

POSSIBILITIES NOW!

Developmental Disabilities Division

**Strategic Plan
(2015-2017)
Progress Report**



September 2016

Executive Summary

In 2015, the Developmental Disabilities Division (DDD) embarked on an ambitious agenda to transform key elements of its service system for people with intellectual and developmental disabilities (I/DD) in Hawaii. Spanning the years (2015-2017), the Strategic Plan embraced a number of the most important challenges facing DDD, foremost of which was bringing services and supports for people with I/DD from a focus primarily on merely keeping people safe and in reasonably good health, to one that truly supports people having full lives in the community. This shift in the DDD system is called POSSIBILITIES NOW!

Based on this important charge, DDD has been actively engaged with its stakeholders to implement the Strategic Plan and to “breathe life” into the goals and objectives it set forth. This report shares the progress DDD has made to date in improving its partnerships, practices, and infrastructure to better serve people with I/DD, and is the second progress report since the plan was initiated in 2015.

To address implementation of each goal, DDD convened stakeholder teams comprised of DDD participants, family members, providers, staff and others. This has allowed for a broad-based approach to the development of implementation activities, and ensures the perspectives of stakeholders are reflected in DDD’s change efforts.

Highlights of the activities implemented to attain goals are:

Goal 1: Connection & Engagement with Individuals & Families

- DDD is finalizing guidelines that DDD will use to make all documents “reader friendly” and easy to understand.
- A new Waiver service called community guide was developed to help DDD participants create and maintain connections and become more fully integrated into their communities. It will be proposed as an amendment to the Medicaid 1915(c) I/DD Home and Community Based Services (HCBS) Waiver, the primary funding source for services.

Goal 2: Community Integration

DDD changed its operations to allow participants to have a greater “voice” and more choices in where and how they live for greater community integration.

- DDD modified Individualized Service Plans (ISP) – a tool used to determine supports and services – to allow participants to attain their personal goals. In addition, training is planned for participants to be able to facilitate their own ISP meetings.
- A new “mentorship” service will be proposed through an amendment of the 1915(c) Medicaid HCBS I/DD Waiver for participants to advocate for themselves.
- DDD joined a National Community of Practice to support and assist participants and their families throughout their lifespans.
- DDD is working with the Hawaii State Department of Human Services (DHS) Med-QUEST Division (MQD) on the “My Choice My Way” (MCMW) state transition plan to comply with the Centers for Medicare and Medicaid Services (CMS) Final Rule that requires increased community integration for participants.

Goal 3: Employment First

- DDD redesigned prevocational services (Discovery & Career Planning) in the 1915(c) Medicaid HCBS I/DD Waiver renewal to build capacity for more participants to be employed in integrated settings at competitive salaries.
- DDD continues to collaborate with other state agencies through the federal Employment First State Leadership Mentoring Program (EFSLMP). EFSLMP is in its second year of providing technical assistance and is building a “cadre of experts” who will teach others about developing customized employment for people with disabilities.
- The EFSLMP drafted a Cooperative Agreement among state agencies (Hawaii State Departments of Health, Human Services, Labor, Education and the University of Hawaii) to increase competitive integrated employment for people with disabilities.

Goal 4: Outcomes through Effective Services

DDD continues to improve outcomes for participants as it implements Goal 4 through continuous quality assurance, case management and provider monitoring. These activities have included:

- Developing a best practices case management model.
- Establishing a team to identify and train DDD employees on evidence-based practices.
- Exploring the use of a web-based health screening tool to identify health and behavioral risk factors for people with intellectual and developmental disabilities.

Goal 5: Leadership & Accountability

DDD has made significant progress in building training and communication skills to improve leadership and accountability.

- Proposed policy and training for internal communications to work toward a shared vision for individuals with I/DD to have healthy, safe, meaningful and self-determined lives; and continuing communications with participants, their families, and other stakeholders.
- Development of a training plan and establishing a training advisory committee to ensure DDD employees are skilled in core competencies and are updated on best practices in I/DD.

Hospital & Community Dental Services Branch (HCDSB)

The Hospital & Community Dental Services Branch (HCDSB) provides dental care for DDD participants as well as those who do not have other means to receive dental care. HCDSB, through grant funding, is advancing ways to increase accessibility to dental services through tele-dentistry that will allow for “virtual dental homes” for the underserved populations of Hawaii.

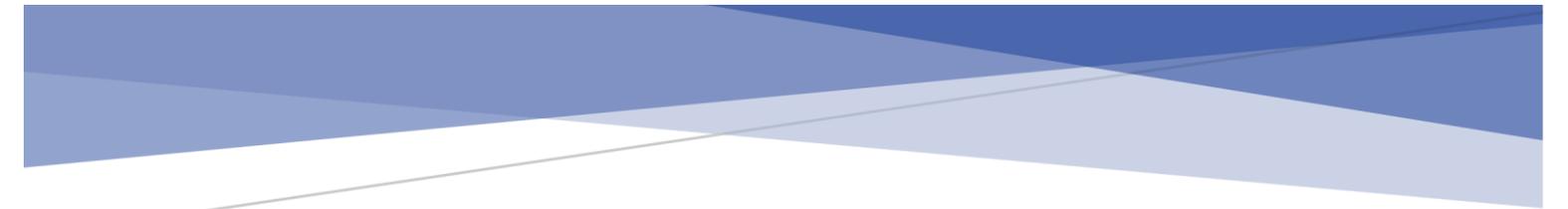
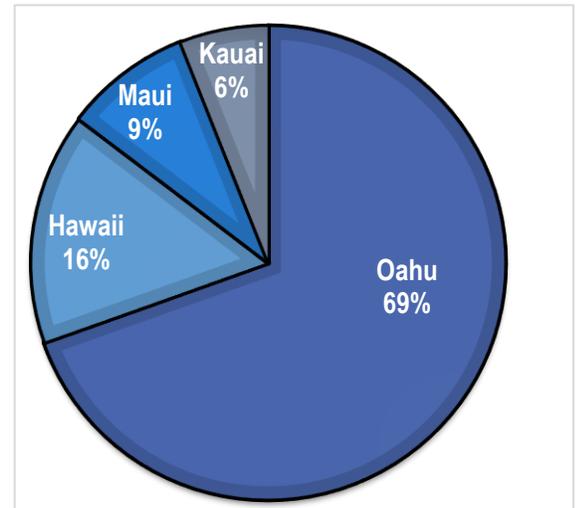


Table of Contents

Executive Summary	ii
Table of Contents	v
The Developmental Disabilities Division: Building Partnerships and Empowerment	1
Developmental Disabilities Division Mission, Vision and Guiding Principles ...	3
Goal 1: Connection & Engagement with Individuals and Families	4
Goal 2: Community Integration	8
Goal 3: Employment First	13
Goal 4: Outcomes through Effective Services	19
Goal 5: Leadership & Accountability	23
Hospital & Community Dental Services Branch	30
Acknowledgements	34

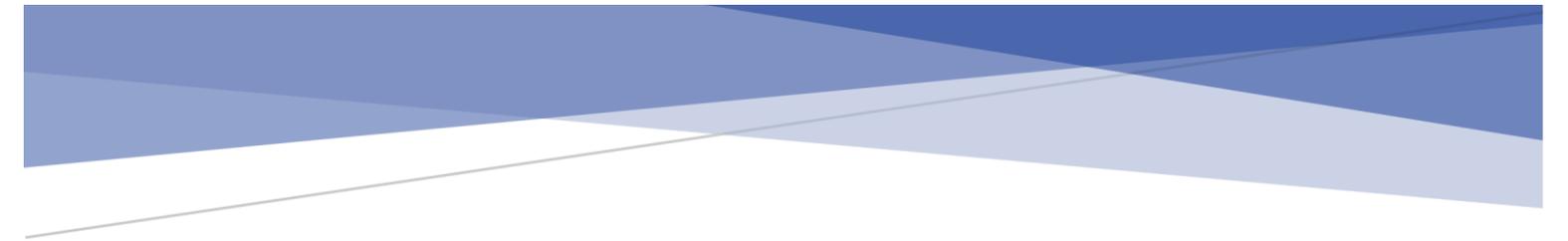
The Developmental Disabilities Division: Building Partnerships and Empowerment

In FY 2016 DDD served 2,872 participants, and is funded primarily through the 1915(c) Medicaid Home and Community Based Services I/DD Waiver. The state provides a state match for the federal funds. The majority of DDD's participants live on Oahu followed by Hawaii, Maui and Kauai Counties. Most participants live at home with their families (65%) or live in Adult Foster Homes (12%) and the remainder (15%) live in various other family-like settings (e.g. Adult Residential Care Homes or ARCHs).



