GOVERNMENT OF THE DISTRICT OF COLUMBIA

OFFICE OF THE INSPECTOR GENERAL

DEPARTMENT ON DISABILITY SERVICES
REHABILITATION SERVICES
ADMINISTRATION

REPORT OF INSPECTION

September 2010

CHARLES J. WILLOUGHBY
INSPECTOR GENERAL

OIG No. 10-I-0037JM **September 2010**

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Inspector General

Inspector General

September 16, 2010

Laura L. Nuss
Director
Department on Disability Services
1125 15th Street, N.W., 4th Floor
Washington, D.C. 20005

Dear Ms. Nuss:

Enclosed is our *Report of Inspection of the Department on Disability Services' Rehabilitation Services Administration* (OIG No. 10-I-0037JM). Written comments from DDS on the inspection team's 12 findings and 18 recommendations are included in the report. This report will soon be available publically at http://oig.dc.gov; I encourage you to share it with your employees.

In addition, we have enclosed *Compliance Forms* on which to record and report to this Office any actions you take concerning each recommendation. These forms will assist you in tracking the completion of action(s) taken by your staff, and will assist this Office in its inspection follow-up activities. We track agency responses to all conditions cited and compliance with recommendations made in our reports of inspection. Please ensure that the *Compliance Forms* are returned to the OIG by the response date, and that reports of "Agency Action Taken" reflect actual completion, in whole or in part, of a recommended action rather than "planned" action.

We appreciate the cooperation shown by you and your employees during the inspection and look forward to your continued cooperation during the upcoming follow-up period. If you have questions or comments concerning this report or other matters related to the inspection, please contact me or Alvin Wright Jr., Assistant Inspector General for Inspection and Evaluations, at (202) 727-2540.

Sincerely,

Charles J. Willoughby
Inspector General

CJW/bd

Enclosure

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The Inspections and Evaluations (I&E) Division of the Office of the Inspector General is dedicated to providing District of Columbia (D.C.) government decision makers with objective, thorough, and timely evaluations and recommendations that will assist them in achieving efficiency, effectiveness, and economy in operations and programs. I&E goals are to help ensure compliance with applicable laws, regulations, and policies, to identify accountability, recognize excellence, and promote continuous improvement in the delivery of services to D.C. residents and others who have a vested interest in the success of the city.

TABLE OF CONTENTS

EXECUTIVE SUMMARY **1**

INTRODUCTION **7**

Background and Perspective 8
Vocational Rehabilitation Process Overview 9

EMPLOYEE SURVEY **11**

CLIENTS' CASE RECORD REVIEW **15**

SUMMARIES OF MANAGEMENT ALERT REPORTS **21**

Mayor Had Not Appointed All Members of the State Rehabilitation Council 22
Medical Evaluation Unit Neither Licensed Nor Inspected 22

KEY FINDINGS **25**

Case Management Timeliness Requirements Often Not Met 26
Delayed Eligibility Determinations 26
Overdue Individualized Plans for Employment 27
Decrease in the Number of Clients Obtaining and Maintaining Employment 30
RSA Has No Caseload Standard for Counselors 34
RSA's Management Information System Cannot Track all RSA Programs or Produce Key Management Performance Reports 37

ADDITIONAL FINDINGS **41**

Referrals Have Declined; MOUs with Key Referral Agencies Not Done 42
RSA Counselors Do Not Maintain Sufficient Contact with Clients 46
Contradictory Information Reported About Sufficiency of Bilingual Services for Spanish-Speaking Clients 48
RSA Lacks Finalized Policies and Procedures Manual 51
RSA Does Not Have Required Formal Interagency Agreement with Education Agency for Transition of Students with Disabilities 53

APPENDICES **59**

Appendix 1: List of Findings and Recommendations 61

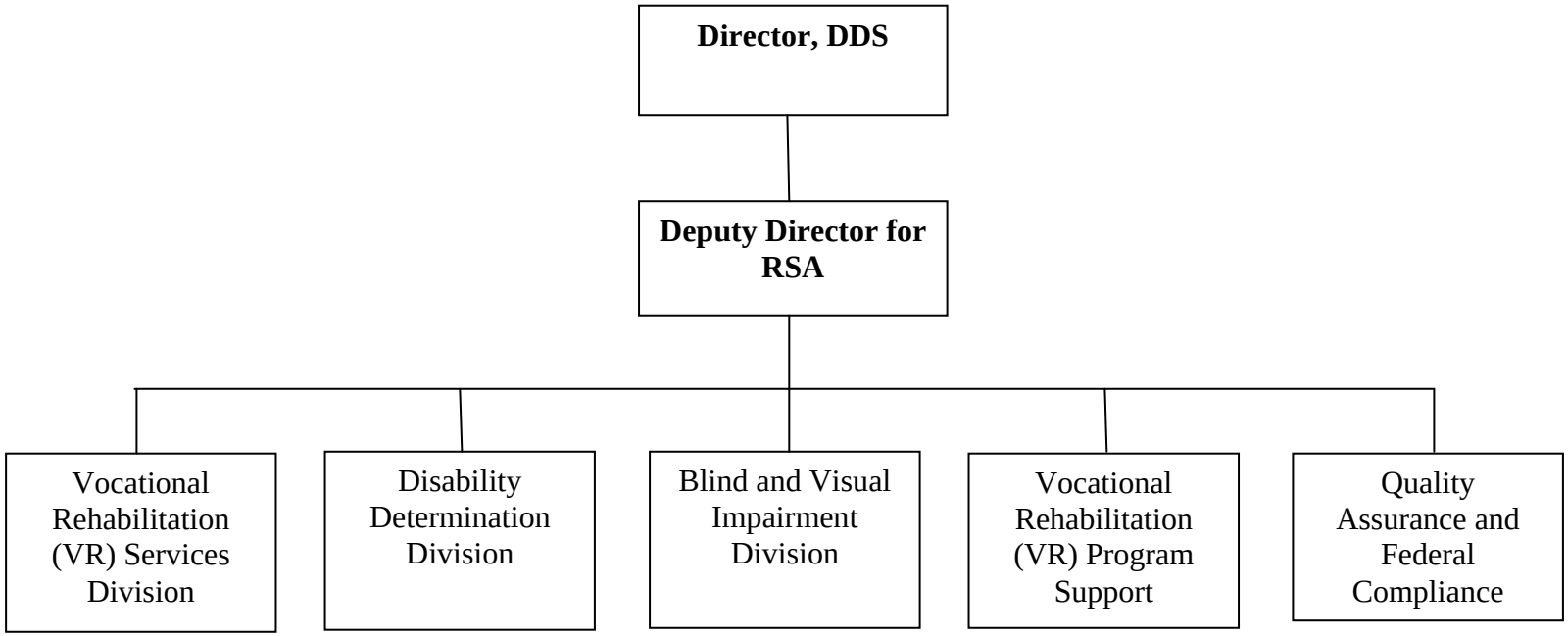
TABLE OF CONTENTS

ACRONYMS

CFR	Code of Federal Regulations
CRC	Certified Rehabilitation Counselor
CRIS	Client Rehabilitation Information System
CSOSA	Court Services and Offender Supervision Agency
DCMR	District of Columbia Municipal Regulations
DCPS	District of Columbia Public Schools
DCRA	Department of Consumer and Regulatory Affairs
DDS	Department on Disability Services
DHS	Department of Human Services
DMH	Department of Mental Health
DOES	Department of Employment Services
DOH	Department of Health
DRES	Department of Real Estate Services
ED	U.S. Department of Education
EOM	Executive Office of the Mayor
FTE	Full-time Equivalent
FY	Fiscal Year
GAO	U.S. Government Accountability Office (previously known as the General Accounting Office)
HIPAA	Health Insurance Portability and Accountability Act
I&E	Inspections and Evaluations
IEP	Individualized Education Plan
IMA	Income Maintenance Administration

IPE	Individualized Plan for Employment
MAR	Management Alert Report
MIS	Management Information System
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRDDA	Mental Retardation and Developmental Disability Administration
OAG	Office of the Attorney General
OBC	Office of Boards and Commissions
OIG	Office of the Inspector General
ORM	Office of Risk Management
OSHA	Occupational Safety and Health Administration
OSSE	Office of the State Superintendent of Education
PIP	Performance Improvement Plan
POWER	Program on Work, Employment, and Responsibility
ROI	Report of Inspection
RSA	Rehabilitation Services Administration
SOP	Standard Operating Procedure
SRC	State Rehabilitation Council
VR	Vocational Rehabilitation

ORGANIZATION CHART



Current at time of inspection fieldwork.
Based on information received from DDS
as of May 3, 2010.

EXECUTIVE SUMMARY

OVERVIEW

The Inspections and Evaluations (I&E) Division of the Office of the Inspector General (OIG) conducted an inspection of the Department on Disability Services (DDS), Rehabilitation Services Administration (RSA) from January 2009 through September 2009. DDS' mission is to "provide innovative, high quality services that enable people with disabilities to lead meaningful and productive lives as vital members of their families, schools, workplaces and communities in every neighborhood in the District of Columbia."[1] DDS was established as a cabinet-level agency in 2007 with the goal of leading and sustaining reform of the District's system of care and habilitation services for citizens with mental retardation and other developmental disabilities. The agency is comprised of two administrations: the Developmental Disabilities Administration (DDA) and RSA. RSA's mission is to "provide comprehensive vocational rehabilitation and independent living services to persons with disabilities, which will maximize their quality of life and promote their employability and economic self-sufficiency. . . ."[2]

SCOPE AND METHODOLOGY

The inspection objectives were to evaluate the sufficiency, quality, and efficiency of rehabilitative services provided by RSA to individuals with disabilities, as well as RSA's compliance with District and federal regulations when providing these services. The team primarily focused on RSA's Vocational Rehabilitation (VR) Services Division. This Division provides assistance and support to persons with disabilities "to prepare for, enter or maintain employment, or to become more independent in the home or community."[3]

OIG inspections comply with standards established by the Council of Inspectors General on Integrity and Efficiency, and pay particular attention to the quality of internal control.[4] The team conducted 54 interviews with 43 DDS/RSA personnel, 4 representatives from other District agencies, and 7 representatives from private sector companies and other entities. The team conducted a review of 40 randomly selected case records, issued an anonymous and confidential survey to RSA employees, and observed key work processes.[5]

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[1] Http://dds.dc.gov/dds/cwp/view,A,3,Q,496282,ddsNav_GID,1488,ddsNav,%7C31456%7C,.asp (last visited September 4, 2009).
[2] Http://dds.dc.gov/dds/cwp/view,a,3,q,496758.asp (last visited October 5, 2009).
[3] Http://dds.dc.gov/dds/cwp/view,a,3,q,496884,ddsNav,%7C31535%7C.asp (last visited August 11, 2009).
[4] "Internal control" is synonymous with "management control" and is defined by the Government Accountability Office as comprising "the plans, methods, and procedures used to meet missions, goals, and objectives and, in doing so, supports performance-based management. Internal control also serves as the first line of defense in safeguarding assets and preventing and detecting errors and fraud." STANDARDS FOR INTERNAL CONTROL IN THE FEDERAL GOVERNMENT, Introduction at 4 (November 1999).
[5] The team considered contacting RSA clients to obtain their perspectives on the services they received. However, the Office of the Attorney General (OAG) advised that while the D.C. Code grants the OIG full access to agency books, accounts, records, and other documents, it does not authorize the OIG to directly contact agency service recipients to conduct interviews related to a program audit. The OAG added that such access to clients would violate their personal privacy rights and clients may perceive interviews as intimidating. Therefore, the OIG did not initiate contact with RSA clients.

A list of the report's 12 findings and 18 recommendations is included at Appendix 1. The team issued a Management Alert Report (MAR 09-I-005) regarding the Mayor's failure to appoint the required number of members of the State Rehabilitation Council. A second MAR (09-I-0008) was issued regarding RSA's medical evaluation unit not being licensed or inspected by the Department of Health (DOH).

Management Alert Reports

Mayor had not appointed all members of the State Rehabilitation Council in line with federal regulations (Page 22). The Rehabilitation Act of 1973 (Act) requires that each state establish a State Rehabilitation Council (SRC) in order to be eligible for financial assistance from the U.S. Department of Education (ED). The SRC advises RSA regarding the performance of its duties and assists with developing state plans and agency goals. The team learned that as of February 3, 2009, only 8 of the 15 required members had been appointed by the Mayor. By October 2009, however, all required 15 members had been appointed. Failure to appoint all members of the SRC had placed RSA in jeopardy of losing federal funding.

DDS' Medical Evaluation Unit was not licensed or inspected (Page 22). RSA operated a Medical Evaluation Unit (Medical Unit) to assist RSA counselors in determining client eligibility by reviewing existing medical information as well as obtaining and conducting assessments to document the existence of a mental or physical disability. The D.C. Code grants the Department of Health (DOH) exclusive authority to regulate healthcare facilities in the District; however, it does not require that DOH license or inspect RSA's Medical Unit or similar "free-standing" health clinics. Consequently, there was no oversight entity to ensure that the RSA facility was adhering to basic healthcare regulations and best practices similar to those that are applicable to other District medical facilities (e.g., hospitals, and clinics that are affiliated with a hospital).

Key Findings

Case management timeliness requirements are often not met (Page 26). Federal regulations require that eligibility determinations be completed no more than 60 days after an individual has submitted an application for services. According to RSA policy, once an individual is deemed eligible, the counselor should "strive" to develop the Individualized Plan for Employment (IPE) within 60 days of the eligibility determination. According to its data reports, RSA did not make timely eligibility determinations for 77% (750) of its cases from October 1, 2008, through April 14, 2009. Furthermore, RSA exceeded the 60-day timeframe for generating an IPE in 54% (441) of its cases during the same time period.

There has been a decrease in the number of clients obtaining and maintaining employment (Page 30). Counselors help clients prepare for, secure, regain or retain a successful employment outcome. Once employed, a client must remain employed for a minimum of 90 days before the counselor can close the individual's case as achieving an employment outcome. According to RSA, from October 1, 2008, through April 22, 2009, 66% (460) of its clients were

in a "ready for employment" status for more than 120 days. From FY 2005 to 2007, the number of individuals exiting RSA with secured employment[6] decreased from 736 to 575.

RSA has no caseload standards for counselors (Page 34). RSA does not have an official policy to address the number of cases assigned to a counselor. An RSA senior official stated that while there is no law or official standard specifying the maximum caseload for a counselor, based on his/her experience in another state and best practices, the ideal caseload is about 125 cases per counselor. According to data provided by RSA, in April 2009, 30% (10) of its 33 counselors had caseloads in excess of 125 cases. The highest caseload was 226. Carrying an excessively high caseload could result in delays in providing services to clients and limit a counselor's ability to conduct community outreach.

RSA's management information system (MIS) cannot track all RSA programs and was not able produce key performance data reports (Page 37). ED found in its September 2008 Monitoring Report of RSA that RSA's case management system, the Client Rehabilitation Information System (CRIS), was approximately 10 years old, did not meet the agency's needs, was no longer supported by the vendor, and cannot be upgraded. During the inspection, the team found that the system cannot automatically produce aggregate reports on key performance outcomes for supervisors to routinely review, monitor, and compare performance of other units. Rather, a computer programmer must write specific programs to generate such reports. The system does not have the capability to track information about all RSA programs.

