

DDD's Framework for Phased-In Reopening of Services in the Community

Hawaii State Department of Health
Developmental Disabilities Division
June 18, 2020

Agenda

- Teamwork Framework
- Overview of COVID-19 in Hawaii
- Person-Centered Transitions
- Overview of Self-Assessment Tool
- Overview of Sustainability Tool
- Summary
- Q&A

Overall Approach to Reopening Services in the Community

1

Align with State's Reopening Guidelines

- Governor's Proclamations
- County Guidance
- Public Health Framework

2

DDD Framework

- Phased-in approach
- Assessment of risk
- Self-assessment- TQM
- Based on course of COVID-19

3

Support Individual Transitions

- Readiness for participants and families
- Things have changed; people may be rethinking
- Listen/have conversations

Current Status: Reopening Hawaii



> STAY AT HOME
(Major Disruption)

> SAFER AT HOME
(Moderate Disruption)

WE
ARE
HERE

> ACT WITH CARE
(Minor Disruption)

> RECOVERY
(Minimal Disruption)

> NEW NORMAL
(No Disruption)

Hawaii is in Phase 2

- Defined as cases are on a downward trend/manageable within the healthcare system.
- In Phase 2, high-risk populations and kūpuna should continue to stay at home when possible.
- High-risk businesses and activities are scheduled to resume in Phase 3: “Recovery,” .
- Even during Phase 3, high-risk populations and kūpuna continue to stay at home when possible.
- The reopening strategy includes the option to move back.
- 9th Proclamation on 6/10/2020

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Public Health Framework for Reopening

- 3 principles:
 1. Evaluation of environmental conditions
 2. Risk Stratification
 3. Phased Approach
- Conditions
 - Everyone follow Safe Practices
 - Following higher levels of Safety Precautions
 - Individuals at higher risk must continue to minimize time and contact outside the home

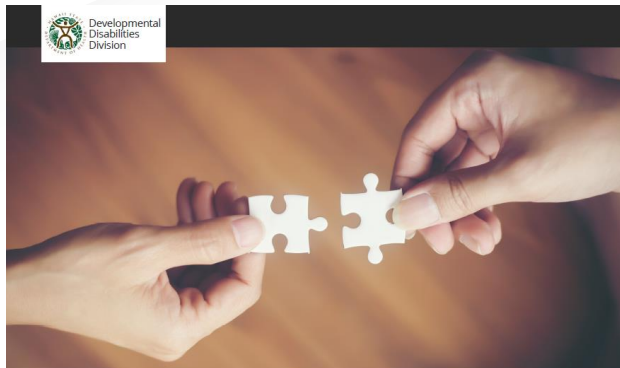


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Teamwork Flyers



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Working together, our "new normal" can include greater flexibility to create new opportunities and more choices. As programs phase back into services, we can use traditional strategies and new ones, like Telehealth. We can stay safe and work together by following these practices:



Talk Story

Listen and learn from each other. What choices make the most sense for each participant? Are there underlying health conditions that need to be considered?



Plan & Prepare

What steps must be taken to make the experience for the participant as successful as possible?



Make It Work

Be flexible, keep talking, learn, adjust and share your experiences!

Each of us has a role to play in shaping a better future for all!

for more info, please visit -
<https://health.hawaii.gov/ddd>
<https://bhhsurg.hawaii.gov> • <https://hawaiiicovid19.com>



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Talk Story

- Participants: Tell others what you would like to do
- Family and Caregivers: Listen to loved ones/participants and talk to case managers and providers
- Providers: Find out what participants want, what they need, and how to support their choices & any changes



Plan & Prepare

- Participants: Changes may happen slowly or quickly, be as flexible as you can
- Family and Caregivers: Plan for arrangements that need to be made as family members go back to work
- Providers: Have everything in place so that participants are safe when they return to services

Make It Work

- Participants
- Family
- Caregivers
- Providers



Everyone

- Wash your hands
- Wear your masks
- Stay six feet apart and
- No hugging (yet)!

for more info, please visit -
<https://health.hawaii.gov/ddd/>

<https://bhhsurg.hawaii.gov>
<https://hawaiiicovid19.com>



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Consider:

Not everyone will come back to services at the same time- many variables in play

Participants and families may be rethinking what they want

Being knowledgeable about risk and tracking changing guidance is critical

Things may change depending on community conditions

Providers are responsible for implementing standards and safeguards to help protect participants' health and safety

