Oregon Department of Human Services

SOQ Assessment

June 30th 2025

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Executive Summary

Executive Summary

Approach & Methodology

Policy Review and Alignment Assessment

- Conducted a comprehensive review of 220+ legislative mandates and 30+ Oregon Administrative Rules.
- Spoke with 50+ staff in either informational interviews or focus groups to extract qualitative insights on organizational challenges and resource needs.
- Interviewed external interest-holders, residents, and family members to collect perspectives from all impacted groups.
- Evaluated clarity, scope, and consistency of policies governing Safety, Oversight, Quality (SOQ) operations.

Operational & Cultural Review

- Administered an employee survey (115 responses) and analyzed 180+ free-response answers to identify cultural drivers, operational inefficiencies, and misalignments between policy and practice.

Interest-Holder Engagement & Vetting

- Facilitated 5 townhalls with staff, advocates, residents, families, and providers to vet findings, validate recommendations, and gather input on implementation timelines.

Findings

Insufficient organizational and operational structures lead to lack of alignment and trust, including challenges meeting statutory obligations.

- There is not a shared understanding of organizational responsibilities and priorities across SOQ staff.
- SOQ does not have sufficient policies, standard operating procedures (SOPs), training, or other supporting resources that operationalize its mission and guide staff activities.
- Many staff report frustrations with communication practices, performance management, management styles, and executive leadership.
- Many staff report frustrations with current staffing levels; and comparison to peer data indicates that certain positions and sub-units within SOQ may be understaffed (Community Based Care).
- SOQ does not routinely meet key oversight obligations such as completing timely survey visits or timely complaint investigations.
- SOQ has recently met the majority of its federal compliance standards that relate to nursing facility oversight.

Considerations

6-Step Foundational Approach

- To improve performance, SOQ should spend approximately a year fundamentally rebuilding the unit's structures.
- SOQ should consider following a 6-step approach, starting with understanding the obligations of the unit (as determined by statute) and then working collaboratively with staff to design and document how these obligations will be met (policy/ procedure design).
- To fully operationalize these revised procedures, SOQ should develop and stand up a new performance management structure that is based on clear job descriptions and meaningful organizational outcome metrics and individual performance metrics.
- This 6-step approach should be applied across each division within SOQ.

Tactical Recommendations

- Some operational opportunities are impactful enough that they should be pursued at an accelerated pace. SOQ should consider taking specific action to reduce the Community Based Care (CBC) complaint backlog and prevent it from recurring.
- Project management, workload estimates, and collaborative leadership is essential for transformational change.

Change Management

- SOQ staff morale is low, and this negative sentiment could prevent recommended changes from being successful. SOQ leadership should prioritize change management practices as a part of the rollout for any future changes.

Resources for Change

- SOQ should consider the need for up to 5 five full-time resources to support these recommendations.
- At least a year of planning and development will likely be needed before most changes can be implemented fully.

Executive Summary | Background

SOQ reports being in the midst of a multi-year, transformational effort to improve the unit's ability to promote resident safety.

Milestone

Current Director of the Office of Aging & People with Disabilities (APD) is appointed & safety is made a top priority.

Milestone

APD Strength Weaknesses Opportunities Threats Analysis (SWOT) Conducted

Milestone

APD Deputy Director of Safety and Oversight is hired.

Adult Protective Services (APS), Emergency Response, SOQ report to this position.

Milestone

Strengthening Safety and Regulatory Oversight Plan Drafted

Milestone

Alvarez & Marsal (A&M) is hired to complete SOQ Assessment

Milestone

A&M completes SOQ assessment

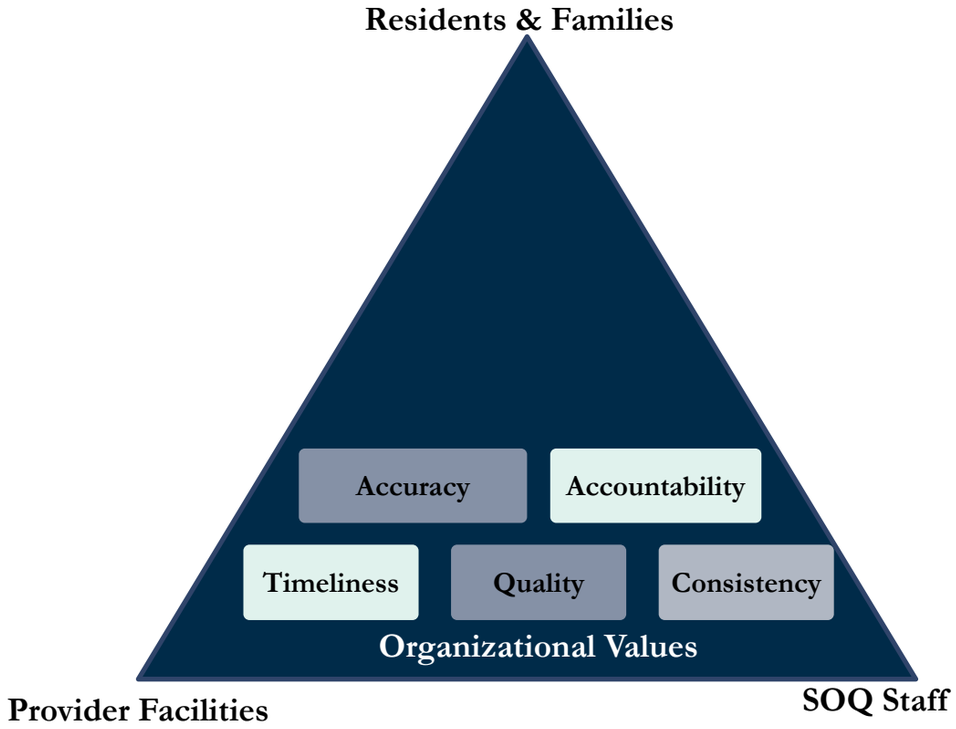
Executive Summary | Background

SOQ reports being in the midst of a multi-year, transformational effort to improve the unit's ability to promote resident safety.

SOQ's Leadership Shared with A&M that…

- Organizational leaders are committed to promoting an organizational culture that is **person centered,** and safety focused
- **Safety** is one of the top priorities for their system to address, and that problems have been accumulating for over a decade
- They recognize SOQ to be in a position where no "fast fixes" can meaningfully address organizational challenges, and that long-term investment is needed

SOQ Safety Transformation



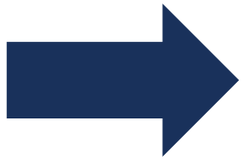
Executive Summary | Achieving Transformational Change

Transformational change requires an evolution of SOQ structures, including strategy, culture, process, and management approach.

Bridging the Gap Between Transaction and Transformation

Transitional or Adaptive Change

- "Retooling" the system and its practices to fit the new model
- Mergers, consolidations, reorganizations, revising systematic payment structures
- Creating new services, processes, systems and products to replace the traditional ones
- Writing policies and procedures



Transformational Change

- Fundamental reordering of thinking, beliefs, culture, relationships, and behavior
- Turns assumptions inside out and disrupts familiar rituals and structures
- Rejects controlling relationships in favor of co-creative partnerships

By naming and mapping system pressures and understanding how they interact, SOQ can begin to nudge the system towards transformational change. An example of a pressure that SOQ faces is conflict between some state compliance standards and some federal compliance standards.

Source: Types of Organizational Change & How to Manage Them | HBS Online, LifeCourse Nexus, citing Creating Blue Space, Hanns Meissner, 2013

Executive Summary | Framework for Success

To overcome the misalignment between statutory expectations and operations, SOQ should consider applying the following 6-step approach, focusing on the areas of greatest concern by sub-unit. This process will help SOQ align on core priorities and implement improved procedures. However, successful completion of these steps is not enough. To enable transformational change, The Oregon Department of Human Services (ODHS) must work towards revising the statutory framework that guides SOQ's work, securing adequate staffing, and practicing project management and change management.

1. Develop and Document Shared Regulatory Understanding

To begin the process of improving operations, SOQ should work across all levels of staff to review the organization's statutory mandates.

Policy staff and operations staff should work together to develop an understanding of how statutory expectations will be operationalized.

2. Develop Policies & Organization Structure

Once this understanding has been reached, SOQ should develop policies that document the scope and purpose of each sub-unit within the organization. This may result in reorganization of existing teams and structures.

3. Develop Standard Operating Procedures (SOPs)

After a framework of roles and responsibilities has been established for SOQ sub-teams, the organization should develop detailed standard operating procedures that reflect the revised statutory understanding and sub-unit roles. These processes should be supported by the development of training that educates staff on the main points of each process.

4. Set Performance Targets/ Organizational Outcomes & Job Roles

After SOPs are developed, SOQ should revise position descriptions to align with these new procedures and establish performance targets for both sub-units and individual staff. These performance targets should align with expected organizational outcomes for SOQ.

5. Establish Performance Tracking

Once the performance targets are decided upon, SOQ operations staff should work with sub-units to develop the data infrastructure needed to support ongoing performance tracking.

6. Implement Revised Expectations

Once the SOPs, position descriptions, and performance tracking is in place, SOQ should begin to implement the new procedures. As these changes are implemented, progress against the new performance measures should be measured. Additionally, implementation should be monitored, so that adjustments to the protocols can be made.

Project Management

Change Management & Collaborative Leadership

Adequate Staffing/ Workload Modeling

Legislative Reform (Statutory Framework)

Executive Summary | Considerations Matrix

This matrix shows how considerations that are specific to certain units or operational processes align with the 6-step framework. Often, a consideration to tackle a specific operational challenge within an SOQ division will require work across all 6 steps. Likewise, improving an aspect of the continuum (e.g. Policies) will likely touch the majority of operational areas that SOQ manages. (Considerations marked with a "R*" were first made in the Rapid Response Report.)

Status Key: ○ Not Started ● In-Process/ Existing Foundation to Build On

		Regulatory Understanding	Policies	Procedures	Org. Outcomes & Performance Targets	Performance Tracking	Implementation
Operational Areas	**Initial Licensing Survey**	● Include in statutory workshops, with a special focus on the impact of federal requirements and Acuity Based Staffing Tool (ABST) impacts[R*]	○ Develop scope and purpose policies that describe which SOQ-unit will operationalize the statutory mandates for this operational area	● Surveying Approach and Tools (Nursing Facility (NF) & Community Based Care (CBC) ○ Revisit Procedures (NF, CBC)	○ Establish organizational outcomes and performance targets for this operational area	○ Stand up data structures that are needed to measure and track the organizational outcomes and performance data	○ Implement changes with a focus on soliciting feedback throughout and making adjustments
	Kitchen Inspection	● Include in statutory workshops	○ Develop scope and purpose policies that describe which SOQ-unit will operationalize the statutory mandates for this operational area	● Kitchen Inspections SOP (CBC)	○ Establish organizational outcomes and performance targets for this operational area	○ Stand up data structures that are needed to measure and track the organizational outcomes and performance data	○ Implement changes with a focus on soliciting feedback throughout and making adjustments
	Renewal Licensing Application	● Include in statutory workshops ○ Pursue statutory changes [R*]	○ Develop scope and purpose policies that describe which SOQ-unit will operationalize the statutory mandates for this operational area	● Develop if additive to the Initial Licensing Surveying SOP	○ Establish organizational outcomes and performance targets for this operational area	○ Stand up data structures that are needed to measure and track the organizational outcomes and performance data	○ Implement changes with a focus on soliciting feedback throughout and making adjustments
	Complaint or Urgent Situation Follow Up	● Include in statutory workshops, with a special focus on the impact of federal requirements and ABST impacts[R*] ● Pursue statutory changes [R*]	● Develop IJ Determinations Policy [R*] ○ Develop scope and purpose policies that describe which SOQ-unit will operationalize the statutory mandates for this operational area ○ Consider local office/ Adult Protective Services (APS) collaboration changes	● Implement clear IJ protocols for CBC team [R*] ● Change ABST complaint approach [R*] ● Complaint Prioritization & Review (NF, CBC, Adult Foster Home (AFH)) ○ Heightened Scrutiny Provider Intervention (NF, CBC, AFH)	○ Establish backlog tracking metrics ○ Establish response time targets [R*]	○ Stand up data structures that are needed to measure and track the organizational outcomes and performance data	○ Implement changes with a focus on soliciting feedback throughout and making adjustments
	Manage Provider Corrections	● Include in statutory workshops ○ Pursue statutory changes [R*]	○ Develop unit-wide policy about provider-facing communications ○ Develop scope and purpose policies that describe which SOQ-unit will operationalize the statutory mandates for this operational area ● OPA Scope and Purpose Policy	● Revise LOA structure [R*] ● Corrective Action Protocols (NF, CBC, AFH) ● Enhanced Monitoring Program Protocols (CBC) ● Safety Meeting Protocols (NF, CBC, AFH) ○ Collaboration with APS (CBC) ○ Internal Communication Processes (Leadership/ Ops)	○ Establish organizational outcomes and performance targets for this operational area	○ Stand up data structures that are needed to measure and track the organizational outcomes and performance data	○ Implement changes with a focus on soliciting feedback throughout and making adjustments
	Enabling Recommendations	○ Change Management and Communication, Project Management, Workload Modeling/ Staffing,					

Executive Summary | 30 – 60 – 90 Day Plan

A substantial investment of time, resources, and attention is required for SOQ to achieve meaningful organizational outcomes. However, there are targeted early investments that can help build momentum and set the foundation for future success.

30-Day Actions

- ❑ Complete a detailed project plan
- ❑ Decide which change management assessments will be used and complete baseline assessments
- ❑ Kick-off statutory mandate review
- ❑ Host leadership retreat to discuss strategy, vision, and proposed path forward
- ❑ Identify people to support the implementation efforts
- ❑ Establish governance process for review (who will sign off on what; what are the review timeline targets)

60-Day Actions

- ❑ Begin rolling out consistent messaging around leadership's vision (informed by management retreat)
- ❑ Identify "quick wins" that can be implemented to improve current operations (ex. Templates for the reoccurring Safety Meetings, decision-making support tools, standard meeting agenda templates, new "scrum" meeting series to agilely address issues, etc.)
- ❑ Complete training on policy writing for SOQ staff
- ❑ Complete training on SOP development for SOQ staff
- ❑ Implement new communication practices meant to improve the quality of information shared
- ❑ Implement new strategies focused on building trust. These should be implemented within divisions and at the executive leadership level

90-Day Actions

- ❑ Reinforce vision and messaging
- ❑ Implement "quick win" items if not yet implemented
- ❑ Kick off Job Roles/ Performance Management work
- ❑ Kick off SOP development
- ❑ Kick off tactical recommendations (backlog, Acuity-based staffing tool (ABST), Corrective Action Coordinators (CAC) procedures)

Executive Summary | Suggested Implementation Resources

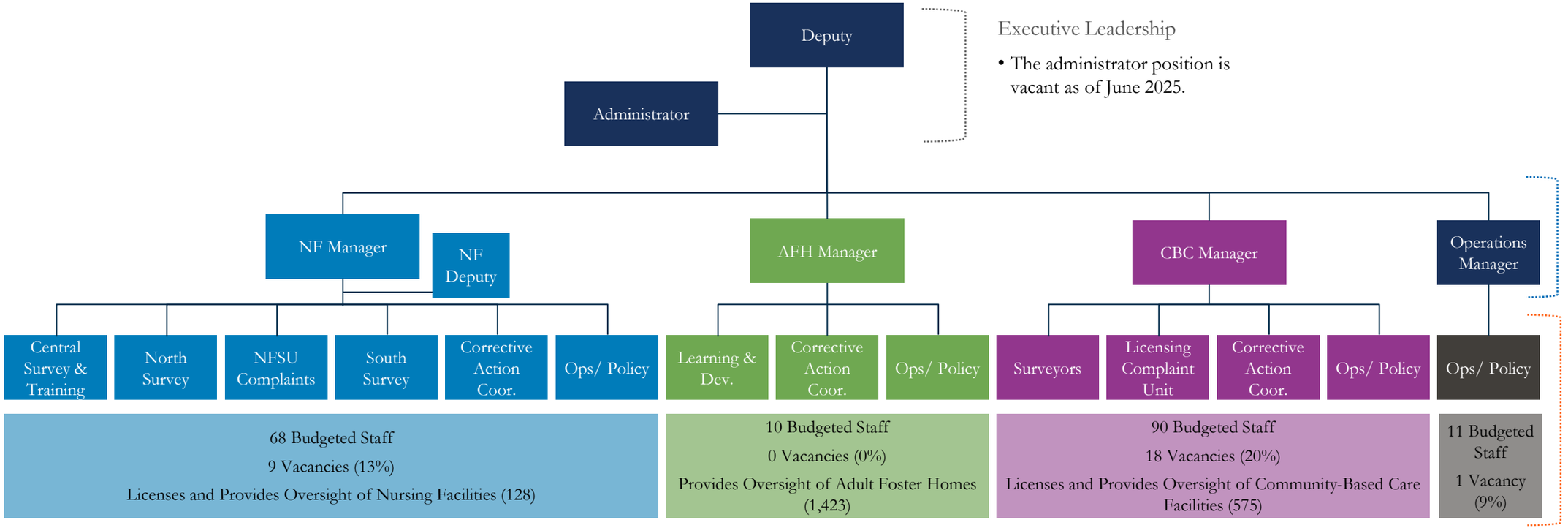
Focus	Full Time Equivalent (FTE) Resource Needed (12+ months)	Rationale
• Developing a project plan and managing to it • Standing up and managing review processes for work associated with this initiative • Developing change management supporting tools/ plans for review and use by leadership • Coordinating priorities for teams and leadership	**1 Project Manager/ Change Management FTE**	This FTE will be needed to help manage the overall project.
• Prepping for statutory workshops and documenting the outcomes • Contributing to SOPs/ reviewing for statutory alignment • Drafting new job descriptions based on revised expectations and processes	**1 Policy Analyst FTE**	This FTE will be needed to help promote alignment of SOQ operations with statutory expectations. At the beginning of the process, this FTE will be primarily focused on supporting the statutory workshops. Over time, the role will change to be supportive and a lower level of effort: reviewing SOPs and making updates to other impacted documents (like position descriptions). This FTE will likely be broken up into more than full time work for the first 6 months and less than full time work in the last 6 months.
• Facilitating operational process development • Writing SOPs • Standing up and managing performance data tracking	**1-2 Operations/ Data Analysts FTE**	These FTE will be needed to help collect performance data and establish the performance data tracking tools and processes.
• Team engagement and community building • Decision Making • Final Approvals • Union Management	**1 Leadership FTE**	This FTE will be needed to provide strategic leadership and support to the SOQ unit. This FTE will likely be composed of part time efforts from the current SOQ Deputy, the APD director, and division managers from within SOQ.

