

# **Strategic Plan SFY 2014-2015**

Oklahoma Department of Human Services



## **Developmental Disabilities Services**



# GROWING in a NEW DIRECTION

## SFY 2014-2015 Strategy Map

### OUR MISSION

We improve the quality of life of vulnerable Oklahomans by increasing people's ability to lead safer, healthier, more independent and productive lives.

### OUR VISION

DHS provides help and offers hope to vulnerable Oklahomans through stronger practices, involved communities and a caring and engaged workforce.

### OUR VALUES

Compassion • Respect • Safety • Quality • Innovation



<p><b>Oklahomans lead safer, healthier, more independent and productive lives.</b></p> <p>We will:</p> <ul style="list-style-type: none"><li>• Reduce the incidence of abuse, neglect and exploitation in Oklahoma</li><li>• Reduce participation barriers for Oklahomans who are eligible to receive DHS services</li><li>• Improve the well-being of Oklahomans</li></ul>	<p><b>Our workforce is informed, supported and engaged.</b></p> <p>We will:</p> <ul style="list-style-type: none"><li>• Create and maintain a healthy work environment built on trust, respect and effective communication</li><li>• Increase our work-related skills and knowledge</li><li>• Provide opportunities to improve our physical, emotional and financial health</li></ul>	<p><b>We are engaged with communities to meet the needs of vulnerable Oklahomans.</b></p> <p>We will:</p> <ul style="list-style-type: none"><li>• Improve communications with community partners and key stakeholders</li><li>• Build and strengthen community partnerships to provide clients greater access to resources</li></ul>	<p><b>We have a culture of continuous improvement.</b></p> <p>We will:</p> <ul style="list-style-type: none"><li>• Increase the number of systematic process improvement projects, across the department, designed to improve and promote excellent service delivery and client satisfaction</li><li>• Maintain a culture of accountability, including fiscal integrity, at all levels of the department</li><li>• Increase the understanding and application of outcome-focused performance and evidence-based practices</li></ul>
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Figure 1. SFY 2014-2015 Strategy Map



## A Letter from the DDS Director

Developmental Disabilities Services' Strategic Plan sets a course of action for the division that focuses on our commitment to community inclusion and engagement for all Oklahomans with developmental disabilities. Partnering with our communities and our network of service providers, our top priority is closure of our remaining state institutions through the development of Northern and Southern Oklahoma Resource Centers. We will build upon our top national ranking in the employment of individuals with disabilities by expanding services. As importantly, our plan strives to meet the needs of individuals that are waiting for service funding through the improvement of our internal work processes and through our work with community partners.

DDS' strategic plan addresses our commitment to continuous quality improvement in several areas that will improve services for our external and internal customers. Key areas of person-centered planning and retooling behavioral supports will move us closer to best practices. Updating parts of our internal work processes and training curriculum will improve performance.

This plan recognizes that our staffs are among our greatest resources. We strive to continue to build a cohesive team that demonstrates our values in our daily work, shares a common vision of our mission, builds upon best practices and communicates effectively to problem-solve. We see our work as a partnership with our communities, with advocates and parents, with service providers and others. We believe that we are at our best when we collaborate with our partners to serve individuals with disabilities and their families across the life span. We look forward to the achievement of the important outcomes outlined in this plan.

**JoAnne Goin**  
Director  
Developmental  
Disabilities Services

***OUTCOME 1: Oklahomans lead safer, healthier, more independent and productive lives.***

***Goal 1:*** We will reduce the incidence of abuse, neglect and exploitation in Oklahoma.

***Objective 1:*** We will enhance our partnership with Child Welfare to increase resources and services available for children with intellectual disabilities who are in, or at risk of entering, state custody beginning February 2014.

**Action Plan:**

**Beginning February 2014,** we will provide technical assistance to Child Welfare staff regarding the needs and the available supports for children with intellectual disabilities.

**Beginning February 2014,** we will meet quarterly with Child Welfare to strengthen our knowledge and collaboration.

**Beginning July 2014,** key Developmental Disabilities Services (DDS) staff will be cross-trained to coordinate services for children served by both divisions.

