts with local disabilities and special needs boards and other community providers. The department works closely with consumers and families, service providers, advocacy organizations, the executive and legislative

branches of government, county officials, state and federal agencies, the business community and the general public. These partnerships are integral to strategic planning, ensuring health and safety, and measuring outcomes and customer satisfaction.

DDSN was appropriated new funds in fiscal year 2006-2007 for the development of 500 new community residential beds over two years to address the needs of individuals in critical circumstances, people on the waiting list, and those living with aging caregivers. This achievement not only helped families but also helped to reduce South Carolina's vulnerability to a lawsuit based on the U.S. Supreme Court's Olmstead decision which requires that waiting lists move at a reasonable pace. In addition to residential services, in-home individual and family support services expanded significantly. Home and community-based waiver services were provided to an additional 550 individuals. Other in-home supports were provided for approximately 950 persons to enable them to remain in their own home or their family's home. Providing these new services and increasing services to some individuals was accomplished with new state dollars but also through natural attrition, prioritizing the needs of individuals, improving the use of Medicaid reimbursements, and reducing administration further. (See Figure 7.2-7, Figure 7.3-3, also Figure 7.1-5 and Figure 7.3-1 and Figure 7.5-1, Figure 7.2-9)

**Implementing a New Pervasive Developmental Disorder (PDD) Program:** Another specific area of service development is the new PDD Program to assist families seeking specialized applied behavior therapy. Three million dollars in new non-recurring funds was appropriated with specific instructions via a budget proviso to establish the new program utilizing Medicaid funding. A new Medicaid waiver had to be written and approved. The \$3 million one-time service funds were not available to DDSN until December 2006. Over the summer and early fall, DDSN and DHHS staff worked together and completed a Medicaid waiver application, held a public meeting attended by over 50 interested parents, advocates and providers, and met the Centers for Medicare and Medicaid Services (CMS) officials. The final version of the application was submitted September 28, 2006, for federal review, which is record quick time. The federal government (CMS), which can take up to 90 days for review, approved South Carolina's PDD waiver without changes effective January 1, 2007. This was only the second waiver of this type in the nation to receive CMS approval.

DDSN developed information and referral strategies and application procedures, including the establishment of a toll-free number. Information was shared with families and providers, sent to the media, and published on the Internet. Parents or families interested in applying for services were encouraged to gather the necessary information and documentation to prevent delay of their child's application process. As of June 30, 2007, 140 children were accepted in the new PDD Program and over 380 are on a waiting list. DDSN requested an additional \$4.5 million to serve children waiting in its FY 2008 budget request, which was approved.

**Planning Post-Acute Medical Rehabilitation Service Options:** Medical rehabilitation is critical to getting the best possible outcomes following a traumatic injury. There is currently only one in-state option. DDSN formed a planning work-group and reviewed available data, number of people needing the services, and current funding sources. There is a serious gap in access to post-acute rehabilitation that is specialized for traumatic brain or spinal cord injuries. Some people receive some rehabilitation or therapy benefits through private health insurance, Medicare, and other sources such as Worker's Compensation, but adequacy of the coverage varies. The estimates based on hospital discharges are that over 2,200 individuals with traumatic brain or spinal cord injuries this year will need specialized post-acute inpatient/outpatient rehabilitation. The total cost of care for these specialized post-acute rehabilitation settings would be \$68 million. However, \$56.5 million of this expense is projected to be covered by private insurance, Medicare and other government reimbursements, and current Medicaid expenditures. The State funding needed for the balance to cover the uninsured/underinsured and Medicaid State matching funds would be \$11,504,000 total. DDSN requested these funds and over \$2 million was appropriated. This is enough funding to begin developing this needed service.

**Implementation of New Laws for Reporting Allegations of Abuse and Neglect:** State law changed in July 2006 to require SLED to investigate allegations of abuse and neglect at DDSN and DMH funded residential facilities. Previously, these allegations were investigated by the Long Term Care Ombudsman's office or reviewed by various agencies. DDSN worked closely with SLED, the Attorney General's office, the Lt. Governor's office, DHEC, and DSS to review each agency's role and assist SLED in developing new processes and procedures. Memorandums of Agreement were negotiated and completed. Training was held in the fall for all DDSN and provider residential staff and managers on the new requirements, processes, and procedures. SLED began implementation in late January. The new system is working well; frequent communication and regular meetings between DDSN and SLED address issues and make improvements.

**Improved Quality and Accountability:** DDSN receives/utilizes approximately \$300 million in federal Medicaid funding to provide services. Compliance with Medicaid standards is essential, and recent federal reviews have been favorable. Federal officials noted the progress made and were impressed with the agency's efforts to strengthen opportunities for consumer choice, the system for tracking critical incidents, and DDSN's initiative to outsource a major portion of quality assurance. DDSN completed its sixth year of its independent quality assurance initiative through a bid contract to a nationally recognized vendor. This method is more objective, efficient and provides better data to further improve services and processes. It gives the department more ways to compare South Carolina with national data and to trend and evaluate provider progress over time. Performance scores have improved steadily. In addition, DDSN was awarded a federal Real Choice Grant from the Centers for Medicare and Medicaid Services (CMS) to determine how well DDSN's external quality review model operationalizes the key features of CMS' Quality Framework. This is enabling DDSN to measure the validity of South Carolina's model while enabling the federal government to test, for the first time, the practicality of their framework concept. DDSN is using a private vendor to conduct this evaluation.

### **Key Strategic Goals**

1. Broaden the range and improve the quality of supports and services responsive to the needs of individuals with disabilities and their families.
  - a. Expand the scope of services and supports to address the needs of eligible persons in crisis situations and on waiting lists.
  - 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 federal and state resources by using more efficient service models. (See Figure 7.3-3 also Figure 7.3-5)
  - f. Coordinate and partner with other agencies in areas of mutual interest to maximize resources and to avoid duplication. (See Figure 7.2-7)
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.

## **Opportunities and Barriers**

### **Opportunities**

1. Increase use of Medicaid funding to develop flexible in-home supports for increased individual/family independence and prevention of more costly out-of-home residential placements. (See Figure 7.3-3)
2. Strengthen technology capacities to support self-determination initiatives and create efficiencies.
3. Enhance service provider productivity and efficiency.
4. Utilize improved statewide Quality Assurance Program to determine performance in the areas of health and safety of each person, dignity and respect, personal choice, participation in the community and attainment of goals.

### **Barriers**

1. Each month DDSN receives nearly 400 requests from new people for eligibility and services. Turnover is very limited in the service system as severe disabilities are lifelong and many people are waiting for the essential services they need to be more independent. DDSN has 2,013 people waiting for residential services and a waiting list of 1,099 people for day and employment programs. (See Figure 7.1-7, and Figure 7.1-9) In addition, 1,584 people with severe disabilities live at home with parents who are 65 years old or older; of these, 801 live with a parent 72 years old or older. Over 291 of these caregivers are over 80 years old. (See Figure 7.1-8 and Figure 7.2-3) As parents age, their ability to provide care and supervision becomes more difficult, eventually impossible. When parents become ill, develop chronic diseases, need nursing home care themselves or pass away, the state must respond by providing 24-hour care for those left in vulnerable life or death situations.
2. Waiting lists continue to grow. While new service development can now occur, multiple years of budget reductions caused waiting lists to balloon. Consumer expectations for substantial growth and development of community-based services as a result of the U.S. Supreme Court's Olmstead decision are countered by the state's ability to appropriate new revenue to fund new services. This exact situation in South Carolina has led to lawsuits in 25 other states for community services for individuals with developmental disabilities. The Olmstead decision requires that waiting lists move at a reasonable pace.
3. The recruitment and retention of nurses continues to be extremely difficult in specific locations around the state. The unavailability of nurses caused by a nationwide shortage of nurses is further complicated by competition from nursing homes, doctor's offices, school districts, and other providers. Some of these providers offer sign-on bonuses; all offer competitive salaries making it more difficult for DDSN to attract nurses especially on the second and third shifts.

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

The annual accountability report reflects the agency's primary mission, its major initiatives to carry out that mission and its performance on the implementation of its responsibilities. It is an excellent report card that is useful as both an informational and educational tool available to everyone from the taxpayer to the state's policy makers. It offers the agency the opportunity to ensure that its strategic goals and allocation of resources are aligned appropriately and to compare effectiveness over time. It demonstrates the systematic comparison of DDSN's practices, outcomes and efficiencies to national benchmarks.



## Section II – Organizational Profile

### ❖ Main Products

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

### ❖ Main Services

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

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

**Community Residential Services:** Small, family-like community residential services provide 24-hour care, yet cost less than the cost of state operated regional center placements. (See Figure 7.1-4 and 7.2-2)

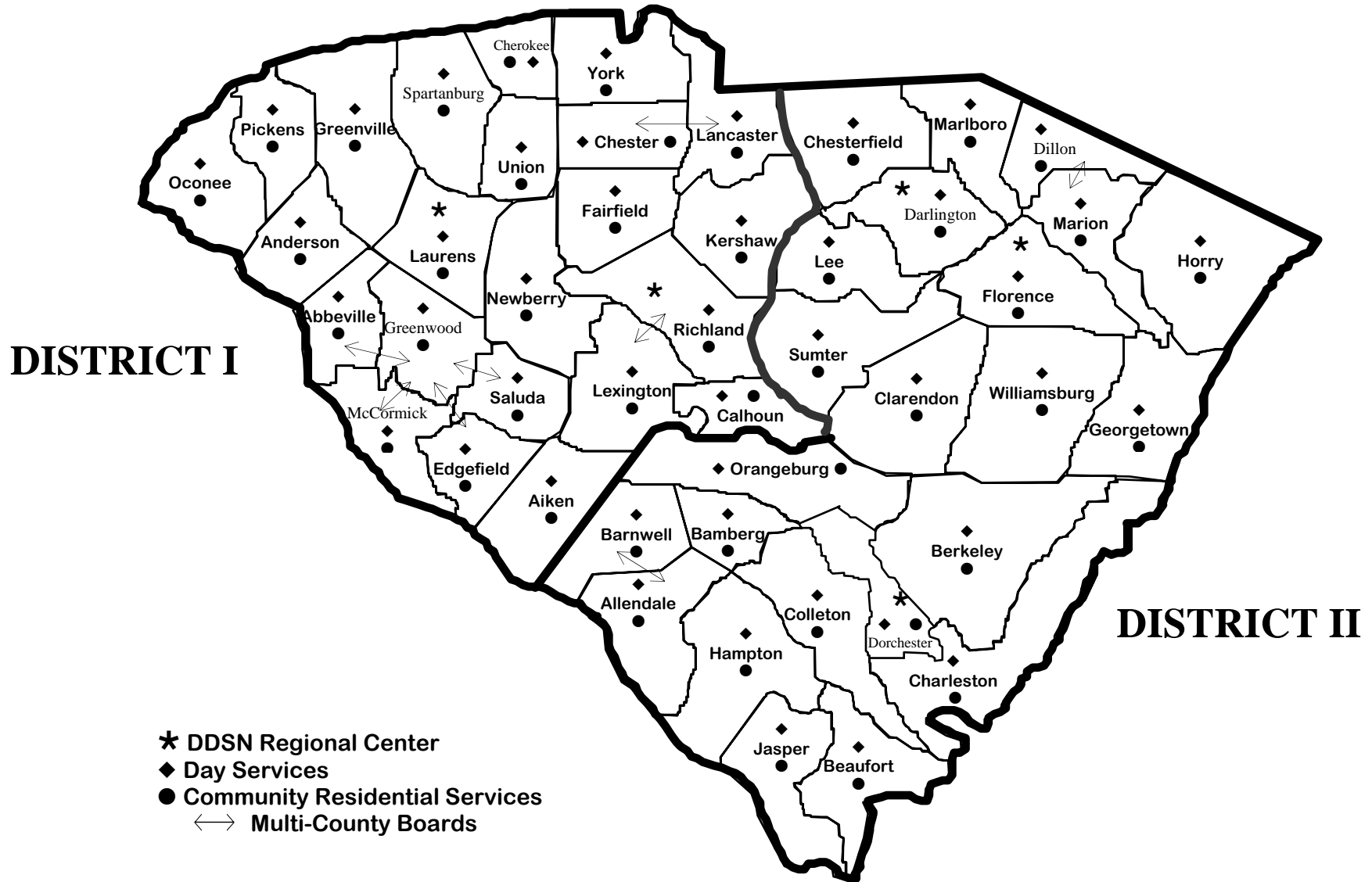
**Regional Centers:** Regional Centers serve persons with the most complex needs. The centers are the most expensive residential alternative due to the level of care and supervision needed.

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

### ❖ Primary Service Delivery Methods and Systems

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

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



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

DDSN's key customers are the individuals with disabilities and their families who receive services or who are eligible and waiting for services. DDSN serves more than 28,000 persons with mental retardation and related disabilities, autism, head injury or spinal cord injury. These disabling conditions are severe, life-long and chronic. (See Figure 7.1-1 and Figure 7.2-1, also Figure 7.2-5 and Figure 7.5-2)

## ❖ **Key Stakeholders**

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

## ❖ **Key Suppliers and Partners**

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

## ❖ **Operating Locations**

DDSN's operation locations cover all 46 counties of the State and include central administration located in Columbia; regional centers located in Columbia, Clinton, Ladson, Florence and Hartsville; district offices located in Clinton and Ladson; 39 Local Disabilities and Special Needs (DSN) Boards, with some serving multiple counties.

## ❖ **DDSN Employees**

- 2,200 Classified/Unclassified Employees located throughout South Carolina
- 275 Temporary Employees utilized periodically during the year to cover existing vacancies and long-term absences due to illnesses, but not to supplement the work force on a permanent basis
- 7,925 Contract Employees (DDSN contracts with a statewide provider network to administer services to DDSN eligible individuals.)

## ❖ **Regulatory Environment**

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

## ❖ **Key Strategic Challenges**

*Broaden the range and improve the quality of supports and services responsive to the needs of individuals with disabilities and their families.*

- Expand the scope of services and supports to address the needs of eligible persons in crisis situations and on waiting lists.
- 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.
- Provide information on service resources, requirements and options to individuals and families.

## ❖ **Key Strategic Challenges (Continued)**

- 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.
- Maximize federal and state resources by using more efficient service models.
- Coordinate and partner with other agencies in areas of mutual interest to maximize resources and to avoid duplication. (See Figure 7.2-7)

*Maintain accountability to all Citizens of South Carolina by strengthening quality of services.*

- Continue implementation of a performance measurement system linked to customer satisfaction and achievement of consumer's outcomes.
- Continue to track and analyze performance data and trends in support of quality improvement initiatives.
- Enhance quality assurance and quality improvement initiatives and maintain compliance with federal standards.
- Minimize the occurrence and reduce the severity of disabilities through primary and secondary prevention initiatives.

### Opportunities

- Increase use of Medicaid funding to develop flexible in-home supports for increased individual/family independence and prevention of more costly out-of-home residential placements.
- Strengthen technology capacities to support self-determination initiatives and create efficiencies.
- Enhance service provider productivity and efficiency.

### Barriers

- Turnover is very limited in the service system as severe disabilities are lifelong and many people are waiting for the essential services they need to be more independent.
- Waiting lists continue to grow. DDSN has 2,013 people waiting for residential services and a waiting list of 1,099 people for day and employment programs. (See Figure 7.1-7, & Figure 7.1-9).
- The recruitment and retention of nurses continues to be extremely difficult in specific locations around the state. The unavailability of nurses caused by a nation-wide shortage of nurses is further complicated by competition from nursing homes, doctor's offices, school districts, and other providers.

## ❖ **Performance Improvement Systems**

DDSN undertakes specific measures to assure consumer health and safety, and to increase the quality of services and supports offered by its system of service providers through a variety of different methods. (See Figure 7.2-6 and Figure 7.5-3)

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

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

## ❖ **Agency Organizational Structure**

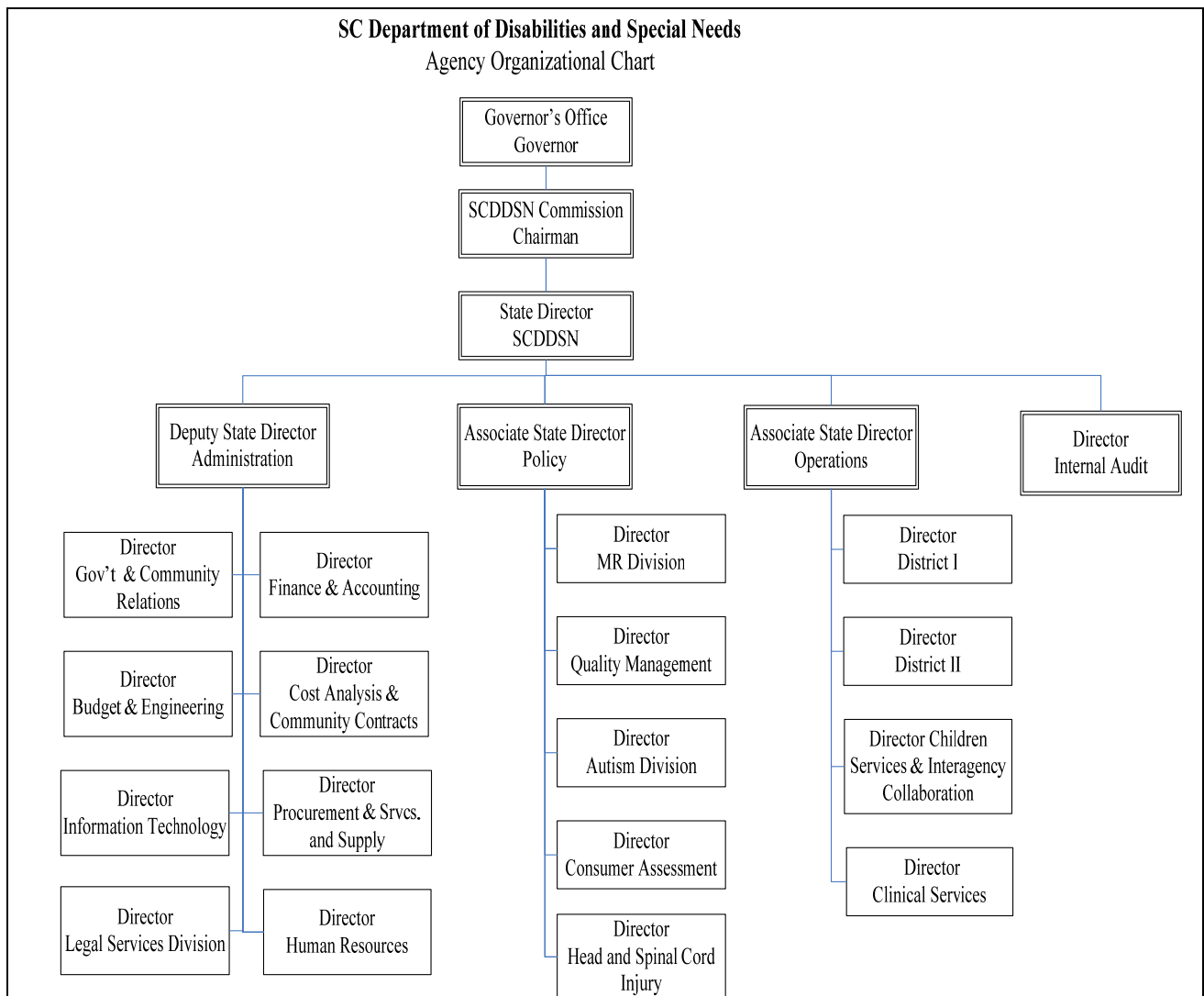
The South Carolina Department of Disabilities and Special Needs (DDSN) is the state agency that plans, develops, coordinates and funds services for South Carolinians with severe life-long disabilities including:

- Mental retardation and related disabilities
- Autism
- Traumatic brain injury and spinal cord injury and similar disabilities

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

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

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



**Accountability Report Appropriations/Expenditures Chart**

**Base Budget Expenditures and Appropriations**

| <b>Major Budget Categories</b> | <b>FY 05-06 Actual Expenditures</b> |                      | <b>FY 06-07 Actual Expenditures</b> |                      | <b>FY 07-08 Appropriations Act</b> |                      |
|--------------------------------|-------------------------------------|----------------------|-------------------------------------|----------------------|------------------------------------|----------------------|
|                                | <b>Total Funds</b>                  | <b>General Funds</b> | <b>Total Funds</b>                  | <b>General Funds</b> | <b>Total Funds</b>                 | <b>General Funds</b> |
| Personal Service               | \$65,785,837                        | \$48,635,902         | \$64,943,012                        | \$48,615,240         | \$66,452,544                       | \$48,396,488         |
| Other Operating                | \$313,142,342                       | \$83,056,844         | \$350,927,225                       | \$111,944,944        | \$447,635,058                      | \$113,607,233        |
| Special Items                  | \$426,175                           | \$174,175            | \$326,000                           | \$200,000            | \$326,000                          | \$200,000            |
| Permanent Improvements         | \$3,434,964                         |                      | \$3,840,274                         |                      |                                    |                      |
| Case Services                  | \$9,876,259                         | \$1,461,518          | \$11,379,585                        | \$1,782,364          | \$16,398,753                       | \$3,359,028          |
| Distributions to Subdivisions  |                                     |                      |                                     |                      |                                    |                      |
| Fringe Benefits                | \$23,092,394                        | \$16,782,734         | \$23,393,000                        | \$17,334,568         | \$25,610,203                       | \$18,375,801         |
| Non-recurring                  |                                     |                      |                                     |                      | \$9,000,000                        | \$9,000,000          |
| <b>Total</b>                   | <b>\$415,757,971</b>                | <b>\$150,111,173</b> | <b>\$454,809,096</b>                | <b>\$179,877,116</b> | <b>\$565,422,558</b>               | <b>\$192,938,550</b> |

**Other Expenditures**

| <b>Sources of Funds</b> | <b>FY 05-06 Actual Expenditures</b> | <b>FY 06-07 Actual Expenditures</b> |
|-------------------------|-------------------------------------|-------------------------------------|
| Supplemental Bills      |                                     |                                     |
| Capital Reserve Funds   | \$3,378,042                         | \$3,846,175                         |
| Bonds                   |                                     |                                     |

