

Strategic Plan

SFY 2017-2018



**Developmental
Disabilities
Services**

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



<p>We help Oklahomans who are vulnerable lead safer, healthier, more independent and productive lives.</p> <p>We will:</p> <ul style="list-style-type: none"> • Improve the well-being of the people we serve • Improve access to our services and benefits 	<p>Our workforce is informed, supported and engaged.</p> <p>We will:</p> <ul style="list-style-type: none"> • Promote safe, healthy work environments • Improve the effectiveness of our workforce • Continue to improve employee engagement 	<p>We are engaged with communities to meet the needs of Oklahomans who are vulnerable.</p> <p>We will:</p> <ul style="list-style-type: none"> • Build and strengthen community partnerships • Help Oklahomans who are vulnerable access community resources 	<p>We have a culture of continuous improvement.</p> <p>We will:</p> <ul style="list-style-type: none"> • 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
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Figure 1. SFY 2017-2018 Strategy Map

A Letter from the DDS Interim Director

The Developmental Disabilities Services strategic plan is multifaceted. Over the next two years, we will focus on building and strengthening our community partnerships, developing strategies to improve employee engagement, improving effectiveness and efficiency, and reaffirming our continued commitment to community inclusion and engagement for all Oklahomans with developmental disabilities.

Recent changes in federal regulations for home and community-based waiver services set new standards for where people receive services in areas such as privacy, choice, integration and access to jobs in the community. A priority of the strategic plan will be to educate our staff and community providers so all services and supports are as inclusive as possible. We are confident that by embracing these standards, all individuals with disabilities will receive the services they need in truly integrated community settings.

We will also be focusing on our employees by implementing strategies to enhance the efficiency and effectiveness of our programs and improving their engagement while at work. We will start a collaborative coaching program to improve the skills of supervisors and managers, provide training opportunities to improve performance, increase awareness of health-related issues, and improve knowledge regarding safety during field visits. We know our employees are some of our greatest resources, and as part of our commitment to them we will provide them with the necessary tools to safely and successfully achieve our mission.

We cannot achieve our goals autonomously. Thus, I want to express my appreciation for the steadfast professionalism, hard work and enduring commitment seen on a daily basis by staff, community partners, advocates and families. We must continue to work together to accomplish a common goal, which is to successfully enable persons with developmental disabilities to lead healthy, independent and productive lives to the fullest extent possible. The ability and dedication to persistently work together to better the lives of individuals with developmental disabilities assures we will be successful in achieving the objectives set forth in this strategic plan.

Marie Moore

Interim Director, Developmental Disabilities Services

DIVISION OVERVIEW

Developmental Disabilities Services (DDS), partnering with federal, state and local agencies, provides services to people with intellectual disabilities through home and community-based waiver services (HCBS), administered by the Oklahoma Health Care Authority (OHCA).

In 1987, to comply with the federal court order in the Homeward Bound case, Oklahoma appropriated funding to create a system of community-based services as an alternative to institutional placement for people with intellectual disabilities. People of Oklahoma, seeking services in community settings, began applying for HCBS. These services are a funding option allowing states to “waive” regular state Medicaid plan services for alternative services provided in the individual’s home or community. All other sources of funding and support should be explored before waiver services are used.

Payment for specific services that are not allowed through Oklahoma’s Medicaid plan can be paid through a waiver. Each waiver service should be appropriate to the person’s needs. DDS employs a person-centered planning process identifying the needs, preferences, goals and desired outcomes of the person receiving services. Some of the services provided include: habilitation training specialists (HTS), transportation, employment services, therapy services for adults over 21 years of age, adult day services, medical supplies, adaptive equipment, assistive technology and architectural modifications to the home. The demand for services is high. DDS maintains a waiting list for Medicaid waiver services. When additional state funds are available, individuals who meet eligibility requirements are offered access to waiver services.

Developmental Disabilities Services’ HCBS continues to evolve to best meet the needs and preferences of citizens with intellectual disabilities. However, what remains a constant is our mission, to design and operate a service system, enabling persons with developmental disabilities to lead healthy, independent and productive lives to the fullest extent possible; promoting the full exercise of their rights as citizens of their communities, state and country; and promoting the integrity and well-being of their families.

OUTCOME 1: 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 improve the quality of incident reporting and increase follow-up, when appropriate, beginning July 2016.

Action Plan:

By July 2016, the Critical Incident Review Committee (CIRC) will collect baseline data, current level, and timeliness of follow-up, which is occurring with critical incident reports.

By July 2016, the CIRC will monitor the quality of incident reports that require a team meeting, including how often and how timely team meetings are held.

By October 2016, the CIRC will provide reference materials for case managers to use in determining appropriate follow-up.