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**Important Results:**

- The increased identification of children in need of assessment
- The increased knowledge of staff regarding the needs of children served by both divisions
- The increased number of staff trained by Child Welfare Services and DDS

***OUTCOME 1: Oklahomans lead safer, healthier, more independent and productive lives.***

***Goal 2:*** We will reduce participation barriers for Oklahomans who are eligible to receive DHS services.

***Objective 1:*** Beginning July 2013, we will strive to reduce the number of people on the Developmental Disabilities Services (DDS) waiting list by reducing time to prepare a case for Oklahoma Health Care Authority eligibility determination, once funds are available.

***Action Plan:***

**Beginning July 2013,** we will map a consistent method for handling applications in all three area offices through development of a pilot project.

**Beginning July 2013,** DDS intake groups (area offices) will meet regularly to track success.

**Beginning August 2013,** we will increase the rate of payment for evaluations and recruit new psychologists.

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***Important Results:***

- Reduced average length of processing time for the wait list, from date of assignment to eligibility determination for waiver services, to 60 days
- Increased number of psychologists who will complete evaluations

***OUTCOME 1: Oklahomans lead safer, healthier, more independent and productive lives.***

***Goal 3:*** We will improve the well-being of Oklahomans.

***Objective 1:*** We will increase the use of person-centered processes in order to improve the effectiveness of Individual Plans beginning July 2014.

***Action Plan:***

**Beginning July 2014,** we will revise person-centered planning policies, training and documents to meet new Centers for Medicaid Services requirements, through entire plan.

**By December 2014,** we will identify person-centered planning facilitators.

**Beginning January 2015,** we will train facilitators to conduct person-centered planning sessions.

**Beginning January 2015,** we will develop a plan to measure the effectiveness of training provided.

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***Important Results:***

- The number of potential facilitators identified
- The number of person-centered planning facilitators completing training
- The number of staff trained
- The increased understanding of person-centered processes
- The increased skill-level of key staff related to person-centered Individual Plan facilitation

***OUTCOME 1: Oklahomans lead safer, healthier, more independent and productive lives.***

***Goal 3:*** We will improve the well-being of Oklahomans.

***Objective 2:*** We will enhance inclusion, independence and normalization for individuals with intellectual disabilities by successfully transitioning individuals from the resource centers to the community by June 2015.

***Action Plan:***

**By July 2013,** we will begin system-wide, post-placement monitoring.

**Beginning July 2013,** we will ensure that plans include structured day activities, where appropriate.

**Beginning August 2013,** the state office will monitor the first 90 days after transition weekly.

**Beginning October 2013,** we will provide weekly progress reports.

**By June 2015,** individuals will move when all services are in place and their plans are reviewed and approved through August 2015.

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***Important Results:***

- The increased percentage remediation of 30-90-180 day post placement monitoring findings
- Improved individual satisfaction

***OUTCOME 1: Oklahomans lead safer, healthier, more independent and productive lives.***

***Goal 3:*** We will improve the well-being of Oklahomans.

***Objective 3:*** We will more quickly integrate persons into community life by improving the discharge process for individuals served at the Robert M. Greer Center beginning January 2014.

***Action Plan:***

**Beginning January 2014,** we will convene a work group to improve the transition process.

**Beginning January 2014,** we will convene a work group to increase the community living options available.

**Beginning January 2014,** we will standardize discharge and follow-up processes.

**Beginning January 2014,** we will recruit community service providers.

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***Important Results:***

- The decreased average time between stabilization and discharge to community living to free up service capacity for those in need
- The increased number of community placement options for individuals discharged from Robert M. Greer



***OUTCOME 2: Our workforce is informed, supported and engaged.***

***Goal 1:*** We will create and maintain a healthy work environment built on trust, respect and effective communication.

***Objective 2:*** We will improve our internal, two-way communication beginning June 2014.

**Action Plan:**

**Beginning September 2014,** we will establish a mechanism to solicit frontline employee feedback quarterly.

**By October 2014,** we will form a work group to develop a communication plan.

**By October 2014,** we will develop a tool to measure the qualitative and quantitative effectiveness of communication with field staff.\*

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**Important Results:**

- Staff report improved two-way communication
- Staff report an improved perception of Developmental Disabilities Services communication efforts

\* Where an evaluation will be developed, we anticipate additional Important Results to be added.

