

A decorative graphic consisting of two overlapping diamonds. The outer diamond is black and the inner one is a lighter teal color. They are centered behind the main title text.

Project and Stakeholder Assessment and Change Management Plan

DOJ Settlement Phase 2 Project

Agenda

- Purpose
- Defining Change Management
- ADKAR
- Change Readiness Assessment
- Change Management Plan
- Next Steps

Purpose

The purpose of this presentation is to introduce a Change Management Plan for the DOJ Settlement Agreement that will standardize processes, methods, tools, and measurements to drive success.

What is Change Management?

Change management is the process, tools and techniques to manage the people side of change to achieve the following:

- Minimize challenges
- Increase engagement
- Improve performance
- Enhance innovation
- Enhance speed of adoption

The Five Building Blocks for Successful Change



Awareness



Desire



Knowledge



Ability



Reinforcement®

Individual Change Management Outcomes

When you create:

You hear:



Awareness

“I understand why...”



Desire

“I have decided to...”



Knowledge

“I know how to...”



Ability

“I am able to...”



Reinforcement

“I will continue to...”

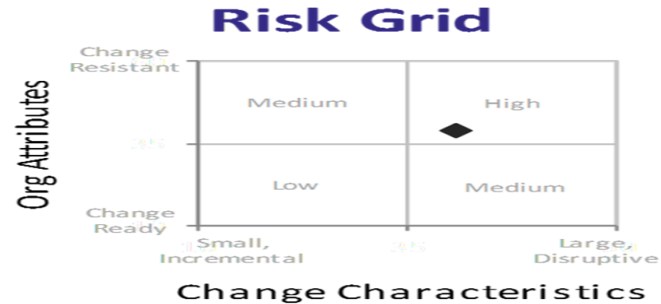
Assessing Change Readiness

The next slide was created using a Change Readiness Assessment Tool and is focused on the following:

- Understanding the project risk.
- Whose impacted?
- What are the barriers?

Change Readiness Assessment

Project Risk Assessment



Risk quadrant:

High

Impacted Groups

Executive Team

Accountable Executives

DBHDS Frontline Employees

CSBs

Provider Community

Impact on Employees and Stakeholders

- **Mindsets/Attitudes/Beliefs**
- **Processes**
- **Critical behaviors**

ADKAR Barrier Points

- **Awareness**
- **Reinforcement**

What is Needed?

- A change management plan is essential to ensuring the appropriate methods of communication are identified and utilized to disseminate appropriate information and surmount challenges.
- The next slides will focus on the Change Management Plan and Strategy which includes a Communications Plan, Sponsorship Plan/Roadmap, Coaching Plan and the Stakeholder Re-Engagement Plan.

Communications Plan

The purpose of the Communications Plan is to lay out an effective communication strategy around the changes needed to successfully exit the DOJ SA and positively impact the developmental services community.

Communication is a critical component of change management and has the most impact on Awareness, Desire and Reinforcement (with opportunities for message reinforcement in Knowledge). The Communication Plan includes key message/ talking points.

Examples of Key Messages/Talking Points

Message Focus	Key Question or Concern	Message Content
About the business today	Current situation and rationale for the change (business issues or drivers, legal issues, customer issues, financial issues)	<p>The purpose of the settlement is to improve the lives of individuals supported by DBHDS and its partners through providing services in a manner that:</p> <ul style="list-style-type: none"> •Ensures their health, safety and wellbeing •Effectively includes and integrates them into the best possible community settings; and •Holds providers to a high standard of competency and optimum capacity •Assures high quality
Messages about the change	Vision of the organization after the change takes place	<p>DBHDS's vision is to ensure a life of possibilities for all individuals. This assures that individuals have access to high quality needed supports and services to live a life like yours and mine with the opportunities to be fully integrated and a part of their community with friends, family and people who care about and support them for who they are.</p>

Sponsorship Plan and Roadmap

The purpose of the Sponsorship Plan and Roadmap is to outline the key activities and responsibilities of the primary sponsor and other business leaders who are needed to support the change at each phase of the project.