Background

Background | Organizational Overview

The Safety, Oversight, and Quality Unit (SOQ) operates within the Oregon Department of Human Services (ODHS) and is responsible for licensing, regulatory oversight, and complaint investigations for long-term care settings serving older adults and individuals with physical disabilities. Its scope includes ensuring compliance with state and federal regulations, conducting facility inspections, and enforcing corrective actions to safeguard resident health and safety. SOQ oversees multiple facility types, including nursing homes, adult foster homes, residential care facilities, assisted living facilities, and memory care units, with a focus on balancing technical assistance and enforcement to promote quality care.

SOQ Org Chart & Staffing Levels



Executive Leadership

- The administrator position is vacant as of June 2025.

Division Managers

- "Middle Managers"
- The operations manager sometimes takes on Executive Leadership tasks.
- The Division managers are responsible for each of their teams.

Sub-Unit Leads & Staff

- "Direct Supervisors"
- Each division has sub-units that have their own managers.
- These sub-units are responsible for completing oversight operations, such as issuing licensing conditions.

Notes: The nursing facility division has a deputy leadership position, a high-level policy analyst that provides additional leadership support to the NF Manager. The org chart presented here simplifies SOQ org's structure by excluding representation of administrative staff. Each division's supporting administrative staff is included in the Budgeted Staff counts. Additionally, the SOQ Executive Leadership team is supported by 1 admin. In total, SOQ has 183 total budgeted positions.

Background | Oversight Scope

SOQ oversees multiple facility types, including nursing homes, adult foster homes, residential care facilities, assisted living facilities, and memory care units, with a focus on balancing technical assistance and enforcement to promote quality care.

SOQ Oversight Responsibilities			
Setting Type	**Degree of Federally Prescribed Oversight**	**Description**	**SOQ Role**
Adult Foster Homes	Low	APD adult foster homes are licensed single-family residences. They offer 24-hour care in a homelike setting to older adults and adults with physical disabilities. Adult foster homes serve people with a wide variety of needs, from room and board only to full personal care.	SOQ central office manages provider oversight activities.
Community-Based Care Facilities	Low	Community-Based Care settings include Assisted Living Facilities (ALFs), Residential Care Facilities (RCFs) and Memory Care Communities. These facilities offer individualized services in home-like settings to older adults, people with disabilities and individuals with dementia or Alzheimer's disease.	SOQ central office completes licensing activities and provides ongoing oversight.
Nursing Facilities	High	Nursing facilities provide both short-term, rehabilitative care following hospitalization and long-term care for individuals who may need care for chronic illness or disability.	SOQ central office completes licensing activities and provides ongoing oversight.

Background | Context for the SOQ Final Report

ODHS sought an external consultant to conduct an independent review of SOQ in the Fall of 2024. A&M was selected as this vendor following a competitive procurement process managed through OregonBuys. The contract was intentionally administered by the ODHS/OHA Chief Audit Executive in the Internal Audit and Consulting Unit to enable objectivity of the assessment.

Precipitating Events:

- ODHS' long-term interest in evaluating and improving its licensing and regulatory activities for facilitates for older adults and people with physical disabilities.
- The ODHS Office of Aging and People with Disabilities (APD) in late 2023 combined all safety units — including SOQ — under a newly created leadership position, the APD Deputy Director of Safety and Regulatory Oversight to improve operations.
- The APD Deputy Director of Safety and Regulatory Oversight in 2024 developed a working two-year action plan to strengthen all safety-related functions, which included strategies for evaluations, performance improvements, and investments in increasing data-driven accountability and continuous quality improvement.
- The Oregon Office of the Long-term Care Ombudsman (LTCO) issued a report in April 2024 on a Sandy facility that also recommended a review of the state's licensing and regulatory functions
- Work to hire an external consultant began at the direction of Governor Tina Kotek, following the LTCO report's release.

Request of A&M:

- Complete an operational assessment of the SOQ Unit.
- Assist SOQ in ensuring responsive and effective application of regulatory requirements in service to the goals of consumer protection, provider compliance, transparency, and complaint management.

A&M Project Overview

- A&M's work lasted from December 2024 to June 2025.
- Two public reports were released:
  - Rapid Response Report – February 2025 [Click Here to Read]
  - Final SOQ Report – Summer 2025 [This Document]
  - The reports are complements to one another, with the Rapid Response Report focusing on statutory alignment, and the Final Report providing a more holistic view of SOQ operations. The Rapid Response Report preceded the Final Report, and, in the event of any inconsistencies between the two, the Final Report should be treated as the superseding perspective based on the most up-to-date information.
- One additional deliverable, a SWOT analysis, was completed by A&M in the Spring of 2024. This deliverable is comparatively less detailed than the Rapid Response Report and this Final Report, and it was not released publicly. The majority of the considerations developed in the SWOT are reflected in this report.

Rapid Response Report	Final Report (This Document)

• Regulatory Compliance
• Grounded in state statutory requirements related to:
  • Initial Licensing Reviews
  • Licensing Renewals
  • Abuse/ Complaint Investigations
• Included reviewing performance data and completing staff interviews
	• Inclusive of findings/ recommendations made in the Rapid Response Report
	• Prioritized understanding:
	  • Process strengths and weaknesses
	  • Workplace dynamics that impact productivity
	• Includes an implementation roadmap and more recommendation detail than the Rapid Response Report

Background | Road Mapping During a Time of Rapid Investment

SOQ is a rapidly evolving organization, and at the conclusion of this assessment process (June 2025), A&M is aware of several initiatives that are already underway that directly or indirectly address some of the findings documented in this report. This page provides a brief overview of current improvement initiatives. As SOQ reviews this report and evaluates its suggestions, adjustments to the proposed recommendations and implementation next steps ("Road Maps") may need to be made.

SOQ In-Process Initiatives | June 2025 Updates

Initiative	Customer Service/ Compliance	Resident Safety	Team Morale & Productivity
Staffing			
Licensing Complaint Unit (LCU) sub-unit manager and supervisor have been hired	☑	☑	☑
Policies and Procedures			
Statutory Workshop Planning	☑	☑	
LCU Strategic Plan			☑
Complaint Triage	☑	☑	
Suspicious Death Procedure		☑	
Letter of Agreement Protocol	☑		
APS Collaboration		☑	☑
Training/ Teambuilding			
LCU Training		☑	☑
Employee Engagement Plans			☑
Management Retreat			☑

Acronyms & Definitions

- **ABST:** Acuity-Based Staffing Tool
- **ADL**: Assistance with Daily Living
- **ADKAR:** Awareness, Desire, Knowledge, Ability, Reinforcement (change management model)
- **AFH**: Adult Foster Homes
- **APD**: Office of Aging and People with Disabilities
- **APS**: Adult Protective Services
- **CAC**: Corrective Action Coordinators
- **CBC**: Community-Based Care
- **CMS**: Centers for Medicare & Medicaid Services
- **FTE:** Full Time Employee
- **HCBS**: Home and Community-Based Services
- **IJ**: Immediate Jeopardy
- **Licensing Suspension**: Temporary withdrawal by ODHS of an agencies authorization to operate a specific setting or program
- **LCU**: Licensing Complaint Unit
- **LOAs**: Letters of Agreement (Type of compliance action currently managed by SOQ, similar to a corrective action plan.)
- **LTCO**: Long-Term Care Ombudsman
- **NF**: Nursing Facilities
- **NFSU**: Nursing Facility Survey Unit
- **OAR**: Oregon Administrative Rule
- **ODHS**: Oregon Department of Human Services
- **OPAs**: Operations & Policy Analyst
- **ORS**: Oregon Revised Statutes
- **PACE**: Program for All-Inclusive Care for the Elderly
- **ROSE**: Report of Serious Event
- **SOP:** Standard Operating Procedure
- **SOQ**: Safety, Oversight and Quality Unit
- **SWOT**: Strengths, Weaknesses, Opportunities, and Threat

Findings

Note

- Throughout this section, quotes from responses A&M received to the staff survey open ended responses are added to illustrate cultural sentiment. The formatting for those quotes matches the formatting of this callout box.

Findings | Findings Summary

As of May 2025, SOQ struggles to meet its obligations as a provider licensing and oversight office. This performance is likely a result of lack of alignment and trust that has emerged due to insufficient operational and organizational structures (statutory alignment policies, procedures, clear job roles, and performance management).

Insufficient Organizational and Operational Structures

Statutory Alignment

- Staff report varying levels of alignment between their operations and their statutory obligations. The CBC team has the lowest self-reported alignment.

Policies & Procedures

- A&M review of key policy and procedure documents for SOQ revealed gaps in their thoroughness and misalignment between processes as documented for the unit and processes as required by state law.
- When interviewed, many SOQ staff shared that they do not feel as though current policies adequately outline the organization's practices.

Job Roles

- 76% of SOQ staff surveyed report that they understand the expectations of their jobs. However, some positions report substantially lower understanding (50% or lower).

Performance Management

- The majority of SOQ staff surveyed report that current performance management practices make it hard to award high performers or discipline poor performers.

Staffing Levels

- Some evidence does suggest that the CBC division is understaffed. However, due to the lack of clarity around what is supposed to be done, and by whom, the unit is not well positioned to model its workload and estimate its staffing needs. While staff report that additional resources are needed, these resources will be most effective if revised operational protocols are implemented in tandem with any staffing level changes.

Lack of Alignment & Trust

Competing Priorities & Inconsistency

- Staff report that competing priorities and lack of clear protocols make it challenging for them to respond to emerging priorities. Some staff say that this results in rework. External partners report that this results in inconsistency.
- Many staff note differences between federal and state obligations and report difficulty navigating the two.

Understanding of Vision

- Fewer than a third of staff survey respondents indicate that they understand leadership's vision for SOQ as a whole.

Communication

- 38% of staff surveyed report that they trust the communications they receive from SOQ and APD leadership.

Management & Leadership Support

- Many staff, through both informational interviews and open-ended survey responses, indicated that they have a lack of confidence in their division management and SOQ executive leadership.

Organizational Performance

Recent Increases in Condition Issuance

- Since 2021, SOQ has increased the total volume of enforcement actions.
- This increase is driven by increased activity from the CBC unit.

Poor Survey Timeliness

- 8% of active CBC facilities and 3.3% of nursing facilities received a renewal survey visit within the state statutory expectations.

Poor Complaint Responsiveness

- The CBC unit carries forward a complaint backlog of 4000+ complaints that the unit has not been able to address in a timely way. Some complaints have been unaddressed for years.

Low Confidence in Investigation Quality

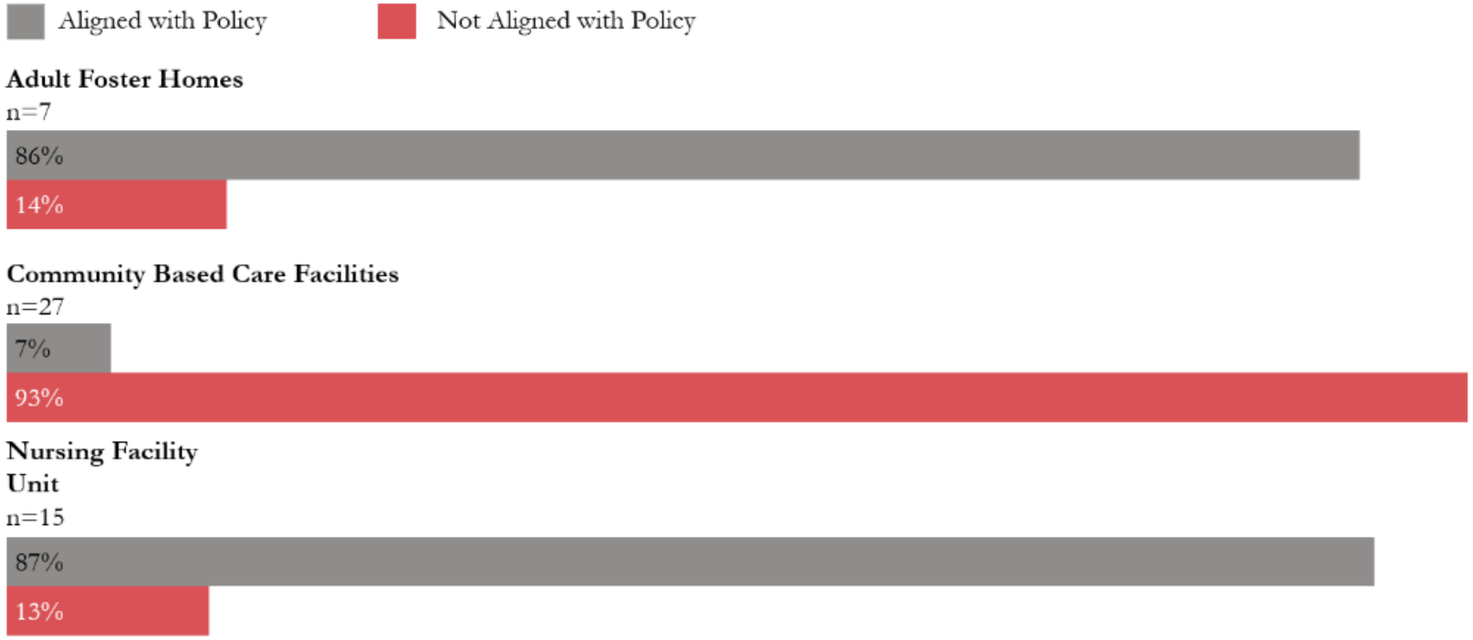
- Family members and APD staff shared concerns about the quality of SOQ's investigations into community-based care facilities.

Findings | Subsection Table of Contents

Findings | Statutory Expectations and Self-Reported Mis-Alignment

To document reported self-alignment, A&M reviewed interview notes for each interviewee and identified their assessment of each division within SOQ as being aligned or not aligned with policy. The figures on this slide show the results of this tabulation, which indicate a difference in perceived alignment across the three units. Interviewees reporting on AFH alignment generally expressed confidence in the correspondence between SOQ operations and legislative mandates. While interviewees addressing NF were also confident in its alignment with legislative mandates, a distinction was made between federal and state-level mandates. Regarding CBC, interviewees indicated it was not in alignment with regulatory expectations to the extent those expectations were understood. Those few respondents who felt CBC was successfully aligned noted that the survey teams in particular were most aligned.

Interview Findings | Self-Reported Alignment with Policy



Illustrative Responses from Staff

- "The [Report of Serious Event] ROSE policy [...] impacts SOQ [but was drafted] without seeking SOQs input. [...] [ROSE has many] inconsistencies and [does] not align with SOQs mandate."
- "[My job could be improved by…] Clear and consistent direction on how to implement policy. Clear direction on interpretation of OARs. Outcome based review - are we doing things just because? Or is there a desirable outcome evaluated?"

Findings | Policies & Procedures

Staff reported in informational interviews and in survey responses that they feel current policies and procedures are insufficient. A&M validated this by completing a review of key operational guides from the CBC unit. The figures on this slide show the difference in level of detail between the SOQ document (left) and a comparable federal document (right). The state document is less clear and does not include applied examples.

Excerpt from investigation guidance included in the *LCU Complaint Process Guide*

6. Observe the facility environment, facility staff, and residents as applicable and useful to the review to assess specific tasks, systems or areas related to the complaint as well as to identify potential root cause.
7. Keep the review focused on the complaint(s). At times other serious concerns will be identified in the course of the review. Follow up on those concerns as needed or refer as appropriate.
8. Request access to all known documents needed as applicable for review, including but not limited to:
    - Policies and procedures;
    - Medication administration records;
    - Resident care plans;
    - Staff training records; and
    - Maintenance and repair records.

Excerpt from investigation guidance included in the *CMS State Operations Manual*

Observe the physical environment, situations, procedures, patterns of care, delivery of services to residents, and interactions related to the complaint. Also, if necessary, observe other residents with the same care need. After determining what occurred, i.e., what happened to the resident and the outcome, investigate what facility practice(s) or procedures affected the occurrence of the incident.

