Strategic Plan (2015-2017)
Progress Report
Hawaii Developmental Disabilities Division

Progress as of July 2015
EXECUTIVE SUMMARY

This is the first progress report of the Hawaii State Department of Health (DOH), Developmental Disabilities Division’s (DDD) 2015 to 2017 Strategic Plan.

DDD is in the process of implementing its Strategic Plan. Teams have been organized for each goal to develop action plans:

- Goal 1 Team: Connection & Engagement with Individuals & Families;
- Goal 2 Team: Community Integration;
- Goal 3 Team: Employment First;
- Goal 4 Team: Achieving Outcomes through Effective Services; and
- Goal 5 Team: Leadership & Accountability.

The Strategic Plan was adopted on December 2014. In the ensuing months Team Leaders have been convening meetings with advocates, providers, partners, and Division staff to plan specific activities for attaining goals and objectives of the Strategic Plan. Teams have also developed performance measures to track progress and measure results. A summary of activities selected by each Goal Team to date is listed below:

**Goal 1: Connection and Engagement with Individuals and Families.**

DDD will ensure the involvement and participation of individuals with intellectual and developmental disabilities (I/DD) and their families in activities of the Division at all levels.

PROPOSED ACTIONS:

- Advocate for dedicated paid staff to make community connections and engage individuals and families;
- Create an ongoing Family Discussion Group for the exchange of ideas and information on natural supports;
- Establish formats and templates for written and oral communication; and
- Train case managers and DDD staff for individuals to participate in their own Individualized Service Plan (ISP).
Goal 2: Community Integration.
DDD will ensure individuals with I/DD have full access to the benefits of community living, the opportunity to receive quality services in the most integrated settings, engage in community life, and control personal resources.

PROPOSED ACTIONS:
- Interview case managers, case management supervisors, adult foster home certifiers, DDD certification supervisor, individuals and their families to collect baseline data on how well individuals are integrating into the community; and
- Continue to collaborate with the Department of Human Services (DHS), MedQuest Division (MQD) on the “My Choice My Way” transition plan to comply with Centers for Medicare and Medicaid (CMS) final rule for the Medicaid Waiver Home and Community Based Services (HCBS).

Goal 3: Employment First.
DDD will ensure individuals with I/DD have opportunities to seek employment and achieve personal outcomes to work in competitive integrated settings.

PROPOSED ACTIONS:
- Research other states’ ways for addressing the primary reasons for the low percentage of employment of individuals with I/DD:
  - Concerns related to potential loss of benefits, such as Social Security, Medicaid, etc.;
  - Inability to navigate the system; and
  - Lack of agency collaboration.
- Continue collaboration with other state agencies to leverage resources to employ individuals with disabilities through the U.S. Department of Labor, Office of Disability Employment Policy’s (ODEP) Employment First State Leadership Mentoring Program (EFSLMP).

Goal 4: Achieving Outcomes through Effective Services.
DDD will ensure quality person-centered planning, services and supports that result in positive outcomes for individuals with I/DD.

PROPOSED ACTIONS:
- Review innovative models and best practices in case management and support coordination; and
• Implement the division’s Quality Assurance & Implementation Plan (QAIP).

DDD is holding community meetings to obtain feedback on a new ISP format throughout August and the beginning of September 2015 on the islands of Hawaii (Kona & Hilo), Oahu (Pearl City), Molokai, Maui and Kauai. The new ISP format has an increased focus on an individual’s choices, and self-determination through a person-centered emphasis.

**Goal 5: Leadership and Accountability.**

DDD managers and supervisors will develop leadership skills and accountability practices necessary to lead, inspire, and achieve organizational excellence.

**PROPOSED ACTIONS:**

• Focus on Goal 5’s Objective 5.2 “Develop an internal system of communication to ensure that all levels of the organization receive information pertinent to work and help staff to align behind the mission and core initiatives of DDD.” A survey was conducted with all DDD staff to obtain baseline data;

• Identify means and methods of communication and what can be sent to staff by each method;

• Identify forms of communication within the division and between branches;

• Develop an internal communication policy and procedure that will support staff to receive clear, timely, and accurate information; and

• DDD began implementation of Goal 5’s Objective 5.4 “to train employees in leadership and management skills that promote a positive organizational culture by sending division managers, supervisors and staff to “Design Thinking Boot Camp.” DDD attendees and alumni are now addressing the challenge of “how to communicate important information to division staff.” Interviews were conducted with stakeholders, self-advocates, family members and Division staff to hear their views on DDD’s communication. This work will continue to develop strategies to further improve internal and external communication.
**Mission**

Foster partnerships and provide quality person-centered and family-focused services and supports that promote self-determination.