### Major Program Areas

| Program Number and Title  | Major Program Area Purpose (Brief)   | FY 05-06 Budget Expenditures   | FY 06-07 Budget Expenditures   | Key Cross References for Financial Results* |
|---|--|--|--|---|
| II.E Mental Retardation Community Residential   | Residential care provided to consumers in the least restricted environment based on needs of the consumer. This residential care consists of 24 hour care with range of care based on medical and behavioral needs of consumers. | <b>State:</b> 52,372,709.00<br><b>Federal:</b> 128,835.00<br><b>Other:</b> 124,633,072.00<br><b>Total:</b> 177,134,616.00<br><b>% of Total Budget:</b> 43% | <b>State:</b> 65,071,362.00<br><b>Federal:</b> 128,390.00<br><b>Other:</b> 127,958,694.00<br><b>Total:</b> 193,158,446.00<br><b>% of Total Budget:</b> 43% | 7.1-1,7.2-1;<br>7.14-,7.2-2; 7.3-5          |
| II.H. Regional Centers  | Regional residential centers provide 24 hour care and treatment to individuals with mental retardation or autism with more complex, severe disabilities.   | <b>State:</b> 54,729,694.00<br><b>Federal:</b> 36,890.00<br><b>Other:</b> 40,005,205.00<br><b>Total:</b> 94,771,789.00<br><b>% of Total Budget:</b> 23%    | <b>State:</b> 54,317,444.00<br><b>Federal:</b> 55,447.00<br><b>Other:</b> 39,341,115.00<br><b>Total:</b> 93,714,006.00<br><b>% of Total Budget:</b> 21%    | 7.1-4, 7.2-2; 7.3-5                         |
| II.B3 - Mental Retardation Family Support Adult Development and Supported Employment  | Service consists of center based workshop providing training and skill development in a workshop environment and on the job training in a normal work place. Participants are paid wages based on their ability to produce.      | <b>State:</b> 10,293,734.00<br><b>Federal:</b> 0.00<br><b>Other:</b> 38,249,680.00<br><b>Total:</b> 48,543,414.00<br><b>% of Total Budget:</b> 12%         | <b>State:</b> 11,895,544.00<br><b>Federal:</b> 0.00<br><b>Other:</b> 41,060,211.00<br><b>Total:</b> 52,955,755.00<br><b>% of Total Budget:</b> 12%         | 7.1-9                                       |
| II.B2 - Mental Retardation Family Support In-Home Family Support  | Family support services prevent the breakup of families, prevent the development of crisis situations and the resulting expensive out-of-home placement for individuals with severe life-long disabilities.                      | <b>State:</b> 16,385,573.00<br><b>Federal:</b> 56,885.00<br><b>Other:</b> 9,981,666.00<br><b>Total:</b> 26,424,124.00<br><b>% of Total Budget:</b> 6%      | <b>State:</b> 22,807,149.00<br><b>Federal:</b> 8,057.00<br><b>Other:</b> 10,856,895.00<br><b>Total:</b> 33,672,101.00<br><b>% of Total Budget:</b> 8%      | 7.2-5, 7.5-2                                |
| <b>Below: List any programs not included above and show the remainder of expenditures by source of funds.</b><br>Program I; Program II. Subprograms A; B1; C; D; F and G. |  |  |  |   |

|                                   |   |  |
|-----------------------------------|---|--|
| <b>Remainder of Expenditures:</b> | <b>State:</b> 16,6329,463.00<br><b>Federal:</b> 101,298.00<br><b>Other:</b> 49,018,303.00<br><b>Total:</b> 65,449,064.00<br><b>% of Total Budget:</b> 16% | <b>State:</b> 41,412,746.00<br><b>Federal:</b> 178,660.00<br><b>Other:</b> 56,720,448.00<br><b>Total:</b> 98,311,854.00<br><b>% of Total Budget:</b> 16% |
|-----------------------------------|---|--|

\* 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: Leadership

#### **1.1-2 Senior Leadership Direction - Focus on Customers:**

Dr. Stan Butkus is the State Director of the South Carolina Department of Disabilities & Special Needs. Under his leadership, the department has been on the cutting edge of 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. A variety of techniques helped shift the organized statewide service delivery system to a person-centered system from a program-centered system. Information on the new concept of service delivery was mailed statewide to all consumers, many potential consumers and a vast network of provider groups and advocacy organizations. Consumers and family members were invited to attend regional informational meetings to learn about person-centered services and give input. The State Director established on going work groups to develop new processes and tools. All stakeholders were represented as well as cross-functional staff representation.

Senior leaders actively promote open communication throughout the organization. Cross-functional committees are utilized to develop agency plans and strategies. These committees consist of staff with programmatic skills as well as staff that are skilled in fiscal matters. This cross-functional staffing provides for a thorough review of all issues involved in establishing or changing agency wide policies. Extra effort is made in developing and improving consumer and family education.

The agency head/executive team maintains open lines of communications with many different stakeholder groups to be aware of concerns and areas of needed improvement. The State Director and his executive staff meet regularly with consumers, various grassroots parent/advocacy groups - each with their 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. The State Director is available to parents, individuals with disabilities, advocates, Board members, providers, elected officials-all the stakeholders. The State Director listens to their needs and wants, concerns, and feelings about how the agency is responding and performing.

The agency’s executive leadership team is made up of individuals who have many years of experience in their respective fields of expertise. Top managers in the areas of fiscal and administration work together as do the managers of the various disability divisions and community services to set goals and accomplish objectives that improve the lives of DDSN’s consumers. Policy and day-to-day operation managers coordinate regularly. Short term and long term goals are set to provide direction for the agency. Technical training, one-on-one communication, and workgroups are used to disseminate 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 on mediation techniques. 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. Executive staff members remain involved until goals are met and issues are resolved. Direction and performance expectations are communicated in a variety of ways. The State Director and his executive staff work together as a team to communicate to agency staff at all levels areas of need/improvement, new direction of emphasis and performance



expectations. Willing to make the tough decisions, the State Director led his staff through the necessary process of taking unpopular but prudent actions to manage anticipated state budget cuts. Administrative reductions continued while protecting the essential functions of direct care and nursing. Over the past several years the agency has successfully implemented three RIF's and three Voluntary Separation Programs, an initiative that has now become a model for State Government. (See Figure 7.1-11 and Figure 7.3-2)

Cross-functional committees and stakeholder workgroups are utilized. 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.

### **1.3 Impact on the Public:**

The State Director and his executive staff meet 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 our focus and improve responsiveness to consumers of services and taxpaying citizens alike. The State Director maintains a good reputation and is known to work with legislators to prevent problems, provide information and find solutions. Legislators find the State Director accessible and approach him directly to discuss an issue or seek his assistance. Elected officials express a high degree of confidence in his leadership and management.

The office of community education monitors and responds to public inquiries and keeps the media and general public informed about the agency's mission, needs of consumers and direct impact of change in public policies. Examples of this are HIPAA, the Atkins Supreme Court decision, state budget reductions and waiting lists. The organization addresses the current and potential impact including the associated risks by meeting its strategic goals and objectives.

### **1.4 Maintaining Fiscal, Legal, and Regulatory Accountability:**

DDSN uses a contracting mechanism to ensure fiscal, legal and regulatory accountability. For all program areas, 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 other 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 of non-direct care position vacancies guides how DDSN organizes, targets funds and evaluates performance. DDSN's reorganization streamlined processes, centralized certain functions and improved utilization of administrative staff. (See Figure 7.2-9) Critical placements, residential waiting lists, day service waiting lists, waiver service waiting lists, service vacancies, expenditures, utilization of Medicaid funds, critical incidents and the agency's direct care staff-to-consumer ratio are key performance measures that are reviewed regularly. (See Figure 7.3-4, Figure 7.1-7, Figure 7.1-9, also Figure 7.4-1 and Figure 7.5-5) 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 and have an "open door" style, hold open staff meetings, and provide access to the agency's extranet.

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.

Agency leadership is active in professional organizations at the state, regional and national levels. Up-to-date knowledge of state-of-the-art practices, 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.

Dr. Butkus' leadership, professional tenure, and contacts at the national level keep the state connected with the broader picture of services provided to people with disabilities and special needs. Dr. Butkus was elected by his peers to serve as President of the National Association of State Directors of Developmental Disabilities Services (NASDDDS), and he also served on the U.S. Government's Policy Workgroup on Quality Inventory. These actions communicate the fact that South Carolina is a leader among its sister states and that Dr. Butkus is valued as a highly skilled professional and an excellent contributing leader. Dr. Butkus also serves as the President of the South Carolina Agency Directors Organization.

## **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:**

Key priorities are communicated in a variety of ways. 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 approach in which they are to be accomplished. To be successful, planning requires an analysis of data from the past, decisions in the present, and an evaluation of the future.

The State Director and his executive staff meet directly with the Governor's Office staff, members of the General Assembly and their staffs to keep them informed. The agency's executive leadership works together as a team to communicate and disseminate the objectives and directions to agency staff. DDSN has assisted disability and special needs boards in developing strategic quality enhancement plans using the organization performance review system. This approach is being used statewide to train local boards on how to develop strategic organizational goals in order to improve their performance.

## **1.9 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 is 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, foster care program, Red Cross blood drive, Special Olympics, Palmetto Place Children's Emergency Shelter, Palmetto Health Children's Hospital, the Mayor's Committee on Employment for People with Disabilities and walks for breast cancer, MS and other causes. A high level of importance is placed on community involvement for all DDSN employees through planned on-site activities and off-site participation during business hours. Individual community and professional involvement is encouraged and recognized. 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.

## **Category 2: Strategic Planning**

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 approach in which they are to be accomplished. To be successful, planning requires an analysis of data from the past, decisions in the present, and an evaluation of the future.

### **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, mental retardation 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 customer's 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.

Input from DDSN's regional centers and the local Disabilities and Special Needs, (DSN) Boards is integral to the process. Monthly meetings are held with key regional center staff to remain abreast of activities and needs at each center. These meetings provide input into various resource needs such as staffing, operating budget, permanent improvement needs and quality of consumer care. The local DSN Boards provide input to DDSN through several functional committees. These committees are made up of leadership from the DSN Boards, as well as key DDSN staff. The committees provide input and direction on numerous items ranging from contractual compliance to quality of services. Each Center and Board conducts a facility assessment which outlines renovations, construction, or change in use of specific buildings in order to provide adequate and appropriate facilities to meet individual needs in a high quality setting. To

determine services needed over a multi-year period, a review is done of current programs and services, the number of individuals served, underserved and unserved, and the new resources needed to meet the need.

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.

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 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.

As directed over many years by Governors' administrations and the General Assembly, DDSN has pursued an aggressive effort to have as many of the agency's services as possible covered by the federal government through Medicaid. DDSN has aggressively used Medicaid waivers to develop a flexible system of in-home supports and to expand their availability. South Carolina was the first state to be approved for a head and spinal cord injury Medicaid waiver. This has meant a reduced cost to the State to provide services to persons with lifelong disabilities. DDSN continues to maximize Medicaid revenue even as state appropriated funds. (See Figure 7.3-3)

DDSN works with consumers and their families to provide residential services in the most appropriate place and in the least restrictive environment. This philosophy of consumer choice also allows DDSN to provide residential services in a very cost efficient manner. (See Figure 7.3-4)

**2.2 Key Strategic Objectives:** (See Strategic Planning Chart)

**2.3 Key Action Plans and Initiatives** (See Strategic Planning Chart)

**2.4 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. Other consumers and family members participate in face-to-face interviews. 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 work plans.

DDSN undertakes specific measures to assure consumer health and safety, and to increase the quality of services and supports offered by its system of service providers: (a) traditional activities; (b) consumer-oriented activities; (c) quality assurance activities including – licensing,

contractual compliance, personal outcomes measures, consumer satisfaction measures, policies, and internal audits.

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

## **2.5 Communication and Deployment:**

Strategic objectives, action plans and related performance measures are communicated in a variety of ways. The State Director and his executive staff meet directly with the Governor's Office, members of the General Assembly and their staffs to keep them informed. 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.

## **2.6 Evaluation of Strategic Planning Process:**

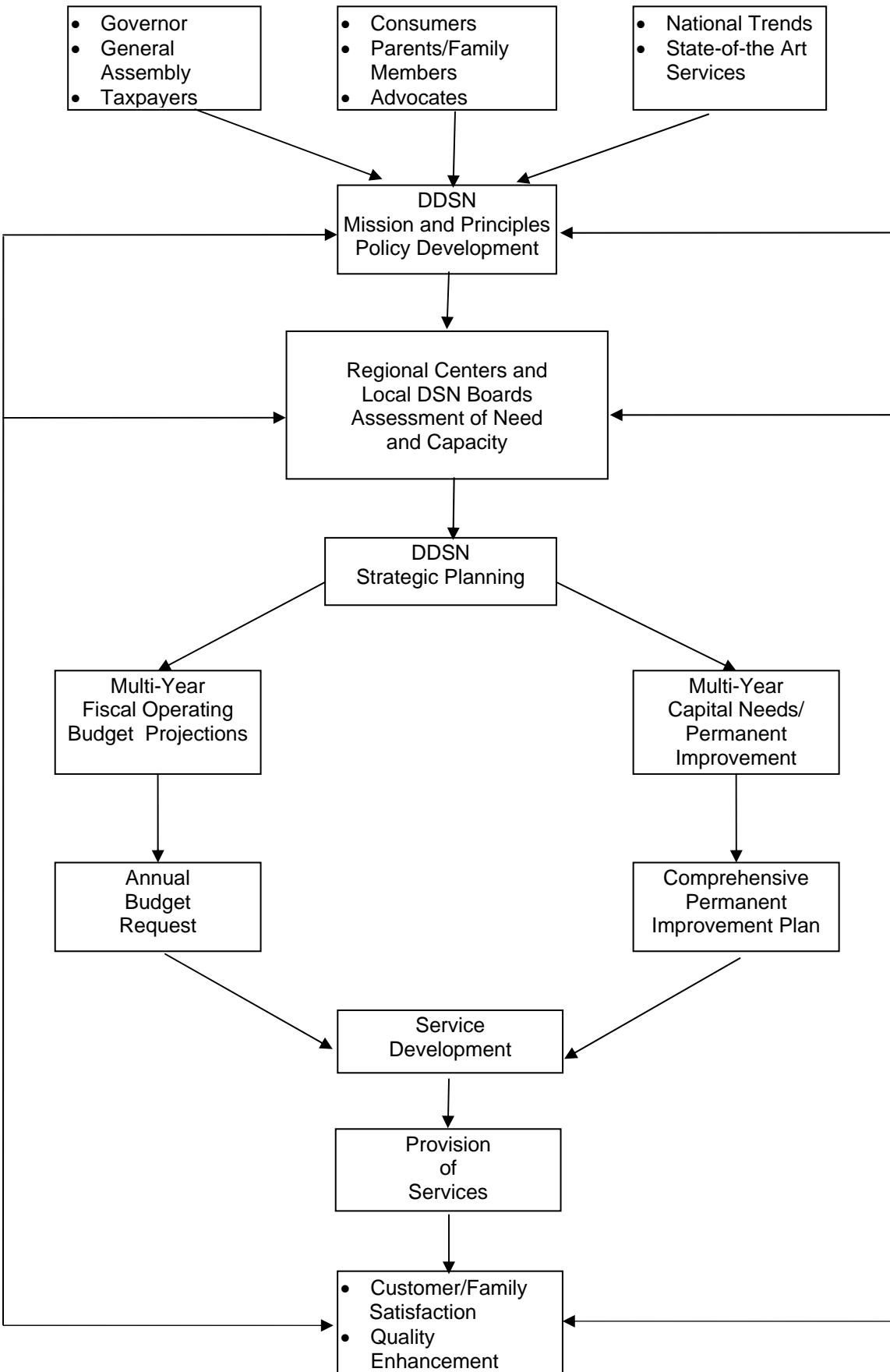
Monitoring and improving the process is ongoing. Data and trends are regularly tracked to determine where the agency is positioned, what remediation needs to occur and whether the action led to improvement. All this funnels into next step planning. The agency utilized objective independent surveys, focus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

## **2.7 Strategic Objectives and Challenges:**

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

## **2.8 DDSN Strategic Plan: <http://www.state.sc.us/ddsn/mission/mission.htm>**

**S.C. Department of Disabilities and Special Needs  
Planning Process**



## Strategic Planning

| Program Number and Title | Supported Agency Strategic Planning Goal/Objective  | Related FY 06-07 Key Agency Action Plan/Initiative(s)   | Key Cross References for Performance Measures*  |
|--------------------------|---|---|---|
| All Programs             | Broaden the range and improve the quality of supports and services responsive to the needs of individuals with disabilities and their families. | <ul style="list-style-type: none"> <li>➤ Expand the scope of services and supports to address the needs of eligible persons in crisis situations and on waiting lists.</li> <li>➤ Promote and encourage choice of service providers and allow consumers to select services they need from qualified providers they prefer within individually assessed resource limits.</li> <li>➤ Serve new persons who become eligible.</li> <li>➤ Allow consumers to choose the services they need from providers they prefer using individually defined resource limits.</li> <li>➤ Continue to move individuals from regional centers who choose community alternatives consistent with the Olmstead Decision, using a budget neutral method.</li> <li>➤ Maximize federal and state resources by using more efficient service models.</li> <li>➤ Coordinate and partner with other agencies in areas of mutual interest to maximize resources and to avoid duplication.</li> </ul> | 7.1-1, 7.1-4, 7.1 -5, 7.1-6, 7.1-7, 7.1-8, 7.2-1, 7.2-2, 7.2-3, 7.2-5, 7.2-6, 7.2.8, 7.3-1, 7.3-3, 7.3-4, 7.3-5, 7.5-1, 7.5-2, 7.5-3, 7.5-4 |
| All Programs             | Maintain accountability to all citizens of South Carolina by strengthening quality of services.   | <ul style="list-style-type: none"> <li>➤ Continue implementation of a performance measurement system linked to customer satisfaction and achievement of consumer's outcomes.</li> <li>➤ Continue to track and analyze performance data and trends in support of quality improvement initiatives.</li> <li>➤ Enhance quality assurance and quality improvement initiatives and maintain compliance with federal standards.</li> <li>➤ Minimize the occurrence and reduce the severity of disabilities through primary and secondary prevention initiatives.</li> </ul>   | 7.1-3, 7.1-11, 7.2-9, 7.3-2, 7.4-1, 7.4-2, 7.4-3, 7.5-5   |
|                          |   |   |   |

\* 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 and Market Focus**

### **3.1 Key Customers and Requirements:**

DDSN uses a variety of methods and approaches to identify its customers. The first source of primary customers comes from the SC Code of Laws which identifies DDSN's primary customers as people with the lifelong disabilities of mental retardation, related conditions, autism, traumatic brain injury, spinal cord injury and similar conditions. DDSN has a strong referral system from hospitals, doctors, school personnel, families, elected public officials, advocacy organizations, the Governor's office, community service organizations, other state agencies and through DDSN's website. Potential customers are screened using standardized questions and those meeting criteria are taken through the eligibility process. Finally, because the department receives state and federal funds to provide services, payers and taxpayers are considered customers.

DDSN routinely seeks input from primary customers through formal and informal means using quantitative and qualitative approaches. Examples include the use of national standardized surveys, focus groups, committees and other meetings, and tracking and comparing data over time.

### **3.2 Keeping Current with Changing Customer/Business Needs and Expectations:**

The department is governed by a seven (7) member commission as set forth in the Code of Laws, whose duties include educating the public as well as state and local officials as to the need for funding, development and coordination for services. Through these efforts, 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 such changes and expectations of DDSN customers. First, over 10% of primary customers and their families are surveyed each year using a nationally recognized tool that is used by over 25 states allowing for national comparisons. This data is tracked over time permitting DDSN to identify changes in people's expectations and needs. One area that has remained consistent over time is DDSN's customers' preferences to receive services in their own home and communities versus in institutions. DDSN exceeds the national trends in meeting this expectation by supporting 82% of people at home versus 60% nationally. (See Figure 7.1-1 and Figure 7.2-1)

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

Third, the person-centered planning process DDSN uses enables staff to identify and address both individual and uniform needs of primary customers and their families. The department's customer data system allows it to keep up to date with the changing needs and demands of its customers. Last, agency leadership is active in professional organizations at the state and national levels. State-of-the-art practices, trends, and approaches used by other states are shared throughout all levels of the agency to enhance and improve South Carolina's system.

### **3.3 Using Feedback Information from Customers/Stakeholders:**

DDSN uses a quality improvement process that is grounded in the collection and analysis of reliable and valid data. Data is used to drive the decision making process. The design of this system sets the stage for achieving person-centered desired outcomes along 7 dimensions. The design allows DDSN to address topics such as service standards, provider qualifications, service planning, monitoring health and safety, and critical safeguards. The quality management



functions gauge the effectiveness and functionality of our design and pinpoints where attention should be devoted to secure improved outcomes. It encompasses three functions: discovery (collecting data and consumers' experiences), remediation (taking action to remedy specific problems or trends that occur), and continuous improvement (using data and quality information to engage in actions that lead to continuous improvement in service delivery). Data is trended and analyzed routinely and where possible compared with national data. In areas that require strengthening, the agency develops a goal with all stakeholders and re-evaluates the effectiveness of the interventions on an annual basis. An example of such an effort was the discovery that primary customers desire more choice of services and the providers of those services. In response, DDSN is writing a new home and community based waiver that contains an "employer authority" giving customers the option to hire and supervise their own staff and caregivers. (See Figure 7.2-6 and Figure 7.5-3)

### **3.4 Measuring Customer/Stakeholder Satisfaction:**

DDSN contracts with a nationally certified quality improvement organization to conduct customer satisfaction and experience surveys. Some of the surveys are done face to face with our customers (5% random sample) while others are mailed to customers (10% random sample) and their families. A majority of states use the same survey tools allowing DDSN to compare data against similar agencies across the nation. DDSN prioritizes the areas needing improvement and develops an annual goal for each area with specific interventions that include policy change, training, and technical assistance.