EXAMPLE

It was verified through the investigation that a resident developed a pressure sore/ulcer which progressed to a Stage IV, became infected and resulted in the resident requiring hospitalization for aggressive antibiotic therapy. Observe as appropriate: dressing changes, especially to any other residents with Stage III or IV pressure sores; infection control techniques such as hand washing, linen handling, and care of residents with infections; care given to prevent development of pressure sores (e.g., turning and repositioning, use of specialized bedding when appropriate, treatments done when ordered, keeping residents dry, and provision of adequate nutritional support for wound healing).

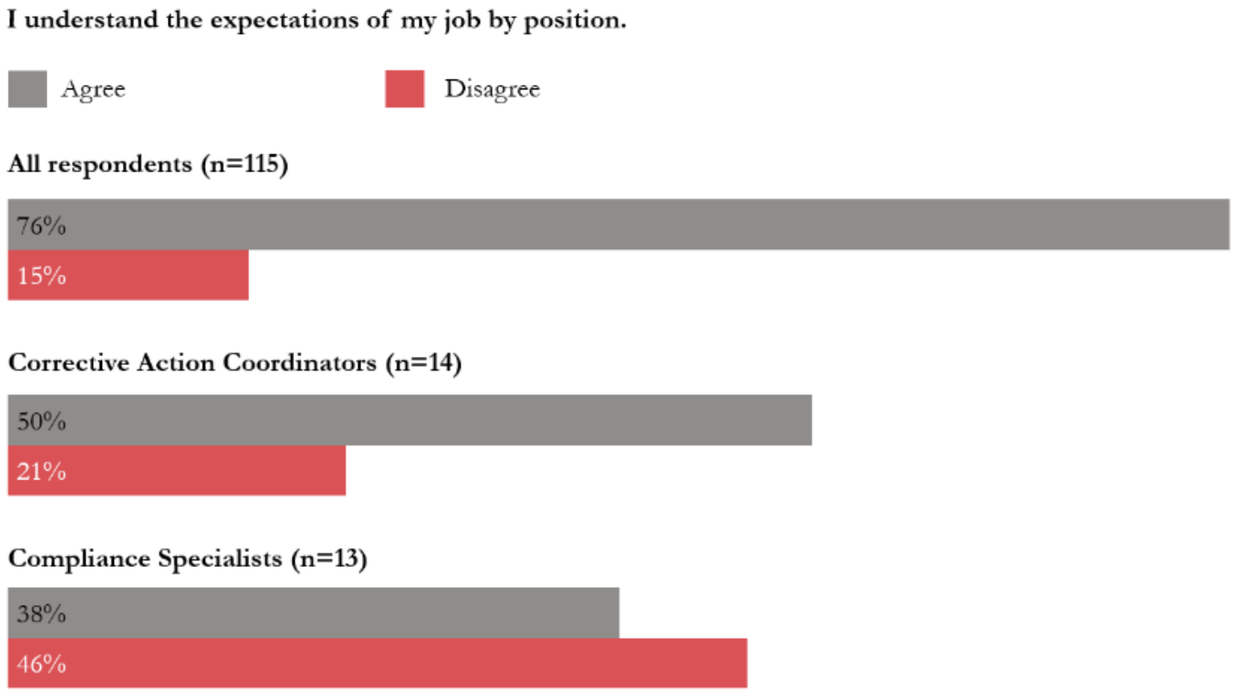
Illustrative Responses from Staff

- "We continue to ask for Policy and Procedures to be put in place prior to implementing new work, however that is NEVER done."
- "We need other departments within the CBC umbrella to complete their roles around assuring policies are current and in place."
- "[My job could be improved by…] Having policies and procedures in place and available to current staff, have training around policies and procedures."

Findings | Unclear Job Expectations for Some Staff

While the majority (>75%) of respondents indicate that they understand the expectations of their jobs, some position types self report less consistent understanding. Only half of Corrective Action Coordinators that responded to the survey indicate that they understand their jobs. Fewer than half of Compliance Specialists who responded indicate they understand their job.

Select Survey Results | Agreement with the statement, "I understand the expectations of my job," by position.



Notes: Survey findings reflect the responses to Likert scale questions. "Agree" includes respondents that selected "Agree" or "Strongly Agree". "Disagree" includes respondents that selected "Disagree" or "Strongly Disagree." The share of respondents that selected "Not Applicable/ Don't Know" or "Neither…" are not shown.

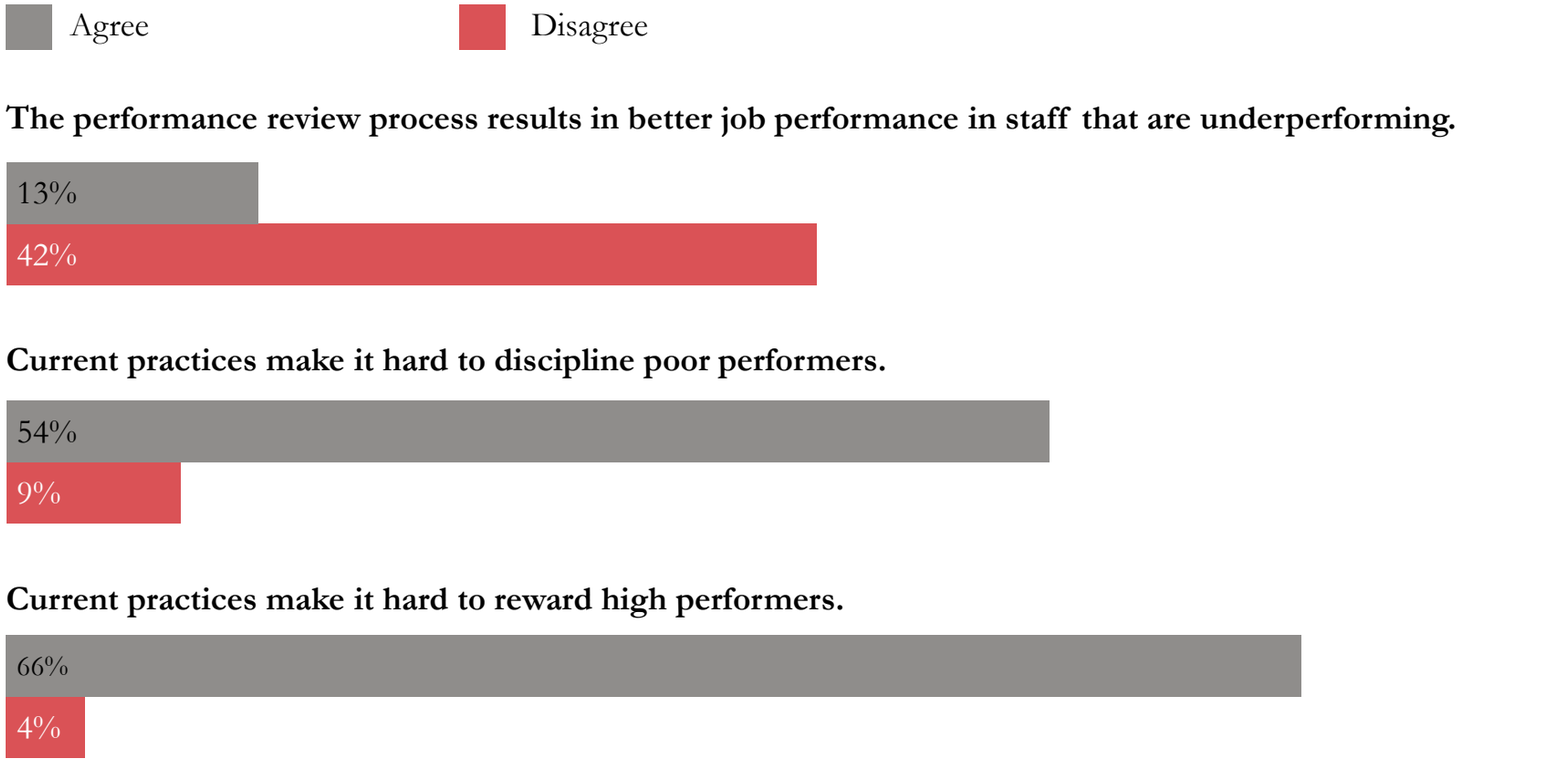
Illustrative Responses from Staff

- "More on the job training, job shadowing, clear communication around expectations of job duties, staff accountability."
- "[My job could be improved by…] Knowing the overarching expectations/duties of my position. Have consistent support to evaluate workload to ensure expectations/duties can be met."

Findings | Performance Management Practices

Survey results show that staff have little confidence in the efficacy of the performance management structures that SOQ has in place. Over half of survey respondents indicate that current practices make it hard to discipline poor performers. Fewer than a quarter of staff surveyed agree that the performance review process results in better job performance for staff who underperform.

Select Survey Results | Performance Management



Notes: Survey findings reflect the responses to Likert scale questions. "Agree" includes respondents that selected "Agree" or "Strongly Agree". "Disagree" includes respondents that selected "Disagree" or "Strongly Disagree." The share of respondents that selected "Not Applicable/ Don't Know" or "Neither…" are not shown.

Illustrative Responses from Staff

- "Poor performance is not held accountable from my point of view."
- "There are a lot of under performers in units that due to poor management have gotten away with not working."
- "Poor performance is rewarded with special treatment or promotion. Unprofessional behavior is ignored."

Findings | Staffing (1 of 5)

A&M performed a relative benchmarking exercise for surveyors within the SOQ unit to provide contextual information to ODHS leadership about which divisions within SOQ may be under resourced.

Absolute Benchmarking

Absolute benchmarking exercises evaluate the difference between the current state of an organization against a universal metric. The result of an absolute benchmark informs organizational leadership whether they are meeting a standard or not. Absolute benchmarks may be set into statute by a governing body (like a federal agency) or suggested by an organization (like an association). In state government staffing, absolute benchmarks are often either not available or not useful. Availability is limited because the inputs to absolute benchmarks must be somewhat static to draw utility from comparison.

Relative Benchmarking

A&M utilized relative benchmarks for this analysis, comparing SOQ Nursing Facility Division staffing levels to peer states to evaluate the starting hypothesis that SOQ staffing was relatively lean. Relative benchmarks at the office level have limitations. For appropriate comparison between two states' LTSS agencies, the agencies must be functionally equal in types of services performed, types of facilities operated, and types of programmatic decisions made. This is why A&M chose to base these comparisons on the NF division within SOQ; this group performs facility oversight that is expected to be comparable to peer states due to the strict federal standards. Department-level aggregate indicators can provide enough information for decision-makers to determine whether an agency is widely outside a normal range. SOQ should consider these findings in the context of the larger of body of work that the unit completes, and adjust conclusions based on the perceived relationship in workload complexity and volume between the different SOQ groups.

Benchmark States

Findings | Staffing (2 of 5)

This table shows how Oregon's budgeted staffing for surveyor positions compares to peer states, while using scales of Facilities per Surveyor and Beds per Surveyor to adjust for differences in workload amongst the states. Oregon's nursing facility unit is not understaffed compared to its peers, with a facility to surveyor ratio of 2.6. Washington has the most generously staffed unit amongst the sample with a ratio of 1.9. Wisconsin is staffed the leanest, with a ratio of 5.4. The largest ratio in the country is South Carolina's 11.8.

Relative Benchmarking | Budgeted Surveyors, Facilities, Beds and Comparative Ratios for Oregon and Peers

State	Budgeted Surveyors *(Includes Complaint Focused Surveyors)*	Facilities	Facilities per Surveyor	Beds	Beds per Surveyor
Nursing Facilities					
Colorado	52	218	4.2	19,980	384
Minnesota	78	349	4.5	24,920	319
Missouri	190	515	2.7	53,506	282
Washington	107	200	1.9	19,296	180
Wisconsin	64	346	5.4	26,562	415
Oregon	**49**	**128**	**2.6**	**10,496**	**214**

Data Notes: Data for CO, MN, MI, WA, and WI was collected from National Consumer Voice for Quality Long-Term Care. *Uninspected and Neglected: The Case for Reforming Federal and State Oversight of Nursing Homes.* 2021. Data for Oregon was collected from facility data sets and an org chart provided to A&M by SOQ in December of 2024. The Uninspected and Neglected Report classifies workers that complete licensing surveys and licensing complaint follow-up as surveyors. Therefore, A&M consolidated SOQ staff that work on complaints and surveys into the "surveyor" category. In the chart above, the OR budgeted surveyor column includes the total count of staff with a variety of position titles that either complete survey visits, work on complaints, or manage a survey or complaint team.

Illustrative Responses from Staff

- "It's not all about the staffing a lot is actually holding people accountable to complete the job as required."
- "The lack of a clear, sustainable plan for staffing is concerning, particularly when leadership promotes work-life balance and employee assistance programs while allowing [leadership], and others to become overwhelmed by excessive work demands. This disconnect between leadership messaging and the reality of staff experiences is disheartening and erodes trust in leadership."

Findings | Staffing (3 of 5)

Comparison of staffing ratios across CBC and NF suggest that CBC may be understaffed. This table presents three scenarios that show CBC surveyor staffing levels based on the assumed level of effort of CBC work relative to NF work. For instance, if CBC work per facility is expected to be half as challenging as NF work per facility, Oregon should budget for 110 CBC surveyors. The significant difference in facilities per surveyor ratios for CBC (9.9) and NF (2.6) indicate CBC staffing may be insufficient. (Note: One difference in workload between NF and CBC are revisits. Click here to read more about CBC revisit volume.)

Relative Benchmarking | Budgeted Surveyors, Facilities, Comparative Ratios, and Relative Complexity Estimates for CBC and Peers

State	Budgeted Surveyors *(Includes Complaint Focused Surveyors)*	Facilities	Facilities per Surveyor
Nursing Facilities			
Oregon NF	**49**	**128**	**2.6**
Community Based Care (ex. Assisted Living Facilities)			
Oregon CBC Actuals	**58**	**575**	**9.9**
Oregon CBC Est. Same Level of Effort per Facility	220	575	2.6
Oregon CBC Est. 50% Level of Effort per Facility	110	575	5.2
Oregon CBC Est. 25% Level of Effort per Facility	55	575	10.4

The CBC team and NF team have very different facilities per surveyor ratios (9.9 and 2.6). While some variation is expected due to differences in the settings that each group manages, the degree of the differential indicates that CBC does not have enough surveyors.

These three estimates show the number of surveyor positions CBC would need if SOQ chose to staff CBC proportionally with NF staffing. For example, CBC currently has 58 surveyor positions, which is a staffing level that is around 25% of nursing facility staffing.

Data Notes: Data for CO, MN, MI, WA, and WI was collected from National Consumer Voice for Quality Long-Term Care. *Uninspected and Neglected: The Case for Reforming Federal and State Oversight of Nursing Homes.* 2021. Data for Oregon was collected from facility data sets and an org chart provided to A&M by SOQ in December of 2024. The Uninspected and Neglected Report classifies workers that complete licensing surveys and licensing complaint follow-up as surveyors. Therefore, A&M consolidated SOQ staff that work on complaints and surveys into the "surveyor" category. In the chart above, the OR budgeted surveyor column includes the total count of staff with a variety of position titles that either complete survey visits, work on complaints, or manage a survey or complaint team.

Illustrative Responses from Staff

- "Either stop adding more responsibilities to the CBC unit or get legislation to approve more surveyor positions."
- "The number of facilities continues to increase, the number of revisits increases, and staff are retiring and some leave for more competitive pay in the private sector. We need 20 more surveyors to get caught up and keep up with the increasing number of facilities."

Findings | Staffing (4 of 5)

These tables compare Oregon's surveyor staffing vacancies to those of peer states and provide a breakdown of total budgeted position vacancies across SOQ divisions. Oregon's surveyor vacancy rates for NFSU and CBC are both higher than the peer state average, with the CBC unit at the upper end of the peer range—second only to Colorado (27%). When expanding the data to all budgeted positions, CBC maintains the highest vacancy rates amongst SOQ units. Information presented in both surveyor and total unit data suggests that vacancies and staffing challenges may be concentrated in the CBC unit.

State	Budgeted Surveyors *(Includes Complaint Focused Surveyors)*	Surveyor Vacancies (%)	Total Budgeted Positions	Total Vacancies (%)
Colorado	52	27%		
Minnesota	78	22%		
Missouri	190	12%		
Washington	107	8%		
Wisconsin	64	14%		
Peer State Average	**98.2**	**16.6%**		
Oregon NFSU Surveyors	**49**	**18%**	**68**	**13%**
Oregon CBC Surveyors	**58**	**22%**	**90**	**20%**

Surveyor Staffing Vacancies Across Peer States

Staffing data for Oregon's surveyor workforce indicates modest disparities in vacancy rates when compared to peer states. Surveyor vacancy rates for NFSU (18%) and CBC (22%) are both higher than the peer average of 16.6%. Though surveyor vacancy rates do not present an immediate issue, higher-than-average vacancies, especially in the CBC unit, can exacerbate other existing operational challenges.

Division	Budgeted Positions	Vacancies (%)
CBC	90	20%
NFSU	68	13%
SOQ Operations	11	9%
AFH	10	0%
SOQ Leadership Office	4	25%
Oregon	**183**	**16%**

Total Staffing Vacancies Across SOQ Units

Staffing data for SOQ's units demonstrate vacancy rates vary noticeably across divisions. The NFSU unit has a total vacancy rate of 13%, while the CBC unit's total vacancy rate is 20%. CBC's high total vacancy rate suggests that staffing pressures are likely more pronounced in the CBC unit, especially relative to other units.