**Vision**

Individuals with intellectual and developmental disabilities have healthy, safe, meaningful and self-determined lives.

**Guiding Principles**

Individuals:

1. Are treated with respect and dignity;
2. Make their own choices;
3. Participate in the community;
4. Have opportunities to realize their goals including economic self-sufficiency;
5. Achieve positive outcomes through individualized services and natural supports; and
Connection & Engagement with Individuals & Families

Goal 1: DDD will ensure the involvement and participation of individuals with I/DD and their families in activities of the Division at all levels.

Objectives:

1.1 Ensure and continuously monitor that individuals and families are empowered participants who direct their planning process and choose their services through person-centered planning.

1.2 Ensure that oral and written communications with individuals and families are clear and understandable and that written communications are in accessible formats and languages that can be understood.

1.3 Facilitate the development of family support groups to include discussing natural supports (meet on a quarterly basis).

1.4 Support the involvement and participation of individuals and families in program planning, evaluation and policy development.

1.5 In partnership with self-advocates and family members, develop and implement a person and family-centered training curriculum that ensures self-determination and consumer control.

1.6 Use National Core Indicator data obtained from the Family Survey, Family/Guardian survey, and Child/Family survey to identify at least three areas of focus for improvement.

Team Leader:

Jeffrey Okamoto, DOH, DDD, Clinical and Eligibility Determination Staff (CEDS)

Team Members:

Carol Batangan-Rivera, DOH, DDD, Outcomes & Compliance Branch (OCB), Outcomes Section (OS), Program Services Evaluation Unit
Tammy Evrard, DOH, Developmental Disabilities Council (DDC);
Jesse Fernandez, DOH, DDD, Community Resources Branch (CRB) - Community Resource Management Section (CRMS);
Jarrett James, DOH, DDD, OCB, OS, Training Unit
Sage Goto, DOH, DDD, Planning, Policy, Research & Data Staff (PPRDS);
Kehau Kanae, DOH, DDD, PPRDS and Parent Advocate;
Progress Toward Attaining Goals:

This diverse team comprised of advocates, family members, experienced DDD staff, DD Council staff, and DCAB leadership brainstormed multiple ideas on how to implement objectives to attain Goal 1. The group’s emphasis was on community, networking, and enlisting the help of pertinent individuals inside and outside of the division who may contribute to the goal. Through a process of elimination, the team came up with the following action steps and prioritized them accordingly:

1. Advocate for dedicated paid staff to make community connections and engage individuals and families;

2. Create an ongoing Family Discussion Group for the exchange of ideas and information on natural supports;

3. Establish formats and templates for written and oral communication; and

4. Train case managers and DDD staff in assisting individuals to participate in their own ISP.

Action items 1 and 2 from the above list pertain to Goal 1’s Objective 1.3: “Facilitate the development of family support groups to include discussing natural supports.” The group decided on creating a “Family Discussion Group” as opposed to “Family Support Group” on the premise that the need for information and education is preferable to a support group that can be associated with an emotional focus. This family discussion group will share information on types of natural supports that are available in the community, to problem solve, and work together toward self-determination of individuals. The performance measure for this activity will be the percentage of group participants who utilize one or more natural supports or the percentage of
those who learned about natural supports and felt confident in accessing them.

The team’s votes indicated that it is critical to have dedicated, paid staff to create and maintain connections for natural supports within the community and to plan sessions to continue to engage individuals and their families so that they are aware of such resources. The percentage of individuals receiving DD services who engage in community activities and the number or the frequency these individuals participate in the community will be the performance measure of this activity.

Goal 1 Team chose to implement Objective 1.2 “Ensure that oral and written communications with individuals and families are clear and understandable and that written communications are in accessible formats and languages that can be understood” by action item 3. “Establish formats and templates for written and oral communication.” Templates will act as guidelines for Division employees to produce brochures, instructions, education materials, and other documents for and to make presentations to individuals and their families. The template will also recommend what languages division materials need to be translated. The performance measure to measure this activity is the percentage of DDD employees who are trained and are using the template and communication protocol and/or percentage of individuals who understand what is being communicated to them.