Balancing

- Comfort with returning
- Needs of families
- Level of Risk (underlying and spread)
- Staffing levels
- Plans including for infection control
- Transportation
- PPE availability and tolerance
- Social distancing and physical plant
- Phase in management: Working with CMs
- Overall program and participant/family readiness

Not everyone will come back to services at the same time - many variables in play





Overview of COVID-19 in Hawaii

Dr. Ryan Lee, Medical Director
Developmental Disabilities Division

Dr. Curtis Toma, Medical Director
Med-QUEST Division

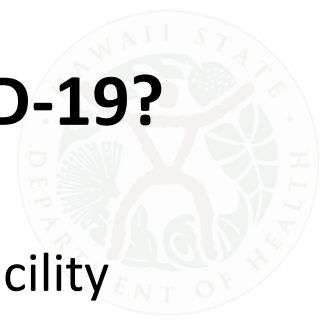
Risk

RISK



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Who is at Higher Risk for Severe Illness from COVID-19?

1. Age - People 65 years and older
2. Setting - People who live in a nursing home or long-term care facility
3. Health Conditions (any age)
 - People with chronic lung disease or moderate to severe asthma
 - People who have serious heart conditions
 - People who are immunocompromised
 - Many conditions can cause a person to be immunocompromised, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
 - People with severe obesity (body mass index [BMI] of 40 or higher)
 - People with diabetes
 - People with chronic kidney disease undergoing dialysis
 - People with liver disease

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

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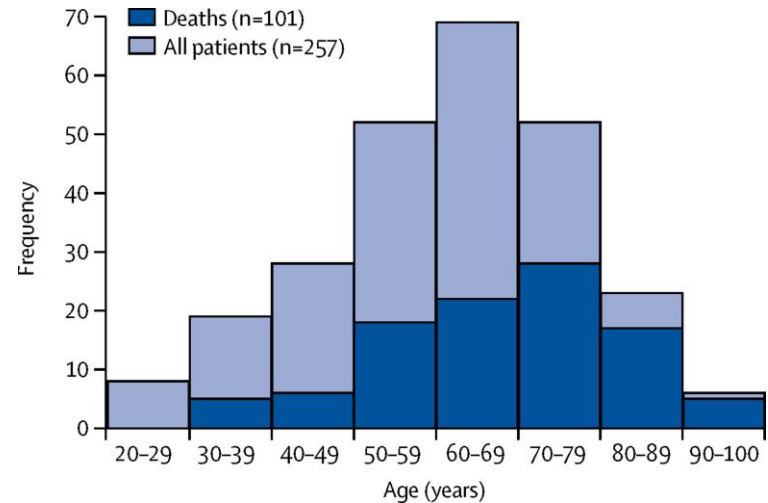
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Cummings et al. *Epidemiology, clinical course, and outcomes of critically ill adults with COVID-19 in New York City: a prospective cohort study*. Lancet 2020; 395: 1763–70.



Important Takeaway Points

- 257 (22%) of 1150 patients admitted to hospital with COVID-19 were critically ill with acute hypoxemic respiratory failure.
- As of April 28, 2020, 101 (39%) patients had died and 94 (37%) remained hospitalized.
- Older age, cardiopulmonary comorbidities, higher concentrations of D-dimer, and higher concentrations of IL-6 were independent risk factors for poor outcomes.



[Download the Full Article - PDF Format](#)

CDC Guidance



CDC further describes people with disabilities who might be at increased risk of becoming infected or having unrecognized illness:

- People who have limited mobility or who cannot avoid coming into close contact with others who may be infected, such as direct support providers and family members
- People who have trouble understanding information or practicing preventive measures, such as hand washing and social distancing
- People who may not be able to communicate symptoms of illness

[COVID Information for People with Disabilities](#)

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Turk et al. *Intellectual and developmental disability and COVID-19 case-fatality trends: TriNetX analysis.* Disability Health Journal 2020.

- Results

- People with IDD had higher prevalence of specific comorbidities associated with poorer COVID-19 outcomes.
- Overall case-fatality rate was similar (IDD 5.1% v. without IDD 5.4%)
 - Ages < 17 IDD 1.6% v. without IDD <0.01%
 - Ages 18 - 74 IDD 4.5% v. without IDD 2.7%
 - Ages > 75 IDD 21.1% v. without IDD 20.7%.

- Conclusions

- COVID-19 appears to present a greater risk to people with IDD, especially at younger ages.

