SOUTH CAROLINA
Department
OF
Disabilities
AND
Special Needs

ANNUAL ACCOUNTABILITY REPORT

Fiscal Year 2005-06

Accountability Report Transmittal Form

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

Date of Submission – September 15, 2006

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South Carolina Department of Disabilities and Special Needs
2005-2006 Accountability Report

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

DDSN provides 24-hour residential care for individuals with the most complex and severe disabilities at five regional facilities across the state. Community residential services and in-home support services are provided through contracts with local disabilities and special needs boards and other community providers. The department works closely with consumers and families, service providers, advocacy organizations, the executive and legislative branches of government, county officials, state and federal agencies, the business community and the general public. These partnerships are integral to strategic planning, ensuring health and safety, and measuring outcomes and customer satisfaction.

VISION - WHERE WE ARE GOING!
To provide the very best services to assist persons with disabilities
and their families in South Carolina.

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

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

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

Major Achievements FY 2005-2006

***Management of Services Based on Unanticipated Mandates*:** Two major mandates beyond the agency's control required significant adjustments to manage fiscally. First, the federal government changed its Medicaid reimbursement rate in October 2005, reducing its participation by .41%. While this percentage change in Medicaid matching rates seems small, when computed against the $300 plus million in expected earnings, the additional cost to DDSN in fiscal year 2005-2006 was $984,000. Second was the need to provide BabyNet services for new children eligible under South Carolina's Infant and Toddlers with Disabilities Act. The cost of these mandated services was $942,180. In addition to these unfunded mandates, the department had to meet retirement increases, TERI employee payouts and continuously rising operating costs. Increases in operating expenses such as gasoline, oil, electricity, food, medical professionals and other goods and services had to be met in order to provide ongoing care to consumers receiving services. Reducing quality to fund these new expenditures was not an option. A combination of administrative measures, programmatic initiatives and operational efficiencies was mixed together to effectively respond to the increased demands while maintaining essential services and quality.

In addition, over the past five fiscal years, the department has managed permanent reductions in State Funds of over $26 million. This totals more than $85 million when the Medicaid revenue attached to these State dollars is considered. The department implemented organizational changes and administrative reductions that allowed it to manage this level of budget reductions with minimal reductions in service to the individuals and families currently served by the agency. DDSN implemented an updated Service Management and Permanent Budget Reduction plan beginning in fiscal year 2003 to absorb the additional State fund reductions and the resulting Medicaid fund reductions. The plan minimized administrative costs and maximized dollars to maintain current service levels to all persons receiving services while preparing to respond to new critical care life and death situations that arose during the year. Actions started in fiscal year 2001 continued, such as freezing non-direct care positions, severely restricting critical placements of individuals and reducing administration. (See Figure 7.2-7 and Figure 7.4-3)

The agency downsized, restructured and eliminated positions in administration, mid-level management and field personnel. Regional functions were streamlined, other responsibilities and functions previously regionalized were centralized. Savings were realized from 193 employees terminating employment through the Voluntary Separation Program (VSP) or a Reduction in Force (RIF), 286 positions being deleted and 268 fulltime equivalent (FTE) positions remaining unfilled. DDSN's payroll decreased by $5.4 million.

Direct care positions were not reduced. Service quality was not reduced. The agency cannot jeopardize the health and safety of individuals it serves or go below federal Medicaid standards. The combination of actions taken and changes made were accomplished amid the challenges of improving performance and increasing efficiency while responding to the increased need for services, the increased number of people served and an increased scope of services.

The department worked closely with the Governor's Office and the Legislature, particularly with the leadership to inform them of the agency's initiatives. The result was the Governor's Executive Budget recommendation and the decision of the Legislature to appropriate new state funds required to meet the new Medicaid match requirement and to address the growth in the BabyNet program. Additional appropriations were made to meet waiting list service needs and to cover the actual operating cost of care.

Meeting Service Needs: DDSN currently serves about 27,500 persons with mental retardation and related disabilities, autism, head injury and spinal cord injury. Approximately 82% of these

individuals live at home with their families, which compares to only 61% nationally. The remaining 18% of individuals have complex needs that cannot be met at home and require services provided in community residential settings or in one of five state-operated regional centers. (See Figure 7.1-2., Figure 7.2-4; and Figure 7.2-1 and Figure 7.5-2)

DDSN was appropriated new funds in fiscal year 2005-2006 for the development of 130 new community residential beds to respond specifically to the needs of aging caregivers. Last year there were 1,451 individuals living with a caregiver age 65 or older with over 260 caregivers being age 80 or older. This achievement not only helped 130 families but also helped to reduce South Carolina's vulnerability to a lawsuit based on the U.S. Supreme Court's Olmstead decision which requires that waiting lists move at a reasonable pace. In addition, increased levels of services were provided for 145 individuals whose jeopardized health and safety made their situation critical. Home and community-based waiver services were provided to approximately 5,300 individuals. Other in-home supports were provided for 1,065 persons to enable them to remain in their own home or their family's home. Providing these new services and increasing services to some individuals was accomplished with new state dollars but also through natural attrition, prioritizing the needs of individuals, improving the use of Medicaid reimbursements, and reducing administration further. (See Figure 7.3-1; Figure 7.2-7 and Figure 7.4-3)

However, the number of eligible persons waiting for services continues to grow. (See Figure 7.1-6, and Figure 7.1-7) Each month DDSN receives 400 requests from new people requesting eligibility and services. More babies are born each year with severe birth defects and more adults survive accidents that leave them with severe brain or spinal cord injuries. Advances in science and modern medicine save lives, but also add a growing group of children and adults who need services for the rest of their lives. Over 80% of DDSN's consumers are served only by DDSN. (See Figure 7.2-3) Turnover is very limited in the service system as severe disabilities are lifelong.

Implementation of Person-Centered Services: The department through its statewide organized service delivery system fully implemented the person-centered, (not program-centered), approach to services. A person-centered service plan incorporates the individual's needs, preferences on how to meet those needs, and the person's strengths, talent and abilities. A personal choice of service provider is an essential element to the person-centered approach. DDSN implemented a policy change in 1998 and began working with the State Budget and Control Board's Office of Materials Management to develop an ongoing national solicitation to create a Qualified Provider List. The result is a 25% increase in available providers. One-third of early intervention services are now provided by private providers. The redesigned accountability mechanism is operational. Assessment of consumer/family satisfaction through surveys and face-to-face interviews continue and is integrated into ways of planning efforts to bolster the person-centered approach.

For the past three years, DDSN has sponsored an annual Leadership Forum for self-advocates and their sponsors. On average nine DSN boards were represented each year and participants were taught the basic skills of what makes successful self-advocacy groups and how to build leadership with self-advocacy groups. Self-advocates were directly responsible for planning the conferences. Their success has led to the formation of a statewide self-advocacy organization known as IMPACT SC – Individuals Motivating People to Achieve Change Together for South Carolina. In May, a contingent of 100 South Carolina self-advocates attended a national self-advocacy conference in Atlanta. The conference allows self-advocates to network with self-advocate leaders from other states. A major portion of the cost of the conference is paid for through donations from businesses and organizations.

Implementation of South Carolina's Response to the Olmstead Decision: Dr. Stan Butkus, DDSN State Director, was appointed to serve on S.C.'s full Olmstead Committee and to serve as co-chairman on the Disabilities and Special Needs Work Group. The Olmstead U.S. Supreme

Court decision established that individuals living in institutions should be able to move to community options if they desire, that individuals should not be unnecessarily institutionalized, or put at risk of unnecessary institutionalization and that placements move at a reasonable pace.

All individuals living at regional centers and their families are screened annually regarding their interest in a community placement. DDSN's "money-follows-the-person" policy provides the financial flexibility for persons choosing to move to community settings from institutions. Since the Olmstead plan was implemented, 118 consumers expressed a strong desire to move and have relocated. The agency's critical case review process is the primary method to prevent and limit unnecessary institutional placement. This process develops individual solutions to provide the care required ranging from increased individual in-home supports to community residential services as appropriate. The new appropriation for 130 additional community beds helped relieve stress to aging caregivers and prevented unnecessary institutionalization, allowing people with disabilities to live in a community close to their parents or family.

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

DDSN has advanced its quality management system by designing, developing and implementing an organized approach to measuring organizational performance. A key feature of this approach is collecting a wide array of information from our consumers and their families regarding their experiences with the service system, its responsiveness in addressing their needs and areas of priority for people served. This information is then integrated into local and statewide quality enhancement efforts. Another important feature of this approach is the use of data to understand the strengths of an organization as well as areas requiring attention. The process is built on a technical assistance and learning approach to quality enhancement which promotes agency self-assessment and the development of the knowledge and skills essential to continuous internal quality improvement.

Key Strategic Goals

1. Improve the quality and range of supports and services that are responsive to the needs of individuals and families.

   a. Address critical needs of new persons in crisis situations.
   b. Provide services to persons on waiting lists.
   c. Serve new persons who become eligible.
   d. Allow consumers to choose the services they need from providers they prefer using individually defined resource limits.

e. Continue to move individuals from regional centers who choose community alternatives consistent with the Olmstead decision and using a budget neutral method.
f. Continue to maximize Medicaid by shifting service dollars to local operations.
 (See Figure 7.3-1; and Figure 7.3-4)
g. Continue to partner with other agencies to avoid duplication and share resources as appropriate. (See Figure 7.2-3)

Key Strategic Goals (Continued)

2. Increase accountability to all citizens of South Carolina.

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

Opportunities and Barriers

Opportunities

1. Increase use of Medicaid funding to develop flexible in-home supports for increased individual/family independence and prevention of more costly out-of-home residential placements. (See Figure 7.3-1)

2. Strengthen technology capacities to support self-determination initiatives and create efficiencies.

3. Enhance service provider productivity and efficiency.

4. Utilize improved statewide Quality Assurance Program to determine performance in the areas of health and safety of each person, dignity and respect, personal choice, participation in the community and attainment of goals.

Barriers

1. Each month DDSN receives 400 requests from new people for eligibility and services. Turnover is very limited in the service system as severe disabilities are lifelong and many people are waiting for the essential services they need to be more independent. DDSN has 1,908 people waiting for residential services and a waiting list of 1,040 people for day and employment programs. (See Figure 7.1-6, and Figure 7.1-7) In addition, 1,451 people with severe disabilities live at home with parents who are 65 years old or older; of these, 689 live with a parent 72 years old or older. Over 260 of these caregivers are over 80 years old. (See Figure 7.2-8) As parents age, their ability to provide care and supervision becomes more difficult, eventually impossible. When parents become ill, develop chronic diseases, need nursing home care themselves or pass away, the state must respond by providing 24-hour care for those left in vulnerable life or death situations.

2. Waiting lists continue to grow. While new service development can now occur, multiple years of budget reductions caused waiting lists to balloon. Consumer expectations for substantial growth and development of community-based services as a result of the U.S. Supreme Court's Olmstead decision are countered by the state's ability to appropriate new revenue to fund new services. This exact situation in South Carolina has led to lawsuits in 25

other states for community services for individuals with developmental disabilities. The Olmstead decision requires that waiting lists move at a reasonable pace.

3. The recruitment and retention of nurses continues to be extremely difficult in specific locations around the state. The unavailability of nurses caused by a nation-wide shortage of nurses is further complicated by competition from nursing homes, doctor's offices, school districts, and other providers. Some of these providers offer sign-on bonuses; all offer competitive salaries making it more difficult for DDSN to attract nurses especially on the second and third shifts.

Use of Accountability Report to Improve Organizational Performance

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

Section II – Organizational Profile

Main Products
DDSN and its statewide network of local providers began implementing a new service-delivery approach statewide in July 1998. This approach, called Person-Centered Services, gives South Carolinians with disabilities and their families more choice and control of the services and supports they receive from DDSN. Person-centered services provide new tools and processes for achieving the results individuals and families want. This new approach gives consumers and their families the power to use the resources allocated to them in ways that make sense in their lives. Consumers set goals and develop a plan that identifies the services and supports they need, and who will provide these services. Consumers and others evaluate the plan and the services and supports delivered, in terms of actual results produced in the person's life and how satisfied he or she is with the supports provided.

DDSN strives to serve all persons who are eligible for services and to ensure that services meet the highest standards. The department structures services so that the greatest number of people possible can be served and, at the same time, insure that out-of-home care is available for those individuals with the most critical needs.

Main Services
In-home Individual and Family Support Services: Preventing unnecessary and costly out-of-home placements for individuals with severe lifelong disabilities is the main objective on the in-home individual and family support program. These in-home services provide the supports necessary to enable the consumer to continue living at home. On average, in-home supports cost less than one-half of the least expensive out-of-home placement options. It is generally accepted by professionals and consumers alike that remaining in one's own home is preferable to out-of-home placement. It is rare that a better, more desirable service costs less, but that is the case with in-home family support. In-home supports include day services, supported employment, early intervention, respite, stipends, rehabilitation support services and behavior support services.

Employment Services - DDSN provides employment services to train and supervise individuals in the skills and knowledge required for different levels of employment. Some individuals

receive individualized supportive employment at their own worksite, while others are provided group employment in enclaves at various business and factory worksites. As the number of individuals who become competitively employed increases, public support through Social Security (SSI) and Medicaid decreases. An employment services for a disabled family member often means the difference between the state only helping the family versus the state having to provide 24-hour residential care. Efforts that DDSN makes in training and supervising consumers in employment opportunities greatly decrease the funds needed to care for consumers. As of June 30, 2006, there were 1,040 eligible individuals waiting for this service. (See Figure 7.1-7)

Community Residential Services: When in-home individual and family supports prove ineffective in meeting the needs of the individual, community residential services are offered. Small, family-like community residential services provide 24-hour care, yet cost less than the cost of state operated regional center placements. Families and individuals alike prefer these types of services, located closer to the individuals' home communities. As of June 30, 2006, there were 1,908 eligible individuals waiting for this service. (See Figure 7.1-6)

Regional Centers: Regional Centers serve persons with the most complex needs. The centers are the most expensive residential alternative due to the level of care and supervision needed. The number of persons served in the regional facilities continues to decline as local community supports are expanded to meet more of the needs of the individuals served closer to their families' homes. (See Figure 7.1-3 and Figure 7.2-5) As individuals move from state operated to local programs, the service funds are moved with them. As of June 30, 2006, there were approximately 33 individuals waiting for this service.
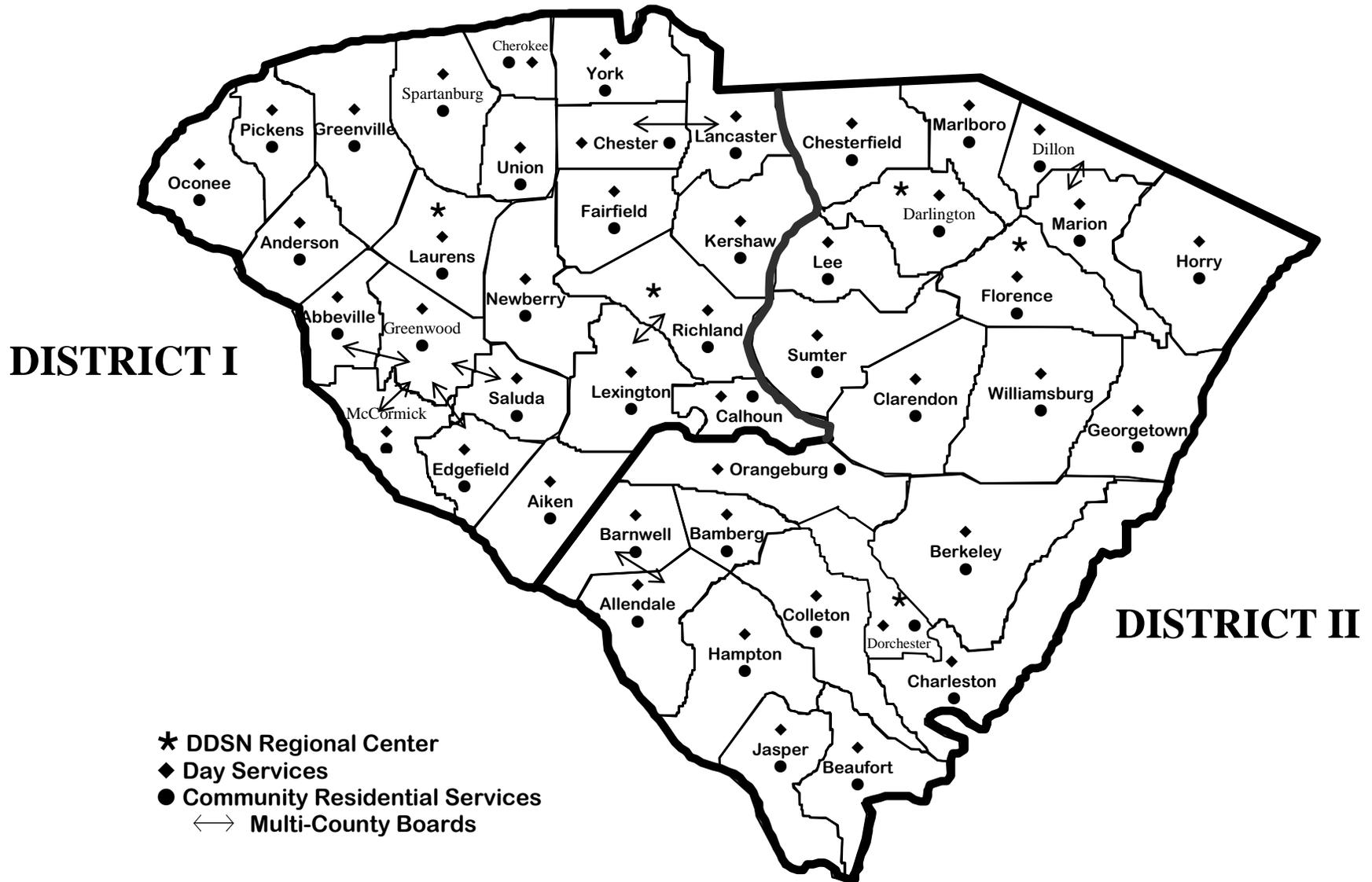
Prevention Services: It is estimated that government will save more than $1 million over the life span of an individual if that individual, whether child or adult, remains healthy rather than incurring a severe disability. DDSN has initiated many prevention programs through contractual and other agreements with the Center for Disease Control in Atlanta, Georgia, the Greenwood Genetic Center, the University of South Carolina School of Medicine, Medical University of South Carolina, Department of Family and Preventive Medicine, DHEC and Department of Health and Human Services.

Primary Service Delivery Methods and Systems

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

Consumers and family members play a critical role in the service delivery system and in evaluation the effectiveness of that system. Each DSN Board and regional residential center is required to have a documented process for consumers and families to participate as advocates for service recipients and to review and monitor services that are rendered. Consumers and family members participate in customer satisfaction surveys and face-to-face interviews to measure quality and responsiveness of services. This information is utilized in policy development and planning of service delivery.