Additional Findings

The team found that:

- referrals from other District agencies have declined and MOUs either are not up to date or not in place with some key agencies;
- RSA counselors do not maintain sufficient contact with clients;
- contradictory information was reported regarding sufficiency of bilingual services for Spanish-speaking clients;
- RSA does not have a finalized policies and procedures manual; and
- RSA is noncompliant with the 29 DCMR § 127.4, which requires a formal interagency agreement with the District's education agency, the Office of the State Superintendent of Education (OSSE), to provide transition services. In addition, RSA needs improved coordination for transition services.

An area of concern reported to the team, but not a finding in this report, was that RSA suspended services to new clients for approximately 1.5 months from May through early July 2008, but continued to provide services to clients with an existing IPE. This suspension of services occurred because RSA could not determine its outstanding financial obligations to vendors who provided services to RSA clients. During this period of suspended services, RSA developed and implemented a new financial management system to better track expenditures.

[6] According to an RSA senior official, this figure represents clients who were employed for at least 90 days.

In its 2008 Monitoring Report, ED wrote that RSA experienced "dramatic personnel changes in the past year. This is due in part to retirements, early-outs offered by the DC government, [agency] reorganization[ ] . . ., and the elimination of management positions."[7] At the start of fieldwork in March 2009, the team learned that 9 of 42 RSA counselor positions were vacant. During interviews, one manager described difficulty in attracting quality individuals because of the comparatively low District-government salaries, and speculated that fewer students are graduating with a Masters degree in vocational rehabilitation. Another manager stated that during exit interviews with counselors who decide to resign, common reasons cited included job burnout, a counselor not wanting to be held to numerical performance goals, and a desire to explore other career opportunities. When asked why it is challenging to retain counselors once hired, two counselors and a supervisor stated that RSA does not provide sufficient training and counselors subsequently become overwhelmed with their responsibilities. By minimizing vacancies, RSA would be able to assign fewer cases to each counselor, which would allow counselors to conduct more outreach, provide more services, and take more innovative actions, such as attending career days in District school to explain RSA services. Employee retention is an organizational issue that all District managers should track and address. Therefore, though not a finding, the team is presenting this information for further review by DDS management. While writing this report, the team learned that the number of counselor vacancies had decreased since the start of fieldwork. RSA had one vacancy in April 2010 with another resignation planned for May 2010.

Lastly, inconsistent information was gathered during fieldwork regarding the adequacy of employee training. The OIG issued an employee survey to obtain opinions about various issues, including training. Sixty-seven percent (32) of respondents indicated that RSA did not ensure that employees are adequately trained to perform their duties and responsibilities. During interviews, three employees voiced concerns regarding the adequacy of employee training. However, they were unable to provide specific information as to what additional training was needed, except one counselor who suggested that there be training on the regulations for vocational rehabilitation counseling, and another who suggested that standardized training was needed. An RSA senior official stated that before his hiring, training was an issue at RSA. However, since he has been in his position, RSA has undertaken a "massive effort" to train its employees. While the training issue was not reported as a finding, the team believes that the information presented above warrants a review by management to determine the extent of training concerns within RSA.

Recommendations

The OIG made 18 recommendations to DDS/RSA to improve the deficiencies noted and increase operational efficiency. These recommendations focus on improving the timeliness of services provided to clients, instituting policies and procedures so that accurate data are captured and maintained, and enhancing community outreach efforts and communication with clients.

[7] U.S. DEPARTMENT OF EDUCATION, FISCAL YEAR 2008 MONITORING REPORT ON THE VOCATIONAL REHABILITATION AND INDEPENDENT LIVING PROGRAMS IN THE DISTRICT OF COLUMBIA, 12, (September 2008).

During the inspection, RSA management and employees were cooperative and responsive.

DDS reviewed the draft of this report prior to publication, and its comments in their entirety follow each OIG recommendation.

Note: The OIG does not correct an agency's grammatical or spelling errors, but does format an agency's responses in order to maintain readability of OIG reports. Such formatting is limited to font size, type, and color, with the following exception: if an agency bolds or underlines text within its response, the OIG preserves these elements of format.

Compliance and Follow-Up

The OIG inspection process includes follow-up with RSA on findings and recommendations. Compliance forms will be sent to RSA along with this report of inspection (ROI). The I&E Division will coordinate with RSA on verifying compliance with recommendations agreed to in this report over an established period. In some instances, follow-up activities and additional reports may be required.

INTRODUCTION

INTRODUCTION

Background and Perspective

The Department on Disability Services (DDS) was established in 2007 as a cabinet-level agency, subordinate to the Mayor within the executive branch, to lead the reform of the District's system of care and habilitation[8] services for citizens with mental retardation and other developmental disabilities.[9] DDS replaced the Mental Retardation and Developmental Disabilities Administration, which was located within the Department of Human Services (DHS). The Rehabilitation Services Administration (RSA), which was also located within DHS, was incorporated into DDS.

RSA's stated mission is to "provide comprehensive vocational rehabilitation and independent living services to persons with disabilities, which will maximize their quality of life and promote their employability and economic self-sufficiency. . . ."[10] According to 29 U.S. Code § 705(9)(A), a disability is defined as a "physical or mental impairment that constitutes or results in a substantial impediment to employment. . . . " Title 29 U.S. Code § 705(38) defines vocational rehabilitation services as "services identified in section 103 [29 USCS § 723] which are provided to individuals with disabilities. . . ." Services covered in section 723 include counseling and guidance; job search, placement, and retention services; vocational and other training services; interpreter services; technical assistance to eligible individuals pursuing self-employment, telecommuting, or establishing a small business; and rehabilitation technology including technological aids and devices.

RSA provides vocational preparation services for entry into the labor market, including counseling and guidance, vocational training, and job search and placements. RSA's approved fiscal year (FY) 2009 budget was approximately $26 million with 178 full-time equivalents (FTEs). According to an RSA senior official, RSA provided services to 4,784 persons with disabilities in FY 2009. This was a decrease from a reported 5,181 persons served in FY 2008.

RSA consists of two offices and three divisions: the Office of Vocational Rehabilitation Program Support, the Office of Quality Assurance and Federal Compliance (QA Office), the Blind and Visual Impairment Division, the Disability Determination Division, and the Vocational Rehabilitation Services Division. The Office of Vocational Rehabilitation Program Support is responsible for drafting the State plan as well as policies and procedures. The QA Office conducts monitoring and compliance reviews to ensure RSA clients receive quality services. The Blind and Visual Impairment Division provides vocational rehabilitation and independent living services to blind and visually impaired District residents. The Disability Determination Division receives and evaluates claims from federal Social Security Administration Field Offices in the District to determine the disability status of persons who apply for Social Security Administration benefits. The Vocational Rehabilitation (VR) Services

[8] D.C. Code § 7-761.02 defines habilitation, in part, as "the process by which a person is assisted to acquire and maintain those life skills which enable him or her to cope more effectively with the demands of his or her own person and of his or her own environment. . . . "

[9] According to an RSA manager, RSA serves clients with a variety of disabilities including mental illness, mobility impairments, and autism. See page 9 for more information.

[10] Http://dds.dc.gov/dds/cwp/view,a,3,q,496758.asp (last visited May 13, 2009).

Division is responsible for delivering vocational rehabilitation services to help persons with disabilities prepare to enter or maintain employment and become more independent in the home or community.

As the inspection objectives were to evaluate the sufficiency, quality, and efficiency of rehabilitative services provided by RSA, the team focused its inspection on the VR Services Division. An RSA manager stated that as of March 9, 2010, the VR Services Division had 7 units with 37 counselors, and each unit was managed by a supervisor. Another unit within this Division is the Transition Unit, which is responsible for providing services to students with disabilities to help them transition from high school to postsecondary education, vocational training or employment.

Overview of RSA's Vocational Rehabilitation Process

Federal regulations specify that a designated state unit, such as RSA, is responsible for administering vocational rehabilitation programs[11] and for conducting assessments to determine if individuals are eligible for services.[12] Counselors[13] are responsible for providing rehabilitative services to help clients[14] prepare for, secure, retain, and/or regain employment. One of their primary functions is to find suitable training and placement services for a client. A counselor will supervise a client while the client is in training and is adjusting to employment.[15]

According to an RSA manager, RSA serves clients with a variety of disabilities. The most common client disability is mental illness. She estimated that 30 – 40% of RSA clients have a mental illness. Other disabilities may include mobility impairments, muscular dystrophy, cerebral palsy, autism, being deaf and blind, and/or having a learning disability. While RSA provides counseling to the clients, RSA can pay one of its providers to provide psychiatric services, college tuition, occupational licenses, vehicle modifications, and/or home repairs. RSA's clients work in various professions, including administrative and information technology positions throughout the District, federal government, and private sector.

According to federal regulations, the "designated State unit must conduct an assessment for determining eligibility and priority for services."[16] A basic eligibility requirement includes determinations by qualified personnel that (1) an applicant has a physical or mental impairment and (2) the applicant's impairment constitutes or results in a substantial impediment to employment.[17] An individual who applies for RSA services is assigned a counselor and scheduled for an intake interview with the counselor. During this interview, the counselor briefs the client about RSA services and solicits information and documentation on the client's

[11] 34 C.F.R. § 361.5(b)(14).
[12] 34 C.F.R. § 361.42.
[13] RSA refers to these employees as counselors or vocational rehabilitation specialists.
[14] D.C. Code § 7-761.02 uses the word consumer to refer to D.C. residents who receive DDS services, but RSA also uses the term client.
[15] U.S. OFFICE OF PERSONNEL MANAGEMENT, POSITION CLASSIFICATION STANDARD FOR VOCATIONAL REHABILITATION SERIES, GS-1715, 4 (February 1970).
[16] C.F.R § 361.42.
[17] *Id.*§ (a)(i-ii).

medical, psychological, employment, and educational status. After reviewing all information gathered, the counselor makes an initial determination of client eligibility for RSA services, and the counselor's supervisor verifies the determination.

If a counselor determines an individual is eligible for RSA services, the counselor meets with the client to discuss career goals and options and to develop an Individualized Plan for Employment (IPE). The IPE specifies an employment outcome that a client has chosen and is consistent with such attributes as his/her unique strengths, abilities, and career interests. The IPE should describe specific vocational rehabilitation services, such as training, needed to achieve the employment outcome. The client and counselor are to jointly draft and sign the IPE, which is to be approved by the counselor's supervisor.[18] The IPE is amended anytime there is a change to the employment outcome or services provided, and counselors as well as clients are to review IPEs at least annually.

Once an IPE is approved, the services outlined in the IPE are to be implemented. After completing the services in the IPE, the client is considered ready for employment and the counselor assists the client with securing employment. Once a client secures employment, his/her case may be closed by the counselor with supervisory approval only if the client maintains the employment outcome for at least 90 days.[19] A client may receive post-employment services to assist the individual in maintaining or advancing in employment.[20] An RSA manager estimated that on average, an individual remains a client at RSA for approximately 24 months.

Counselors are to maintain client documents in case records. Title 34 C.F.R. § 361.47 requires an agency to maintain for each applicant and eligible individual, a record of services, which includes documentation supporting eligibility determinations, IPEs, and amendments to IPEs.

[18] An RSA manager explained that supervisors approve IPEs only for new counselors as well as counselors on performance improvement plans. He/she estimated that the supervisors approve about 50% of IPEs.
[19] Title 34 CFR § 361.56 states that the record of services may be closed if specific requirements are met including that the individual has maintained an employment outcome for not less than 90 days.
[20] 34 CFR § 361.5(b)(42).

EMPLOYEE SURVEY

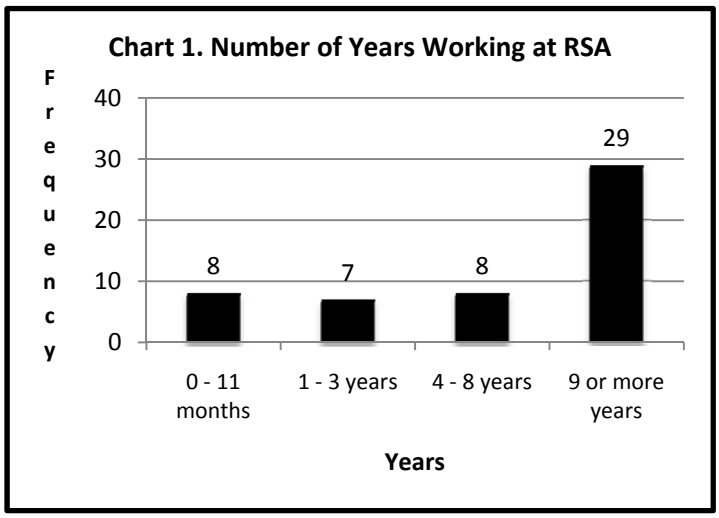
Survey Methodology

In April 2009, the team distributed 108 confidential online surveys,[21] and analyzed 52 responses received by May 4, 2009, which represent a response rate of 48%.[22]

In addition to gathering demographic information from respondents, the survey consisted of two types of questions. First, employees responded to closed-ended statements by selecting from a Likert[23] scale of Strongly Agree, Agree, Disagree, Strongly Disagree, and Not Applicable. In the table of survey results on page 13, the Agree column represents the combined responses for the Agree and Strongly Agree answers, while the Disagree column represents the combined responses for the Disagree and Strongly Disagree answers. The table also lists the percentage and frequency of Agree and Disagree responses as well as the frequency of Not Applicable/Missing responses. The percentage of Agree and Disagree responses is based on the total number of Agree and Disagree responses, excluding Not Applicable/Missing responses. The second type of questions were open-ended questions to solicit employees' narrative feedback.

Information on Survey Respondents and Findings

Fifteen percent (8) of the survey's respondents indicated that they were a supervisor or manager at RSA. As reflected in Chart 1 below, a majority of the respondents had been working at RSA for 9 or more years.



[21] The survey was not administered to the Deputy Director for RSA, the manager for RSA's VR Services Division, or DDS senior management.
[22] While the team received 53 responses, one survey was excluded because only the two initial background questions were answered.
[23] A Likert scale is bipolar scaling, measuring either positive or negative response to a statement. The format of a Likert scale is typically a five-level item such as 1) Strongly Disagree, 2) Disagree, 3) Neither Agree nor Disagree, 4) Agree, 5) Strongly Agree.

Table 1: Results from Closed-Ended Survey Questions

Survey results indicate that RSA staff thought they were respected by management and that their caseload was manageable. However, there were a number of other areas where they expressed concerns, such as adequacy of training and policies as well as morale.

Employee Survey—Responses to Closed-Ended Questions			
Item	Percent and Frequency		Frequency
	Agree	Disagree	Not Applicable/ Missing
1. I am treated respectfully by senior DDS management.	76.5% 39	23.5% 12	(1)
2. I can disagree with my superiors/management without fear of retribution.	59.6% 28	40.4% 19	(5)
3. My direct supervisor provides me with useful and constructive feedback when reviewing my work.	89.8% 44	10.2% 5	(3)
4. Morale is positive at RSA.	31.2% 15	68.8% 33	(4)
5. My division has adequate staff to complete work timely.	51% 25	49% 24	(3)
6. My caseload is manageable.	70% 21	30% 9	(22)
7. I am able to respond to client phone calls, emails, and inquiries within 24 hours.	84.8% 39	15.2% 7	(6)
8. The different divisions in RSA work collaboratively and effectively together.	44.4% 20	55.6% 25	(7)
9. There are written policies and procedures to cover all key aspects of my duties and responsibilities.	44.9% 22	55.1% 27	(3)
10. My job description adequately reflects what I do on a daily basis.	50% 25	50% 25	(2)
11. I have sufficient resources (i.e., equipment, supplies, etc.) to perform my duties and responsibilities.	46.2% 24	53.8% 28	(0)
12. RSA ensures that employees are adequately trained to perform their duties and responsibilities.	33.3% 16	66.7% 32	(4)
13. The training I received was effective.	63.4% 26	36.6% 15	(11)
14. RSA adequately educates the public about RSA's mission and purpose.	57.1% 28	42.9% 21	(3)
15. RSA has established an adequate number of partnerships with employers for potential employment opportunities for RSA clients.	45.7% 16	54.3% 19	(17)

Open-Ended Questions

In response to the question of what is done well at RSA, the most frequent responses pertained to customer service, training opportunities, teamwork, and leadership under RSA's new Deputy Director. One respondent wrote, "My supervisor understands the challenges in my caseload and is always providing positive feedback." Another wrote, "Communication has become more effective since Mr. [X] was hired and staff have been more [i]nvolved in dessions [sic] being made."