Evaluation Criteria for Clinicians

Most patients with confirmed COVID-19 have developed fever (subjective or confirmed) and/or symptoms of acute respiratory illness (e.g., cough, difficulty breathing).
Additional symptoms of COVID-19 include:

Fatigue

Anorexia

Chills

Rigors

Myalgia

Headache

New loss of
taste or smell

Vomiting

Sore Throat

Rhinorrhea

COVID-19 is an Urgently Reportable Condition

- The Clinician (Physician or Primary Care Provider) will complete this form.
- Per the Hawaii Administrative Rules, Chapter 11-156, the Case Report Form must be completed for any person who tests POSITIVE for COVID-19.
- Submit an AER for Change in Health Condition when a participant was tested or tested positive for COVID-19

[Download Hawaii PUI Form - PDF Format](#)

The image displays two CDC forms related to COVID-19 reporting. The top form is the 'Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form' (CDC 2019-nCoV ID: 10001). It includes sections for Patient Information, Reporting Jurisdiction, Interviewer Information, Basic Information, and a table for Adverse Event Report Form. The bottom form is the 'Adverse Event Report Form' (AER) for COVID-19, which includes sections for Patient Information, Adverse Event Report Form, and a table for Adverse Event Report Form.



Dr. Curtis Toma

Medical Director

Department of Human Services, Med-Quest Division



Supporting Person-Centered Transitions

Person-Centered Tool to Assess Transition Readiness

- Having conversations
- Information will be used to :
 - Discuss how participants and families/caregivers are doing to ensure participants are prepared to transition to services in the community and/or center
 - Reach out to and communicate with providers and other circle members
 - Inform ISP/Action Plan revisions when applicable
(*e.g. Health and Safety Risks, LifeCourse areas, goals, etc.*)
- Particular attention to:
 - COVID-19 exposure
 - Underlying health conditions – e.g. individual's & household members' risk for health conditions
 - Goals and outcomes – e.g. new skills to capitalize on
 - LifeCourse areas – e.g. new routines, activities, preferences, etc.

Sections of Person-Centered Tool to Assess Transition Readiness



Life at Home with Family/Household

- Have you and your family/household been well?
- How have you been spending your day?
- How are the services you've been receiving?
- Are there people at home that are high risk?

Resuming Services within Their Community

- Would you want to go back to your ADH/CLS-G program?
- Do you or your family/household have any questions or concerns about your safety?

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Overview of Provider Self-Assessment Tool

DDD's Guidance For Day Services

Self assessment approach to assist providers to:

- Keep participants, families, caregivers, and provider staff safe,
- Support participant needs and choices,
- Organize and think through planning and preparing
- Train staff and participants
- Continue to be flexible with changes

The Development of the Tool



- Centers for Disease Control and Prevention (CDC) guidance
- State of Hawaii & County guidance
- Researched best practices
- Reviewed various guidelines from across the country
- Convened provider focus group



Core Elements

Emergency Preparedness



PLAN AND PREPARE					
Emergency Preparedness					
<p>Providers must maintain a current written Emergency Preparedness Plan that addresses agency protocols for responding to declared emergencies, including the COVID-19 pandemic. The Emergency Preparedness Plan and agency procedures must adhere to current Federal, State and County mandates, guidelines and advisories and help ensure the safety of participants, staff and the community. The Emergency Preparedness Plan must include, at a minimum, the following Core Elements: Transportation, Preventing the Spread of Infection (Screening, Social Distancing, and Infection Control), Person-Centered Planning, Training and Support, and Community-Based Services (Supports in the Community and Supports in the Participant's Workplace).</p>					
Item	Completed	In Progress	Not Started	N/A	Strategies and Supporting Document(s)
1. COVID-19 specific procedures are incorporated into our agency's Emergency Preparedness Plan. Address the following: <ul style="list-style-type: none"> Communications (e.g. phone trees, signs) Visitor policy Reopening operational protocols Timelines and persons responsible for implementing and reviewing the plan Delivering services in center and community settings Quality assurance Other relevant procedures identified by the agency 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Transportation

Transportation						
<p>Participants often depend on provider supports to assist with their transportation needs to attend center-based activities and engage in activities in the community. It is important to carefully assess the changes needed to ensure transportation can be delivered in ways that keep participants, staff and the community safe and minimize the potential spread of infection.</p>						
Item	Completed	In Progress	Not Started	N/A	Strategies and Supporting Document(s)	Notes/Questions for Agency Use
1. Our agency has completed an assessment and identified strategies to ensure social distancing and infection control during transportation when using agency vehicles or staff personal vehicles. Address the following: <ul style="list-style-type: none"> Scheduling and/or route changes, such as limiting number of vehicle occupants, staggering arrival and departure times, etc. Pick-up and drop-off location and procedures Participants who use a wheelchair or other device Other transportation options that may be available, such as family willing and able to transport 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Our agency has contacted public transportation entities used by participants to travel to/from service setting(s) and has identified strategies to ensure social distancing and infection control during transportation. Address the following: <ul style="list-style-type: none"> Communicating public transportation changes to participant and families Changing agency scheduling to adjust to public transportation routes or schedules Staggering arrival and departure times Pick-up and drop-off location and procedures Participants who use a wheelchair or other device 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Core Elements