The next slide will highlight the key sponsorship responsibilities at a high level.

Key Sponsorship Responsibilities

- Maintain momentum with the Project Team
- Continuously align leadership and manage challenges with Executive Managers and Stakeholders
- Reinforce and reward employees

Coaching Plan

The purpose of the Coaching Plan is to provide support for DBHDS frontline employees who interact with the CSBs and the Provider community as well as the CSBs and Providers.

These DBHDS frontline employees play a vital role in helping the CSBs and the Provider community successfully adopt the changes necessary to exit the DOJ Settlement Agreement.

Coaching Schedule

Activity	Responsible	Senior Leader	Schedule
Training – DOJ Settlement Agreement Overview(1.5 hours)	Tiffany Ford (with support from Primary Project Sponsor – Commissioner Land)	Heidi Dix	November 2020
Training – Adapting to Change: Defining Change Management(1.5 hours)	Tiffany Ford (with support from Primary Project Sponsor – Commissioner Land)	Heidi Dix	December 2020
Training – Building Change Competency in Your Organization(1.5 hours)	Tiffany Ford (with support from Primary Project Sponsor – Commissioner Land)	Heidi Dix	January 2021

Stakeholder Re-Engagement Plan

The purpose of the Stakeholder Re-Engagement Plan is to take a proactive approach to managing challenges.

Establishing general guidelines for managing challenges before they are encountered will increase the effectiveness of the overall change management plan.

Stakeholder Re-Engagement Plan (Continued)

- Meet with DBHDS frontline employees, CSBs and Providers face-to-face to address challenges.
- After meeting with these stakeholders the following Stakeholder Re-Engagement process should be followed:
 - Diagnose the root cause of challenges.
 - Address the root cause of this challenge through personal coaching.
 - Provide ongoing coaching opportunities and gather feedback from the employee or manager over a defined period of time.
 - Communicate the consequences of not supporting the change.
 - Implement those consequences.
- As much as possible engage all the people managers at all levels of the change.

Next Steps:

- Tiffany will provide the three trainings outlined in the Coaching Plan and start offering the trainings on November 10, 2020.



Thank You

Settlement Agreement Update

- 17th Review Period Study Areas
 - Serving Individuals with Intense Behavioral Needs
 - Includes individual reviews of the QSR sub-sample
 - Integrated Day Activities and Supported Employment
 - Includes individuals reviews of the Support Coordinator Quality Reviews
 - Quality and Risk Management
 - Includes all of section V of the Settlement Agreement
 - Case Management – largely the Support Coordinator Quality Reviews
 - Transportation
 - Regional Support Teams
 - New this study period IR implemented the Data Monitoring Questionnaire for Data Validation specific to compliance indicator metrics.
- Anticipate the report will be posted on the DBHDS website by December 15th 2020.

Office of Licensing

Update on DOJ Indicators

October 2020



Virginia Department of
Behavioral Health &
Developmental Services

This year in the Office of Licensing



- COVID
- Incident Management Unit statewide
- Special Investigations Unit statewide
- Final DOJ Regulations became effective.
- Internal protocols
- Guidance documents
- Provider Training
- Weekly ALL staff meetings
- Designing new OL information system

Implementation of Final Regulations



- **Effective Date: August 1, 2020.**
- However, grace period until **November 1, 2020** so that providers have time to train staff and implement the requirements within the final permanent regulations.
- During grace period, Office of Licensing will not enforce new regulatory provisions that are more strict than emergency regulations

Regulatory Update – Guidance Documents



- [Guidance on Corrective Action Plans](#) – effective 8/22/20
- [Guidance on Incident Reporting Requirements](#) – effective 8/22/20
- [Guidance for Risk Management](#) – effective 8/27/2020
- [Draft amendments](#) to Guidance for Quality Improvement Program published on Regulatory TH.
 - 30 day public comment period from 9/28/20-10/28/20.
- [Draft amendments](#) to Guidance for Serious Incident Reporting published on Regulatory TH.
 - 30 day public comment period from 9/28/20-10/28/20

V.G.3 – Ensuring adequacy of Supports



- The Commonwealth shall ensure that the licensing process assesses the adequacy of supports and services provided to individuals with DD receiving services licensed by DBHDS.
- The Office of Licensing is tasked with monitoring providers' compliance with the Rules and Regulations for Licensing Providers. This involves monitoring the adequacy of individualized supports delivered by the provider.

