Strategic Plan Update

March 2017

About this Plan

Process to Develop the Plan

Four groups were instrumental in developing the Strategic Plan:

• **Person- and Family-Centeredness Advisory Council** — The Advisory Council serves as a formal mechanism for members and families to collaborate with the Department to identify and implement person-centered practices.

• **HCPF Executive Team** — Department leaders who model, drive, and support person-centered culture change.

• **HCPF Champions** — Person-centered “ambassadors” who represent their division or section in identifying ways to incorporate the value of person-centeredness into Department business process, policies, and partnerships. Champions work in concert with the Executive Team and Advisory Council.

• **HCPF Core Project Team** — A cross-functional Department team responsible for planning and executing the person-centeredness work.

Our mission is to improve health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

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Between February and October 2015, one or more of the groups convened weekly to establish the values, strategies, and tactics that comprise this Plan.

**Alignment with Department Goals**

Consistent with the Department’s Vision and Mission, and with the goals set forth in the 2016 Department Performance Plan, the **Department’s Person- and Family-Centeredness Vision** is that the Department’s business processes, policies, and partnerships align with person-centered principles and that the Department respects and values the individual strengths, preferences and contributions of HCPF employees, providers, members and their families.

**Developments and Changes**

In March 2016, the Department received a second grant from The Colorado Health Foundation to continue our work improving member and family engagement. This funding allows us to collaborate with external partners on person- and family-centered practices and projects. This funding also supports the continued work of our Strategic Plan for person- and family-centeredness developed in the first phase of this effort. As a result of this additional funding, the Strategic Plan continues to be amended to include new projects.
### HIGH-LEVEL SNAPSHOT: PERSON-CENTEREDNESS STRATEGIC PLAN

**HCPF Vision:** Coloradans have integrated health care and enjoy physical, mental and social well-being

**Mission:** Improving health care access and outcomes for the people we serve while demonstrating sound stewardship of financial resources.

**2016 Goals:** Improve health for low-income and vulnerable Coloradans; Enhance the quality of life and community experience of individuals and families; Reduce the cost of health care in Colorado

**Department Values:** Person-Centeredness / Accountability / Continuous Improvement / Employee Engagement / Integrity / Transparency

**Person-Centeredness Vision / Goal:** the Department’s business processes, policies, and partnerships align with person-centered principles and that the Department respects and values the individual strengths, preferences and contributions of HCPF employees, providers, members and their families.

#### EMPLOYEE ENGAGEMENT

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<th>INDICATOR</th>
<th>STRATEGY 1</th>
<th>STRATEGY 2</th>
<th>STRATEGY 3</th>
<th>STRATEGY 4</th>
<th>STRATEGY 5</th>
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<td><strong>Employees</strong> are sustainably engaged in their work at the Department.</td>
<td>Improve role clarity</td>
<td>Improve internal communications</td>
<td>Develop a culture of value for our employees (hiring, promotion, career development)</td>
<td>Increase employee connection and work/efforts to the Department mission</td>
<td>Develop &amp; sustain employee training programs that enhance engagement</td>
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#### EMPLOYEES’ COMMITMENT TO MEMBER

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<td>100% of managers work with their teams to identify at least one demonstrable change they will make to align their work with person-centered principles.</td>
<td>Core Competencies in individual performance plans will be amended to include competencies that reflect person-centered principles.</td>
<td>Connect all employees to the member</td>
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#### MEMBER ENGAGEMENT

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<td>50 communications, materials and program and policy decisions are vetted through the Department’s Advisory Councils per year.</td>
<td>Integrate person-centered language into written documents</td>
<td>Continue to develop and increase member participation and engagement in In-Person and Virtual Advisory Councils.</td>
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**Employee Engagement**

The strategies and tactics driving *employee engagement* were informed by the recommendations/core commitments set forth in two key internal reports. The first, a May 2015 Exit-Interview Report, called for increased internal communication, clearer career development pathways for employees, and support (training) for managers on providing performance feedback. Recommendations and core commitments outlined in a September 2015 Internal Communication Focus Group Report also strongly correlate to the strategies and tactics tied to Indicator 1. We are working with the Department’s Strategy section on an interim indicator since the Department of Personnel and Administration (DPA) survey measuring efficiency and waste is only conducted every other year. The Department is not actively pursuing the Gallup survey due to budget restrictions.

Developments since September 2016:

A draft interactive org chart was launched in January 2017 for employee review and feedback. Employees have responded that it is an engaging new tool, and we’re working toward being able to allow staff to make direct updates to their profiles.

The internal Champions group has been tasked with helping to improve Department onboarding processes by identifying some feasible ways in which employee onboarding can be improved.

Several new developments in internal communication have been developed and can be found in our Communication Plan.

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A supervisory training curriculum has been developed by Human Resources, and our Workforce Development Unit has plans to develop a coaching program for supervisors. In addition, the Department’s Flex Policy (flexible work hours and work from home) has been expanded. Workforce Development has also designed a Time-Crunched Manager course to launch in February 2017.

The Member Experience Workshop was launched in December 2016 through the internal Medicaid Learning Community. An online, micro-training module for person-centeredness was completed and launched in October, with other modules to follow. 27 employees have completed the training as of February 15, 2017.

The Department’s Employee Council has hosted several staff events which support outside causes such as the Denver Rescue Mission, and is sponsoring staff runners in the Colfax Marathon this year.