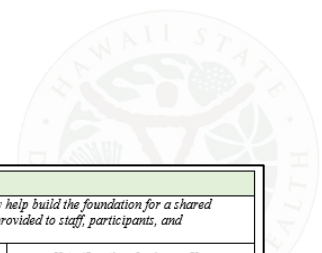
Preventing the Spread of Infection					
<p>COVID-19 spreads mainly among individuals within close contact of one another for prolonged periods of time and when droplets from an infected person are launched into the air and/or onto surfaces. It is important to assess the setting(s) and changes needed to implement proper screening, social distancing, hand hygiene, face coverings, cleaning and disinfecting to reduce the risk of exposure and limit the spread of infection. The guidance in this section applies recommendations by public health experts to assure health and safety in our community.</p>					
Item	Completed	In Progress	Not Started	N/A	Strategies and Supporting Document(s)
<p>1. Our agency has a written procedure and designated roles for screening everyone upon entering the setting, including all staff, participants, visitors, and deliveries.</p> <p>Address the following:</p> <ul style="list-style-type: none"> Designating adequate space for screening Posting signs at the entrance(s) Developing a process that includes a symptoms checklist, temperature check, hand sanitizer, sign-in list, etc. Developing criteria limiting visitors and deliveries Reminding people to stay home if sick <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>2. Our agency has a written process to identify and safely support participants or staff who become sick with symptoms concerning for infection during service delivery.</p> <p>Address the following:</p> <ul style="list-style-type: none"> Posting signs Training staff and participants Establishing and communicating a pick-up policy 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Preventing the Spread of Infection (Screening, Social Distancing, Infection Control)

Person-Centered Planning						
<p>Person-centered planning is the process through which the participant's needs, goals, and preferences are identified and through which the participant may exercise choice and control. Person-centered planning is especially important during the coordination and phasing-in of services as participant's needs, goals, preferences and family situations may change, may have changed and/or may continue to change.</p>						
Item	Completed	In Progress	Not Started	N/A	Strategies and Supporting Document(s)	Notes/Questions for Agency Use
<p>1. Our agency has contacted each participant and/or family/guardian, and the DDD case manager to discuss our plan to reopen and resume services and the participant's transition and phase-in of services in the center and/or community.</p> <p>Address the following:</p> <ul style="list-style-type: none"> Continuing with telehealth, if applicable Concerns and comfort level with resuming services in the center and/or community Timeframe for resuming services in the center and/or community Pace the transition for re-entry to accommodate participant goals and interests 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<p>2. Our agency has a strategy for monitoring for and recognizing signs of trauma in participants and/or their family/household members and assisting in identifying resources.</p> <p>Address the following:</p> <ul style="list-style-type: none"> Helping to ensure the participant receives services in a setting where they feel safe Helping participants identify relationships/people that help them feel safe 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Person-Centered Planning