SC Department of Disabilities and Special Needs
DDSN Service Delivery

DISTRICT I

DISTRICT II

Cherokee
York
Spartanburg
Pickens Greenville
Chester Lancaster Chesterfield Marlboro
Dillon
Oconee
Union
Fairfield
Darlington Marion
Anderson
Laurens
Kershaw
Lee Horry
Florence
Newberry
Abbeville Richland
Greenwood
Sumter
McCormick Saluda Lexington Clarendon Williamsburg
Calhoun
Georgetown
Edgefield
Aiken Orangeburg
Barnwell Bamberg Berkeley
Allendale
Colleton
Hampton Dorchester
Charleston
Jasper Beaufort

✱ DDSN Regional Center
◆ Day Services
● Community Residential Services
⟷ Multi-County Boards

Key Customer Segments and Key Requirements/Expectations

DDSN's key customers are the individuals with disabilities and their families who receive services or who are eligible and waiting for services. DDSN serves about 27,500 persons with mental retardation and related disabilities, autism, head injury or spinal cord injury. These disabling conditions are severe, life-long and chronic. (See Figure 7.2-1 and Figure 7.5-2; and Figure 7.1-2 and Figure 7.2-4)

Turnover is very limited in the service system as severe disabilities are life-long and many individuals are waiting for the services they need to be independent. DDSN has a waiting list of 1,040 people for day and employment programs and 1,908 for priority residential services. In addition, almost 1,451 people with severe disabilities live at home with parents who are 65 years old or older; 689 of whom live with caregivers aged 72 or older. (See Figure 7.1-6, Figure 7.1-7, and Figure 7.2-8)

Key Stakeholders

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

Key Suppliers and Partners

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

DDSN partners with other state agencies such as the Department of Vocational Rehabilitation, the Department of Mental Health, the Department of Health and Environmental Control, the Department of Social Services and the Department of Health and Human Services to maximize services to its customers and ensure health and safety.

Operation Locations

DDSN's operation locations cover all 46 counties of the State and include:

- Central Administration located in Columbia
- Regional Centers located in Columbia, Clinton, Ladson, Florence and Hartsville
- District Offices located in Clinton and Ladson
- 39 Local Disabilities and Special Needs (DSN) Boards, with some serving multiple counties

DDSN Employees

2,300 Classified/Unclassified Employees located throughout South Carolina

225 Temporary Employees utilized periodically during the year to cover existing vacancies and long-term absences due to illnesses, but not to supplement the work force on a permanent basis.

7,544 Contract Employees (DDSN contracts with a statewide provider network to administer services to DDSN eligible individuals.)

Regulatory Environment

The South Carolina Department of Disabilities and Special Needs (DDSN), as stated in Section 44-20-240 of the South Carolina Code of Laws, has authority over all the state's services and

programs for South Carolinians with severe lifelong disabilities, including mental retardation and related disabilities, autism, traumatic brain injury, and spinal cord injury and similar disabilities.

Key Strategic Challenges

Improve the quality and range of supports and services that are responsive to the needs of individuals and families.

- Address critical needs of new persons in crisis situations.
- Provide services to persons on waiting lists.
- Serve new persons who become eligible.
- Allow consumers to choose the services they need from providers they prefer using individually defined resource limits.
- Continue to move individuals from regional centers that choose community alternatives consistent with the Olmstead Decision and using a budget neutral method.
- Continue to maximize Medicaid by shifting service dollars to local operations. (See Figure 7.3-1; and Figure 7.3-4)
- Continue to partner with other agencies to avoid duplication and share resources as appropriate. (See Figure 7.2-3)

Increase accountability to all Citizens of South Carolina
- Continue implementation of a performance measurement system linked to customer satisfaction and achievement of consumer's outcomes.
- Enhance quality assurance and quality improvement initiatives and maintain compliance with federal standards.
- Minimize the occurrence and reduce the severity of disabilities through primary and secondary prevention initiatives.

Opportunities
- Increase use of Medicaid funding to develop flexible in-home supports for increased individual/family independence and prevention of more costly out-of-home residential placements. (See Figure 7.3-1)
- Strengthen technology capacities to support self-determination initiatives and create efficiencies.
- Enhance service provider productivity and efficiency.

Barriers
- Each month DDSN receives 400 requests from new people for eligibility and services. Turnover is very limited in the service system as severe disabilities are lifelong and many people are waiting for the essential services they need to be more independent. DDSN has 1,908 people waiting for residential services and a waiting list of 1,040 people for day and employment programs. (See Figure 7.1-6, and Figure 7.1-7) In addition, over 1,451 people with severe disabilities live at home with parents who are 65 years old or older; of these, 689 live with a parent 72 years old or older. Over 260 of these caregivers are over 80 years old. (See Figure 7.2-8) As parents age, their ability to provide care and supervision becomes more difficult, eventually impossible. When parents become ill, develop chronic diseases, need nursing home care themselves or pass away, the state must respond by providing 24-hour care for those left in vulnerable life or death situations.

- Waiting lists continue to grow. While new service development can now occur, multiple years of budget reductions caused waiting lists to balloon. Consumer expectations for substantial growth and development of community-based services as a result of the U.S. Supreme Court's Olmstead decision are countered by the state's ability to appropriate new revenue to fund new services. This exact situation in South Carolina has led to lawsuits in 25 other states for community services for individuals with developmental disabilities. The Olmstead decision requires that waiting lists move at a reasonable pace. South Carolina is less vulnerable now with the influx of new resources to help address the waiting list.

- The recruitment and retention of nurses continues to be extremely difficult in specific locations around the state. The unavailability of nurses caused by a nation-wide shortage of nurses is further complicated by competition from nursing homes, doctor's offices, school districts, and other providers. Some of these providers offer sign-on bonuses; all offer competitive salaries making it more difficult for DDSN to attract nurses especially on the second and third shifts.

Performance Improvement Systems

DDSN undertakes specific measures to assure consumer health and safety, and to increase the quality of services and supports offered by its system of service providers through a variety of different methods. (See Figure 7.2-2 and Figure 7.5-1)

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

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

Agency Organizational Structure

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

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

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

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

DDSN provides services to the majority of eligible individuals in their home communities, through contracts with local service-provider agencies. Most of these agencies are called Disabilities and Special Needs (DSN) Boards, serve every county in South Carolina and are the local, single point of entry into the State's organized disability service delivery system.

Local Disabilities and Special Needs (DSN) Boards are created by state statute and county ordinance. While they are not local state agencies with state employees, they are public entities, governmental bodies in nature and combine the best aspects of public and private organizations. DSN boards provide a consistent level of services statewide; yet encourage local initiative, volunteerism and pride in service delivery. Local flavor and community preferences are present, yet services are provided at a consistent level of quality statewide.

Consumers and family members play a critical role in the service delivery system and in evaluating the effectiveness of that system. Each DSN Board and regional residential center is required to have a documented process for consumers and families to participate as advocates for service recipients and to review and monitor services that are rendered. Consumers and family members participate in customer satisfaction surveys and face-to-face interviews to measure quality and responsiveness of services. This information is utilized in policy development and planning of service delivery.

SC Department of Disabilities & Special Needs
Organizational Chart

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                                Governor
                                   |
                               Commission
                                   |
                             State Director
                                SCDDSN
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 Deputy         Director       Associate        Director        Associate
 State Director Human          State Director    Internal Audit  State Director
 Administration Resources &    Policy                            Operations
                Legal Services
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| Deputy State Director Administration | Director Human Resources & Legal Services | Associate State Director Policy | Director Internal Audit | Associate State Director Operations |

| Director Gov't & Community Relations | Director Finance & Accounting | Director Human Resource Mgmt | Director Legal Division | Director Consumer Assessment | Director MR Division | District Director District I | District Director District II |

| Director Budget & Engineering | Director Cost Analysis & Community Contracts | | | Director Autism | Director Head & Spinal Cord Injury |

| Director Service & Supply | Director Information Resource Mgmt | | | Director Quality Assurance |

Accountability Report Appropriations/Expenditures Chart

Base Budget Expenditures and Appropriations

Major Budget Categories	FY 04-05 Actual Expenditures		FY 05-06 Actual Expenditures		FY 06-07 Appropriations Act	
	Total Funds	General Funds	Total Funds	General Funds	Total Funds	General Funds
Personal Service	$64,946,793	$46,120,701	$ 65,785,837	$48,635,902	$66,105,108	$47,899,213
Other Operating	$283,971,527	$69,545,948	$313,142,342	$83,056,844	$382,475,768	$95,360,040
Special Items	$426,175	$174,175	$426,175	$174,175	$326,000	$200,000
Permanent Improvements	$4,025,621		$3,434,964			
Case Services	$8,839,574	$700,538	$9,876,259	$1,461,518	$10,463,032	$1,047,632
Distributions to Subdivisions	$64,425					
Fringe Benefits	$23,388,503	$16,584,138	$23,092,394	$16,782,734	$25,661,473	$17,953,502
Non-recurring					$11,568,000	$11,568,000
Total	$385,662,618	$133,125,500	$415,757,971	$150,111,173	$496,599,381	$174,028,387

Other Expenditures

Sources of Funds	FY 04-05 Actual Expenditures	FY 05-06 Actual Expenditures
Supplemental Bills		

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Capital Reserve Funds	$4,060,875	$3,378,042
Bonds	$1,485	

Major Program Areas

Program Number and Title	Major Program Area Purpose (Brief)	FY 04-05 Budget Expenditures		FY 05-06 Budget Expenditures		Key Cross References for Financial Results*
II.E Mental Retardation Community Residential	Residential care provided to consumers in the least restricted environment based on needs of consumer. This residential care consists of 24 hour care with range of care based on medical and behavioral needs of consumers.	State:	39,055,810.00	State:	52,372,709.00	7.1-2, 7.1-3, 7.3-4
		Federal:	20,227.00	Federal:	128,835.00	
		Other:	111,241,115.00	Other:	124,633,072.00	
		Total:	150,317,152.00	Total:	177,134,616.00	
		% of Total Budget:	39%	% of Total Budget:	43%	
II.H. Regional Centers	Regional residential centers provide 24 hour care and treatment to individuals with mental retardation or autism with more complex, severe disabilities.	State:	55,547,968.00	State:	54,729,694.00	7.1-3, 7.3-4
		Federal:	31,676.00	Federal:	36,890.00	
		Other:	37,856,591.00	Other:	40,005,205.00	
		Total:	93,436,235.00	Total:	94,771,789.00	
		% of Total Budget:	25%	% of Total Budget:	23%	
II.B3 - Mental Retardation Family Support Adult Development and Supported Employment	Service consists of center based workshop providing training and skill development in a workshop environment and on the job training in a normal work place. Participants are paid wages based on their ability to produce.	State:	8,826,019.00	State:	10,293,734.00	7.1-7
		Federal:	0.00	Federal:	0.00	
		Other:	36,552,189.00	Other:	38,249,680.00	
		Total:	45,378,208.00	Total:	48,543,414.00	
		% of Total Budget:	12%	% of Total Budget:	12%	
II.B2 - Mental Retardation Family Support In-Home Family Support	Family support services prevent the breakup of families, prevent the development of crisis situations and the resulting expensive out-of-home placement for individuals with severe life-long disabilities.	State:	14,906,443.00	State:	16,385,573.00	7.2-1
		Federal:	55,387.00	Federal:	56,885.00	
		Other:	12,098,997.00	Other:	9,981,666.00	
		Total:	27,060,827.00	Total:	26,424,124.00	
		% of Total Budget:	7%	% of Total Budget:	6%	

Below: List any programs not included above and show the remainder of expenditures by source of funds.
Program I; Program II. Subprograms A; B1; C; D; F and G.

Remainder of Expenditures:	State:	14,789,260.00	State:	16,329,463.00
	Federal:	923,217.00	Federal:	101,298.00
	Other:	49,732,098.00	Other:	49,018,303.00
	Total:	65,444,575.00	Total:	65,449,064.00
	% of Total Budget:	17%	% of Total Budget:	16%

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

Section III – Elements of Malcolm Baldrige Award Criteria

Category 1: Leadership

1.1-.2 Senior Leadership Direction; Focus on Customers:
Dr. Stan Butkus is the State Director of the South Carolina Department of Disabilities & Special Needs. Under his leadership, beginning in 1998 the department has been on the cutting edge of developing and implementing a statewide service model that relies on consumer choice and consumer satisfaction based on a person-centered needs assessment and personal outcomes review system. A variety of techniques helped shift the organized statewide service delivery system to a person-centered system from a program-centered system. Information on the new concept of service delivery was mailed statewide to all consumers, many potential consumers and a vast network of provider groups and advocacy organizations. Consumers and family members were invited to attend regional informational meetings to learn about person-centered services and give input. The State Director established on going work groups to develop new processes and tools.   All stakeholders were represented as well as cross-functional staff representation.

Senior leaders actively promote open communication throughout the organization. Cross-functional committees are utilized to develop agency plans and strategies. These committees consist of staff with programmatic skills as well as staff that are skilled in fiscal matters. This cross-functional staffing provides for a thorough review of all issues involved in establishing or changing agency wide policies.   The State Director also established an Information Workgroup to bolster the agency's efforts in consumer and family education. Membership includes leaders of advocacy organizations, consumers, parents, provider organizations, executive directors and representatives from provider and DDSN program areas.

The agency head/executive team maintains open lines of communications with many different stakeholder groups to be aware of concerns and areas of needed improvement. The State Director and his executive staff meet regularly with consumers, various grassroots parent/advocacy groups - each with their own special interest, the leadership of provider organizations, and leaders from other state agencies. Discussions occur in both small and large groups, often in geographical "clusters". Personal involvement with each of the aforementioned groups allows for continuous and open exchange to identify and address necessary issues.   The department relies heavily on its consumers, service providers, parents and advocates for providing feedback on how well the services provided are meeting the needs of each consumer. The State Director is available to parents, individuals with disabilities, advocates, Board members, providers, elected officials-all the stakeholders.   The State Director listens to their needs and wants, concerns, and feelings about how the agency is responding and performing.

The agency's executive leadership team is made up of individuals who have many years of experience in their respective fields of expertise. Top managers in the areas of fiscal and administration work together as do the managers of the various disability divisions and community services to set goals and accomplish objectives that improve the lives of DDSN's consumers. Policy and day-to-day operation managers coordinate regularly. Short term and long term goals are set to provide direction for the agency. Technical training, one-on-one communication, and workgroups are used to disseminate the goals and directions to agency staff.   The department utilizes staff development opportunities to stress team-building concepts and to train employees and service provider employees on mediation techniques.   Each member of the executive team takes a "hands on" approach to leadership.   The department intentionally has minimal layers of middle management so senior leaders are aware of needs as they arise and are able to quickly develop solutions. Executive staff members remain involved until goals are met and

issues are resolved. Direction and performance expectations are communicated in a variety of ways. The State Director and his executive staff work together as a team to communicate to agency staff at all levels areas of need/improvement, new direction of emphasis and performance expectations. Willing to make the tough decisions, the State Director led his staff through the necessary process of taking unpopular but prudent actions to manage anticipated state budget cuts. Administrative reductions continued while protecting the essential functions of direct care and nursing. Over the past several years the agency has successfully implemented three RIF's and three Voluntary Separation Programs, an initiative that has now become a model for State Government. (See Figure 7.4-2)

Cross-functional committees and stakeholder workgroups are utilized. Consumer groups/advocacy organizations and provider leadership are kept informed through regular meetings. Special conferences or trainings are sponsored to focus on specific areas of emphasis.

1.3   Impact on the Public:
The State Director and his executive staff meet directly with the Governor's office and members of the General Assembly and their staff to discuss the potential impact of the department's programs, services, facilities and operations and the associated risks of each.   These meetings and shared perspectives guide our focus and improve responsiveness to consumers of services and taxpaying citizens alike. The State Director maintains a good reputation and is known to work with legislators to prevent problems, provider information and find solutions. Legislators find the State Director accessible and approach him directly to discuss an issue or seek his assistance. Elected officials express a high degree of confidence in his leadership and management.

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

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

1.5   Key Performance Measures:
Assessment of functions is ongoing to ensure resources are directed to priority areas. This assessment along with a required review of non-direct care position vacancies guides how DDSN organizes, targets funds and evaluates performance. DDSN's reorganization streamlined processes, centralized certain functions and improved utilization of administrative staff. (See Figure 7.2-7 and Figure 7.4-3) Critical placements, residential waiting lists, day service waiting lists, waiver service waiting lists, service vacancies, expenditures, utilization of Medicaid funds, critical incidents and

the agency's direct care staff-to-consumer ratio are key performance measures that are reviewed regularly. (See Figure 7.3-2, Figure 7.1-6, Figure 7.1-7, and Figure 7.4-1 and Figure 7.5-5) Leadership actively promotes the health, safety and well being of the consumers DDSN serves, as well as the dignity and respect for these individuals and their families.

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

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

Agency leadership is active in professional organizations at the state, regional and national levels. Up-to-date knowledge of state-of-the-art practices, trends and approaches used by other states is shared throughout all levels of the organization and is used to enhance and improve South Carolina's system. Information is incorporated into training opportunities for front line staff and managers alike.

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

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

1.8   Fostering Performance Improvement:
Key priorities are communicated in a variety of ways. The planning process used to carry out the agency's mission is a continuous process. It is primarily concerned with developing organizational objectives, forecasting the environment in which objectives are to be accomplished and determining the approach in which they are to be accomplished.

To be successful, planning requires an analysis of data from the past, decisions in the present, and an evaluation of the future.

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

1.9   Supporting and Strengthening the Community:
DDSN is actively involved in community outreach. Agency leaders encourage staff participation in community events and set the example by their own community involvement. Senior leadership as well as other DDSN staff is actively involved in civic organizations, professional organizations, and community and statewide charities. Staff members at all levels participate in and promote various community efforts including the United Way, Community Health Charities of South Carolina, foster care program, Red Cross blood drive, Special Olympics, Palmetto Place Children's Emergency Shelter, Palmetto Health Children's Hospital, the Mayor's Committee on Employment for People with Disabilities and walks for breast cancer, MS and other causes. A high level of importance is placed on community involvement for all DDSN employees through planned on-site activities and off-site participation during business hours. Individual community and professional involvement is encouraged and recognized. Board members, Executive Directors and staff of local DSN Boards are also very active in their local communities and participate in civic and community organizations and activities.

Category 2: Strategic Planning
The planning process used to carry out the agency's mission is a continuous process. It is primarily concerned with developing organizational objectives, forecasting the environment in which objectives are to be accomplished and determining the approach in which they are to be accomplished. To be successful, planning requires an analysis of data from the past, decisions in the present, and an evaluation of the future.

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

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

renovations, construction, or change in use of specific buildings in order to provide adequate and appropriate facilities to meet individual needs in a high quality setting. To determine services needed over a multi-year period, a review is done of current programs and services, the number of individuals served, underserved and unserved, and the new resources needed to meet the need.

The strategic planning process includes a multi-year analysis of operating budget needs and permanent improvement needs. These multi-year analyses encompass historical trends, regional center evaluations, key regional staff input, local community provider and consumer input. Once the analysis is refined the department prepares its annual budget request for the Governor and General Assembly that includes both recurring and non-recurring items. Capital needs are stated in the Comprehensive Permanent Improvement Plan (CPIP), which is submitted to the Joint Bond Review Committee and the Budget and Control Board.

