Strategic Plan
SFY 2017-2018

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Issued 7/2016
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Goal 2: We will continue to evaluate the impact our services and benefits have on Oklahomans who are vulnerable.

Objective 1: We will move toward outcome-based auditing and data analysis, beginning July 2016.

Action Plan:

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By January 2018, we will evaluate data on client outcome measures.

Important Results:

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- The reduced risk for APS clients
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- The increased percentage of APS clients are removed from temporary guardianship when appropriate
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Objective 1: We will monitor performance within APS to support statewide consistency and accountability in service delivery, beginning July 2016.

Action Plan:

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By July 2016, we will present to executive officers a plan for a centralized hotline to accept APS referrals.

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Beginning April 2017, we will develop performance management accountabilities for specialists and supervisors.

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Important Results:

- The increased number of accountability tools utilized within division
- The increased percentage of staff report the current performance management process assists their supervisor in holding them accountable
- The increased percentage of staff report that they and their supervisor created a development plan, during the performance review process, to improve their skill level
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A Letter from the Director of Adult Protective Services

As the director of Adult Protective Services, I am pleased to welcome and introduce you to our Strategic Plan for State Fiscal Year 2017. You will see that as we work to fulfill our mission to protect vulnerable adults, we will continue to focus on the support and development of compassionate partnerships throughout the state.

We are mindful that when a vulnerable adult accepts us into his or her life, or when a court authorizes our involvement, we hold a position of great responsibility and trust. The APS Strategic Plan outlines how we will continue to meet this responsibility and earn that trust.

All APS service planning is dependent on the supportive services provided by our community and agency partners. The people we serve are Oklahomans who, because of the infirmities of age or disability are unable to meet their own needs, and whose needs exceed the ability of family, friends and neighbors to provide. Given the unprecedented budget cuts throughout the public and private sectors, the challenge facing us in this field will be to stretch the available resources shared by all of us in this field to be able to meet the needs of vulnerable adults.

In addition to meeting the needs of the people we serve, APS has a duty to the public to account for our actions, and to efficiently use available state resources. To this end, we will also focus in SFY 2017 on reporting outcomes — that is, reporting not only what we do, but also the results we achieve in terms of improved safety.

Finally, you will also see our division objectives harmonized with our Quality Service Standards work. Through this work we are clearly identifying, in behavioral terms, the APS standards for safety, professionalism, integrity and compassion. We proudly hold ourselves to these standards in all our work with the public and our partners.

The Oklahoma data for SFY 2016 is still being collected; in SFY 2015, APS confirmed 7,112 vulnerable adults experienced physical abuse, verbal abuse, financial exploitation, sexual abuse and exploitation, neglect by a caretaker, or self-neglect. In each of these cases, Adult Protective Services responded to protect the vulnerable adult. Throughout SFY 2017, and beyond, we will continue to protect vulnerable adults. With the help of all our partners, it’s what we do.

With best wishes,

Gail Wettstein
Director, Adult Protective Services
OUTCOME 3: We are engaged with communities to meet the needs of Oklahoma.

Goal 1: We will build and strengthen community partnerships.

Objective 1: We will establish partnerships with accountants for guardianship estate management and improve communication with law enforcement and district attorneys, beginning July 2016.

Action Plan:

Beginning July 2016, we will develop certified public accountant services for estate management in guardianship cases.

Beginning July 2016, we will use criminal law language when reporting to law enforcement and district attorneys.

Important Results:

- The decreased cost of documentation printing for law enforcement and district attorneys
- The improved professional services for estate management
- The district attorney reports increased relevance of APS communication

Division Overview

In 1977, the Oklahoma Legislature enacted the Protective Services for Vulnerable Adults Act, setting forth the state’s duty to protect those Oklahomans who, because of the infirmities of aging, incapacity or other disability, are unable to manage their own affairs, or to protect themselves from exploitation, abuse or neglect. 43A O.S. § 10-101 et seq. The Department of Human Services created Adult Protective Services (APS) to fulfill this mandate.