DOJ Indicators for V.G.3



Indic #	Indicator Text	Names/links to documents that are responsive to SA indicators
1	The DBHDS Office of Licensing (OL) develops a checklist to assess the adequacy of individualized supports and services (including supports and services for individuals with intensive medical and behavioral needs) in each of the domains listed in Section V.D.3 for which it has corresponding regulations. Data from this checklist will be augmented at least annually by data from other sources that assess the adequacy of individual supports and services in those domains not covered by the OL checklist.	<ul style="list-style-type: none"> • AOS crosswalk • Additional Temporary Changes to OL Remote Inspection Protocol • Mandatory Checklist for all annual visits for Providers of DD services • DD Provider Inspections
2	2. The DBHDS Office of Licensing uses the checklist during all annual unannounced inspections of DBHDS-licensed DD service providers, and relevant items on the checklist are reviewed during investigations as appropriate. Reviews are conducted for providers at least annually pursuant to 12VAC35-105-70.	<ul style="list-style-type: none"> • Additional Temporary Changes to OL Remote Inspection Protocol • Mandatory Checklist for all annual visits for Providers of DD services • DD Provider Inspections
3	3. DBHDS informs providers of how it assesses the adequacy of individualized supports and services by posting information on the review tool and how it is assessed on the DBHDS website or in guidance to providers. DBHDS has informed CSBs and providers of its expectations regarding individualized supports and services, as well as the sources of data that it utilizes to capture this information.	<ul style="list-style-type: none"> • Additional Temporary Changes to OL Remote Inspection Protocol
4	The DBHDS Office of Licensing produces a summary report from the data obtained from the checklist. On a semi-annual basis, this data is shared with the Case Management Steering Committee and relevant Key Performance Area workgroups. These groups evaluate the licensure data along with other data sources, including those referred to in indicator #1, to determine whether quality improvement initiatives are needed. A trend report also will be produced annually for review by the QIC to ensure that any deficiencies are addressed. If improvement initiatives are needed, they will be recommended, approved, and implemented in accordance with indicators 4-6 of V.D.2.	<ul style="list-style-type: none"> • Shared with Groups in August

V.G.3 – CROSSWALK



ASSESSING THE ADEQUACY OF INDIVIDUALIZED SUPPORTS 8 DOMAINS LICENSING REGULATION CROSSWALK Private Providers			
V.G.3	Within 12 months of the effective date of this Agreement, the Commonwealth shall ensure that the licensure process assesses the adequacy of the individualized supports and services provided to persons receiving services under this Agreement in each of the domains listed in Section V.D.3 above and that these data and assessments are reported to DBHDS.	Non Compliance	The DBHDS Licensing process has not yet incorporated protocols that include assessing the adequacy of the individualized supports and services provided
8 Domains The Commonwealth shall begin collecting and analyzing reliable data about individuals receiving services under this Agreement selected from the following areas in State Fiscal Year 2012 and will ensure reliable data is collected and analyzed from each of these areas by June 30, 2014. Multiple types of sources (e.g., providers, case managers, licensing, risk management, Quality Service Reviews) can provide data in each area, though any individual type of source need not provide data in every area		Regulations that will be reviewed to demonstrate provider's level of compliance in each domain Data will be aggregated to determine overall compliance ratings	
Safety and freedom from harm (SA examples include: neglect and abuse, injuries, use of seclusion or restraints, deaths, effectiveness of corrective actions, licensing violations)		12VAC35-105-160 C 12VAC35-105-160 D2 12VAC35-105-160 E 12VAC35-105-665 A.6 12VAC35-105-780.5	