By March 2017, after reference materials are made available to case managers, the CIRC will collect data on level and timeliness of follow-up.

By March 2017, the CIRC will continue to monitor incident reports, which require a team meeting to determine if the reference materials have impacted the quality of follow-up for incident reports.

By January 2018, the CIRC will work with the training department to revise the Incident Report Training available on the College of Direct Supports.

Important Results:

- The increased percentage of timely follow-up responses
- Improve the ability of DDS case managers to follow up appropriately when incidents are reported
- The increased percentage of required team meetings held when necessary
- The increased number of people trained on revised Incident Report Training

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

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

Objective 2: We will improve staff and provider knowledge regarding prevention of unnecessary psychiatric hospitalizations beginning February 2017.

Action Plan:

By September 2016, we will develop curriculum regarding psychiatric issues and hospitalizations.

By October 2016, we will conduct field tests with a residential agency.

By December 2016, we will review DDS policy for possible revisions related to psychiatric issues.

By December 2016, we will review and revise curriculum as necessary and train trainers.

Beginning February 2017, we will provide training to DDS case management groups and make available to contract provider agency staff.

Important Results:

- The increased number of DDS and provider agency staff trained
- The increased knowledge of DDS and provider agency staff regarding psychiatric issues and hospitalizations
- The decreased number of unnecessary emergency psychiatric hospitalizations

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

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

Objective 1: We will add Self-Directed Services (SDS) to the community waiver for adults who reside in a family home beginning September 2016.

Action Plan:

By September 2016, we will complete a draft for a SDS amendment to the community waiver.

By March 2017, we will revise online training for Self-Directed Services.

By September 2017, we will develop and/or revise policy as needed.

By December 2017, we will submit to Oklahoma Health Care Authority for review upon approval of the community waiver.

Important Results:

- The increased number of individuals participating in Self-Directed Services
- Increase the service recipients' control over service selection and delivery

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

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

Objective 1: We will improve staff knowledge regarding safety during field visits by June 2017.

Action Plan:

By June 2017, we will partner with Risk Management to create a safety plan for field visits.

By June 2017, we will evaluate safety concerns with the field.

By December 2017, we will train staff to improve safety knowledge.

Important Results:

- The increased number of staff trained
- The increased knowledge of staff regarding safety during field visits
- The increased percentage of employees who report that Developmental Disabilities Services staff show concern for the safety of colleagues and clients when necessary
- The increased percentage of staff who report that Developmental Disabilities Services staff respond to safety alerts according to protocol

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

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

Objective 2: We will develop newsletters to increase awareness of health-related issues beginning July 2016.

Action Plan:

Beginning July 2016, we will complete a monthly review of health-related data to identify targeted trends and relevant newsletter topics.

Beginning July 2016, we will research best practices and principles related to newsletter topics.

Beginning July 2016, we will distribute an electronic newsletter to field staff and providers quarterly.

Important Results:

- The increased number of newsletters sent
- The increased percentage of staff who report being more aware of health-related issues and solutions

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

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

Objective 1: We will identify best practices for both Person-Centered Planning and the Health Review Process by June 2018.

Action Plan:

By August 2016, we will develop a list of diagnosis codes to use on client contact manager (CCM) health screens.

By August 2016, we will standardize instructions regarding placement of Health Review information in Individual Plans.

By August 2016, we will revise the 120-day process for Individual Plans to standardize scheduling of Individual Plan meetings.

By December 2016, we will train case managers on Health Screens in CCM.

By December 2016, we will clarify expectations for use of Health Review to identify individual specific training.

Beginning January 2017, we will expand the use of Person-Centered Planning concepts and tools through training of DDS and provider agency staff.

By December 2017, we will revise Health Modules to address common health related training needs.

By December 2017, we will develop written practice standards for Health Review.

By June 2018, we will develop written practice standards for Individual Plans.

Important Results:

- The improved and standardized practices for Health Review and IP
- The increased staff knowledge of which individual-specific issues require training for active intervention

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

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

Objective 2: We will implement a Collaborative Coaching program to enhance skills of supervisors and managers beginning October 2016.

Action Plan:

By August 2016, using Collaborative Coaching materials, we will train current division management staff.

Beginning August 2016, we will make training available at least twice yearly to new managers.

Beginning October 2016, we will send quarterly surveys to managers statewide to determine use and efficacy of coaching.

Important Results:

- The increased number of managers trained
- The improvement of managers' abilities to coach and mentor their staff
- The increased knowledge and use of Collaborative Coaching techniques
- The increased percentage of employees who report their management consistently provides them with the information they need to know
- The increased percentage of employees who report their personal development is encouraged by their supervisor in a cost-efficient and effective manner
- The increased percentage of employees who report they feel valued by their supervisor
- The increased percentage of employees who report they are satisfied with the level of open communication with their immediate supervisor

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

Goal 3: We will continue to improve employee engagement.