Action item 4. “Train case managers and DDD staff in assisting individuals to participate in their own ISP” was selected by Goal 1 Team as the most effective way to address Objective 1.1 “Ensure and continuously monitor that individuals and families are empowered participants who direct their planning process and choose their services though person-centered planning.” The performance measure to determine attainment of this activity is the percentage of individuals that participate in their ISP and/or the percentage of choices individuals make in their ISP.

Other action ideas the team members are still considering are:

- Mobilization of families to discuss Division issues to give direction (advisory to the Division) (Objective 1.4);
- Determine how and when people can participate in Division meetings (Objective 1.4);
- Create a matching process between a list of willing participants, advocates, and family members and a list of Division meetings dealing with:
  - Planning;
  - Implementation;
• Evaluation; and
• Policy.
- A Natural Supports Resource Expert Team (Objective 1.3);
- Training for parents by parents on natural supports (Objective 1.3);
- Make a video on person- and family-centered planning to put on the Division website (Objectives 1.1 and 1.5); and
- A manual for advocates to run their own ISP (Objectives 1.1 and 1.5)

Goal 1 Team is now in the implementation stage of its action plan. The team will engage leaders and partner with those who may best implement action steps.
Community Integration

Goal 2: DDD will ensure individuals with I/DD have full access to the benefits of community living, the opportunity to receive quality services in the most integrated settings, engage in community life, and control personal resources.

Objectives:

2.1 Provide the supports individuals need to make informed choices regarding services, supports and who provides them, and that this happens during the individual's person-centered planning process.

2.2 Collaborate with provider-owned or operated residential settings to meet the qualities and requirements of the CMS final rule for HCBS.

2.3 Ensure that all non-residential settings where home and community services are provided, including but not limited to adult day and day habilitation settings, have been assessed and if found not in compliance with the CMS HCBS rule, have a written action plan to achieve full compliance by the CMS deadline of July 2016.

2.4 Collaborate with MQD and provider owned or operated non-residential settings to develop action plans as needed to meet all requirements of CMS final rule for HCBS by the timeline specified in the My Choice My Way transition plan.

2.5 Ensure residential settings where home and community based services are delivered support full access to community life for individuals such that their access to and experiences in their community are similar to others who do not receive Medicaid funds by the timeline specified in the My Choice My Way transition plan.

Team Leaders:

Wendie Lino, DOH, DDD, CRB, CAS
Debra Tsutsui, DOH, DDD, CRB

Team Members:

Kimberly Arakaki, DOH, DDD, CMB
Daintry Bartoldus, DOH, DDC
Kirkland Ching, DOH, DDD, CRB, CRMS
Kathleen Delahanty, Hawaii Disability Rights Center (HDRC)
Bathey Fong, SAAC Leader
Melissa Gibo, Catholic Charities Hawaii (CCH)
Sage Goto, DOH, DDD, PPRDS
Actions Taken:

The Goal 2 team leaders strategically invited a diverse team of members to address the complex goal of community integration. Team members include individuals receiving DD services and their family members, public guardians, providers, community partners, and state staff from several agencies. The team focused on creating a common working language, a common vision and a common direction; and then identifying the Customers and Partners in Community Integration. The Goal 2 team’s activities to date are:

1. **Interviews conducted with case managers, case management supervisors, adult foster home certifiers, DDD certification supervisor, individuals and their families to collect baseline data about how well individuals are integrating into the community; and**

2. **Continue to collaborate with the DHS - MQD on the “My Choice My Way” transition plan to comply with CMS final rule for the HCBS.**

The Goal 2 Team prioritized the objectives and identified Objective 2.1 and 2.3 to develop action plans. The team focused on the importance of Objective 2.1 in providing supports so individuals are knowledgeable about the choices and can make decisions based on information and experience with the options. The team prioritized 2.3 because the Final Rule will require significant shifts in the way these services are currently delivered. The
preliminary performance measures to determine progress toward attaining Goal 2 are:

- The percentage of individuals who live how they wanted;
- The percentage of individuals who got to do things they are interested in, at least once per month; and
- The percentage of case managers trained to support individuals to advocate for themselves.

The Goal 2 Team considered “Culture Change” and “Staff Buy-In” as important factors toward supporting individuals to have full lives in the community. To collect baseline information on community integration, team members voted to interview case managers, case management supervisors, adult foster home certifiers, DDD certification supervisor, parents and individuals. Additionally, Goal 2 Team members will research other states’ approaches and practices that support community integration.

Objective 2.4 and Objective 2.5 are being implemented through the My Choice My Way Advisory Committee, which includes DDD staff. The My Choice My Way transition plan is led by DHS - MQD. The transition plan outlines the timeline for the activities required to achieve compliance with the Final Rule.