DDD has four branches:

- **Case Management Branch (CMB)** – CMB is the largest branch of DDD with four offices on Oahu (Kaimuki, Pearl City, Windward, and Kapolei) and staff in District Health Offices on Hawaii, Maui, Kauai and Molokai. Case Managers work with participants and their families to develop person-centered plans for services and supports to achieve their goals.
- **Community Resources Branch (CRB)** – CRB develops resources for participants to live, learn, work and fully participate in their communities. CRB works closely with the Department of Human Services, Med-QUEST Division (DHS – MQD) on the 1915(c) Medicaid HCBS I/DD Waiver, and with DDD service providers to provide an array of services and supports including employment supports, day programs, personal assistance, and residential supports. CRB monitors providers and also manages the Neurotrauma Special Fund.
- **Outcomes & Compliance Branch (OCB)** – OCB is responsible for monitoring DDD case management practices, programs and participants' outcomes, and certifies Adult Foster Homes and caregivers. OCB coordinates DDD's Quality Assurance Improvement Program (QAIP). The Training Unit in OCB provides training to DDD staff, participants and their families to support the core initiatives of the Division.

- 
- **Hospital & Community Dental Services Branch (HCDSB)** – HCDSB provides direct dental services for the “safety net” of people who do not have access to dental treatment because they do not have dental coverage and/or cannot afford dental health care. The majority (75%) of HCDSB patients have a disability.

Developmental Disabilities Division

Mission, Vision and Guiding Principles

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:

- *Are treated with dignity and respect*
- *Make their own choices*
- *Participate in the community*
- *Have opportunities to realize their goals including self-sufficiency*
- *Achieve positive outcomes through individualized services and natural supports*
- *Are empowered to live self-determined lives*

Goal 1: Connection & Engagement with Individuals and Families

- *Ensure involvement and participation of individuals with I/DD and their families in activities at all Division levels.*
-

Overview:

Goal 1 represents a foundational practice in DDD. Increasing the voice of DDD participants and families in the service system will make DDD more responsive and accountable to people we serve. As well, ensuring that planning is person-centered, and that each participant can drive their own planning process, is not only a federal and state requirement, but also a core value of the DDD program.

Objective 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.

DDD is committed to ensuring that individuals and family members are full participants in their individual service planning (ISP) process. To accomplish this objective, the Goal 1 team collaborated with self-advocates on a set of recommendations for training case managers on how participants may facilitate their own Individual Service Plan meetings. DDD's Individual Mentor and an advocate from the Hawaii Developmental Disabilities Council's (DDC) Self-Advocacy Advisory Council (SAAC) are planning training sessions to teach participants how to facilitate their own ISP meetings.

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.

DDD developed design standards and templates for DDD staff to use to produce documents such as brochures, instructions, and educational materials, and presentations that is easily understood by individuals and their families.

Guidelines include which primary languages materials should be translated for participants and families who have limited English proficiency.

Goal 1 team members, self-advocates and their families participated in meetings to obtain feedback on how to make DDD documents more “reader friendly.”

Flyer Advertising Discussion Group Session

DEVELOPMENTAL DISABILITIES DIVISION
Reader Friendly Documents
Discussion Group

What is Oral Communication and Reader Friendly Documents?

The Developmental Disabilities Division (DDD) wants to share information orally or written that is clear, useful, and understandable for a person to use and take action.

Why will there be a discussion group?

DDD wants to improve how they share information with people. They want input from self-advocates, families and community members.

Here are some topics we will talk about:


- Purpose of the group.
- What are readable and easy to understand documents?
- What is plain language?
- What is accessibility?
- What are best practices?

How to be a participant in the focus group?

Call Sage Goto at Developmental Disabilities Division at (808) 587-9307 to reserve a spot. You may also reply by E-mail at Sage.goto@DOH.hawaii.gov.

Where: Waimano Hale E **When:** June 1, 2016
2201 Waimano Home Rd. Pearl City, HI 96782

These discussions were used to develop a best practices guide for clear and understandable communication. A draft of the best practices guide was presented to SAAC during their officers’ meeting to obtain further feedback from self-advocates and family members. It will then move to final review and implementation throughout DDD.

Objective 1.3

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

The term “Natural supports” is defined as personal associations and relationships typically developed in the community that enhance the quality of life for people with intellectual and developmental disabilities. This allows for an expanded and sustainable network of supports, beyond the use of paid services. Based on many discussions that included input from families, DDD heard that family support groups are not the preferred strategy, but that a move toward expanding the community connections for participants will better support full integration into the community. Therefore, the implementation of this objective has resulted in a shift in focus for DDD toward strategies that will support a positive life course for participants inclusive of increased community connections. DDD joined a national Community of Practice for Supporting Families based out of University of Missouri sponsored by the National Association of State Directors of Developmental Disabilities Services to develop practices in this area.

The Goal 1 Team assisted in writing a service definition for “Community Guide Services” for the 1915(c) Medicaid HCBS I/DD Waiver amendment. The goal of this service is to make community connections with participants and their families, and will serve participants who receive consumer directed and provider agency services.

Objective 1.4

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

Involving individuals and families in program planning, evaluation and policy making will give participants the opportunity to meaningfully contribute to decisions on their programs and activities. Participants and family members are routinely involved in DDD and activities, with the Strategic Plan action plan development - a primary venue for engagement. SAAC members named DDD’s initiative “Possibilities Now!” which reflects the overall movement toward full community integration for all DDD participants.

Objective 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.

DDD drafted a Training Plan that reflects input from stakeholders at all levels and has established a Training Advisory Committee that includes self-advocates and family members. DDD is working with other state initiatives that are advancing person and family-centered training, and will include self-advocates and family members as trainers.

Objective 1.6

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.

The National Core Indicator (NCI)¹ is an important tool to help state DD agencies assess their performance against national norms. NCI data, that measures progress toward fulfilling of DDD's fundamental mission to "foster partnerships and provide quality person-centered and family-focused services and supports that promote self-determination," relate to individuals having choices in their daily activities. Having choices of where to live (their home), who their roommates are, their regular activities such as day programs, their staff, their daily schedule, how they spend their free time, how they spend their money, or who their case manager is, give individuals freedom to live self-determined lives like those without disabilities.

¹ NCI is a joint effort between the National Association of State Directors of Development Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI). Public-sector DD agencies contribute data to measure and track performance across a host of indicators that assess outcomes. Indicators address key areas of participant well-being including employment, rights, service planning, community inclusion, choice, and health and safety. NCI data items pertaining to choice may be referred to through this link: NCI Adult Consumer Survey Outcomes, Hawaii Report 2014-2015 Data, http://www.nationalcoreindicators.org/upload/state-reports/2014-15_ACS_Hawaii_Report.pdf.