Data Notes: Data for CO, MN, MI, WA, and WI was collected from National Consumer Voice for Quality Long-Term Care. *Uninspected and Neglected: The Case for Reforming Federal and State Oversight of Nursing Homes.* 2021. Data for Oregon was collected from facility data sets and an org chart provided to A&M by SOQ in December of 2024. The Uninspected and Neglected Report classifies workers that complete licensing surveys and licensing complaint follow-up as surveyors. Therefore, A&M consolidated SOQ staff that work on complaints and surveys into the "surveyor" category. In the chart above, the OR budgeted surveyor column includes the total count of staff with a variety of position titles that either complete survey visits, work on complaints, or manage a survey or complaint team.

Findings | Staffing (5 of 5)

This figure shows quarterly turnover across the SOQ team. The 20% of quarters with the highest turnover values are shown in red. Over the period shown, the average turnover rate per quarter is under 3%. However, specific position types and sub-units have turnover rates that far exceed those in certain quarters. Because replacing staff who leave is a time-consuming process, several quarters of high turnover in a row can have large operational impacts. For scale reference, federal workforce attrition rate reached a 5-year peak in FY 2022 at 7.6% (Our Public Service - Recent Trends, 2024). Note: Adult Foster Home Unit turnover is often subject to large swings, due to the small size of that unit.

		2022				2023				2024			
	Quarter:	1	2	3	4	1	2	3	4	1	2	3	4
SOQ	**All Positions**	**2.3%**	**3.0%**	**2.9%**	**4.2%**	**2.8%**	**2.8%**	**2.1%**	**2.1%**	**2.0%**	**2.0%**	**0.7%**	**0.7%**
NFSU	All Positions	0.0%	5.3%	1.8%	5.1%	0.0%	1.9%	1.9%	1.8%	3.7%	3.7%	0.0%	0.0%
	Client Care Surveyors	0.0%	7.9%	0.0%	5.1%	0.0%	2.9%	2.9%	0.0%	5.7%	6.3%	0.0%	0.0%
	Operations and Policy Analysts	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%	11.1%	0.0%	0.0%	0.0%	0.0%
CBC	All Positions	3.8%	0.0%	1.6%	3.1%	4.5%	4.6%	1.5%	1.5%	1.4%	1.4%	0.0%	1.4%
	Client Care Surveyors	4.0%	0.0%	4.0%	0.0%	0.0%	6.7%	3.3%	0.0%	3.3%	0.0%	0.0%	0.0%
	Operations and Policy Analysts	20.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
	Compliance Specialists	0.0%	0.0%	0.0%	8.3%	13.0%	5.0%	0.0%	4.3%	0.0%	4.0%	0.0%	0.0%
AFH	All Positions	0.0%	0.0%	11.1%	12.5%	0.0%	0.0%	12.5%	12.5%	0.0%	0.0%	0.0%	0.0%

Illustrative Responses from Staff

- "I wish DHS leadership understood we are different from everyone else. We are required by CMS to have RN surveyors to do our work. We are unable to attract and retain RNs because of how little we pay them."
- "We have also lost a number of qualified and skilled surveyors because they found higher paying, less challenging work elsewhere."

Findings | Nursing Facility Federal Performance Measures (SPSS)

Oregon meets 7 out of 9 of the applicable federal standards that assess the quality of the state's oversight activities for nursing facilities. Compared to federal standards, Oregon performed well in FY23 with regards to how quickly survey activities were completed. Notably, Oregon has met the S5 measure for nursing homes and acute and continuing care providers, which measures the reduction in the number of past-due recertification surveys. Only 59% of measured states achieved compliance with this federal target. Oregon does not meet the S3 measure for acute and continuing care providers which measures the share of IJ deficiencies for which states used the mandated IJ template. Oregon also does not meet the S6 measure for non-deemed acute and continuing care providers which measures the timeliness of IJ response investigations.

Select Performance Data | Fiscal Year 2023 (FY23) State Performance Standards Systems (SPSS) Findings

State	S1 NH	S2 NH	S3 NH	S3 ACC	S5 NH	S5 ACC	S6 NH	S6 ACC Deemed	S6 ACC Non- deemed
Description of Measure	Survey timeliness for Nursing Home Special Focus Facilities	Timeliness of Upload of Standard Surveys, Nursing Homes	IJ Template Use, Nursing Homes	IJ Template Use, Acute and Continuing Care Providers	Recertification Survey Completion Rate, Nursing Homes	Recertification Survey Completion Rate, Acute and Continuing Care Providers	Timely Survey Response to IJ Intakes, Nursing Homes	Timely Survey Response to IJ Intakes, Acute and Continuing Care Providers (Deemed)	Timely Survey Response to IJ Intakes, Acute and Continuing Care Providers (Non-Deemed)
Oregon	**Met**	**Met**	**Met**	**Not Met**	**Met**	**Met**	**Met**	**Met**	**Not Met**
Number of States Met	44	41	38	27	20	24	41	38	29
Percentage Met	90%	79%	79%	75%	59%	71%	82%	79%	71%
Number of States Not Met	0	8	4	7	12	4	9	10	11
Number of States Partially Met	5	3	6	2	2	6	0	0	1
Number of n.a.	3	0	4	16	18	18	2	4	11

Source: Centers for Medicare & Medicaid Services. 2024. *Fiscal Year 2023 (FY23) State Performance Standards System (SPSS) Findings* (Admin Info 24-20-ALL). U.S. Department of Health & Human Services. Accessed June 6, 2025. https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/administrative-information-memos-states-and-regions/fiscal-year-2023-fy23-state-performance-standards-system-spss-findings

Findings | Weak Relationship Between SPSS Performance and Staffing Levels (1 of 2)

To explore a potential relationship between staffing levels for nursing facility surveyor positions and the quality of nursing facility oversight, A&M compared SPSS measures for Oregon against the same peer group that was used to examine surveyor staffing levels. (Click Here to See Previous Slides on Staffing.)

Select Performance Data | Fiscal Year 2023 (FY23) State Performance Standards Systems (SPSS) Findings

State	Facilities per Surveyor	S1 NH	S2 NH	S3 NH	S3 ACC	S5 NH	S5 ACC	S6 NH	S6 ACC Deemed	S6 ACC Non- deemed
Description of Measure	Ratio of Facilities per Surveyor (See Staffing Findings)	Survey timeliness for Nursing Home Special Focus Facilities	Timeliness of Upload of Standard Surveys, Nursing Homes	IJ Template Use, Nursing Homes	IJ Template Use, Acute and Continuing Care Providers	Recertification Survey Completion Rate, Nursing Homes	Recertification Survey Completion Rate, Acute and Continuing Care Providers	Timely Survey Response to IJ Intakes, Nursing Homes	Timely Survey Response to IJ Intakes, Acute and Continuing Care Providers (Deemed)	Timely Survey Response to IJ Intakes, Acute and Continuing Care Providers (Non-Deemed)
Oregon	**2.6**	**Met**	**Met**	**Met**	**Not Met**	**Met**	**Met**	**Met**	**Met**	**Not Met**
Colorado	4.2 *Leaner staffing than OR*	Met	Met	Met	Met	Met	Met	Met	Met	Met
Minnesota	4.5 *Leaner staffing than OR*	Met	Met	Met	Met	Met	Met	Not Met	Not Met	Not Met
Missouri	2.7 *Comparable staffing with OR*	Met	Met	Met	Met	Met	Met	Met	Met	Met
Washington	1.9 *More generous staffing than OR*	Met	Met	Met	Met	Met	Met	Met	Met	Met
Wisconsin	5.4 *Leaner staffing than OR*	Met	Met	Met	Met	n.a.	Met	Met	Met	Not Met

Source: Centers for Medicare & Medicaid Services. 2024. *Fiscal Year 2023 (FY23) State Performance Standards System (SPSS) Findings* (Admin Info 24-20-ALL). U.S. Department of Health & Human Services. Accessed June 6, 2025. https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/administrative-information-memos-states-and-regions/fiscal-year-2023-fy23-state-performance-standards-system-spss-findings. Data for CO, MN, MI, WA, and WI was collected from National Consumer Voice for Quality Long-Term Care. Uninspected and Neglected: The Case for Reforming Federal and State Oversight of Nursing Homes. 2021. Data for Oregon was collected from facility data sets and an org chart provided to A&M by SOQ in December of 2024. The Uninspected and Neglected Report classifies workers that complete licensing surveys and licensing complaint follow-up as surveyors. Therefore, A&M consolidated SOQ staff that work on complaints and surveys into the "surveyor" category.

Findings | Weak Relationship Between SPSS Performance and Staffing Levels (2 of 2)

There is a very weak correlation (r = -.11) between the facilities to surveyor ratio and states' performance on select SPSS measures. This suggests that performance is dependent on other factors, such as training, internal processes, and employee skill levels, rather than on staffing volume alone. Oversight performance does not consistently increase or decrease as the number of facilities per surveyor rises and notably, many states have no unmet measures, regardless of their facilities per surveyor ratio.

Scatter Plot | Description of Data

Each dot on the scatter plot represents a state's oversight performance plotted against their staffing levels.

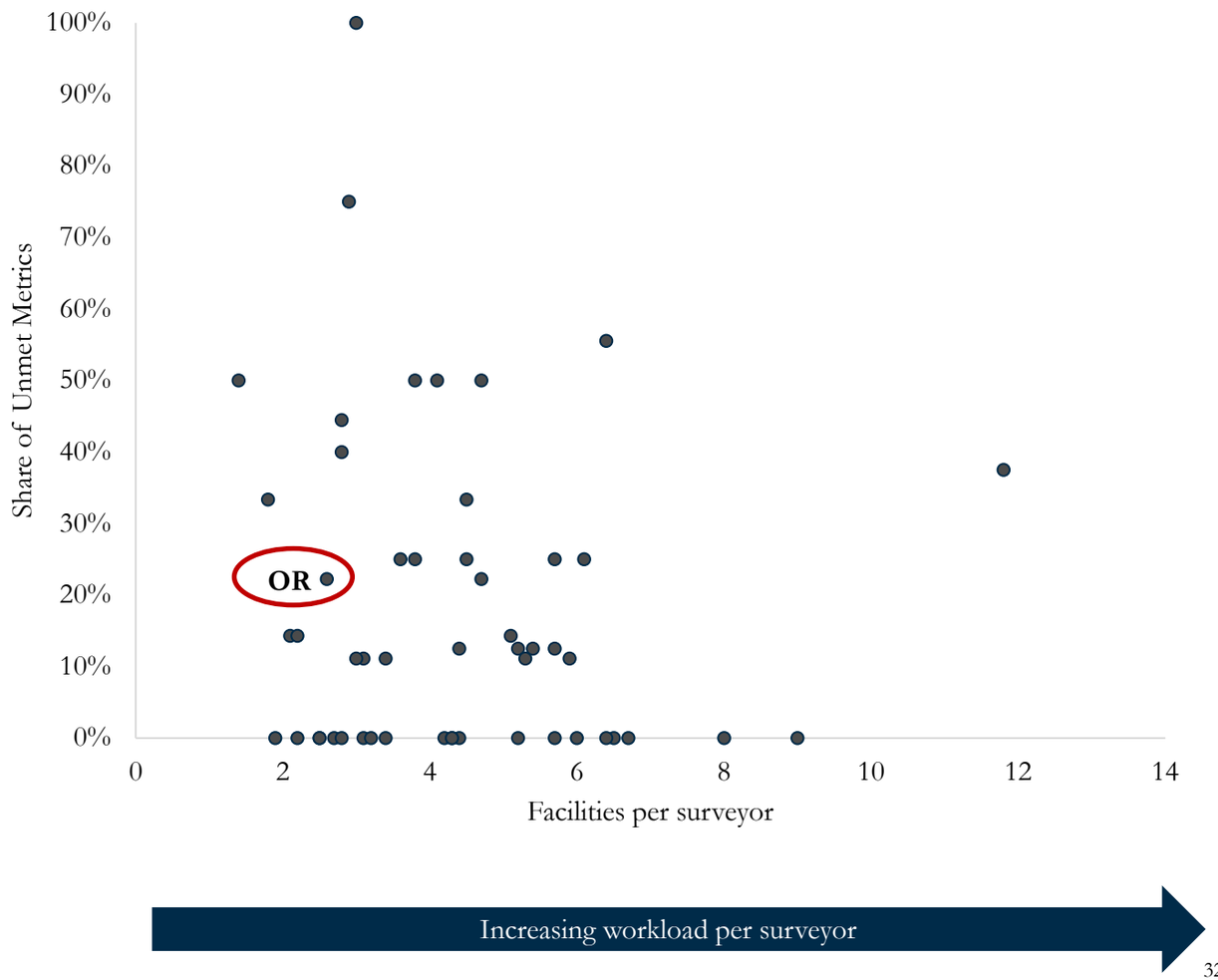
X Axis:

- Facilities per Surveyor Ratio from *Uninspected and Neglected Report*
- This measures staffing levels for state governments.
- As the x axis increases, it indicates a heavier workload for each state surveyor.

Y Axis

- Share of Unmet Metrics as a portion of all included SPSS Measures
- Calculated by counting the number of unmet measures and dividing that by the number of calculated SPSS measures for each state (excluding "n.a." values)
- Example: Oregon did not meet 2 out of 9 measures and has a Y axis score of 22%.
- This measures nursing facility survey/ oversight performance for state governments.
- As the y axis increases, it indicates worse performance for each state oversight agency.

Scatter Plot | State Facility per Surveyor Ratios and State Share of Unmet SPSS Measures



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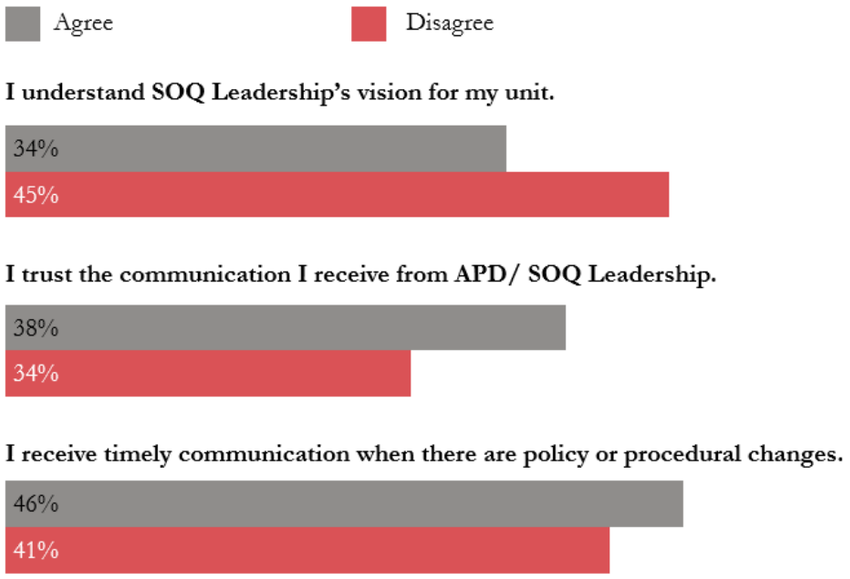
Findings | Vision/ Strategy & Communication Practices

Staff survey results show that SOQ faces lack of alignment and trust related to shared understanding of SOQ's priorities (vision) and communication practices. Only a third of SOQ staff surveyed report understanding leadership's vision for SOQ. Additionally, fewer than half report that they receive timely information, or information that they can trust about critical changes. Finally, the SOQ unit is marked by differing perspectives when it comes to the strategy that should be employed to promote provider compliance. Most staff identified the appropriate enforcement action as being perfectly "in between" more supportive enforcement methods and more punitive enforcement methods. Staff also identify leadership as preferring a more punitive approach. An "in between" split like the one identified is very challenging to operationalize successfully, especially when there is a perceived difference in preferred approach amongst groups.

Select Survey Results | Vision & Communication



Select Survey Results | SOQ Methods to Achieve Provider Compliance

	Through technical assistance & education			Through enforcement and conditions	
I think that the best way to promote provider compliance is…	Much more like this	More like this	In between	More like that	Much more like that
	7%	8%	**56%**	20%	9%
SOQ leadership thinks the best way to promote provider compliance is…	9%	6%	**27%**	**24%**	**34%**

Notes: Survey findings reflect the responses to Likert scale questions. "Agree" includes respondents that selected "Agree" or "Strongly Agree". "Disagree" includes respondents that selected "Disagree" or "Strongly Disagree." The share of respondents that selected "Not Applicable/ Don't Know" or "Neither…" are not shown.

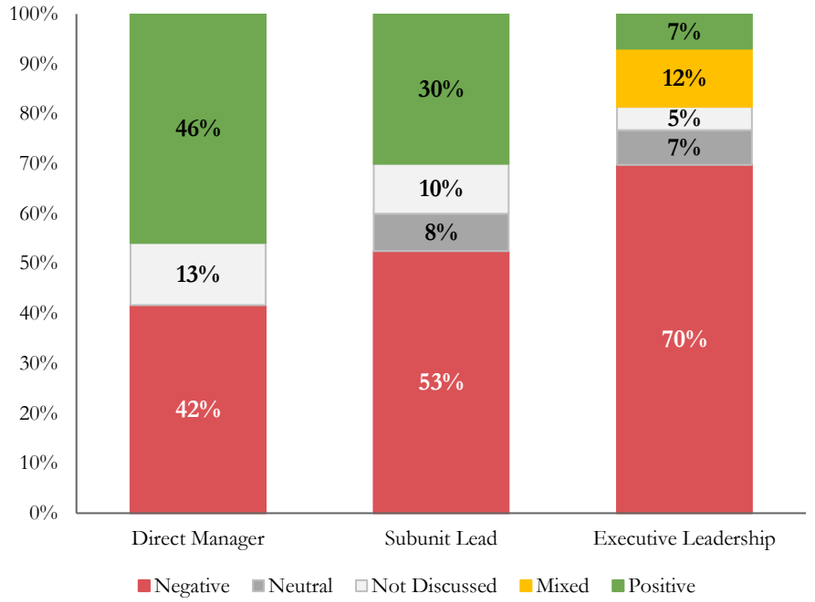
Illustrative Responses from Staff

- "No one knows the overall vision of executive leadership. Staff are allowed to argue and refuse to complete task requested of them."
- "Guidance from [executive leadership] concerning [their] vision would be extremely helpful."
- "Communication has always lacked from Leadership and management since I started with SOQ."