In response to the question of what is not done well at RSA, respondents most frequently cited training, opportunities for career advancement, and communication between staff and management as areas for improvement. In regard to career advancement, one respondent wrote, "There need[s] to be more upward mobility with current employees – promote within." Another respondent stated, "Information is not always properly disseminated from management to the employees and this results in too much speculation." A third respondent stated, "I was basically learning all the procedures and regulations on my own. More adequate training would be very helpful."

When asked to provide any more information that they think is relevant for the evaluation, three respondents discussed concerns with the disruption and/or inaccessibility of services caused by RSA's (2009) move to 1125 15th Street, N.W.

CLIENTS' CASE RECORD REVIEW

Methodology

The team reviewed documents from a sample of case records for clients who were employed and still had open cases with RSA.[24] The purpose of this review was to determine whether required case records contained required forms such as a Certification of Eligibility and IPE, and if so, if the forms had been completed within the timeframes required by federal regulations. The review also analyzed the frequency and type of contacts that counselors had with clients.

In May 2009, a random sample of 40 clients was selected from a list of 271 employed clients and the case record documents were requested from RSA.[25] RSA was unable to provide case information for seven of these clients. Therefore, the results in this section are based on 33 clients.[26]

The team developed an instrument for the case record review, piloted the instrument with several cases, and made necessary changes to the instrument. Health Insurance Portability and Accountability Act (HIPAA) requirements restricted the team from reviewing documents containing clients' medical information. In order to ensure that the OIG did not access clients' medical information, the team requested that RSA provide copies of the following five documents, with medical information redacted, for each of the sampled clients:

1. Client Application form.
2. Certification of Eligibility form and any corresponding extension waivers.
3. IPE.
4. Documentation of any training completed by the client.
5. Case diary notes or other documents that reflect contacts between the RSA counselor and client.

(Throughout this report, documents provided by RSA to the team will be referred to as the "case record").

[24] Title 34 C.F.R. § 361.47 requires that each state RSA maintain a record of services for each applicant and eligible individual.

[25] On March 19, 2009, RSA provided the OIG with a printed listing of the names of clients in Status 22 (clients who are employed) sorted by counselor name. The team observed numerous instances where a client's name appeared under two counselors' names. RSA's case management system identified some clients as working with both an RSA counselor and a supervisor who was formerly a counselor. RSA attempted to correct this issue and provided the OIG with an updated client listing on May 15, 2009, that identified 421 employed clients. However, this list still contained duplicate client names. The team sorted this list according to clients' Social Security numbers and removed the duplicates; this resulted in a subset of 271 clients.

[26] A sample of 40 clients is not a statistically representative sample and the results cannot be extrapolated to the entire population of employed clients. However, the results present themes about recent provision of services by RSA counselors for RSA management to consider in improving its provision of services.

Findings of Case Record Review

During the case record review, the team found the following areas where counselors appeared to be performing as required with respect to documenting actions in the case record:

- Every case record contained an IPE that listed the client's employment goal and estimated date for achieving employment.
- Only one case record lacked a Certification of Eligibility.

However, areas of concern or areas that need improvement include:

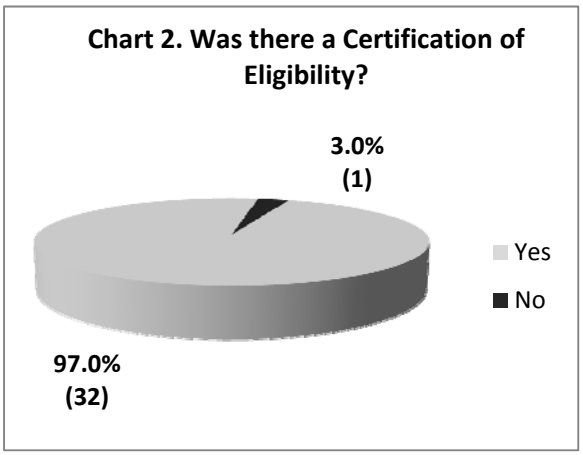
- RSA was not able to provide case records for 7 (18%) of the 40 clients. For the records RSA could not turn over, an RSA manager explained that they were having a "few technical difficulties" with locating the requested information. Reportedly, one case was assigned to a supervisor who was away in training; only one document was on file for a second case; and no information could be located for a third case. RSA stated that they would send the OIG team the information they had found; however, documentation for the seven cases was never submitted despite two written requests from the team in June and July 2009. This raises questions about RSA's ability to organize and readily access client documentation.
- There was no documentation showing that any of the counselors had face-to-face contact with clients at least every 90 days.
- Nearly half of the eligibility determinations were not developed within 60 days, and most of these case records did not have waivers on file allowing an extension in time.

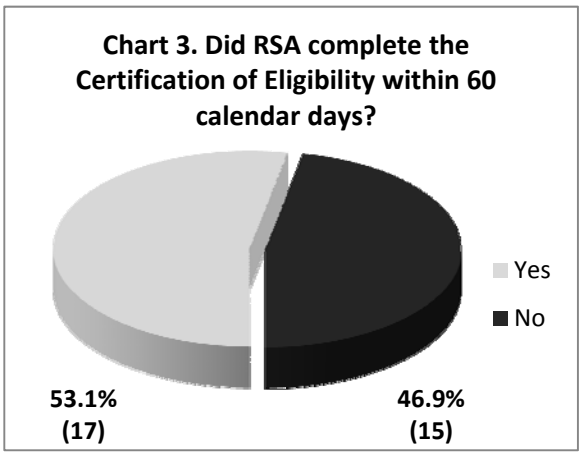
The following provides a more detailed discussion of the observations from the case record review.

Completion of Eligibility Determinations

After an individual applies for vocational rehabilitation services, RSA conducts an assessment to determine whether the individual has a qualifying disability that makes him or her eligible for services. According to 34 C.F.R. § 361.41(b), the eligibility determination must be completed within 60 days of the application for services. RSA must maintain documentation supporting the determination. Of the 33 cases reviewed, 97% (32) of the case records contained a Certification of Eligibility. However, only 53% (17) of these determinations were completed within 60 days from the date of application.[27] (See Charts 2 and 3).

[27] The dates of application in the random sample ranged from May 2000 through March 2009. The date that the counselor approved the Certification of Eligibility was used as the date the form was completed.





When exceptional and unforeseen circumstances preclude RSA from making eligibility determinations within 60 days, the individual and RSA may agree to a specific extension of time.[28] According to an RSA senior official, these extensions are documented in a waiver ("Eligibility 60-Day Waiver"). However, 80% (12) of the 15 case records that exceeded the 60-day timeframe did not contain waivers.

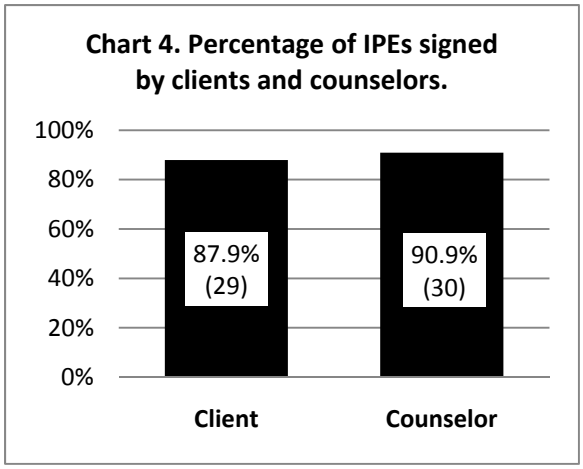
Development of IPEs

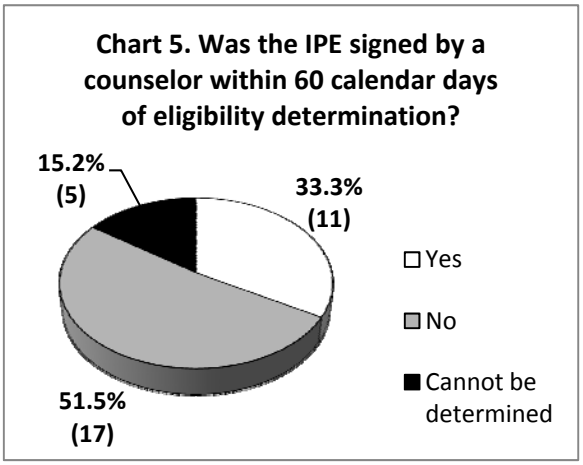
Eligible clients work with an assigned counselor to establish an IPE. RSA policy states that clients should "strive" to develop the IPE within 60 days of the eligibility determination. It should contain:

- an employment goal;
- an estimated date for achieving the employment goal; and
- a list of any services, such as vocational training, needed to obtain the specified goal.

All of the 33 case records reviewed contained an IPE, employment goal, and estimated date for obtaining employment. However, only 24% (8) listed training that was needed to prepare clients for their employment goal.[29] As previously stated, one primary function of a counselor is to find suitable training for clients. For the remaining case records, none of the IPEs contained information regarding specific trainings to assist the clients with achieving their goal and whether their training needs were assessed. Clients must sign the established IPE, which becomes effective once the counselor signs it. IPEs were signed by the client and counselor in most cases (see Chart 4). However, the majority of IPEs were not signed by the counselors within 60 calendar days of the eligibility determination (see Chart 5).[30]

[28] RSA managers stated that delays in completing an eligibility determination may occur when individuals do not submit medical information timely, become ill, or do not have a mode of transportation to attend meetings and appointments.
[29] If the client was in college, the team did not include academic courses as a type of employment training.
[30] The category "Cannot be determined" consists of the number of case records with IPEs that were not signed and/or dated by the counselor.





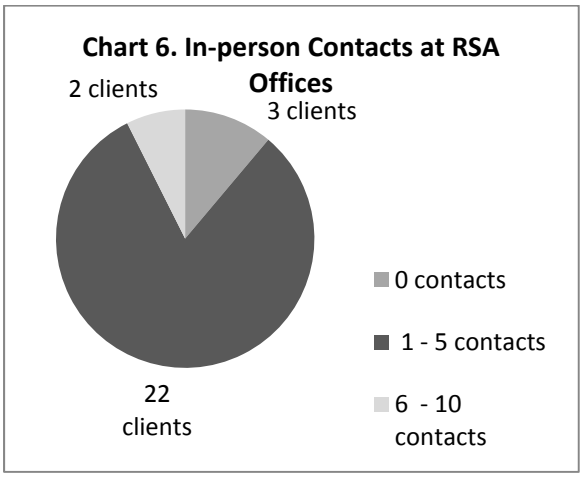
Frequency and Type of Client Contact

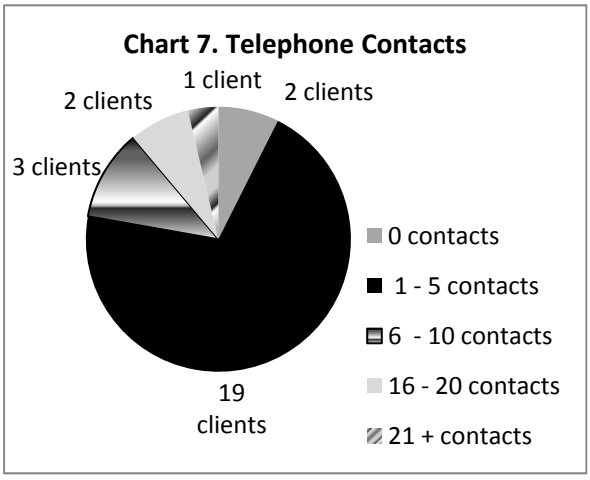
An RSA senior official said that counselors should contact clients every 90 days at a minimum. He/she added that a contact would include a face-to-face meeting, a telephone conversation, or contact via email; whereas, leaving a voicemail message would be considered an attempted contact. A manager stated that the counselors are to document their contacts in a case diary note.[31]

In 82% (27) of the 33 case records we reviewed, there was documented contact between the RSA counselor and client. However, we found that face-to-face contact did not consistently occur every 90 days; every case record contained at least one instance where time between face-to-face contacts was longer than 90 days.[32] Most contacts occurred at RSA offices or via telephone. In addition, none of the 27 case records contained documentation of contacts that occurred outside of RSA's offices, such as a counselor visiting a client's job. Charts 6 and 7 on the following page detail the frequency of face-to-face contacts at RSA offices and telephone contacts between counselors and clients for the 27 case records.

[31] The team defined contact as contact between any RSA employee (e.g., the counselor, supervisor, or marketing and placement unit) and the client and his/her family; either face-to-face, via telephone or email, or attempted telephone contacts by the counselor with a client. Letters, faxes, voice mail messages left by a client were not considered a form of contact.

[32] Each of the 33 cases had been open for at least 90 days from when the client applied for services at the RSA until when RSA provided the data to the OIG. In assessing whether any form of contact occurred every 90 days for these 27 cases, two cases met this standard.





Recommendations:

(1) That the D/DDS ensure that client case records are: maintained for all clients; properly safeguarded; and produced when needed.

Agree _____**X**_____ Disagree _____

(2) That the D/DDS ensure that periodic audits are conducted to ensure information in hard copy case records matches client information in RSA databases.

Agree _____**X**_____ Disagree _____

For recommendations on completing Certifications of Eligibility and IPEs timely, see Finding 1 — **Case management timeliness requirements are often not met**. See Finding 6 — **RSA counselors do not maintain sufficient contact with clients**, for a recommendation regarding the frequency of client contacts.

SUMMARIES OF MANAGEMENT ALERT REPORTS

1. Mayor had not appointed all members of the State Rehabilitation Council in line with federal regulations.

RSA receives federal funding from the U.S. Department of Education (ED) as promulgated by the Rehabilitation Act of 1973 (Act). The Act requires that each state establish a State Rehabilitation Council (SRC) in order to be eligible for financial assistance. The SRC must be composed of at least 15 members appointed by the Governor or the chief officer,[33] and members serve 3-year terms. SRCs advise the agency regarding the performance of its duties and assist with developing state plans and agency goals.

In September 2008, the ED found that the entire membership of the District's SRC had served beyond the term limits allowed by statute and, therefore, was not legally constituted. The ED required the Mayor to appoint a full slate of members to the SRC by September 30, 2008, and extended the deadline for the District's compliance with this requirement to the end of fiscal year (FY) 2009. The team learned that as of February 3, 2009, only 8 of the 15 required members had been appointed to the SRC.