Goal 2: Community Integration

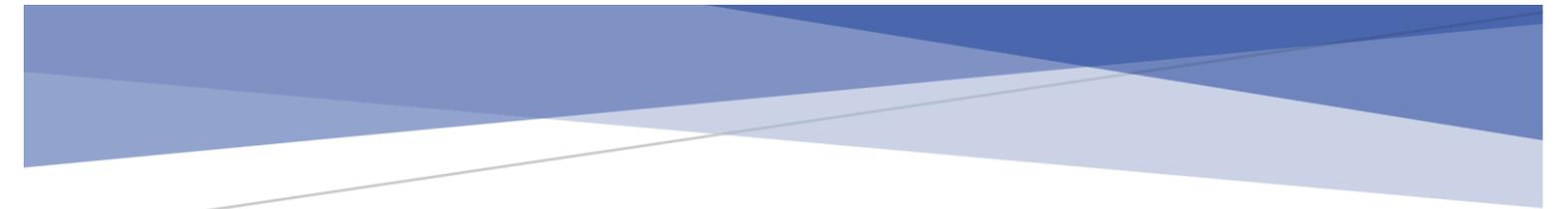
- *Ensure individuals with I/DD have full access to the benefits of community living, the opportunity to receive quality services in the most integrated settings, engage in community life, and control personal resources.*
-

Overview:

The objectives of the Goal 2 aligns with the CMS Final Rule on Community Integration;

DDD actively works on and participates in many different activities in support of the objectives of Goal 2. To date, these activities include:

- *Implementing a revised Individualized Service Plan (ISP);*
- *Developing training for individuals to facilitate their own ISP meetings;*
- *Proposing a new mentorship service in an upcoming 1915(c) Medicaid HCBS I/DD Waiver amendment;*
- *Participating in the National Community of Practice Expansion to enhance supports to families;*
- *Revising Hawaii Administrative Rules (HAR) for Adult Foster Homes (AFH) to align with the Final Rule;*
- *Identifying areas of revision of the HAR for Developmental Disabilities Domiciliary Homes (DD Dom);*
- *Developing a new 1915(c) Medicaid HCBS I/DD Waiver provider application for prospective waiver providers to ensure compliance with the Final Rule;*
- *Adding a requirement in the 1915(c) Medicaid HCBS I/DD Waiver that all new providers must meet Final Rule compliance;*
- *Participating in validation of residential and non-residential settings to determine areas of compliance and areas that need improvement to comply with the Final Rule; and*
- *Developing a curriculum for trainings to providers on creating a provider transition plan, which would explain how the provider will address areas of noncompliance with the Final Rule.*



The results of the Goal 2 team's efforts, described below, will be evident by the end of the strategic planning period of 2017.

Objective 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.

Participants are empowered when they are supported, have a “voice,” and can make choices for themselves. DDD created and recently implemented a revised ISP format that focuses on person-centered planning and choices. The revised ISP contains a section specifically for Self-Determined Choices/Options in:

- Residence (where to live);
- Going out and relationships;
- Meals and snacks; and
- Privacy.

In addition, DDD, in collaboration with DDC's SAAC, is in the process of developing training sessions for individuals to facilitate their own ISP meetings. Facilitating the ISP meeting empowers the individual to take control of his/her life through the person-centered planning process.

A new service of Mentorship will be proposed in an upcoming 1915(c) Medicaid HCBS I/DD Waiver amendment to empower individuals to engage in peer-to-peer guidance, support and teaching.

DDD recently joined a National Community of Practice (CoP) Expansion to enhance supports to families of participants. The overall goal of the CoP is to build capacity through a community of practice across and within states to create policies, practices and systems to better assist and support families of an individual with I/DD throughout his/her lifespan. Through the CoP:

- Individuals can achieve self-determination, interdependence, productivity, integration, and inclusion in all facets of community life; and

- Families can be supported in ways that maximize their capacity, strengths, and unique abilities to best nurture, love, and support all individual members to achieve their goals.

GOAL 2 OBJECTIVES 2.2 to 2.5	
RESIDENTIAL SETTINGS	NON-RESIDENTIAL SETTINGS
<p>Objective 2.2 Collaborate with provider-owned or operated <i>residential settings</i> to meet the qualities and requirements of the CMS final rule for HCBS; AND</p>	<p>Objective 2.3 Ensure that all <i>non-residential settings</i> 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 final rule for HCBS, have a written action plan to achieve full compliance by the CMS deadline of July 2016; AND</p>
<p>Objective 2.5 Ensure <i>residential settings</i> 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 MCMW transition plan.</p>	<p>Objective 2.4 Collaborate with MQD and provider owned or operated <i>non-residential settings</i> to develop action plans as needed to meet all requirements of CMS final rule for HCBS by the timeline specified in the MCMW transition plan.</p>

The CMS Final Rule was used as a guide to plan activities to meet Objectives 2.2, 2.3, 2.4, and 2.5. The CMS Final Rule contains requirements for the qualities of settings for the 1915(c) Medicaid HCBS I/DD Waiver. Increasing home and community-based settings give participants greater opportunities to access benefits of community living, and receive services in the most integrated settings. The purpose of the Final Rule is to realize the federal law’s intention for Medicaid to provide alternatives to services provided in institutions. For more information about the CMS final rule the web link is:

<https://www.medicaid.gov/medicaid-chip-program-information/by-topics/long->

[term-services-and-supports/home-and-community-based-services/home-and-community-based-services.html](http://www.dhs.gov/term-services-and-supports/home-and-community-based-services/home-and-community-based-services.html).

DDD participates in Hawaii's DHS – MQD transition plan, called My Choice My Way (MCMW), to transition all affected parties into compliance with the CMS Final Rule. DDD is a member of the MCMW Advisory Committee whose members coordinate and implement activities scheduled for the state's transition into compliance and serves on validation teams to review compliance with the CMS Final Rule. To date, 45 residential settings and 11 non-residential settings have been identified as non-compliant with the CMS Final Rule. Results of the validation studies were mailed to the providers of the residential settings and areas of non-compliance are to be addressed in mandatory provider transition plans that will explain how the provider will successfully address areas of non-compliance and a timeline for implementation of these activities.

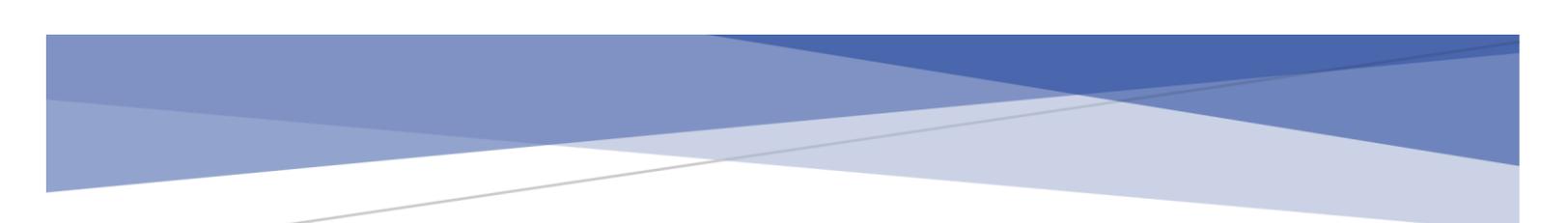
The MCMW Advisory Committee is scheduling trainings for providers on how they may complete their transition plans. DDD is involved in the development and implementation of this training curriculum and will be available to provide technical assistance to service providers in the creation and implementation of their transition plans.

After the development and implementation of the provider transition plans, DDD will track all providers coming into compliance with the Final Rule, as well as work with the providers to ensure compliance with the Final Rule each year.

DDD is currently in the process of revising the Hawaii Administrative Rules (HAR) for Adult Foster Homes (AFHs) to be in alignment with the CMS Final Rule. Changes in HAR for AFH will result in modifying the Division's Certification process to ensure compliance with the CMS Final Rule annually.

The Hawaii Office of Health Care Assurance (OHCA), which licenses DD Domiciliary Homes will likewise update its HARs to comply with the CMS' final rules. DDD is identifying areas to assist in the revision of DD Domiciliary Homes HARs for compliance with CMS' Final Rule.

In the most recent 1915(c) Medicaid HCBS I/DD Waiver renewal effective July 1, 2016, DDD included a requirement that all new waiver providers must be in



full compliance with the Final Rule prior to providing services. This includes existing waiver providers who wish to add a new service. Any new service must be in full compliance with the Final Rule.