The surveys and personal interviews are designed to assist organizations/providers and the department to use the information gathered to gain a better understanding of its customers' needs and their satisfaction with services. In order to improve overall quality, the data is integrated into local and state quality enhancement planning and efforts. An example of such an effort is the Department's purposeful growth of services to customers in their own homes versus nursing homes or out of home residential care.

Another result of customer data is the desire to make choices and be involved in the decision making process. DDSN ranks higher than the national average of many customer outcomes related to choice and decision making. (See Figure 7.1-3a) Only 5.5 individuals with developmental disabilities per 100,000 of the general population in South Carolina is placed in nursing facilities as compared with the national average of 11.1. Moreover, only 18% of DDSN customers received out of home residential care compared to 40% nationally. (See Figure 7.2-8 and Figure 7.5-4, and Figure 7.1-1 and Figure 7.2-1)

Each of these systems provides feedback to the agency. Feedback is used to address potential policy needs, conduct regional conferences to offering technical assistance and training to individual providers and best utilization of resources.

### **3.5 Building Positive Relationships with Customers and Stakeholders:**

DDSN has a full-time Director of Consumer and Family Empowerment whose primary responsibility is developing a positive rapport with customers and their families. Publications including the Practical Guide to Services, Choosing a Caregiver and others in addition to our person-centered services – A Guide to Consumers and Families, and the agency's website are kept updated and widely disseminated. DDSN has an Office of Community Education, which develops and produces materials to educate and assist customers, family members, professionals, and other stakeholders.

The department contracts with grassroots advocacy organizations to train, educate, and empower individuals with disabilities 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. This year, they organized a statewide self-advocacy group whose primary objective is to ensure their priorities are heard and addressed at the policy making level. Family Connections of S.C. works for families with children who have special needs. The Brain Injury Alliance of South Carolina educates through local support groups and the S.C. Spinal Cord Injury Association assists individuals through peer to peer counseling. The S.C. Autism Society works through its network of support groups to offer information, training and technical assistance.

DDSN participates regularly with the S.C. Partnership of Disability Organizations, a coalition of numerous statewide advocacy groups to provide updated information and listen and respond to concerns about services and budget matters. Regular meetings are held with regional center parents once per quarter on Saturdays to update them on current/anticipated issues of interest to them and address concerns they raise.

An “Information Workgroup” continues to focus efforts to providing accessible information to primary customers. Information for communication ranges from who is eligible for services, how one goes about the intake/assessment process, to who are the providers of services, etc. The workgroup consists of leaders from the various advocacy groups, executive directors and staff of provider agencies, primary customers, family members and departmental staff members who act as a representative for their particular constituency, contributing to an inclusive perspective. The Director of Government and Community Relations chairs the workgroup.

To help meet the specialized needs of people with disabilities, regular meetings are held with key members of the Governor’s staff and key legislative leaders and their staffs on funding and policy issues. This significant amount of involvement keeps the Governor and Legislators current on our customer’s needs and our progress to meet those needs so that they have complete information regarding current status and future goals and related constraints.

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

##### **4.1 Determination of Measures:**

In 1998, DDSN shifted from a quality assurance process oriented toward inspection and licensing to a quality improvement process based in person-centered outcomes and customer satisfaction. DSSN has a nine-tiered, multifaceted, coordinated risk management/quality assurance/quality improvement program that is not only based on national best practices, but in many ways is setting best practice. There are several approaches employed to determine which operations, processes, and systems to measure. The first is by listening to what DDSN’s customers say is important to them. The second is through DDSN payer requirements. The last is feedback from advocacy organizations, the general public and other state’s systems of quality management. Typically all three sources inform the agency that the first order of business is to protect, assure, and improve the health, safety, and welfare of our primary customers. The second priority is to provide services that can help the customers address their unique needs in a manner they prefer. The third area is to improve DDSN’s customers’ quality of life and to help them achieve their life goals.

##### **4.2 Using Data/Information:**

DDSN uses data to drive decisions involving many areas including its customers, their families, service delivery, critical incident/risk management and financial. Data is collected uniformly across the state and analyzed in a variety of ways. The agency has 10 years of trend data in the risk management area, 5 years of trend data in the quality assurance area, 4 years of trend data in the customer/family satisfaction area, and 3 years of trend data in the quality management area. (See response to 4.3.)

### 4.3 Key Measures:

DDSN undertakes specific measures using different methods to assure the health, safety, and welfare of its customers and to increase the quality of services and supports offered by its system of service providers. (See Figure 7.2-6 and Figure 7.5-3)

***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. The three primary risk management (RM) activities are:

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

***Quality Assurance – Quality Improvement Activities*** – Once appropriate risk management activities are in place, then a strong quality assurance and quality improvement program (QA/QI) must rest on a foundation of health, safety, and financial integrity. QA/QI activities strive to increase positive occurrences in the live of people served.

1. Licensing Activities – DDSN uses licensing activities to assist in providing a foundation of health and safety upon which other quality of life initiatives may be built. Licensing activities occur on an annual basis and involve staff from DDSN, the state’s health agency (DHEC), social services agency (DSS), and the State Fire Marshall’s Office. Data is collected annually and trended over time.
2. Contractual Compliance Activities – The second component of this elaborate QA/QI system is the work done by a private company, Delmarva Foundation, a Quality Improvement Organization designated by the federal Centers of Medicare and Medicaid Services (CMS). As part of its activities, Delmarva, with the assistance of the Human Services Research Institute (HSRI), uses three nationally recognized surveys which are administered to 10% of DDSN consumers and their families on an annual basis. The surveys have been tested by HSRI for reliability and validity on person with mental retardation and their families and 23 states across the country use or have used these survey instruments so results can be compared with those of other states. Data is collected annually and trended over time.
3. Personal Outcome Measures – Another redundant and reliable way DDSN assesses consumer’s health, welfare, and satisfaction is through a contract DDSN has with the

nationally recognized company, the Council on Quality and Leadership (CQL). CQL uses personal outcome measures to help DDSN determine how well services and supports are helping an individual achieve personal goals. Data is collected quarterly, analyzed annually and trended over time.

4. Consumer/Family Satisfaction Measures – These measures typically have a larger affective component than personal outcomes. It is very possible for a customer to have met all of his/her personal goals but still feel dissatisfied with life or the services and supports he/she is receiving. Customer and family satisfaction surveys are conducted annually using a planned redundancy model. Each service provider is required to develop and administer their own annual satisfaction survey. Results are tabulated and identified areas of weakness are addressed for correction. In addition, as mentioned earlier, DDSN, through its contract with Delmarva administers three national standardized satisfaction surveys to 10% of its service population on an annual basis. Data is analyzed annually and trended over time.
5. Quality Management Activities – With the many different approaches DDSN uses to measure and improve quality, it became important to develop a process that would allow the synthesis of all data in order to understand overall performance of the Organized Health Care Delivery System (OHCDS). In collaboration with the Council on Quality and Leadership, DDSN designed a quality management process that allows for just such an assessment. The process is built on a technical assistance and learning approach to quality enhancement. The effort is grounded in the Council’s Organizing Principles and Basic Assurances and therefore much of the work focuses on the OHCDS’s leadership, systems and quality management and planning. During the initial 4 day visit to providers, DDSN staff talk with a variety of employees throughout the organization, meet with people receiving services and their families, read policies and literature, observe team meetings, identify current data collection strategies and processes, learn how data is used, observe services in motion, and attend meetings/staffings/psychotropic drug review and self-advocacy efforts. Ultimately, the department synthesizes all the information and jointly, with the provider, identifies the strengths of their system and develops, or builds upon, existing quality enhancement plans. Follow up visits are scheduled and technical assistance is provided through out the year. Another full visit occurs every third year to assess improvement.
6. Other Quality Enhancement Activities – Another important aspect of DDSN’s Quality Assurance System that helps both assure and improve the quality of the services being provided is the official body of policies, directives, and procedures. These documents represent a significant source of guidance to the system as a whole and lay out the expectations for service delivery. A system is in place to regularly review and revise these policies. Further, independent CPA’s are utilized to conduct audits of providers’ financial activities and DDSN Internal Audit assesses other financial performance issues.

#### **4.4 Selecting and Using Comparative Data and Information:**

Data selection is based on what the Commission and State Director desire to collect to be informed and track objectives, what funding sources such as the State and Medicaid require, and what DDSN’s primary customers say is important to them and what quality improvement measures indicate. There is some data that can be compared nationally, while some is available only locally or statewide. Historically, no national database was ever established to track trending within the field. Three such sources now exist, The State of the State, which evaluates states spending patterns, institutional placements and legislative efforts, HSRI (Human Service Research Institute). HSRI partnered with an established group of state directors to begin assessing 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. Third, the United Cerebral Palsy is one of the nation's leading organizations serving and advocating for the more than 54 million Americans with disabilities. South Carolina ranked #15 in their ability to create quality, meaningful and community – inclusive lives for its customers. (See Figure 7.1-2)

DDSN evaluates national comparative data where available. For example, in terms of efficiency, the department regularly measures its cost of providing services in a variety of settings. The department's institutional rates are reviewed annually and over time. When compared to national institutional rates, DDSN continues to provide this level of care at 36% less than the national rate. (See Figure 7.3-4)

Another example of comparative data that is tracked annually is the direct care staff to consumer ratio in institutions. In the past DDSN's staff to resident ratio was higher than or equal to the national average. DDSN is currently slightly lower than the national average. (See Figure 7.4-1 and Figure 7.5-5) Another example of an efficiency measure that couples with a measure of consumer and family's satisfaction is with the delivery of services in the least restrictive environment. Consumers and families report that they want to live in home and community based settings. Data shows that DDSN continues to meet the demand while providing services in a very cost efficient manner. (See Figure 7.1-6 and Figure 7.3-1 and Figure 7.5-1, also Figure 7.3-4) One last example of comparative data is the consumer and family outcome data collected. Data indicates that South Carolina meets or exceeds outcomes of other states. (See Figure 7.1-3)

#### **4.5 Data Integrity, Timeliness, Accuracy, Security & Availability for Decision Making:**

DDSN uses several approaches to ensure the data it collects is valid, reliable, and otherwise adequate in order to make informed and essential decisions to improve performance. In the risk management area, data collected from reviews are entered directly into the applicable database. All data entry is verified with the provider to ensure accuracy. It is available for analysis at any time. Database access is protected by password. In the Licensing, contractual compliance, customer/family satisfaction and personal outcomes areas, a minimum inter-rater reliability among staff conducting reviews and interviews/surveys is set at 85%. Data from these reviews are entered directly into databases. Any inaccuracies are discovered through an editing process. Database access is protected by password. In the quality management area, data collected from reviews is provided to the organization prior to data entry to ensure accuracy. Data is entered directly into a database and is available at any time. Database access is protected by password

#### **4.6 Translating Organizational Performance Review:**

DDSN uses an executive team approach to determine what activities will be prioritized for continuous quality improvement. DDSN prioritize 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 payers.

#### **4.7 Managing Organizational 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 our website and other written and oral means.

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

## **Category 5: Workforce Focus**

### **5.1 Maximizing Workforce Potential:**

DDSN employees are encouraged to develop their full potential through a variety of methods both formal and informal. Formally, the agency offers a recognition awards program at central office for our regional employees and a centralized holiday social for our central office employees. The Employee Performance Management System (EPMS) also services as a formal method to measure workforce potential. Organizational goals and objective are outlined on the EPMS system and each employee recognized his/her worth to the agency. Informally, DDSN fosters an environment of trust and employees at the lowest levels feel empowered in the agency.

DDSN employees are the ultimate keys to success. DDSN human resource efforts are all directed toward ensuring the agency has a capable, satisfied and diverse work team. Recruitment is the first step. Many DDSN jobs require associate degrees, bachelor degrees, or advanced specialized degrees. Therefore, the department's recruitment strategy involves representation at college career days around the state; participation in targeted career fairs for immediate openings in critical hard to fill vacancies (RN, LPN), such as the State Government Career Fair; contact with Technical Colleges across the state; and use of diverse access methods (internet postings and job application, dial-a-job recordings, fax). One significant recruitment goal is to ensure diversity exists in DDSN's workforce. EEO statistics help monitor DDSN's effectiveness in ensuring workforce diversity. (See Figure 7.4-3)

### **5.2 Evaluation and Improvement of Human Resources Related Processes:**

DDSN's human resource processes are continually reviewed and redundant and labor intensive processes are eliminated. Human Resources best practices are reviewed with the latest trends to ensure cutting edge processes are in place. Human Resources staff attend seminars and conferences to stay abreast of the latest trends and practices.

### **5.3 Identifying and Addressing Key Developmental and Training Needs:**

Job career paths are in place for over 85 percent of the non-management workforce. These include jobs such as auditors, analysts, human services specialists, building and grounds specialist, fiscal technicians, nurses, information resource consultants and administrative specialists. Specific skills, duties, and training are required for progression to the next step. Each employee has the opportunity to reach the top of the individual plan with dedicated effort.

Management level employees are encouraged to take the Associate Public Manager accreditation for managerial expertise and to complete the Certified Public Manager accreditation for more advanced managerial expertise. The effectiveness of the training is measured by a formal needs assessment with employees. The career paths encourage on the job use of the new knowledge and skills.

### **5.4 Employee Training:**

DDSN is committed to employee training and development. On the job and technical training is offered for progression in any one of the many career paths. Managerial training is offered to new and developing supervisors. Employee training plans are outlined on the employee's performance planning document and each employee is aware of how the training contributes to the actions plans and mission of the agency.

### **5.5 EPMS Supports High Performance:**

The Employee Performance Management System (EPMS) is centered on continuous communication between the supervisor and the employee to support high performance. In

addition, individualized action plans are incorporated into each EPMS and are used to guide the mission of the agency. Each employee can identify his/her role in contributing to the mission of the agency.

#### **5.4 Employee Motivation to Develop and Use Potential:**

DDSN offers a public recognition program. Each Regional Employee of the Year and the DDSN Employee of the Year is recognized at the central office by the DDSN Commission and the State Director at a monthly public commission meeting. In addition, other programs such as telecommuting, tuition assistance and flexible work schedules help employees balance work and family life.

#### **5.7 Employee Well-being, Satisfaction and Motivation Methods and Measures:**

DDSN uses weekly staff meetings, individual interviews, informal conversations with employees, and exit interviews with departing employees to determine employee satisfaction. Indicators of employee satisfaction are number of grievances (less than 2 percent for the last three years), and a turnover rate that is well below the national average. (See Figure 7.4-2) Priorities for improvement are based on those changes that would have positive impact on DDSN service delivery system.

#### **5.7 Maintaining a Safe, Secure and Healthy Work Environment:**

OSHA guidelines are followed to maintain a safe and secure working environment. In addition employees are offered employee health screenings and employee health workshops. All appropriate employees receive driver safety training. DDSN's policies and procedures familiarize employees with the disaster preparedness plan and employee responsibilities are clearly defined in the policies.

### **Category 6: Process Management**

#### **6.1-2 Key Processes That Create Value and Enhance Efficiency and Effectiveness:**

The agency's State Director and the executive staff constantly seek input from consumers, consumer advocates, parent groups and service provider representatives through both formal and informal methods to stay abreast of how the service delivery system is functioning. This input results in action by the Department ranging from changes in policy or process, to assisting an individual consumer. The Department relies on the consumers, families, advocates and service providers to provide feedback on the responsiveness of the service system to consumers. Groups include:

1. *Regional Center Parent Advisory Groups*
2. *Statewide Parent Advisory Group*
3. *Consumer Self-Advocacy Organizations*
4. *Advocacy Organizations including Protection and Advocacy of South Carolina, Inc.*
5. *SC Human Service Provider Association*

**Strategic Processes:** DDSN has shifted its system of services from a program-centered approach to one that is a person-centered. A strategic process is used to implement this person-centered approach to service and support delivery. A Person-Centered Single Plan is completed by a facilitator or service coordinator, capitated funding is authorized based upon the needs of the person and awarded through the annual contract with a provider, and accountability is assured through compliance with licensing standards. These are health and safety measures conducted by DDSN and DHEC licensing personnel. DDSN also measures compliance with state and federal standards and satisfaction of consumers and families via a contract with

Delmarva. Finally, DDSN is results oriented and uses an organizational performance approach to understand the system's responsiveness to its consumers. This process was developed in partnership with The Council on Quality and Leadership. The Council is internationally recognized for identifying "best practice" with the disability field. The Council's basic assurances and the organizing principles are used to assist providers as they continue the shift to person-centered supports. Customer satisfaction is the benchmark, and complementary measures with Delmarva and The Council are measures of the true impact of services for individuals and families.

**Critical/Priority Needs Assessment:** DDSN's Critical/Priority Needs system identifies and tracks persons who have critical or priority need of support. The needs of individuals are reviewed by a group of knowledgeable DDSN professionals to determine whose needs are most critical. Our 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 provides support to our providers to assist them in proactively identifying individual needs before they reach a critical level.

**Least Restrictive Services:** DDSN persists in making every effort to shift available resources to prevention and family support services and to avoid unnecessary expensive out-of-home placements. (See Figure 7.1-1 and 7.2-1) The agency continues to shift from replacing families to supporting families. This approach is often referred to as providing services in the "least restrictive" setting. It is considered a best practice in the field and additionally saves the state a significant amount of money. Even for the most restrictive and most expensive residential services, there is a hierarchy of restrictiveness. From minimal supports provided in the Supervised Living Program to intensive medical, educational, and personal care services provided in our regional centers. In recognition of this philosophy of providing services in the least restrictive setting, DDSN management staff review and approve the movement of all individuals moving to more restrictive and expensive residential service settings. Review of those individuals moving into our regional centers, the most restrictive and expensive residential service, are scrutinized with the greatest vigilance. This review process has resulted in our regional centers serving individuals with a higher level of needs than those served in public institutions in other states (See Figure 7.1-5).

**Vacancy Tracking:** Residential service vacancies are monitored and tracked on a regular basis. DDSN management staff conducts regular follow up with the residential service providers (including our directly operated regional centers) to assure that residential vacancies are filled with individuals in need in a timely manner. If providers fail to fill these vacancies in a timely manner, a financial sanction will be invoked. This assures that the most expensive service options are being utilized to the fullest extent possible. This monitoring has resulted in more than 50% reduction in residential service vacancies in the last three 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 required by law. State or local law enforcement agencies conduct most abuse investigations as mandated by law. Data reported from providers about abuse, neglect, and critical incidents are collected by DDSN. Immediate follow up is required by internal review and/or third party investigations of all allegations. 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.

**Complaint Resolution:** DDSN is committed to timely and effective resolution of complaints. A centralized system for receiving complaints so each complaint received timely attention is



maintained. Staff time is allocated to receive reports, gather information, interview consumers, their families, and providers, to assure that each complaint is addressed.

**Budget Oversight:** Over the past six years, DDSN implemented a Service Management and Permanent Budget Reduction plan to absorb the \$26 million State fund reduction and the resulting \$85 million Medicaid fund reduction. The plan maintained current service levels to all persons receiving services while preparing to respond to new critical life or death situations that arose during the year. This was possible through a planful reduction in certain DDSN administrative positions. Regional functions were streamlined and other responsibilities and functions previously regionalized are now centralized. All of these changes were done with the challenges of improving performance, increasing efficiency and better serving people with disabilities, while still maintaining most services to everyone receiving them.

Services are utilized so that the Department can meet the needs of the greatest number of people possible and, at the same time, insure that out-of-home care is available for those individuals with truly critical needs. Services are grouped in four major categories: In-Home Individual and Family Support Services, Community Residential Services, Regional Centers and Prevention Services.

As directed over many years by Governors' administrations and the General Assembly, DDSN has pursued an aggressive effort to have as much of the agency's service costs as possible covered by the federal government through Medicaid. This has meant a reduced cost to the state to provide services to persons with severe lifelong disabilities. Almost every service DDSN provides has some cost expensed to Medicaid across all programs, services, and populations served. DDSN has aggressively shifted resources over the past few years in order to meet the priorities of the Agency without additional funding. During the thirteen year period 1994 through 2007, DDSN shifted \$56 million in services from large state-operated facilities to locally operated disability boards/private providers as community alternatives were developed. This resulted in the reduction of 1,843 FTE's during the same period. (See Figure 7.3-5, also Figure 7.1-11 and 7.3-2) The Agency has privatized supply warehousing, laundry, printing services, pharmacy services, quality assurance, some medical and food services, vehicle maintenance, garbage services and mainframe computing resulting in savings and the reduction of additional FTE's while generally improving quality. DDSN's Central Office administration cost has been minimized to less than two percent. (See Figure 7.2-9) These savings were reallocated to the highest priorities of the Agency.

### **6.3 Key Performance Requirements:**

DDSN monitors our service providers regularly. The Agency adopted a centralized and consistent approach to review providers using DDSN licensing standards. Additionally, in 1999 DDSN began measuring compliance with federal Medicaid regulations using a Key Indicator approach. DDSN licensing professionals conduct regular on-site reviews of provider organizations. This staff reviews policy and procedure, consumer records, consumer funds, governance, and facilities. The staff either issues a license to operate, a license with a plan of correction, or withdraws the license to operate. In 2001, First Health Services, Inc. of South Carolina was contracted with to conduct these reviews. In 2007, after a competitive bid, Delmarva received a contract to perform this crucial monitoring function and will begin conducting reviews in 2008. This arrangement was to have an "arms length" relationship exists between DDSN, compliance measurement, and providers. In addition to the aforementioned items, Delmarva collects information on National Core Service Indicators, and consumer/family satisfaction data. This unbiased, independent third party compliance process has produced valuable insight for both DDSN and the providers as it allows us to compare our performance of disability agencies in other states. (See Figure 7.2-6 and Figure 7.5-3) Finally DDSN imposes

sanctions if providers are not compliant in the critical areas of eligibility, planning, and implementation Key Indicators that are assessed by Delmarva. The Department of Health and Environmental Control (DHEC) monitors the performance of our directly operated Regional Centers and our private provider operated community ICF/MRs. DHEC uses a set of comprehensive regulations to guide this monitoring. If the Regional Centers or private community ICF/MRs do not meet these federal regulations, DHEC will revoke the provider's license.

