



Moving Forward

Hawaii Developmental Disabilities Division

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Summary of the Interim Report prepared
for the Hawaii Developmental Disabilities
Division.

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Introduction

The Developmental Disabilities Division (also called DDD) in Hawaii supports people with intellectual and developmental disabilities (also called IDD). DDD has been working to improve services. DDD hired the Human Services Research Institute (also called HSRI) to study how well the improvements are working. To complete this study, HSRI will:

- Learn about what DDD has been doing,
- Talk to people like DDD staff, service providers, and people who use services and their families,
- Study how people are using services.
- Make recommendations for the future.

This report is at the halfway point of the study. It is a plain language summary of a full report called *Moving Forward, Interim Evaluation Report Prepared for the Hawaii Developmental Disabilities Division*. It includes what we have learned so far about DDD activities over the past few years.

We learned that DDD set out to:

- Increase opportunities for people with disabilities to have control over their lives and belong in their community, and
- Improve the way the system works to offer services and supports.

To reach these goals, DDD started several activities. We grouped these activities into four categories:

1. Talking with people
2. Focusing on the person
3. Changing services
4. Updating the service system

The next section we report on why DDD started these activities, what was done, and what comes next in the study.

Talking with People

Why did DDD want to talk with people?

To make sure that services are meeting people's needs, DDD wanted to get input from people who are part of the service system such as:

- Self-advocates
- Families
- Service Providers
- Advocacy organizations
- Policy makers (like legislators)

What actions did DDD take to hear from people?

DDD used many ways to communicate with people. DDD wanted people to know about changes it was making. DDD used the Family Newsletter to reach people who get services and their families. They shared stories and information. DDD also made a new website. The website had sections so people could find information they needed.

DDD created or supported existing advisory groups. People who served on advisory groups included:

- Self-advocates
- Families
- Service Providers

Advisory Groups helped DDD with changes. They shared ideas for changes. They also gave DDD feedback. For example, one Advisory Group worked on informing services for people with disabilities. Another Advisory Group worked on developing peer mentoring.

Focusing on the Person

Why did DDD want to make services more person-centered?

DDD wanted to make sure that services were person-centered. In 2014, the federal government, through the Centers for Medicare and Medicaid Services (also called CMS), created The HCBS Final Settings Rule. People sometimes call this the “final rule” for short. The final rule defined how services could be more community-based and person-centered. The final rule said that people who get services should have:

- Access to their communities just as others do, and
- Choice and control over their lives.

DDD must follow this rule because CMS helps to fund services in the state.

What actions did DDD take to follow the final rule?

The final rule says that a person’s support plan must be “person-centered”. This means it must be based on the person’s goals, preferences, and choices. To support person-centered planning, DDD:

- Made planning tools for case managers,
- Offered trainings for case managers, providers, and others on person-centered thinking, and
- Offered trainings on Charting the LifeCourse (also called LifeCourse) on how to support a full life for people with disabilities.

These activities focused on helping people with disabilities have the lives they want.

Some people with disabilities live in places like adult foster homes in the community. Some people with disabilities live at home with their families or on their own and get other services like adult day health. All these homes

and services had to comply with the final rule. DDD created tools to help service providers understand the rule and what changes they needed to make. DDD staff worked with service providers to make sure they followed the final rule.

To meet the final rule, DDD also wanted to better understand how people were using services in the community. To do this, DDD:

- Added a service called Community Learning Service, and
- Built ways to track information in the new information technology system called INSPIRE.

Changing Services

Why did DDD want to make changes to services?

DDD wanted to help people with disabilities live the life they want. To do this, DDD made changes to the services it offered. These changes were meant to create more options for people to be part of their community and increase their choice and control.

What actions did DDD take to change services?