To ensure Final Rule requirements are met, DDD is creating a new 1915(c) Medicaid HCBS I/DD Waiver provider application for prospective providers. The new application will use a tool for rating prospective providers and identifying areas of excellence, as well as areas of needed improvement. A policy and procedure will be developed to provide guidance and instruction for use of the new provider application and tool.

Goal 3: Employment First

- *Ensure individuals with I/DD have opportunities to seek employment and achieve personal outcomes to work in competitive integrated settings.*



Overview:

The Goal 3 team is made up of self-advocates, family members, 1915(c) Medicaid HCBS I/DD Waiver providers, and state agencies who are invested in ensuring individuals with I/DD have opportunities to seek employment and achieve personal outcomes to work in competitive integrated settings.

DDD is collaborating with other state agencies by participating in the U.S. Department of Labor's Employment First State Leadership Mentoring Program (EFSLMP) through the U.S. Department of Labor's Office of Disability Employment Policy (ODEP). Members of the EFSLMP include the University of Hawaii's Center on Disabilities Studies (UH-CDS); Developmental Disabilities Council (DDC); and Hawaii State Agencies: Department of Labor and Industrial Relations (DLIR), Workforce Development Division; Department of Human Services (DHS), Division of Vocational Rehabilitation (DVR); and the Department of Education (DOE).

Activities conducted to support attainment of Goal 3 include:

- *Redesign of Pre-vocational Services to Discovery and Career Planning;*
- *Adding Customized Employment into the 1915(c) Medicaid HCBS I/DD Waiver;*
- *Providing Customized Employment training to a cadre of experts;*
- *Obtaining curriculum for Customized Employment training to train others;*
- *Creating a social media connection for the cadre of experts in Customized Employment;*
- *Collaborating with DOE transition teachers and DVR to establish pathways for students transitioning from DOE;*
- *Participating and contributing data for the Institute for Community Inclusion's (ICI) data collection and reporting on day and employment services; and*
- *Developing operational guidelines for 1915(c) Medicaid HCBS I/DD Waiver standards on Discovery and Career Planning, Individual Employment Supports, and Adult Day Health (ADH).*

Objective 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.

DDD received approval of the 1915(c) Medicaid HCBS I/DD Waiver renewal application from the CMS, after engaging in a seven (7) month partnership with stakeholders and gathering public comments. The renewed 1915(c) Medicaid HCBS I/DD Waiver is in effect July 1, 2016 to June 30, 2021. This new waiver has redesigned prevocational services to meet the needs of working age adults with I/DD by offering a process of discovery and career planning that has been proven to increase positive employment outcomes for this population, and to assist with career guidance throughout the lifespan.

DDD recognizes that increasing the number of working age adults with I/DD in integrated employment requires an innovative approach. This is the reason that "Customized Employment" was added to Individual Employment Supports in the new 1915(c) Medicaid HCBS I/DD Waiver. Customized Employment is a flexible process designed to personalize the employment relationship between a

job candidate and an employer in a way that meets the needs of both. Customized Employment encourages collaboration with businesses that focuses on meeting the employers' financial and productivity needs in addition to having the benefit of a diversified workforce.

DDD's leadership and involvement in EFSLMP will continue to build capacity and interagency cooperation. EFSLMP provides technical assistance to multi-disciplinary state agencies' teams to align policies, coordinate resources, and update service delivery models to facilitate increased integrated employment options for people with significant disabilities.

Hawaii's EFSLMP members used resources from ODEP to retain Customized Employment experts and train a cadre of 40 locally based para-professionals who are currently working with Adults with Disabilities to help them secure integrated employment. This cadre of para-professionals includes: Vocational Rehabilitation Counselors, DDD Case Managers, 1915(c) Medicaid HCBS I/DD Waiver provider agency employees, and American Job Center (DLIR) staff. The training included using innovative methods to assess skills and talents possessed by those with I/DD, employer engagement strategies, and systematic instruction methods for those with complex lives.

The Cadre of Experts will use their newly acquired expertise in Customized Employment methods to enhance their current practice, and the expected outcome of customized employment training is to increase the number of participants in "competitive integrated employment." Several cadre members are committed to train others to use methods of Customized Employment in an effort to increase Hawaii's capacity to provide quality employment services.



Business partnerships were created through the EFSLMP Customized Employment training. This provided an opportunity for businesses to learn about diversifying Hawaii's workforce while increasing productivity and profit,

identifying resources they could use for assistance with hiring and socialization of new employees into the organization (onboarding). The on-site training took place at the following businesses: Hawaiian Host, Coca-Cola Bottling Co. of Hawaii, Hawaiian Dredging, Bakers Heart, Hard Rock Café Hawaii, Mānoa Chocolate Hawaii, Lappert's Hawaii and Lowes Hardware. The last training session for the cadre will be conducted in August 2016.

Objective 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.

A curriculum will be developed, drawing from the EFSLMP Customized Employment training. It will include core competencies that will empower the Cadre of Experts to:

- Train more front-line employees;
- Increase conformity in the methods used to assist those with I/DD in identifying their marketable skills and talents;
- Engage with businesses to meet their needs; and
- Increase the number of businesses who hire employees with disabilities.



This curriculum will be used to train other employment staff and providers throughout the state to employ people with disabilities through customized employment. The desired outcome is to encourage those who have not used these innovative methods to adapt their service delivery to help those with disabilities expand their knowledge and increase their options to access employment assistance to better meet their needs.

DDD hired an Employment Program Specialist who will provide follow up support, training and oversight to 1915(c) Medicaid HCBS I/DD Waiver providers who are supporting individuals with I/DD to acquire competitive integrated employment.

Objective 3.3

Establish and strengthen partnerships to support the establishment of pathways to community employment for individuals with I/DD.

Through the participation of Hawaii's EFSLMP, DDD is fostering and strengthening partnerships with many state agencies. A Cooperative Agreement was developed over the past year and is now being reviewed by the Attorney General's office to be signed by state and city and county agencies committed to increasing competitive integrated employment for individuals with disabilities. The agencies collaborating in the Cooperative Agreement include:

- Department of Health (DOH)
 - Developmental Disabilities Division (DDD)
 - Adult Mental Health Division (AMHD)
 - State Council on Developmental Disabilities (DCC)
- Department of Human Services (DHS)
 - Med-QUEST Division (MQD)
 - Division of Vocational Rehabilitation (DVR)
- Hawaii Workforce System:
 - Department of Labor & Industrial Relations (DLIR) Workforce Development Division (WDD)
 - Workforce Development Council
 - Workforce Development Boards (Oahu Workforce Development Board represents Kauai, Maui & Hawaii County Workforce Development Boards)

- Department of Education (DOE)
- University of Hawaii – Centers on Disability Studies (UH CDS)

DDD joined a group, organized by DOE transition teachers, to collaborate with DVR and DDC to establish pathways for students transitioning from DOE. DOE transition teachers, DDD case managers, and DVR counselors meet quarterly to learn how each respective agency can help students transition from school to work.

The partnerships being formed among state agencies will continue to grow as we all strive toward the common goal of increasing competitive integrated employment for individuals with disabilities.

Objective 3.4

Identify metrics for measuring success in implementation of employment goals and opportunities for individuals, providers, and DDD.

DDD continues to contribute data to the Institute for Community Inclusion (ICI). Every fiscal year, ICI requests all State Government I/DD Agencies to complete a National Survey on their Day and Employment Services. ICI publishes a booklet entitled *State Data: The National Report on Employment Services and Outcomes*, using data from participating states. This information allows DDD to compare its progress in employment outcomes across the nation and identify areas that need improvement so changes may be made accordingly. 2013 ICI data on DDD employment may be found on:

<http://www.statedata.info/bbstates/Hawaii.pdf>. ICI DDD employment data is in the process of being updated for 2015.

The recent 1915(c) Medicaid HCBS I/DD Waiver renewal (effective July 1, 2016) provides an opportunity for DDD to broaden the usefulness of the waiver by organizing and writing in a format that is easier to access for self-advocates and their families, and other stakeholders. DDD will change the name of the manual from *Medicaid Waiver Provider Standards* to *Medicaid Waiver Standards*, and add a section to include operational guidelines for Adult Day Health, Discovery and Career Planning, and individual employment supports. The operational guidelines lay out the processes for achieving employment goals through best practices.