Objective 1: We will assess knowledge gained from the most recent employee engagement and feedback surveys and develop strategies to improve employee engagement across the division beginning August 2016.

Action Plan:

Beginning July 2016, we will identify engagement needs using recent employee engagement surveys.

By August 2016, we will send an initial division newsletter.

By August 2016, we will send a survey to staff to assess the effectiveness of the newsletter.

Beginning August 2016, we will begin sending a division newsletter to staff every other month with content focused on addressing employee and division needs.

Important Results:

- The increased number of division newsletters sent
- The improved two-way communication between leadership and front-line staff
- The increased percentage of staff who report they have a clear understanding of the role their department plays in the overall mission of DHS
- The increased percentage of staff who report they've received direct communication from the division director at least monthly
- The increased percentage of employees who report they feel informed about what is happening within DHS at an agency level

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

Goal 3: We will continue to improve employee engagement.

Objective 2: We will provide employees information about the status of possible managed care in Oklahoma beginning July 2016.

Action Plan:

By July 2016, we will provide information in the division newsletter.

By August 2016, we will develop a communication plan to educate staff about the state of possible managed care.

Beginning September 2016, we will provide information to key managers to disseminate to staff.

Beginning October 2016, we will update staff at case management supervisor (CMS) meetings.

By June 2018, we will participate in managed care stakeholder meetings.

Important Results:

- The improved two-way communication between leadership and front-line staff
- The increased transparency regarding managed care information across the division
- The increased percentage of employees report division management consistently provides them with the information they need to know

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

Goal 2: We will build and strengthen community partnerships.

Objective 1: We will strengthen our partnership with service providers by increasing the use of online training beginning January 2017.

Action Plan:

By January 2017, we will convert program coordinator training materials, as appropriate, to an online format for upload into the College of Direct Support (CDS).

By July 2017, we will convert physical assistance training materials to an online format for upload into CDS.

By July 2017, we will convert mealtime safety training materials to an online format for uploading into CDS.

Beginning July 2017, we will upload best practice materials, on such topics as person-centered planning, health and wellness, and positive behavior support into CDS.

Important Results:

- The increased number of additional training modules and informational packets uploaded to CDS
- The increased number of learners completing online courses
- The increased number and percentage of learners who report gaining knowledge related to learning objectives from online training modules

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

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

Objective 1: We will assist in the development of a statewide, multi-agency website for individuals with disabilities, as well as families, caregivers and professionals who support individuals with disabilities, by June 2018.

Action Plan:

December 2017, we will attend and participate, as needed, in Executive Council meetings throughout the life of this project.

By June 2018, we will work with other state agencies as requested to develop a website for individuals with disabilities.

By June 2018, we will work with other state agencies as requested to develop an automated pre-admission screening tool.

Important Results:

- Improved access to information and resources for DDS clients and their families

OUTCOME 3: 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 ensure community providers and staff are prepared to meet the requirements and deadlines for implementation of new federal settings regulations beginning July 2016.

Action Plan:

By July 2016, we will evaluate the current state of compliance and identify needs.

By July 2016, we will develop reference materials for dissemination to all staff and providers.

Beginning July 2016, we will include updates in the division newsletter.

Beginning July 2016, we will deliver technical assistance and messages to staff and providers.

By July 2017, we will develop a post survey to measure understanding of settings regulations and compare to survey results from 2016.

Beginning July 2017, we will develop Corrective Action plans to bring deficient providers into compliance.

Important Results:

- The increased percentage of settings in compliance with the regulations
- The improved understanding of settings regulations for both staff and providers

OUTCOME 3: 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 systemically review National Core Indicator (NCI) and Critical Incident Committee data and develop recommendations for continuous quality improvement by February 2017.

Action Plan:

Beginning July 2016, targeted staff will receive Lean Six Sigma training.

By December 2016, State Office and Area Management group will review NCI Adult Consumer Survey Reports, Performance Survey Data and Critical Incident Committee data and identify trends and areas for improvement.

By July 2017, we will develop strategies to improve performance on specified items including utilizing Lean Six Sigma tools for process improvement.

Beginning July 2017, we will disseminate results and recommendations to staff and partners.

Important Results:

- The improved performance on NCI data for areas that have been targeted for improvement efforts
- The increased percentage of employees who have received introductory Lean Six Sigma training
- The increased percentage of employees who have received intermediate Lean Six Sigma training
- The increased percentage of employees who report they understand the Lean Six Sigma methodology of continuous process improvement

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