On March 6, 2009, the OIG issued MAR 09-I-005 to the Mayor regarding the Office of Boards and Commissions' (OBC) failure to appoint all members of the SRC timely. On March 24, 2009, the OBC responded to the MAR and provided a brief update stating that it had met with DDS and was working to have the remaining members appointed as soon as possible. In October 2009, the team learned from an RSA senior official that 15 members had been appointed.[34] The complete MAR and its recommendations, as well OBC's response, may be accessed at the OIG's website.[35]

2. DDS Medical Evaluation Unit was neither licensed nor inspected.

Prior to September 25, 2009, RSA operated a Medical Evaluation Unit (Medical Unit) to assist RSA counselors in determining client eligibility by reviewing existing medical information, as well as obtaining and conducting assessments that can document the existence of a mental or physical disability. When clients were referred to the Medical Unit, a medical officer conducted a basic physical examination, which included assessing a client's vital signs; reviewing the medical history forms; assessing ears, throat, and lungs; collecting blood and urine specimens for analysis; and testing for tuberculosis and diabetes.

The D.C. Code grants DOH exclusive authority to regulate healthcare facilities and social service facilities in the District. According to DOH, this authority covers facilities such as hospitals, nursing homes, maternity centers, community residence facilities, group homes, ambulatory surgical treatment facilities, renal dialysis facilities, hospices, and home care agencies. However, even though the RSA Medical Unit conducted basic physical examinations, it was neither licensed nor inspected by the Department of Health (DOH) or the Department of

[33] For the District, the Mayor is responsible for appointing members to the SRC.
[34] According to Mayor's Order 2009-161, the last appointment to the SRC was made on September 24, 2009.
[35] *See* http://oig.dc.gov, click on Inspection and Evaluation reports to find the MAR.

Consumer and Regulatory Affairs (DCRA).[36] According to a DOH senior official, no license was required for RSA's Medical Unit because it was a clinic, and there are no rules or statutes that require licensing of clinics. A DOH manager added that DOH does not inspect "free-standing" health clinics; it only inspects clinics affiliated with a hospital. Without inspecting these clinics, the District cannot ensure that best practices are in place and followed at all healthcare facilities, including "free-standing" clinics, and the lack of health and safety inspections at DDS could increase the District's legal liability. More importantly, without the inspections, the health and safety of District residents may be at risk.

On September 3, 2009, the OIG issued MAR 09-I-0008 to the EOM, DOH, and DDS regarding the DDS medical evaluation unit not being licensed or inspected. On September 24, 2009, DDS responded that it would close its Medical Unit the following day and cease performing assessments and/or medical examinations. On December 4, 2009, DOH responded that licensing standards for free-standing clinics are needed and that draft legislation designating free-standing clinics as a new category of health-care facility would be completed in January 2010. In March 2010, DOH updated the OIG that the process of drafting rules to regulate clinics is currently on-going and that they expect to share a draft with the OIG by the end of March 2010. As of April 2010, the OIG had not received this draft. The complete MAR and its recommendations, as well DDS' and DOH's responses, may be accessed via the OIG's website.[37]

[36] The authority to regulate healthcare and social services facilities in the District was transferred from DCRA to DOH in accordance with the Fiscal Year 2002 Budget Support Act of 2001, but DCRA continues to inspect the scales that dialysis clinics use to weigh patients. An RSA employee stated that DCRA inspected the scales that Medical Unit employees used to weigh their clients. The same official explained that OSHA inspected the Medical Unit's needle collection process after a nurse poked herself with a needle, but that they did not find violations of any standards. The team did not know whether the employee was referring to the U.S. Department of Labor's Occupational Safety and Health Administration, whose role is to assure safe and healthy working conditions, or the District's Office of Risk Management. The RSA employee did not specify the dates of the DCRA and OSHA inspections.

[37] *See* http://oig.dc.gov, click on Inspection and Evaluation reports to find the MAR.

KEY FINDINGS

1. Case management timeliness requirements are often not met.

a. Eligibility determinations are delayed.

Criteria[38]: Title 34 C.F.R. § 361.41(b) specifies that RSA must determine whether an individual is eligible for vocational rehabilitation services no more than 60 days after an individual has submitted an application for services. Eligibility determinations must be made within 60 days unless exceptional and unforeseen circumstances preclude eligibility determinations from being made within 60 days, and the individual and RSA agree to a specific extension of time. *Id.* at § 361.41(b)(i). RSA documents these extensions in a waiver referred to as the "Eligibility 60-Day Waiver."

Condition[39]: Of the 33 case records received, only one did not include an eligibility determination. Of the remaining 32 case records reviewed, 47% (15) of eligibility determinations were not completed within 60 calendar days from the application date. Of the 15 eligibility determinations not completed within 60 calendar days, 80% (12) did not have waivers.[40]

On April 14, 2009, RSA provided the OIG team (team) with data from its management information system (MIS): the Client Rehabilitation Information System (CRIS). According to the report, from October 1, 2008, through April 14, 2009, RSA did not make an eligibility determination within the required 60 days for 77% (750) of 979 cases. With regard to the number of these cases in which waivers were issued, RSA's MIS manager said that CRIS could not generate this data.

Cause[41]: RSA management cited common scenarios that result in delayed eligibility determinations, such as individuals who do not submit medical information[42] to RSA in a timely manner; clients who become ill and miss appointments with counselors; and clients who rely on family members who are unavailable to bring them to appointments. An ED official explained that it usually takes a long time to obtain medical records. Consequently, 60 days is not always enough time to make determinations. An RSA manager explained that counselors may not always request the necessary information up front; RSA has a lot of new staff and some may not be as familiar about their job responsibilities.[43] This manager added that, in other instances, some counselors may not be doing sufficient follow-up with clients to obtain documentation. To address this problem, RSA provides training to counselors about conducting assessments, instructing them on the best ways to determine a client's functional limitations and to contact supervisors when they have doubts.

[38] "Criteria" are the rules that govern the activity being evaluated. Examples of criteria include internal policies and procedures, District and/or federal regulations and laws, and best practices.
[39] The "condition" is the problem, issue, or status of the activity being evaluated.
[40] The cases without a waiver had an application date ranging from March 2006 through October 2008.
[41] The "cause" is the action or inaction that brought about the condition being evaluated.
[42] Examples of medical information include psychiatric, speech and language, and functional capacity evaluations.
[43] According to survey results, only 8 of 52 employees had been working at RSA less than a year. See Chart 1 for additional information regarding tenure of survey respondents.

In order to address timeliness concerns, an RSA manager explained that on a weekly basis, the manager discusses with supervisors the cases that have exceeded the required timeframes. In turn, supervisors are to work with their counselors to develop strategies to improve the counselor's performance. If the performance does not improve, a counselor may be placed on a performance improvement plan (PIP)[44] or receive progressive disciplinary actions.

According to an RSA manager in December 2009, during FY 2009, RSA placed 20 employees (18 counselors and 2 transition specialists) on PIPs because they did not adhere to case compliance requirements such as timeliness, and did not move cases through the process so that clients could meet their IPE outcomes. An RSA senior official stated that currently no counselors are on PIPs because training has been provided since he/she came to RSA in October 2008, and counselors' performances have improved.

Effect[45]: An RSA manager told the team that delays in completing eligibility determinations are significant because they delay the entire rehabilitation process. An ED official also explained that the more delays there are in the process, the more individuals drop out of the system.

Accountability[46]: RSA counselors, supervisors, and managers are responsible for ensuring that disability determinations are made within required timeframes. An RSA manager explained that while clients have responsibilities to provide requested information to RSA, she/he holds the counselors primarily responsible for ensuring that they acquire the necessary information from clients. In addition, one performance standard cited in counselors' performance plans is that they determine eligibility within 60 days of application.

b. Individualized Plans for Employment (IPE) are overdue.

***Criteria*:** If an individual is deemed eligible for services, RSA develops an IPE to determine and document the vocational rehabilitation needs and the services that will be provided to assist the individual in achieving a specific employment outcome. According to 34 C.F.R. § 361.45(a), an IPE must be developed and implemented in a "timely manner." An RSA policy states that counselors should "strive" to develop the IPE within 60 days of the eligibility determination.[47] RSA's performance standards for its counselors are more specific as to when IPEs are to be developed. It states that counselors are to develop, assist, and implement IPEs within 60 days from the eligibility determination.

***Condition*:** RSA provided the team with CRIS data for October 1, 2008, through April 14, 2009, pertaining to counselors' timeliness in developing IPEs from the date of eligibility determination. RSA exceeded the 60-day timeframe in 54% (441) of 821 cases. During its case

[44] According to the District Personnel Regulations, a PIP is "a performance management tool designed to offer the employee an opportunity to demonstrate improvement in his or her performance."
[45] The "effect" is the impact of the condition being evaluated.
[46] "Accountability" is a description of who is responsible for the condition being evaluated.
[47] Program Instruction, RSA (D.C.) P.I. 99-14, May 17, 1999. The policy also states that the IPE can be developed within 60 days after conducting an assessment. According to an RSA senior official, RSA measures this timeframe from the date of the eligibility determination.

record review, the team found that for 52% (17 of 33) of case records, the IPE was not developed within 60 calendar days of the eligibility determination.

Cause: An RSA senior official explained that sometimes counselors do not have all of the information, such as an assessment or evaluation of a client's abilities and career potential, to complete an IPE. He/she added that issues can arise in a client's life, such as becoming ill, that delay the completion of an IPE. An RSA manager added that delays can occur when a counselor waits for such items as a client's vocational or occupational evaluations from external providers or when there is insufficient follow-up by counselors. The manager added that delays can also be attributed to new staff and some not being familiar with their job responsibilities. Lastly, because RSA uses the word "strive" in its policy, the team is concerned that this may allow for too much flexibility and interpretation regarding the length of time to develop IPEs.

Effect: An RSA manager explained that delays in completing IPEs delays the rehabilitation process. The manager added that RSA cannot provide services to clients unless there is an approved IPE. An ED official stated that delays in developing and implementing an IPE results in a delay of services and the ability of an individual to achieve his/her vocational goal. The official added that the longer the delays in IPE implementation, the more clients will drop out of the program, which will lower an agency's overall performance.[48]

***Accountability*:** While clients have a responsibility to bring in necessary information, an RSA manager stated that she/he holds counselors primarily responsible for ensuring that they acquire the necessary information to develop IPEs. In addition, as previously stated, one performance standard for counselors is that they develop, assist, and implement IPEs within 60 days from the eligibility determination.

Recommendations:

(1) That the D/DDS develop and implement strategies to improve the timeliness of eligibility determinations.

Agree **X** Disagree _____

DDS' August 2010 Response, as Received:

The agency is federally mandated to comply with eligibility determinations within 60 days of application. The federal requirement for IPE development is 90 days. DCRSA agrees with this finding, however the 60-day timeline for IPE development reflected in the data analysis is inaccurate. The agency has developed strategies to improve timeliness of services including staff training on case management and caseload management . Case management pertains to the provision of services to individual consumers. Caseload management pertains to the timely and efficient management of all customers on a caseload. The agency is aggressively monitoring

[48] The official explained that a reduction in grant funding is unlikely except in rare circumstances of systemic non-compliance.

case nearing compliance or out of compliance through the agency's case management system implemented in May, 2010.

OIG Response: **The OIG stands by its finding and recommendation as stated. While DDS agreed with this recommendation, DDS stated that there is a federal requirement that IPEs be developed within 90 days. DDS did not cite this specific requirement. (Note: DDS' comment above also includes information relevant to the next recommendation.)**

As cited in the finding, the OIG applied the standards listed in regulations and RSA documents. Specifically, 34 C.F.R. § 361.45(a) states that an IPE must be developed and implemented in a "timely manner." Additionally, an RSA policy states that counselors should "strive" to develop the IPE within 60 days of the eligibility determination and a RSA performance states that counselors are to develop, assist, and implement IPEs within 60 days from the eligibility determination.

After receiving DDS' response, the OIG again reviewed the C.F.R. and U.S. Code and did not find any regulation that IPEs are to be developed in 90 days. Additionally, the team contacted a senior official from ED who stated that there is no federal requirement for an IPE to be developed in 90 days and confirmed that the only stipulation is that they are to be developed in a timely manner.

(2) That the D/DDS issue a written policy with a clear timeliness standard for developing IPEs, that it is incorporated and consistent with agency performance standards, and that supervisors regularly monitor counselors' success in meeting this standard.

Agree **X** Disagree _____

***DDS' August 2010 Response, as Received**:*

The agency completed a comprehensive Policy and Procedure manual on August 12, 2010. The manual provides explicit policy and procedures regarding 60-day eligibility and 90-day IPE development. The agency developed structured performance standards for counselors, supervisors and rehabilitation assistants in January, 2009 that specifically address case compliance and case movement. The new case management system has enabled the Administration to begin closely monitoring real time compliance. The Administration is in the process of addressing these issues on a weekly and monthly basis with supervisors and counselors. The new e-performance standards for supervisors hold the supervisors and management accountable for agency performance.

2. There has been a decrease in the number of clients obtaining and maintaining employment.

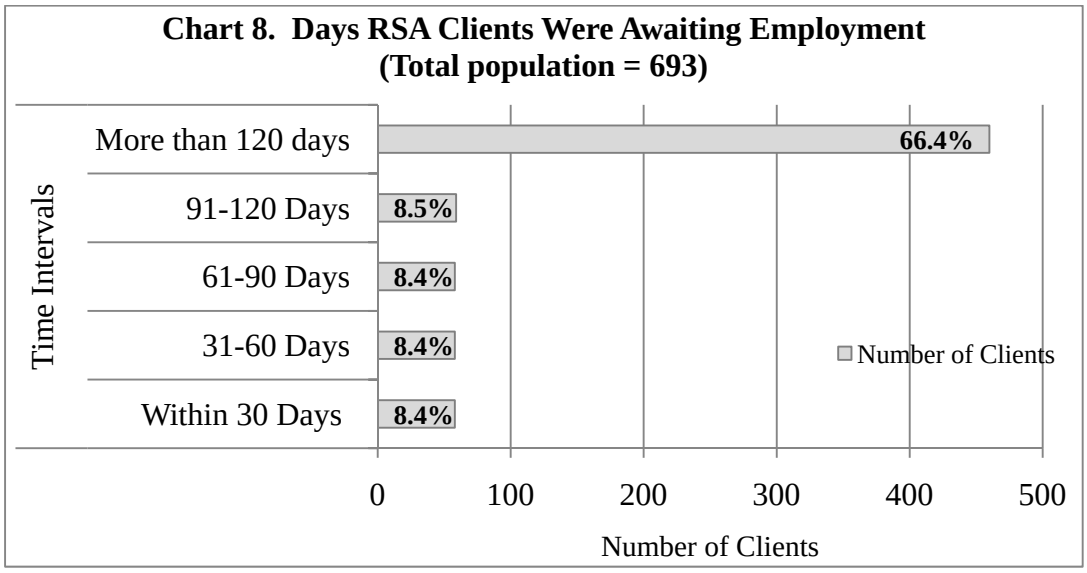
Criteria: RSA's counselors are to help clients prepare for, secure, or maintain a successful employment outcome. Their success in securing employment for clients is assessed as part of their annual performance evaluation. Counselors should identify client needs; refer them for additional training, counseling, and job preparation; and broaden their perspective to consider various employment opportunities until clients find employment they want.

After clients receive services to prepare them for employment, they are moved from a "training" status to a "ready for employment" status. Ready for employment status, also known as Status 20, indicates that the client has been prepared for gainful employment and can begin job placement activities.[49] After becoming employed, clients must remain employed for a minimum of 90 days before a counselor can identify the client's case as having achieved an employment outcome and close it. Each year, RSA establishes a goal for the number of successful case closures; the FY 2009 goal was 625. However, according to an RSA senior official, the actual number of case closures in FY 2009 was 410, which represented 65% of its goal.