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

As directed over many years by Governors' administrations and the General Assembly, DDSN has pursued an aggressive effort to have as many of the agency's services as possible covered by the federal government through Medicaid. DDSN has aggressively used Medicaid waivers to develop a flexible system of in-home supports and to expand their availability. South Carolina was the first state to be approved for a head and spinal cord injury Medicaid waiver. This has meant a reduced cost to the State to provide services to persons with lifelong disabilities. DDSN continues to maximize Medicaid revenue even as state appropriated funds have decreased due to budget reductions over the past several fiscal years. (See Figure 7.3-1)

DDSN works with consumers and their families to provide residential services in the most appropriate place and in the least restrictive environment. This philosophy of consumer choice also allows DDSN to provide residential services in a very cost efficient manner. (See Figure 7.3-2)

2.2   Key Strategic Objectives: (See Strategic Planning Chart)

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

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

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

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

2.5   Communication and Deployment:
Strategic objectives, action plans and related performance measures are communicated in a variety of ways. The State Director and his executive staff meet directly with the Governor's Office, members of the General Assembly and their staffs to keep them informed. The agency's executive leadership works together as a team to communicate and disseminate the objectives and directives to agency staff. Cross-functional committees and stakeholder workgroups are utilized. Consumer groups/advocacy organizations and provider leadership are kept informed through regular meetings.
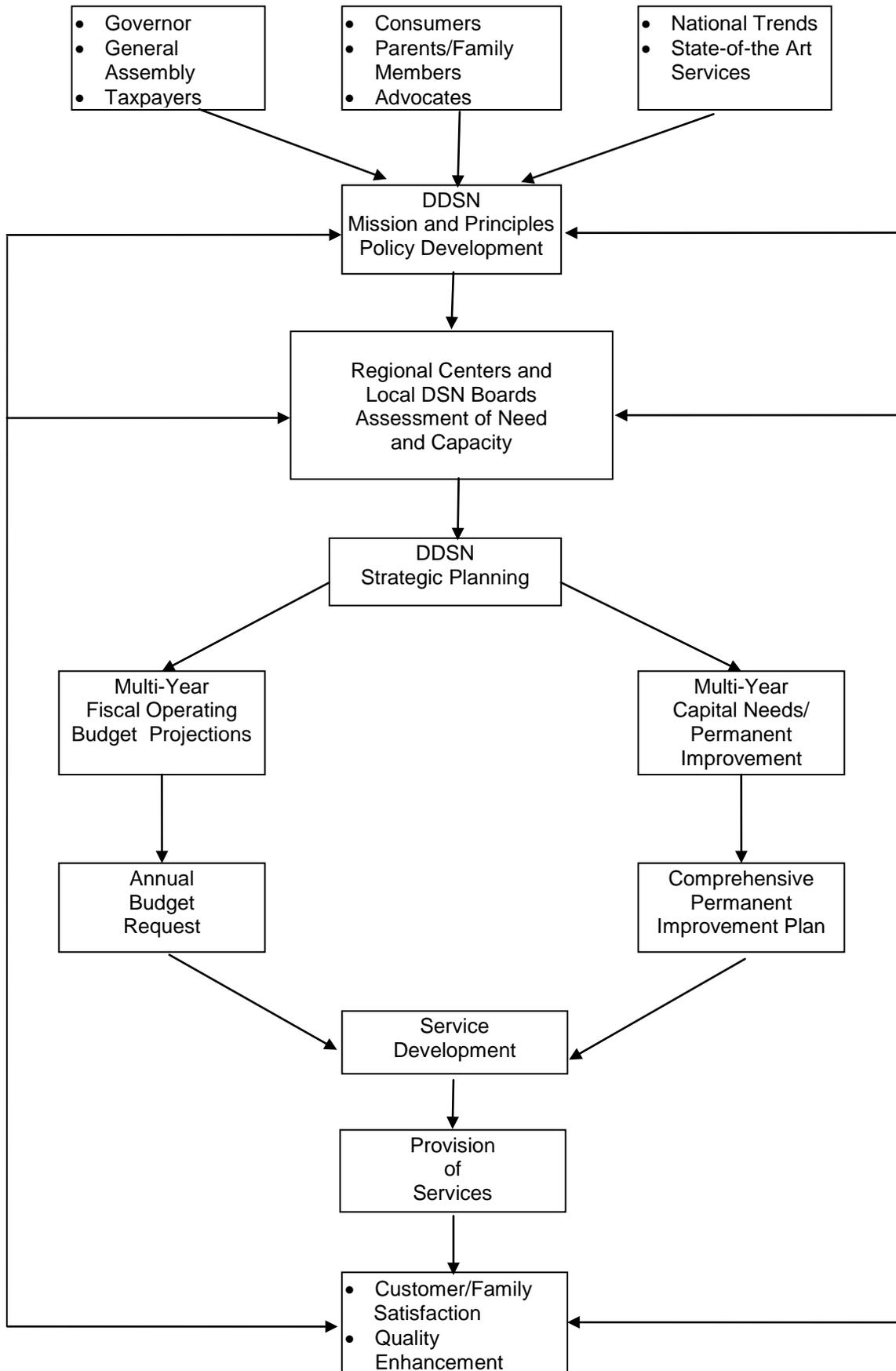
2.6 Measured Progress on Action Plans:
Progress on action plans is measured in several ways. Data is collected throughout the year to determine numbers of individuals served, what services they receive, and number of new person requesting eligibility. Annually consumers and their families are surveyed either by mail or through face-to-face interviews to determine personal outcomes and data is also routinely collected and analyzed to identify individuals in critical circumstances and those who wish to choose different services or different service providers. Trend data is regularly presented, action plans are reviewed and strategic effort is clarified. Resources are constantly monitored to ensure that resources are targeted to priority areas, that revenues and efficiencies are maximized and adequate funds are available to carry out the agency's mission.

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

2.8   DDSN Strategic Plan: http://www.state.sc.us/ddsn/mission/mission.htm

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

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│ • Governor       │   │ • Consumers      │   │ • National Trends│
│ • General        │   │ • Parents/Family │   │ • State-of-the Art│
│   Assembly       │   │   Members        │   │   Services       │
│ • Taxpayers      │   │ • Advocates      │   │                  │
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│ Budget Projections│                      │   Permanent      │
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Strategic Planning

Program Number and Title	Supported Agency Strategic Planning Goal/Objective	Related FY 05-06 Key Agency Action Plan/Initiative(s)	Key Cross References for Performance Measures*
All Programs	Improve the quality and range of supports and services that are responsive to the needs of individuals and families.	➤ Address critical needs of new persons in crisis situations. ➤ Provide services to persons on waiting lists. ➤ Serve new persons who become eligible. ➤ Allow consumers to choose the services they need from providers they prefer using individually defined resource limits. ➤ Continue to move individuals from regional centers who choose community alternatives consistent with the Olmstead Decision, using a budget neutral method. ➤ Continue to maximize Medicaid by shifting service dollars to local operations. (See Figure 7.3-4) ➤ Continue to partner with other agencies to avoid duplication and share resources as appropriate. (See Figure 7.2-3)	7.1-2, 7.1-3, 7.1 -4, 7.1-6 7.1-7, 7.2-1, 7.2-2, 7.2-4, 7.2-8, 7.3-1, 7.3-2, 7.3-3, 7.3-4, 7.5-1, 7.5-3, 7.5-4
All Programs	Increase accountability to all citizens of South Carolina.	➤ Continue implementation of a performance measurement system linked to customer satisfaction and achievement of consumer's outcomes. ➤ Enhance quality assurance and quality improvement initiatives and maintain compliance with federal standards. ➤ Minimize the occurrence and reduce the severity of disabilities through primary and secondary prevention initiatives.	7.1-1, 7.2-7, 7.4-1, 7.4-3, 7.4-2, 7.4-4, 7.5-5

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

Category 3: Customer Focus

3.1 Key Customers and Requirements:
DDSN uses a variety of methods and approaches to identify its customers. The identification of primary customers comes from the SC Code of Laws which includes people with the lifelong disabilities of mental retardation, related conditions, autism, traumatic brain injury, spinal cord injury and similar conditions. DDSN has a strong referral system from hospitals, doctors, school personnel, and families, elected public officials, advocacy organizations, the Governor's office, community service organizations and other state agencies. DDSN considers these referring entities as other customers. Last, because the department receives state and federal funds to provide services, payers and taxpayers are considered customers.

DDSN learns about its customers' key requirements through contracts, surveys, focus groups, face to face meetings, and tracking their demands over time.

Keeping Current with Changing Customer/Business Needs and Expectations:
The department is governed by a seven (7) member commission as set forth in the Code of Laws, whose duties include educating the public as well as state and local officials as to the need for funding, development and coordination for services. Through these efforts, DDSN continuously learns about customers' needs, preferences, and priorities. The long term care field is constantly changing. Many approaches are used to keep current with such changes and expectations of DDSN customers. First, over 10% of primary customers and their families are surveyed each year using a nationally recognized tool that is used by over 25 states allowing for national comparisons. This data is tracked over time permitting DDSN to identify changes in people's expectations and needs. One area that has remained consistent over time is DDSN's customers' preferences to receive services in their own home and communities versus in institutions. DDSN exceeds the national trends in meeting this expectation by supporting 82% of people at home versus 61% nationally. (See Figure 7.1-2 and Figure 7.2-4)

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

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

Using Feedback Information from Customers/Stakeholders:
DDSN uses a quality improvement process that is grounded in the collection and analysis of reliable and valid data. Data is used to drive the decision making process. The design of this system sets the stage for achieving person-centered desired outcomes along 7 dimensions. The design addresses topics such as service standards, provider qualifications, service planning, monitoring health and safety, and critical safeguards. The quality management functions gauge the effectiveness and functionality of our design and pinpoints where attention should be devoted to secure improved outcomes. It

encompasses 3 functions: discovery (collecting data and consumers' experiences), remediation (taking action to remedy specific problems or trends that occur), and continuous improvement (using data and quality information to engage in actions that lead to continuous improvement in service delivery). Data is trended and analyzed monthly and where possible compared with national data. In areas that require strengthening, the agency develops a goal with all stakeholders and re-evaluates the effectiveness of the interventions on an annual basis. The most significant efforts that has resulted from the information gathering process is the continued needs to provide choice and control for agency customers. (See Figure 7.2-2 and Figure 7.5-1)

Measuring Customer/Stakeholder Satisfaction:
DDSN contracts with a quality improvement organization to conduct customer satisfaction and experience surveys. Some of the surveys are done face to face with our customers (5% random sample) while others are mailed to customers (10% random sample) and their families. A majority of states use the same survey tools allowing DDSN to compare our data with other agencies. DDSN prioritizes the areas needing improvement and develops an annual goal for each area with specific interventions that include policy change, training, and technical assistance. (See Figure 7.1-1)

The surveys and personal interviews are designed to assist organizations/providers and the department in using the information gathered to gain a better understanding of the priorities for customers and to integrate this information into local quality enhancement planning and efforts. For example, only 3.65% of the developmental disabilities population in South Carolina is placed in nursing facilities as compared with the National average of 6.58%. This effort continues to be reinforced since the consumer demand for nursing home services is extremely low and national efforts communicate that nursing home placement is inappropriate for younger people with developmental disabilities. (See Figure 7.2-6 and Figure 7.5-4)

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

Building Positive Relationships with Customers and Stakeholders:
Many activities are ongoing to keep DDSN consumers, families and advocates informed. DDSN also has a full-time Director of Consumer and Family Empowerment whose primary responsibility includes developing positive relationships with consumers and their families. Publications including the Practical Guide to Services, Choosing a Caregiver and others in addition to our person-centered services – A Guide to Consumers and Families, and the agency's website are kept updated and widely disseminated. DDSN has an Office of Community Education, which develops and produces materials to educate and assist consumers, family members and professionals.

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

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

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

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

Category 4: Information and Analysis

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

Using Data/Information:
DDSN uses data to drive decisions involving many areas including its customers, their families, service delivery, critical incident/risk management and financial. Data is collected uniformly across the state and analyzed in a variety of ways. The agency has 10 years of trend data in the risk management area, 4 years of trend data in the quality assurance area including licensing activities, 3 years of trend data in the customer/family satisfaction area, and 2 years of trend data in the quality management area.

Key Measures:
DDSN undertakes specific measures to assure consumer health and safety, and to increase the quality of services and supports offered by its system of service providers through a variety of different methods. (See Figure 7.2-2 and Figure 7.5-1)

Risk Management – risk management activities and programs strive to prevent negative occurrences in the lives of consumers. DDSN conducts many risk management activities

using several different sources and measures. This is called purposeful redundancy which is used to assess from multiple angles the status of the health and welfare of the people DDSN supports. The three primary risk management (RM) activities are:

1. RM – <u>Traditional Activities</u> – These activities include ensuring the safety of buildings, complying with OSHA standards, and taking appropriate measures to protect against loss through pre-employment screening, pre-service training, insurance coverage, financial auditing and legal consultation. Data is collected annually and trended over time.

2. RM – <u>Consumer Oriented Activities</u> – Activities under this heading include the tracking and review of, and response to allegations of abuse, neglect and exploitation, critical incidents, complaints/appeals and mortality. Data is collected annually and trended over time.

3. RM – <u>Consumer Determined Activities</u> – This is a new area of RM that has developed as a result of the paradigm shift in the treatment and services that has empowered consumers to be more in control of their lives/choices and the decisions that are made regarding the services and supports they receive. These consumer determined risk factors may relate to issues of diet, exercise, use of potentially harmful substances, sexual practices, hygiene, conformance with medical advice, acceptance of behavioral health services and acceptance of staffing levels of supervision, to name a few. Some of the tools DDSN and its network of providers use in this area are consumer and family councils, circles of support, pre-approval of plans of service, ongoing service coordination monitoring of service deliver, the annual planning process, human rights committees, the use of ethics committees and consulting ethicists on an "as needed" basis. Data is collected annually or upon request of the agency.

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

1. Licensing Activities – DDSN uses licensing activities to assist in providing a foundation of health and safety upon which other quality of life initiatives may be built. Licensing activities occur on an annual basis and involve staff from DDSN, the state's health agency (DHEC), social services agency (DSS), and the State Fire Marshall's Office. Data is collected annually and trended over time.

2. Contractual Compliance Activities – The second component of this elaborate QA/QI system is the work done by a private company, First Health, Inc. a Quality Improvement Organization designated by the federal Centers of Medicare and Medicaid Services (CMS). As part of its activities, First Health, with the assistance of the Human Services Research Institute (HSRI), uses three nationally recognized surveys which are administered to 10% of DDSN consumers and their families on an annual basis. The surveys have been tested by HSRI for reliability and validity on person with mental retardation and their families and 23 states across the country use or have used these survey instruments so results can be compared with those of other states. Data is collected annually and trended over time.

3. Personal Outcome Measures – Another redundant and reliable way DDSN assesses consumer's health, welfare, and satisfaction is through a contract DDSN has with the nationally recognized company, the Council on Quality and Leadership (CQL). CQL uses personal outcome measures to help DDSN determine how well services and

supports are helping an individual achieve personal goals. Data is collected quarterly, analyzed annually and trended over time.

4. Consumer/Family Satisfaction Measures – These measures typically have a larger affective component than personal outcomes. It is very possible for a consumer to have met all of his/her personal goals but still feel dissatisfied with life or the services and supports he/she is receiving. Consumer and family satisfaction surveys are conducted annually using a planned redundancy model. Each service provider is required to develop and administer their own annual satisfaction survey. Results are tabulated and identified areas of weakness are addressed for correction. In addition, as mentioned earlier, DDSN, through its contract with First Health administers three national standardized satisfaction surveys to 10% of its service population on an annual basis. Data is analyzed annually and trended over time.

5. Quality Management Activities – With the many different approaches DDSN uses to measure and improve quality, it became important to develop a process that would allow the synthesis of all data in order to understand overall performance of the Organized Health Care Delivery System (OHCDS). In collaboration with the Council on Quality and Leadership, DDSN designed a quality management process that allows for just such an assessment. The process is built on a technical assistance and learning approach to quality enhancement. The effort is grounded in the Council's Organizing Principles and Basic Assurances and therefore much of the work focuses on the OHCDS's leadership, systems and quality management and planning. During the initial 4 day visit to providers, DDSN staff talk with a variety of employees throughout the organization, meet with people receiving services and their families, read policies and literature, observe team meetings, identify current data collection strategies and processes, learn how data is used, observe services in motion, and attend meetings/staffings/psychotropic drug review and self-advocacy efforts. Ultimately, the department synthesizes all the information and jointly, with the provider, identifies the strengths of their system and develops, or builds upon, existing quality enhancement plans. Follow up visits are scheduled and technical assistance is provided through out the year. Another full visit occurs every third year to assess improvement.

6. Other Quality Enhancement Activities – Another important aspect of DDSN's Quality Assurance System that helps both assure and improve the quality of the services being provided is the official body of policies, directives, and procedures. These documents represent a significant source of guidance to the system as a whole and lay out the expectations for service delivery. A system is in place to regularly review and revise these policies. Further, independent CPA's are utilized to conduct audits of providers' financial activities and DDSN Internal Audit assesses other financial performance issues.

Selecting and Using Comparative Data and Information:
Data selection is based on what the Commission and State Director desire to collect to be informed and track objectives, what funding sources such as the State and Medicaid require, and what DDSN's primary customers say is important to them and what quality improvement measures indicate. There is some data that can be compared nationally, while some is available only locally or statewide. Historically, no national database was ever established to track trending within the field. Two such sources now exist, The State of the State, which evaluates states spending patterns, institutional placements and legislative efforts and HSRI (Human Service Research Institute). HSRI partnered with an established group of state directors to begin assessing national trends and data relating to services and satisfaction based on information surveyed from customers and their families. States have the option to participate in the data collection process, as it requires

staff effort to collect the important information. South Carolina voluntarily joined the effort in order to receive the national feedback and to bolster the field as a whole. Both of these efforts are in the genesis and will take more time to provide the annual data that will lead to concise analysis and utilization of the information.

DDSN does evaluate national comparative data where available. For example, in terms of efficiency, the department regularly measures its cost of providing services in a variety of settings. The department's institutional rates are reviewed annually and over time. When compared to national institutional rates, DDSN continues to provide this level of care at 25% less than the national rate. (See Figure 7.3-2)

Another example of comparative data that is tracked annually is the direct care staff to consumer ratio in institutions. In the past DDSN's staff to resident ratio was higher than or equal to the national average. DDSN is currently slightly lower than the national average. (See Figure 7.4-1 and Figure 7.5-5) Another example of an efficiency measure that couples with a measure of consumer and family's satisfaction is with the delivery of services in the least restrictive environment. Consumers and families report that they want to live in home and community based settings. Data shows that DDSN continues to meet the demand while providing services in a very cost efficient manner. (See Figure 7.1-5 and Figure 7.3-3 and Figure 7.5-3; and Figure 7.3-2) One last example of comparative data is the consumer and family outcome data collected. Data indicates that South Carolina meets or exceeds outcomes of other states. (See Figure 7.1-1)

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

4.6   **Translating Organizational Performance Review:**
DDSN uses an executive team approach to determine what activities will be prioritized for continuous quality improvement. DDSN prioritize such activities based on (1) its impact on customer health and safety, (2) has the greatest return on investment of time and dollars, (3) its impact on meeting customer needs and expectation, including satisfaction, and (4) requirements of the payers.