APS is comprised of Community APS (CAPS), Long Term Care Investigations (LTCI), and AIDS Coordination and Information Services (ACIS). CAPS investigates reports of abuse, neglect or exploitation of vulnerable adults and develops service plans to meet their needs. CAPS has no service delivery capacity of its own, and it must connect vulnerable adults to existing community services. CAPS notifies local law enforcement when it begins an investigation and reports the findings of all investigations to the local district attorney. When APS confirms an allegation, the evidence is sufficient to show, by a preponderance, that the allegation is true.

CAPS fully investigates allegations involving paid caregivers and community service workers. A confirmed finding may warrant the perpetrator being placed on the Community Service Workers Registry, which bars the person from serving in the field.

Not all referrals rise to the level of investigation. In situations where a vulnerable adult’s needs can be met without a full investigation, CAPS uses Information and Referral, or Information and Referral with Tasks, to help vulnerable adults connect to the services they need. CAPS also provides involuntary services through Title 43A guardianships. Currently CAPS serves as guardian for 355 vulnerable adults.

LTCI investigates reports of abuse, neglect or financial exploitation of vulnerable adults who are residents of nursing homes, veterans centers, and intermediate care facilities for people with intellectual disabilities (ICF/ID). LTCI reports its findings to the Health Department, the facility administrator, and the Nursing Board where appropriate. LTCI regularly makes referrals to the long-term care ombudsman to ensure that a resident’s rights are being respected. LTCI also refers to local police, local district attorneys and the attorney general as necessary for prosecution.

ACIS currently serves 1,096 of the estimated 5,500 Oklahomans who live with HIV/AIDS. Through case management services housed in Tulsa and Oklahoma City, ACIS coordinates approximately $16 million in HIV services for clients who do not qualify for other public benefits. These services are funded through federal, private and pharmaceutical programs.
OUTCOME 1: We help Oklahomans lead safer, healthier, more independent and productive lives.

Goal 1: We will improve the well-being of the people we serve.

Objective 1: We will focus our efforts on core services delivered to adults who are vulnerable, as defined through The Vulnerable Adult Act, beginning July 2016.

Action Plan:

By July 2016, we will identify the people we serve within the scope of our program.

Beginning August 2016, we will clearly communicate the scope of APS to compassionate partners.

Beginning August 2016, we will work within the scope of our program.

Beginning August 2016, we will refer people who fall outside the scope of our program or do not qualify for APS services to other appropriate services.

Important Results:

• The increased the number of people served through information and referral services
• The increased focus on core APS services
• The reduced risk for adults served by APS
• The increased number of APS referrals to DHS and community partners

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

Goal 3: We will continue to improve employee engagement.

Objective 1: We will empower staff and equip managers with tools to improve employee engagement, beginning July 2016.

Action Plan:

Beginning July 2016, we will continue to engage employees through the APS Quality Service committees.

Beginning July 2016, we will ensure open two-way communication between specialists and supervisors.

By June 2017, we will continue to support and implement all recommendations of the APS Quality Service committees.

Important Results:

• The increased productivity of APS staff
• The increased retention of APS staff
• The increased percentage of staff report improved two-way communication between staff and managers
• The increased percentage of staff report being treated with respect at work
• The increased percentage of staff report being recognized for their work within the last week
**Important Results:**

- Staff report more manageable workloads
- The improved productivity and timeliness
- The increased utilization of existing supervisory tools
- The improved coaching skills of supervisors
- Supervisors feel more equipped to lead and manage staff
- The increased percentage of staff report that their personal development is encouraged by their supervisor
- The increased percentage of staff report that they are very satisfied with the level of open communication between themselves and their immediate supervisor

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**Goal 2:** We will improve access to our services and benefits.

**Objective 1:** We will reduce risk for adults who are vulnerable, beginning July 2016.

**Action Plan:**

- **Beginning July 2016,** we will advertise APS online reporting through training.
- **By July 2016,** we will identify all publications that need to be updated to include the APS online reporting website.
- **Beginning September 2016,** we will offer intake training for Home Health agencies, various DHS programs and outside community partners.
- **Beginning January 2017,** we will begin using the resource directory developed by the Office of Community and Faith Engagement.