Core Elements - Continued



Training and Support

Training and Support						
<i>Training and support are essential to implementing and sustaining procedures through continuous monitoring and quality assurance. They help build the foundation for a shared understanding of the processes developed to help assure the health and safety of everyone. Training and support should be available and provided to staff, participants, and family/caregivers when applicable.</i>						
Item	Completed	In Progress	Not Started	N/A	Strategies and Supporting Document(s)	Notes/Questions for Agency Use
1. Staff are trained in essential pandemic operational protocols prior to delivering day services. Participants are trained at the earliest opportunity in hygiene, social distancing, use of PPE, cleaning, and recognizing symptoms prior to or following the opening of day services. Training may be provided in-person or via technology, such as use of videos or other media from trusted public domains. Training will be reinforced on an as needed basis. At a minimum, training must include, but not limited to: <ul style="list-style-type: none"> • Emergency Preparedness Plan • Proper hand hygiene • Social distancing • Proper use of PPE (e.g. putting on, taking off) • Use of cleaning and disinfecting products • Recognizing the signs and symptoms of COVID-19 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Community-Based Services						
<i>Participants may need additional supports and training to navigate the community safely, such as learning to practice social distancing and infection control. The statements and considerations listed below focus primarily on issues that are specific to small groups, however, many are applicable and should be considered for all services in the community whether delivered as 1:1 or in small groups.</i>						
Supports in the Community						
Item	Completed	In Progress	Not Started	N/A	Strategies and Supporting Document(s)	Notes/Questions for Agency Use
1. Our agency has a system to assess the community locations where participants have typically received community-based services to identify strategies for supporting participants in accordance with CDC guidelines. Address the following: <ul style="list-style-type: none"> • Availability of access to community resources and settings; for example, the library is open but hours and number of visitors are limited • Availability of access to public restrooms • Proper hand hygiene • Ability to maintain social distancing, such as whether the participants are able to practice social distancing or if the setting presents challenges for a small group • Proper use of PPE, including the length of time participants can wear a face covering during community activities • Modifying staff to participant ratios and/or size of small groups • Adjusting or staggering scheduled activities • Flexible scheduling of options for participant choice based on community activities that may change with short notice 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Community-Based Services

(Supports in the Community, Supports in the Participant's Workplace)

Parts of the Tool

Core Element

Item
As related
to your
preparation
for
phasing in

Preventing the Spread of Infection						
<p><i>COVID-19 spreads mainly among individuals within close contact of one another for prolonged periods of time and when droplets from an infected person are launched into the air and/or onto surfaces. It is important to assess the setting(s) and changes needed to implement proper screening, social distancing, hand hygiene, face coverings, cleaning and disinfecting to reduce the risk of exposure and limit the spread of infection. The guidance in this section applies recommendations by public health experts to assure health and safety in our community.</i></p>						
Screening					Strategies and Supporting Document(s)	Notes/Questions for Agency Use
Item	Completed	In Progress	Not Started	N/A		
<p>1. Our agency has a written procedure and designated roles for screening everyone upon entering the setting, including all staff, participants, visitors, and deliveries.</p> <p>Address the following:</p> <ul style="list-style-type: none"> Designating adequate space for screening Posting signs at the entrance(s) Developing a process that includes a symptoms checklist, temperature check, hand sanitizer, sign-in list, etc. Developing criteria limiting visitors and deliveries Reminding people to stay home if sick <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html</p> <p>https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Describe or list strategies & include titles of supporting documents</p>	<p>Optional</p>
<p>2. Our agency has a written process to identify and safely support participants or staff who become sick with symptoms concerning for infection during service delivery.</p> <p>Address the following:</p> <ul style="list-style-type: none"> Posting signs Training staff and participants Establishing and communicating a pick-up policy 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Status
Check the box that best describes status

Example of Provider Self-Assessment

Preventing the Spread of Infection						
COVID-19 spreads mainly among individuals within close contact of one another for prolonged periods of time and when droplets from an infected person are launched into the air and/or onto surfaces. It is important to assess the setting(s) and changes needed to implement proper screening, social distancing, hand hygiene, face coverings, cleaning and disinfecting to reduce the risk of exposure and limit the spread of infection. The guidance in this section applies recommendations by public health experts to assure health and safety in our community.						
Screening						
Item	Completed	In Progress	Not Started	N/A	Strategies and Supporting Document(s)	Notes/Questions for Agency Use
1. Our agency has a written procedure and designated roles for screening everyone upon entering the setting, including all staff, participants, visitors, and deliveries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Address the following:						
<ul style="list-style-type: none"> Designating adequate space for screening Posting signs at the entrance(s) Developing a process that includes a symptoms checklist, temperature check, hand sanitizer, sign-in list, etc. Developing criteria limiting visitors and deliveries Reminding people to stay home if sick 						
https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html						
2. Our agency has a written process to identify and safely support participants or staff who become sick with symptoms concerning for infection during service delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Address the following:						
<ul style="list-style-type: none"> Posting signs Training staff and participants Establishing and communicating a pick-up policy 						

1. Our agency has a written procedure and designated roles for screening everyone upon entering the setting, including all staff, participants, visitors, and deliveries.