#### **6.4-5 Key Service Process Evaluation and Enhancement:**

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. The Council led us toward the goal of using the measurement of 25 personal outcomes and a provider's efforts to provide support as the primary data. This state of the art in quality improvement system and information is used in several ways, including individual supports planning, and establishing agency goals.

These efforts led us to develop an organizational performance enhancement system – a one of a kind total systems approach to quality improvement. The system draws data from Licensing, Delmarva, and organizational performance measures. A team including consultants, provider staff, consumers, families, board members, and others engaged 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 DDSN's search for excellence.

DDSN's executive team meets monthly to review the status of the service and support system. Executive team members review data collected by multiple agency activities to include quality management teams, licensing personnel, abuse/neglect reports, death reports, critical incidents, Delmarva reports, DHEC reports and Internal Audit. The team analyzes the data, obtains input from other stakeholders and then develops plans to improve those processes which do not produce the desired outcomes. The team has the authority to deploy resources to either implement or assist with the implementation of a corrective plan.

#### **6.6 Service Need Resource Forecast:**

DDSN collects and analyzes the cost and available non-state revenue for all services provided directly and through contracted providers and for system oversight infrastructure on at least an annual basis. DDSN complies with Governmental Accounting Standards Board guides to complete our cost and revenue forecasting efforts.

DDSN also maintains and updates, on a daily basis, service waiting lists which reveal the level of need of potential consumers. As noted above, DDSN has a process for systematically evaluating the urgency of consumer need. This provides an up to date and accurate accounting of the number and types of services that are needed by degree of urgency. Using the detailed cost figures noted above, DDSN can project the resources needed to address the varying degree of service urgency.

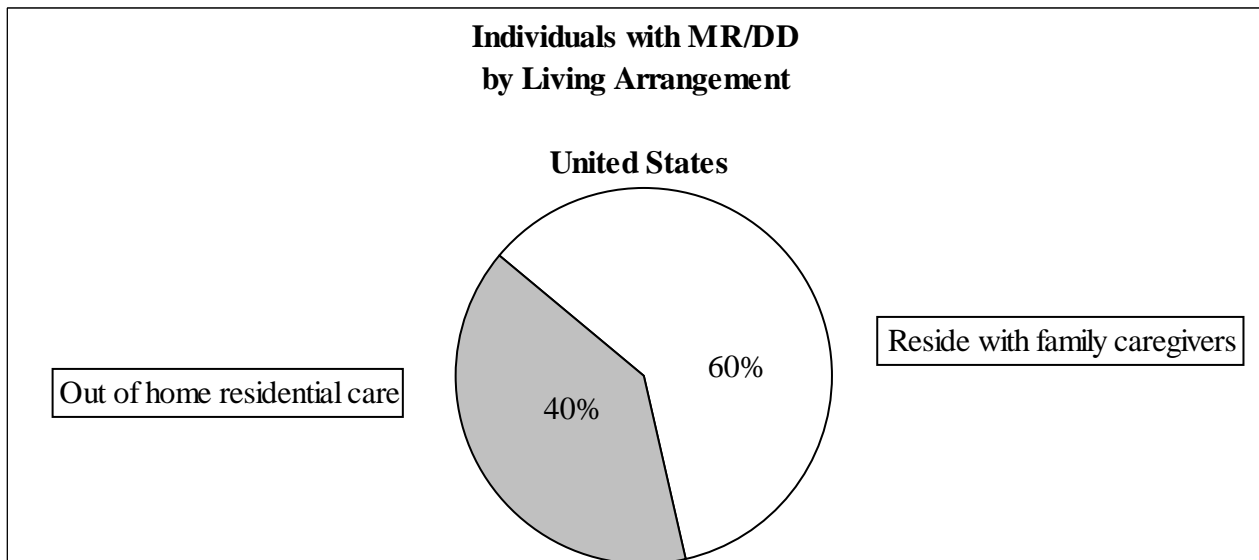
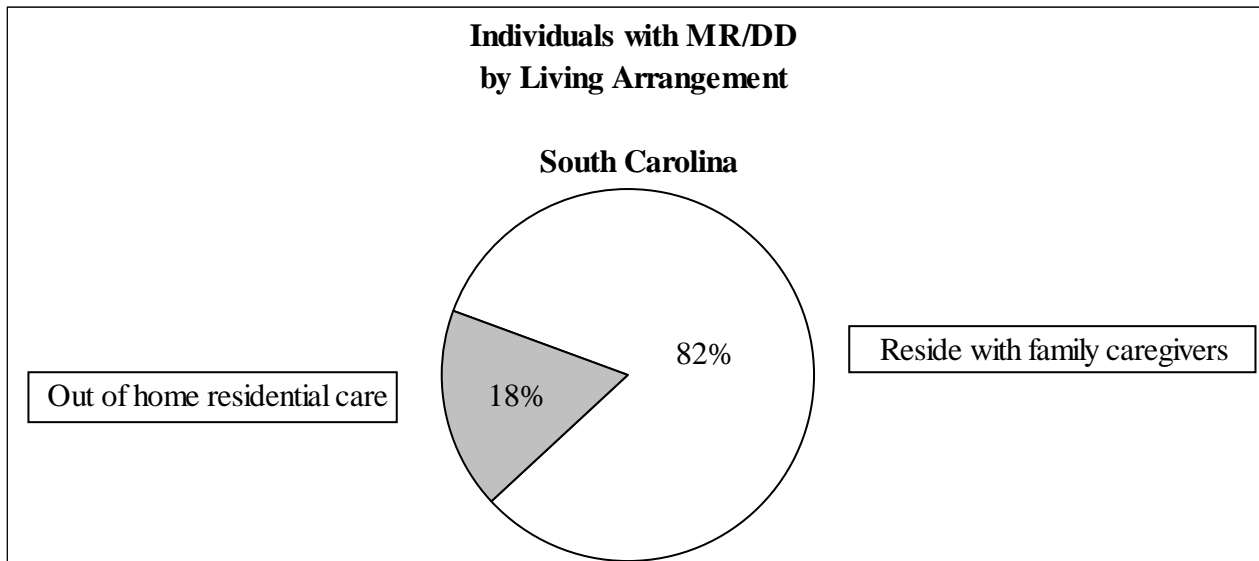
As noted above, DDSN tracks system performance against other states. When comparisons reflect that DDSN is below national averages, DDSN utilizes internal historical trend data as well as current needs to project resources needed to address the areas of improvement.

**Category 7: Results**

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

|   |
|---|
| Section I:<br>Major Achievements  |
| Section II:<br>Key Customers Segments & Key<br>Requirements/Expectations                |
| Section III:<br>Category 3 – Customer & Market Focus<br>Category 6 – Process Management |

**South Carolina Department of Disabilities and Special Needs  
Living Arrangements for Consumers with  
Mental Retardation/Related Disabilities (MR/RD)  
Comparing South Carolina with United States**



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 26,453 persons with mental retardation and related disabilities and autism served by DDSN, 82% live with family caregivers, compared to only 60% nationally. DDSN is doing a better job of keeping families together through respite, personal care, day services and other needed supports.

**Data Source:**

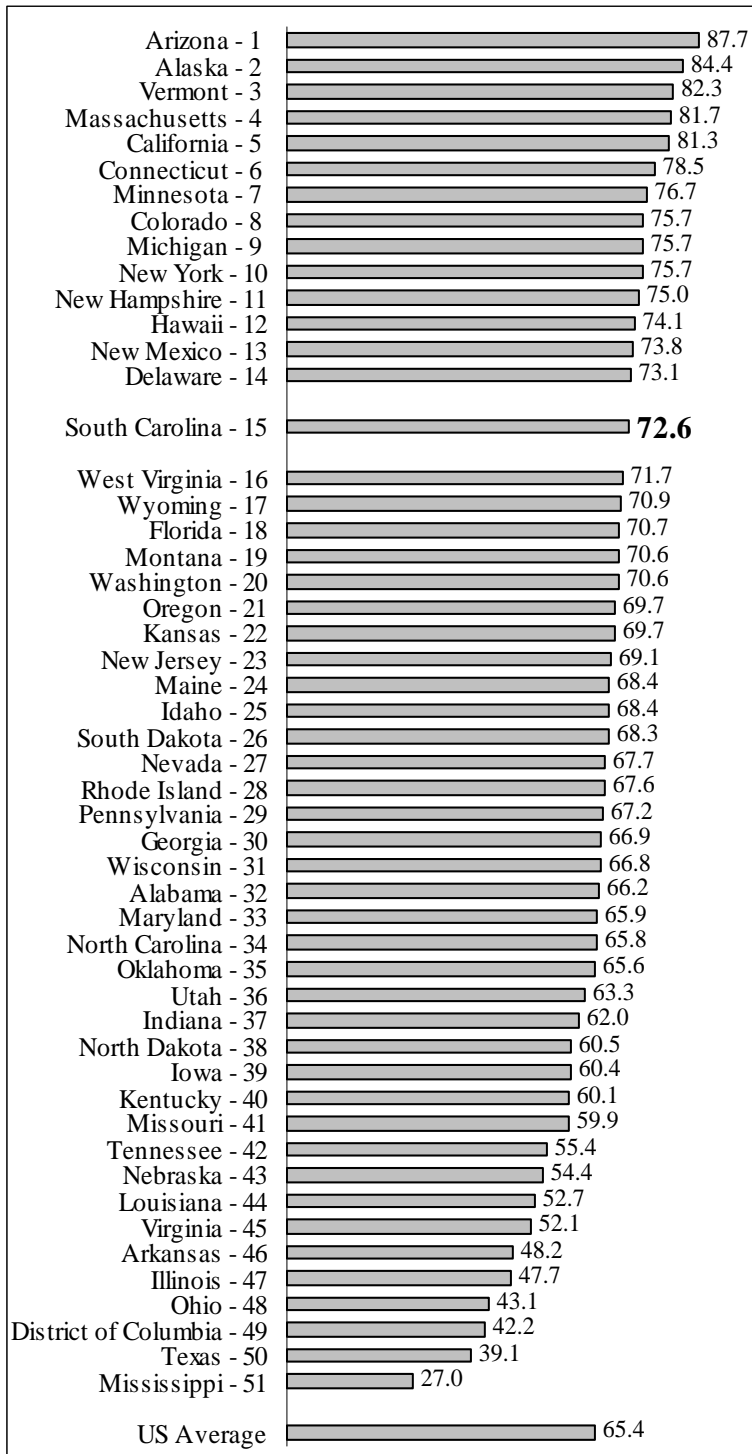
The State of the States in Developmental Disabilities: 2006 published by The University of Colorado

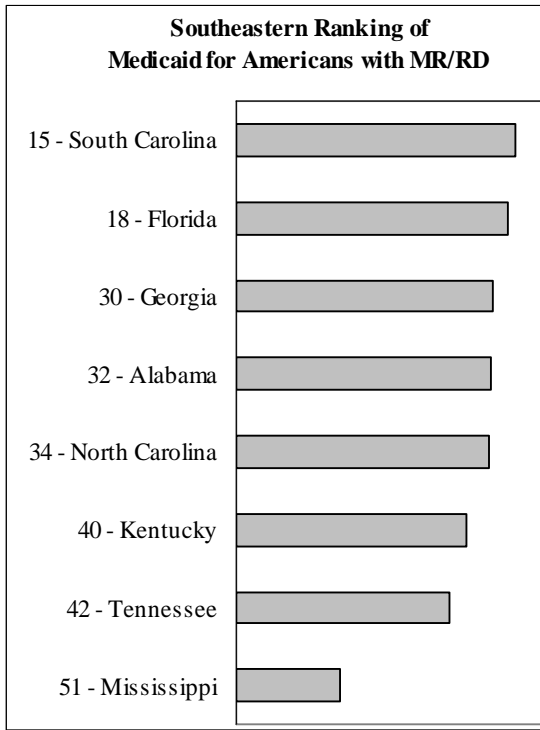
**South Carolina Department of Disabilities and Special Needs  
Ranking of Medicaid for Americans with  
Mental Retardation/Related Disabilities (MR/RD)**

Chart A

United Cerebral Palsy is one of the nation's leading organizations serving and advocating for the more than 54 million Americans with disabilities. Their ranking is based on the states' ability to create quality, meaningful and community-inclusive lives for Americans with intellectual and developmental disabilities. South Carolina ranked number 15 in 2007, up from number 22 in 2006. South Carolina was the top state listed in the Southeast in 2007.

Chart B





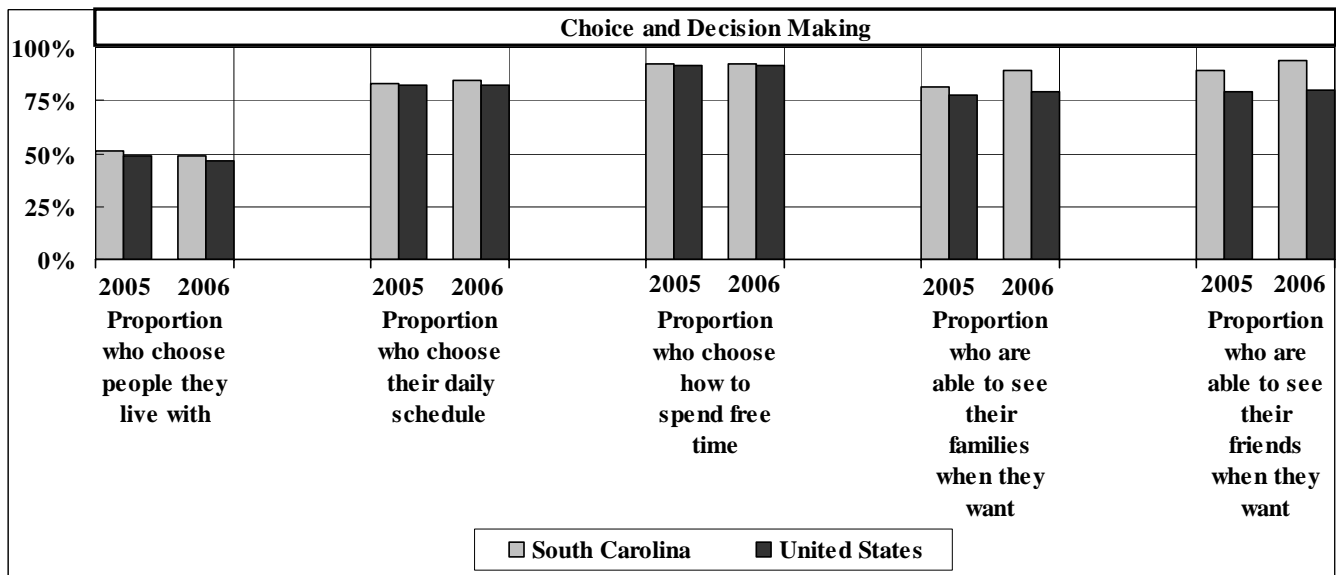
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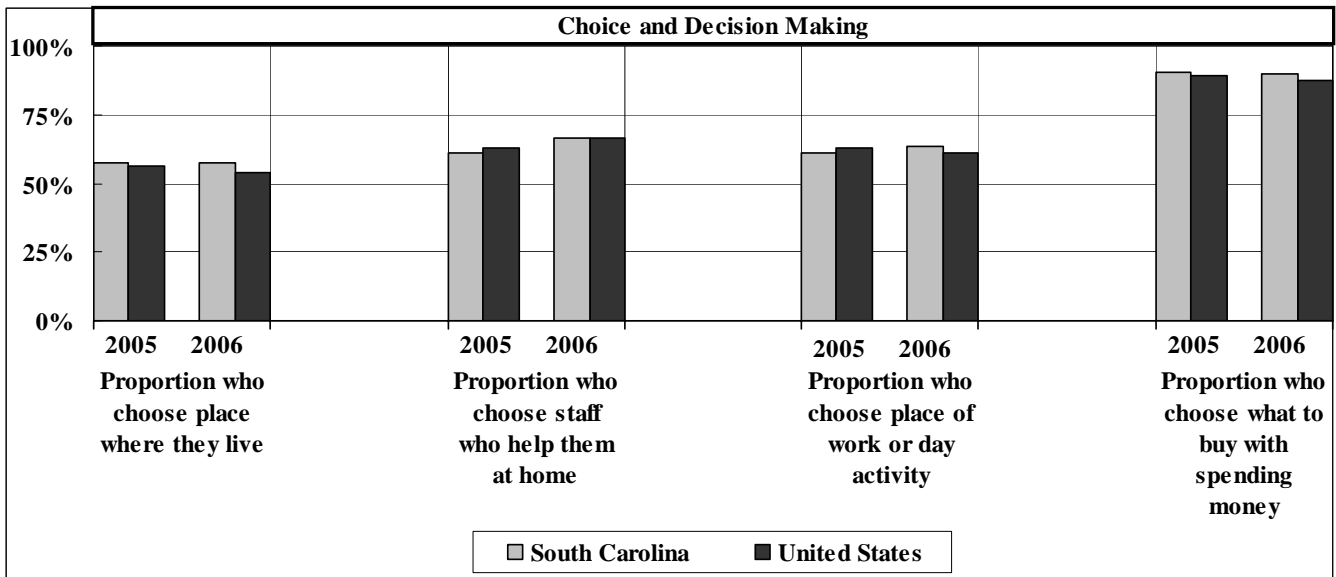
The Case for Inclusion - An Analysis of Medicaid for Americans with Intellectual and Developmental Disabilities: 2006 and 2007 published by United Cerebral Palsy

**Figure 7.1-3a**

Section III:  
 Category 3 – Customer & Market Focus  
 Category 4 – Measurement, Analysis & Knowledge Management

**South Carolina Department of Disabilities and Special Needs  
 Results of Consumer Survey  
 Comparing South Carolina with United States  
 On Consumer Outcomes of:**





South Carolina consumer survey results compare very favorable with national data regarding reliable and valid measures of consumer choice and decision making in various aspects of their lives, and community inclusion. This data is used to improve system performance and thereby better serve people.

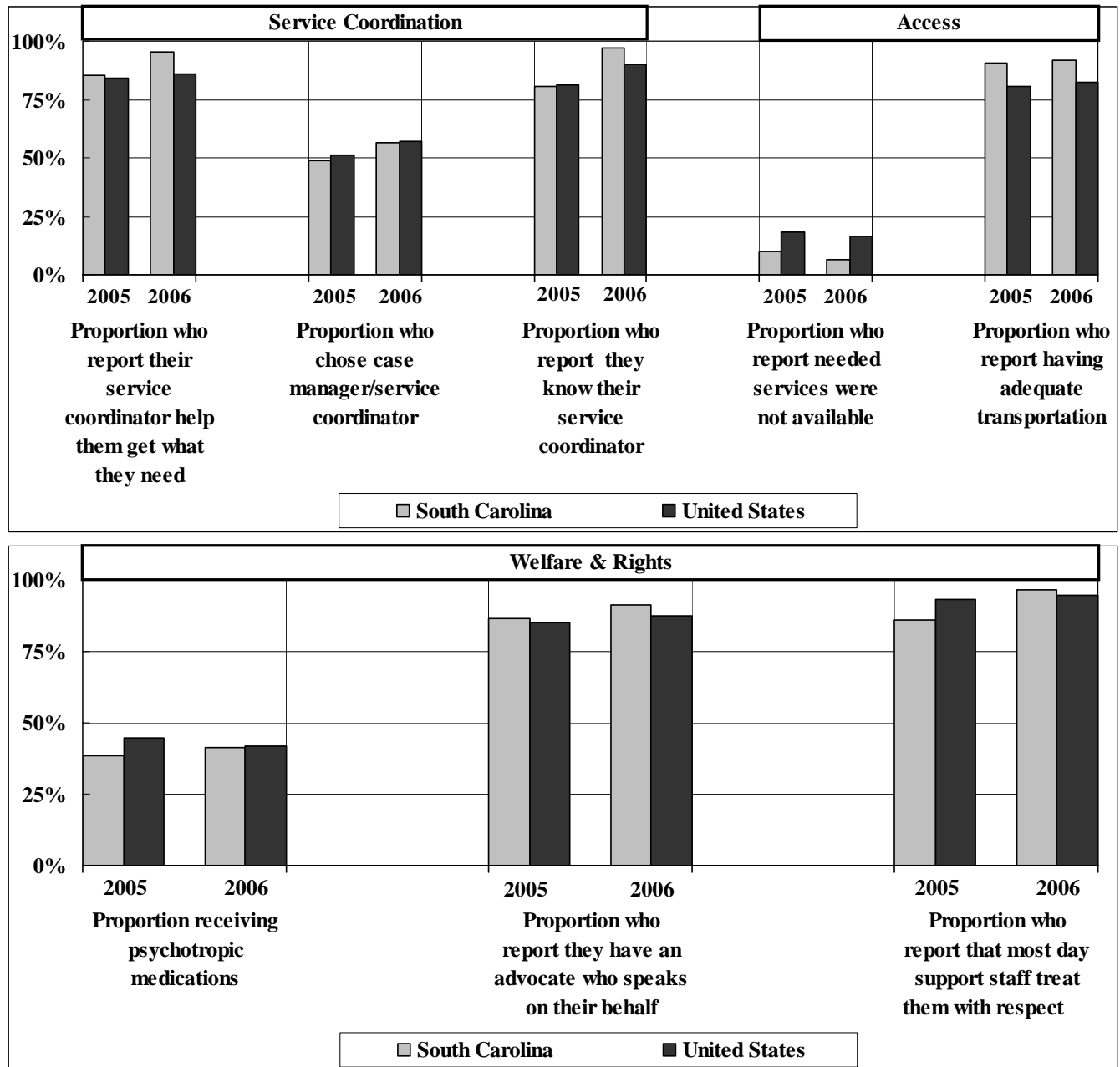
**Data Source:**

Consumer Outcomes - National Core Indicators: Phase VII Final Report for Fiscal Year 2004-2005 data; Phase VIII Final Report for Fiscal Year 2005-2006 data published by A Collaboration of the National Association of State Directors of Developmental Disabilities Services and Human Services Research Institute

Figure 7.1-3b

Section III:  
 Category 3 – Customer & Market Focus  
 Category 4 – Measurement, Analysis &  
 Knowledge Management

**South Carolina Department of Disabilities and Special Needs  
 Results of Consumer Survey  
 Comparing South Carolina with United States  
 On Consumer Outcomes of:**



South Carolina consumer survey results compare very favorable with national data regarding reliable and valid measures of consumer service coordination, access, and welfare and rights in various aspects of their lives, and community inclusion. This data is used to improve system performance and thereby better serve people.