A number of activities have been completed in collaboration with MQD and the other partners on the My Choice My Way Advisory Committee that will assist DDD provider settings to achieve compliance, including a self-assessment survey and public informational sessions. Next steps include validating the results of the surveys and providing feedback to those settings requiring remediation.
Employment First
Goal 3: DDD will ensure individuals with intellectual and developmental disabilities (I/DD) have opportunities to seek employment and achieve personal outcomes to work in competitive integrated settings.

Objectives:
3.1 Provide the supports individuals need to make informed choices about seeking opportunities for competitive integrated employment as evidenced by documentation in the individual’s person-centered planning process.
3.2 Develop an employment training curriculum for case managers, individuals receiving supports, their families, providers, teachers, and others to strengthen capacity to promote employment and access to services.
3.3 Establish and strengthen partnerships to support the establishment of pathways to community employment for individuals with I/DD.
3.4 Identify metrics for measuring success in implementation of employment goals and opportunities for individuals, providers, and DDD.

Team Leader:
Wendie Lino, DOH, DDD, CRB, CAS
Debra Tsutsui, DOH, DDD, CRB

Team Members:
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Jackie Indreginal, DHS - MQD
Amanda Kaahanui, DOH, DDC
Sandy Kakugawa, DOH, DDD, CMB, CMSW - Unit 6
Kehau Kanae, DOH, DDD, PPRDS, and Parent Advocate
Jennifer La’a, Easter Seals
Aileen Manuel, DHS - MQD
William Mihalke, UH, CDS
Gordon Miyamoto, Department of Education (DOE)
Jan Mori, JUD, OPG
Scott O’Neal, DOH, DDD, CMB, CMSW - Unit 2
Albert Perez, DHS, Division of Vocational Rehabilitation (DVR)
Robert Tarver, DOH, DDC
Christopher Toyama, SAAC Leadership
Actions Taken:

The Goal 3 Team is a diverse group who bring a variety of backgrounds and perspectives on employment for people with disabilities. The team includes self-advocates, families, public guardians, advocacy organizations, providers, community partners, and staff from several state agencies. This team’s activities to date are:

1. **Researching other states’ ways they have addressed the primary reasons for the low percentage of employment of individuals with I/DD:**
   - Concerns about potential loss of benefits, such as Social Security, Medicaid, etc.;
   - Inability to navigate the system; and
   - Lack of agency collaboration.

2. **Continuing collaboration with other state agencies to leverage resources to employ individuals with disabilities through the U.S. Department of Labor, ODEP’s EFSLMP.**

The Goal 3 Team prioritized and identified Objective 3.1 and 3.3 to develop action plans. The team focused on the importance of providing the information and supports to individuals and families in order to understand the options and opportunities to work. The team emphasized the need to establish clear pathways to work through collaboration and coordination by the different state agencies and funding streams. The performance measure will be the percentage of individuals with I/DD who have a paid job in the community and will use existing National Core Indicators or Institute for Community Inclusion data for this measurement.

Goal 3 Team’s assignment for September is to research other states’ ways they have addressed the priority reasons for the low percentage of employment of individuals with I/DD:

- Concerns related to potential loss of benefits, such as Social Security, Medicaid, etc.;
- Inability to navigate the system; and
- Lack of agency collaboration.

For Objective 3.3, DDD is participating in the Employment First State Leadership Mentoring Program (EFSLMP) through the U.S. Department of
Labor, Office of Disability Employment Policy (ODEP). EFSLMP is a “cross-disability, cross-system change initiative that assists multi-disciplinary state teams to align policies, coordinate resources, and update service delivery models to facilitate increased integrated employment options for people with significant disabilities.” The Hawaii EFSLMP worked on two projects this year: an interagency cooperative agreement and building capacity through training.

As a result of feedback from weeklong EFSLMP training, informational and family sessions for 245 people, two local initiatives were launched – the Business Leadership Network (BLN) on Oahu and the Hawaii PIE (Partners in Employment). The BLN is comprised of businesses who have and/or want to employ people with disabilities. BLN members help each other by leveraging disability inclusion in the workplace. The Hawaii PIE is a group of front-line employees (waiver service providers, advocates, case managers, American Job Centers’ staff, and DVR counselors) who discuss and advise the Hawaii EFSLMP on employment policy for people with disabilities.
Achieving Outcomes through Effective Services

Goal 4: DDD will ensure quality person-centered planning, services and supports that result in positive outcomes for individuals with I/DD.