V.G.3 – Aggregate Report (other than CM services) 1/1/2020 - 6/30/2020



Provider other than CM				
Domain	Regulation Number	Number Of Compliance	Total Reviewed	Percentage Compliance Over Reviewed
Access to Services	645.B.1	684	757	90.36%
	645.B.2	669	740	90.41%
	645.B.3	667	737	90.50%
	645.B.4	653	744	87.77%
	645.B.5	640	739	86.60%
	693.C	495	700	70.71%
	Subtotal	3808	4417	86.21%
Avoiding Crises	665.A.7	446	749	59.55%
	Subtotal	446	749	59.55%
Choice and self-determination	660.D	657	805	81.61%
	675.D.3	656	801	81.90%
	Subtotal	1313	1606	81.76%
Community Inclusion	610	674	735	91.70%
	Subtotal	674	735	91.70%

V.G.3 – Aggregate Report (other than CM services)

1/1/2020 - 6/30/2020



Domain	Regulation Number	Number Of Compliance	Total Reviewed	Percentage Compliance Over Reviewed
Physical, mental & behavioral health and well-being	675.A	730	835	87.43%
	675.B	696	817	85.19%
	675.C	751	825	91.03%
	810	407	716	56.84%
	Subtotal	2584	3193	80.93%
Provider Capacity	450	656	838	78.28%
	665.D	709	749	94.66%
	Subtotal	1365	1587	86.01%
Safety & Freedom From Harm	160.C	673	824	81.67%
	160.D.2	695	961	72.32%
	160.E	645	831	77.62%
	665.A.6	611	781	78.23%
	780.5	573	764	75.00%
	Subtotal	3197	4161	76.83%
Grand Total		13387	16448	81.39%

V.G.3 – Aggregate Report (CM services) 1/1/2020 - 6/30/2020



Domain	Regulation Number	Number Of Compliance	Total Reviewed	Percentage Compliance Over Reviewed
Access to Services	1240.6	40	42	95.24%
	Subtotal	40	42	95.24%
Avoiding Crises	665.A.7	22	37	59.46%
	Subtotal	22	37	59.46%
Choice and self-determination	1255	5	5	100.00%
	660.D	36	38	94.74%
	675.D.3	35	39	89.74%
	Subtotal	76	82	92.68%
Community Inclusion	1240.1	37	37	100.00%
	1240.4	39	39	100.00%
	Subtotal	76	76	100.00%

V.G.3 – Aggregate Report (CM services) 1/1/2020 - 6/30/2020



Domain	Regulation Number	Number Of Compliance	Total Reviewed	Percentage Compliance Over Reviewed
Physical, mental & behavioral health and well-being	1240.11	40	41	97.56%
	1240.4	39	39	100.00%
	Subtotal	79	80	98.75%
Provider Capacity	1240.5	41	41	100.00%
	Subtotal	41	41	100.00%
Safety & Freedom From Harm	1240.12	38	38	100.00%
	1240.7	43	43	100.00%
	160.C	38	39	97.44%
	160.D.2	38	49	77.55%
	160.E	41	42	97.62%
	665.A.6	32	40	80.00%
	Subtotal	230	251	91.63%
Stability	1245	43	47	91.49%
	Subtotal	43	47	91.49%
Grand Total		607	656	92.53%

Retrospective analysis of Health and Safety CAPs

December 2019 – August 31 2020



V.C.6.A - For serious injuries and deaths that result from substantiated abuse, neglect, or health and safety violations, the Office of Licensing verifies that corrective action plans have been implemented within 45 days of their start date.

V.C.6.C On an annual basis, at least 86% of corrective action plans related to substantiated abuse or neglect, serious incidents, or deaths are fully implemented as specified in this indicator or, if not implemented as specified, DBHDS takes appropriate action as determined by the Commissioner in accordance with the Licensing Regulations. action plans have been implemented within 45 days of their start date.

- Fifty-One licensing reports were categorized as having health and safety concerns
- Only 1 visit was noted as not occurring within 30 business days. That was categorized incorrectly because the visit did occur within 30 business of the CAP being accepted by the specialist
- Fourteen of the licensing reports issued either had not yet been accepted or it had been less than 30 business days since the CAP had been accepted
- During the 30 day follow-up inspection, specialists found that 33/35 health and safety CAPs had been implemented as approved. Therefore, 94% of the CAPs had been implemented as pledged by the Provider which exceeds the expectation laid out in indicator V.C.6.C

** Please refer to Health and Safety Protocol. Health and Safety timelines begin when the CAP is approved. However, additional monitoring may occur prior to that time, if the specialist feels a visit is required sooner.