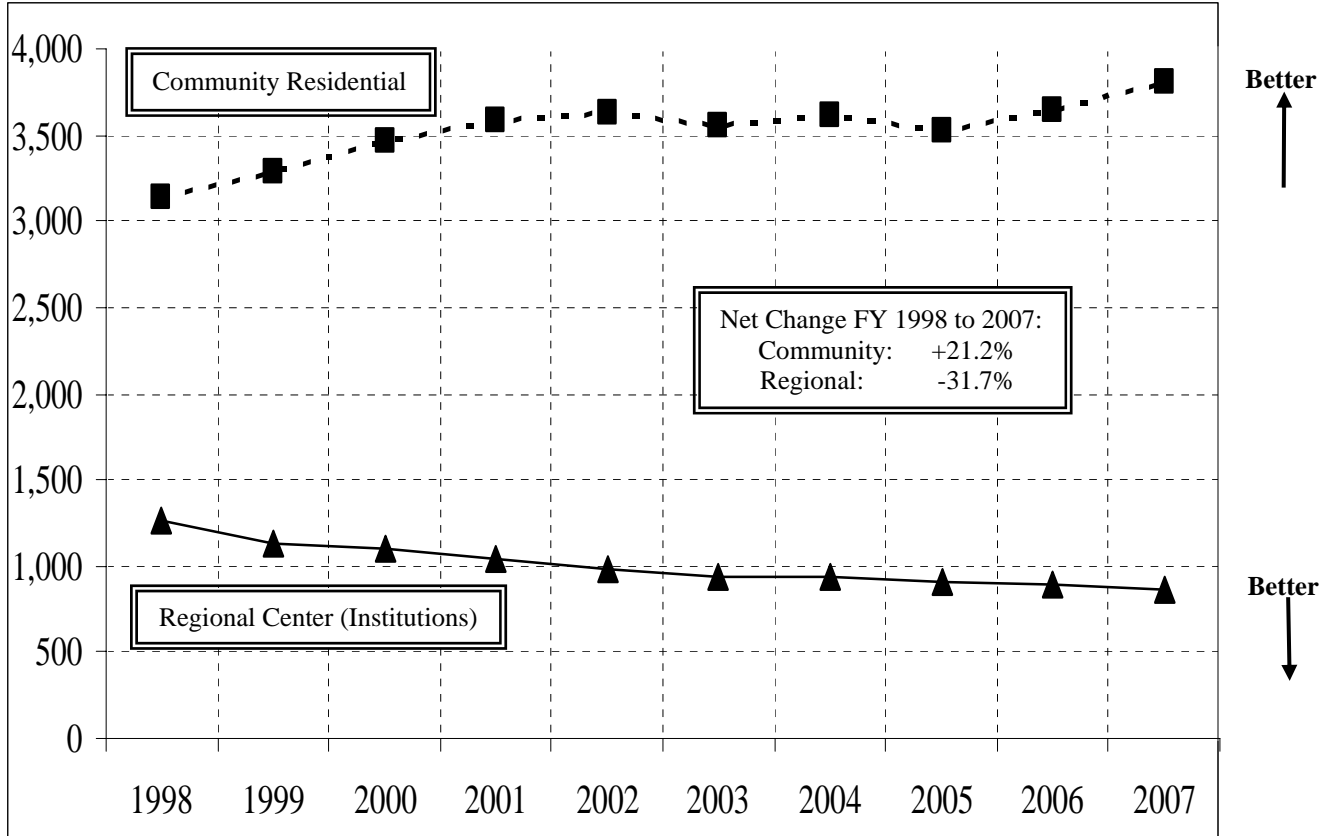
**Data Source:**

Consumer Outcomes - National Core Indicators; Phase VII Final Report for Fiscal Year 2004-2005 data; Phase VIII Final Report for Fiscal Year 2005-2006 data published by A Collaboration of the National Association of State Directors of Developmental Disabilities Services and Human Services Research Institute



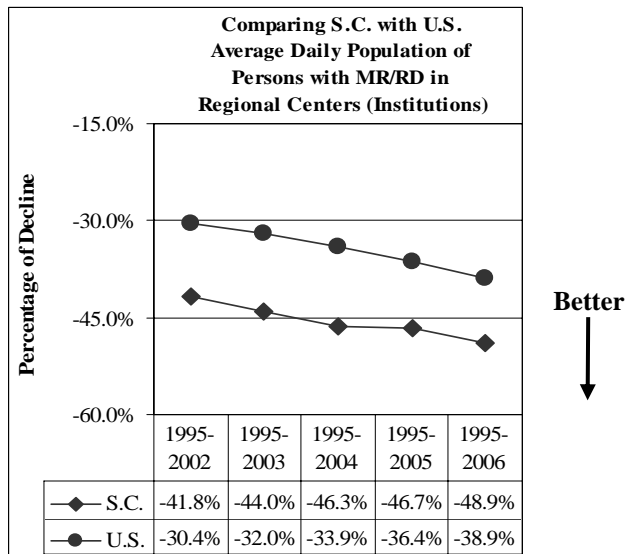
South Carolina Department of Disabilities and Special Needs  
Summary of Agency Residential Beds

Chart A



Consistent with consumer preference and choice, DDSN continues to shift residential services from regional centers (institutions) - the most expensive and most restrictive residential model - to local community services. South Carolina like the rest of the nation continues to reduce institutional capacity despite the difficulties in supporting people with the most complex medical and behavioral needs in local communities.

Chart B



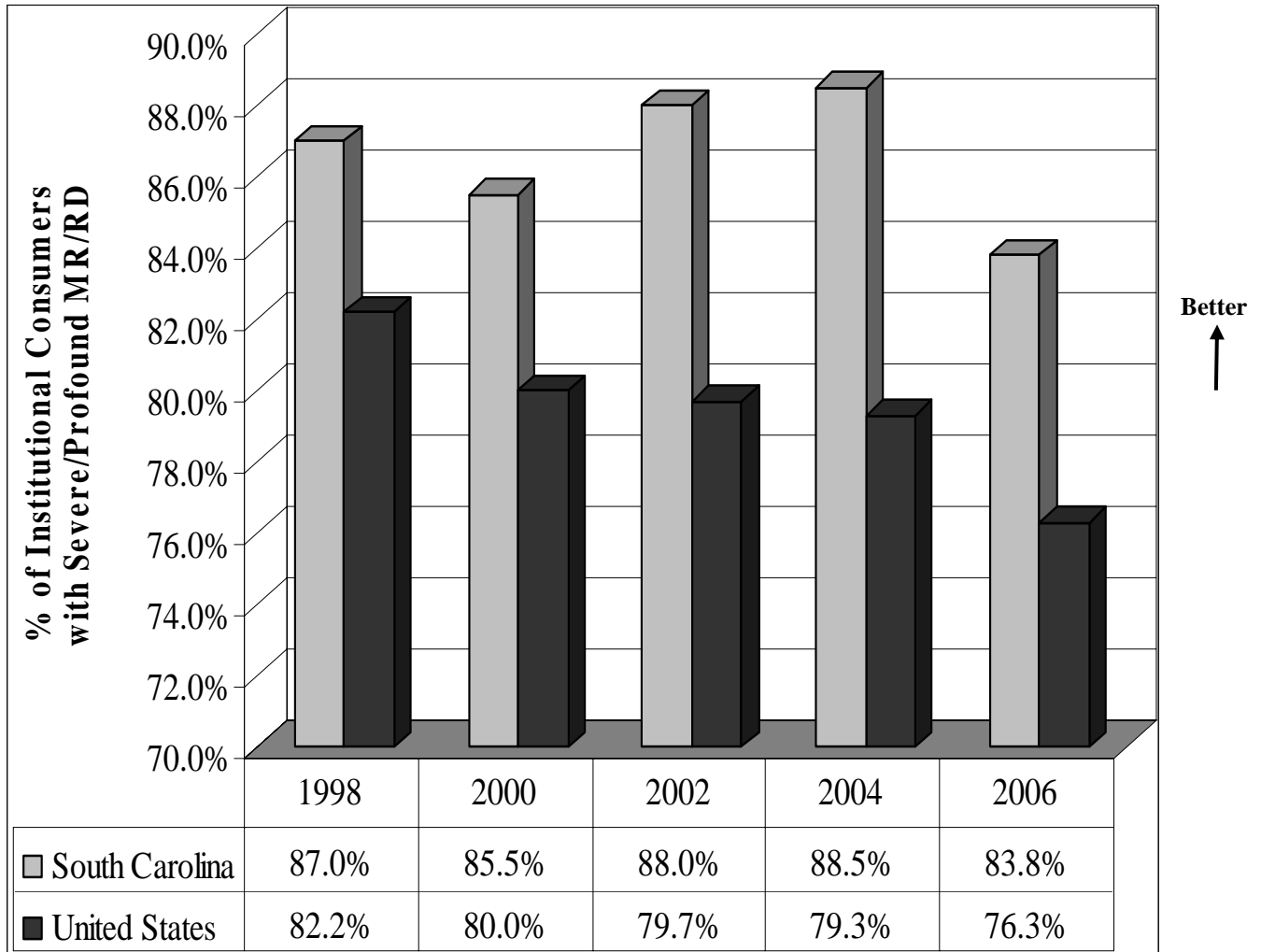
Data Source:

Chart A - Agency data provided by DDSN

Chart B - Residential Services for Person with Developmental Disabilities: Status and Trends through 2002, 2003, 2004, 2005 and 2006 published by The University of Minnesota

Figure 7.1-5

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



The above figure compares the percentage of individuals with the most extensive disabilities who are served in DDSN’s regional centers to the national average. The needs of the individuals served in South Carolina’s regional centers (institutions) are consistently higher than the national average. DDSN is exercising sound stewardship of resources by assuring that only individuals with the most significant disabilities are served in the most expensive service, regional centers.

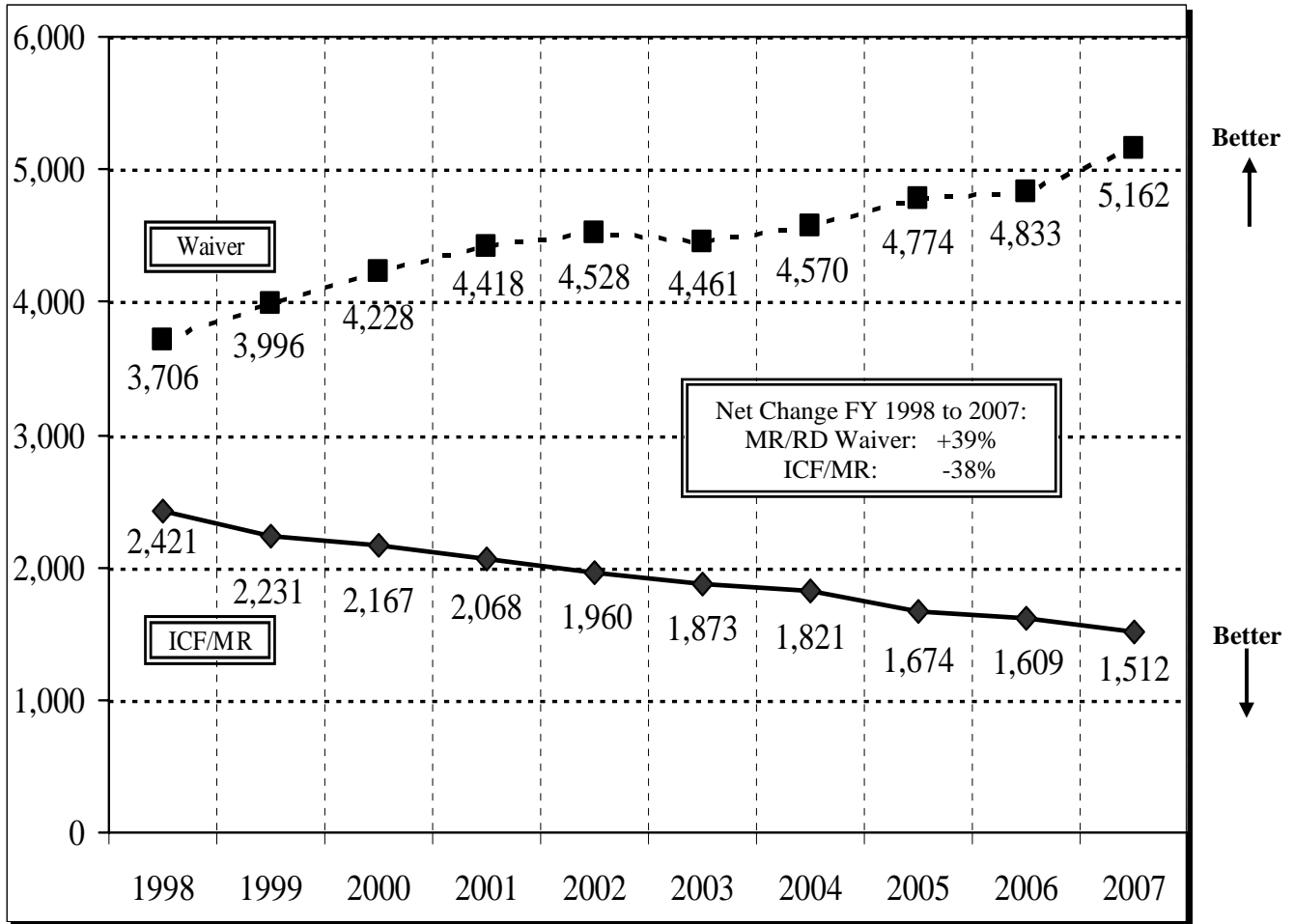
**Data Source:**

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

Figure 7.1-6  
 Figure 7.3-1  
 Figure 7.5-1

Section I:  
 Major Achievements  
 Section III:  
 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 (MR/RD Waiver)  
 Versus Institutional (ICF/MR)**



DDSN provides services to consumers based on their choice for those services and at the same time providing these services in the most cost efficient manner. The demand for ICF/MR services has decreased by 38% since 1998, while the demand for waiver services has increased by 39%.

The mental retardation and related disabilities (MR/RD) Medicaid waiver is a less expensive alternative to Medicaid’s intermediate care facilities for people with mental retardation (ICF/MR). The waiver allows consumers and families to receive Medicaid funded services in the community in the least restrictive environment.

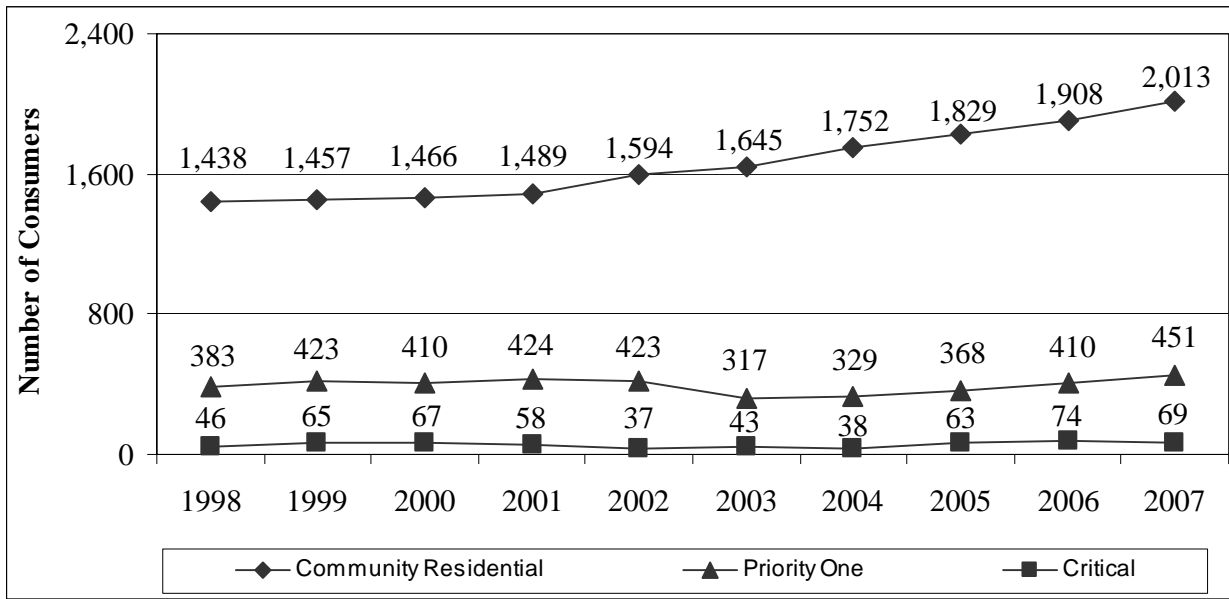
**Data Source:**  
 Agency data provided by DDSN

Figure 7.1-7

|   |
|---|
| Section I:<br>Opportunities & Barriers  |
| Section II:<br>Key Strategic Challenges |
| Section III:<br>Category 1 - Leadership |

**South Carolina Department of Disabilities and Special Needs  
Community Residential Waiting List**

Chart A

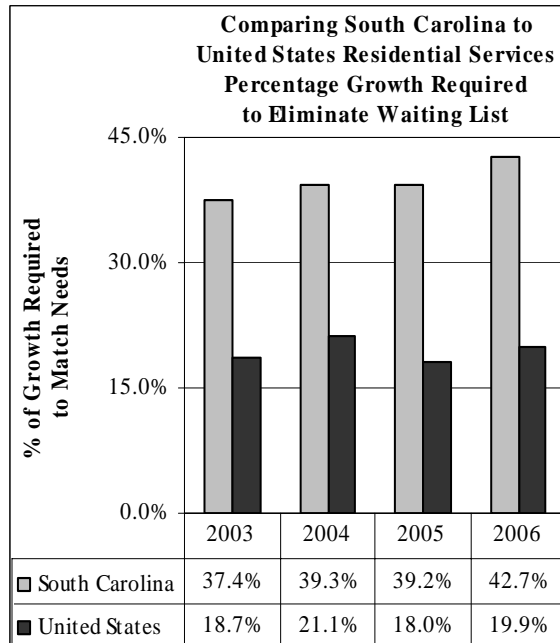


Better  
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When demand outpaces funds available, DDSN must prioritize services to those persons with lifelong disabilities who have the greatest need. For example, those living in critical circumstances, those living with aging caregivers, and those for whom supports in the family’s home are no longer adequately addressing the consumers needs. DDSN has over 2,000 consumers living at home waiting for community residential services which is a 40% increase since 1998. South Carolina’s waiting list continues to be much greater in size than the national average.

The Governor and the General Assembly recognize the need and appropriated funds for additional beds in fiscal year 2007 which will reduce the gap between South Carolina and the United States. This also reduces South Carolina’s vulnerability for an Olmstead lawsuit like 25 other states have experienced.