Condition: In FY 2008, ED issued a monitoring report to DDS that found the number of individuals exiting RSA with an employment outcome dropped from 736 in FY 2005 to 575 in FY 2007, a 22% decline.[50] According to an RSA manager, in FY 2008, this number remained relatively consistent at 576. However, according to an RSA senior official, this figure decreased to 410 in FY 2009. The team asked whether CRIS can track the number of clients who become employed but do not maintain employment for the 90-day period. An RSA manager responded that the system cannot track this information.

In April 2009, RSA provided a CRIS data report reflecting the number of days clients were in Status 20 from October 1, 2008, through April 22, 2009. According to this report, 693 clients were in Status 20, and of the 693, 66% (460) were in this status for more than 120 days as illustrated in Chart 8.[51]

[49] Status 20 also includes clients who have been placed in employment that has not yet begun and services have been completed.
[50] U.S. DEPARTMENT OF EDUCATION, FISCAL YEAR 2008 MONITORING REPORT ON THE VOCATIONAL REHABILITATION AND INDEPENDENT LIVING PROGRAMS IN THE DISTRICT OF COLUMBIA, 7, 11 (September 2008).
[51] While the OIG thought this data would have been representative for a particular day, an MIS manager from RSA stated that it represented the duration of time clients were in Status 20 within the fiscal year.



Cause: A key reason for the low employment outcomes may be the fact that RSA only employed one employment coordinator as of March 2009, although there are hundreds of clients ready for employment. In addition to acting as the employment coordinator, this individual is a counselor performing vocational rehabilitation specialist duties. Reportedly, this person does not have sufficient time to conduct outreach with employers. Currently, the coordinator is able to spend only about 15-20 hours per week conducting outreach with employers, and said that at least three coordinators were needed to perform this responsibility. In addition, RSA does not have adequate resources for employment outreach, such as a central database of employers, current employment opportunities, or updated brochures about RSA services. An RSA manager stated that it was not sufficient to have one person in this role and recommended that RSA have one employment specialist assigned to each of the seven units.[52] These specialists could be responsible for developing employment opportunities as well as job readiness preparation workshops. He/she added that RSA does not have a sufficient number of FTEs to hire additional employment specialists.

According to an RSA manager, several factors have contributed to RSA's decline in successful employment outcomes. The primary reason was counselors leaving the agency. Three counselors left in 2009. When counselors leave, their cases are transferred to the remaining counselors within the unit, which increases their caseload of clients seeking employment. Consequently, the counselors cannot move through the cases as effectively as RSA would like and, in turn, the agency cannot meet its goal.

This manager also reported that the country's current economic condition has made finding employment for clients more difficult.[53] He/she added that with the decline in available jobs, the employment market has become more competitive, especially when trying to obtain

[52] Initially, in October 2009, an RSA manager stated this was needed for RSA's eight units. However, by March 2010, the manager stated that the number of units decreased to seven.
[53] According to the U.S. Bureau of Labor Statistics, the unemployment rate for the District reached 11.3 percent in June 2009.

employment for an individual with a disability. This manager further stated that some employed clients prefer to keep their cases open rather than agreeing to close them in order to maintain a relationship with their counselor. This manager also stated that some clients think of their counselor as a "security blanket" and may not feel comfortable on their own or think that they can be successful without their counselor. The manager has instructed counselors to inform clients that they can receive post-employment services, such as guidance and counseling, to help maintain employment. According to this manager, clients should agree to closing their cases by signing an amendment to their IPEs confirming that they have satisfactorily maintained employment for at least 90 days; however, some clients do not respond to RSA's requests for this written confirmation.[54] Moreover, some clients do not fulfill their responsibilities in the RSA process, such as working with counselors to secure employment and notifying counselors when they have secured employment. Also, counselors need additional job placement training.[55]

When the team asked why clients are not able to maintain employment for 90 days, an RSA senior official stated that the causes are unique for each client. Some general causes are that clients find employment then decide they do not like it and do not return; other clients realize they cannot meet the physical or emotional aspects of a job.

A representative from a company that hires RSA clients stated that it is easy to hire clients from RSA, but sometimes the clients leave their jobs within a week. While RSA follows-up with the company after a client is hired to verify that he/she is still employed, counselors do not go on-site to assess how a client is faring. This representative opined that RSA could play a more active role in supporting clients during their transition into employment. Two RSA counselors reported that once a client is hired, they usually do not have time to visit the employment site due to their high caseloads.

Effect: An RSA senior official explained that clients may become frustrated and disappointed when they do not find employment quickly after investing the time, training, and effort to obtain it. There is also an economic impact on clients when they do not secure employment because they are not generating income. An RSA senior official explained that RSA's budget is not impacted and there is no threat of a loss of federal or local funding or a reduction in FTEs if the number of successful employment outcomes significantly decreases. The OIG disagrees with this assertion, as any public program should recognize that it is in jeopardy of losing future funding if it does not successfully achieve its core mission.

According to an ED representative, one of six performance measures used to assess vocational rehabilitation programs is the number of successful employment outcomes. If a program does not meet the minimum level of performance for four indicators, it must submit an

[54] Title 34 CFR § 361.56(c) states that the client and the rehabilitation counselor have to consider the employment outcome to be satisfactory and agree that the individual is performing well in employment in order to close the case. According to this manager, RSA contacts clients when ready to close the case via telephone and certified mail. In the certified letter, RSA informs clients that if they do not contact RSA within 30 days of the date on the letter, then RSA will close the case.

[55] According to an RSA senior official, job placement training pertains to ensuring that counselors are aware of and understand the current job market as well as jobs that are in demand in various industries. This allows the counselors to assist clients with obtaining employment.

agency improvement plan to ED. The representative added that the downward trend in employment outcomes at RSA is "concerning." However, he/she acknowledged that RSA is going through a rebuilding period with new management and staff turnover.

Accountability: RSA's management is responsible for developing a centralized outreach process to identify employment opportunities for clients and for ensuring that counselors meet with clients while they are transitioning into jobs. An RSA senior official stated that counselors are responsible and accountable for ensuring that clients meet their goals.

Recommendations:

(1) That the D/DDS develop and implement strategies aimed at improving employment outcome rates, including a greater emphasis on and dedication of resources to employment outreach efforts with potential employers.

Agree _____**X**_____ Disagree _____

DDS' August 2010 Response, as Received:

The agency is in the process of developing several initiatives to increase employment outcomes and provide increased emphasis on job placement of DDS/RSA consumers. During FY 2010, the agency initiated human care agreements (contracts) with 10 human care providers offering job placement services. Two positions have been established to work with those private contractors to ensure each meets performance standards and employs staff with necessary skill sets for job placement activities. The Administration is expanding services and outreach to employers by creating a work unit in September 2010 specifically focused on employment outreach in the private sector; hiring a Business/Employer Relations Specialist, adding an additional placement specialist and providing disability management services to employers. Through staff training and improvements in case management and caseload management processes, the agency will be able to move consumers through the VR system in a timely manner and intensify efforts toward increased employment outcomes.

(2) That the D/DDS take steps to ensure counselors have increased involvement with clients and employers once their clients secure employment.

Agree _____**X**_____ Disagree _____

DDS' August 2010 Response, as Received:

The Administration provided staff training on job development and job placement in 2009 through Case Management training provided by consultant, [redacted]*. The agency developed performance standards requiring staff to initiate monthly employer contacts. Those contacts are tracked in the new case management system which also provides tools for the counselors to improve to improve* [sic] *time management and caseload planning. The new Business/Employer Relations Specialist will interface with the employer/business community by increasing opportunities for on the job training, direct job placement and awareness of*

employment trends and career opportunities with public and private employers.

3. RSA has no caseload standards for its counselors.

Criteria: A study published by ED in 2005 found that the average size of a general caseload throughout local vocational rehabilitation offices in the United States was 112 cases per counselor, with a range of 54 to 244 clients.[56] An ED official informed the team that there is no statutory or regulatory requirement specifying the maximum number of cases to be assigned to a counselor. He added that a caseload of about 125 cases per counselor is typical, and a caseload of 140 to 150 cases may be too high.

An RSA senior official stated that while there is no law or official standard specifying the maximum caseload for a counselor, based on his/her experience in another state and best practices, the ideal caseload is about 125 cases per counselor. The official added that the reality is that counselors may have up to 225 cases. According to an official from the Council of State Administrators of Vocational Rehabilitation (CSAVR),[57] she was unaware of any regulation, standard, or best practice that specifies a maximum counselor caseload. She added that "promising practice" recommends a caseload of between 80 – 100 clients per counselor.[58] An RSA manager responsible for drafting policies said that RSA does not have a policy addressing what a counselor's caseload should be.

Condition: The OIG found a disparity in the caseload assignment of RSA counselors. According to data provided by RSA from CRIS, the number of active cases per counselor as of April 8, 2009, ranged from 2 to 226 cases. Table 2 provides a summary of the caseload assignments. Thirty percent (10) of counselors had caseloads in excess of the ideal caseload of 125 cases according to an RSA senior official.

[56] RESEARCH TRIANGLE INSTITUTE PREPARED FOR THE U.S. DEPARTMENT OF EDUCATION, LONGITUDINAL STUDY OF THE VOCATIONAL REHABILITATION (VR) SERVICES PROGRAM, THIRD FINAL REPORT: THE CONTEXT OF VR SERVICES, 43 (September 2005).

[57] CSAVR is composed of chief administrators of public rehabilitation agencies serving individuals with physical and mental disability throughout the United States. According to this official, RSA is a member of this organization. See http://www.rehabnetwork.org/ for more information.

[58] This official defined a promising practice as an initiative that an agency has tried, which has resulted in good outcomes. It differs from a best practice, which is based on the results of quantitative data or research. She added that in the field of vocational rehabilitation, there is a lack of evidence based data and research, so the term promising practice is used.

Table 2. RSA Counselor Caseloads (As of April 8, 2009)		
Caseload Category	**Number of Counselors**	**Percent**
1-25 cases	4	12%
26-50 cases	2	6%
51-75 cases	6	18%
76-100 cases	5	15%
101-125 cases	6	18%
126-150 cases	5	15%
151-175 cases	2	6%
176-200 cases	0	0%
More than 200 cases	3	9%
Total	**33**	**100%**

During interviews with RSA staff, the team heard concerns about counselor caseloads. For example, one counselor said that the caseloads are overwhelming and it is hard to keep track of the clients spoken with. Another counselor stated that the impact of a high caseload is that he/she might not complete all tasks timely, such as completing a referral to a vendor for clients to receive services. A supervisor explained that one of a counselor's duties is to conduct community outreach[59] but because of the large caseloads, it is a challenge to do this and also meet case deadlines. A counselor explained that it is hard to conduct community outreach because of the "onslaught" of cases. This counselor added that a manageable caseload would help ensure that responsibilities such as performing intake and meeting with clients do not "fall through the cracks." Although numerous concerns were raised to the OIG about the high caseloads, an RSA manager anticipated that the number of clients will increase as a result of a planned outreach campaign. Additionally, 30% of survey respondents did not believe that their caseload was manageable (see Table 1). Lastly, as cited in Finding 1, eligibility determinations are delayed and IPEs are overdue, and as cited in Finding 6, counselors are not maintaining sufficient contact with clients.

Cause: RSA supervisors provided the team with various reasons for disparities in counselors' caseloads, such as it depends on a counselor's grade level and work experience. For example, a new, lower grade DS-9 may have fewer cases in order to avoid overloading him/her with too many in his/her first year. An RSA senior official stated that RSA does not want to inundate new counselors with high caseloads because they are in a learning phase and need to spend time with clients. When this official began working for RSA, he/she noticed that RSA did not always hire counselors with a Masters degree in vocational rehabilitation, and the learning phase could take up to a year. Currently, RSA requires this degree and can begin to gradually increase the counselors' caseloads after 1-2 months. In December 2009, an RSA senior official

[59]Outreach includes explaining RSA's role and services to individuals in the community as well as reaching out to universities and potential employers.

stated that staffing shortages have contributed to high counselor caseloads, and RSA was in the process of redistributing caseloads among existing counselors.

According to RSA supervisors, several additional factors influence counselor caseloads. A counselor may be assigned cases from another counselor who has retired, resigned, or been re-assigned to another unit. A supervisor stated that within each unit, a different counselor is assigned each day to be an intake counselor.[60] The clients that an intake counselor sees on his/her designated intake day become his/her responsibility although the number of applicants on intake day can vary. An RSA senior official stated that RSA changed the intake process from having one counselor primarily designated to do intake each day to assigning any counselor to perform intake as clients come in to ensure they are seen expeditiously.

One supervisor explained that some counselors in his/her unit have more cases because they have skills in specialized areas and clients needing those services are assigned accordingly. Another supervisor stated that some counselors with 200 cases have not done the necessary work on their cases to process them expeditiously. He/she added that some counselors keep their caseload numbers high so new cases will not be assigned to them. The supervisor stated that he/she found the counselors were doing this because he/she would generate reports from CRIS that would show whether they had contacts with clients every 90 days and found that those who did not have contact every 90 days were those with the high caseloads. He/she reminds counselors of the importance of having contact with clients at least once every 90 days.

An RSA supervisor explained that since approximately March 2008, senior management requires supervisors to provide a weekly production report. Counselors with a high case load and little documented activity have to provide a written response as to why their caseload is so high and what actions are being taken to address it. The supervisor noted that due to this initiative, some counselors have come into compliance with their cases and there has been some progress.

Effect: In addition to the concerns with caseloads already stated in the Condition section of this finding, an RSA manager stated that large caseloads can slow service delivery.

Accountability: RSA supervisors are responsible for monitoring counselor's performance to ensure cases are closed timely and that new cases assigned are more evenly distributed. Counselors are responsible for ensuring that they process cases expeditiously.

Recommendations:

(1) That the D/DDS establish written caseload standards for counselors.

Agree **X** Disagree _____

[60] During intake, individuals apply for services and counselors collect information to determine eligibility for services.

DDS' August 2010 Response, as Received:

The caseload disparity issue was analyzed through Caseload Management training and technical assistance provided by [redacted], Training Consultant in October 2009. Significant caseload disparities were discovered. All counselor caseloads were analyzed, and cases were distributed among all counselors to achieve a balance of all caseloads close to 150 consumers. A written standard of "Best Practice" will be developed to address this issue by October 1, 2010.

OIG Response: **DDS' response appears to meet the intent of this recommendation. However, DDS should consistently monitor counselor caseloads to ensure they conform with the caseload standard articulated in its soon-to-be developed "best practice."**

(2) That the D/DDS review and enhance, where necessary, RSA's caseload management practices in order to effectively support and monitor counselors' success in meeting new written caseload standards.

Agree _____**X**_____ Disagree _____

DDS' August 2010 Response, as Received:

The case progression standard was added to counselor's and supervisor's e-performance in January 2010. Supervisors are accountable to monitor caseload sizes and make adjustments within their respective units or at the Division level. The Administration will continue to review caseload sizes on a monthly basis and make adjustments and decisions accordingly to ensure caseload size does not significantly impede the counselor's ability to meet production and compliance requirements.

4. RSA's management information system (MIS) cannot track all RSA programs and was not able to produce key performance data reports.