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

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

<u>Category 5: Human Resource Focus</u>

5.1 Maximizing Workforce Potential:

DDSN and its executive team recognize the need to develop and maintain a labor force of talented individuals capable of carrying out organizational commitments in an ever-changing work environment. This includes creating an environment where employees understand how their jobs support the mission of DDSN and feel valued for their efforts. The department is committed to developing and maintaining programs that foster individual growth for employees, target internal staff for advancement, and aid in creating a diverse workforce.

State regulations and policies govern employee compensation and benefits. While benefits are standardized across state agencies, the department exercises flexibility allowed by the regulations to provide pay increases for promotions, reclassifications, good performance, additional knowledge and duties, as well as bonuses. Such salary increases are tied directly to the accomplishment of the department's mission and are approved only after the employee satisfies the published criteria for the attainment of each increase.

Ninety-five (95) percent of DDSN's employee positions are located in its 24-hour care regional residential facilities. Therefore, a great deal of responsibility is delegated to the Facility Administrators. This is particularly effective due to the variety of employment opportunities within the facilities and the wide range of required professional qualifications. The Human Resource department coordinates with the facility staff to develop specific programs that respond to the individual needs of each while maintaining an overall unity of purpose for the department.

Facility staffs have varying responsibilities requiring a variety of different employee skills, knowledge, and abilities. The nature of the work dictates the design of the work systems. In some instances such as the Residential and Health Programs areas, work is accomplished through teams on a 24 hour basis. In other cases, such as Food Services, a team of food service specialists may work ten-hour shifts. DDSN's employees provide care and assistance to very special, often fragile, individuals with disabilities. These workers take care of the daily living needs of people like feeding, toileting, bathing, dressing, behavioral, and medical care. They perform essential life sustaining functions that workers in other fields would never even consider.

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

5.2   Evaluation and Improvement of Human Resources (HR) Related Processes:

The evaluation and improvement of DDSN's human resources related processes is an ongoing activity. Processes are reviewed by agency HR staff frequently to ensure HR best practices are in place and being utilized. Human resource processes are audited on a periodic basis by the Budget and Control Board's Office of Human Resources. HR staff attends seminars and workshops to stay abreast of current trends, practices and policies in the HR area.

5.3   Identifying and Addressing Key Developmental and Training Needs:
Formal job career paths are in place for over 85 percent of the agency's non-management workforce. These include auditors, analysts, human services assistants, human services specialists, building and grounds specialists, food service specialists, fiscal technicians, accounting/fiscal analysts, nurses, information resource consultants, and administrative specialists. Funding for movement within these career paths is absorbed by the agency. Specific skills, duties, and training are required for progression to the next step. Each employee has the opportunity to reach the top of the individual plan with dedicated effort. Tuition reimbursement, telecommuting, and variable work week or flex time options are also available to assist those interested in completing nursing, occupational therapist, occupational therapist assistant, physical therapist, or physical therapist assistant hours or degree requirements to qualify for entry into another job area in DDSN facilities. The department fully funds LPN training and Rehabilitation Technician training programs at the local technical colleges.

Both formal and informal needs assessments are continuing processes that help identify specific skill needs. The methods of assessment span the spectrum from individual conversations to formal focus groups. Throughout the year, classes are offered that target the identified needs in such areas as service coordination, computer systems, computer software, quality, and leadership. The career paths require teaching others through on-the-job training or classroom training. Additional courses are targeted to specific needs, such as conflict management and resolution and negotiation skills. External conferences and seminars also help keep DDSN staff current with industry trends.

5.4 EPMS Supports High Performance:
DDSN's compensation system is based upon market studies, internal equity, and available funding. The department's Employee Performance Management System (EPMS) is structured to increase the overall efficiency of the department by helping each employee improve their own performance. Each employee has a planning stage conducted at the beginning of the rating period that outlines the performance expectations with appropriate success criteria identified for each job duty. There is continuous communication between the employee and supervisor throughout the rating period that provides the opportunities for feedback.

5.5 Employee Motivation to Utilize Potential:
Formal and informal recognition is another key factor in the department's success. DDSN's Suggestions and Employee Recognition programs promote both individual and facility recognition. In addition, each Regional Employee of the Year and the DDSN Employee of the Year is recognized at the central office by the DDSN Commission and the State Director during a monthly commission meeting.

Other programs also contribute to employee motivation. Tuition assistance, telecommuting, and variable work schedules help employees balance their personal and professional lives. Many employees contribute generously to the Excess Leave Pool to help their colleagues during times of extended crisis. The agency currently has over 30,000 hours in the department's leave pool. Social events such as picnics, athletic events and various types of gatherings are regularly scheduled within the department.

5.6   Employee Well-being, Satisfaction and Motivation Methods and Measures:
The department uses a variety of methods to obtain feedback regarding employee satisfaction. These include weekly staff meetings, individual interviews, informal conversations while "walking around," and exit interviews with departing employees. Indicators of employee satisfaction are percentage of grievances (less than 2 percent for the last three years), and a turnover rate that is well below the national average for our

industry. (See Figure 7.4-4) Priorities for improvement are determined based on those changes that would have positive impact on DDSN's service delivery system.

5.7 Maintaining a Safe and Healthy Work Environment:

Employee well-being and satisfaction is addressed through a variety of means. The department offers health screenings at a minimal cost to all employees. Free health workshops along with counseling are also available. All appropriate employees receive safe driver training, and employees whose jobs entail risk of personal injury receive extensive safety training. Again, the majority of these jobs are within residential facilities. Here, a safety committee meets regularly to review safety policies, initiate safety plans, secure safety equipment and propose changes to the safety-training program. It advises the facility administrator on all facets of the safety program. The unit also reviews OSHA reports and Workers' Compensation data. DDSN's policies and procedures familiarize employees with our emergency/disaster preparedness plan. Employee responsibilities are clearly defined. The Central Office Emergency Operation Center (EOC) is the coordinating entity for emergency situations. Emergency/disaster preparedness training drills are conducted frequently to test our system and procedures.

Category 6: Process Management

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

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

1. *Regional Center Parent Advisory Groups*
2. *Statewide Parent Advisory Group,*
3. *Consumer Self-Advocacy Organizations*
4. *Various disability – specific advocacy organizations*
5. *SC Human Service Provider Association*

Strategic Processes: DDSN has shifted its system of services from a program-centered approach to one that is a person-centered. A strategic process was used to implement this person-centered approach to service and support delivery. A Person-Centered Single Plan is completed by a facilitator or service coordinator, capitated funding is authorized based upon the needs of the person and awarded through the annual contract with a provider, and accountability is assured through compliance with licensing standards. These are health and safety measures are conducted by DDSN and DHEC licensing personnel. DDSN also measures compliance with state and federal standards and satisfaction of consumers and families via a contract with an independent, nationally recognized quality management entity. The DDSN system is results driven and uses an organizational performance approach to measure the system's responsiveness to its consumers. This process was developed in partnership with The Council on Quality and Leadership. The Council is internationally recognized for identifying "best practice" with the disability field. The Council's basic assurances and the organizing principles are used to assist providers in continuous improvement. Customer satisfaction is the benchmark, and complementary measures with First Health and The Council are measures of the true impact of services for individuals and families.

*Critical/Priority Needs Assessment***:** DDSN's Critical/Priority Needs system identifies and tracks persons who have critical or priority need of support. The needs of individuals

are reviewed by a group of knowledgeable DDSN professionals to determine whose needs are most critical. The most extensive and expensive services are delivered to those individuals whose needs are identified as most intense thus assuring that limited resources are provided to those individuals in greatest need. DDSN staff also provide support to providers to assist them in proactively identifying individual needs before they reach a critical level.

Least Restrictive Services: DDSN persists in making every effort to shift available resources to prevention and family support services and to avoid unnecessary expensive out-of-home placements. (See Figure 7.1-2 and 7.2-4) The agency continues to shift from replacing families to supporting families. This approach is often referred to as providing services in the "least restrictive" setting. It is considered a best practice in the field and additionally saves the state a significant amount of money. Even for the most restrictive and most expensive residential services, there is a hierarchy of restrictiveness from minimal supports provided in the Supervised Living Program to intensive medical, habilitative educational, and personal care services provided in regional centers.   In recognition of this range and the philosophy of providing services in the least restrictive setting, DDSN management staff review and approve the movement of all individuals moving to more restrictive and expensive residential service settings. Review of those individuals moving into our regional centers, the most restrictive and expensive residential service, are scrutinized with the greatest vigilance. This review process has resulted in South Carolina's regional centers serving individuals with a higher level of needs than those served in public institutions in other states (See Figure 7.1-4)

Vacancy Tracking: Residential service vacancies are monitored and tracked on a regular basis. DDSN management staff conduct a regular follow up with the residential service providers and the regional centers to assure that residential vacancies are filled with individuals in greatest need and in a timely manner.   If providers fail to fill these vacancies in a timely manner, a financial sanction is invoked. This assures that the most expensive service options are being utilized to the fullest extent possible.

Freedom from Abuse, Neglect, and Exploitation: DDSN manages a systems response to allegations of abuse, neglect, and exploitation. DDSN enforces a 24-hour reporting rule required by state law. Law enforcement is involved as appropriate. Data reported from providers about abuse, neglect, and critical incidents are collected by DDSN. Immediate follow up is required by internal review and/or outside investigations of all allegations. DDSN staff complete an analysis of the data for trends and patterns. The results of investigations are reviewed and analyzed by DDSN management and trends are shared with providers. DDSN senior managers meet with providers that are experiencing deviations from the average rate of reporting abuse, neglect, or exploitation to assist them in developing remedial actions. DDSN worked closely with the legislature, SLED and other agencies on successful passage of legislation to improve South Carolina's system for reporting and investigating allegations of abuse, neglect or exploitation of individuals served.

Clinical Oversight: DDSN is actively engaged in oversight activities required by law or regulation. The agency has created counterpart groups that coordinate the critical circumstances process, behavioral health/alternative placements, and consumer complaints. DDSN reviewed the status of all Local Human Rights Committees and revised the agency's Human Rights policy accordingly. DDSN has established Ethics Committees at three of four state facilities. Each of DDSN's regional centers have access to an ethics committee on a case by case basis. DDSN is currently establishing ethics committees to serve community programs.

Complaint Resolution: DDSN is committed to timely and effective resolution of complaints. A centralized system is maintained for receiving complaints to ensure each

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

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

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

As directed over many years by Governors' administrations and the General Assembly, DDSN has pursued an aggressive effort to have as many of the agency's services as possible covered by the federal government through Medicaid. This has meant a reduced cost to the state to provide services to persons with severe lifelong disabilities. Almost every service DDSN provides has some cost expensed to Medicaid across all programs, services, and populations served.

DDSN has aggressively shifted resources over the past few years in order to meet the priorities of the agency without additional funding. During the twelve year period 1994 through 2006, DDSN shifted $53 million in services from large state-operated facilities to locally operated disability boards as community alternatives were developed. This resulted in the reduction of almost 1,800 FTE's during the same period. (See Figure 7.3-4; and Figure 7.4-2) The agency has privatized supply warehousing, laundry, printing services, pharmacy services, quality assurance, some medical and food services, vehicle maintenance, garbage services and mainframe computing resulting in savings and the reduction of additional FTE's while generally improving quality. For the past six years, DDSN's Central Office administration cost has remained at less than two percent. (See Figure 7.2-7 and Figure 7.4-3) These savings were reallocated to the highest priorities of the agency.

6.3 Key Performance Requirements:
DDSN monitors its providers regularly. The agency adopted a centralized and consistent approach to review providers using DDSN licensing standards. Additionally, in 1999 DDSN began measuring compliance with federal Medicaid regulations using a Key Indicator approach. DDSN licensing professionals conduct regular on-site reviews of provider organizations. This staff reviews policy and procedure, consumer records, consumer funds, governance, and facilities. The staff either issues a license to operate, a license with a plan of correction, or withdraws the license to operate. In 2001, First Health Services, Inc. of South Carolina was contracted with to conduct these reviews. This arrangement was to have an "arms length" relationship exist between DDSN, compliance measurement, and providers. In addition to the aforementioned items, First Health began collecting information on National Core Service Indicators, and consumer/ family satisfaction data. This unbiased, independent third party compliance process has produced valuable insight for both DDSN and the providers. (See Figure 7.2-2 and Figure

7.5-1) Finally DDSN imposes sanctions if providers are not compliant in the critical areas of eligibility, planning, and implementation.

6.4 Evaluation/Improvement of Service-Related Processes:
In 1997, South Carolina became the first state to pursue an outcome based measurement system. A committee of stakeholders was formed to review several companies that provide this service and selected The Council on Quality and Leadership, which is recognized as the world leader in outcome methods of quality improvement. The goal involved using the measurement of 25 personal outcomes along with service provider's information. This state of the art in quality improvement system and information is used in several ways, including individual supports planning, and establishing agency goals.

These efforts led to the development of an organizational performance enhancement system – a one of a kind total systems approach to quality improvement. The system draws data from Licensing, First Health, organizational performance measures. A team including consultants, provider staff, consumers, families, board members, and others engaged in a two to four day examination of a provider's service and support system. The team examines governance, policy and procedure, resource utilization, staffing, staff development, and the consumer information on the desired outcome. The information is distilled to a report outlining strengths, opportunities, and challenges for the provider. The team makes specific recommendations about where and how the provider should go about making changes in policy, procedure, and day-to-day operations. This total approach to quality management closes the loop in DDSN's search for excellence.

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

6.5 Key Support Processes:
Agency support processes helps assure that all persons who are eligible for services have their needs met based on available funding and that services meet the highest standards.

Some of the key State Office and other support processes include:

Behavioral Supports	Health Services
Budgets	Human Resources
Client System Development	Information Technology
Comprehensive Permanent Improvement Plan	Internal Audit
Consumer Assessment	Money Follows the Person
Consumer Concerns	Medical Consultant Team
Cost Analysis and Community Contracts	Olmstead
District Support Services	Purchasing and Supply Services
Emergency Preparedness	Quality Management
Engineering and Planning	Self-Advocacy
Facility Management	Service Development
Finance	Service Provider Recruitment
Government & Community Relations	Staff Attorney

Each support process work unit has its functions which fit into the agency's overall management. These support components are improved and updated in response to internal and external measures and feedback from consumers, providers, and other

stakeholders. Additional improvements are made through technological upgrades, development of mission-focused training, and the Employee Performance Management System process.

Category 7: Business Results

Figure 7.1-1

South Carolina Department of Disabilities and Special Needs
Results of Consumer Survey
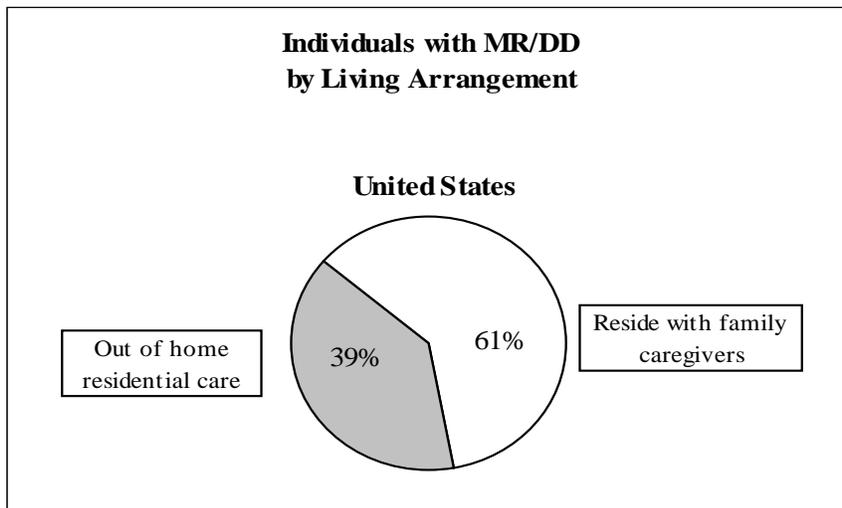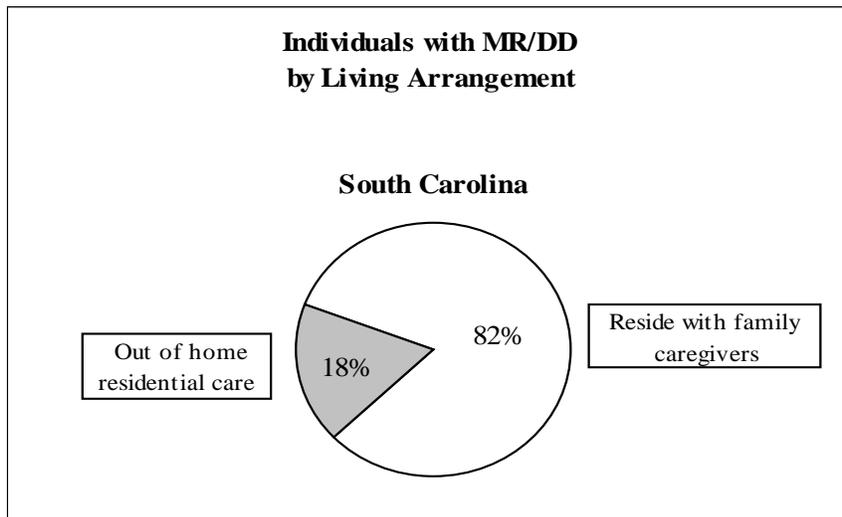**Comparing South Carolina with United States**
On Consumer Outcomes of:
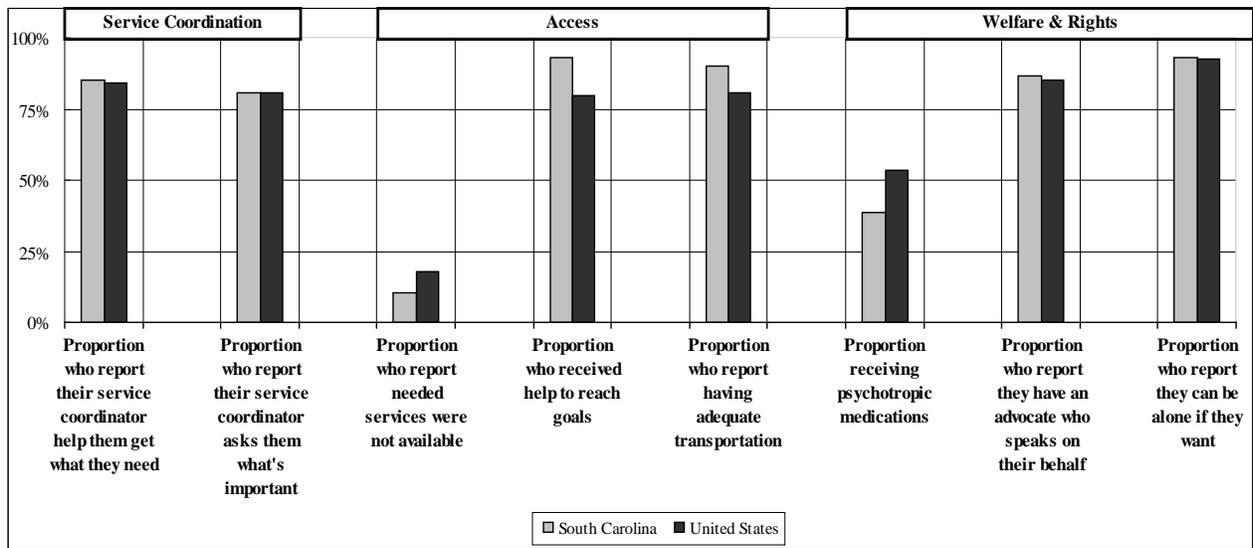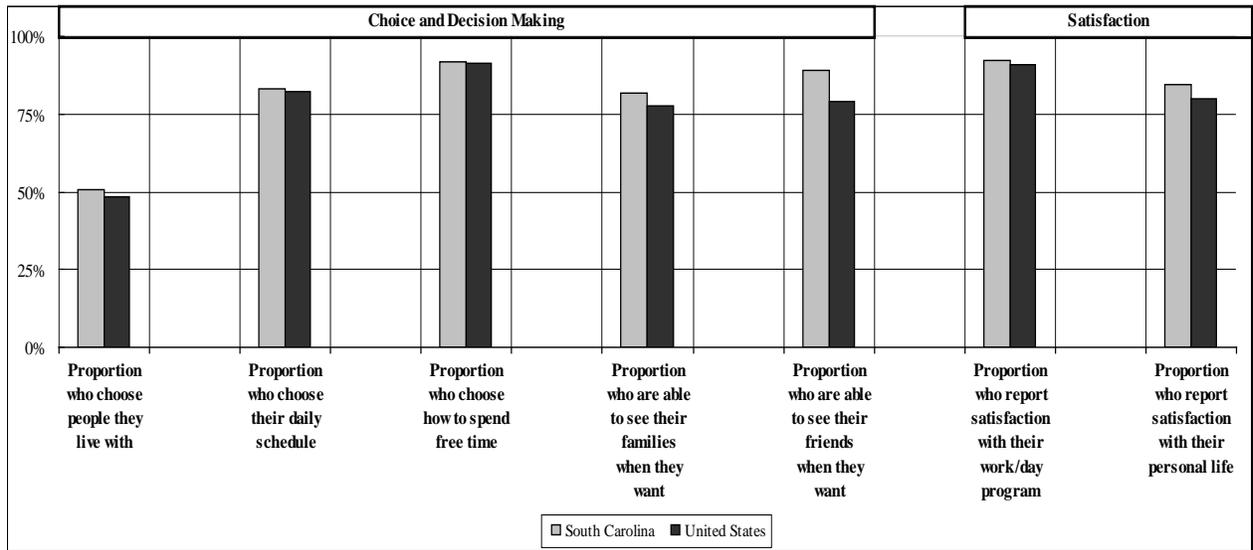
South Carolina consumer survey results compare very favorable with national data regarding the issues of consumer satisfaction, service coordination, community access, consumer rights, relationships, consumer choice, and community inclusion. This data is reviewed annually by SCDDSN's Commission and utilized by the executive team in planning for optimal use of agency resources and responsiveness to consumers.