Chart B



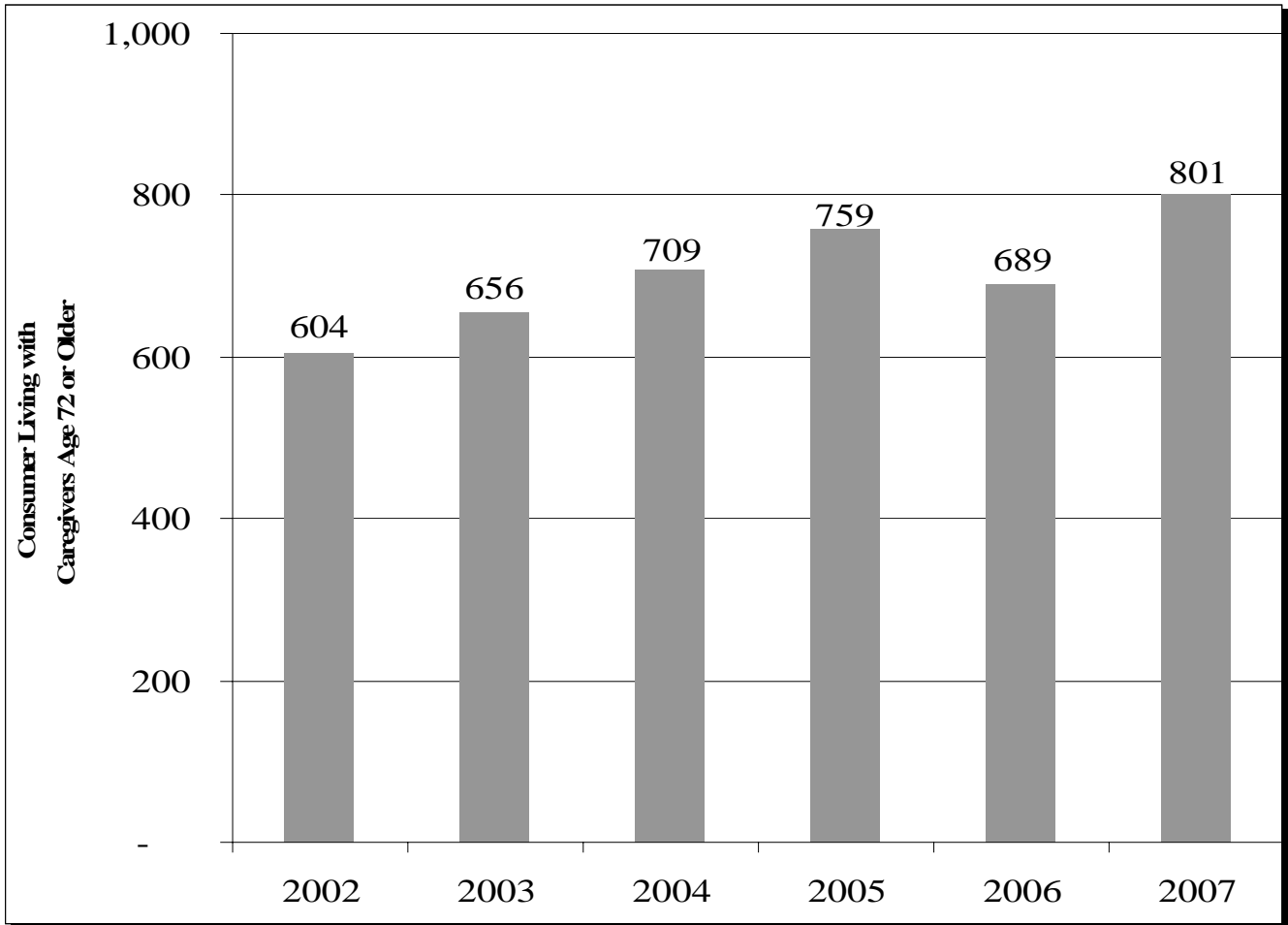
Better  
↓

**Data Source:**

Chart A - Agency data provided by DDSN

Chart B - Residential Services for Persons with Development Disabilities: Status and Trend through 2003, 2004, 2005, and 2006 published by The University of Minnesota

**South Carolina Department of Disabilities and Special Needs  
Consumers with Mental Retardation/Related Disabilities (MR/RD)  
Living with Caregivers Age 72 or Older**



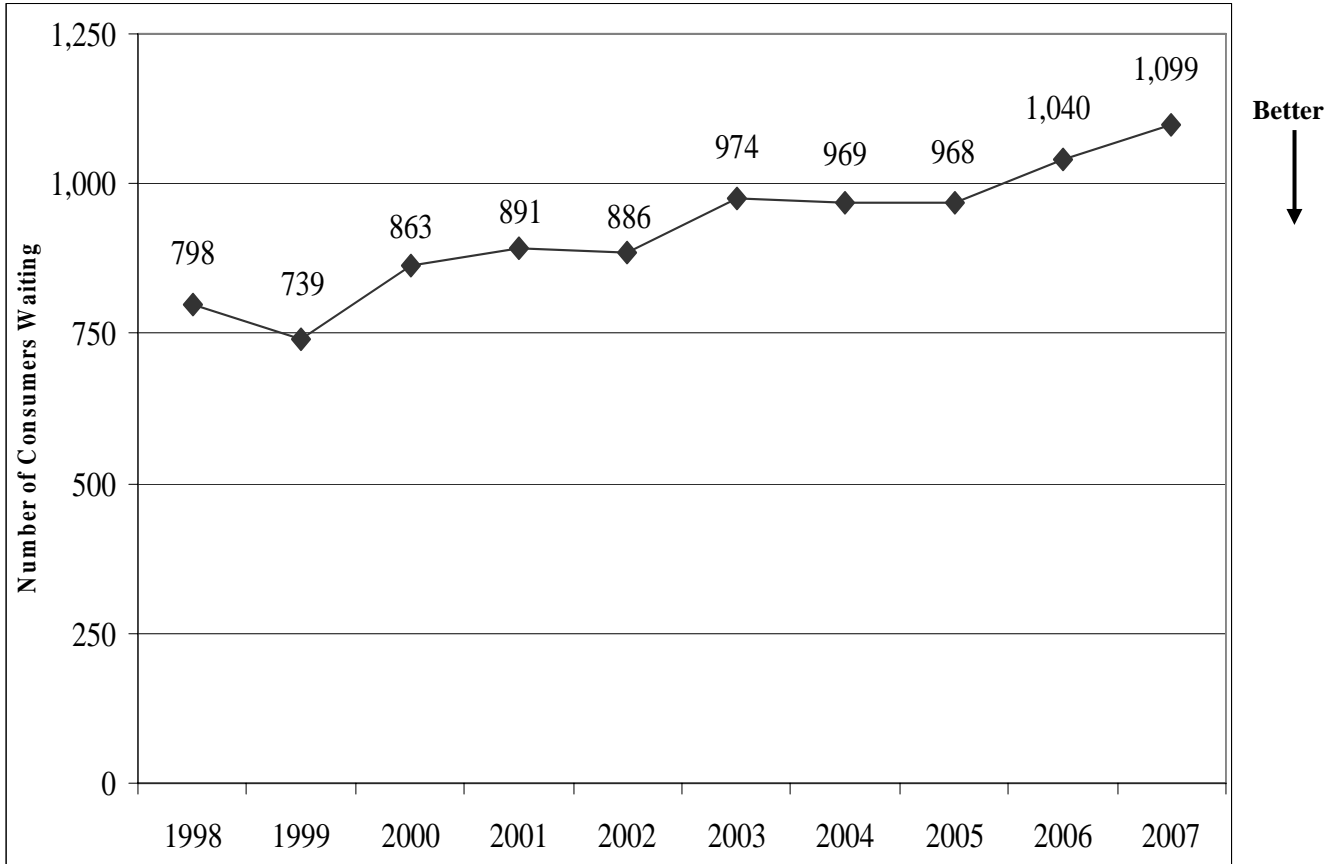
The number of consumers living with caregivers 72 years of age or older slightly increased in 2007. The Governor and the General Assembly allocated new funding for fiscal year 2007 to provide additional residential services to consumers. At any time, care for consumers by older caregivers could become jeopardized as the caregiver’s health deteriorates or the caregiver dies.

**Data Source:**  
Agency data provided by DDSN

**Figure 7.1-9**

|   |
|---|
| Section I:<br>Opportunities & Barriers  |
| Section II:<br>Key Strategic Challenges |
| Section III:<br>Category 1 - Leadership |

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

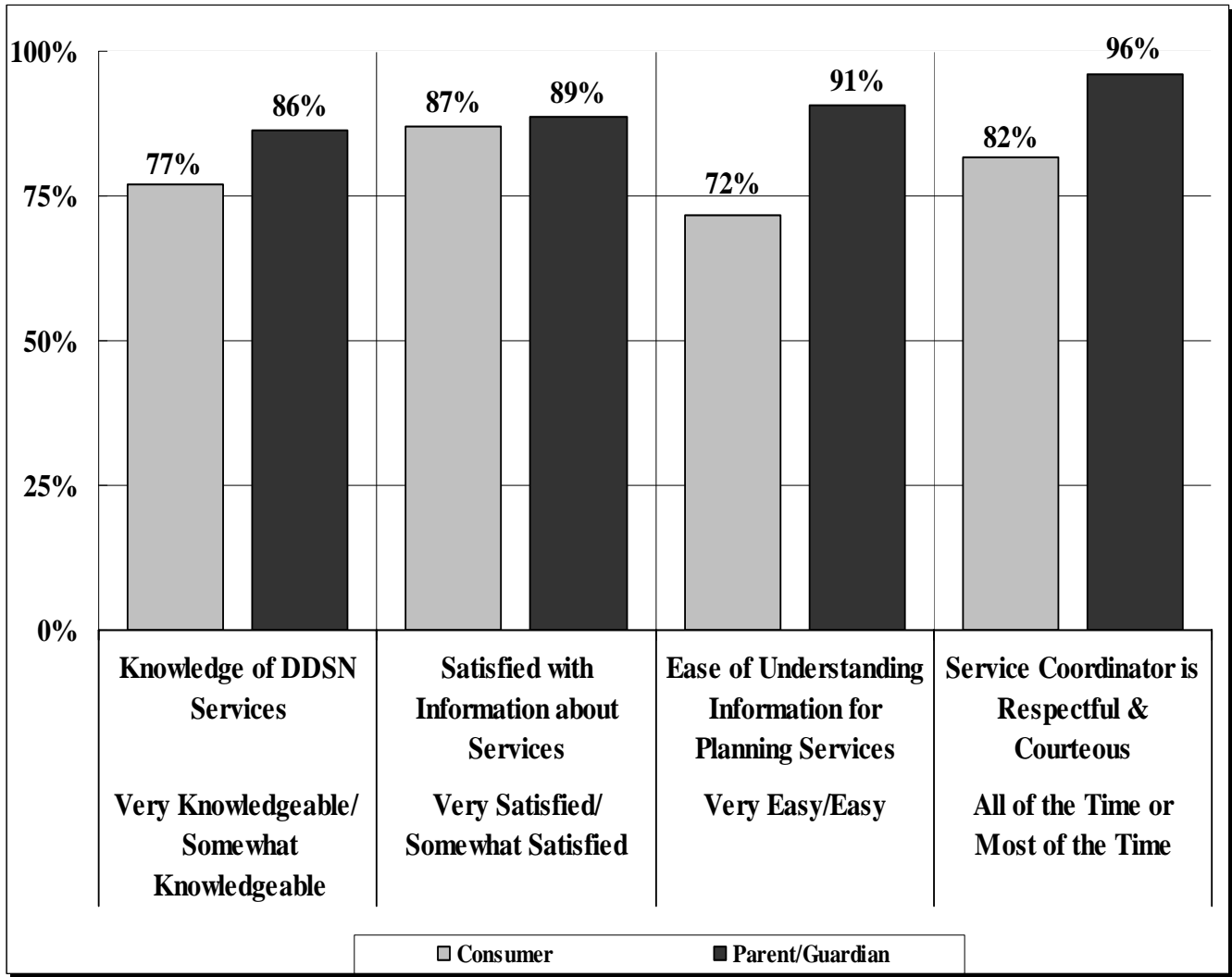


There are almost 1,100 consumers who live at home and are awaiting day support services. The waiting list for day services has increased over 37% since 1998. These habilitative and job-related services are important for the consumers, allow family members to remain employed and prevent the need for more expensive out-of-home placement.

**Data Source:**  
Agency Data provided by DDSN

**Figure 7.1-10**  
**Figure 7.2-4**

**South Carolina Department of Disabilities and Special Needs  
 Service Evaluation/Needs Assessment Survey Report**



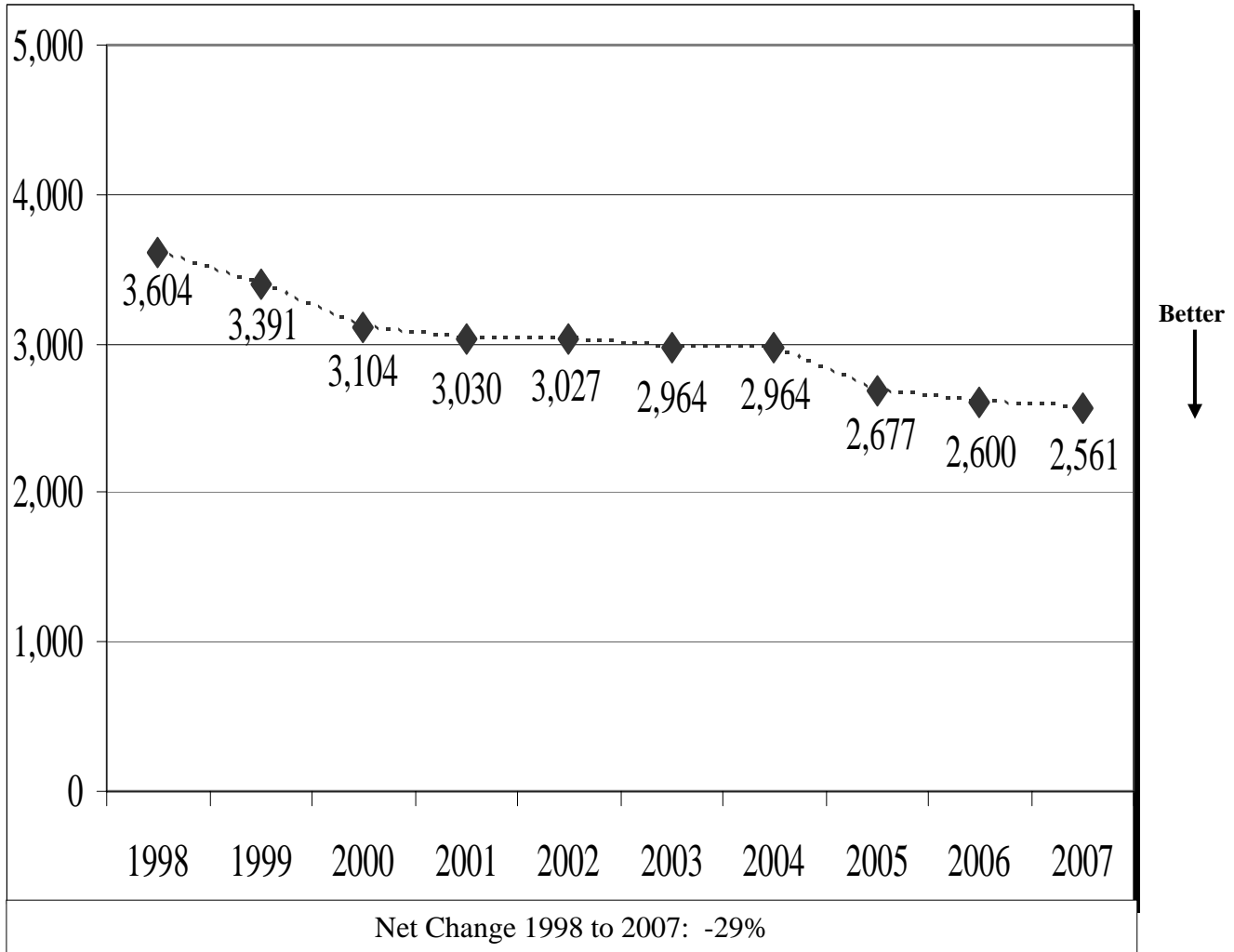
DDSN uses a variety of methods to obtain feedback from consumers and their families regarding their experiences with DDSN services. One method is to use independent evaluators to conduct telephone interviews using scientifically designed surveys, thus assuring valid and reliable results. Findings from the survey are used to improve customer satisfaction by designing and implementing specific strategies and interventions. For example, although most customers and their families report they are knowledgeable of DDSN services, DDSN continues to develop new materials to increase this rate.

**Data Source:**  
 Service Evaluation/Needs Assessment Survey Report: South Carolina Department of Disabilities and Special Needs: July 2007 published by University of South Carolina, College of Arts and Sciences, Institute for Public Service and Policy Research

**Figure 7.1-11**  
**Figure 7.3-2**

Section III  
 Category 1 – Leadership  
 Category 6 – Process Management

**South Carolina Department of Disabilities and Special Needs**  
**FTE's (Full-time Equivalents)**



From 1998 to 2007, over 1,000 FTEs were eliminated. The purpose was to assist the agency in aligning its human resources needs with the operational needs now and in the future.

**NOTE:** DDSN was the first agency given authority to develop and offer employees a Voluntary Separation Program (VSP) with a special separation benefit package. The fiscal year 1998 and fiscal year 1999 Appropriations Acts included a DDSN requested proviso for retargeting resources/FTE reduction giving DDSN the authority to develop a plan to retarget resources, realign its workforce, and continue to provide services in the most appropriate settings.

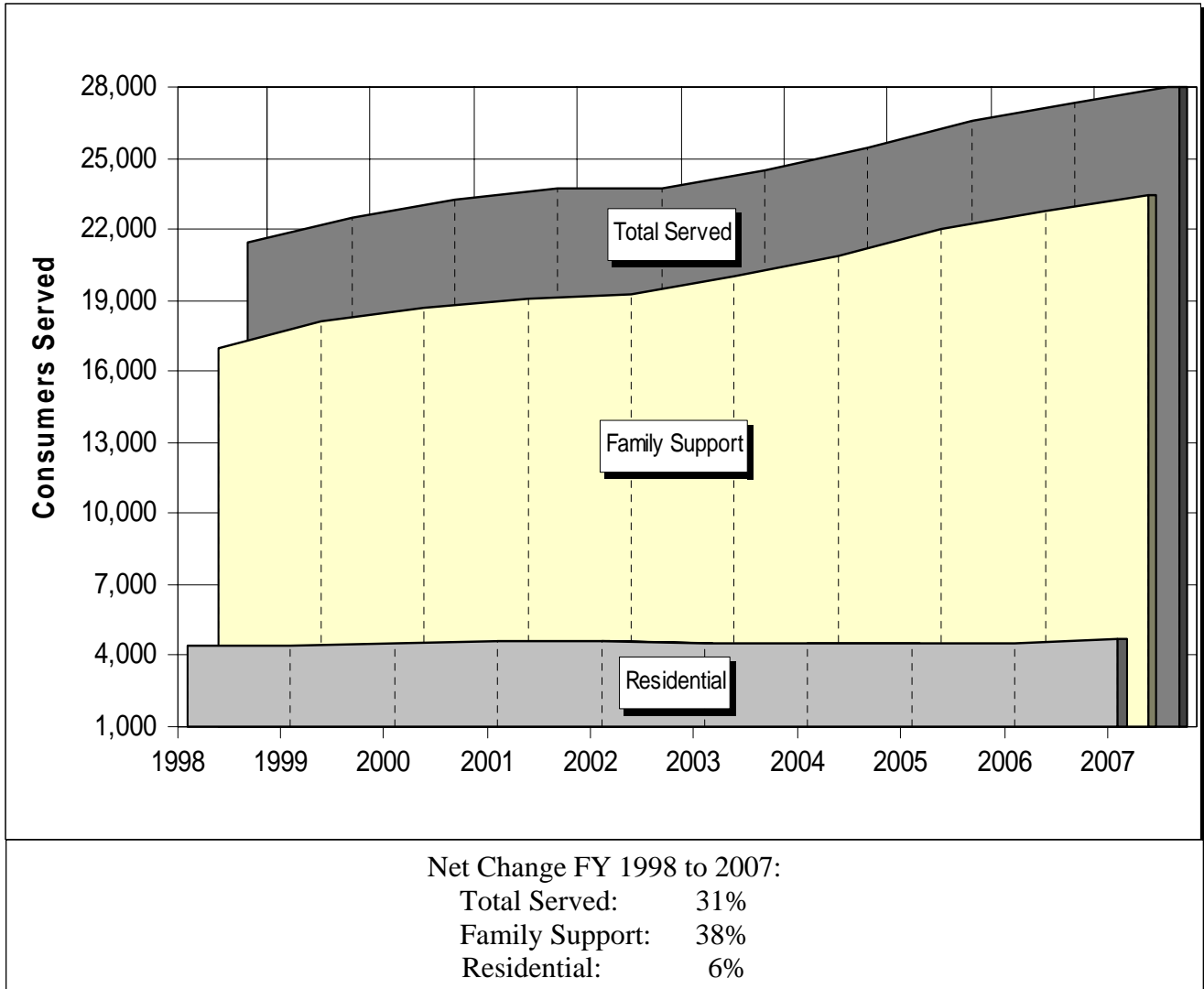
**Data Source:**  
 Agency data provided by the Office of Human Resources and the Budget and Control Board



**Figure 7.2-5**  
**Figure 7.5-2**

Section I:  
 Major Achievement  
 Section II:  
 Key Customer Segments & Key  
 Requirements/Expectations

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



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 38% growth in the use of family support services compared to only 6% growth in residential services.

Of the more than 28,000 persons served by DDSN, 82% live with family caregivers, compared to only 60% nationally. DDSN is doing a better job of helping individuals live in a family setting.

**Data Source:**

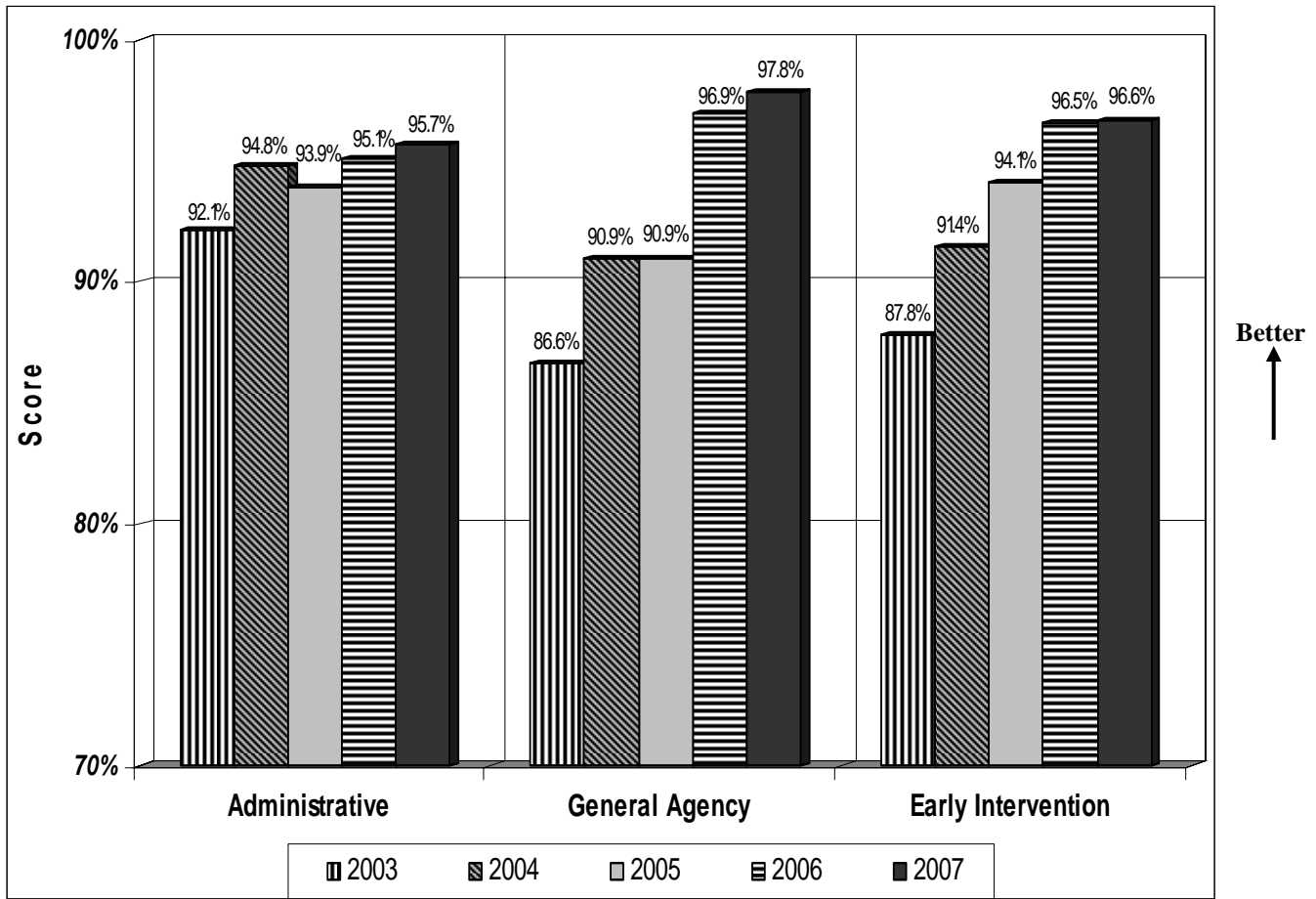
Agency data provided by DDSN

National data provided by The State of the States in Developmental Disabilities: 2006 published by The University of Colorado