Between 2016 and 2022 DDD made many changes to the services they offered. DDD hoped that the changes would give people more choice, control, and access to their communities. Here are examples of the things DDD changed:

- In 2016 Residential Habilitation (ResHab) was added back as a service. It had been removed as a service in 2011. ResHab was meant to support people in their homes.
- Designed a way for people to have an individual supports budget, based on their assessed support need, to make choices about the services they needed and wanted to reach their goals.
- Community Learning Service (CLS) was created to help people explore and engage in their communities. There are two types of CLS. One for individuals (CLS-I), and one for groups (CLS-G).
- Community Navigator was added to help people navigate their communities and make connections with people.
- Updated employment services to help people explore options for jobs in the community.

- Completed a rate study and updated the rates that service providers are paid. Before the rate study, service rates had not changed in 12 years.

There were also changes to services because of the COVID-19 pandemic. Here are examples of the changes due to COVID-19:

- DDD got money from the federal government to help during the pandemic. DDD used part of the money to pay service providers more.
- DDD started doing virtual appointments during COVID-19 to help keep people safe and healthy.

DDD has service standards that service providers must meet. Since 2016 DDD has worked to make service standards more detailed. DDD hopes this will help service providers understand what is expected and make services better for individuals.

DDD also looked at the way people first access services at DDD. People said that it can be a complicated process. To make this process smoother, DDD is trying to streamline enrollment, add more people who can do the eligibility assessment, and give people more information about what is available when they first reach out.

Updating the System

Why did DDD want to update the system?

DDD wanted to update the system overall and make sure that it was keeping up with current trends in services. This is also sometimes called “innovation” or “modernization”.

What actions did DDD take to make the system more modern?

To give people with IDD more access to jobs, Hawaii became an Employment First state. DDD worked with local organizations to create employment opportunities for people with disabilities.

DDD created INSPIRE, a new information technology solution, to support case managers in their work as well as track overall system information. Before INSPIRE case managers did a lot of work on paper and it was not very efficient. DDD can track data and create reports with INSPIRE. This data is helpful for DDD, case managers, and providers. The data helps them learn about the services they provide, and the people they serve.

The Dental Branch is part of DDD and serves many people with IDD. Starting this year, the Dental Branch can give preventative care for people with disabilities and others. Before, people with disabilities could usually only access emergency dental care.

DDD also operates a neurotrauma program that helps people who have:

- Traumatic brain injuries
- Disabilities due to a stroke
- Spinal cord injuries

The neurotrauma program has a small amount of funding to help people with these conditions. This program does not offer case management or direct services but does a lot of community outreach and awareness.

American Rescue Plan Act

What is the American Rescue Plan Act?

The American Rescue Plan Act (also called ARPA) was created by the federal government. States could use ARPA funding to enhance, expand, and strengthen home and community-based services. DDD developed a plan to use this additional funding to improve the service system. This additional funding is only available for the next few years.

What actions did DDD take to use the ARPA funding?

DDD worked with the IDD community to create a plan with 5 priority areas.

1. Supports for participants and families.
2. Supports for service providers.
3. Strengthen the workforce that support people with disabilities.
4. Improve protections for health, safety, and well-being.
5. Strengthen the service system.

DDD has specific actions under each area that it will focus on over the next few years. The developments related to ARPA activities will be included in this study.

Next Steps in the Study

Now that we know the activities that DDD did over last few years, we will study what happened as a result. We want to know:

- What happened for people?
- What can DDD do to improve in the future?

To do this we will review sources of information such as:

- Service use over time
- Support needs of those who use services.
- Service costs over time.
- Requests for additional services.

We will also partner with the Center on Disability Studies at the University of Hawai'i at Mānoa to hold focus groups. We aim to have focus with the following groups:

- People who use services
- Families
- Service providers
- Case managers
- Caregivers

Focus group meetings will be held in person as well as virtually.

At the end of the study, we will write a final report. The final report will include what we found and recommendations for the future. We will learn along the way about what is working and what adjustments might be made to improve the system of supports for people with IDD and their families.