Findings | Perspectives on Leadership and Management

In both informational interviews and open-ended survey responses, staff shared conflicting opinions about the performance of their supervisors, unit managers, and executive leaders. Additionally, various groups shared informally with A&M that negative sentiment referenced in the Rapid Response Report had been overstated. To re-examine this finding, A&M reviewed each interviewee's interview notes and identified whether the interviewee had expressed a negative, neutral, or positive sentiment about each supervision level. This figure shown on this slide summarizes the results from this exercise. Generally, the interviewee pool expressed a negative sentiment across all levels; however, some SOQ staff feel very strongly that they have high-quality managers and leaders.

Interview Findings | Reported Sentiment on Managers, Sub-Unit Leads, and SOQ Executive Leadership



Illustrative Responses from Staff

- "The supervisors/managers in this unit are excellent, professional and offer the team the best support I have seen in my 25 plus career."
- "I used to love my job, but because of how badly we are treated by the managers it is just a paycheck now."
- "Our team is divided. Our manager lets several team members treat others with disrespect. Frustration has built on our team."

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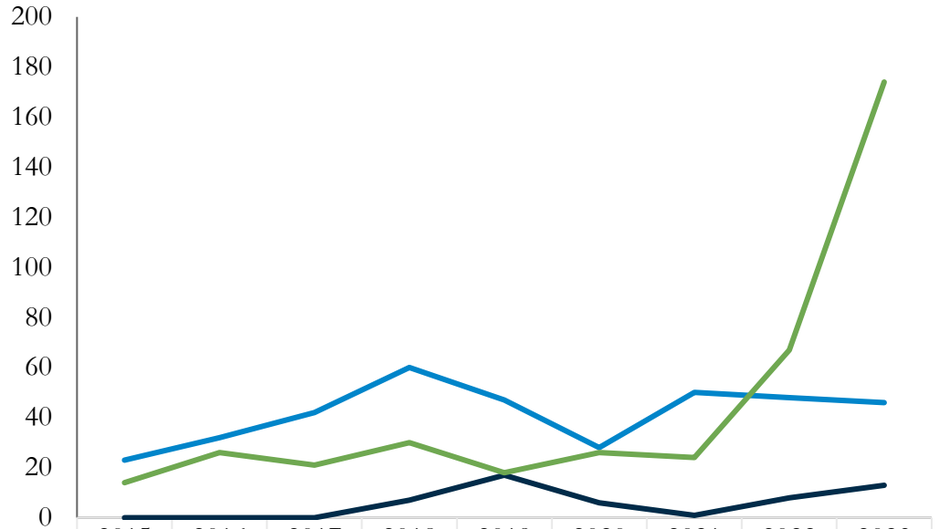
Findings | Condition Issuance has Recently Increased

A review of the total number of licensing conditions by SOQ over time shows that since 2021, there has been an increase in the volume of corrective action that the unit is taking. The average of the total number of conditions issued annually was approximately 66 from 2015 to 2020, and is approximately 144 from 2021 to 2023, an increase of over 100%. This is likely driven by ABST changes that were implemented during this time.

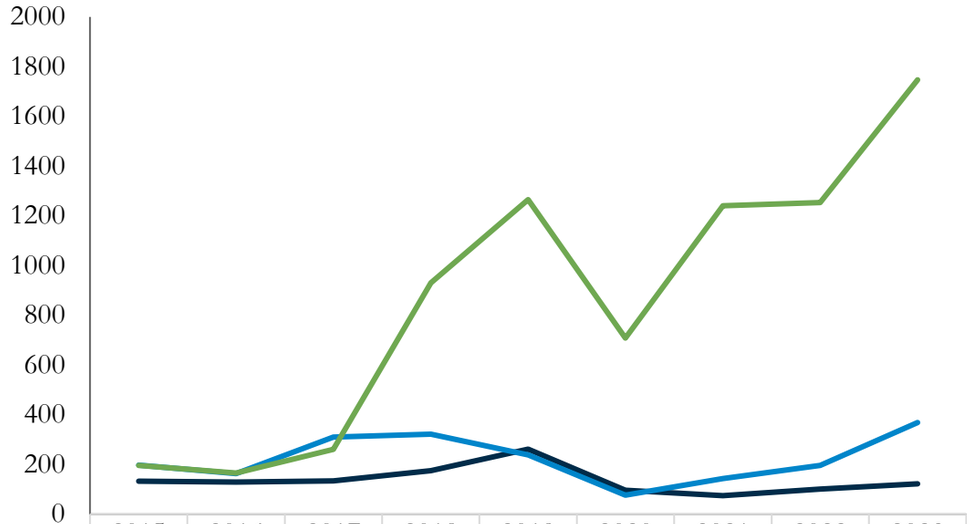
There is a comparable trend for civil penalties issued by the CBC team. Civil penalty volume shows a large jump upward in 2018, and a positive trend since. The average civil penalty in 2024 for a CBC facility was $661. The average state civil penalty for a nursing facility in 2024 was $5,020.

Descriptive Data Analysis | Number of Licensing Conditions by Unit and Year



	2015	2016	2017	2018	2019	2020	2021	2022	2023
NIFSU	0	0	0	7	17	6	1	8	13
AFH	23	32	42	60	47	28	50	48	46
CBC	14	26	21	30	18	26	24	67	174

Descriptive Data Analysis | Number of Civil Penalties by Unit and Year



	2015	2016	2017	2018	2019	2020	2021	2022	2023
NIFSU	133	130	134	175	262	97	75	101	123
AFH	198	164	310	322	239	77	144	196	369
CBC	197	166	261	931	1265	709	1241	1254	1747

Illustrative Responses from Staff

- "Sanctions on facilities have become more frequent…."
- "I take pride in doing work that should improve the safety and quality of life of older Oregonians and always strive to give my best."

Findings | Survey Timeliness

SOQ's core operational responsibility is to complete licensing activities for the facilities that it manages. A key part of licensing work is completing regular licensing surveys to promote ongoing provider compliance with licensing standards. However, SOQ is not currently able to meet state expectations for timely survey visits for the majority of facilities it oversees.

Select Performance Data | Survey Timeliness

SOQ Unit	State Requirement	Self-Reported Compliance	Share of Compliant (Timely) Surveys (2024)
NFSU	1 Year	Moderate	4.3%
AFH	1 Year	High	78%
CBC	2 Years	Low	8%

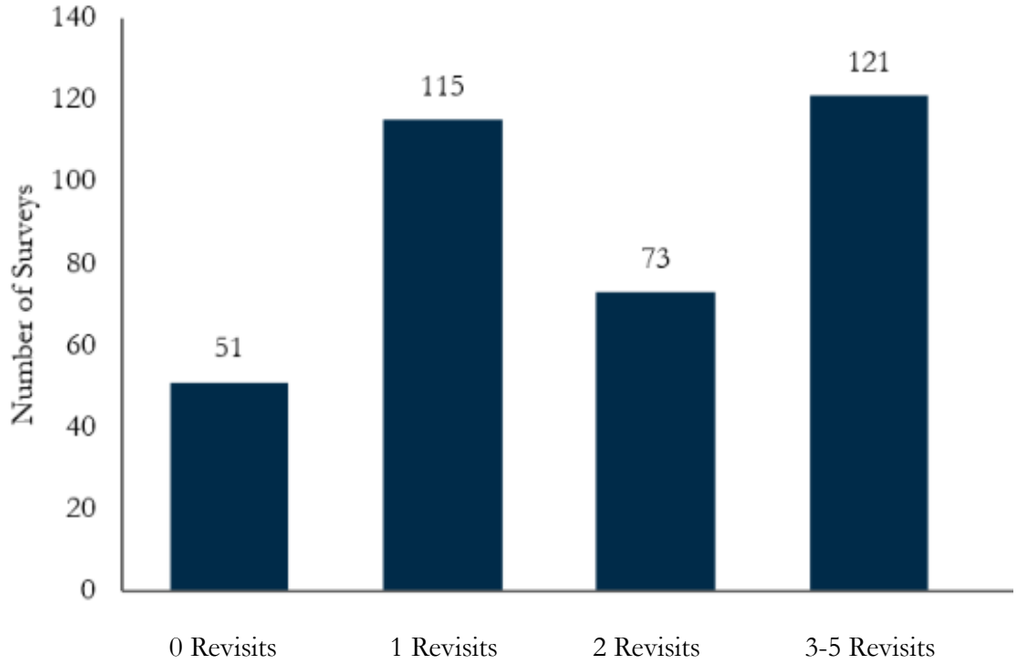
Illustrative Responses from Staff

- "We really could use more qualified people to complete the work. We are so behind, and surveys have become so challenging. It is affecting the mental health of the members on the team. This then affects our abilities to provide the best and most consistent surveys across all settings."
- "CBC is behind."

Findings | Revisits are a Substantial Workload Driver for the CBC Team

One activity that the SOQ CBC team completes is revisits to confirm providers have achieved compliance after an initial finding of noncompliance is made. This slide presents the volume of revisits conducted over a 2-year period (from 6/1/2023 to 5/31/2025.) This shows that most surveys conducted have at least one revisit (85%), and that approximately 1/3 of surveys result in more than three revisits.

Select Performance Data | Volume of Revisits



Notes: Data received directly from SOQ in June 2025.

Illustrative Responses from Staff

- No staff directly references revisit workload in the open-ended survey responses.

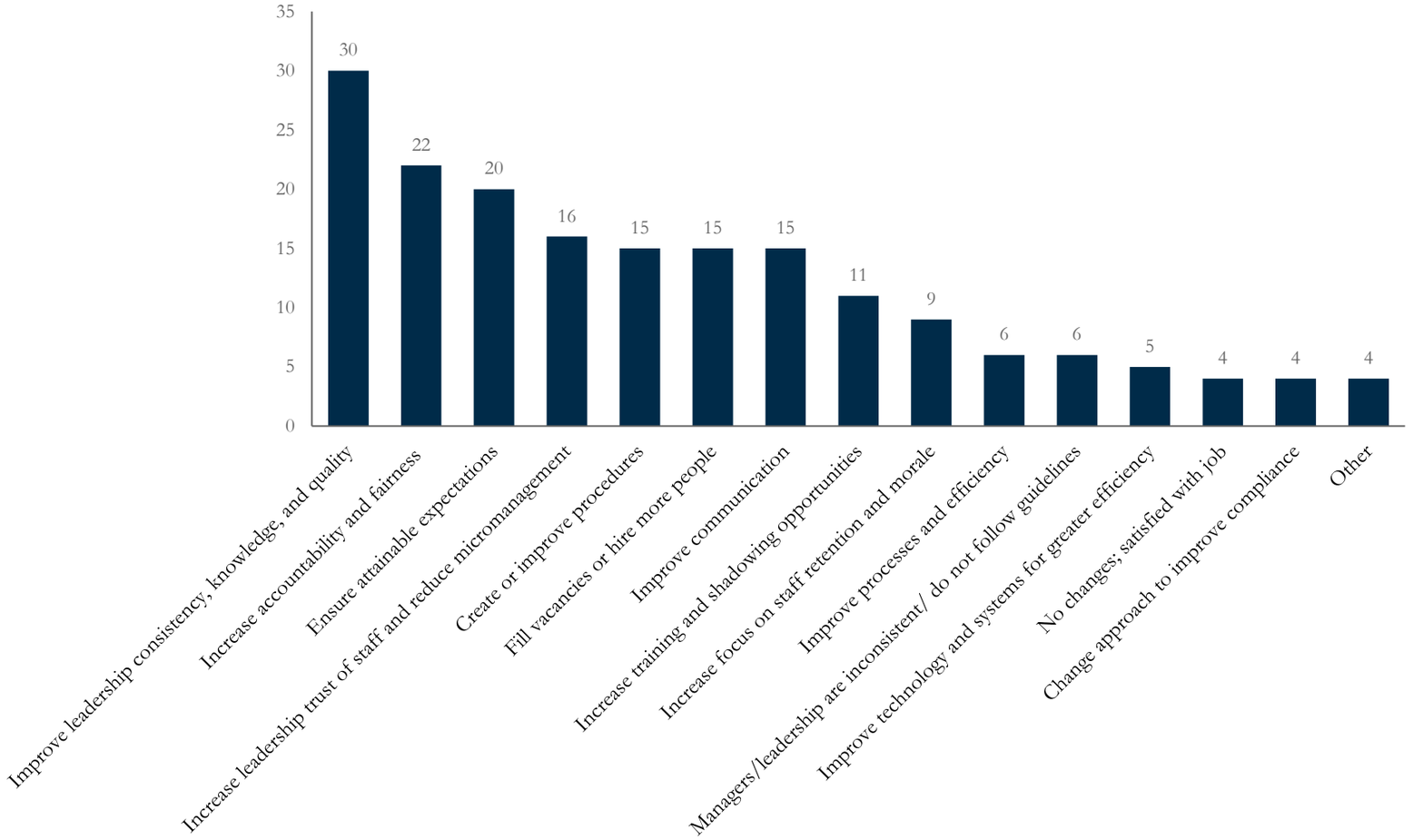
Findings | Subsection Table of Contents

-

Findings | Staff Suggested Improvements

This figure shows the recommendations that staff made when responding to the open-ended survey prompt, "How could your job be improved." Ninety-six individuals, or 83 percent of all survey respondents, responded. Some staff choose to recommend multiple changes, all of which are reflected in the figure below. The most commonly suggested change is for improvement to be made to leadership consistency, knowledge, and quality. Staff also often expressed an interest in increased accountability, attainable expectations, and changes to management styles.

Survey Open-Ended Response Analysis | Responses to "How could your job be improved?"



Illustrative Responses from Staff

- "SOQ leadership needs to learn about the work they oversee as it's clear they don't know anything about it."
- "Micromanaging is not a sign of good leadership. SOQ is extremely heavy on micromanagement. It's a sign of weakness and it brings down the entire unit."
- "I propose the implementation of lean or similar methodologies to evaluate and refine our current processes. The goal is to eliminate unnecessary work and meetings, fostering greater efficiency and focus."
- "Lastly, work processes could be improved. Many projects could benefit from a leaner, more efficient approach, as workgroups of six or more people often struggle to make timely progress. I remain committed to this work and hopeful that with more transparency, accountability, and collaboration, we can create a stronger, more effective unit."

SOQ Considerations – Executive Summary

Considerations Summary & Strategic Framework | Summary

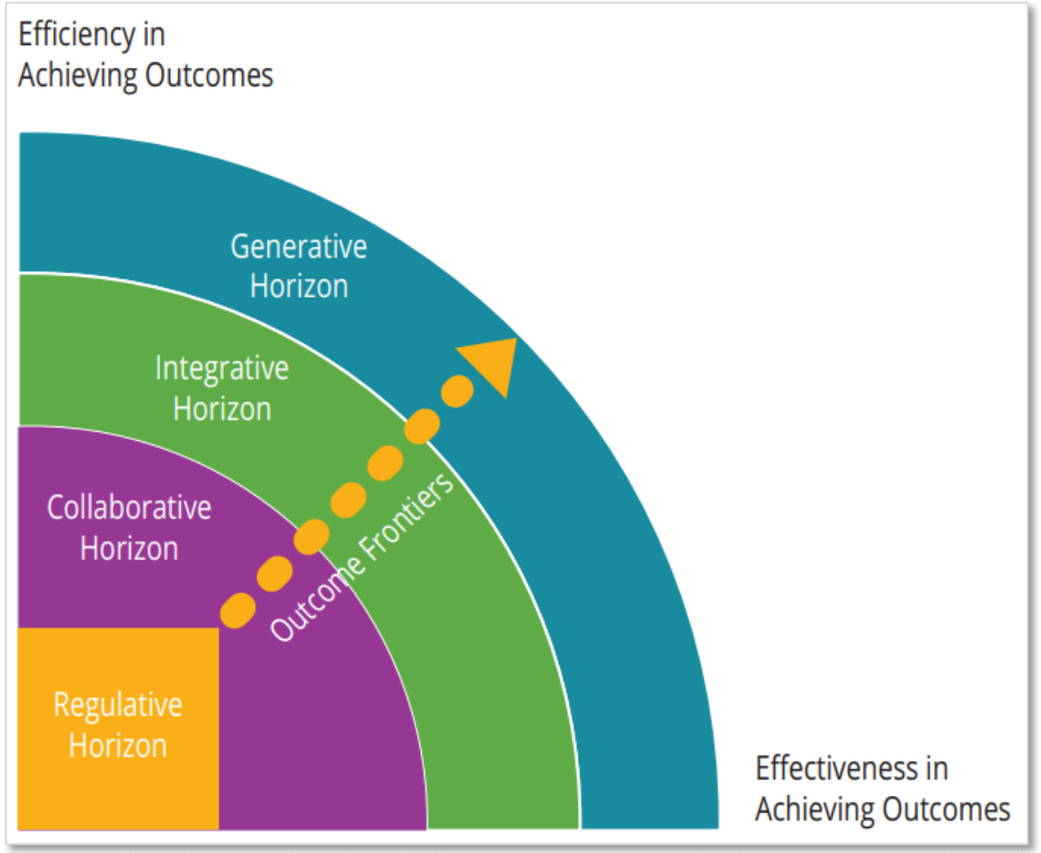
This section includes an executive-level summary of the considerations that A&M proposes SOQ pursue in efforts to achieve improved unit performance. Detailed action steps are included in the following sections.