Criteria: The Government Accountability Office (GAO) recommends that agencies manage, develop, and revise information systems "to continually improve the usefulness and reliability of its communication of information."[61]

Condition: ED found in its September 2008 Monitoring Report of RSA that RSA's case management system, CRIS, was approximately 10 years old, did not meet the agency's needs, was no longer supported by the vendor, and cannot be upgraded.[62] ED found that the system was unable to produce reports that enable counselors and management to monitor performance and

[61] GENERAL ACCOUNTING OFFICE, INTERNAL CONTROL MANAGEMENT AND EVALUATION TOOL, GAO-01-1008G, 55 (August 2001).
[62] U.S. DEPARTMENT OF EDUCATION, FISCAL YEAR 2008 MONITORING REPORT ON THE VOCATIONAL REHABILITATION AND INDEPENDENT LIVING PROGRAMS IN THE DISTRICT OF COLUMBIA, 9 (September 2008).

outcomes and was limited in the range of data fields that can be populated. The report indicated that RSA was taking steps to acquire a new case management system.

During onsite observations and interviews with RSA employees, the following limitations with CRIS were conveyed to the team:

- CRIS does not have the capability to track information about all RSA programs. For example, it has little information regarding the Independent Living Services Program[63] and no information about the Randolph Sheppard Program.[64]
- CRIS cannot routinely produce real-time reports of aggregate division or unit performance data for key indicators, such as a timeliness report on eligibility determinations and IPEs, or allow a manager to query such data. If these reports are needed, a computer programmer must write specific programs to generate them.
- To quickly ascertain performance data, such as the number of days beyond eligibility determination due dates, an RSA employee manually tabulates the number of cases out of compliance by doing a line-by-line review of case data. RSA supervisors only have access to their own unit's performance. Therefore, they are unable to compare their unit's performance to that of other units.
- CRIS is not user-friendly and does not allow one to navigate within different parts of the system easily. A supervisor explained that moving back and forth between the different screens is cumbersome and time consuming.

During the inspection, the team requested basic performance statistics from RSA, such as timeliness figures on finalizing eligibility determinations and IPEs. The team waited weeks for many of the requested statistics and learned from RSA employees that computer programs had to be written to gather this information, as CRIS has not been pre-programmed to routinely report on these outcomes.

RSA began the process of procuring a new system in January 2009 and awarded a contract in July 2009. According to the Statement of Work, RSA plans to have a web-based case management system for managing and tracking obligations and payments to external providers of client services. It should be able to produce federally required and internal reports on agency caseload and financial information. As of September 2009, RSA was testing the system to identify needed modifications and will work with the vendor to complete the modifications. Thereafter, data from CRIS will be transferred to the new system. In March 2010, an RSA senior official stated that RSA was migrating data from the old to the new system and testing the new system. He/she anticipated that staff will be able to use the new system in April or May 2010.

Cause: No one at RSA was able to articulate to the team whether the existing MIS system could have been programmed to produce these reports or if a new system was needed.

[63] According to RSA's website, the Independent Living Services Program "provides comprehensive independent living for individuals with significant disabilities to enable these individuals to become self-sufficient in the home and community."
[64] The Randolph Sheppard Program provides employment in the District for individuals who are legally blind.

An RSA manager explained that RSA did not program CRIS to develop routine management reports on key performance indicators because previous upper management did not have a "vision" for what was needed in CRIS. An RSA MIS manager said that when CRIS was created, it was not designed to produce aggregate data on key performance outcomes like the OIG requested. He/she added that he/she was not sure but it might have been possible to program CRIS to develop these types of reports, but the system was old and it would not have been easy to write programs to develop them.

Effect: Without aggregate timeliness data and other management reports, RSA management is unable to continuously monitor its performance. An RSA manager explained that he/she uses manually generated reports to notify supervisors of potential issues, such as delays in completing eligibility determinations. However, she/he added that manually tabulating performance information is time consuming and this time could be spent on other job responsibilities. A supervisor stated that it was a limitation to not compare his/her unit's performance with another unit because there is no team sharing.

Accountability: DDS senior management has the accountability for the state of the MIS and is responsible for ensuring that RSA has adequate processes in place for developing routine management reports of key performance indicators.

Recommendation:

That the D/DDS expedite the implementation of its new MIS system in order to track information for all RSA programs and to routinely produce real-time reports of aggregate division performance data.

Agree **X** Disagree _____

DDS' August 2010 Response, as Received:

The agency implemented the new System 7 Case Management System in May, 2010. The agency is now in a position to generate real-time compliance reports, monitor counselor production and productivity, develop statistical reports and track individual, unit, division and overall agency performance. The Administration has developed a number of initiatives requiring monthly, quarterly and yearly analysis to ensure regulatory compliance and advance best practice.

ADDITIONAL FINDINGS

5. Referrals have declined; MOUs are not in place with key referral agencies.

Criteria: According to 34 C.F.R. § 361.24 (a), "[t]he State plan must describe the designated State agency's cooperation with and use of the services and facilities of Federal, State, and local agencies and programs. . . . "

According to Virginia Commonwealth University's Rehabilitation Research and Training Center on Workplace Supports and Job Retention, "The formation of meaningful collaborative partnerships among public and private programs and agencies is an essential way to maximize resources." Furthermore, "the overarching goal of an interagency partnership is to create an integrated, seamless service process where the consumer can move easily from partner to partner as needed to successfully obtain, retain, and advance in employment."[65] Mathematica Policy Research, Inc.[66] stated that well developed partnerships between the Temporary Assistance for Needy Families (TANF) program and vocational rehabilitation agencies can provide clients with access to vocational rehabilitation counselors who have extensive experience with helping clients find jobs.

An RSA senior official stated that the government agencies that primarily refer clients to RSA for services are the Department of Mental Health (DMH), Department of Employment Services (DOES), Department of Human Services/Income Maintenance Administration (IMA), Court Services and Offender Supervision Agency (CSOSA), and D.C. Public Schools (DCPS). Currently, RSA has a Memorandum of Agreement (MOA) with DOES and previously entered into Memoranda of Understanding (MOU) or MOA with DMH, IMA, and CSOSA. Such agreements detailed the number of clients who would be referred to RSA for vocational rehabilitation services, the amount of funding exchanged between these agencies for the services, and a schedule of periodic interagency meetings to discuss client progress.

Condition: According to ED's FY 2008 Monitoring Report, "[RSA] has seen a steady decline in new applicants, suggesting that the agency needs to expand its traditional referral sources."[67] According to data provided from RSA's Office of Information Technology, while RSA has shown an increase in referrals from 2006 to 2008, it has experienced a significant overall decline in the number of referrals from 2003.[68] (See Chart 9) Specifically, the number of referrals declined 62% from 5,525 in FY 2003 to 2,103 in FY 2008.

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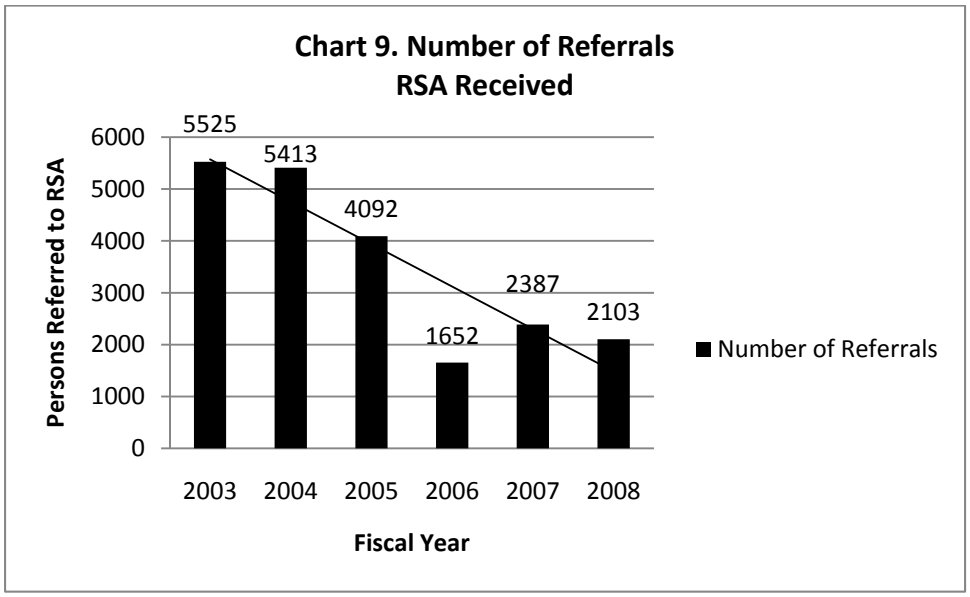
[65] Virginia Commonwealth University's Rehabilitation Research and Training Center on Workplace Supports and Job Retention studies the supports that are most effective for assisting individuals with disabilities to maintain employment and advance their careers. *See* http://www.worksupport.com/about_us/index.cfm (last visited February 4, 2010).

[66] Mathematica is an organization that provides program performance analysis, program management, and administrative data services. *See* http://www.mathematica-mpr.com/Services/data_management.asp (last visited October 15, 2009).

[67] U.S. DEPARTMENT OF EDUCATION, FISCAL YEAR 2008 MONITORING REPORT ON THE VOCATIONAL REHABILITATION AND INDEPENDENT LIVING PROGRAMS IN THE DISTRICT OF COLUMBIA, 12 (September 2008).

[68] RSA receives referrals from multiple sources including colleges and universities, hospitals, community mental health centers, and public health agencies and organizations. The referral data for FY 2006 through FY 2008 provided by RSA's Office of Information Technology differ from the number of referrals listed in DDS' responses to the District Council in February 2009. The team questioned RSA about these discrepancies, but did not receive an explanation.



RSA reported in its FY 2009 State Plan that it "will continue to work collaboratively with its partners to update all MOUs and MOAs by the end of September 2009."[69] As of December 2009, however, an RSA official stated that RSA did not have current MOUs in place with IMA, DMH, or CSOSA, and that it has never had an MOU/MOA with DCPS. An MOU was in place with DOES.

The team interviewed personnel from CSOSA, DCPS, DMH, DOES, and IMA to gather feedback about the structure and quality of their relationships with RSA and services provided by RSA to referred clients. What follows is some of the positive feedback that personnel from four agencies provided regarding their interaction with RSA and the services received.

- A DMH manager reported that during the past 5 years, DMH has built a relationship with RSA and has seen many improvements within that time span and that periodic meetings are held with RSA staff.
- A CSOSA supervisor was not aware of any complaints regarding the agency's relationship with RSA and rated the relationship with RSA as "8" on a scale of 1 to 10, with 10 being the best.
- A DCPS coordinator stated that she has seen improved coordination with the new supervisor of RSA's Transition Unit. For instance, she received a list of all RSA transition specialists, which the previous RSA supervisor did not provide. She added that she was able to meet with these specialists and bring them to the schools to meet DCPS coordinators.
- A DOES manager stated that he/she has a positive working relationship with its liaison at RSA, who is successful at job placement and keeps DOES updated on clients' statuses.

[69] DISTRICT OF COLUMBIA, DEPARTMENT ON DISABILITY SERVICES, FISCAL YEAR 2009 STATE PLAN FOR THE STATE VOCATIONAL REHABILITATION SERVICES PROGRAM AND STATE PLAN FOR THE STATE SUPPORTED EMPLOYMENT SERVICES PROGRAM, Attachment 4.11(c) (1), 5 (August 2008).

However, interviewees also expressed concerns with the services that referred clients had received at RSA. An IMA manager stated that since DDS' restructuring in 2007, RSA services and responsiveness have declined. For example, in March 2009, this manager sent a memorandum listing the names of 33 IMA clients who had been referred to RSA for assessments or recertifications. However, as of July 2009, IMA had not received any feedback on the statuses of these clients.

According to a DMH manager, DMH works with six non-profit employment services providers that refer clients to RSA for vocational rehabilitation services. This manager said that DMH's FY 2008 MOU with RSA stated that DMH would refer 125 clients to RSA; however, DMH only referred 105 clients to RSA. The manager stated that its clients communicated various negative experiences with RSA's vocational rehabilitation services and it became a challenge to get clients to agree to be referred to RSA. This manager added that clients complained that RSA did not provide timely responses; communication and service delivery were poor; and counselors would cancel appointments. There were instances when a client would receive an appointment letter from RSA, only to have the counselor cancel and reschedule the appointment, or clients would request assistance from RSA counselors but receive no response.

Cause: An RSA manager explained that some reasons for delays in completing MOUs are the "bureaucracy" and time spent in finalizing them. He/she added that preparing a policy and procedures manual and training program have curtailed the time available to finalize MOUs.

The team questioned an RSA senior official as to why the number of referrals had decreased by half from FY 2005 to FY 2006. While he/she had not been working at RSA during this period, the official speculated that the decline in referrals may be because prior to that period, the federal government focused on moving individuals from welfare to work, provided funding, and partnered with vocational rehabilitation agencies to assist individuals with obtaining employment. As a result, the number of individuals coming into the system and the number of referrals increased. Since that funding was not continued, referrals declined.

An IMA manager stated that the agency stopped referring clients and sending funding to RSA in 2008 because RSA was not serving the clients adequately. RSA gave reports to IMA regarding clients who were not actively participating. When IMA contacted these clients, they said that the RSA counselors were not helpful. The IMA manager said that they now refer clients with physical disabilities to the University of the District of Columbia for assessments.

An RSA senior official stated that several years ago, RSA counselors were stationed within the community, such as at the University of the District of Columbia (UDC). Currently, RSA counselors are centrally located in one office building where clients go to meet with their counselors. He/she opined this shift in approach may have contributed to the decline in referrals. This official added that RSA was in the process of strategically locating counselors throughout the District as of October 2009. An RSA manager stated that RSA does not have an outreach coordinator and counselors are responsible for identifying community-based programs and employers. However, he/she added that currently, counselors are not conducting this outreach.

Effect: According to its FY 2010 State Plan, RSA planned to serve 7,024 clients. If the number of referrals continues to decline, this could impact RSA's ability to meet this goal. When fewer individuals are referred to RSA for services, individuals who may be eligible for vocational rehabilitation services may not receive them. An RSA senior official explained that RSA's budget and number of FTEs would not be impacted if there were a significant decline in referrals.

An ED official stated that ED does not have a specific performance standard pertaining to the number of referrals, although it collects this data from jurisdictions. The official added that if there is a dramatic decrease in the number of referrals, an agency may be underserving the population. He added that it is important to identify persons who are truly eligible for services and to educate referral sources on eligibility criteria. The official speculated, however, that an impact in federal funding due to a decline in referrals was unlikely.

***Accountability*:** DDS senior managers are responsible for ensuring that contractual agreements with District agencies are executed timely and that clients have convenient access to their clients. RSA management and counselors are to ensure that its customers are satisfied with the services they receive and that collaborative relationships with other agencies and organizations are maintained.

Recommendations:

(1) That the D/DDS meet with existing referral sources to identify strategies for increasing the number of client referrals and developing relationships with new referral sources.

Agree _____**X**_____ Disagree _____

DDS' August 2010 Response, as Received:

The agency currently has up to date agreements with the University of the District of Columbia (UDC) and the Department of Employment Services (One Stop Career Centers). The agency will begin to address and update MOA's and MOU's with CSOSA, DCPS, DMH and IMA locations throughout the District of Columbia. The Administration plans to increase the number of persons with physical disabilities served by the agency by continuing to expand its outreach to doctor's offices, clinics and hospitals. The agency outreach to the transition population is expected to increase during FY 2010. The agency received 891 referrals in FY 09 compared to 829 referrals to date in FY 2010. Four transition specialists were deployed into the area high schools in FY 2010. The agency plans to expand transition services by placing more transition counselors in the schools beginning in FY 2011. The Administration will continue to explore untapped referral sources along with community outreach.