Goal 4: Outcomes through Effective Services

- *Ensure quality person-centered planning, services and supports that result in positive outcomes for individuals with I/DD.*
-

Overview:

Goal 4 activities include: the development of a case management model; establishing a group to research and recommend evidence-based practices; and evaluation of a web-based health risk screening tool. DDD's Quality Assurance Improvement Program, and monitoring methodologies are fully implemented.

Objective 4.1

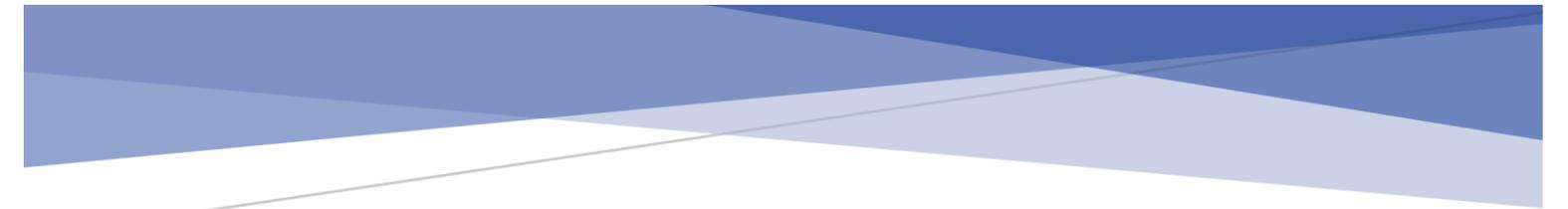
Involve stakeholders and self-advocates in defining outcomes to measure system performance.

DDD is looking at the composition of its Quality Assurance and Improvement Program (QAIP) Steering Committee and/or subcommittees to include self-advocates and stakeholders. DDD is evaluating the ways its Quality Assurance and Improvement Program operates to ensure involvement on its various committees and development of performance measures.

Objective 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.

Through involvement in the Community of Practice (CoP) for Supporting Families of Individuals in partnership with the National Association of State Directors of Developmental Disabilities (NASDDDS) and the University of Missouri, DDD will implement improved ways of working with individuals and families that will plan across domains of people's lives to increase community integration, and lead toward good life outcomes. Traditionally, many people with I/DD have been "stuck" in day programs or at home, with little hope of a



greater engagement in community life. DDD will implement planning and case management tools that will help to change current practices.

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.

“Evidence-based practices” refers to the use of the best and most current scientific evidence in making decisions about interventions, services and supports. A committee recently met to determine how to better integrate research-based practices into service knowledge and delivery.

Objective 4.4

Ensure systematic implementation of the Quality Assurance and Improvement Program.

The Quality Assurance and Improvement Program (QAIP) is data driven and allows DDD to look at the Division’s current performance and make recommendations towards systems improvement to provide services and supports for individuals with I/DD. QAIP systematically examines DDD’s work and uses data for the Division to run more efficiently and effectively. Over the past fiscal year, strides have been made towards attaining this objective through combined efforts of the QAIP Steering Committee, Subcommittees, DDD staff and the QAIP coordinator.

During FY 16 QAIP has met the following program objectives:

- Revised the QAIP Description to reflect the updates in DDD’s mission and clarify staff roles in QAIP;
- Defined the data to be collected and analyzed the data, through the QAIP Work Plan, for quality improvements. The QAIP Steering Committee members, with input from QAIP subcommittees, expanded the original Work Plan to include areas of DDD not previously considered;
- Drafted QAIP Policy and Procedure (P&P). The P&P outlines a uniform means to accomplish the QAIP process to realize Division-wide improvements. The P&P includes timelines for delivery of related documents and staff responsibilities; and

- Engaged a coordinator who oversees the QAIP and acts as the “go to” person to facilitate communication, write, edit and update pertinent documents.

QAIP Steering and Sub-Committee members meet quarterly to follow-up on QA related activities, and contribute thoughtful analysis of data. DDD managed to successfully walk through each step of the QAIP structure in FY 2016.

Objective 4.5

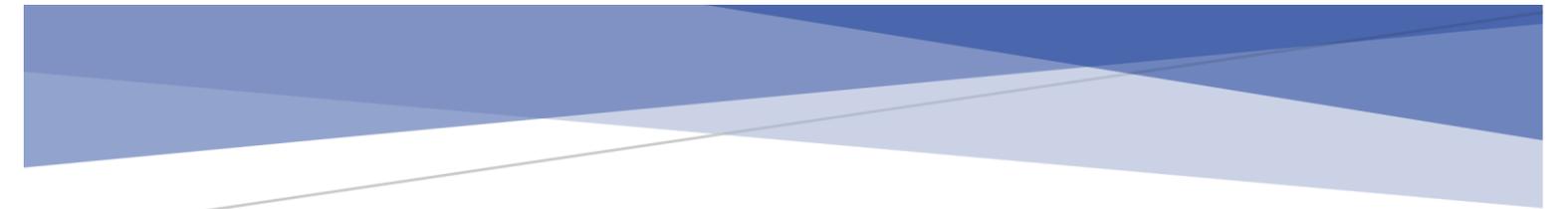
Implement expanded monitoring at all levels to include a focus on achieving service quality and effectiveness, reducing risks, and assuring the rights and choices of individuals with I/DD.

DDD continuously monitors its programs to ensure quality services and supports for individuals to live healthy, safe, meaningful and self-determined lives:

Case Manager (CM) Monitoring – DDD CMs monitor the implementation of participants’ ISPs by visiting individuals at least once per quarter and make phone contact with their circle of support as needed in order to assess the individual’s satisfaction with services, health status, opportunities for choice, and any change that may require a revision to the ISP. Case managers review the progress of the individual’s goals and outcomes to ensure that services and supports are being delivered according to the ISP, and determine progress of the individual in achieving his/her goal(s) is also shared at ISP meetings.

Quality Assurance Monitoring – Quality related data is collected and analyzed on a regular basis, and reported to the QAIP subcommittees quarterly. Based on performance trends, recommendations are made in areas needing improvement. Recommendations are referred to the QAIP steering committee, and then to DDD’s management team to review and approve recommendations and assign accountability for changes.

Provider Monitoring – DDD conducts annual quality assurance reviews, which are required by the 1915(c) Medicaid HCBS I/DD Waiver, by monitoring participants and providers of DDD services. DDD’s



programmatic reviews ensure compliance with Medicaid Waiver Provider Standards. A monitoring report of findings is generated and issued to the providers and Quality Improvement Actions are required. A summary of provider corrective action plans, completed remediation actions, and remediation performed by DDD are submitted to DHS on a quarterly basis.

Objective 4.6

Select and implement a health assessment and outcome monitoring tool.

DDD is evaluating the use of a web-based health risk screening tool. This tool may be useful in identifying health conditions because many individuals with I/DD have communication challenges and/or complex medical issues that differ from the general population making it difficult for health practitioners to diagnose their health condition. The tool will screen for health risks and may allow for counseling on primary care (e.g., regular check-ups, immunizations, etc.) and on healthier lifestyle changes (e.g., nutrition) for prevention of chronic diseases.

Goal 5: Leadership & Accountability

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

Overview:

DDD has initiated the following activities to meet Goal 5:

- *Utilizing Implementation plans to implement DDD's initiatives;*
- *Proposing policy and training to improve internal communications;*
- *Establishing a Training Advisory Committee and developing a Training and Staff Development Plan for the Division;*
- *Finalizing the Quality Assurance and Improvement Program Description and Work Plan; and*
- *Providing leadership training to more effectively provide services and supports to participants.*

Objective 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.

In order to track project implementation and increase accountability practices, DDD's initiatives are required to use work plans that are reviewed in committees, and revised as needed. Work plans have helped to move initiatives forward and to manage the many projects that have been implemented in the past several years to improve services and infrastructure. DDD has also mapped core business practices, and is engaging in a business process redesign in anticipation of a new information technology case management solution.