## ***OUTCOME 2: Our workforce is informed, supported and engaged.***

***Goal 2:*** We will increase our work-related skills and knowledge

***Objective 1:*** We will enhance skills of new case managers through an updated case management mentoring process by July 2015.

### ***Action Plan:***

**Beginning March 2014,** we will review the existing mentor training materials.

**By July 2014,** we will conduct focus group with case manager II, III and IV staff, to get feedback on effectiveness of current process/suggestions for change.

**By April 2015,** we will revise training curricula and training process for mentors.

**Beginning April 2015,** we will ensure mentors are receiving training.

**Beginning April 2015,** we will develop a plan for evaluating the effectiveness of the mentoring program.

**Beginning April 2015,** we will create an evaluation tool to report results of the mentoring program.\*

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### ***Important Results:***

- The increased understanding of what a mentoring program needs to address for staff
- The number of mentors trained
- Mentors report increased knowledge of how to appropriately mentor a coworker based on training provided

\* Where an evaluation will be developed, we anticipate additional Important Results to be added.

## ***OUTCOME 2: Our workforce is informed, supported and engaged.***

***Goal 2:*** We will increase our work-related skills and knowledge.

***Objective 2:*** We will improve service delivery consistency by standardizing work practices across the three Developmental Disabilities Services Areas beginning July 2014.

### ***Action Plan:***

**Beginning July 2014,** policies, training and documents will be updated to meet new Medicaid requirements.

**By July 2014,** we will establish workgroup for Individual Plan standardization.

**Beginning July 2014,** we will identify commonalities and differences in Individual Plans.

**Beginning July 2014,** we will identify best practices.

**By January 2015,** a standardized addendum process for Individual Plans will be completed.

**By April 2015,** residential program processes for foster care and companion training and annual reviews will be standardized.

**By June 2015,** a standardized Individual Plan format will be completed.

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### ***Important Results:***

- The increased consistency in creating Individual Plans
- The increased number and percentage of Individual Plans that identify all the service recipient's needs identified via assessments
- The increased number and percentage of service recipients who receive the types, amount, duration, scope and frequency of services identified in the Individual Plan

## ***OUTCOME 2: Our workforce is informed, supported and engaged.***

***Goal 3:*** We will provide opportunities to improve our physical, emotional and financial health.

***Objective 1:*** We will strive to improve our employees' physical, emotional and financial wellness by June 2015.

### ***Action Plan:***

**Beginning June 2014,** we will inform employees of recognized available physical, emotional and financial wellness opportunities and resources provided both within and outside the department.

**Beginning July 2014,** we will encourage participation in the DHS Wellness Program and Employee Assistance Program (EAP).

**Beginning July 2014,** we will increase awareness of the OKHealth program, DHS Wellness Program and EAP by distributing promotional materials to all staff.

**Beginning July 2014,** we will participate in data collection to identify what trainings, workshops, services or programs employees utilize most that are aimed at improving physical, emotional and financial health.

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### ***Important Results:***

- The number of opportunities and resources identified annually to assist employees with improved health
- Employees report an increased awareness of services provided through the OKHealth program, the DHS Wellness Program and the EAP

***OUTCOME 3: We are engaged with communities to meet the needs of vulnerable Oklahomans.***

***Goal 1:*** We will improve communications with community partners and key stakeholders.

***Objective 1:*** We will work with the Community of Practice Grant to build upon our community partnerships.

***Action Plan:***

**Beginning October 2013,** community partners and a focus group of case management staff will meet to explore our vision for collaboration.

**Beginning November 2013,** we will participate with community partners in the national meetings.

**By May 2014,** we will present at the Community of Practice vision at the Governor's Conference.

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***Important Results:***

- The number of partner meetings
- The increased knowledge of Developmental Disabilities Services intake staff regarding our partners and community resources

***OUTCOME 3: We are engaged with communities to meet the needs of vulnerable Oklahomans.***

***Goal 2:*** We will build and strengthen community partnerships to provide clients greater access to resources.

***Objective 1:*** We will enhance the skills of program coordinators and health care coordinators by working with community partners to enhance training by June 2015.