Data Source:

Figure 7.1-2
Figure 7.2-4

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

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

Individuals with MR/DD
by Living Arrangement

South Carolina

Out of home residential care

18%

82%

Reside with family caregivers

Individuals with MR/DD
by Living Arrangement

United States

Out of home residential care

39%

61%

Reside with family caregivers

Serving people with severe lifelong disabilities in their homes with family is best for the person, preferred by families and is the most cost efficient service alternative for taxpayers. Of the 25,777 persons with mental retardation and related disabilities and autism served by DDSN, 82%

live with family caregivers, compared to only 61% nationally. DDSN is doing a better job of helping individuals live in a family setting.

Data Source:
Figure 7.1-3
Figure 7.2-5

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

Chart A

Net Change FY 1996 to 2006:
Community: +33.5%
Regional: -42.2%
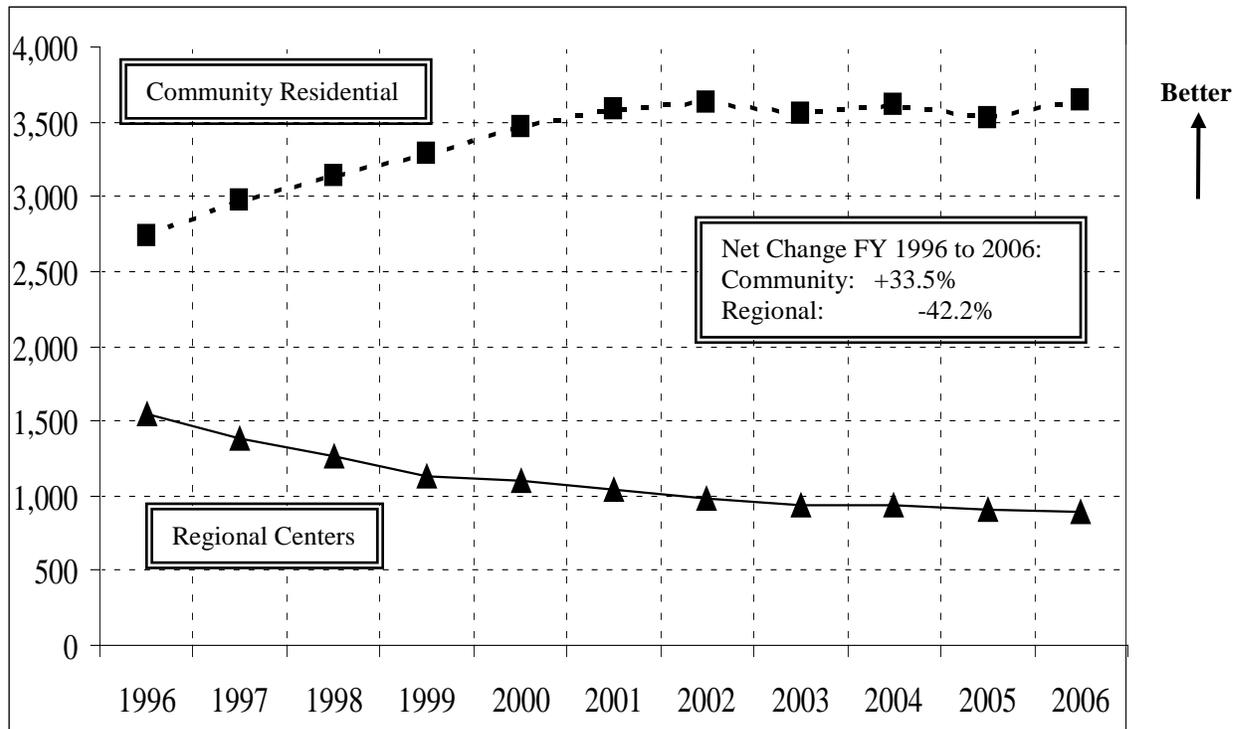
DDSN continues to shift residential services from institutions - the most expensive and most restrictive residential model - to local community services. South Carolina like the rest of the nation continues to reduce institutional capacity despite the difficulties in supporting people with the most complex medical and behavioral needs in local communities.

Data Source:
Chart A - Agency data provided by DDSN
Chart B - Residential Services for Person with
    Developmental Disabilities: Status and Trends
    through 2003, 2004, and 2005 published by The
    University of Minnesota
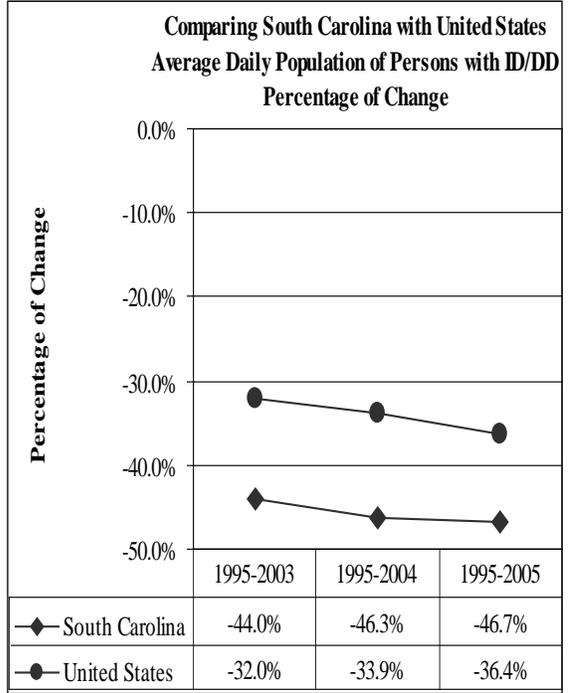
Figure 7.1-4

Comparing South Carolina with United States
Average Daily Population of Persons with ID/DD
Percentage of Change

	1995-2003	1995-2004	1995-2005
South Carolina	-44.0%	-46.3%	-46.7%
United States	-32.0%	-33.9%	-36.4%

Section III
Category 6 – Process Management

South Carolina Department of Disabilities and Special Needs
Level of Intellectual Disability of Consumers in Institutions
Comparing South Carolina with United States

	1998	2000	2002	2004
☐ South Carolina	87.0%	85.5%	88.0%	88.5%
■ United States	82.2%	80.0%	79.7%	79.3%

The y-axis is labeled "% of Institutional Consumers with Severe/Profound Disability" and an arrow labeled **Better** points upward.
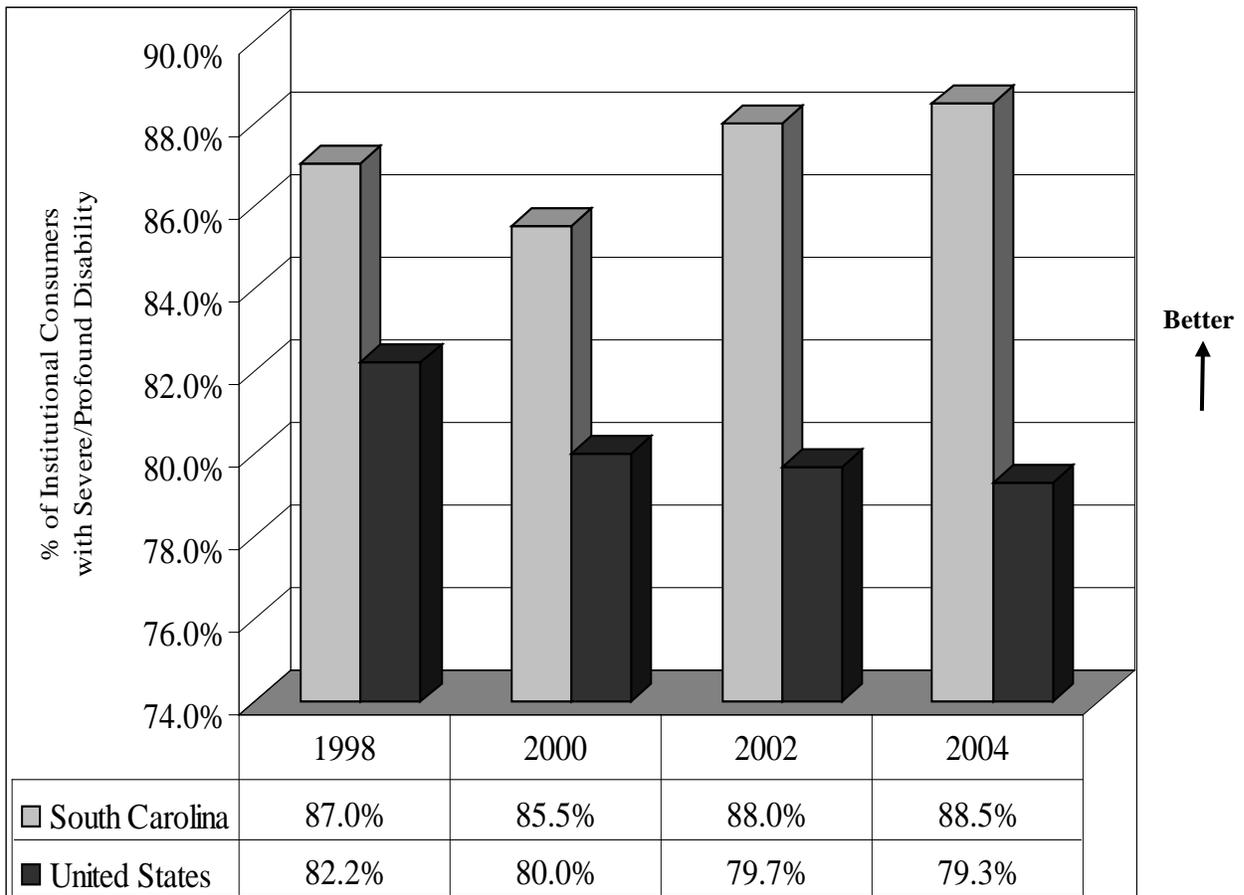
The above figure compares the percentage of individuals with the most extensive disabilities who are served in DDSN's regional centers to the national average. The needs of the individuals served in South Carolina's regional centers are higher than the national average. DDSN is exercising sound stewardship of resources by assuring that only individuals with the most significant disabilities are served in the most expensive service, regional centers.

Figure 7.1-5
Figure 7.3-3
Figure 7.5-3

Section III:
Category 4 - Information & Analysis

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

Chart A

Net Change FY 2000 to 2006:
MR/RD Waiver: 14%
ICF/MR: -26%
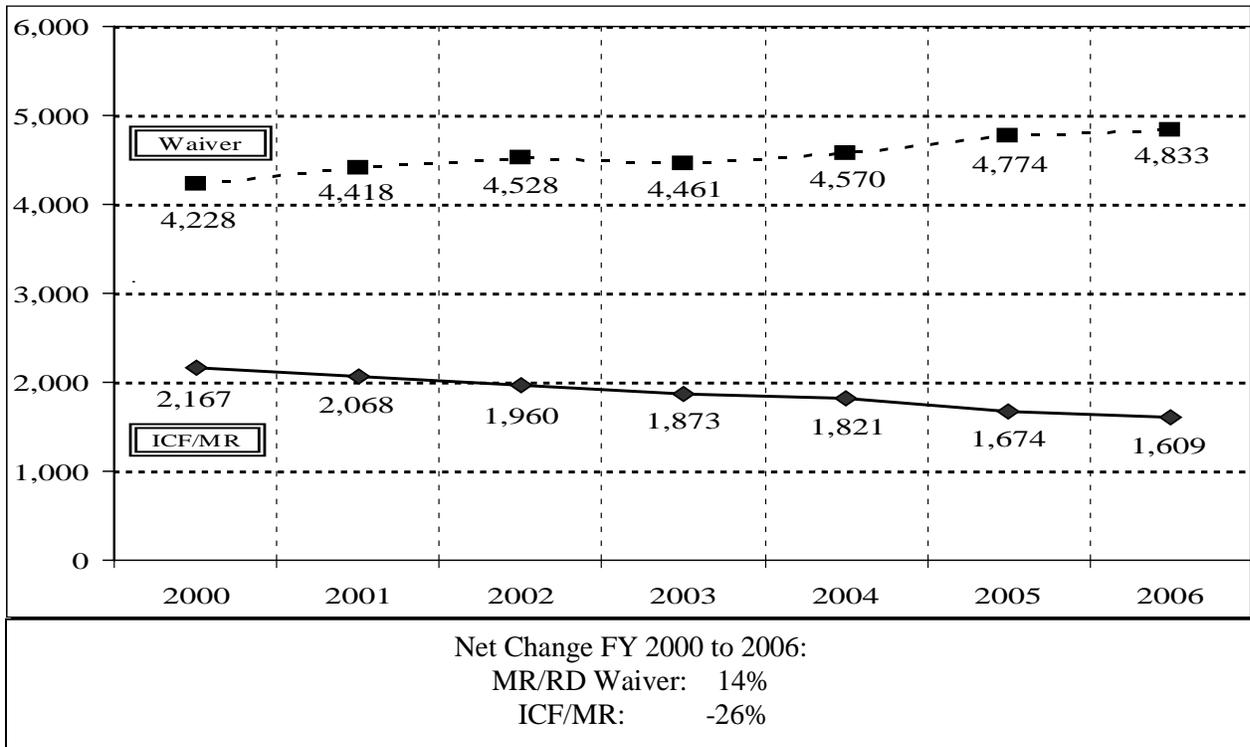
DDSN provides services to consumers based on their choice for those services and at the same time providing these services in the most cost efficient manner.   The demand for ICF/MR services has decreased by 26% since 2000, while the demand for waiver services has increased by 14%.

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

Data Source:
Chart A – Agency data provided by DDSN
Chart B - The State of the States in Developmental Disabilities: 2005 published by The University   of Colorado (State of the States numbers for   waiver do not include all cost identified to South   Carolina waiver program.)