Human Services Value Curve Application	• SOQ currently struggles to fulfill the expectations of the Regulative Horizon.
	• To move further along the value curve, the organization should focus on improving
	  • Governance and Structures; and
	  • People and Culture.

Foundational Considerations	• To overcome the misalignment between statutory expectations, SOQ should consider applying a 6-step approach. • This 6-step approach starts with aligning on the fundamental responsibilities of the unit and then using those responsibilities as the guiding governance structure for operational activities. • This 6-step approach could be applied to a variety of operational challenges. • This process will help SOQ align on core operational priorities and implement improved procedures.
Tactical Considerations	• To support SOQ to address some of the high-priority, specific operational issues within the unit, SOQ should implement a suite of tactical considerations. • These considerations strategically prioritize application of the 6-step approach to pressing operational issues like managing the complaint backlog. • These considerations should be prioritized throughout the implementation of the foundational, 6-step approach to the entire unit.
Consideration Duration	• SOQ should consider prioritizing completing the 6-step process for the operational functions that are highest impact. New processes should begin to be implemented in the third quarter of the first year of implementation if possible. Full roll-out of proposed changes should occur by the 5th quarter of implementation. • Said another way, SOQ should spend 12 months planning and preparing for changed operations and then begin to implement improved processes no later than month 13. SOQ should strategically pilot implementation beginning as early as possible, targeting quarter 3. • Implementation will be iterative and should include feedback loops/ adjustments after new processes are first tested.
Consideration Level of Effort	• SOQ consider establishing a team of up to 5 FTE to support the improvement initiatives described in this report. • The skillset of these FTE should include project management, change management, policy analysis, data analysis, operational analysis, and executive leadership.

Considerations Summary & Strategic Framework| Applying the Human Services Value Curve to SOQ

Opportunities for SOQ can be analyzed using the Human Services Value Curve, a framework that outlines a continuum for organizational success when delivering human services programs. The application of this framework shows that to move beyond a Regulative Horizon, SOQ should focus on Governance & Structures and People & Culture.



Source: The Human Services Value Curve, Leadership for a Networked World (Harvard), 2014.

The Human Services Value Curve presents four horizons that organizations delivering human services programs and outcomes can progress along. The Regulative Horizon represents when an organization prioritizes program delivery that adheres with rules and policies. SOQ currently struggles to fulfill the expectations of the Regulative Horizon.

Advancement Levers:

- Governance & Structures
- Insight & Evidence
- Services & Solutions
- People & Culture

Priorities for Advancement:

- **Governance & Structures** – The "blueprint" for how resources are organized and allocated, including the supporting structures that describe how an organization interacts with consumers and providers.
- **People & Culture –** The roles that each team and its members play in delivering services and outcomes. This includes knowledge, capabilities, competencies, and roles.

Considerations Summary & Strategic Framework | Framework for Success (Foundational)

To overcome the misalignment between statutory expectations and operations, SOQ should consider applying the following 6-step approach, focusing on the areas of greatest concern by sub-unit. This process will help SOQ align on core priorities and implement improved procedures.

1. Develop and Document Shared Regulatory Understanding

To begin the process of improving operations, SOQ should work across all levels of staff to review the organization's statutory mandates.

Policy staff and operations staff should work together to develop an understanding of how statutory expectations will be operationalized.

2. Develop Policies & Organization Structure

Once this understanding has been reached, SOQ should develop policies that document the scope and purpose of each sub-unit within the organization. This may result in reorganization of existing teams and structures.

3. Develop Standard Operating Procedures (SOPs)

After a framework of roles and responsibilities has been established for SOQ sub-teams, the organization should develop detailed standard operating procedures that reflect the revised statutory understanding and sub-unit roles. These processes should be supported by the development of training that educates staff on the main points of each process.

4. Set Performance Targets/ Organizational Outcomes & Job Roles

After SOPs are developed, SOQ should revise position descriptions to align with these new procedures and establish performance targets for both sub-units and individual staff. These performance targets should align with expected organizational outcomes for SOQ.

5. Establish Performance Tracking

Once the performance targets are decided upon, SOQ operations staff should work with sub-units to develop the data infrastructure needed to support ongoing performance tracking.

6. Implement Revised Expectations

Once the SOPs, position descriptions, and performance tracking is in place, SOQ should begin to implement the new procedures. As these changes are implemented, progress against the new performance measures should be measured. Additionally, implementation should be monitored, so that adjustments to the protocols can be made.

Enabling Factors: Adequate Staffing, Appropriate Statutory Framework, Project & Change Management

Executive Summary | Considerations Matrix

This matrix shows how considerations that are specific to certain units or operational processes align with the 6-step framework. Often, a consideration to tackle a specific operational challenge within an SOQ division will require work across all 6 steps. Likewise, improving an aspect of the continuum (e.g. Policies) will likely touch the majority of operational areas that SOQ manages. (Considerations marked with a "R*" were first made in the Rapid Response Report.)

Status Key: ○ Not Started ● In-Process/ Existing Foundation to Build On

		Regulatory Understanding	Policies	Procedures	Org. Outcomes & Performance Targets	Performance Tracking	Implementation
Operational Areas	**Initial Licensing Survey**	● Include in statutory workshops, with a special focus on the impact of federal requirements and Acuity Based Staffing Tool (ABST) impacts[R*]	○ Develop scope and purpose policies that describe which SOQ-unit will operationalize the statutory mandates for this operational area	● Surveying Approach and Tools (Nursing Facility (NF) & Community Based Care (CBC) ○ Revisit Procedures (NF, CBC)	○ Establish organizational outcomes and performance targets for this operational area	○ Stand up data structures that are needed to measure and track the organizational outcomes and performance data	○ Implement changes with a focus on soliciting feedback throughout and making adjustments
	Kitchen Inspection	● Include in statutory workshops	○ Develop scope and purpose policies that describe which SOQ-unit will operationalize the statutory mandates for this operational area	● Kitchen Inspections SOP (CBC)	○ Establish organizational outcomes and performance targets for this operational area	○ Stand up data structures that are needed to measure and track the organizational outcomes and performance data	○ Implement changes with a focus on soliciting feedback throughout and making adjustments
	Renewal Licensing Application	● Include in statutory workshops ○ Pursue statutory changes [R*]	○ Develop scope and purpose policies that describe which SOQ-unit will operationalize the statutory mandates for this operational area	● Develop if additive to the Initial Licensing Surveying SOP	○ Establish organizational outcomes and performance targets for this operational area	○ Stand up data structures that are needed to measure and track the organizational outcomes and performance data	○ Implement changes with a focus on soliciting feedback throughout and making adjustments
	Complaint or Urgent Situation Follow Up	● Include in statutory workshops, with a special focus on the impact of federal requirements and ABST impacts[R*] ● Pursue statutory changes [R*]	● Develop IJ Determinations Policy [R*] ○ Develop scope and purpose policies that describe which SOQ-unit will operationalize the statutory mandates for this operational area ○ Consider local office/ Adult Protective Services (APS) collaboration changes	● Implement clear IJ protocols for CBC team [R*] ● Change ABST complaint approach [R*] ● Complaint Prioritization & Review (NF, CBC, Adult Foster Home (AFH)) ○ Heightened Scrutiny Provider Intervention (NF, CBC, AFH)	○ Establish backlog tracking metrics ○ Establish response time targets [R*]	○ Stand up data structures that are needed to measure and track the organizational outcomes and performance data	○ Implement changes with a focus on soliciting feedback throughout and making adjustments
	Manage Provider Corrections	● Include in statutory workshops ○ Pursue statutory changes [R*]	○ Develop unit-wide policy about provider-facing communications ○ Develop scope and purpose policies that describe which SOQ-unit will operationalize the statutory mandates for this operational area ● OPA Scope and Purpose Policy	● Revise LOA structure [R*] ● Corrective Action Protocols (NF, CBC, AFH) ● Enhanced Monitoring Program Protocols (CBC) ● Safety Meeting Protocols (NF, CBC, AFH) ○ Collaboration with APS (CBC) ○ Internal Communication Processes (Leadership/ Ops)	○ Establish organizational outcomes and performance targets for this operational area	○ Stand up data structures that are needed to measure and track the organizational outcomes and performance data	○ Implement changes with a focus on soliciting feedback throughout and making adjustments
	Enabling Recommendations	○ Change Management and Communication, Project Management, Workload Modeling/ Staffing,					

Considerations Summary & Strategic Framework | How Organizational Alignment Impacts Individual Performance

The considerations to develop and document a shared regulatory understanding, and to develop policies that reflect that understanding, if implemented successfully, have the capacity to establish the foundation upon which individual performance improvements and organizational outcomes improvements can be made.

Considerations to Establish Shared Regulatory Understanding and Document in Policies/ Procedures

1. Role clarity, develop individually and build as a team

- For each staff member to be confident within their role and knowledgeable about SOQ policies, practices, and procedures enabling them to provide consistent support to customers.
- To allow teammates a safe environment to inquire and learn while feeling valued, respected and included.
- To have our knowledge, skills, and experience be trusted among our ourselves and partners.
- To be accessible and transparent about our services.

2. Policy/Process improvement

- For our processes to be simple, routine, up-to-date, and complete.
- To have technology and data constantly used to improve efficiency and capabilities.

3. Communication

- For our communication to be clear, concise, and intentional to keep people informed internally, across the agency and when appropriate externally.
- To be regarded as a trusted, value-added partner who engages in collaborative conversations with integrity and a commitment to contribute knowledge, expertise, and equitable solutions.

4. Employee Education

- To have staff, managers, and customers know and understand how to locate and use SOQ information, resources, and processes.

Recommendations to Establish and Implement Job Roles and Performance Measures

Considerations Summary & Strategic Framework | Suggested Implementation Resources

Focus	Resource Needed (12+ months)	Rationale
• Developing a project plan and managing to it • Standing up and managing review processes for work associated with this initiative • Developing change management supporting tools/ plans for review and use by leadership • Coordinating priorities for teams and leadership	**1 Project Manager/ Change Management FTE**	This FTE will be needed to help manage the overall project.
• Prepping for statutory workshops and documenting the outcomes • Contributing to SOPs/ reviewing for statutory alignment • Drafting new job descriptions based on revised expectations and processes	**1 Policy Analyst FTE**	This FTE will be needed to help promote alignment of SOQ operations with statutory expectations. At the beginning of the process, this FTE will be primarily focused on supporting the statutory workshops. Over time, the role will change to be supportive and a lower level of effort: reviewing SOPs and making updates to other impacted documents (like position descriptions). This FTE will likely be broken up into more than full time work for the first 6 months and less than full time work in the last 6 months.
• Facilitating operational process development • Writing SOPs • Standing up and managing performance data tracking	**1-2 Operations/ Data Analysts FTE**	These FTE will be needed to help collect performance data and establish the performance data tracking tools and processes.
• Team engagement and community building • Decision Making • Final Approvals • Union Management	**1 Leadership FTE**	This FTE will be needed to provide strategic leadership and support to the SOQ unit. This FTE will likely be composed of part time efforts from the current SOQ Deputy, the APD director, and division managers from within SOQ.

Considerations Summary & Strategic Framework | 30 – 60 – 90 Day Plan

A substantial investment of time, resources, and attention is required for SOQ to achieve meaningful organizational outcomes. However, there are targeted early investments that can help build momentum and set the foundation for future success.

30-Day Actions

- ❑ Complete a detailed project plan
- ❑ Decide which change management assessments will be used and complete baseline assessments
- ❑ Kick-off statutory mandate review
- ❑ Host leadership retreat to discuss strategy, vision, and proposed path forward
- ❑ Identify people to support the implementation efforts
- ❑ Establish governance process for review (who will sign off on what; what are the review timeline targets)

60-Day Actions

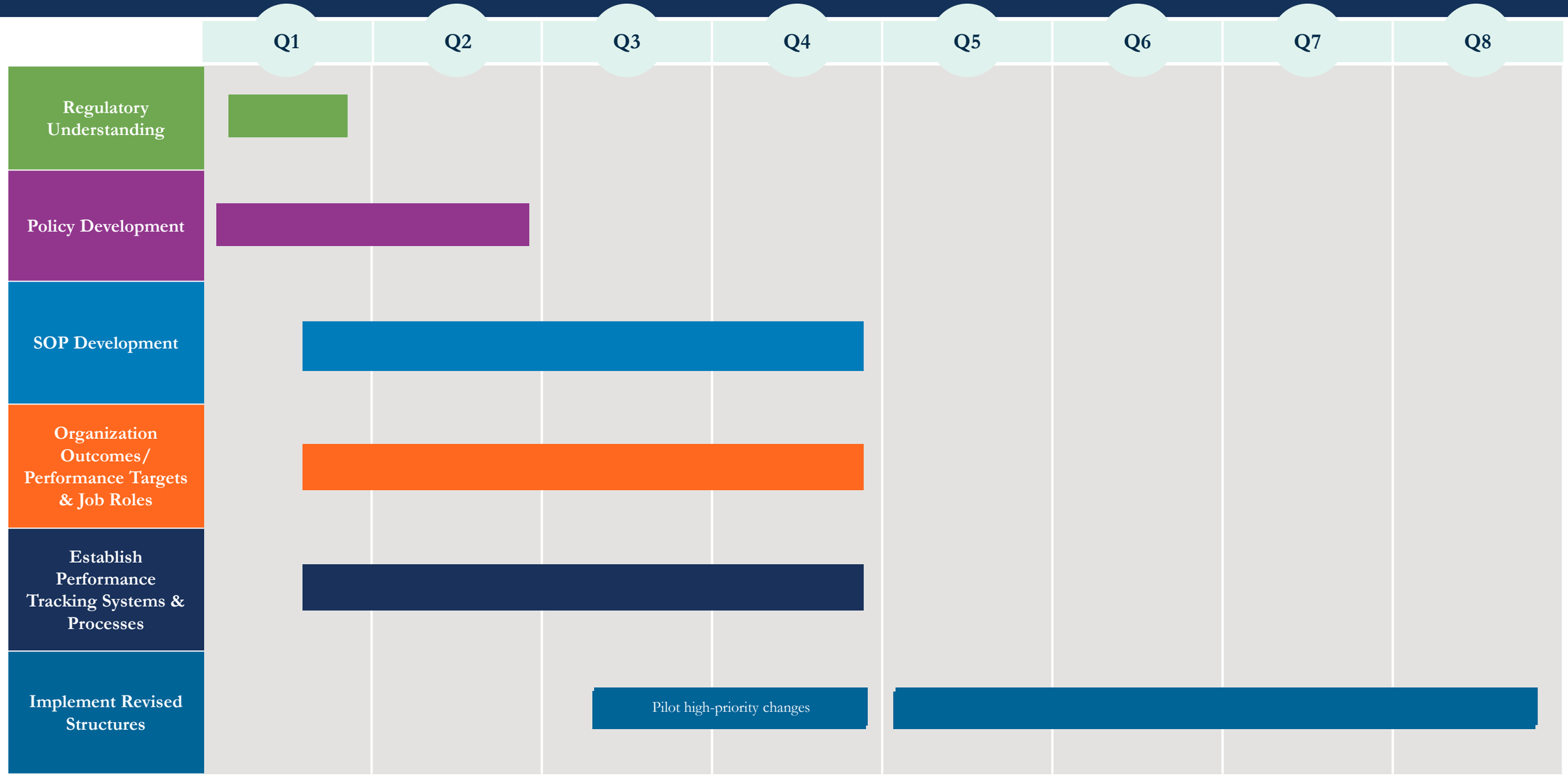
- ❑ Begin rolling out consistent messaging around leadership's vision (informed by management retreat)
- ❑ Identify "quick wins" that can be implemented to improve current operations (Ex. Templates for the reoccurring Safety Meetings, decision-making support tools, standard meeting agenda templates, new "scrum" meeting series to agilely address issues, etc.)
- ❑ Complete training on policy writing for SOQ staff
- ❑ Complete training on SOP development for SOQ staff
- ❑ Implement new communication practices meant to improve the quality of information shared
- ❑ Implement new strategies focused on building trust. These should be implemented within divisions and at the executive leadership level

90-Day Actions

- ❑ Reinforce vision and messaging
- ❑ Implement "quick win" items if not yet implemented
- ❑ Kick off Job Roles/ Performance Management work
- ❑ Kick off SOP development
- ❑ Kick off tactical considerations (backlog, ABST, CAC procedures)

SOQ Considerations – Foundational Improvements

SOQ Foundational Improvements | Proposed Implementation Schedule



SOQ Foundational Improvements | Develop and Document Shared Regulatory Understanding

Goal: **Develop and document a shared understanding across SOQ about how key regulatory functions will be completed in a way that aligns with statute.**

Illustrative Figure | Suggested Framework for Aligning on Regulatory Requirements and Determining their Impact

	Core Function		
Unit	**Statutory Requirements**	**Operational Strategy**	**Regulatory/ Procedure Agenda**
	Content to Include:		
	❑ Summarized statutory expectations	❑ Identification of which staff (by subunit/ role) will be the primary responsible party for completing the work ❑ Identification of key operational actions that support completion of the statutory requirements	❑ List of rule changes that must be made to support the newly outlined operational strategy ❑ List of procedures that must be developed to support the newly outlined operational strategy
	Process for Determining Content:		
	❑ Policy analysts provide a draft that is then approved by the unit manager and administrator as a starting place for discussion ❑ Teams should flag instances of requirements that conflict with federal requirements ❑ Representatives from impacted groups meet to discuss, align on interpretations, identify the operational strategy and corresponding regulatory/ procedure agenda	❑ Discussed in workshop sessions with impacted groups ❑ Some items may need to be flagged for final decision making	❑ Lists should be developed in the workshop sessions ❑ Lists from workshops should be reviewed by a policy analyst or a project manager to develop a plan for completion

Suggested Tasks

1. Assemble agenda list and participant list for each workgroup. Schedule workgroups.
2. Policy analysts complete prep work and managers review.
3. Some policy areas (such as surveys for nursing facilities) are impacted by a high-volume of federal requirements. Staff with a strong understanding of these federal requirements should participate in the prep work and summarize these impactful federal requirements.
4. Complete workshops, documenting final decisions and next steps (using a template like the one shown above).
    a) Executive Leadership should collaborate with staff in these meetings, listening to concerns, and working with staff to map out the vision for the unit's alignment with statute and prioritization of resident safety.
5. Distribute workshop outcomes to the unit (consider a series of townhalls).