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**Important Results:**

- The increased utilization of all available APS services
- Vulnerable adults will receive appropriate services to reduce risk
- The reduced risk for adults served through APS services
OUTCOME 2: Our workforce is informed, supported and engaged.

Goal 1: We will promote safe, healthy work environments.

Objective 1: APS specialists will continue to be safe from harm or danger while working in the field, through June 2018.

Action Plan:

Beginning July 2016, we will notify APS workforce of existing safety training.

Beginning July 2016, we will continue the Personal Protective Equipment safety training of all new staff.

By October 2016, we will define what is too dangerous for APS response and develop a protocol regarding how we should respond.

By January 2017, we will implement recommendations from Quality Service Standards Safety Committee.

Important Results:

- The increased retention of APS specialists
- The reduced number of workers’ compensation claims
- The increased percentage of workers who report feeling safe while on the job

Goal 2: We will improve the effectiveness of our workforce.

Objective 1: We will identify areas for staff development and address developmental needs, beginning July 2016.

Action Plan:

Beginning July 2016, programs field representatives will continue mentoring supervisors.

Beginning July 2016, we will improve interview tools for the Long-Term Care Investigations unit.

Beginning July 2016, we will refocus audits to identify areas of ineffectiveness and measure outcomes.

By July 2016, we will develop decentralized field training for identified, focused needs.

By August 2016, we will develop a coaching program for APS.

Beginning August 2016, we will begin implementation of a coaching program for APS.

By September 2016, we will identify knowledge gaps in using existing tools.

Beginning September 2016, we will ensure APS specialists can use existing tools effectively by addressing knowledge gaps.

By September 2016, we will implement decentralized field training for needs identified by programs field representatives.

By October 2016, we will develop a list of supervisory expectations based on rules, instructions to staff and standards.

By January 2017, we will institute a series of statewide back-to-basics trainings for all staff.
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With best wishes,

Gail Wettstein
Director, Adult Protective Services

OUTCOME 3: We are engaged with communities to meet the needs of Oklahoma.

Goal 2: We will help Oklahomans who are vulnerable access resources.

Objective 1: We will increase APS specialists’ knowledge and ability to refer to community resources, beginning September 2016.

Action Plan:

Beginning July 2016, we will continue working with the Oklahoma Department of Health’s Long-Term Care Task Force.

Beginning July 2016, we will collaborate with the Office of Community and Faith Engagement to establish and maintain an online resource directory.

Beginning July 2016, we will ensure service plans are designed to meet the needs of vulnerable adults.

Beginning July 2016, APS specialists will establish Medicaid, as needed, for our clients.

Beginning January 2017, we will train workers to advocate with clients successfully to encourage acceptance of voluntary services.

Important Results:

- The increased number of voluntary services accepted by clients
- The increased number of established Medicaid cases, where appropriate
- The improved percentage of service plans that address identified needs
OUTCOME 4: We have a culture of continuous improvement.

Goal 1: We will continue to improve the department’s effectiveness, efficiency and accountability.

Objective 1: We will monitor performance within APS to support statewide consistency and accountability in service delivery, beginning July 2016.

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DHS STRATEGY MAP
SFY 2017-2018

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
Safety • Integrity • Professionalism • Compassion

We help Oklahomans who are vulnerable lead safer, healthier, more independent and productive lives.

We will:
- Improve the well-being of the people we serve
- Improve access to our services and benefits

Our workforce is informed, supported and engaged.

We will:
- Promote safe, healthy work environments
- Improve the effectiveness of our workforce
- Continue to improve employee engagement

We are engaged with communities to meet the needs of Oklahomans who are vulnerable.

We will:
- Build and strengthen community partnerships
- Help Oklahomans who are vulnerable access community resources

We have a culture of continuous improvement.

We will:
- Continue to improve the department’s effectiveness, efficiency and accountability
- Continue to evaluate the impact our services and benefits have on Oklahomans who are vulnerable

Figure 1. SFY 2017-2018 Strategy Map
OUTCOME 4: We have a culture of continuous improvement.

Goal 2: We will continue to evaluate the impact our services and benefits have on Oklahomans who are vulnerable.

Objective 1: We will move toward outcome-based auditing and data analysis, beginning July 2016.

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