Regulations related to Risk and Quality



Reg	Number Of Compliance
160.C	The provider shall collect, maintain, and review at least quarterly all Level I serious incidents as part of the quality improvement program
160.D.2	Level II and Level III serious incidents shall be reported using the department's within 24 hours of discovery
160.E	A root cause analysis shall be conducted by the provider within 30 days of discovery of Level II and Level III serious incidents.
520.A	The provider shall designate a person responsible for the risk management function who has training and expertise in conducting investigations, root cause analysis, and data analysis.
520.B	The provider shall implement a written plan to identify, monitor, reduce, and minimize harms and risk of harm
520.C	The provider shall conduct systemic risk assessment reviews at least annually
520.D	The provider shall conduct and document that a safety inspection has been performed at least annually
620	The provider shall develop and implement a quality improvement program sufficient to identify, monitor and evaluate clinical and service quality and effectiveness on a systematic and ongoing basis. The program shall (i) include a quality improvement plan that is reviewed and updated at least annually;

Provider Compliance related to Risk and Quality



Diagnosis Group	Regulation Number	Number Of Compliance	Total Reviewed	Percentage Compliance Over Reviewed	Total Inspected	Percentage Reviewed Over Inspected
DD	160.C	822	1012	81.23%	1058	95.65%
DD	160.D.2	855	1013	84.40%	1058	95.75%
DD	160.E	788	1015	77.64%	1058	95.94%
DD	440	850	891	95.40%	1058	84.22%
DD	440.1	962	996	96.59%	1058	94.14%
DD	440.2	958	992	96.57%	1058	93.76%
DD	440.3	968	996	97.19%	1058	94.14%
DD	440.4	968	990	97.78%	1058	93.57%
DD	440.5	961	998	96.29%	1058	94.33%
DD	440.6	940	1000	94.00%	1058	94.52%
DD	440.7	963	999	96.40%	1058	94.42%
DD	440.8	971	993	97.78%	1058	93.86%
DD	440.9	862	1028	83.85%	1058	97.16%
DD	450	802	1017	78.86%	1058	96.12%
DD	520.A	921	1031	89.33%	1058	97.45%
DD	520.B	939	1032	90.99%	1058	97.54%
DD	520.C	818	1033	79.19%	1058	97.64%
DD	520.D	894	1031	86.71%	1058	97.45%
DD	520.E	862	1019	84.59%	1058	96.31%
DD	620	772	1033	74.73%	1058	97.64%

Actions Taken/Next Steps



Published guidance on serious incident, quality improvement, and risk management requirements	Providing more detailed Training in November
Developed written guidance to providers on conducting root cause analysis	Contracted with the Shriver Center
Developed written guidance to providers, including example scenarios, on developing, implementing, and monitoring corrective actions	Hired a QI/RM Specialist
Published written guidance for providers on developing and implementing the requirements of 12 VAC 35-105-620	Sent Provider information related to mandatory checklist
Developed Trainings – provided three in October	Look Behind reviews of OL Specialists
Regularly meeting with provider associations	Will be sending memo out to providers about most citations recommendations and more clarification on how compliance will be assessed

Questions



Quality Service Review Update

- HSAG new Contractor- QIO with extensive experience with CMS doing quality services reviews
- Two rounds of reviews to be completed with 100% of providers reviewed in each round.
- Round 1 QSRs initiated at the end of August and will continue through the end of November.
- Of the 562 providers, all but around 120 have been scheduled (difficulty in reaching providers to schedule). Information is posted on the Developmental Services webpage and has been sent out via the list serve.
- The 2532 PCRs are in progress (which include interviews with individuals, families, SC and provider staff in addition to a record reviews of SC and Provider)
- Reports will be provided inclusive of QI Plans