Address the following:

- Designating adequate space for screening
- Posting signs at the entrance(s)
- Developing a process that includes a symptoms checklist, temperature check, hand sanitizer, sign-in list, etc.
- Developing criteria limiting visitors and deliveries
- Reminding people to stay home if sick

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>

Trauma-Informed Care

[SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach - PDF Format](#)

- For individuals with IDD:
 - High rates of abuse, neglect, bullying, victims of violent crimes, family stress can turn into family violence, institutionalization, abandonment isolation, restraint and seclusion
- Disasters can exacerbate trauma
- Help people to feel safe and in control
- Learning how to relax the body and calm the mind may help in building coping skills. Yoga, walking outside, sitting quietly, taking calming breaths, mindfulness, and meditation are examples of relaxation practices.
- Goal: Trauma informed system that fosters resilience for each person

Realizes

- the widespread impact of trauma and understands potential paths for recovery;

Recognizes

- the signs and symptoms of trauma in clients, families, staff, and others involved with the system;

Responds

- by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively;

Resist

- re-traumatization

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Trauma-informed Questions

Person-Centered Planning

Person-centered planning is the process through which the participant's needs, goals, and preferences are identified and through which the participant may exercise choice and control. Person-centered planning is especially important during the coordination and phasing-in of services as participant's needs, goals, preferences and family situations may change, may have changed and/or may continue to change.

Item	Completed	In Progress	Not Started	N/A	Strategies and Supporting Document(s)	Notes/Questions for Agency Use
2. Our agency has a strategy for monitoring for and recognizing signs of trauma in participants and/or their family/household members and assisting in identifying resources. Address the following: <ul style="list-style-type: none">Helping to ensure the participant receives services in a setting where they feel safeHelping participants identify relationships/people that help them feel safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Training and Support

Training and support are essential to implementing and sustaining procedures through continuous monitoring and quality assurance. Understanding of the processes developed to help assure the health and safety of everyone. Training and support should be available to family/caregivers when applicable.

Item	Completed	In Progress	Not Started	N/A	Strategies and Supporting Document(s)
2. Our agency has a plan for training staff to monitor for and recognize signs of trauma in themselves and others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Submitting Self-Assessment Preparedness Tool

Providers of Group and
Individual Day Services
*(Group - ADH & CLS-G) (Individual - CLS-
Ind, DCP, & IES)*

Submit no less than 10
calendar days before
anticipated date you plan to
begin phasing in or resuming
group day services

Providers of Individual
Day Services only
(CLS-Ind, DCP, & IES)

Submit within 10 calendar
days of receiving the fillable
version of the self-assessment
tool

- Complete and send assessment by email to: doh.dddcrb@doh.hawaii.gov
- DDD will review completed assessments and provide written feedback within 5 business days of receipt



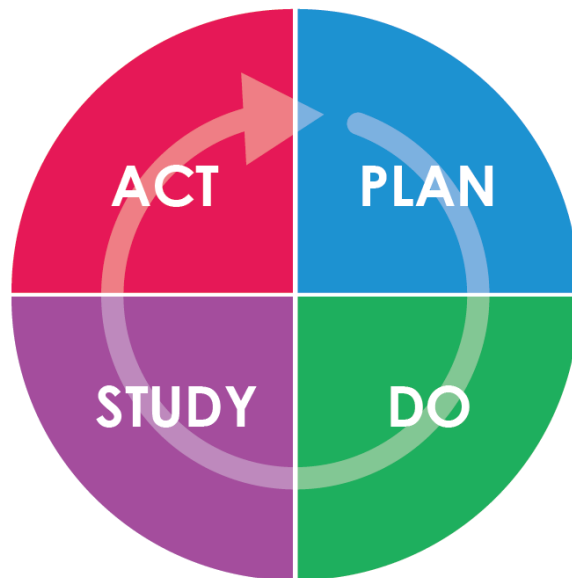
Sustainability Plan

Continuous Quality Improvement



*How Information Was
Used to Improve
Practices*

What You Learned



*Completion of
Provider
Self-Assessment Tool*

*What You
Implemented*

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Sustainability Plan Instructions

- Review your agency's quality assurance approach
- Provide a detailed summary addressing the question in each column, for the core elements.
- Submit the completed plan to DDD by email to doh.dddcrb@doh.hawaii.gov sixty (60) calendar days after the later of either:
 - the date your agency began phasing in or resuming group services; or
 - the date your agency submitted the self-assessment for individual day services only.

Summary



- Phased in approach based on:
 - Community conditions and Governor's proclamations
 - Risk level and preferences of participants
 - Assessed readiness of agencies based on DDD review
- Follow safety guidelines/integrate them into your plans
- Work with case managers and circles of support to understand participants' current needs and preferences.
- Please ask for clarification on the tools and request technical assistance if needed



Additional Questions?

Please email -

doh.dddcrb@doh.hawaii.gov