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.

Developing a system of communications within DDD is starting to give staff the information they need to do their jobs, keep employees apprised of Division initiatives, and foster collaboration to work toward a shared vision in implementing core initiatives.

Members of the Goal 5 team are working to develop a Division policy for internal communications and advocating training for better communications within DDD. The expected results of these efforts are to foster an atmosphere to share information appropriately, ensure that necessary information is communicated and have infrastructure systems (e.g., training, supervisions, meetings, etc.) for effective internal communications. In the meantime, DDD is providing the following to improve internal communications:

- **Design Thinking for Better Communications** – Design Thinking is an innovative and creative process to design from interviews of the “end user” and to determine their needs. A Design Challenge was given to DDD design thinking 2015 graduates to improve DDD communications. This process included interviews of DDD participants, family members, providers, both Oahu and Neighbor Island Case Managers, DDD clinicians, and DDD support staff. The information from the interviews was synthesized into a “point of views” identifying the needs of those giving and receiving information. The collection of insights from those interviewed gave the design thinking group ideas on how to improve DDD communications which may be used to redesign DDD’s website.

In June 2016, a second group of DDD employees were trained in Design Thinking and they will be using the 2015 “point of view” information to focus on design and improvement of DDD’s website. This process will include building and testing prototypes of the website to gain feedback from users to further innovate, design and improve DDD’s website to be an effective and useful means of communication.

- **DDD SharePoint Site** – DDD is using technology to give Division employees access to the most recent, pertinent information they need to do their jobs. The DDD SharePoint Site acts as a virtual file cabinet for the Division that employees access through the web. Examples of information on the DDD SharePoint site are: Division’s phone directory; HIPAA and DDD’s policies and procedures; Executive & Administrative Directives; and personnel and fiscal forms. Each branch of DDD has a page on DDD’s SharePoint site to upload information that can be helpful to employees within its own branch and for all other Division employees.

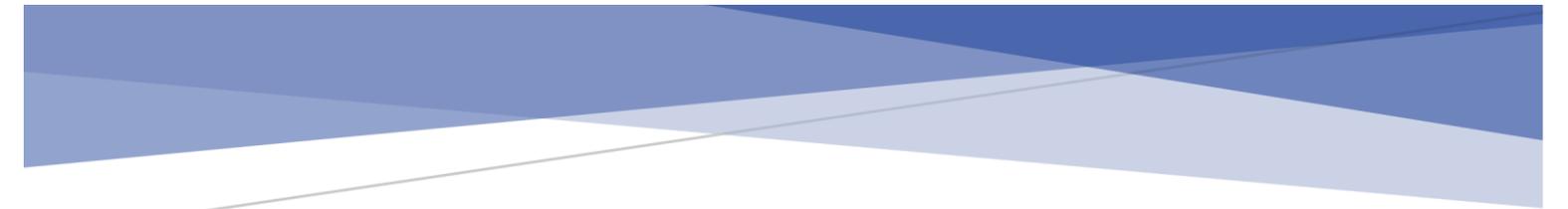


- **DDD Newsletter** - DDD’s Training Unit launched a Division-wide newsletter in September 2016 to provide DDD employees with Division updates, status reports regarding core initiatives, and other information pertinent to their work. The newsletter will initially be distributed to all DDD employees on a monthly basis to ensure timely communication of information to staff at all levels of the organization. The Training Unit is working with the Strategic Goal 5 Team and the Training Advisory Committee to evaluate the effectiveness of the newsletter as a tool for internal communication and address potential dissemination to a wider audience by next fiscal year.

Objective 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.

Training is key to a staff development plan to efficiently provide quality services and supports to participants, and to meet federal and state requirements. DDD’s Training Unit drafted a Division-wide Training Plan to outline the requirements and methods to build and reinforce core competencies for staff. The Training Plan identifies areas for ongoing education and provides a framework through which DDD performance standards and initiatives align with best practices.



DDD's Training Advisory Committee has been established to support OCB's Training Unit by providing guidance and oversight into the development and implementation of Training Plan activities. The Training Advisory Committee membership is comprised of representatives from the following stakeholder groups:

- Self-Advocate Advisory Committee
- Family members
- Providers
- Licensed/certified caregivers
- DDD staff
- Community partners
- Professional educational organizations

The purpose of the Training Advisory Committee is to ensure all training activities are aligned with DDD's mission and vision and to evaluate the progress of the Training Unit's defined outcomes and measurements. Membership from each stakeholder group was confirmed for the Training Advisory Committee in June 2016.

Objective 5.4

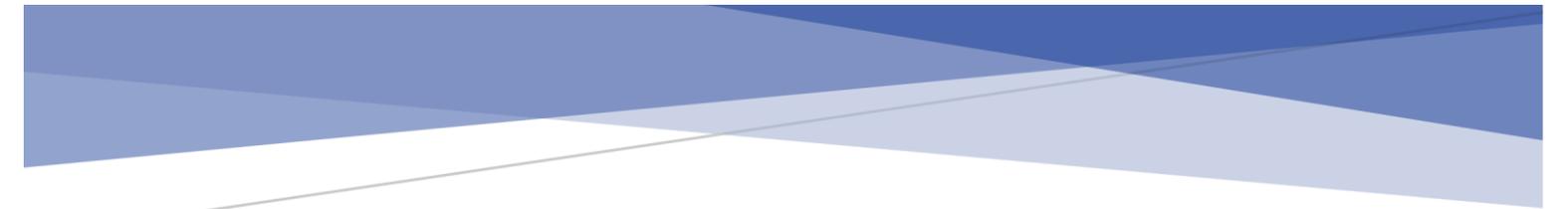
Support all DDD managers and supervisors through training in leadership and management skills that promote a positive organizational culture.

DDD managers and supervisors attended the "Leadership Works" Training. The eight day training course focused on developing leaders, building teams, empowering employees, and enhancing organizational performance. There was also an opportunity to collaborate and engage leaders of other organizations to share experiences, apply new skills and tools, and learn from each other.

Objective 5.5

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

DDD's Quality Assurance and Improvement Program (QAIP) involves collecting data, setting quality measures, and evaluating data to make decisions



on how the quality of services may be maintained and improved for participants. Guided by the Quality Monitoring Work Plan, the QAIP tracks, analyzes, and reports on Division-wide quality, performance, and outcome data. Based on the results and findings, recommendations for improvement are made to the Division's Management Team. The Management Team approves recommendations for improvement and assigns implementation and monitoring activities to DDD Chiefs and Managers.

Goals for the QAIP for 2016-2017 are as follows:

- Services are 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;
- Individuals served by DDD receive dental care to enhance health; and
- DDD will strengthen our infrastructure to move effectively to serve participants.

Objective 5.6

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

DDD communicates information on its performance and initiatives, on a regular basis, to obtain feedback on meeting the needs of participants. DDD works closely with DDC, which advocates for individuals with I/DD, by inviting DDC "to the table" to plan and evaluate DDD's programs and new services.

Examples of DDD's communication efforts are:

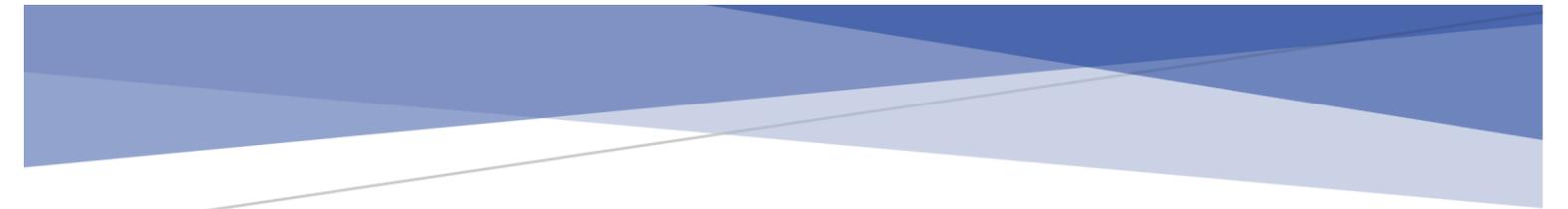
- **DDD Strategic Reports Plan Annual Progress** - DDD's Strategic Plan Annual Progress Reports are distributed to participants and their families, advocates, DDD service providers, affiliated organizations and others, after each fiscal year since initiating the Strategic Plan in 2015. The purpose of these progress reports is to inform its stakeholders of what DDD is doing to attain its mission, goals and objectives. The initial Strategic Plan is from 2015 to 2017. In 2017, DDD will reassess what

more needs to be done, review its accomplishments, and determine its next strategic actions.