**Objectives:**

4.1 Involve stakeholders and self-advocates in defining outcomes to measure system performance.

4.2 Design and implement a best practices Hawaii case management model with involvement of self-advocates that has a clear definition of case managers’ roles, expectations and core competencies.

4.3 Identify and provide training on evidence-based practices to help staff, providers, and individuals make decisions about care based on current best practices to support individuals with I/DD to live self-determined lives and achieve their optimal outcomes.

4.4 Ensure systematic implementation of the Quality Assurance and Improvement Program.

4.5 Implement expanded monitoring at all levels to include a focus on achieving service quality and effectiveness, reducing risks, and assuring the rights and choices of individuals with I/DD.

4.6 Select and implement a health assessment and outcome monitoring tool.

**Team Leader:**

Kimberly Arakaki, DOH, DDD, CMB

**Team Members:**

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Jenny Gong, DOH, DDD, PPRDS
Corinne Gyotoku, DOH, DDD, CMB, CMSW
Chanel Kealoha, DOH, DDD, CEDS
Evan Murakami, DOH, DDD, CRB, CAS - SDU
Vaipapa Soliai, SAAC Leadership
Michele Tong, DOH, DDD, OCB, OS
Nancy Walsh, Hawaii Waiver Providers Association
Valerie Yin, DOH, DDD, PPRDS
Wilfred Young, DOH, DDD, CMB, CMSE
Progress Toward Attaining Goals:

Goal 4 Team’s activities to attain its goal and objectives are:

- **Reviewing innovative models and best practices in case management and support coordination; and**
- **Implementing the division’s QAIP.**

To address Goal 4’s Objective 4.3, “Identify and provide training on evidence-based practices to help staff, providers, and individuals make decisions about care based on current best practices to support individuals with I/DD to live self-determined lives and achieve their optimal outcomes”, DDD is reviewing Innovative Models of Case Management.

Previous Goal 4 Team meetings included exercises of what person-centered planning means to people personally, a review of what the Hawaii Revised Statutes Chapter 333F and the CMS says about person-centered planning, and an overview of DDD’s Strategic Plan. The Goal 4 Team then preliminarily identified a performance measure as the percentage of DDD waiver participants who reached at least one goal in their ISP. This performance measure is “preliminary,” other measures will be discussed and added.

The new ISP format increases its focus on providing services and supports utilizing self-determined processes with a person-centered emphasis. The ISP format provides a process for individuals and their support team to identify goals and outcomes. Staff then help assemble the services and supports that will help the individual in meeting their goals. The new action plan page specifically identifies health outcomes with a section that identifies the individual’s risk factors and interventions to reduce risk. The case manager follows up on this plan quarterly or as needed with in person visits documenting opportunities of choice making for the participant. Community meetings are scheduled to obtain feedback on the new ISP format throughout August and the beginning of September 2015 on the islands of Hawaii (Kona & Hilo), Oahu (Pearl City), Molokai, Maui and Kauai.

DDD has implemented Goal 4’s Objective 4.4 on Quality Assurance and Improvement Plan (QAIP). The QAIP falls under the responsibility of DDD’s OCB. The QAIP goals are:

- Services are to be provided by qualified providers that meet quality standards;
- Case management practices meet quality criteria;
• DDD will implement an active “Utilization Review” system;
• Individuals served by DDD are safe and free from risk;
• Individuals with I/DD will achieve integration, productivity, independence and quality of life choices; and
• DOH DDD will strengthen our infrastructure to more effectively serve participants.

To accomplish these goals the following committees set measures and monitor progress in attaining the QAIP goals. These committees are:

• Quality Services & Care Subcommittee;
• Service Utilization Subcommittee; and
• Safety & Well-Being Subcommittee.

All subcommittees meet independently and their recommendations are reviewed by the QAIP Steering Committee. The QAIP Steering Committee is made up of DDD Management and DDC’s representative. The QAIP Steering Committee meets once a month.
Leadership & Accountability

Goal 5: DDD managers and supervisors will develop leadership skills and accountability practices necessary to lead, inspire, and achieve organizational excellence.

**Objectives:**

5.1 Use Implementation Plans for all of DDD’s initiatives inclusive of the Strategic Plan with clear accountability and timelines to ensure timely and quality implementation of all activities.

5.2 Develop an internal system of communication to ensure that all levels of the organization receive information pertinent to work and help staff to align behind the mission and core initiatives of DDD.