**Figure 7.2-6**  
**Figure 7.5-3**

Section II:  
 Performance Improvement Systems  
 Section III:  
 Category 3 – Customer and Market Focus  
 Category 4 – Measurement, Analysis, &  
 Knowledge Management  
 Category 6 – Process Management

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



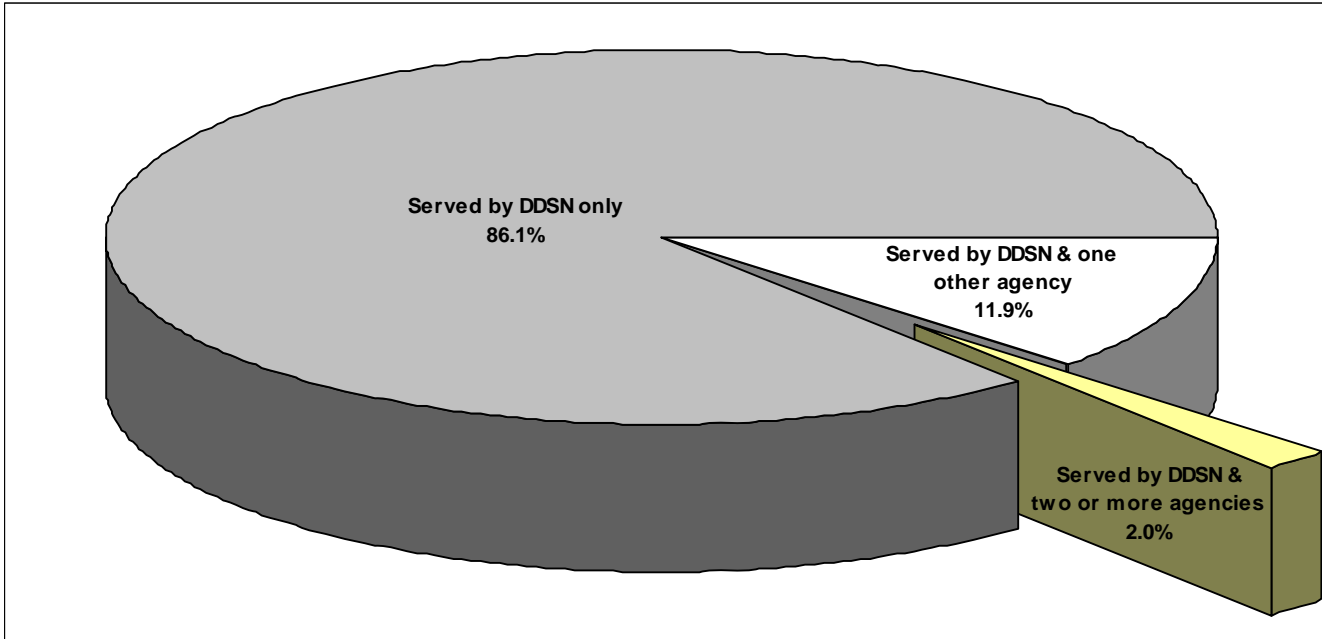
DDSN contracts with a nationally recognized quality improvement organization to conduct a sophisticated annual quality assurance review of DDSN service providers. Areas such as health, safety, rights, compliance with Medicaid contracts, choice, service planning, and fiscal management are reviewed. The three (3) 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; and **Early Intervention**, including measures that evaluate the effectiveness of services to children from birth to age six.

**Data Source:**  
 First Health Inc., "Report of Findings, Annual Aggregate Data": 2003, 2004, 2005, 2006 and 2007

**Figure 7.2-7**

**South Carolina Department of Disabilities and Special Needs  
 DDSN Consumers Served By  
 Other State Agencies  
 For Fiscal Year 2007**

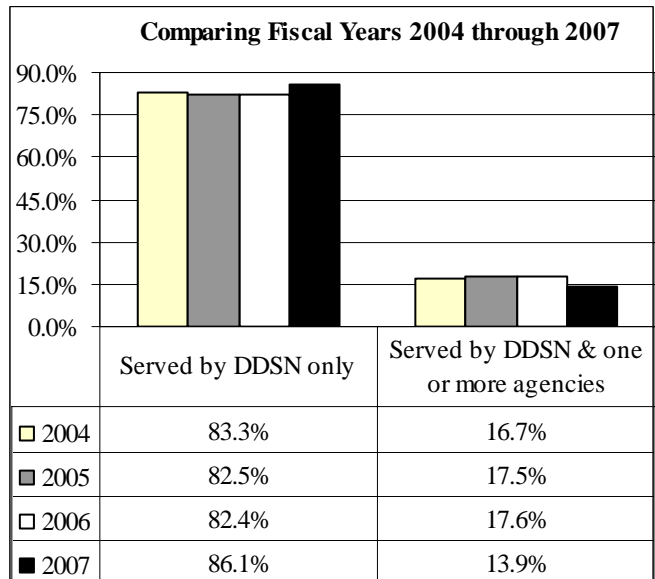
Chart A



Most individuals served by DDSN do not receive services from other state agencies. When they do they complement not duplicate other agencies' services. For example, DDSN is the largest provider of DHEC's BabyNet program serving nearly 3,000 infants and toddlers annually. DHEC's Children's Rehabilitative Services and DHHS's Community Long Term Care round out the top three. This excludes services received by individuals under the State Medicaid Plan. DDSN's support focuses on those needs to address the individual's specific disability.

DDSN continues to track other agencies' involvement to ensure collaboration and efficient use of services.

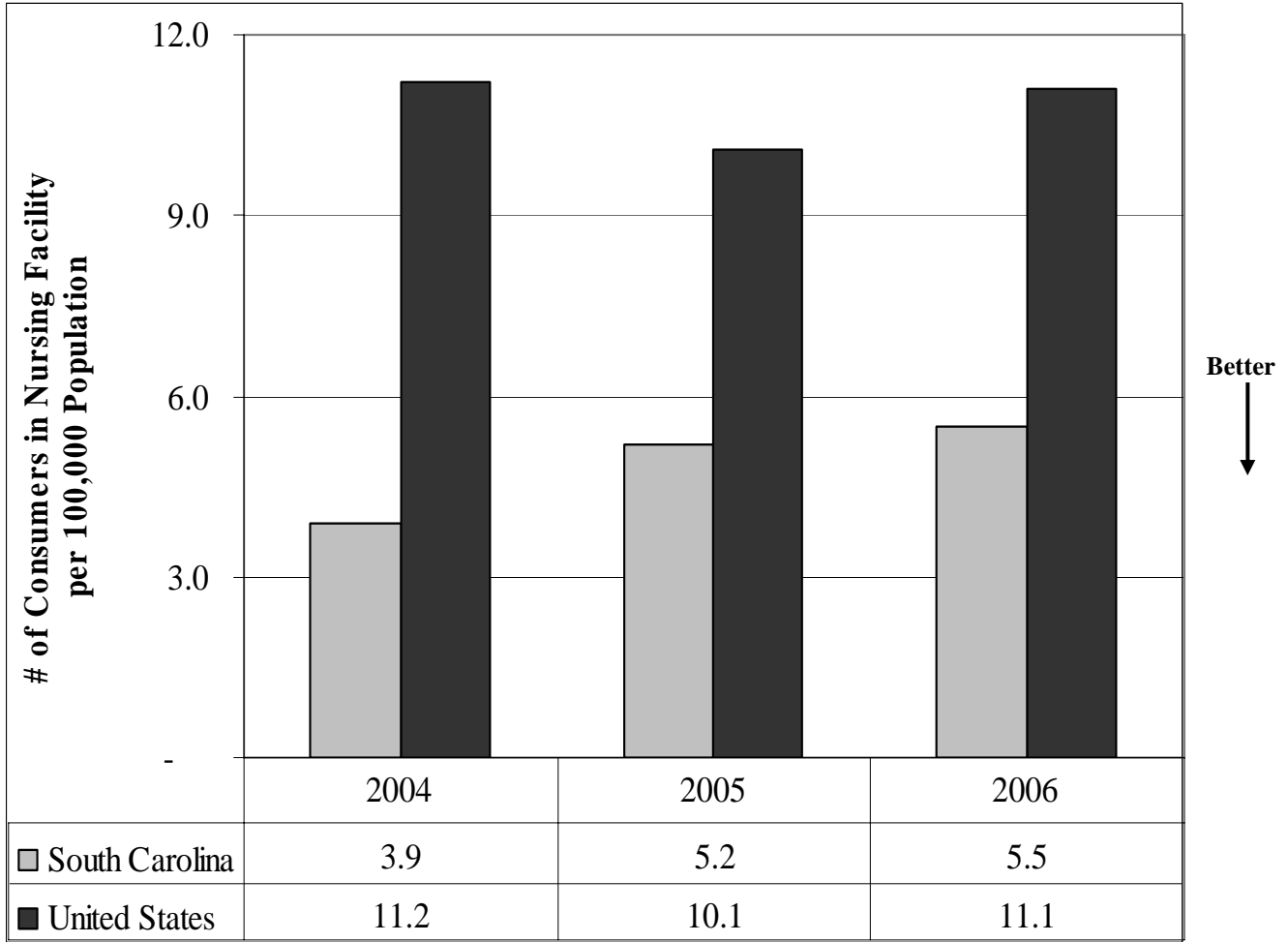
Chart B



**Data Source:**

Agency data provided by DDSN

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



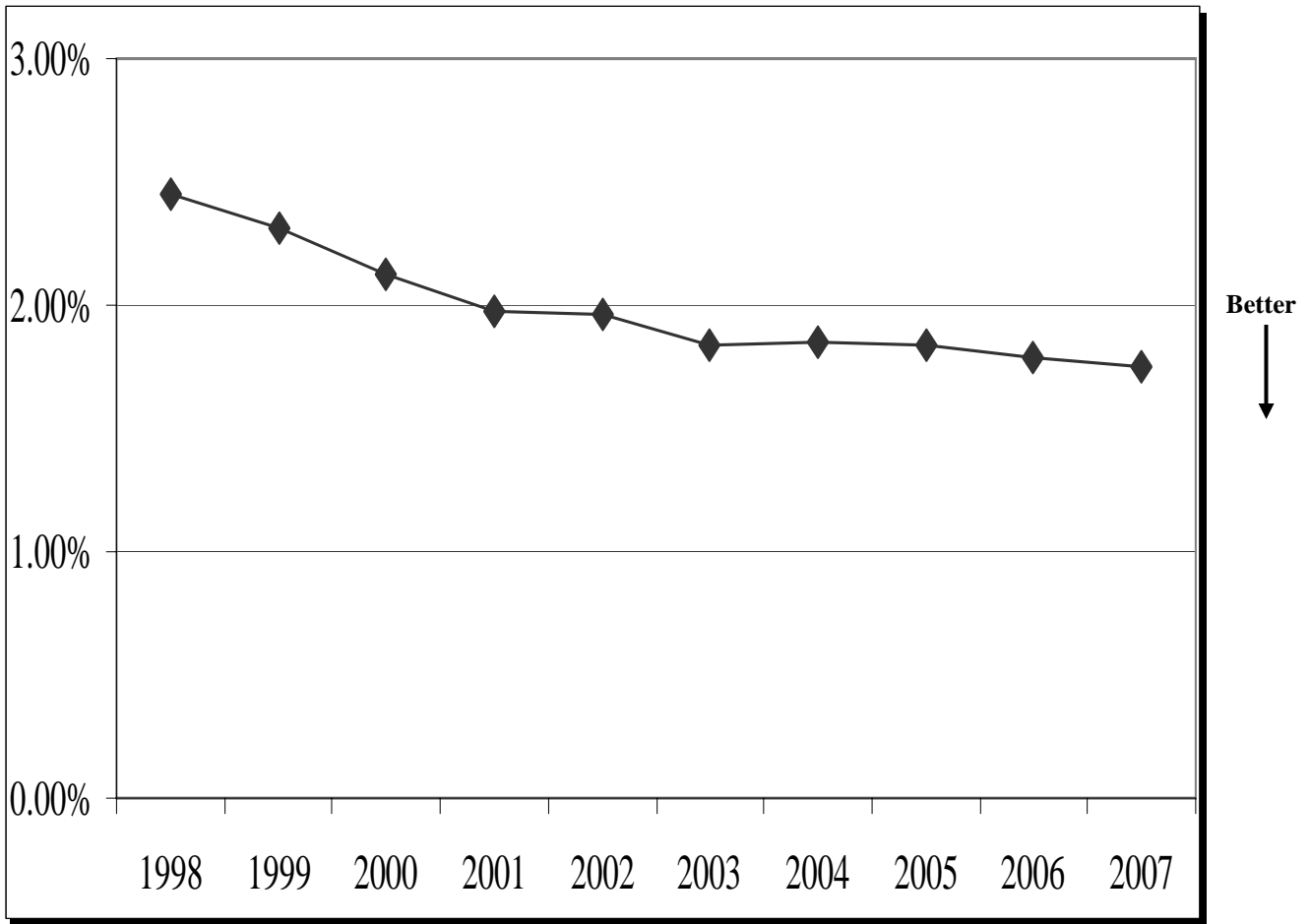
DDSN’s rate of consumers with development disabilities placed in nursing homes has been at least 50% lower than the United States rate for the past few years. In South Carolina, just 5.5 individuals with developmental disabilities per 100,000 of the general population are served in traditional nursing facilities. This represents DDSN’s effort to respond to consumer demand for other service alternatives and to ensure that individuals with developmental disabilities requiring specialized residential services are most appropriately placed. As with the general United States population, people with lifelong disabilities are living longer. The majority of both groups prefer to receive services in their own homes and communities.

**Data Source:**  
Residential Services for Persons with Development Disabilities: Status and Trends through 2004, 2005, and 2006 published by The University of Minnesota

**Figure 7.2-9**

Section I:  
Major Achievement  
Section III:  
Category 1 – Leadership  
Category 6 – Process Management

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



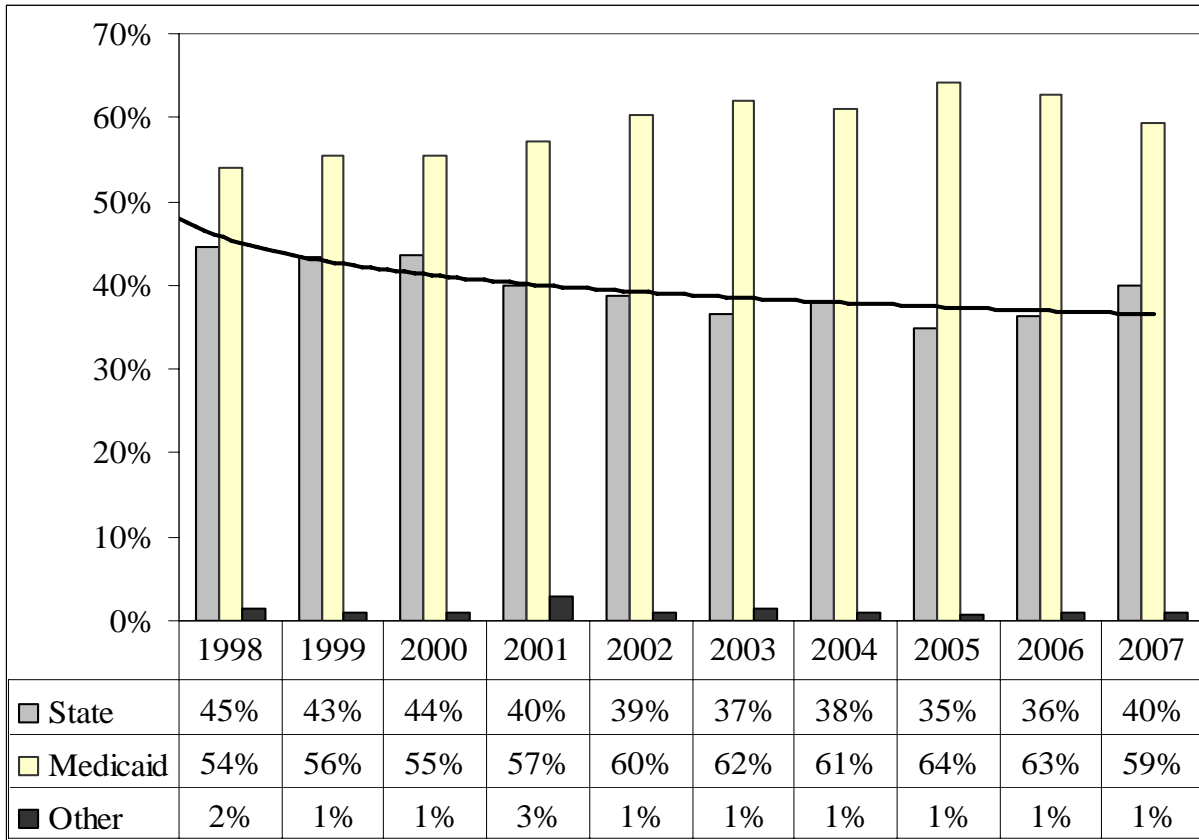
DDSN has aggressively shifted resources over the past few years in order to meet the priorities of the agency without additional funding. During the last ten years, DDSN's administration FTE's were reduced by over 20% through retargeting resources/FTE reduction provisos, attrition, and reductions in force. Central Office administrative expenses have decreased to less than 2% of total expenses even though there has been an increase in the need for services, the number of people served, and an increased scope of services. Administrative savings were redirected to state reductions and in-home family support and residential services thereby reducing the need for additional state dollars.

**Data Source:**  
Agency data provided by DDSN

**Figure 7.3-3**

**South Carolina Department of Disabilities and Special Needs  
Maximizing the Use of Limited State Dollars**

Chart A



State Line Better  
↓

DDSN used Medicaid financing to pay for 63% of service costs compared to a 52% national average for fiscal year 2006. During the period from 1998-2007, DDSN reduced its use of state funds by 10%.

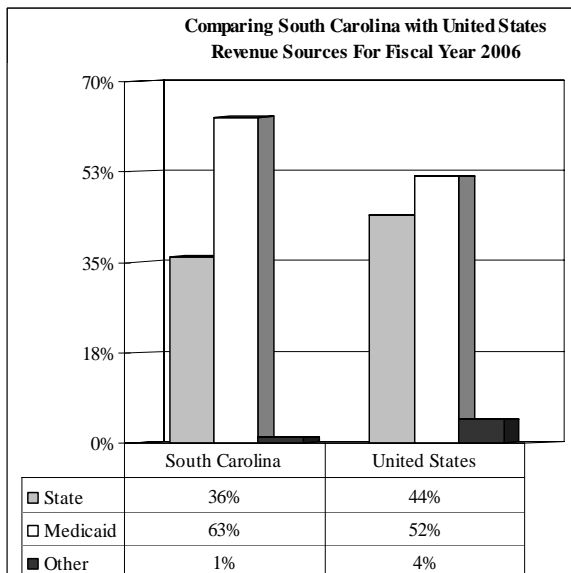
45% of the cost of services was funded with state dollars in fiscal year 1998 but by fiscal year 2007, that percentage dropped to 40% with Medicaid financing 59% of the total cost.