**Employee Commitment to Member**

Indicator #2 strives to engage all Department staff in person-centeredness, including those who do not have direct member interaction and may have trouble seeing how their work impacts member lives. A third strategy “Create a stronger internal business case for person-centered behavior” was added to this section to address employee buy-in for a person-centered approach.

Developments since September 2016:

A new core competency in person-centeredness has been added to every employee’s performance plan. A survey was launched in June 2016, which gave us a better picture of employee attitudes and comfort with this new requirement. In addition, the survey determined employee communication preferences to help us better connect with employees about the Person-Centered Approach. As a result, in-person visits were conducted across the Department with small sections or divisions to discuss the new core competency and answer any questions about it.

An expanded Champions group which includes Department “opinion leaders” was formally re-launched in January 2017, meeting every other

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month to help us refine our internal communication plan and strategize some ways to improve the onboarding process, connect employees to our members and create a stronger business case for person-centeredness. We are offering our Champions an opportunity to take a 2.5 hour training in Person-Centered Thinking with Bob Sattler of Support Development Associates in May 2017. This training will be funded by HB 15-1318 which supports IDD Waiver Redesign Work including the Community Living Advisory Group (CLAG) recommendations, person-centered practices and Conflict-Free Case Management.

The Department has integrated greater member focus by incorporating a Lean process into existing cross-agency Customer Experience projects.

**Member Engagement**

The goal of Member Engagement is for members and families serve as true advisors, with a structure in place that supports their participation in policy and program development, and demonstrating the Department’s commitment to be accountable to our members. The Advisory Councils provide the Department with a better understanding of how to achieve this goal by proactively offering feedback and recommendations on business practices, policies, and partnerships. The Department’s In-Person Advisory Council has completed its second successful year and the Virtual Advisory Council celebrated its one year anniversary. We continue to explore new ways of involving members as advisors Department-wide. [More information](#)

Developments since September 2016:

The In-Person Council has provided feedback on 60 items in fiscal year 2015-16, and 26 items since July 1, 2016. The Virtual Council has weighed in on 21 items since its inception in October 2015. We have revised our goal for Indicator 1 to “50 communications, materials, and program and policy decisions to be vetted through our Advisory Councils per year.” Based on feedback from In-Person Council members, we now strive for a balance of including 2-3 topics per meeting. The Virtual Council typically addresses the same topics each month, for a maximum total of 60 topics per year between both Councils.

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With the close of the two-year term for many of our original In-Person Council members, we have rotated five members off the Council and connected them to other opportunities for community engagement. Since December 2016, we have added four members to the In Person Council and one member to the Virtual Council. In addition, one member was moved from the Virtual to the In-Person Council. Recruitment for both Councils is ongoing.

After one-on-one conversations with members of our Virtual Advisory Council to evaluate the format of the Council and find out what improvements they would prefer, we have launched an online discussion board as an additional vehicle to receive feedback. We hope this more interactive format will help members feel more engaged with us and with each other. We will also be offering an opportunity in May 2017 for Virtual members to engage with In-Person members in a joint training in Person-Centered Thinking provided by Bob Sattler of Support Development Associates. Funding for this training comes from HB 15-1318, which supports IDD Waiver Redesign Work including the Community Living Advisory Group (CLAG) recommendations, person-centered practices and Conflict-Free Case Management.

Members have been involved in several Department testing efforts, including the client correspondence improvement project, as well as in Medical Services Board (MSB) meetings and the Medicare-Medicaid Program through the Accountable Care Collaborative (ACC).

**Member Experience**

Member Experience seeks to evaluate all touchpoints between the Department and its members. The data collected under each Strategy is expected to reveal opportunities for continuous improvement and transparency in these areas. Strategy 3 “Improve document readability, accessibility and usefulness” was combined with Strategy 2.

To begin the second phase of our continued member experience work, the Department solicited input from Member Experience Advisory Council members and other external stakeholders in early 2016. Council members and stakeholders all identified the member experience as the place with the greatest need for continued work. In the Fall of 2016, the Person-Centered Approach Core team began discussions with County Human Services Directors to determine some specific ways the grant dollars can support the work of improving the member experience at the county level. Based on feedback from County Human Services Directors from each region across the state, the Department
plans to hire a contractor to help us conduct feedback sessions with staff from County Departments of Human/Social Services and with medical assistance clients. The goal of the feedback sessions will be to identify feasible methods to improve the member experience in Health First Colorado (Colorado’s Medicaid Program) and Child Health Plan Plus (CHP+) at the county level.

The Member Contact Center is in the process of revamping their agent training program, which will incorporate plain language resources developed by an outside contractor for another project. Once the improved training is in place, the opt-in caller survey will be relaunched. The Advisory Councils have been very involved in giving feedback on discrete elements of the contact center experience.

The Department has begun the process of incorporating person-centered language into requirements, contracts, and training of outside vendors and contractors. The first step is the reinstatement of Contract Management Academy training offered through our Workforce Development section. Representatives from the Person-Centered Approach Core Team will also be involved in a pilot program to incorporate person-centered language into a few solicitations for vendors.

The Department has sought outside funding from The Colorado Health Foundation (TCHF) for a project to improve client correspondence. This funding was awarded in February 2017 and will be used to develop a sustainable, validated protocol to conduct member testing. The final protocol will be used by the Department and shared with our partners and stakeholders as a model for their testing efforts.

The new member handbook was launched in June 2016, incorporating feedback from the Advisory Council members and other consumers. A revised version was launched in November 2016 and a more detailed, long version of the handbook is being developed and will be launched online in June 2017.

For more information contact

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