(2) That the D/DDS finalize detailed, goal-oriented MOAs and MOUs with CSOSA, DCPS, DMH, and IMA.

Agree _____**X**_____ Disagree _____

DDS' August 2010 Response, as Received:

The agency currently has up to date agreements with the University of the District of Columbia (UDC) and the Department of Employment Services (One Stop Career Centers). The agency will begin to address and update MOA's and MOU's with DCPS, DMH and IMA.

OIG Response: **While DDS' response appears to meet the intent of this recommendation, DDS should make it a priority to expedite the finalization of its MOAs and MOUs with CSOSA, DCPS, DMH, and IMA. As stated in the finding, in December 2009, an RSA official informed the team that these were not in place. Although 8 months have elapsed, DDS is now stating that it will "begin to address and update" them.**

6. RSA counselors do not maintain sufficient contact with clients.

Criteria: According to *The Handbook of Counseling*, the relationship between the client and counselor is the most significant factor in successful counseling.[70] An ED official told the team that there are no federal statutes or regulations that specify how often counselors should contact clients. However, the official added that ED recommends that agencies have a policy pertaining to client contacts. According to a vocational rehabilitation consumer handbook from Missouri, counselors should have contact with clients at least once a month.[71] A guideline from a case management and rehabilitation counseling book states that "[c]lients in employment should receive at least one contact from the counselor each 30 days of employment."[72] An official from CSAVR was unaware of any regulations, standards, or best practices that specify the frequency of contact between counselors and clients. She added that counselors should have contact with clients when they review the IPE on at least an annual basis to determine if anything needs to change in the IPE. Although requested from RSA management, RSA was unable to provide the OIG with a written policy regarding a required or suggested frequency of contacts between its counselors and clients.[73]

Condition: An RSA manager stated that a policy and procedures manual in development will include a requirement that counselors have contact with clients every 90 days. An RSA senior official opined that while there is no professional standard for the 90-day requirement, most states require counselors to have contact with clients every 90 days. He/she added that supervisors remind counselors verbally and via e-mail about contacting clients every 90 days.[74] This official added that the contact should be face to face or via email.

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[70] THE HANDBOOK OF COUNSELING 503 (DON C. LOCKE, JANE E. MYERS, AND EDWIN L. HERR, eds., SAGE PUBLICATIONS, INC, 2001).
[71] MISSOURI REHABILITATION SERVICES FOR THE BLIND, CONSUMER HANDBOOK VOCATIONAL REHABILITATION, 11. See http://www.dss.mo.gov/fsd/rsb/faq/index.htm for more information.
[72] RICHARD T. ROESSLER AND STANFORD E. RUBIN, CASE MANAGEMENT AND REHABILITATION COUNSELING, 166-167 (UNIVERSITY PARK PRESS) (1982).
[73] RSA's *Documentation Desk Aid* states that case progress notes must be included in the record every 90 days.
[74] The official stated that counselors may not maintain routine in-person contact with clients when clients are enrolled in college in another city.

From the sample of 33 case records of employed clients the team reviewed, 18% (6) did not reflect any counselor contact with clients. Of the remaining 27 cases, 11% (3) did not reflect any in-person contacts at RSA offices and 7% (2) did not reflect any phone contacts between RSA counselors and clients. Face-to-face contact did not consistently occur in any of these cases every 90 days; every case record contained at least one instance where time between face-to-face contacts was longer than 90 days.[75]

As previously stated, a manager from DMH stated its clients communicated various negative experiences with RSA's vocational rehabilitation services. For instance, he/she stated that clients complained that counselors would cancel appointments and would not provide timely responses. (See page 44 for more information.)

Cause: A counselor stated that although they should follow-up with clients every 3 months after an IPE is developed, this is not always done. He/she explained that it would be preferable to have a manageable caseload so that counselors could handle intake and meet with clients. Another counselor opined that the caseloads are "overwhelming" and it is hard to keep track of clients spoken with since so many clients come through in a short period of time. Another counselor reported that he/she does not visit clients' employment sites as often because of an increase in case volume. This counselor added that although counselors are to contact clients every 90 days, he/she was not sure if this policy was enforced.

An RSA manager explained that due to various initiatives at RSA, such as developing counselor training programs and a policies and procedures manual, he/she has not had sufficient time to review data in CRIS to ensure that counselors meet with clients every 90 days. The manager added that supervisors as well as the QA Office will conduct more case reviews to ensure counselors comply with case requirements such as client contacts.

Effect: An ED official explained that a lack of contact between a counselor and client might be one factor that impacts a client's success in a program. An RSA senior official stated that when counselors do not maintain contact, clients feel as if no one cares or is helping them. He/she added that clients come to RSA for guidance and direction and rely on their counselors. When there is continual contact and an on-going relationship between a counselor and client, there is greater success because the client will be encouraged and held accountable for his/her responsibilities.

Accountability: While an RSA manager stated that a policy and procedures manual in development will include a requirement that counselors have contact with clients every 90 days, RSA management has not yet issued this manual. In addition, RSA management has not consistently monitored counselors' performance with client contacts.

Recommendations:

(1) That the D/DDS consider whether a standard for client contact every 90 days is sufficient given that clients reportedly have stated their appointments have been

[75] In assessing whether any form of contact occurred every 90 days for these 27 cases, two cases met this standard.

cancelled.

Agree **X** Disagree _____

DDS' August 2010 Response, as Received:

The agency Policy and Procedure Manual was completed on August 12, 2010. The policy manual will be disseminated immediately to staff and training will be completed by September 30, 2010. The manual states the 90-day case narrative is required. The case narrative update should be direct face-to-face contact, email conversation, a phone conversation with the individual, or a letter from the client. If contact with the individual is not possible, a letter will be sent to the client to document the counselor's attempts to contact the individual if leading to closure of the case. The Administration will monitor appointment cancellations and its impact on service quality relative to the 90 day contact frequency requirement as described below.

(2) That the D/DDS formalize and implement a written policy pertaining to the number of contacts between counselors and clients and develop supervisory mechanisms to monitor employees' compliance.

Agree _____ Disagree **X**

DDS' August 2010 Response, as Received:

The Policy and Procedure manual addresses 90-day contact compliance. We agree that regular contact with consumers is important. However, due to the variation in consumer's' [sic] *needs, services received, and length of time as a consumer, a specific requirement on the number of contacts is not productive. The Administration will enforce the supervisory standard of random review of counselor cases on a monthly basis. The Administration will require counselors to document 90-day follow-up in System 7 as a dated "90-Day Follow-Up" case note. The case notes can be tracked in System 7 with reports generated on compliance.*

OIG Response: **While DDS' explanation for not wanting to establish a required number of contacts with clients is reasonable, DDS should consistently monitor its counselors' compliance with having client contact every 90 days. As reported in this finding, the team found during its case record review that this standard was not met.**

7. Contradictory information reported about the sufficiency of bilingual services for Spanish-speaking clients at RSA.

Background: During fieldwork, the team learned that one unit at RSA worked with clients from wards 1 and 2, and a demographic categorized as "Emerging Populations," which consists of clients of various ethnicities. According to an RSA senior official, Spanish-speaking

individuals constituted the largest demographic served by this unit.[76] In March 2010, an RSA manager updated the team that while RSA has Spanish-speaking counselors, the Emerging Populations Unit was eliminated. This manager added that there was no need to have this specialized unit for clients who speak a foreign language because speaking a foreign language is not a disability.

As of April 27, 2009, RSA's Office of Information Technology reported that 7% (278) of all RSA's clients who specified their ethnic background were Hispanic. Since CRIS does not track applicants' language proficiency, RSA could not identify the number of Spanish-speaking clients with limited English proficiency.

Criteria: Title 34 C.F.R. § 361.29(d)(2) requires that each state have "[o]utreach procedures to identify and serve individuals with disabilities who are minorities and individuals with disabilities who have been unserved or underserved by the vocational rehabilitation program." The District's Language Access Act of 2004 requires covered agencies[77] to provide the District's limited and non-English proficient residents with greater access to and participation in their programs, services and activities. These services include "the placement of bilingual staff in public contact positions; the provision of experienced and trained staff interpreters; [and] contracting with telephone interpreter programs."[78]

Condition: In March 2009, the team learned that only one of five counselors in the Emerging Populations Unit spoke fluent Spanish.[79] According to data provided by RSA, as of April 2009, the caseload for this counselor was 142 clients, which is greater than the ideal caseload of 125 cases referenced by an RSA senior official. In September 2009, an RSA senior official stated that RSA had hired another bi-lingual counselor who speaks Spanish in Emerging Populations.

In March 2010, the team followed-up on the status and caseload for the Spanish-speaking counselors. The team learned that the caseload for one of the two Spanish-speaking counselors had increased to 170 - 180 clients and the other counselor, who was working part-time, had a caseload between 100 - 120 clients. Reportedly, this high caseload resulted in clients having to wait until May 2010 for an intake appointment. A counselor opined that RSA might need four or five Spanish-speaking counselors, and another estimated that RSA needed an additional eight or nine. A supervisor stated that an additional Spanish-speaking counselor also would be needed if RSA increases its outreach efforts. In contrast, another RSA manager stated that RSA had a sufficient number of Spanish-speaking counselors and RSA could hire more if needed. An RSA senior official did not see any problems with the current number of Spanish speaking counselors.

[76] According to the D.C. Office of Latino Affairs, official Census figures in 2002 showed that Latinos were the fastest growing ethnic minority in the District representing 9.4 percent of the District's residents. Due to census undercount, the figure is closer to 13 percent.
[77] A covered entity is an agency with major public contact whose primary responsibility consists of meeting, contracting, and dealing with the public. In June 2008, DDS was added to the Act's list of covered entities.
[78] D.C. Code § 2-1931(3)(c)(6).
[79] According to an RSA manager, during FY 2009, RSA had two counselors who speak Spanish, one who spoke Iranian, one who spoke French, and another who spoke an African language.

In June 2009, a counselor stated that RSA has contracts with two Spanish-speaking psychologists to conduct psychological assessments of clients. He/she added that one of two psychologist's business travel and time spent seeing his/her own clients impacts this psychologist's ability to schedule RSA's clients promptly. When clients have to wait 30 or more days for an assessment from this psychologist, their eligibility determinations may be delayed. In March 2010, this counselor stated that RSA had contracts with four Spanish speaking providers, but there remains a need for one or two additional providers because he/she is still waiting for assessments for his/her clients. In contrast, an RSA senior official stated he/she was not aware of a problem with the current number of Spanish speaking providers, but added that RSA is always looking to add providers in various areas.

As of April 2009, 32 of 142 clients of the Spanish-speaking counselor in the Emerging Populations Unit were designated as ready for employment and 11 were employed. Two RSA counselors stated that currently, RSA relies on one vendor in particular, Chimes, to provide employment for Spanish-speaking clients. The majority of the job opportunities are customer service or janitorial positions, which limits the variety of employment opportunities available to clients. An RSA counselor stated that finding employment for Spanish-speaking clients may be complicated because a number of them are not U.S. citizens, which can preclude them from certain jobs, such as jobs in the federal government.[80]

Cause: The sufficiency of services provided to Spanish-speaking clients may be impacted by a lack of counselors who speak Spanish and the lack of employment outreach for this population. When the team asked an RSA senior official whether RSA had established relations with a sufficient number of employers who hire Spanish-speaking clients, this official replied no, and that counselors should be in the community doing outreach and identifying employers who are actively hiring Spanish-speaking clients.

Effect: Limited numbers of Spanish-speaking counselors and providers to conduct psychological assessments may create delays in the service-delivery process. For instance, reportedly, clients have to wait for intake appointments. Psychological and psychiatric assessments that are not completed timely, delay eligibility determinations. In addition, RSA's limited relationships with employers who hire Spanish-speaking clients may delay successful case closure. The team asked an RSA senior official whether employment rates for Spanish-speaking clients were affected by RSA not having relationships with a diverse number of employers who hire Spanish-speaking clients. The official stated that he/she could not determine the effect because RSA's case management system did not allow for this level of analysis, and he/she was unaware of any anecdotal information regarding the potential impact.

Accountability: RSA managers are responsible for ensuring that a sufficient number of bilingual employees are hired to assist clients who are not proficient in English. In addition, an RSA manager stated that counselors' performance goals include promoting community outreach. This manager added that all counselors are expected to increase their community outreach.

[80] An RSA senior official stated that federal regulations allow non-U.S. citizens to receive RSA services as long as they have a green card.

Recommendations:

(1) That the D/DDS determine whether it has sufficient staff to assist clients with limited English proficiency and consider hiring additional counselors to assist this clientele.

Agree **X** Disagree _____

DDS' August 2010 Response, as Received:

The Administration currently has 16 bilingual staff including counselors and support staff. The agency will continue to recruit additional bilingual staff. The Administration plans to hire a bilingual clerical employee in the Intake unit where initial contact with bilingual consumers is problematic.

OIG Response: **While DDS' response indicates that RSA currently has 16 bilingual staff, it does not articulate how many of these staff are specifically assigned to work with clients in the VR Services Division. DDS should ensure that it continuously has sufficient bilingual staff to assist clientele with limited English proficiency in this division.**

(2) That the D/DDS develop outreach initiatives designed to increase the number of providers available to conduct psychological assessments and employers able to provide services to RSA's clientele who have limited English proficiency.

Agree **X** Disagree _____

DDS' August 2010 Response, as Received:

The Administration will aggressively recruit new service providers to conduct psychological evaluations and vocational assessments. The agency will make every effort to ensure that all Human Care Providers have the capacity to serve bilingual consumers and all disability groups.

8. RSA did not have a finalized policies and procedures manual.

***Criteria*:** GAO recommends that management use "effective communication methods, which may include policy and procedure manuals. . ." to communicate important information with employees and others.[81] The C.F.R. requires agencies to develop and maintain written policies to address the type and scope of each vocational rehabilitation service required, such as vocational training; job search and placement services; personal assistance services; and rehabilitation technology including vehicular modifications.[82]

[81] GENERAL ACCOUNTING OFFICE, INTERNAL CONTROL MANAGEMENT AND EVALUATION TOOL, GAO-01-1008G, 55 (August 2001).
[82] 34 C.F.R. § 361.50(a) and 34 C.F.R. § 361.48. Vehicle modifications allow individuals with disabilities to drive

Condition: ED found in its 2008 Monitoring Report that RSA's lack of an up-to-date and widely disseminated policies and procedures manual impeded the ability of counselors to develop IPEs for clients and for clients to "fully exercise informed choice in the development of their vocational goals."[83] An ED official explained that all agencies are required to have policies pertaining to the delivery of VR as described in 34 C.F.R. § 361.50. The official added that the manner in which VR counselors are to implement these policies, otherwise referred to as procedures, may be included in the policy manual developed by the agency. Sometimes, the procedures are published separately for primary use by the counselors. However, procedures are not required to be developed.