**Data Source:**

Chart A & B - Agency data provided by DDSN

Chart B - United States data provided by The State of the States in Developmental Disabilities: 2006 published by The University of Colorado

Chart B



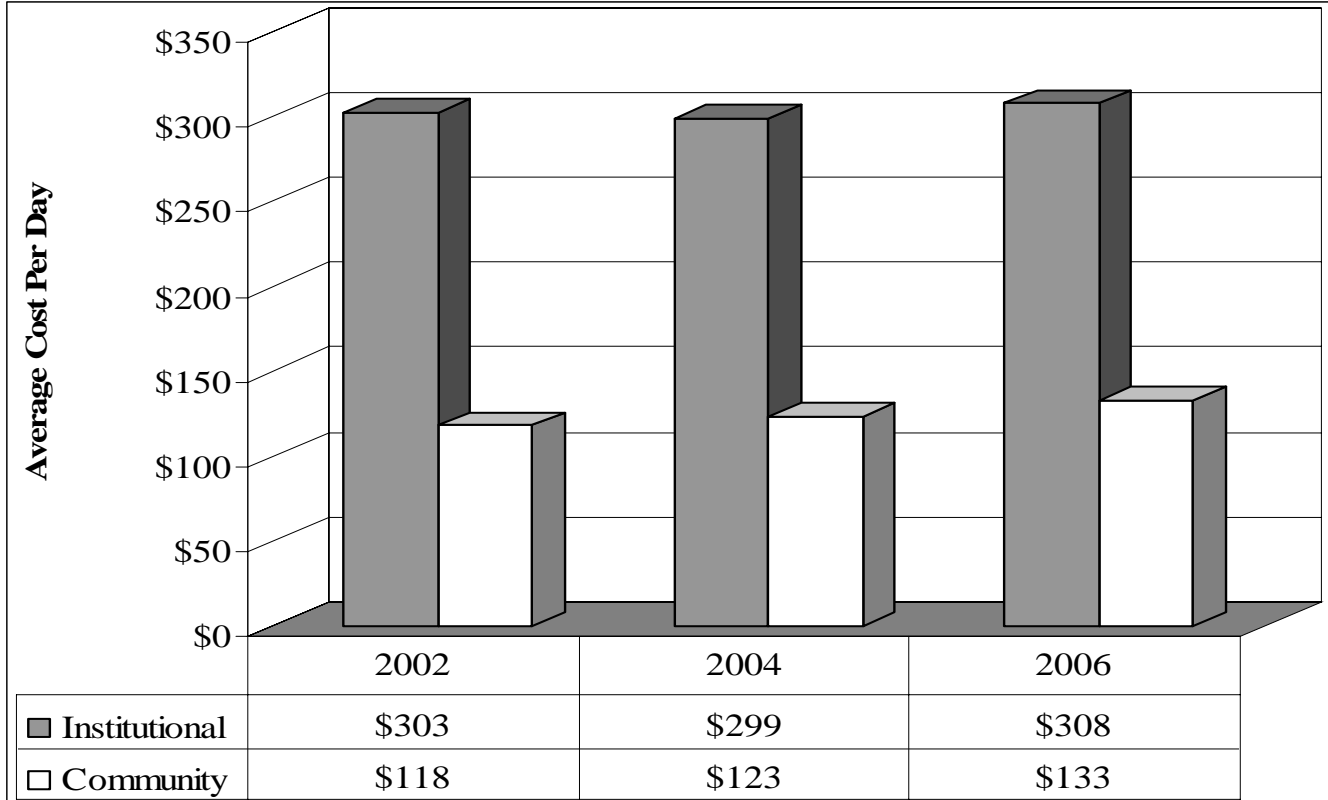
State Line Better  
↓

**Figure 7.3-4**

Section III:  
 Category 1 – Leadership  
 Category 2 - Strategic Planning  
 Category 4 – Measurement, Analysis, & Knowledge Management

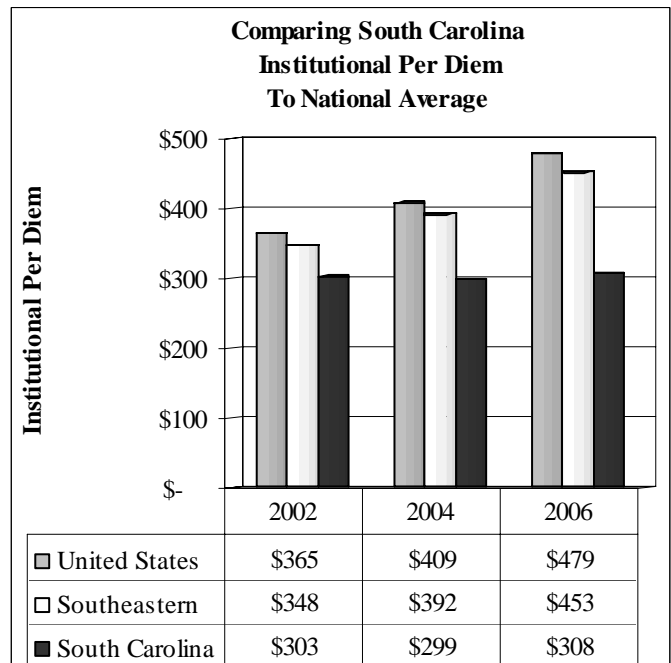
**South Carolina Department of Disabilities and Special Needs  
 Average Cost per Day for Residential Services  
 Institutional versus Community Residential**

Chart A



DDSN provides residential services in a very cost efficient manner as shown in Chart A. DDSN’s community residential services continue to be less than one half of the institutional (regional center) daily cost. South Carolina’s institutional per diem is far less than the United States or even the Southeastern average. DDSN’s residential rate is 36% less than the national rate.

Chart B



**Data Source:**

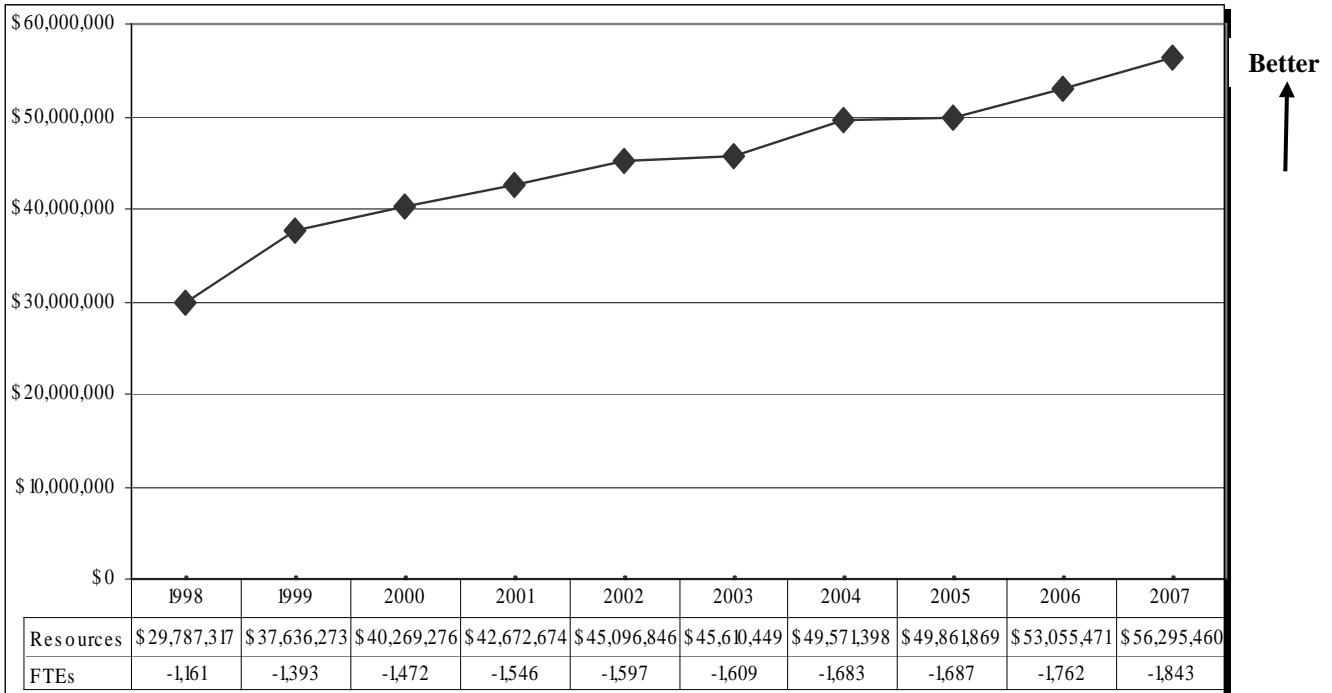
Chart A- Community data provided by DDSN

Chart B - The State of the States in Developmental Disabilities: 2005 and 2006 published by The University of Colorado

**Figure 7.3-5**

Section I:  
Key Strategic Goals  
 Section III:  
 Category 6 - Process Management

**South Carolina Department of Disabilities and Special Needs  
 Agency Resources Redirected to Community Services  
 Cumulative Totals from Fiscal Year 1998 to 2007**



**Cumulative Effect 1994 to 2007**

Resources: \$56,295,460

FTEs: -1,843

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

Since implementing the “money follows the individual” (MFI) formula in fiscal year 1992, more than \$56,000,000 has been redirected to local community services along with the individuals who moved from regional centers. These 998 individuals moved to smaller group home residential settings, usually located closer to the individual’s home community. Another result is the reduction of 1,843 DDSN permanent workforce positions (FTEs).

While South Carolina has a thirteen year history of utilizing the MFI formula, only recently has this become a national effort. Therefore, national data is not comparable at this time. The federal government only recently began giving states grants to help with this effort.

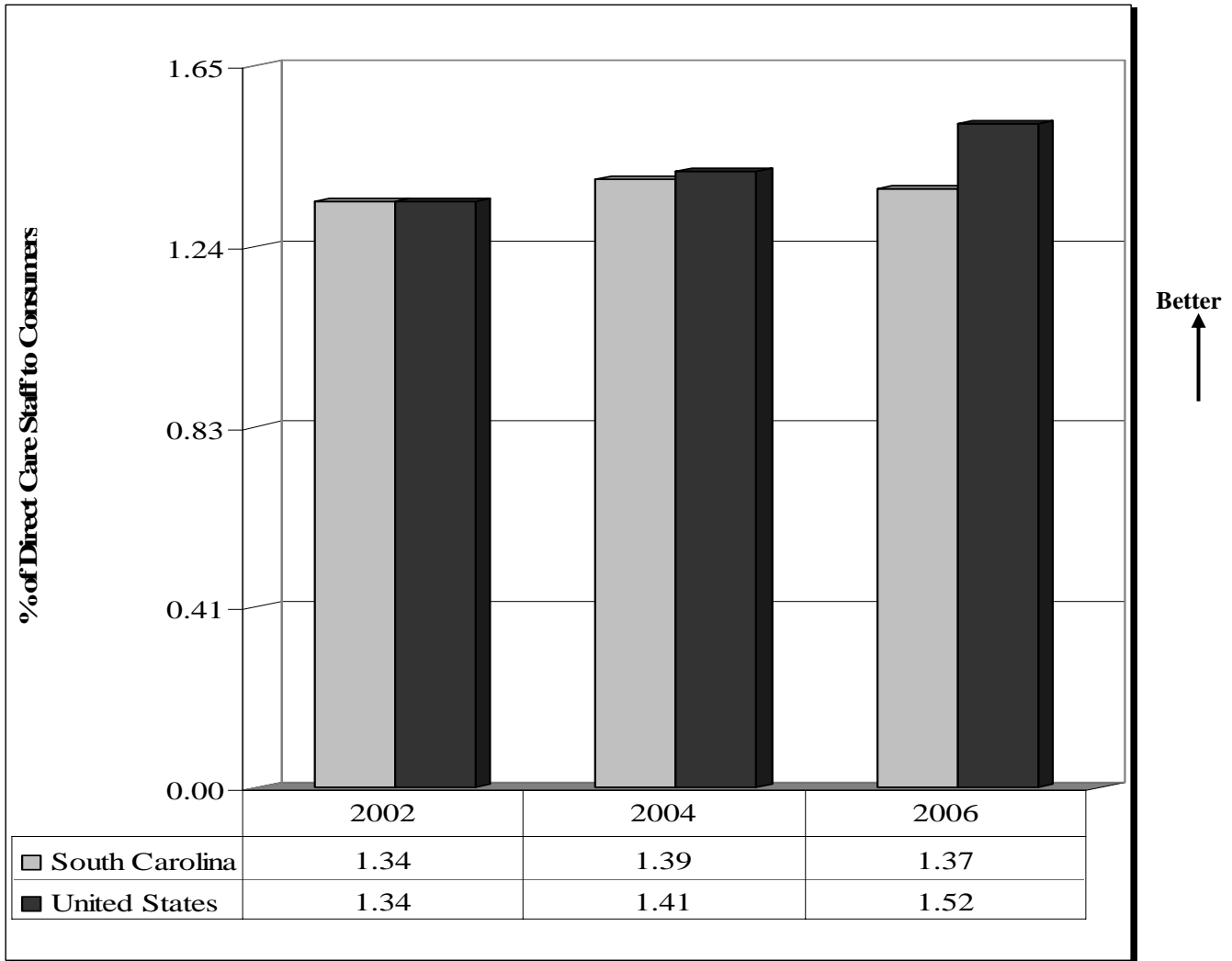
**Data Source:**  
 Agency data provided by DDSN



**Figure 7.4-1**  
**Figure 7.5-5**

Section III:  
 Category 1 - Leadership  
 Category 4 – Measurement, Analysis, &  
 Knowledge Management

**South Carolina Department of Disabilities & Special Needs  
 Direct Care Staff to Consumer Ratios for Public ICF/MR Institutions  
 Comparing South Carolina with United States**

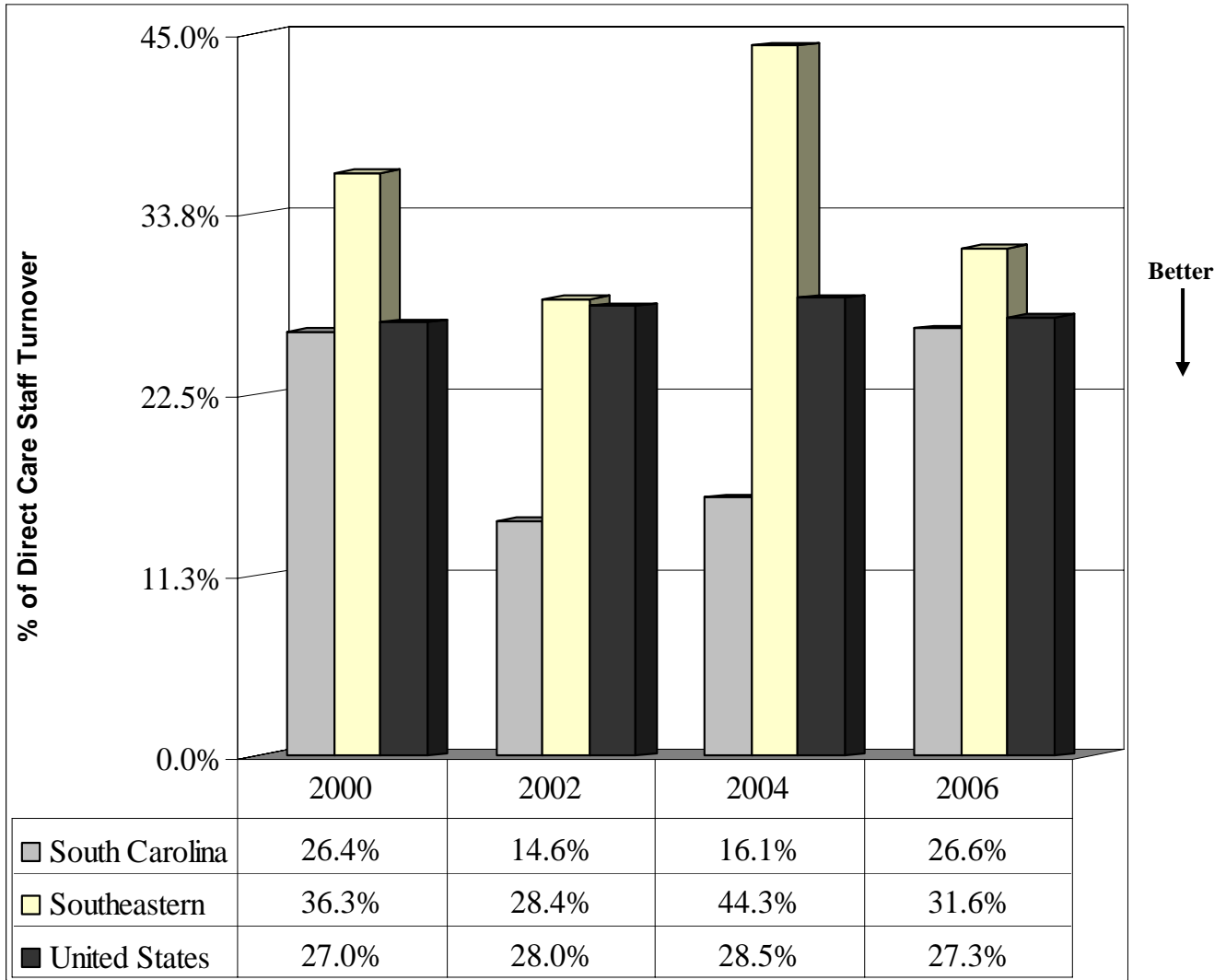


Traditionally an indicator of the quality of service provided to persons residing at regional centers (DDSN’s public institutions) is the ratio of direct care staff to consumers served. The direct care staff not only provide instruction, care and supervision to promote the consumer’s health, safety and independence but also provide for their emotional well-being. In essence, these crucial staff are a surrogate family to the consumers served. DDSN’s public institution direct care staff to consumer ratio remains consistent over time. The operating cost of DDSN’s public institutions is significantly less than the national average while the direct care staff ratio remains closer. The national trend has been influenced by litigation efforts which have been avoided in this state.

**Data Source:**  
Residential Services for Person with Developmental Disabilities: Status and Trends through 2000, 2002, 2004, and 2006 published by The University of Minnesota

Figure 7.4-2

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



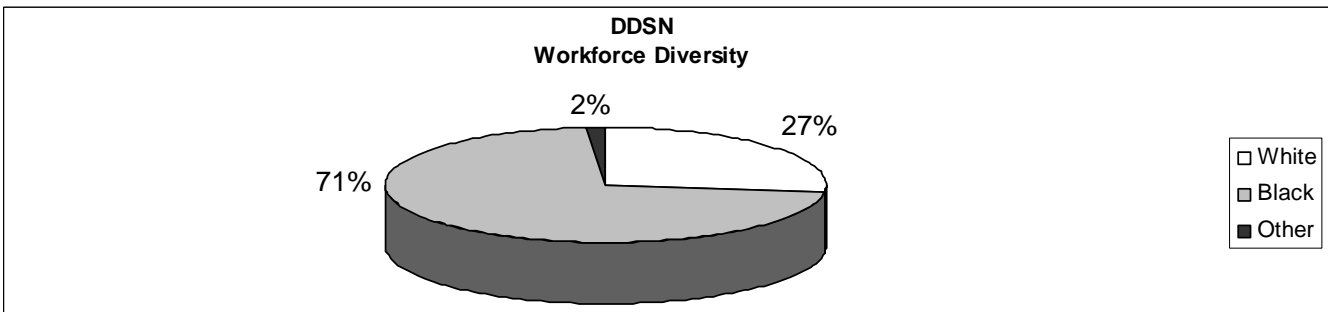
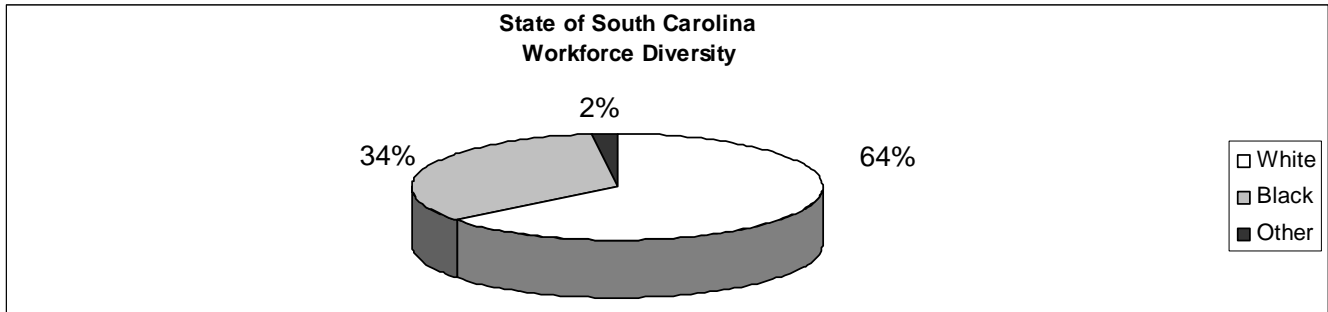
The direct care staff in the regional centers (institutions) are in many ways a surrogate family to the consumers who live there. Important personal bonds are formed between the direct care staff and the consumers served. Staff have a substantial impact on consumers and therefore when the turnover of the direct care staff can be minimized, the consumer’s quality of life is enhanced. The rate of turnover in the direct care workforce in South Carolina’s regional centers is lower than the national rate. While the state’s rate went up significantly, it is thought that this change reflects the economic improvement experienced in South Carolina during this time. When comparing South Carolina staff turnover rate to states in the Southeastern part of the United States, where economic conditions are more analogous, South Carolina compares even more favorably.

**Data Source:**

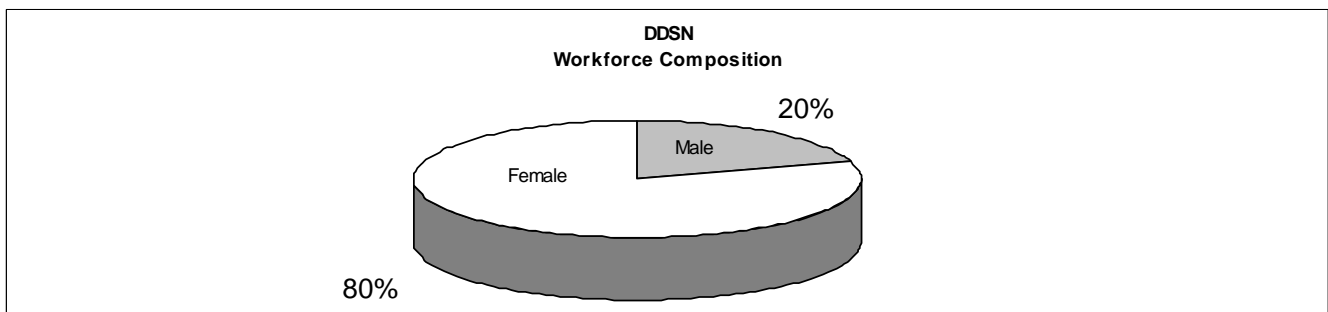
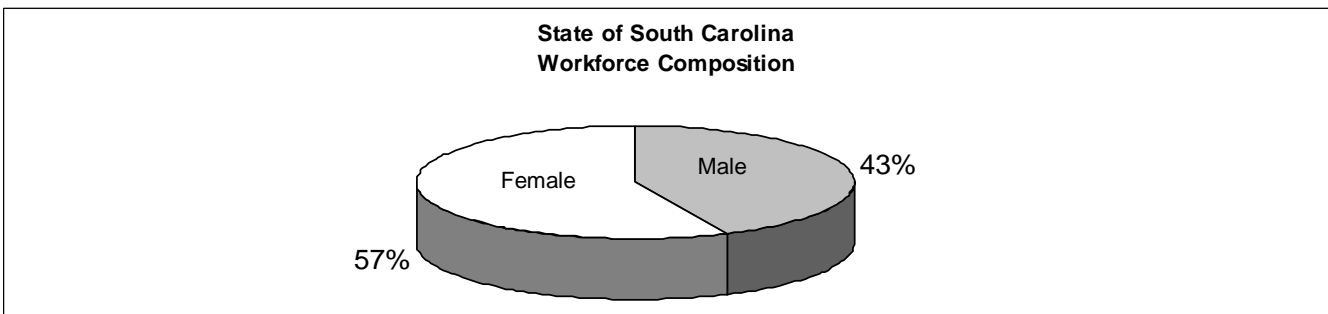
Residential Services for Person with Developmental Disabilities: Status and Trends through 2000, 2002, 2004, and 2006 published by The University of Minnesota

Figure 7.4-3

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



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



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

**Data Source:**

DDSN data provided by DDSN

State of South Carolina data provided by Human Affairs Commission Annual Report 2007