5.3 Implement a staff development plan to provide support to staff at all levels of the organization through continuous learning based on best practices, defined core competencies and measurable performance standards.

5.4 Support all DDD managers and supervisors through training in leadership and management skills that promote a positive organizational culture.

5.5 Organizational decisions shall be data-driven and results will be shared through performance metrics.

5.6 Communicate and invite feedback about the status of DDD’s performance and initiatives with staff, stakeholders, families, and individuals served.

Team Leader:

Tracey Comeaux, DOH, DDD, OCB, OS

Team Members:

Waynette Cabral, DOH, DDC
Jenny Gong, DOH, DDD, PPRDS
Rosemary Manual, Preferred Home and Community Based Services
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Felicia Panoncialman, Goodwill Industries
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Andrew Tseu, DOH, DDD, HCDSB
Deanne Watanabe, DOH, DDD, Administrative Staff, Human Resources Section
Valerie Yin, DOH, DDD, PPRDS
Christine Young, DOH, DDD
Progress Toward Attaining Goals:

To address Goal 5’s Objective 5.2 “Develop an internal system of communication to ensure that all levels of the organization receive information pertinent to work and help staff to align behind the mission and core initiatives of DDD” the Goal 5 team set the following action steps to meet this objective:

1. Identify acceptable means or methods of communication and what can be sent to staff by each method;

2. Identify forms of communication within the division and between branches; and

3. Develop an internal communication policy and procedure that will support staff receiving clear, timely, and accurate information.

Goal 5 team members looked at all objectives under Goal 5 and chose to start with Objective 5.2 “Develop an internal system of communication to ensure that all levels of the organization receive information pertinent to work and help staff to align behind the mission and core initiatives of DDD.”

The teams then obtained baseline data on the effectiveness of communications within the division by developing and administering a division-wide survey to all DDD staff. The survey allowed for anonymity by not requiring staff to disclose their names but did ask for job titles. The survey period was from July 9 – 17, 2015. Results were analyzed on July 21, 2015.

The survey was sent out to all DDD employees and to District Health Offices’ Case Management Units in all counties of the state through an email blast. 69% (137) division employees responded. The results of the survey are as follows:
Figure 1: Staff Positions – The majority of division employees are case managers as reflected in the response to the survey below.

Figure 2: Longevity of Employment in DDD – The two largest and nearly equivalent groups of those employed by DDD have been with the division 1-3 or 10 to 15 years.
81% of the division employees who responded knew where to find the DDD’s mission statement but only 50% said they were kept informed of the division’s mission and core initiatives.

54% agreed that they receive pertinent information to do their job and if they needed information they consulted their co-workers - 88%; supervisors - 87%; policies & procedures - 66%; manuals - 58%; internet/intranet -57%; and used other sources 23%. 59% said there was a good communication in their office or worksite.

When asked if they were satisfied with communications within the division only 37% were satisfied with the quality of communication in the division, 29% were unsatisfied, leaving much room for improvement.

72 employees who responded to the survey offered suggestions on how to improve internal communication within DDD. All suggestions and comments from the survey were reviewed and were categorized as follows:

- Increase communication within and between branches and neighbor islands is needed;
- Encourage two-way communications between managers and staff;
- Perpetuate timely communications such as informing division staff before it is disseminated to the community is helpful;
- Incorporate positive communication when warranted;
- Improve division-wide method(s) of communication:
  - Division-wide meetings or retreats;
  - Website to make announcements, advertise events or activities, and raise morale by posting accomplishments;
  - Email staff; and
  - Electronic site to store and access information such as policies and procedures.

Based on the survey results, the team established Objective 5.2’s action steps listed above.

To begin addressing Goal 5 Objective 5.4 “Support all DDD managers and supervisors through training in leadership and management skills that promote a positive organizational culture,” a group of DDD managers, supervisors and staff members attended the annual Design Thinking Hawaii Boot Camp. “Design Thinking” is a protocol for solving problems and discovering new opportunities. The Boot Camp was a fast-paced immersive experience in design thinking where staff worked with diverse teams and worked on multiple real world challenges to learn the Design Thinking Process.
At the end all DDD boot camp attendees and alumni convened to identify a division challenge on “how to communicate important information to division to staff.” DDD attendees of the boot camp continue to meet and use design thinking activities to address this challenge. Interviews were conducted with division employees and with the division’s stakeholders to further define this challenge. More meetings are planned in the near future to meet this challenge.