**Action Plan:**

**By April 2014,** we will identify committee members including Developmental Disabilities Services and community partners to work on skill enhancement of program coordinators and health care coordinators.

**By July 2014,** the committee will develop a draft of suggested changes to program coordinator curriculum.

**By October 2014,** the committee will develop draft of suggested changes to health care coordinator training.

**By January 2015,** the committee will pilot the program coordinator curriculum and health care coordinator training and measure effectiveness.

**By February 2015,** we will make necessary policy revisions.

**By February 2015,** the committee will identify strategy and timeframe for implementation of program coordinator curriculum and health care coordinator training.

**Beginning February 2015,** we will evaluate the effectiveness of training.\*

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**Important Results:**

- The number of program coordinators and health care coordinators trained
- The number of case managers trained
- The number of participants who successfully complete training
- The number and percentage of participants who report increased knowledge and job skills as a result of training

\* Where an evaluation plan will be created, we anticipate additional Important Results to be added.

***OUTCOME 3: We are engaged with communities to meet the needs of vulnerable Oklahomans.***

***Goal 2:*** We will build and strengthen community partnerships to provide clients greater access to resources.

***Objective 1:*** In order to increase the number of individuals who are working we will expand the vocational service provider base beginning January 2014.

***Action Plan:***

**Beginning January 2014,** we will expand vocational provider capacity by a net of two providers per year.

**Beginning January 2014,** we will educate potential providers regarding service options in Oklahoma.

**Beginning February 2014,** we will identify potential service providers.

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***Important Results:***

- The increased number of additional vocational opportunities offered
- The number of providers retained
- The number of new providers for vocational services

***OUTCOME 3: We are engaged with communities to meet the needs of vulnerable Oklahomans.***

***Goal 2:*** We will build and strengthen community partnerships to provide clients greater access to resources.

***Objective 3:*** We will improve access to services by strategically expanding the number of contracted professionals providing home and community-based services to individuals beginning January 2014.

***Action Plan:***

**Beginning January 2014,** we will identify any necessary contract changes and differences between service areas.

**By March 2014,** we will identify contracting “best practices” in each service area.

**By July 2014,** we will identify potential improvements to supports for professional service providers (information, contractual, reimbursement, etc.).

**By October 2014,** we will identify potential technological innovations to support professional service providers (review/revision of written manual).

**By December 2014,** we will develop a plan for targeted recruitment of contracted professionals.

**By December 2014,** we will identify training requirements for both community partners and Developmental Disabilities Services staff.

**By December 2014,** we will identify implementation strategy and timeframe for implementation.

**Beginning December 2014,** we will develop a survey to obtain feedback from providers.\*

**By December 2014,** we will conduct an administrative review of the plan and begin implementation.

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***Important Results:***

- The increased number of professional service providers
- The increased understanding of area service needs
- The number and percentage of professional service contractors reporting positive experience with supports received

\* Where an evaluation plan will be created, we anticipate additional Important Results to be added.



***OUTCOME 4: We have a culture of continuous improvement.***

***Goal 1:*** We will increase the number of systematic process improvement projects, across the department, designed to improve and promote excellent service delivery and client satisfaction.

***Objective 1:*** We will revise behavioral support processes so that individuals receive appropriate and timely behavioral supports by July 2015.

**Action Plan:**

**Beginning October 2013,** we will review and modify policies related to protective intervention planning.

**Beginning October 2013,** we will provide Trauma Informed Care training statewide targeting agency staff and case managers.

**By July 2014,** we will revise appropriate forms.

**By October 2014,** we will separate the functional assessment from the behavioral protective intervention plan.

**Beginning June 2015,** we will provide training on protective intervention planning and positive behavior support to contract provider agency staff.

**By June 2015,** we will discuss with STI the possibility of establishing a behavioral protective intervention plan review queue in the Client Contact Manager.