An RSA manager stated that RSA did not have standard operating procedures; rather, they have "program instructions." However, program instructions did not include specific procedures as to how to implement services. Two supervisors and one counselor concurred that RSA policies were not sufficient or detailed, describing them as confusing and undecipherable. As a result, one counselor stated the various RSA units did not conduct activities in a similar manner. For instance, when RSA receives a referral for an individual who is interested in RSA services, one unit sends one letter to this individual to request a meeting with the counselor, and if no response is received will close the case. Other units will send out three letters before closing a case without a response. An RSA manager stated that there are client services that RSA could pay for, such as vehicle modifications and home improvements.[84] RSA could also refer clients for cochlear implants,[85] but RSA did not have policies pertaining to these services.

In May 2009, an RSA senior official explained that RSA had prepared a policy and procedures manual and the manual was reviewed for legal sufficiency. This official added that the manual should be available for public comment by August 2009. Then, in October 2009, this official informed the OIG that the SRC was reviewing the manual and that RSA planned to issue the manual by December 2009. In May 2010, this official stated that the manual had not yet been issued. He/she explained that the SRC reviewed the manual and provided input. RSA will provide SRC with the updated manual for a second review, although not required. He/she was uncertain when the manual would be issued.

Cause: The team inquired as to why it has taken so long for RSA to issue a policy and procedures manual. An RSA manager replied that it took time because RSA never had a comprehensive manual. In addition, RSA was required to submit the manual to the SRC for review and request a legal sufficiency review. Lastly, RSA must ensure that the public has an opportunity to comment on the manual.[86]

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vehicles with adaptive devices.

[83] U.S. DEPARTMENT OF EDUCATION, FISCAL YEAR 2008 MONITORING REPORT ON THE VOCATIONAL REHABILITATION AND INDEPENDENT LIVING PROGRAMS IN THE DISTRICT OF COLUMBIA,12 (September 2008).

[84] One example of a home renovation service is installing a stair glide to enable a client to move from one floor to another floor in his/her home.

[85] According to the National Institutes of Health, a cochlear implant is "a small, complex electronic device that can help to provide a sense of sound to a person who is profoundly deaf or severely hard-of-hearing." *See* http://www.nidcd.nih.gov/health/hearing/coch.asp (last visited September 15, 2009).

[86] According to 34 C.F.R. § 361.20, prior to the adoption of any substantive policies or procedures governing the provision of VR services, the state must provide the public the opportunity to comment.

Effect: An RSA senior official explained that the lack of a policies and procedures manual caused employees to perform their job responsibilities inconsistently. When clients talked with each other, they discovered disparities in the services provided and some filed complaints because they did not believe they were receiving services in a consistent manner. An RSA manager stated that by not having all of the policies needed, RSA is not providing all services that it should to clients.

Accountability: RSA management is responsible for ensuring that sufficient policies and procedures are written, implemented, and followed.

Recommendation:

That the D/DDS expeditiously complete and issue a policies and procedures manual and formalize a mechanism through which it will be periodically reviewed and updated.

Agree **X** Disagree _____

DDS' August 2010 Response, as Received:

The agency Policy and Procedure Manual was completed on August 12, 2010. The Administration will train all staff by September 30, 2010.

9. RSA does not have a required formal interagency agreement with the District's education agency for transition of students with disabilities.

Criteria: Federal regulations require that transition services be available for children, with disabilities to facilitate movement from school to post-school activities, including integrated employment and independent living.[87] According to the DCMR, RSA shall provide transition services to students with disabilities who are referred to RSA or who apply for transition services 2 years before their anticipated exit from secondary education.[88] Title 29 DCMR § 199 defines transition services as:

> A coordinated set of activities for a student designed within an outcome-oriented process that promotes movement from school to post-school activities, including postsecondary education, vocational training, integrated employment (including supported employment), continuing and adult education, adult services, independent living, or community participation.

[87] 34 C.F.R. § 300.43.
[88] Title 29 DCMR § 127.1 and 127.2. According to RSA's State Plan, transition services is provided to students beginning at the age of 16.

Title 29 DCMR § 127.4 specifies that RSA shall enter into a formal interagency agreement with the state education agency to provide transition services, which includes consultation and technical assistance in planning for the transition of students with disabilities; the roles and responsibilities of each agency; and procedures for outreach to identify students with disabilities who are in need of transition services. In the District of Columbia, the Office of the State Superintendent of Education (OSSE) is the state education agency.

In January 2010, OSSE issued a memorandum to the DCPS Chancellor, DCPS Principals, Public Charter School Board, and Public Charter School Directors to clarify requirements for schools with the provision of transition services for students. The policy states that with the consent of parents or an adult student, local education agencies must invite a representative from RSA to Individualized Education Plan (IEP)[89] team meetings to ensure that students' transition goals are relevant and individualized. In addition, an RSA manager stated that the Special Education Coordinators at schools are responsible for ensuring that students are referred to RSA.

Condition: The ED found in its September 2008 Monitoring Report[90] of RSA that RSA served an increasing percentage of transition-age youths: from 8.9% in FY 2004 to 12.3% in FY 2007. However, on average, of all the individuals served by the agencies reviewed by the ED, [91] 26.8% were transition-age youths.

According to testimony from the DDS Director in February 2009, in FY 2008, RSA received 820 referrals of students with disabilities. A manager clarified that these referrals came from DCPS, charter schools, and private and non-public schools. Of these 820 referrals, the Director testified that 337 students were receiving transition services and 483 were currently receiving vocational rehabilitation services.[92]

During an interview with an RSA manager, the manager cited an estimate from DCPS that there were approximately 8,000 youths in the District with disabilities and about 76% are special education students. The manager added that this figure represented all disabled youths, and he/she was uncertain of the number of juniors and seniors (i.e., students of transition age) who might be eligible for RSA services. This manager added that he/she did not think RSA was serving all of the eligible students, and based on the DCPS figures, there could be 2,000 to 4,000 potential referrals. Although requested, RSA did not provide the team with data on the number of referrals from schools received over the past 3 years.

According to an RSA senior official, RSA does not have a formal interagency agreement with OSSE. An OSSE official stated that OSSE does not maintain data as to whether referrals

[89] D.C. Code § 38-2561.01(5)(a) defines an individualized education plan as a "written plan that specifies the special education programs and services to be provided to meet the unique educational needs of a student with a disability" as required by the Individuals with Disabilities Education Act.
[90] U.S. DEPARTMENT OF EDUCATION, FISCAL YEAR 2008 MONITORING REPORT ON THE VOCATIONAL REHABILITATION AND INDEPENDENT LIVING PROGRAMS IN THE DISTRICT OF COLUMBIA, 16 (September 2008).
[91] An ED official explained that they reviewed 54 general/combined agencies for its assessment.
[92] Testimony of Judith E. Heumann, Director, "Public Oversight Hearing on the Department on Disability Services" Council of the District of Columbia, February 19, 2009.

were sent to RSA or if RSA is invited to attend IEP meetings. He/she opined that he/she did not think all eligible students were being referred to RSA. His/her basis for this conclusion was that OSSE recently conducted a quarterly review of 100 IEP meetings and found no evidence of participating agencies being invited to 72% of the IEP meetings.[93]

Cause: An OSSE official stated that OSSE has been working on establishing an MOA or MOU with RSA, but that the person who was responsible for finalizing this no longer works for OSSE. In addition, an RSA senior official informed the team that there has never been an MOU or MOA with DCPS. In September 2009, an RSA manager stated that a draft MOA between DCPS and RSA was being reviewed by DDS' legal office. In May 2010, an RSA senior official updated the team that a draft MOA was developed and DCPS was currently reviewing it. The official did not know when it would be finalized.

In September 2009, an RSA manager stated that previously, there was not sufficient collaboration between RSA and DCPS. He/she added that now both agencies are doing a better job at collaborating. In addition, he/she stated that before there was a Transition Unit, some RSA counselors were not assertive or did not build a good rapport with DCPS. RSA would receive the majority of referrals at the end of each school year, which would include high school seniors. To address the untimely referrals, RSA intends to coordinate with the schools to obtain information earlier in the school year.

While RSA has a Transition Unit, an RSA manager stated that RSA did not previously have transition specialists[94] assigned to work on-site in the schools to collaborate and interact with DCPS staff and students. In the past, RSA would attempt to access students' individualized education plans so that a referral could be made to RSA, but collaboration with DCPS was not good. This manager stated that as of October 2009, each Transition Specialist was assigned to four D.C. public high schools where they are physically onsite 3 days per week. RSA plans to assign three more specialists to work in schools. However, this manager stated that he/she would prefer to have a total of six or seven specialists assigned to work in the schools. In September 2010, he/she stated that he/she had requested two additional specialist positions but believes the funding for these positions was lost during the budget process. In addition, RSA participates along with DCPS and other District agencies in a monthly stakeholder work group to discuss transition related issues.

A DCPS Coordinator for Transition Services explained that the relationship between RSA and DCPS has improved during his/her tenure. The previous supervisor of RSA's Transition Unit did not provide the DCPS Coordinator with a list of transition specialists to be introduced to DCPS employees. However, the new supervisor has been more cooperative and

[93] D.C. OFFICE OF THE STATE SUPERINTENDENT OF EDUCATION, MEMORANDUM OF AGREEMENT PROGRESS REPORT #2, 10 (April 1, 2010).

[94] The Transition Unit has Transition Specialists who differ from VR counselors because they cannot determine eligibility or approve IPEs. Transition specialists are responsible for conducting outreach and orientation activities at D.C. public and charter schools to educate students and parents about vocational rehabilitation services; providing technical assistance to school staff; and, referring students for work experiences, mentoring, and/or leadership programs.

provided a list of all transition specialists. As a result, meetings have been held with RSA transition specialists and DCPS coordinators to discuss expectations for transition students.

The team asked whether RSA has the ability to receive referrals for transition students electronically from DCPS. An RSA manager stated while Special Education Coordinators in the schools are responsible for ensuring students are referred to RSA, DCPS trained RSA's transition specialists on how to access student IEPs in a DCPS database referred to as Easy IEP so the transition specialists would not have to depend on teachers or counselors to obtain this information. The manager added that this will help RSA to more quickly identify students who can be referred to RSA. However, the database containing the IEPs requires a password, and transition specialists cannot obtain the password until the MOA with DCPS has been finalized. This manager clarified that parents are contacted by DCPS for permission to submit a referral to RSA. An RSA senior official stated that there are student confidentiality and privacy issues that need to be addressed in the interagency agreement and that RSA can have access to DCPS and OSSE databases once an agreement is in effect.

Effect: According to an RSA manager, if students are not referred to RSA when they are in school and then graduate, it is harder for RSA to identify these potential applicants in the community. The manager added that not being referred to RSA as soon as possible may impact students by contributing to issues of low to no economic sustainability, involvement in the criminal justice system, and homelessness.

Accountability: The manager of the RSA Transition Unit in conjunction with senior RSA officials and DCPS officials are responsible for ensuring referrals are received in accordance with District regulations. According to an RSA manager, the schools are responsible for completing the student IEPs and providing referrals to RSA.

Recommendations:

(1) That the D/DDS develop and implement strategies with DCPS and other schools in the District to ensure that all students eligible for transition services are referred to RSA 2 years before the students' anticipated exit from secondary education.

Agree **X** Disagree _____

DDS' August 2010 Response, as Received:

The Administration is currently finalizing a Memorandum of Agreement with DCPS to ensure access to student records for early identification of transition students and timely referral to DDS/RSA for IPE development by the senior year of high school.

OIG Response: **DDS' response appears to meet the intent of this recommendation. However, DDS should not rely on the MOA as its only strategy to ensure that all students eligible for transition services are referred to RSA 2 years before their anticipated exit from secondary education. DDS should continuously assess all of its processes with DCPS to ensure any additional needed strategies are identified and implemented.**

(2) That the D/DDS finalize formal interagency agreements with OSSE, DCPS, and any other necessary entity pertaining to transition services.

Agree **X** Disagree _____

DDS' August 2010 Response, as Received:

The Administration will aggressively pursue interagency agreements with OSSE and DCPS and seek out additional entities for collaboration. The Administration is currently developing a Human Care Agreement with the Marriott Foundation with Disabilities (MFPD) Bridges program to provide job placement and job retention services to DCRSA eligible transition students.

APPENDICES

APPENDICES

Appendix 1: List of Findings and Recommendations

APPENDIX 1

Clients' Case Record Review

(1) That the D/DDS ensure that client case records are: maintained for all clients; properly safeguarded; and produced when needed.

(2) That the D/DDS ensure that periodic audits are conducted to ensure information in hard copy case records matches client information in RSA databases.

Summaries of Management Alert Reports

1. Mayor had not appointed all members of the State Rehabilitation Council in line with federal regulations.

2. DDS Medical Evaluation Unit was neither licensed nor inspected.

Key Findings:

1. Case management timeliness requirements are often not met.

a) Eligibility determinations are delayed.
b) Individualized Plans for Employment (IPE) are overdue.

(1) That the D/DDS develop and implement strategies to improve the timeliness of eligibility determinations.

(2) That the D/DDS issue a written policy with a clear timeliness standard for developing IPEs, that it is incorporated and consistent with agency performance standards, and that supervisors regularly monitor counselors' success in meeting this standard.

2. There has been a decrease in the number of clients obtaining and maintaining employment.

(1) That the D/DDS develop and implement strategies aimed at improving employment outcome rates, including a greater emphasis on and dedication of resources to employment outreach efforts with potential employers.

(2) That the D/DDS take steps to ensure counselors have increased involvement with clients and employers once their clients secure employment.

3. RSA has no caseload standards for its counselors.

(1) That the D/DDS establish written caseload standards for counselors.

(2) That the D/DDS review and enhance, where necessary, RSA's caseload management practices in order to effectively support and monitor counselors' success in meeting new written caseload standards.

4. <u>RSA's management information system (MIS) cannot track all RSA programs and was not able to produce key performance data reports.</u>

That the D/DDS expedite the implementation of its new MIS system in order to track information for all RSA programs and to routinely produce real-time reports of aggregate division performance data.

Additional Findings:

5. <u>Referrals have declined; MOUs are not in place with key referral agencies.</u>

(1) That the D/DDS meet with existing referral sources to identify strategies for increasing the number of client referrals and developing relationships with new referral sources.

(2) That the D/DDS finalize detailed, goal-oriented MOAs and MOUs with CSOSA, DCPS, DMH, and IMA.

6. <u>RSA counselors do not maintain sufficient contact with clients.</u>

(1) That the D/DDS consider whether a standard for client contact every 90 days is sufficient given that clients reportedly have stated that their appointments have been cancelled.

(2) That the D/DDS formalize and implement a written policy pertaining to the number of contacts between counselors and clients and develop supervisory mechanisms to monitor employees' compliance.

7. <u>Contradictory information reported about the sufficiency of bilingual services for Spanish-speaking clients at RSA.</u>

(1) That the D/DDS determine whether it has sufficient staff to assist clients with limited English proficiency and consider hiring additional counselors to assist this clientele.

(2) That the D/DDS develop outreach initiatives designed to increase the number of providers available to conduct psychological assessments and employers able to provide services to RSA's clientele who have limited English proficiency.

8. RSA did not have a finalized policies and procedures manual.

That the D/DDS expeditiously complete and issue a policies and procedures manual and formalize a mechanism through which it will be periodically reviewed and updated.

9. RSA does not have a required formal interagency agreement with the District's education agency for transition of students with disabilities.

(1) That the D/DDS develop and implement strategies with DCPS and other schools in the District to ensure that all students eligible for transition services are referred to RSA 2 years before the students' anticipated exit from secondary education.

(2) That the D/DDS finalize formal interagency agreements with OSSE, DCPS, and any other necessary entity pertaining to transition services.