This is a **high** complexity task due to the complex organizational, critical reasoning, and facilitation skills that it requires.

SOQ Foundational Improvements | Develop Policies

Goal: Develop policies that describe the responsibilities and priorities for each team within SOQ. Use the policies to identify the statutes that guide the units' work, dependencies, and overlaps with other sub-units. These policies should reflect any changes that have been made to operational strategy through the policy workshops.

Illustrative Figure | Suggested Policies to Develop

Unit-Wide

1. Compliance-Focused Provider Interactions
2. Immediate Jeopardy Determinations
3. Standard Operating Procedure (SOP) Development
4. Operational and Policy Analysts Roles and Procedures

CBC – Roles and Responsibilities

1. Licensing Complaint Unit (LCU)
2. Corrective Action Coordinators
3. Survey Team

NF – Roles and Responsibilities

1. Survey Team
2. Complaint Team
3. Corrective Action Coordinators

AFH – Roles and Responsibilities

1. Corrective Action Coordinators
2. Local Office/ Main Office

Suggested Tasks

1. Develop a tracker for all polices to be updated and assign a project manager to keep track of development.
2. Establish target dates for completion and announce the task to the entire unit at once. Establish the expectation that each sub-unit reach consensus on their policy drafts, but allow each team to design their own review process.
3. SOQ leadership should deliver (or facilitate the delivery of) a training on policy expectations, including a standardized template, guidelines for writing style, and plentiful examples.
4. Establish a final review committee of people with high-level policy analysis skills and the SOQ Deputy Administer.
5. Develop drafts and run them through the review.
6. Aim to take no more than 6 weeks to complete the process per policy. Multiple policies should be in progress at once.

Note: Staff must be skilled in writing policy for this consideration to be implemented successfully. Additional time, training, or resources above and beyond what is described in Step 3 may be required.

This is a **moderate** complexity task due to the broad scope of activities that will be covered.

SOQ Foundational Improvements | Develop Standard Operating Procedures

Goal: Develop or revise standard operating procedures for the core regulatory activities of SOQ. Prioritize developing SOPs based on degree of impact.

Illustrative Figure | Suggested SOPs to Develop

SOPs to Develop or Revise

1. Surveying (NF & CBC)
2. Kitchen Inspections (CBC)
3. Complaint Prioritization & Review (NF, CBC, AFH)
4. Corrective Action Protocols (NF, CBC, AFH)
5. Safety Meeting Protocols (NF, CBC, AFH)
6. Heightened Scrutiny Provider Intervention (NF, CBC, AFH)
7. Revisit Procedures (NF, CBC)
8. Enhanced Monitoring Program (CBC)
9. Collaboration with APS (CBC)
10. Internal Communication Processes (Leadership/ Ops)

Suggested Tasks

1. Share proposed list of procedures with SOQ team and ask sub-units to propose edits within the following two weeks.
2. Leadership, with support of managers from each facility team, should decide on a final list.
3. A policy analyst or project manager should develop a tracker, and completion goals for each SOP should be distributed. This analyst should be able to respond to staff with clarifying guidance about the scope of each procedure.
4. SOQ leadership should deliver (or facilitate the delivery of) a training on SOP expectations, including a standardized template, guidelines for writing style, and plentiful examples.
5. Establish the expectation that each sub-unit reach consensus on their SOP drafts but allow each team to design their own review process and assign their own leads.
6. Establish a final review committee of people with high-level policy analysis skills, operational analysis skills, and the SOQ Deputy Administrator.
7. Develop drafts and run them through the review.
8. Aim to take no more than 12 weeks to complete the process per SOP. Multiple SOPs should be in progress at once.

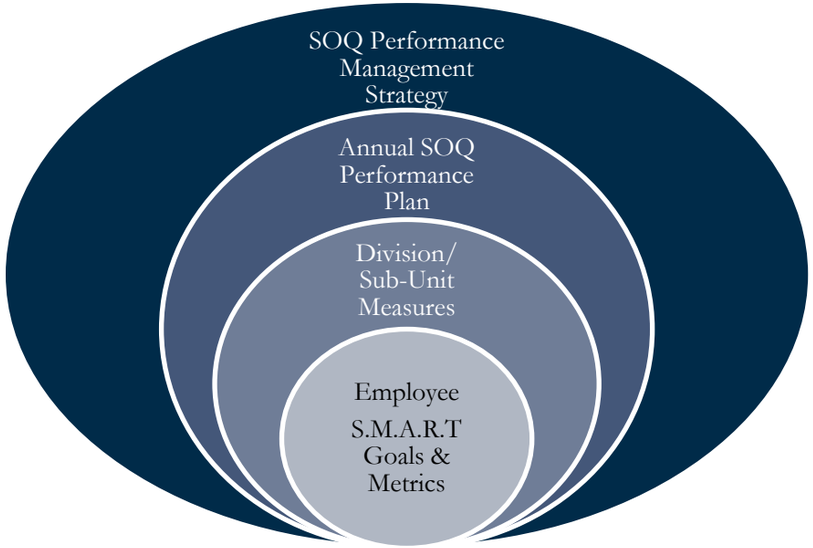
Note: Staff must be skilled in writing process documentation for this consideration to be implemented successfully. Additional time, training, or resources above and beyond what is described in Step 4 may be required.

This is a **high** complexity task due to broad scope of activities that will be covered and the level-of-detail required in process documentation.

SOQ Foundational Improvements | Establish Target Operational Outcomes/ Staff Performance Metrics & Job Roles

Goal: Set clear targets for the volume and timeliness of work that SOQ is expected to meet within a given year. Develop corresponding performance metrics for staff that align their day-to-day work with the organizational outcomes.

Illustrative Figure | Relationship Between Employee Performance Metrics and Organizational Outcomes



Quality & Performance Management Program	Review	Example *Assume 100 Facilities and 10 Staff*
SOQ Performance Management Strategy should describe the unit's approach to and responsibilities for performance management.	Annually	SOQ Performance Management Policy (Not in Place)
Annual SOQ Performance Plan should describe the new initiatives that will improve the quality of SOQ's work and highlight the organizational metrics that will meaningfully gauge progress against goals.	Annually	80% of facilities due for renewal this year will receive an on-time survey visit
Divisions/ Sub-Unit Measures that will demonstrate the performance of each team should be developed. These measures should align with the organization metrics that are created for SOQ.	At Least Quarterly	Measure: Timely Visit Share per facility type Target: 80% for all facilities
Employee Performance Metrics should be established for each key job role that enable the sub-unit to meet their performance measures. Employees should develop S.M.A.R.T goals that will help them meet these measures.	At Least Monthly	Employee: # of Timely Visits Supported Target: 8, or at least 1 every 6 weeks

Suggested Tasks

1. SOQ leadership should meet with the managers of each division with the goal of determining appropriate organizational metrics and targets for each metric. Managers should be given the opportunity to weigh in on what measures provide adequate signal about performance and what targets are feasible. Targets may be a specific level (e.g. 70%) or a relative measure (e.g. Reduction of 25%). Targets will likely need to be finalized after a baseline assessment is complete. (See next slide.)
2. Once the broad leadership team has reached a consensus recommendation about organizational metrics, SOQ leadership should seek feedback and approval from ODHS leadership.
3. After the organizational outcomes have been finalized, SOQ division managers should work with their units to develop division measures that align with SOQs organizational outcomes. These measures should be reviewed and finalized by SOQ leadership.
4. Once division level measures are set, division management should make recommendations about the performance metrics that should be established for each key job role. These measures will likely capture operational through-put for a position, such as the number of complaints processed each quarter. These measures should be reviewed and finalized by SOQ leadership. As a part of this process, position descriptions may need to be revised, depending on the degree of change to any particular job role. HR will likely need to be consulted at this point in the process.
5. Finally, SOQ staff should be informed of the performance expectations and should be asked to develop S.M.A.R.T goals that will help them achieve their job's expectations.
6. Throughout this process, data analysts should be consulted about the feasibility of tracking a specific measure. Measures should be adjusted based on feasibility.

This is a **high** complexity task due to the staff engagement level that will be required, along with coordination with HR and organized labor.

SOQ Foundational Improvements | Establish Performance Tracking

Goal: Stand up a data tracking process that supports ongoing monitoring of staff and organization performance. Integrate this performance tracking into day-to-day operations and management practices.

Illustrative Figure | Illustrative Performance Tracking Dashboard Components

Quarterly Score Card

Response *Individual* 2/2	+	Response *Division* 15/20	=	Total 17/22 Expectations Met

Survey Timeliness Completion			
Your Achievement			2 Facilities
Rating	Scale		Rating Achieved
Exceeds	3 Facilities	Greater	
Meets	2 Facilities	3 Facilities	X
Improvement Required	1	2 Facilities	
Unsatisfactory	0	1 Facilities	

Average Survey Completion Time			
Your Achievement			6 Weeks
Rating	Scale		Rating Achieved
Exceeds	5 weeks	Shorter	
Meets	6 weeks	5 weeks	X
Improvement Required	7 weeks	6 weeks	
Unsatisfactory	Longer	7 weeks	

Team Service Level			
Team Achievement			15
Rating	Scale		Rating Achieved
Exceeds	30 Facilities	Greater	
Meets	20 Facilities	30 Facilities	
Improvement Required	10 Facilities	20 Facilities	X
Unsatisfactory	0	10 Facilities	

Summary

- Category summary to quickly understand the quarter's performance.

Individual Measures

- Targets are ranges for each metric recognizing differences in work, case complexity, etc.
- All metrics have the ability to overachieve (e.g. Exceeds)
- Metrics that do not have data will be given a Meets rating

Team Measures (Program)

- All score cards, across all levels share the program's performance metrics

Suggested Tasks

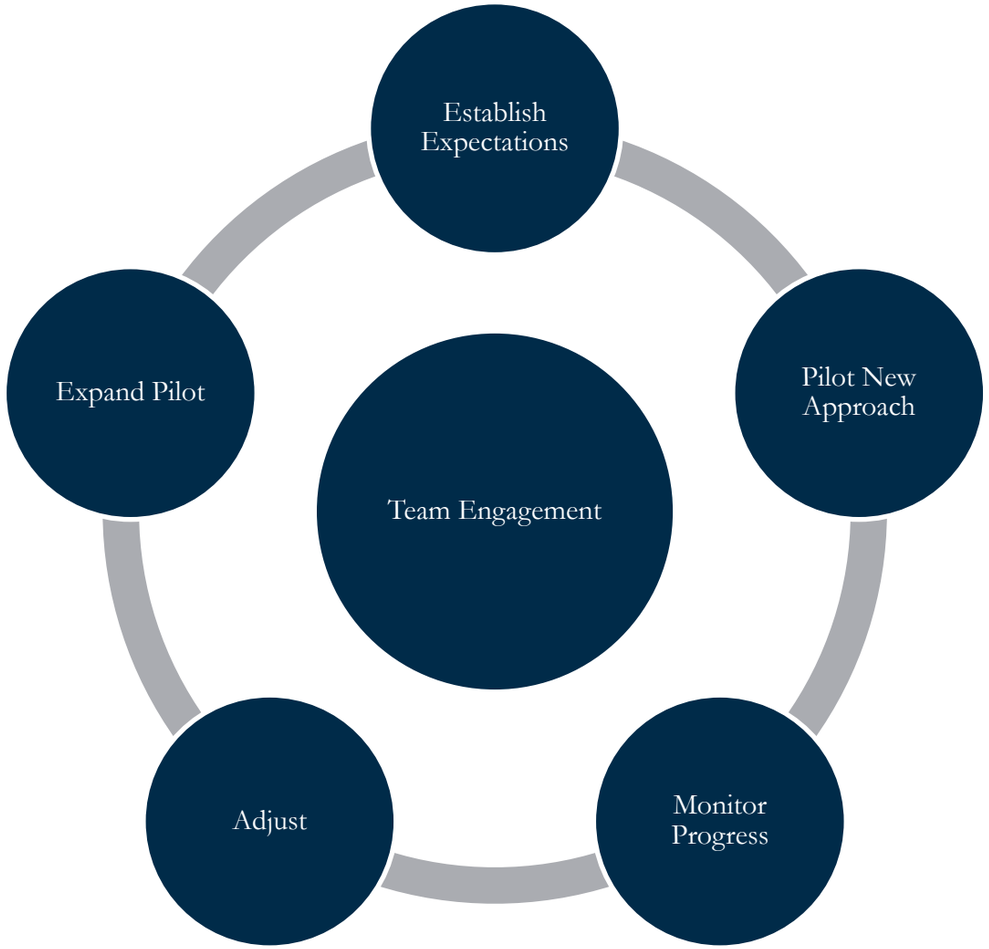
1. Map metrics to data sources
2. Build dashboards that track the performance metrics
3. Vet the dashboards and solicit feedback from impacted groups (staff and managers)
4. Establish baseline performance and organizational data
5. Socialize the dashboards with middle managers, staff, and begin to use the dashboards as a part of day-to-day work management and tracking

This is a **low** complexity task due to the existence of similar, though underutilized, tracking that exists already within SOQ.

SOQ Foundational Improvements | Implement Revised Expectations

Goal: **Stand up a data tracking process that supports ongoing monitoring of staff and organization performance. Integrate this performance tracking into day-to-day operations and management practices.**

Illustrative Figure | Implementation Feedback Cycle



Suggested Tasks

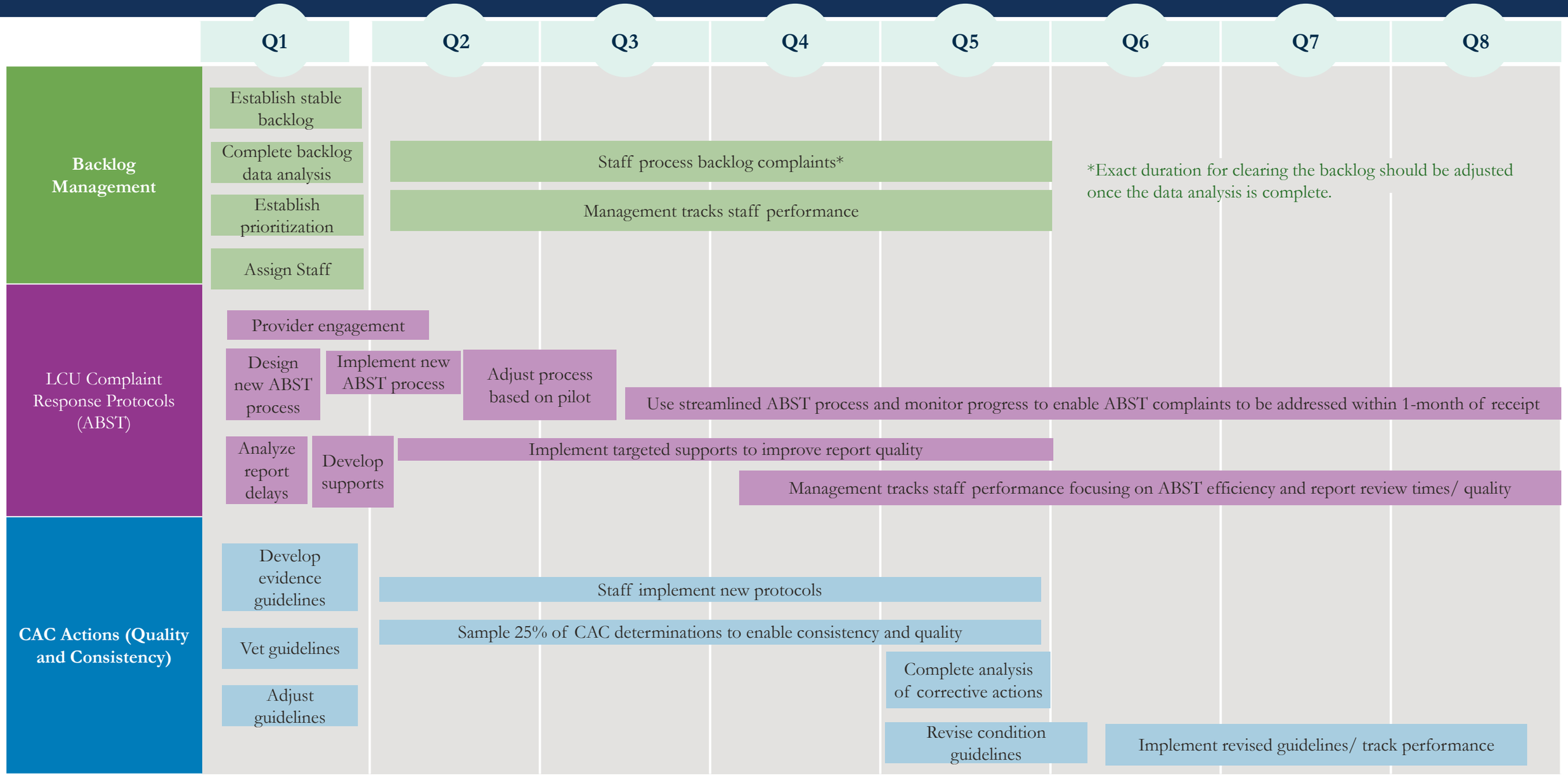
1. Plan a rollout schedule for new activities and share it across SOQ, so that people know when new protocols are being implemented
2. Plan to use a supporting project management tool, like Microsoft Project, or Smartsheet to track progress and communicate important information to impacted groups. (Simple tools, like Gantt charts made in power point would also suffice)
3. Establish piloting periods/ groups, so that more challenging operational changes are implemented on a small scale before being rolled out to everyone impacted
4. Communicate change expectations clearly and repeatedly
5. Regularly check-in on progress, focusing not just on performance data, but on staff morale, workload, and understanding of the changes
6. Employ change management practices (as described in the Change Management Toolkit)
7. Solicit feedback from people impacted by the changes
8. Make necessary changes based on feedback and evaluation
9. As the change period stabilizes, expand pilot throughout the entire organization
10. Make change sustainable by developing and updating trainings

This is a **high** complexity task due to the dynamic changes that will be required throughout implementation.