**Beginning January 2015,** we will provide training on protective intervention planning and positive behavior support to case management groups and targeted professionals.

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## ***Important Results:***

- The number and percentage of Protective Intervention Plans submitted with functional assessment and protective intervention plan as separate documents
- The number of case management staff and provider agency staff trained on trauma informed care
- The number of case management staff and professionals trained on protective intervention planning and positive behavior support principles
- The increased general use of positive behavioral support principles within all settings where individuals receive services
- The increased number of protective intervention plans that focus on positive behavioral support principles

## ***OUTCOME 4: We have a culture of continuous improvement.***

***Goal 1:*** We will increase the number of systematic process improvement projects, across the department, designed to improve and promote excellent service delivery and client satisfaction.

***Objective 2:*** We will improve accuracy of Level of Care determinations by automating review processes by June 2015.

### ***Action Plan:***

**By March 2014,** requirements for software design will be developed and described.

**By June 2014,** eligibility from Information Management System software will be implemented.

**By October 2014,** Level of Care interface software will be developed.

**By December 2014,** user testing will be complete.

**By February 2015,** we will schedule roll-out dates.

**By March 2015,** we will fix any identified issues with software.

**By May 2015,** we will complete user testing of final interface.

**By June 2015,** we will implement interface.

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### ***Important Results:***

- The improved accuracy of Level of Care determinations
- The improved timeliness of Level of Care determinations
- The reduced staff work time for processing

## ***OUTCOME 4: We have a culture of continuous improvement.***

***Goal 2:*** We will maintain culture of accountability, including fiscal integrity at all levels of the organization by July 2015.

***Objective 1:*** We will monitor state-funded contracts to ensure accountability, including fiscal integrity, beginning July 2013.

### ***Action Plan:***

**Beginning July 2013,** we will identify contracts that require additional measurable deliverables where appropriate and necessary.

**Beginning July 2014,** we will assess contract monitoring training for Developmental Disabilities Services employees who manage contracts.

**Beginning July 2014,** we will identify evidence-based practices for contract development and incorporate evidence-based practices into contract development.

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### ***Important Results:***

- The number and percentage of employees who monitor contracts who have completed contract monitoring training
- The number of contracts revised according to best practices
- The increased understanding of the contract processes and procedures
- The improved contractor performance and efficiency

## ***OUTCOME 4: We have a culture of continuous improvement.***

***Goal 3:*** We will increase the understanding and application of outcome-focused performance and evidence-based practices at all levels of the department.

***Objective 1:*** We will, where necessary, revise contracts to reflect outcome-based performance, measurable deliverables and reporting requirements by July 2015.

### ***Action Plan:***

**Beginning January 2014,** we will assess the Developmental Disabilities Services contracts to determine which contracts are appropriate for outcome-based performance measures.

**Beginning July 2014,** we will revise contracts that are determined to be in need of outcome-based performance measures to include at least one outcome that is measured and reported at regular intervals.

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### ***Important Results:***

- The percentage of outcome-based performance contracts with specific measurements
- The percentage of outcome targets met, where applicable
- The number of contracts revised

## ***OUTCOME 4: We have a culture of continuous improvement.***

***Goal 3:*** We will increase the understanding and application of outcome-focused performance and evidence-based practices at all levels of the department.

***Objective 2:*** We will increase the performance awareness of Developmental Disabilities Services and ensure that goals and objectives are aligned with the department-level strategic plan by April 2014.

### **Action Plan:**

**Beginning April 2014,** we will create new, key measures, where needed, to accurately describe the outcome performance of Developmental Disabilities Services.

**Beginning April 2014,** we will ensure language used on reports and in communication with staff distinctly connect the division's outputs and outcomes.

**By June 2014,** we will create implementation timelines for the DDS Strategic Plan.

**Beginning June 2014,** DDS staff will review the status of implementation at Leadership Team Meetings.

**By March 2015,** we will prepare for the next strategic plan.

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### **Important Results:**

- Staff report an understanding of how work performed impacts client outcomes
- Staff report an understanding of how their work relates to the mission of the agency
- The number of new outcomes measures created and put into use





# **Developmental Disabilities Services**