Figure 7.1-6

Chart B
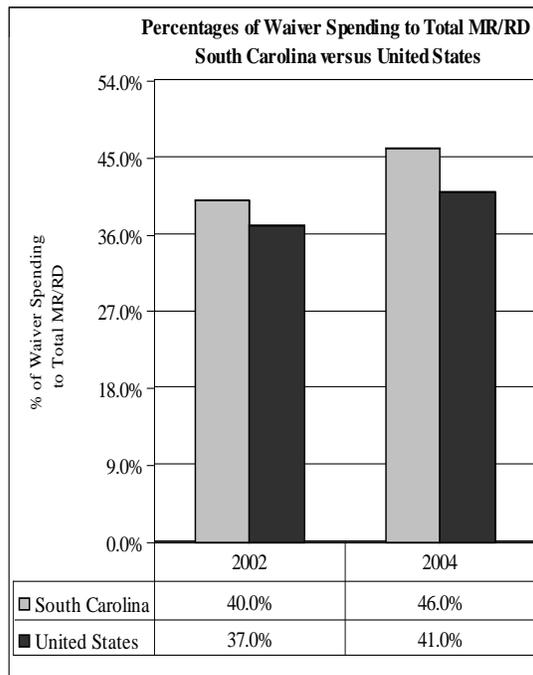
Percentages of Waiver Spending to Total MR/RD South Carolina versus United States

Better

	2002	2004
South Carolina	40.0%	46.0%
United States	37.0%	41.0%

Section I:
Major Achievements
Opportunities & Barriers

Section II:
Main Services
Key Customer Segments & Key
  Requirements/Expectations
Key Strategic Challenges

Section III:
Category 1 - Leadership

South Carolina Department of Disabilities and Special Needs
Community Residential Waiting List
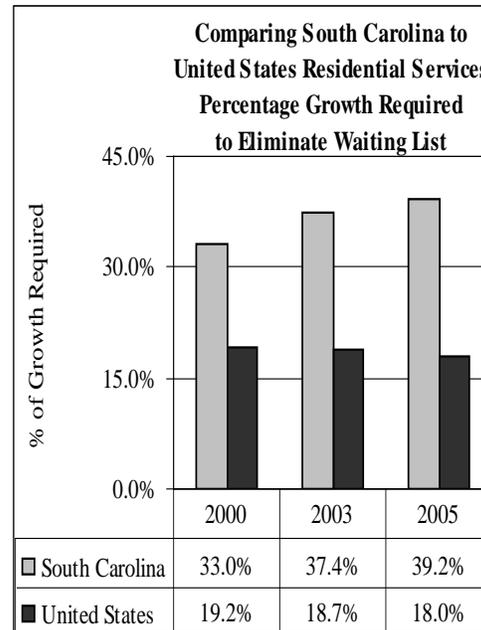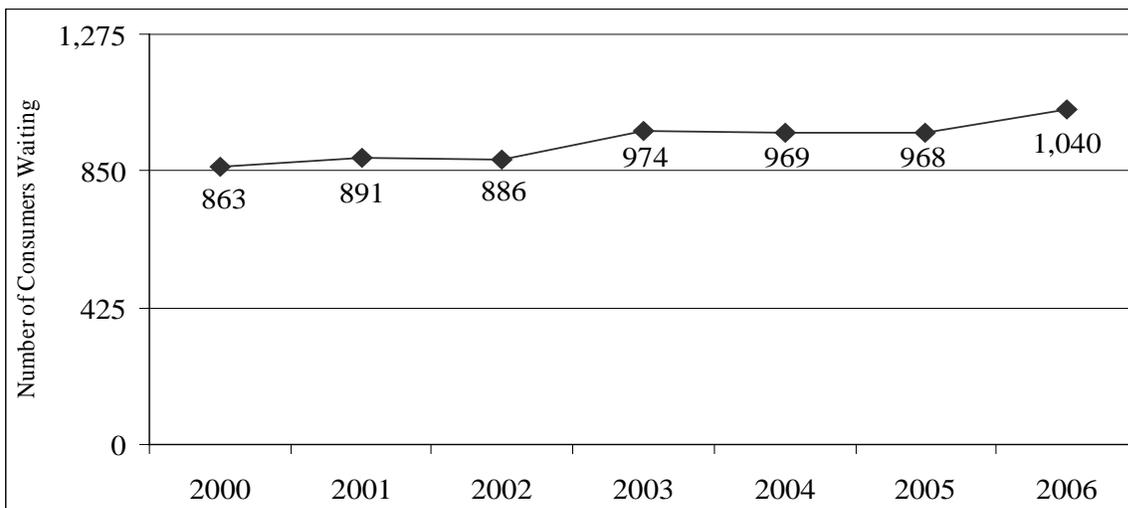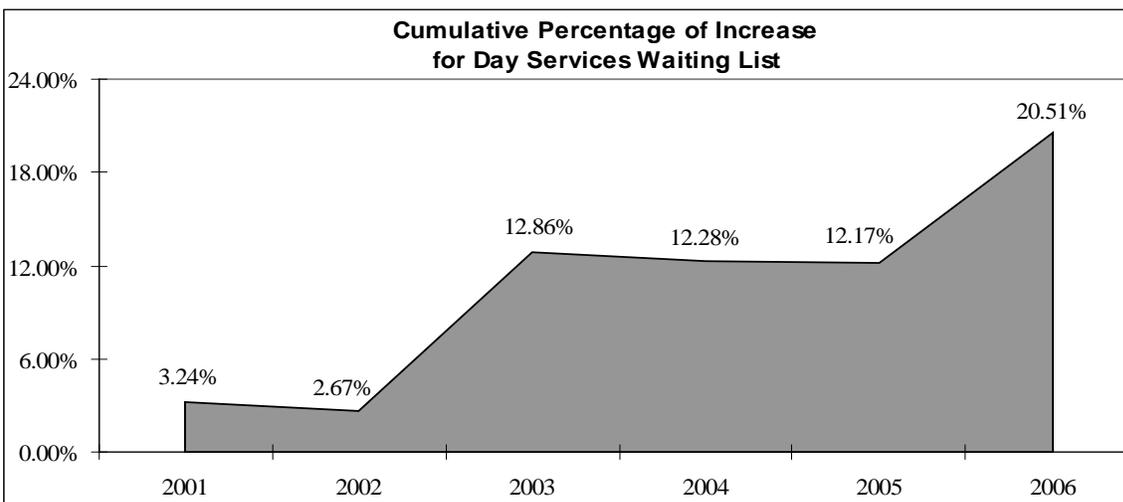
Chart A
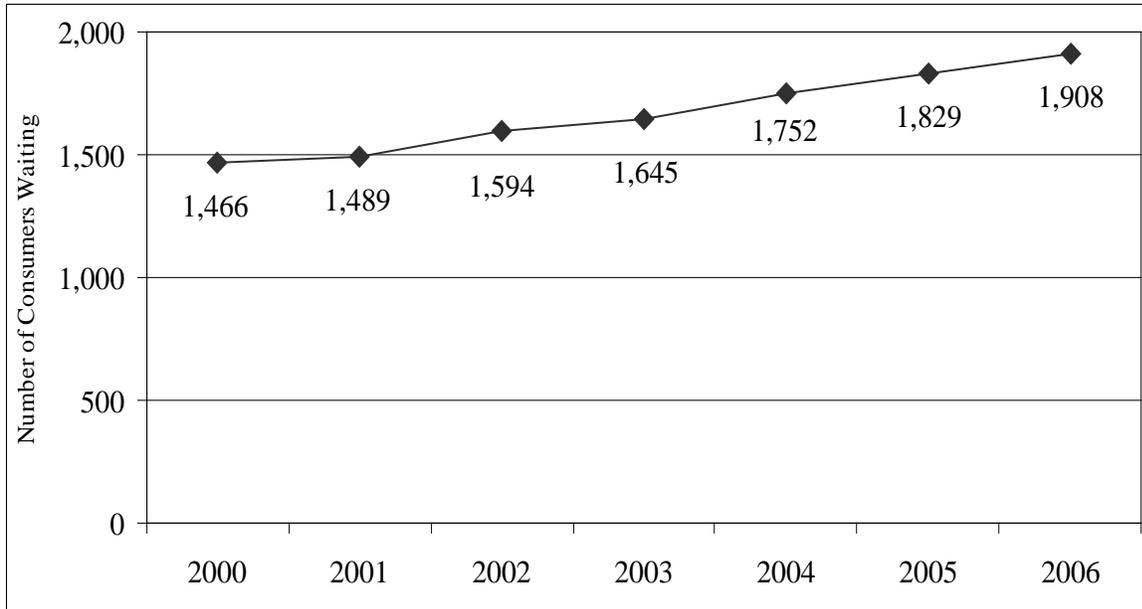
Better

↓

DDSN has over 1,900 consumers living at home waiting for community residential services which is a 30% increase since 2000. South Carolina's waiting list continues to be much greater in size than the national average.

The Governor and the General Assembly recognized the need and appropriated funds for an additional 130 beds in fiscal year 2006 and 500 beds in fiscal year 2007 which brings South Carolina's waiting list more in line with the national average. This also reduces South Carolina's vulnerability for an Olmstead lawsuit like 25 other states have experienced.

Data Source:
Chart A - Agency data provided by DDSN
Chart B - Residential Services for Persons with Development Disabilities: Status and Trend through 2000, 2003 and 2005 published   by the University of Minnesota

Figure 7.1-7

Chart B

Comparing South Carolina to United States Residential Services Percentage Growth Required to Eliminate Waiting List

Better

↓

	2000	2003	2005
South Carolina	33.0%	37.4%	39.2%
United States	19.2%	18.7%	18.0%

Section I:
Major Achievements
Opportunities & Barriers

Section II:
Main Services
Key Customer Segments & Key
    Requirements/Expectations
Key Strategic Challenges

Section III:
Category 1 - Leadership

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

Chart A

Chart B

There are 1,040 consumers who live at home and are awaiting day support services. The waiting list for day services has increased over 20% since 2000 as shown in Chart B. These habilitative and job-related services are important for the consumers, allow family members to remain employed and prevent the need for more expensive out-of-home placement.
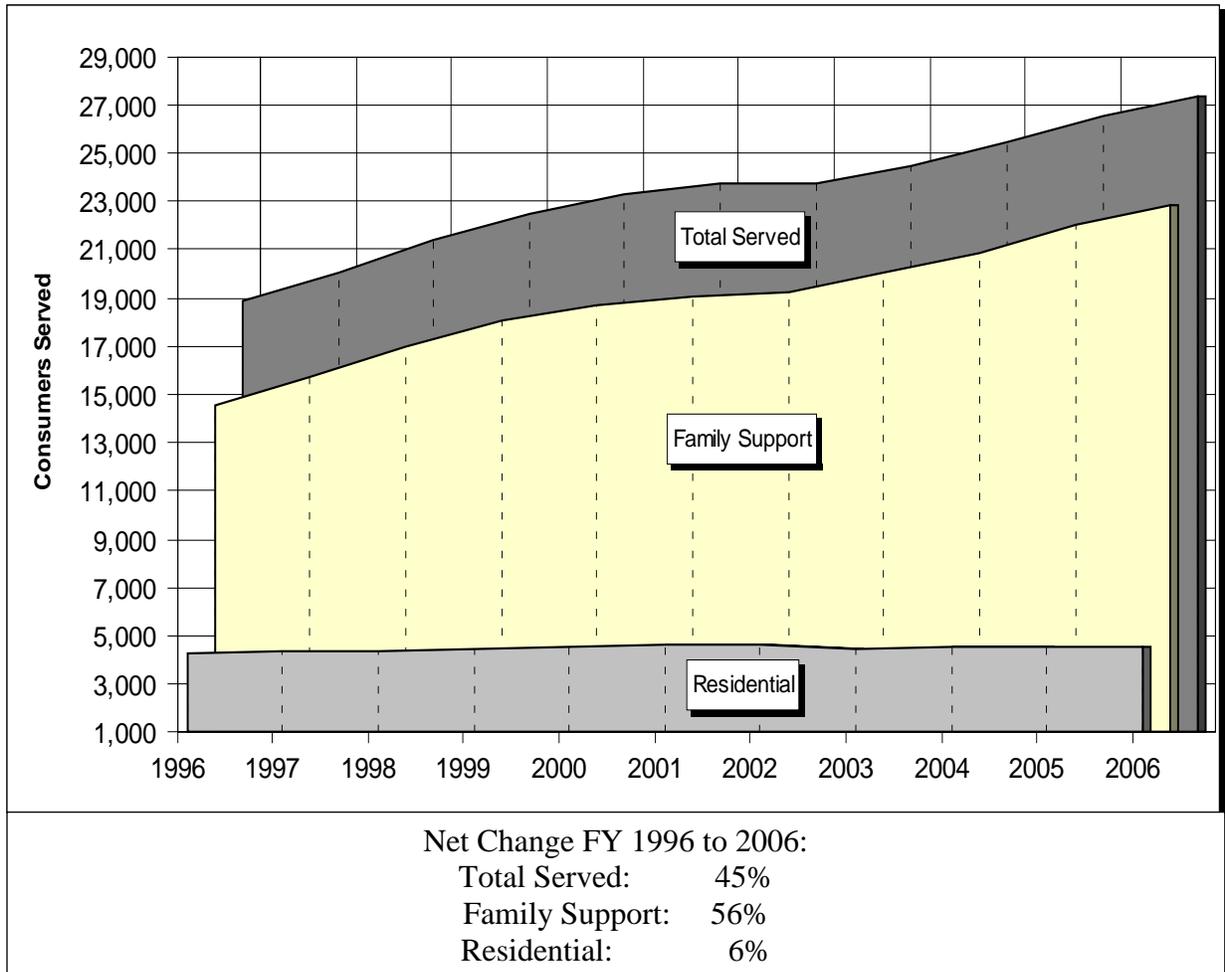
Data Source:
Agency data provided by DDSN
Figure 7.2-1
Figure 7.5-2

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

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

Net Change FY 1996 to 2006:
Total Served:	45%
Family Support:	56%
Residential:	6%

DDSN policies reflect federal and state laws by supporting people in the least restrictive setting possible. In the ten year period shown, there has been a 56% growth in the use of family support services compared to only 6% growth in residential services.

Of the more than 27,000 persons served by DDSN, 82% live with family caregivers, compared to only 61% nationally. DDSN is doing a better job of helping individuals live in a family setting.

Figure 7.2-2
Figure 7.5-1

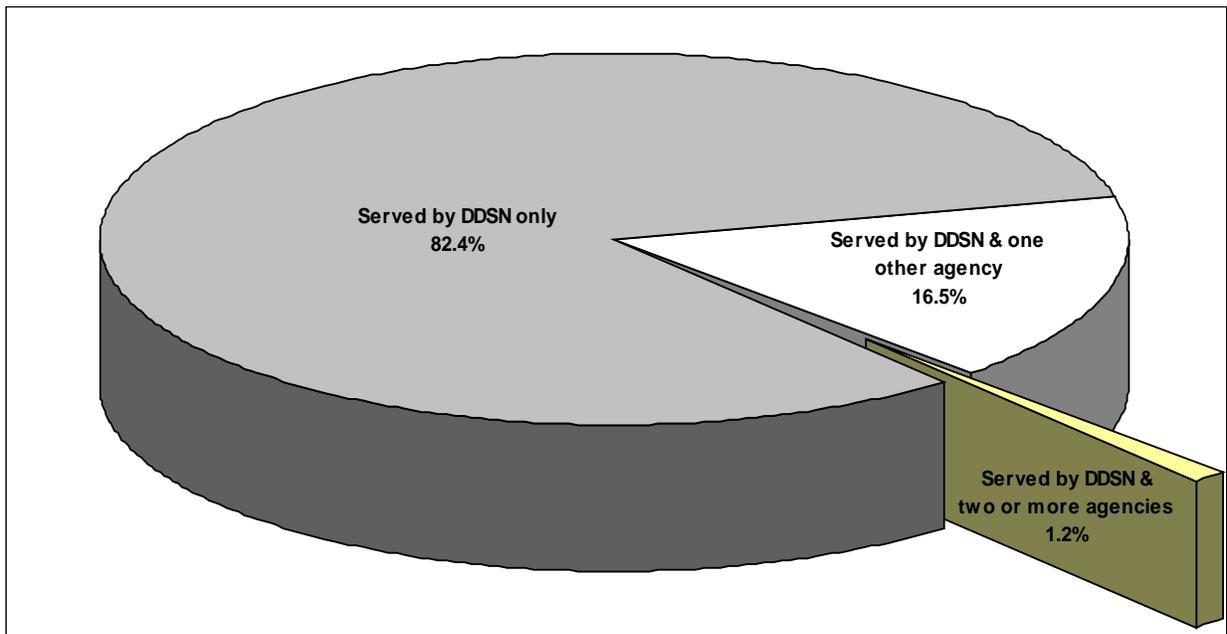| |
|---|
| Section II: |
| Performance Improvement Systems |
| Section III: |
| Category 3 – Customer Focus |
| Category 4 – Information & Analysis |
| Category 6 – Process Management |

DDSN contracts with a nationally recognized quality improvement organization to conduct a sophisticated annual quality assurance review of all of DDSN service providers. Areas such as health, safety, rights, compliance with Medicaid contracts, choice, service planning, and fiscal management are reviewed. The three (3) major domains of review are Administrative, including management indicators; General Agency, including a broad range of direct service indicators; and Early Intervention, including indicators that look at services to children from birth to age six.

Data Source:
First Health Inc., "Report of Findings, Annual Aggregate Data"
Figure 7.2-3

| Section I: |
| Major Achievement |
| Key Strategic Goals |
| Section II: |
| Key Strategic Challenges |

South Carolina Department of Disabilities and Special Needs
DDSN Consumers Served By
Other State Agencies

Chart A

Served by DDSN only
82.4%

Served by DDSN & one
other agency
16.5%

Served by DDSN &
two or more agencies
1.2%

Chart B

Most individuals served by DDSN do not receive services from other state agencies. This excludes services received by individuals under the State Medicaid Plan. The top three state programs with which DDSN shares customers are DHEC's BabyNet, DHEC's Children's Rehabilitative Services and DHHS's Community Long Term Care. Services are not a duplication of other agencies services but rather supportive in nature to address the individual's specific disability.

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

Comparing 2005 with 2006

	Served by DDSN only	Served by DDSN & one other agency	Served by DDSN & two or more
2005	82.5%	15.9%	1.6%
2006	82.4%	16.5%	1.2%

Data Source:
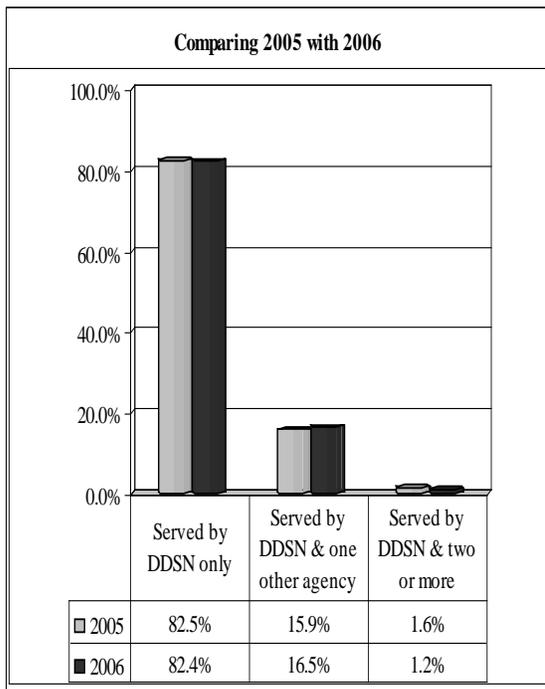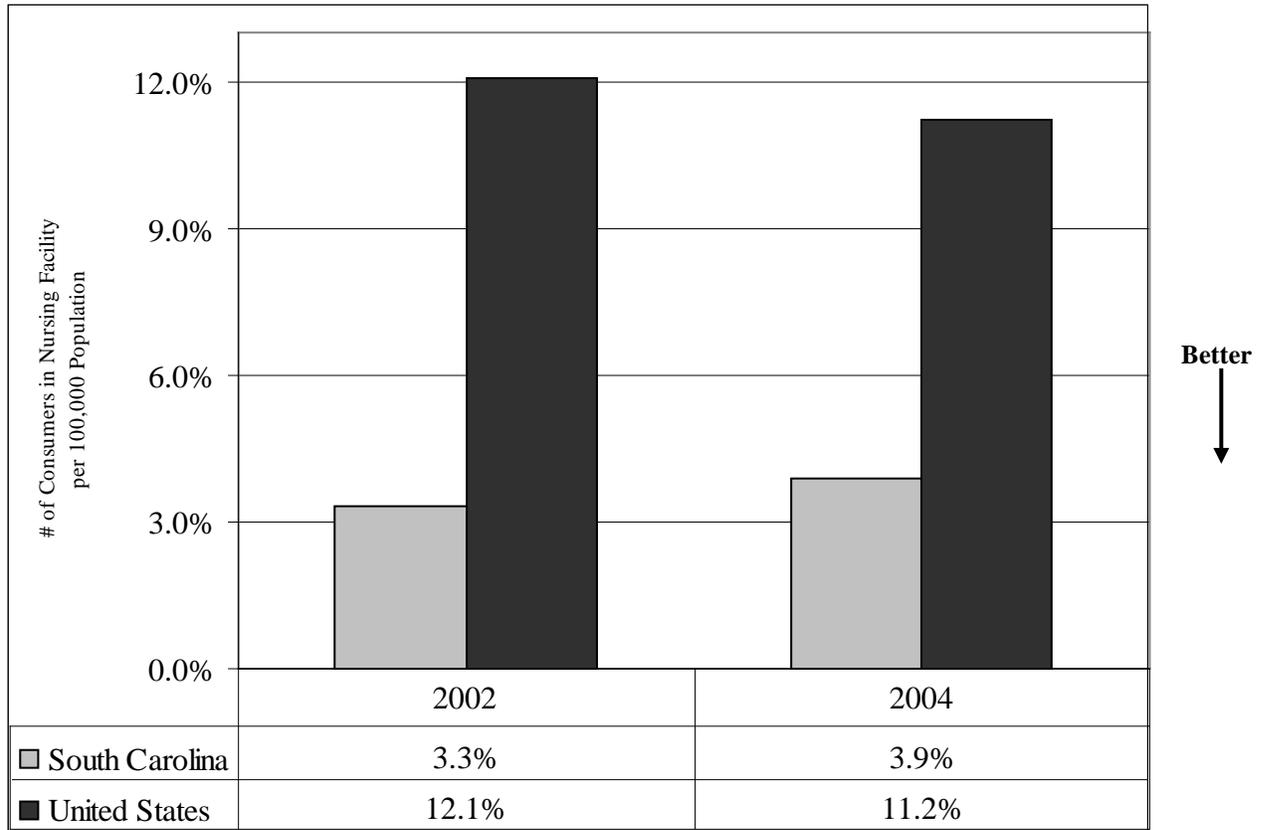Agency data provided by DDSN

Figure 7.2-6

Section III:
Category 3 - Customer Focus

Figure 7.5-4

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

	2002	2004
☐ South Carolina	3.3%	3.9%
■ United States	12.1%	11.2%

In South Carolina, only 3.9 percent of individuals with developmental disabilities per 100,000 of the general population are served in traditional nursing facilities. This is only 35% of the national average. This represents DDSN's effort to insure that individuals with developmental disabilities requiring specialized residential services are most appropriately placed.