- **Community “Talk Story” Sessions for the 1915(c) Medicaid HCBS I/DD Waiver Renewal** - DDD held “Talk Story” Sessions statewide with participants, families, advocates, providers, legislators, other state agencies, staff and other interested members of the public throughout the development of the waiver application using multiple venues and forums. These sessions started in August 2015 with a large all-day kickoff session on the island of Oahu. This well-attended session involved national experts, and break-out sessions that began the design of the waiver application. The session was attended by 117 people, including 12 self-advocates, 9 family members, and representatives from 26 organizations.

During August and September 2015, additional "Talk Story" sessions were convened statewide in the more rural “Neighbor Islands”, (Kona, Hilo, Maui, Molokai and Kauai). Nearly 100 people attended the neighbor island sessions (families, participants, case managers, advocates, providers, state staff and interested members of the public) where input, concerns and ideas from the audience were gathered. Finally, DDD had a dedicated email address to receive feedback from the public that continued throughout the period of the waiver renewal for ongoing input. Feedback received from all sessions and email was used to shape the service array and guide other revisions for the waiver renewal application.

- **Statewide Meetings on ISP Revisions** - In the summer of 2015, CMB conducted meetings with CMB staff on Oahu and in County District Health Offices, participants, their families and other stakeholders to answer questions about and collect comments and recommendations on revisions to the ISP (see Goal 4, Objective 4.2 for more detail on the revisions). Meetings were held on Oahu, Kauai, Maui, Molokai, Kona and Hilo. A total of 130 people attended statewide.
- **Waiver Policy Advisory Committee (Waiver PAC)** - Waiver PAC is comprised of various stakeholders (participants, family members, providers, DDC, DOH staff). Throughout the current waiver, DDD has met quarterly with this standing committee that has been instrumental in providing input to identify ways to improve the service system, as well as



in the development of this waiver application. Throughout the years of the current waiver, the group discussed current and future services, gaps in services, rates, standards, staff qualifications, as well as service delivery challenges and successes.

- **Hawaii Waiver Provider Association (HWPA)** - HWPA is comprised of 1915(c) Medicaid HCBS I/DD Waiver provider agencies statewide. This group meets at least quarterly and provides input to DDD on operations and programmatic issues.



Hospital & Community Dental Services Branch

HCDSB is the only state dental agency that provides direct dental treatment services to the community. HCDSB provides dental treatment services for adults (over 20 years old), and for Medicaid patients who are classified as aged (over 65 years old), blind, disabled or other special needs who lack access to private sector dental services.

Program Objective:

To help ensure access to basic comprehensive dental care services for the vulnerable and underserved populations that have limited access to dental treatment. This includes individuals with severe chronic mental illness, the frail elderly, the medically fragile, and individuals with I/DD.

Program Activities:

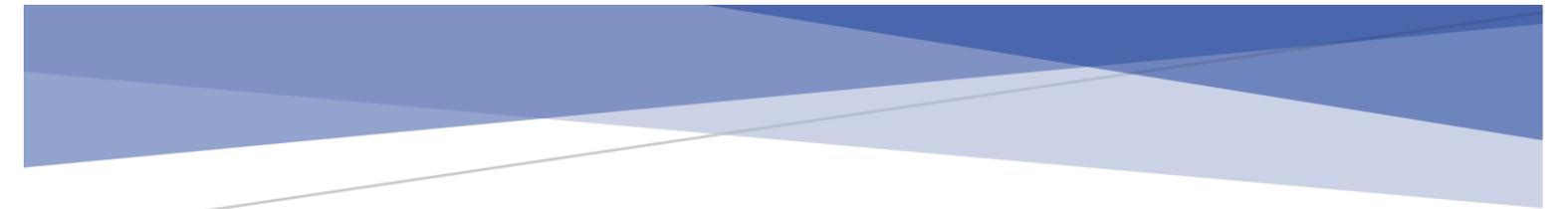
Direct Dental Services

HCDSB provides dental services to patients who reside at Hawaii State institutions, including the Hawaii State Hospital, Leahi Hospital, and Kalaupapa Settlement, as well as to patients who reside in the community. HCDSB has five (5) dental clinics located at the Department's Health Centers on Oahu (Diamond Head, Lanakila, Leeward, and Windward), and the Hawaii State Hospital. Currently there are no dental clinics located on the Neighbor Islands.

In addition to the dental services provided at the HCDSB clinics, dental procedures will now be provided (limited) in a hospital setting under general anesthesia as needed.

Over the past year, HCDSB provided clinical services for 1,422 individuals who otherwise do not have access to private sector dental services. Patients seen by HCDSB clinics include:

- 42.4% Persons with a mental health disability;
- 32.1 % Persons with I/DD;
- 19.1% Hawaii State Hospital patients.



HCDSB will continue to provide dental services to the vulnerable and underserved populations who lack access to dental services.

Community Collaboration

HCDSB Administration actively collaborates with community oral health stakeholders to coordinate programs and activities to enhance the community dental infrastructure for access to dental treatment for Hawaii's vulnerable and underserved populations. The collaborative focus is statewide, with an emphasis on the Neighbor Islands where the geography of Hawaii's seven islands complicates access to dental health services and promotes an uneven distribution of oral health resources.

HCDSB collaborates with the following programs: the University of Hawaii School of Nursing & Dental Hygiene; the University of Pacific, Dental School, Pacific Center for Special Care; Queen's Medical Center General Practice Dental Residency Program; Hawaii Dental Association; Hawaii Dental Hygiene Association, Hawaii Dental Services; Hawaii State Departments of Commerce and Consumer Affairs and Human Services; and Hawaii Community Health Centers.

HCDSB's Administration will continue to collaborate with oral health stakeholders to address the following oral health concerns:

- State oral health disparities (especially issues with care for the Neighbor Islands);
- Access to oral health care; and
- Medicaid adult dental coverage.

Oral Health Trainings

HCDSB is aware of the need for oral health training for families, caregivers and oral health professionals who care and treat persons with I/DD. Therefore, HCDSB has developed two training presentations addressing the following areas: 1) oral health awareness and oral hygiene practices for care providers and families of persons with I/DD, and 2) dental treatment considerations incremental de-sensitization for oral health professionals when treating persons with I/DD. Dentists and dental hygienists can earn 2.0 credit hours per presentation towards their dental license requirements.



This past fiscal year, HCDSB conducted 17 in-person oral health training presentations statewide (Oahu, Big Island, Kauai, and Maui). HCDSB plans to continue to conduct annual oral health presentations statewide, and convert the presentations to an electronic format that will be posted and be accessible to the public on DDD's HCDSB website.