In 2004, only seven other states had a lower utilization of nursing facilities to serve persons with developmental disabilities than South Carolina.
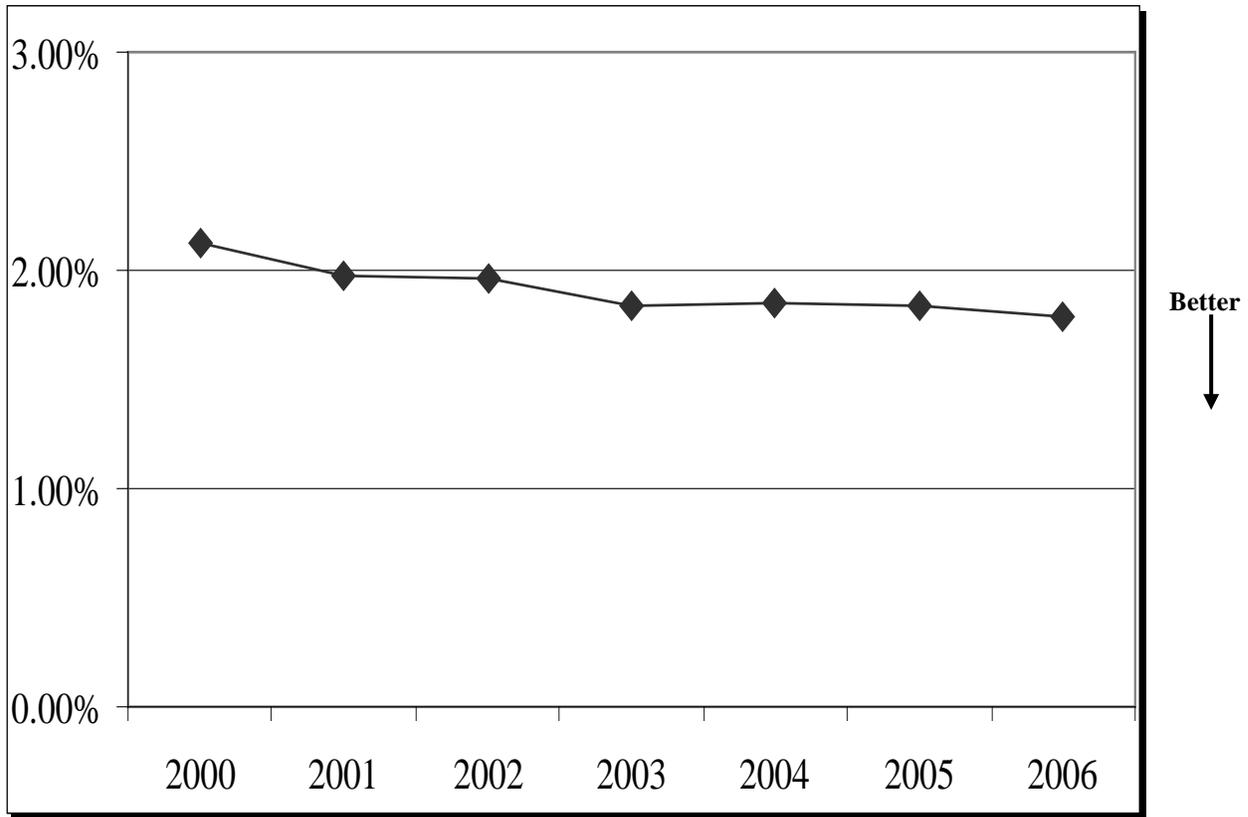
Figure 7.2-7
Figure 7.4-3

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

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

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

Figure 7.2-8

Section I:
Opportunities and Barriers

Section II:
Key Customer Segments & Key
  Requirement/Expectations
Key Strategic Challenges

South Carolina Department of Disabilities and Special Needs
Consumers With MR/RD Living With
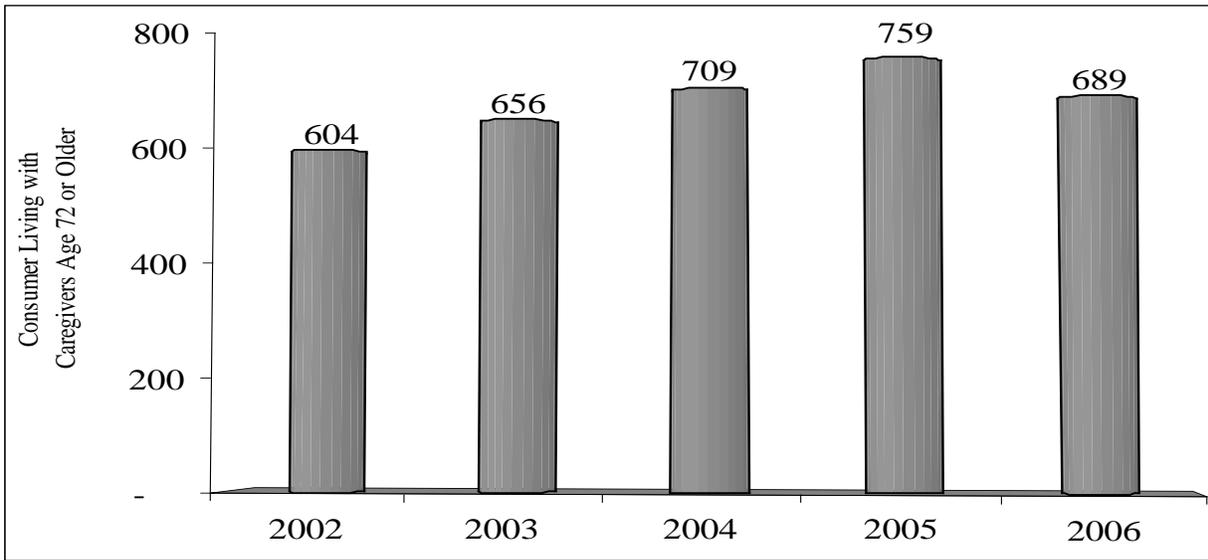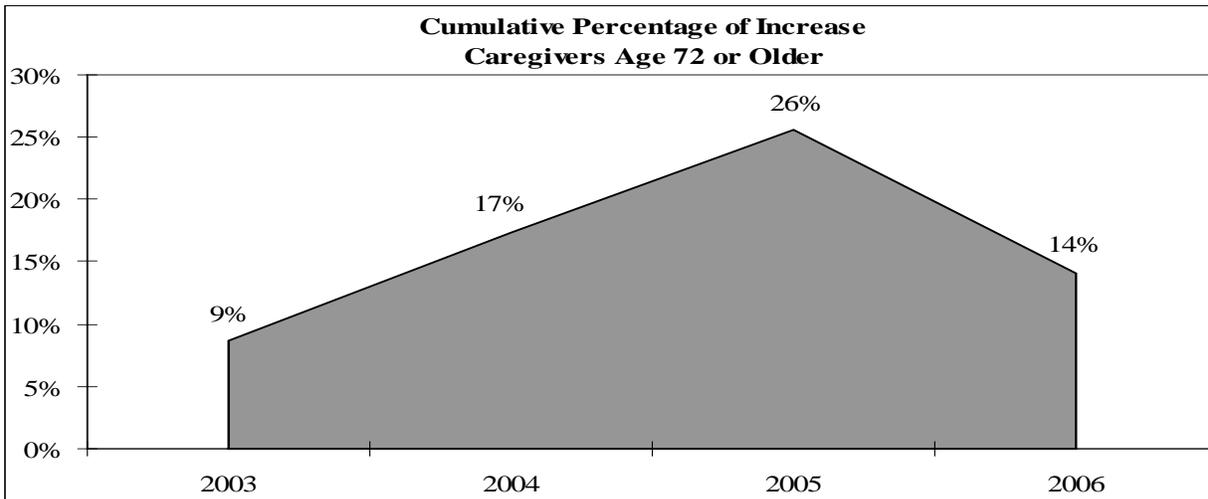## Caregivers Age 72 or Older

Chart A

Chart B

The number of consumers living with caregivers 72 years of age or older slightly decreased in 2006. The Governor and the General Assembly allocated new funding to provide residential services to 130 people living with caregivers ages 65 and older. While this impacted DDSN's cumulative growth of aging caregivers, there are still nearly 700 caregivers over the age of 72 still caring for their adult children at home. At any time, care for consumers by older caregivers could become jeopardized as the caregiver's health deteriorates or the caregiver dies.

Figure 7.3-1

| Section I: |
| Major Achievements |
| Key Strategic Goals |
| Opportunities & Barriers |
| Section II: |
| Key Strategic Challenges |
| Section III: |
| Category 2: Strategic Planning |

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

Chart A

State Line Better

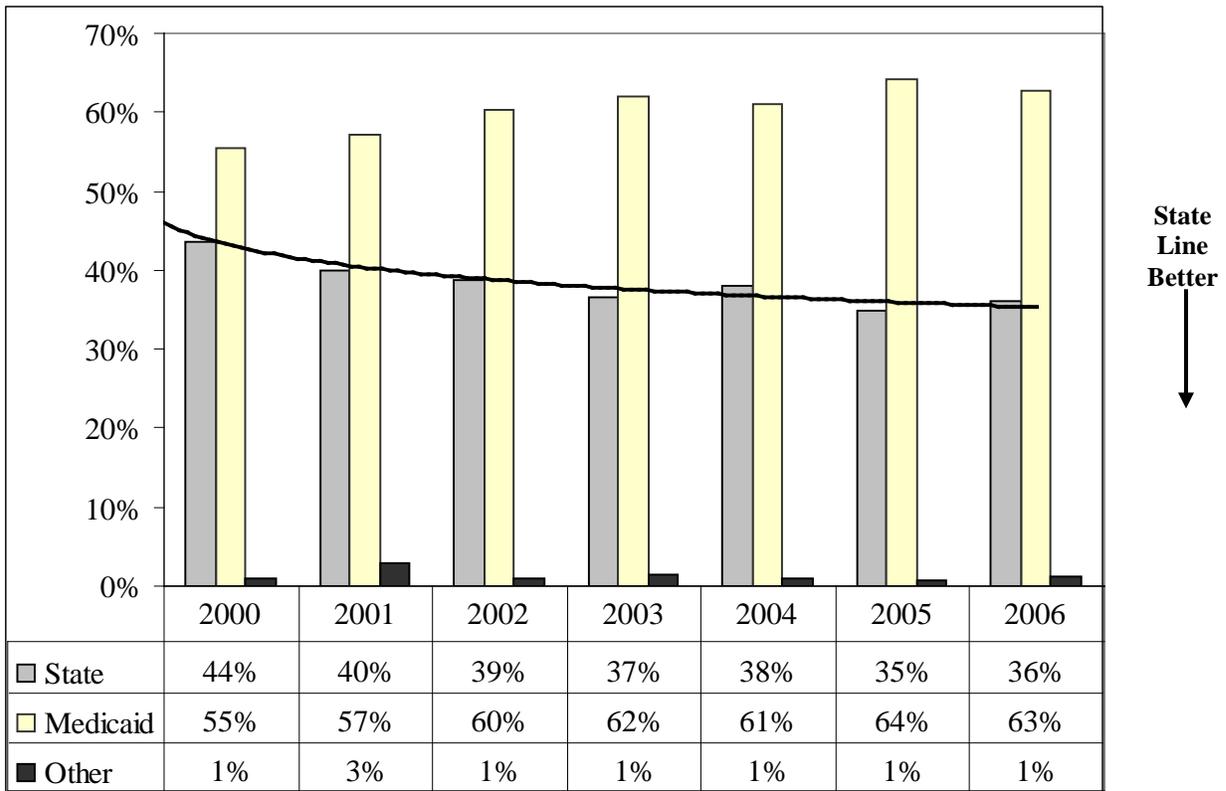|	2000	2001	2002	2003	2004	2005	2006
☐ State	44%	40%	39%	37%	38%	35%	36%
☐ Medicaid	55%	57%	60%	62%	61%	64%	63%
■ Other	1%	3%	1%	1%	1%	1%	1%

Chart B

DDSN used Medicaid financing to pay for 61% of service costs compared to a 53% national average for fiscal year 2004. During the period from 2000-2006, DDSN reduced its use of state funds by 17%.

44% of the cost of services was funded with state dollars in fiscal year 2000 but by fiscal year 2006, that percentage dropped to 36% with Medicaid financing 63% of the total cost.

Data Source:
Chart A & B - Agency data provided by DDSN
Chart B - United States data provided by The
    State of the States in Developmental
    Disabilities: 2005 published by The
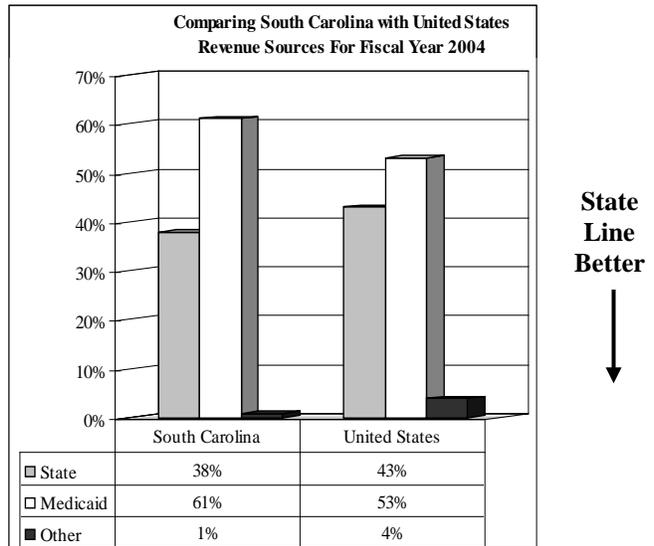   University of Colorado

Comparing South Carolina with United States
Revenue Sources For Fiscal Year 2004

	South Carolina	United States
☐ State	38%	43%
☐ Medicaid	61%	53%
■ Other	1%	4%

State Line Better

Figure 7.3-2

Section III:
Category 1 – Leadership
Category 2 - Strategic Planning
Category 4 – Information & Analysis

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

Chart A

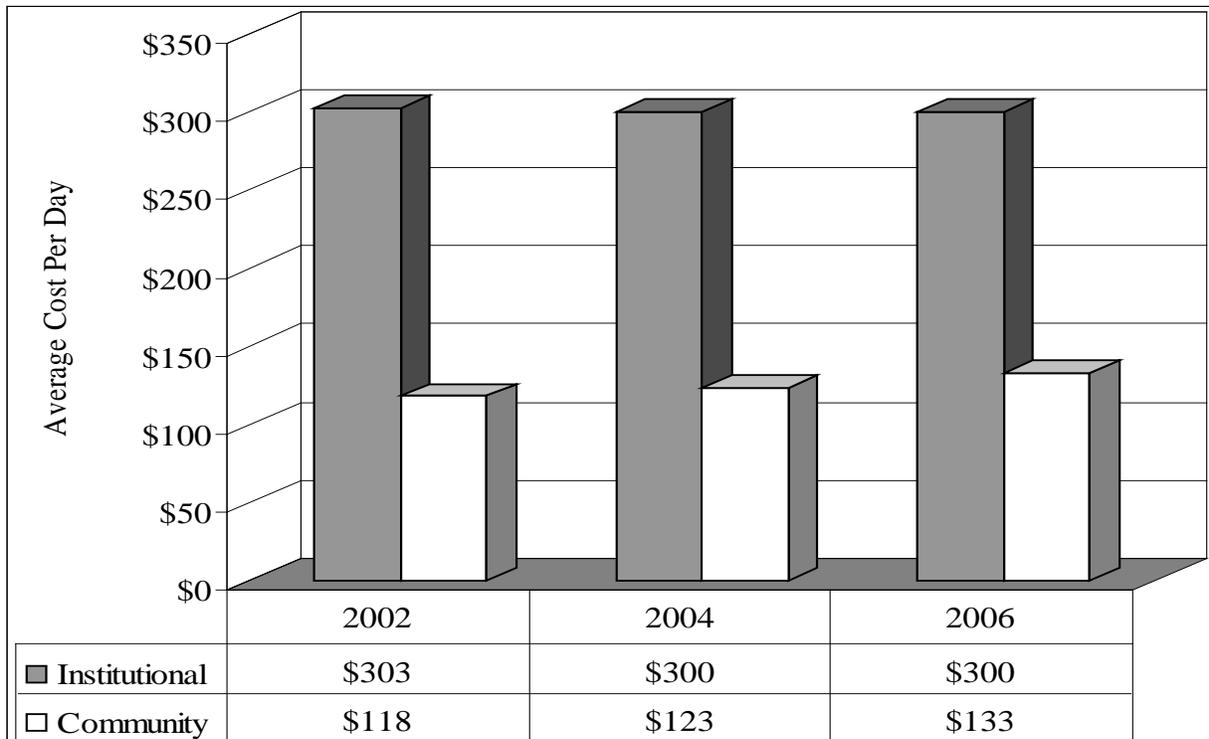|	2002	2004	2006
■ Institutional	$303	$300	$300
☐ Community	$118	$123	$133

Chart B

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

Comparing South Carolina
Institutional Per Diem
To National Average

	2002	2004
☐ United States	$365	$400
☐ Southeastern	$348	$393
■ South Carolina	$303	$300

Figure 7.3-4

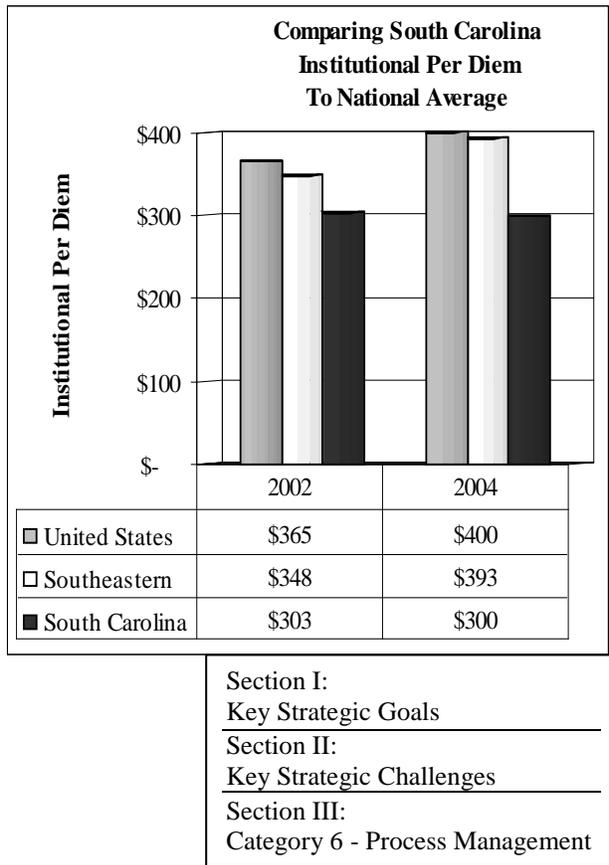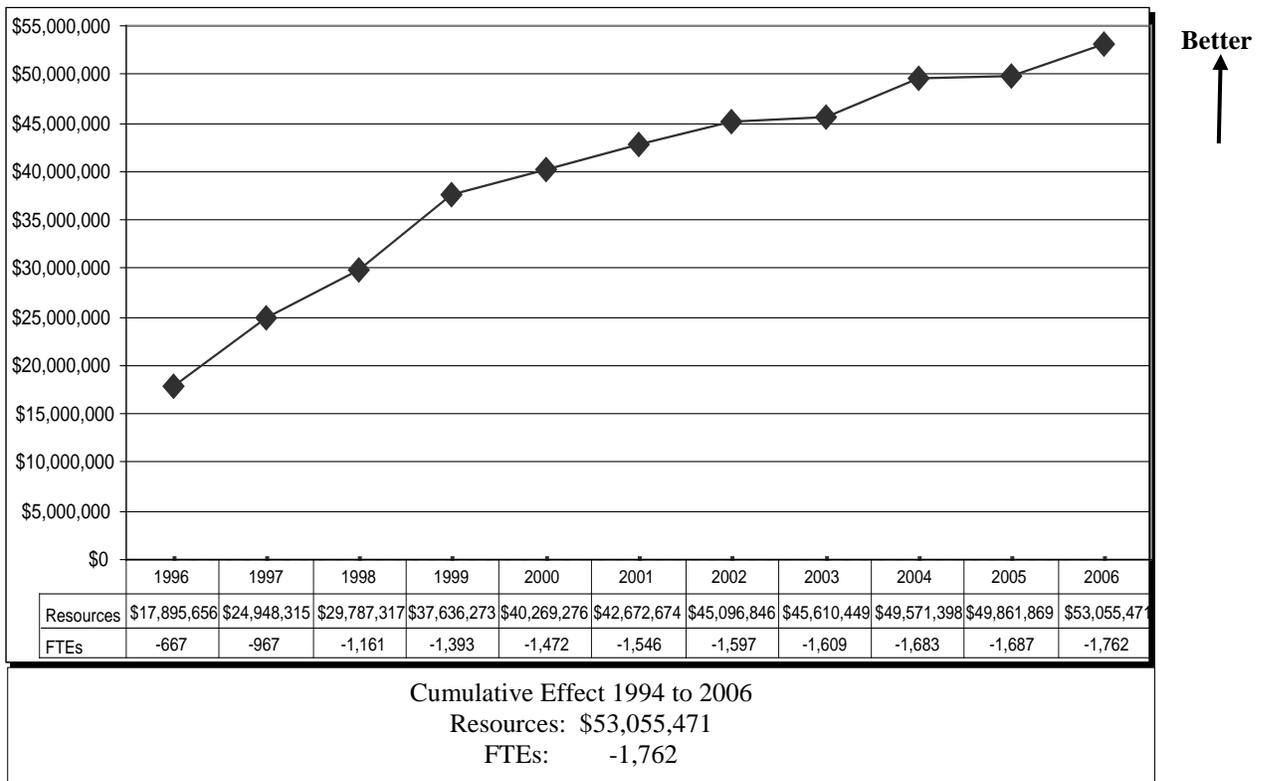| |
|---|
| Section I:
Key Strategic Goals |
| Section II:
Key Strategic Challenges |
| Section III:
Category 6 - Process Management |

South Carolina Department of Disabilities and Special Needs
Agency Resources Redirected to Community Services
Cumulative Totals from Fiscal Year 1996 to 2006

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Resources	$17,895,656	$24,948,315	$29,787,317	$37,636,273	$40,269,276	$42,672,674	$45,096,846	$45,610,449	$49,571,398	$49,861,869	$53,055,471
FTEs	-667	-967	-1,161	-1,393	-1,472	-1,546	-1,597	-1,609	-1,683	-1,687	-1,762

Cumulative Effect 1994 to 2006
Resources: $53,055,471
FTEs: -1,762

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

Since implementing the "money follows the individual" (MFI) formula, more than $53,000,000 has been redirected to local community services along with the individuals who moved from regional centers. These 973 individuals moved to smaller group home residential settings, usually located closer to the individual's home community. Another result is that 1,762 DDSN permanent workforce positions (FTEs) were reduced.

DDSN began the MFI in 1992 to assist individuals living in regional centers wanting to move to community alternatives. While South Carolina has a fourteen year history of utilizing the MFI formula, only recently has this become a national effort. Therefore, national data is not comparable at this time.

Data Source:
Agency data provided by DDSN
Figure 7.4-1
Figure 7.5-5

Section III:
Category 1 - Leadership
Category 4 - Information & Analysis

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

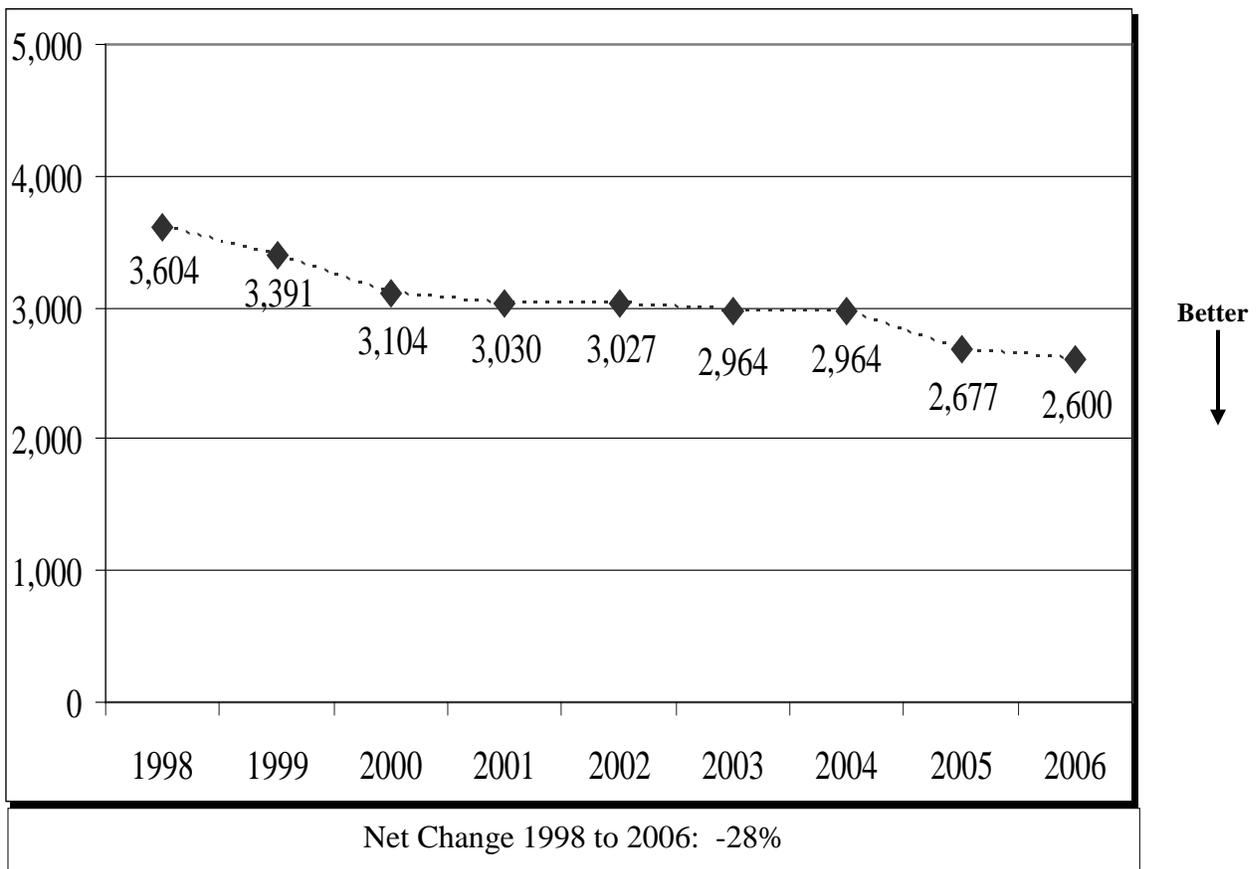|	1998	2000	2002	2004
☐ South Carolina	1.34	1.38	1.34	1.39
■ United States	1.31	1.27	1.34	1.41
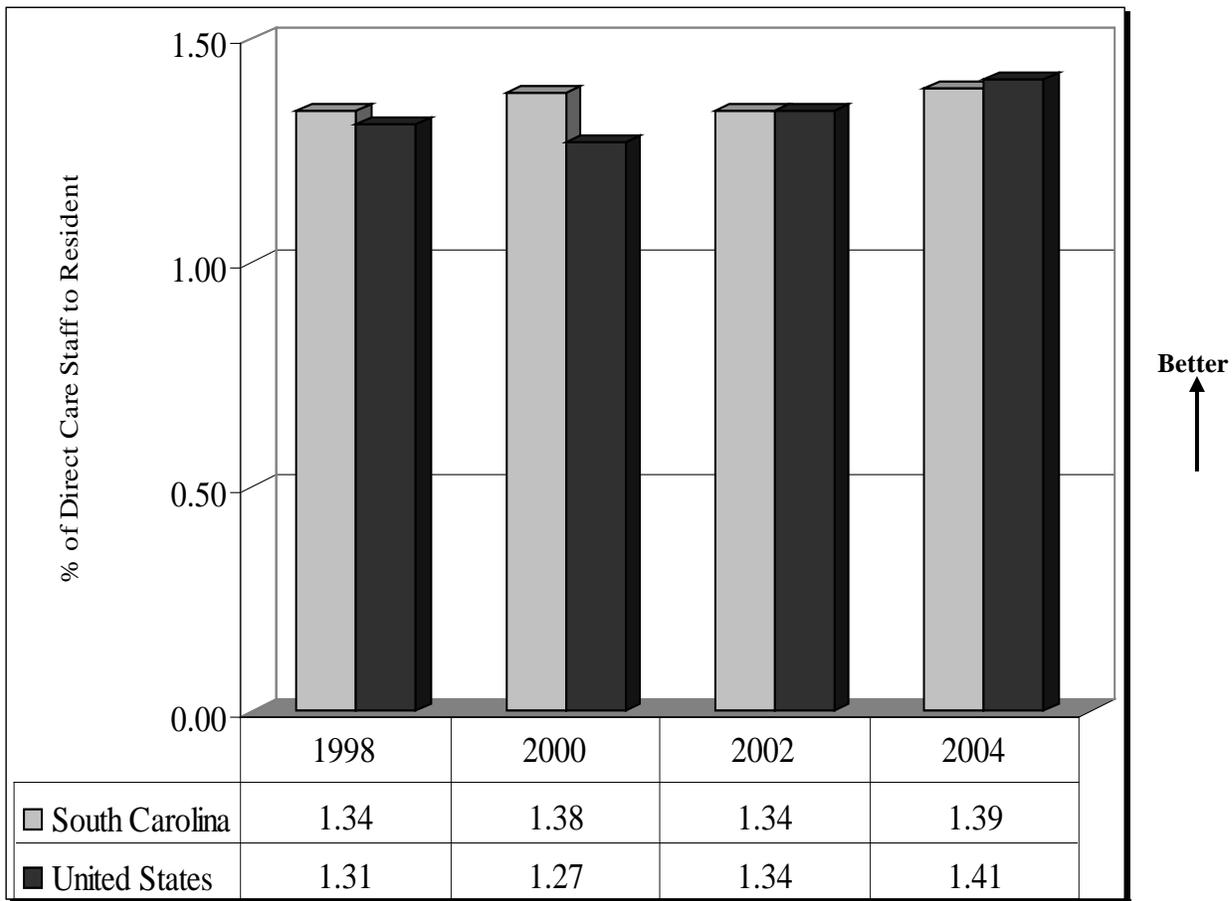
One of the most important indicators of the quality of service provided to persons residing at public institutions is the ratio of direct care staff to consumers served. The direct care staff not only provide instruction, care and supervision to promote the consumer's health, safety and independence but also provide for their emotional well-being. In essence, these crucial staff are a surrogate family to the consumers served. DDSN's public institution direct care staff to consumer ratio compares favorable to the national average which is noteworthy because the operating cost of DDSN's public institutions is significantly lower than the national average.

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

Figure 7.4-2

Section III
Category 1 – Leadership
Category 6 – Process Management

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

Year	Value
1998	3,604
1999	3,391
2000	3,104
2001	3,030
2002	3,027
2003	2,964
2004	2,964
2005	2,677
2006	2,600

Better

Net Change 1998 to 2006: -28%

DDSN was the first agency given authority to develop and offer employees a Voluntary Separation Program (VSP) with a special separation benefit package. The purpose was to assist the agency in aligning its human resources needs with the operational needs now and in the future. From 1998 to 2006, over 900 FTEs were eliminated.

NOTE: The fiscal year 1998 and fiscal year 1999 Appropriations Acts included a DDSN requested proviso for retargeting resources/FTE reduction giving DDSN the authority to develop a plan to retarget resources, realign its workforce, and continue to provide services in the most appropriate settings.

Data Source:
Agency data provided by DDSN

Figure 7.4-4

Section III
Category 5 - Human Resources Focus

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

	1998	2000	2002	2004
□ South Carolina	22.3%	26.4%	14.6%	16.1%
■ United States	20.3%	27.0%	28.0%	28.5%
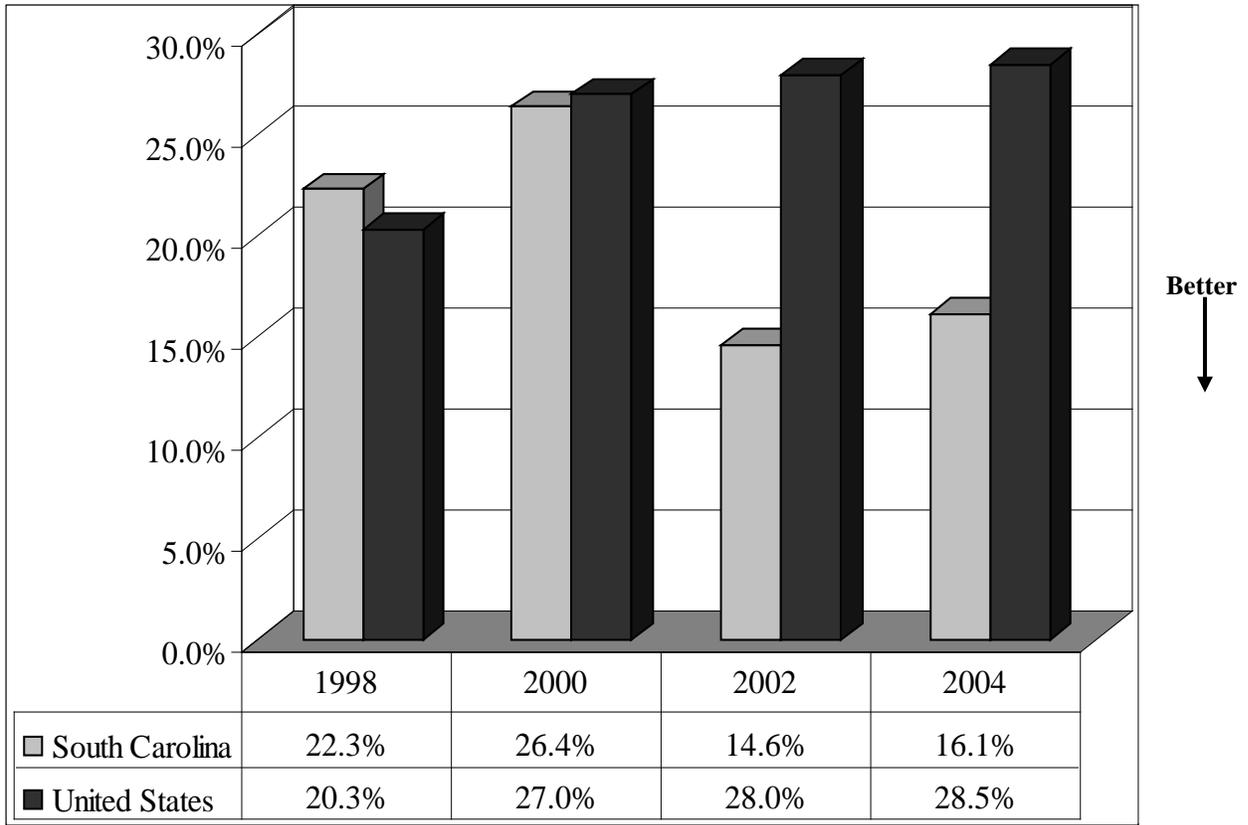
The direct care staff in the regional centers are in many ways a surrogate family to the consumers who live there. Important personal bonds are formed between the direct care staff and the consumers served. Staff have a substantial impact on consumers and therefore when the turnover of the direct care staff can be minimized, the consumer's quality of life is enhanced. The rate of turnover in the direct care workforce in South Carolina's regional centers is significantly lower than the national rate.