Tele-dentistry Pilot

HCDSB identified significant disparities in access to oral health services that have been well-documented in Hawaii. While these disparities are common in many states, they are magnified in Hawaii by the following areas of concern:

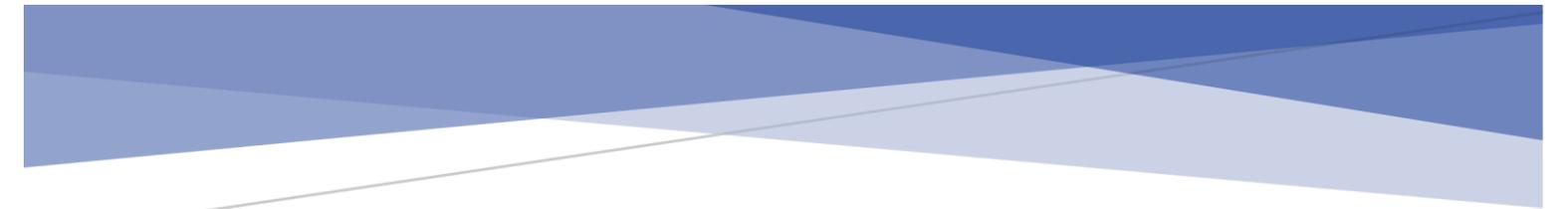
- The geography of Hawaii's seven islands makes access to dental care challenging, and there is an uneven distribution of oral health resources;
- General dentists, dental specialists, and resources for sedation and anesthesia for dental care are concentrated on Oahu;
- The community water supply in Hawaii does not contain fluoride; and
- A limited number of dentists participate and accept patients eligible for the State Medicaid Dental Program.

Consequently, Hawaii has a history of being among the worst states for dental health problems in the country for many groups including children and adults with complex medical problems and disabilities.

Over the last several years, the DOH has expressed interest in the Virtual Dental Home (VDH) system developed by the Pacific Center for Special Care at the University of the Pacific School of Dentistry in San Francisco (Pacific). HCDSB has concluded that this system could be an effective way to address Hawaii's oral health disparities for vulnerable and underserved populations.

In December 2015, HCDSB and Pacific were awarded a grant from the Hawaii Dental Services Foundation to fund the first year of a three (3) year tele-dentistry pilot program. At this time, the West Hawaii Community Health Center has received training and technical assistance from the Pacific and HCDSB and has made significant progress in the development of a Virtual Dental Homes (VDH) for underserved communities in the Kona area of the Big Island. The VDH's will be located at the Kona Head Start program sites and the Kona Women Infant Child program site.

In July 2016, HCDSB and Pacific submitted a Hawaii Dental Services Foundation grant application to fund the second year of the tele-dentistry pilot



program. This grant was approved in September 2016. Other sources of funding are being explored.

Dental Access Survey

In March 2016, HCDSB and CRB conducted a statewide dental access survey of its clients with I/DD. The purpose of the survey was to statistically document concerns people in our state with I/DD have about dental access of care. The survey was completed, and HCDSB is in the process of evaluating the survey data and findings that will be made public through a report. Surveys for over 620 participants were completed.

Program Planned Activities for the Fiscal Year 2017:

- Community collaboration with oral health stakeholders to improve the access to care issues for vulnerable and underserved populations.
- Conduct statewide oral health training presentations regarding persons with I/DD. This includes converting presentations to an electronic format that will be posted and be accessible to the public on DDD's HCDSB website.
- Obtain funding and proceed with year two (2) of the tele-dentistry pilot program.
- Publish the findings for the 2016 Dental Access Survey.

Acknowledgements

DDD would like to express its appreciation to the following people who have contributed their time and efforts to DDD's Strategic Plan Progress Report for 2016:

Goal 1 Team Members:

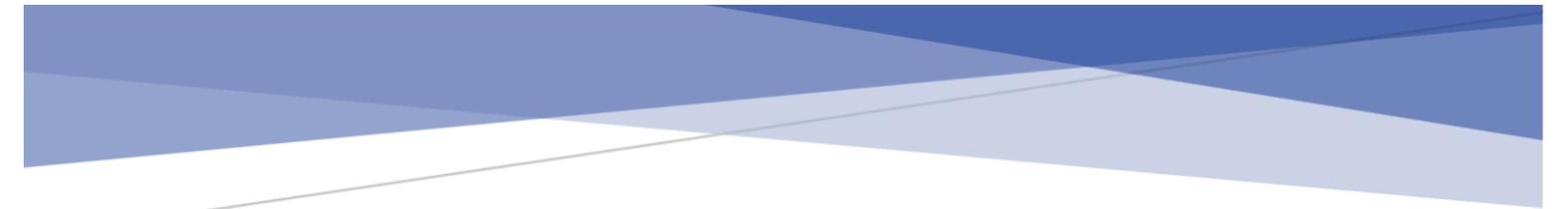
Tammy Evrard, DDC; Jesse Fernandez, DDD CRB; Tasha Kama, neighbor island parent of an individual with special needs, and DDC member; Evan Matsushima, DDD Case Management Unit 4 Supervisor; Evan Murakami, DDD Individual Mentor & Self-Advocate; Timothy Renken, SAAC Leadership; Susan Rocco, Special Parent Information Network (SPIN) Coordinator & Parent-Leader; Santo Triolo, neighbor island parent of a person with an I/DD, and psychologist; Wilfred Young, DDD Case Management Section Supervisor East, Sage Goto, DDD Planning, Policy, Research & Data Staff (PPRDS); and Dr. Jeffrey Okamoto, Goal 1 Team Leader.

Goal 2 Team Members:

Kimberly Arakaki, CMB; Daintry Bartoldus, DDC; Kirkland Ching, CRB; Kathleen Delahanty, Hawaii Disability Rights Center (HDRC); Bathey Fong, SAAC Leader; Jackie Indreginal, DHS – MQD; Brian Johnson, U.S. Department of Housing and Urban Development (HUD) Hawaii; Amanda Kaahanui, Disability & Communications Access Board (DCAB); Norma Kop, CRB; Jennifer La'a, Easter Seals; Aileen Manuel, DHS – MQD; Jan Mori, Judiciary (JUD), Office of the Public Guardian (OPG); Janice Takahashi, Department of Business, Economic Development & Tourism (DBEDT); Andrew Tseu, HCDSB; JoAnn Yuen, UH – CDS; Sage Goto, DDD PPRDS; and Goal 1 Team Leaders: Debra Tsutsui and Wendie Lino.

Goal 3 Team Members:

Kathleen Delahanty, HDRC; Jackie Indreginal, DHS – MQD; Amanda Kaahanui, DDC; Sandy Kakugawa, CMB; Jennifer La'a, Easter Seals; Aileen Manuel, DHS – MQD; William Mihalke, UH – CDS; Gordon Miyamoto, DOE; Jan Mori, JUD, OPG; Scott O'Neal, CMB, Case Management Section West - Unit 2; Albert Perez, DHS, DVR; Robert Tarver, DDC; Christopher Toyama, SAAC Leadership; JoAnn Yuen, UH – CDS; Kehau Kanae, DDD & Parent Advocate; Valerie Yin, DDD PPRDS; and Team Leaders Debra Tsutsui and Wendie Lino.



Goal 4 Team Members:

Dana Emersen, OCB; Jenny Gong, DDD PPRDS; Chanel Kealoha, CEDS; Evan Murakami, CRB; Vaipapa Soliai, SAAC Leadership; Michele Tong, OCB; Nancy Walsh, Hawaii Waiver Providers Association; Wilfred Young, CMB; Melissa Gibo, OCB; Valerie Yin, DDD PPRDS; and Team Leader: Corinne Gytaku.

Goal 5 Team Members:

Waynette Cabral, DDC; Jenny Gong, DDD PPRDS; Rosemary Manual, Preferred Home and Community Based Services; Kelly Jo Nacino, CRB; Felicia Panoncialman, Goodwill Industries; Francis Tanji, CMB, Case Management Section East - Unit 5; Andrew Tseu, HCDSB; Kelli Uradomo, CMB – Maui District Health Office; Deanne Watanabe, DDD, Administrative Staff, Human Resources Section; Valerie Yin, DDD PPRDS; Christine Young, DDD; and Team Leader Tracey Comeaux.

DDD Strategic Plan Steering Committee Members:

Mary Brogan, DDD Administrator; Leolinda Parlin, Hilopa`a; Family to Family Health Information Center; Waynette Cabral, DDC; Jeff Okamoto, MD, CEDS; Andrew Tseu, HCDSB; Debra Tsutsui, CRB; Tracey Comeaux, OCB; Corinne Gytaku, CMB; Evan Murakami, Individual Mentor; and PPRDS Staff.