SOQ Considerations - Tactical Considerations

SOQ Tactical Considerations | Proposed Implementation Schedule

**Change Management, Project Management, Workload Modeling, Legislative Reform Should be Ongoing Throughout*



SOQ Tactical Considerations | Backlog Management

Goal: Eliminate the existing backlog for open complaint cases waiting to be addressed by the Licensing Complaint Unit (LCU) within the Community Based Care (CBC) team.

Illustrative Figure | Data Fields for Backlog Complaint Analysis

Complaint ID	Status	Provider Name	Intake Date	Open Duration	APS Site Visit Completed	Complaint Category	Prioritization Score
Unique ID		*Unique Name or ID*	*MM/DD/YYYY*	*Duration from Intake Date to Present*	*Y, N*		*TBD*

Status Categories
1. Triaged
2. Scheduled
3. Investigation in Progress
4. Report Drafting
5. Report Finalization
6. Blocked

Complaint Categories
1. ABST
2. Death
3. Injury
4. Dignity Violation
5. Privacy Violation
6. Medication Errors
7. Quality of Life
8. Administrative

Suggested Tasks

1. Establish a stable backlog pool by defining the "backlog" as every screened-in allegation that was open as of April 30, 2025 (or other suitable date).
2. Review statutory expectations for complaint responses and understand the obligations that SOQ must fulfill.
3. Understand backlog characteristics like status and type of complaint (category), so that complaints can be prioritized. *(See Illustrative Figure.)*
    1. Prioritization protocols should consider: expected impact to resident safety, work done to date, complaint duration, clusters at various providers, statutory expectations, and complaint status.
    2. Prioritization protocols should be recommended by the CBC LCU team to the SOQ Deputy for final decision making. Likely, the prioritization will be largely algorithmic, with some manual adjustments based on specific circumstance. This development process should leverage existing efforts to stand-up prioritization protocols that are underway in LCU.
4. Make decisions about what staff resources should work to clear the backlog. Depending on the composition of the backlog assigning a small group to work only on the backlog may be appropriate. Consider adding additional resources if clearing the backlog with existing resources is not feasible.
5. Establish performance expectations for staff working on the backlog and track to those standards.

How this Connects to the 6-Step Framework

This consideration is an applied example of the 6-step framework. To prepare for prioritization, the team must first align on the statutory expectations that describe how complaints are meant to be responded to and managed. Once that expectation is established, decisions about prioritization and who should complete the work should occur. To enable these prioritization protocols to be carried out as intended, performance measures should be developed and tracked. Finally, the new protocols and performance expectations should be implemented and adjusted on an ongoing basis.

This is a **low** complexity task due to the discreet, descriptive data analysis that will be required

SOQ Tactical Considerations | LCU Complaint Response Protocols (ABST)

Goal: Improve LCU team efficiency by processing ABST complaint referrals from APS in a new way.

Illustrative Figure | Proposed ABST Complaint Evidence Request

Hello,

Due to a recent complaint related to resident safety, ODHS is completing a staffing level assessment of **[Facility name]**. To support the completion of this investigation, please respond with the requested information within 10 business days, by **[enter date].** If you do not respond with the requested information, you will be found out of compliance with acuity-based staffing requirements pursuant to ORS 443.889.

1. Attestation that **[Facility Name]** is currently using the ODHS ABST, OR an approved alternative documented on a complete Proprietary ABST ODHS Review Request form (se528132).
2. Documentation that the ABST evaluation for **[Resident Name]** was completed at minimum when the resident moved in, when the resident experienced a significant change in condition, and quarterly for the past 12 months.
3. ABST-calculated required staffing for **[7-day duration chosen randomly from the past 12 weeks]** and staffing records. Staffing records may include documentation such as timesheets, sign-in/out sheets, and staffing certifications.)

To achieve compliance with ORS 443.889(3)(a).

To achieve compliance with ORS 443.889(3)(b).

To achieve compliance with ORS 443.889(3)(c)-(d).

Suggested Tasks

ABST Complaint Process Changes

1. Implement a new process for completing ABST reviews that are required due to complaints related to resident safety. When designing this new process, prioritize reducing the data collection burden for state workers, and target a total review timeline of no more than three weeks (15 business days). LCU will need to work with APS to determine if information shared can support the proposed process.
2. Consider using a template like the one shown above to request information from providers. If this is implemented, target sending out the request for information the same day that the allegation is screened in by SOQ. Once information is received, the LCU staffer should write an investigation report that is compliant with ORS 443.441(3)(B). Writing and finalizing this report should take no more than 5 business days.
3. SOQ should pilot this new process for 2 months and then adjust as needed. As a part of this process, SOQ should host Information Sessions with providers.

Report Finalization (All Complaints)

1. Analyze the reports that have been in review for more than 1-month to determine the primary reason for delay. (The month threshold may need to be adjusted based on composition of the backlog.)
2. Implement targeted support to reduce the cause for delay. Appropriate options may include: business writing training, or evidence documentation training. Staff likely need training and examples to improve the quality of complaint reports.

How this Connects to the 6-Step Framework

This consideration is an example of how SOQ should apply the 3rd step of the framework (Develop Standard Operating Procedures (SOPs)) to the operational function of addressing ABST related complaints. Due to the impact that a large backlog can have on morale, and the volume of ABST complaints received, SOQ should prioritize addressing this issue, even if earlier steps in the framework are still being worked through for different operational areas.

This is a **high** complexity task due to the degree of changes to current staff practice that SOQ staff and providers are expected to implement.

SOQ Tactical Considerations | CAC Sanctions Quality & Consistency

Goal: Reduce the amount of inner-unit friction by establishing clear evidence and sanctioning guidelines across the SOQ unit. These guidelines should include protocols that establish a clear relationship between finding scope and severity and corrective action type, timelines, and revisits procedures.

Illustrative Figure | Compliance Findings and Evidence Guidelines

Non-Compliance Type	Description	Statutory or Regulatory Definition	Expected Evidence	Condition Type	Example
Simple Category	*Simple Description*	*Citation and Legal Description*	*Evidence type and volume*	*Expected condition if this type of finding is made, likely multiple conditions may be appropriate. This could have options based on severity and scope of finding.* *Include guidance on the amount of time within which a provider is expected to meet compliance.*	*Recent example based on actual SOQ work*

Suggested Tasks

1. Develop a list of the 10-15 most common noncompliance issues observed in facilities. If helpful, this list should also include common activities completed by CAC.
2. For each noncompliance category, document information about the category (description, statutory or regulatory basis) along with expected evidence, resulting condition options, and an applied example. The resulting condition options should include information about how long a provider will be given to correct noncompliance.
3. Complete an analysis to explore revisit trends (volume, situational drivers, and relation to certain types of non compliance). Adjust the noncompliance findings and evidence guidelines to correct revisit trends that may negatively impact productivity.
4. Vet the evidence guidelines with the CBC team.
5. Adjust the guidelines based on feedback.
6. Begin implementing the guidelines.
7. Sample at least 25% of all CAC determinations made after the new evidence guidelines are issued for at least a year.
8. Complete data analysis of condition issuance and repeated compliance findings to determine if there are trends in issuance and provider performance.

How this Connects to the 6-Step Framework

This consideration is an example of how SOQ should apply the 3rd step of the framework (Develop Standard Operating Procedures (SOPs) to the operational function of issuing corrective actions for the CBC team. The guidelines described here should become a part of the recommended "Corrective Action Protocols" SOP that is recommended for development by the CBC team.

This is a **high** complexity task due to the complex critical reasoning skills required and the degree of potential impact on providers and residents.

SOQ Tactical Considerations | Consider APS Collaboration/ Local Office Changes

Goal: Improve timeliness of LCU responses and reduce duplicative efforts between APS and LCU.

Illustrative Figure | Starting Considerations for Workgroups to Explore

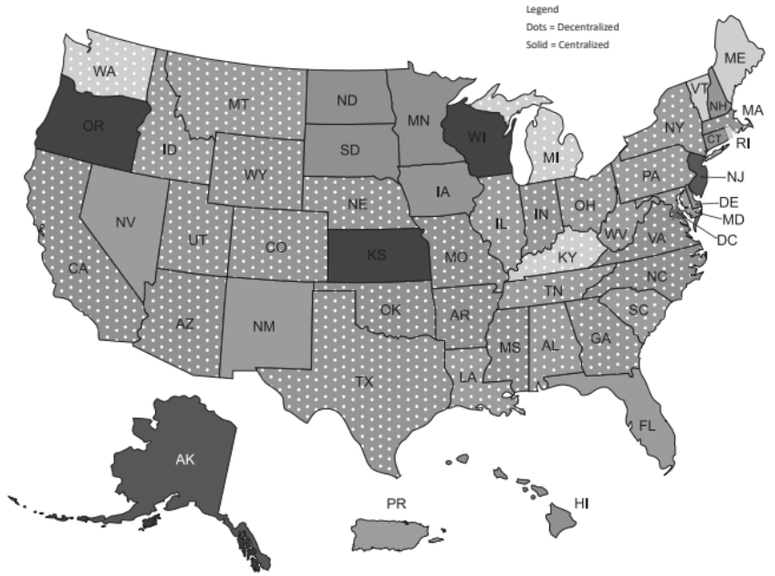
Why Consider Working with APS Differently?

- Some facility compliance teams work on all facility investigations, including abuse investigations, while others choose to split the work across the facility licensing team (LCU) and APS.
    - There is not a clear industry standard to follow.
- APS is typically tasked with investigating complaints about individual circumstances, while LCU is tasked with understanding if a facility was out-of-compliance in a way that contributed to the abuse allegation.
    - At times, these distinctions can be unclear, or hard to operationalize.
- The recent ABST statutory additions have increased the number of referrals to SOQ from APS.
    - At times, additional on-site presence from SOQ, after an APS investigation, may not be a true value-add in terms of resident safety.

Why Consider Working in a Local Office Structure?

- Peer states shared that a local model helped them improve their complaint response times.
- Nationally, LTCO programs are typically decentralized.
    - This is relevant because LTCOs also respond to constituent complaints.

Decentralized LTCOs



Source: ADvancing States. *State Long-Term Care Ombudsman Programs: Organizational Structure.* Washington, DC: National Long-Term Care Ombudsman Resource Center, 2024. https://ltcombudsman.org/uploads/files/support/ads-ombudsman-report-2024.pdf.

Suggested Tasks

1. Assemble two staff work groups:
    1. One work group should be tasked with exploring the feasibility and next steps involved with transiting the CBC complaint response approach to a local office model
    2. One work group should be tasked with exploring potential process changes related to how APS and LCU collaborate on complaint investigations
2. After the workgroups have explored the issues and discussed potential changes with key staff members from APD, SOQ leadership should review proposed recommendations from the workgroup and make a decision about next steps
3. As needed, HR representatives should be consulted

How this Connects to the 6-Step Framework

These considerations should be explored in Steps 1 and 2 when policies that explain the scope of various sub-units are developed.

This is a **high** complexity task due to the changes that this proposal would introduce to people's physical working space, commutes, and related activities.

SOQ Tactical Considerations | Enabling Legislative Improvements (1 of 2)

Goal: Revise ORS 443 and ORS 441 to improve clarity and reduce burdensome expectations.

Illustrative Figure | Suggested Statutory Revisions

Suggested Change	Statute	Rationale
Remove Requirements for Agreement Between SOQ and Licensees Regarding Facility Management Actions	ORS 443.432 ORS 441.333	• Current stipulations weaken the Department's oversight authority
Performance Based Licensing Durations for AFH and CBC	ORS 443.735(7) ORS 443.425(1)	• Improve workload management by giving SOQ the flexibility to adjust licensing durations based on facility performance. This will help resources be directed to more severe compliance issues
Clarify Licensing Suspension and Interim Management Expectations	ORS 443.421 ORS 441.333	• Improve lack of clarity around when interim management should occur and how it overlaps with licensing suspension
Change Immediate Jeopardy Condition Issuance Requirements	ORS 441.736	• Improve workload management by giving SOQ the flexibility to issue conditions on an as-needed basis • Reduce administrative burden

Suggested Tasks

1. Meet with legislators and interest holders to discuss potential statutory changes and the value of making these changes
2. As needed, develop supporting analysis to show the impact of the proposed change on SOQ workload and resident safety and quality of life. Use industry standard cost-benefit analyses to present proposed changes (estimated benefit vs. estimated costs)
3. Prepare policy packages for legislators to consider and work with public interest holders to review proposed changes and develop support. Work with legislative partners to finalize packages and provide support throughout the legislative process
4. Once passed, if passed, update existing processes and regulations to align with the new statutory language – communicate these changes to impacted groups

How this Connects to the 6-Step Framework

This will impact the first step of the 6-step framework. SOQ should identify any additional needed changes as they complete the work described in Step 1 (Shared Regulatory Understanding). Changes should focus on areas that are prescriptive to the point of diminishing returns or areas that lack needed clarity.

This is a **high** complexity task due to the broad impacts that law changes will have on providers, the resident community, SOQ rulemaking activity, and SOQ operations.

SOQ Tactical Considerations | Enabling Legislative Improvements (2 of 2)

Goal: Revise ORS 443 and ORS 441 to improve clarity and reduce burdensome expectations.

Illustrative Figure | Suggested Statutory Revisions

Suggested Change	Statute	Rationale
ABST Changes – Lower Complaint Burden/ Survey Burden	ORS 443.441 ORS 443.889	• Current Acuity Based Staffing Tool requirements require SOQ complaint investigators and surveyors to include ABST reviews as a part of their work in almost all situations; however, this work often does not provide meaningful information about a facility's ability to protect resident health and safety • Revising these requirements would help the State prioritize work that directly contributes to resident safety and quality of life, rather than completing work that is largely administrative to comply with statute
Civil Penalty Updates	ORS 441.731	• Explore updates to current civil penalty amounts to align them with current facility revenues and peer states/ CMS guidance
Complaint Response Times & Levels	ORS 441.650 ORS 443.767 ORS 443.441	• Alignment with federal standards (for nursing facilities) • Revised/ clarified expectations for when an in-site visit is required from SOQ (potentially in addition to an investigation from APS) in response to an allegation will improve SOQ's ability to prioritize • Nationally, response time expectations tend to vary between 24-hours to 7 days for abuse allegations, with many states setting triage expectations based on severity. Non-abuse investigation timelines are typically less aggressive. • Some state teams choose to combine some complaint investigations into a facility's upcoming licensing survey, rather than requiring a distinct complaint site-visit to occur

Suggested Tasks

1. Meet with legislators and interest holders to discuss potential statutory changes and the value of making these changes
2. As needed, develop supporting analysis to show the impact of the proposed change on SOQ workload and resident safety and quality of life. Use industry standard cost-benefit analyses to present proposed changes (estimated benefit vs. estimated costs)
3. Prepare policy packages for legislators to consider and work with public interest holders to review proposed changes and develop support. Work with legislative partners to finalize packages and provide support throughout the legislative process
4. Once passed, if passed, update existing processes and regulations to align with the new statutory language – communicate these changes to impacted groups

How this Connects to the 6-Step Framework

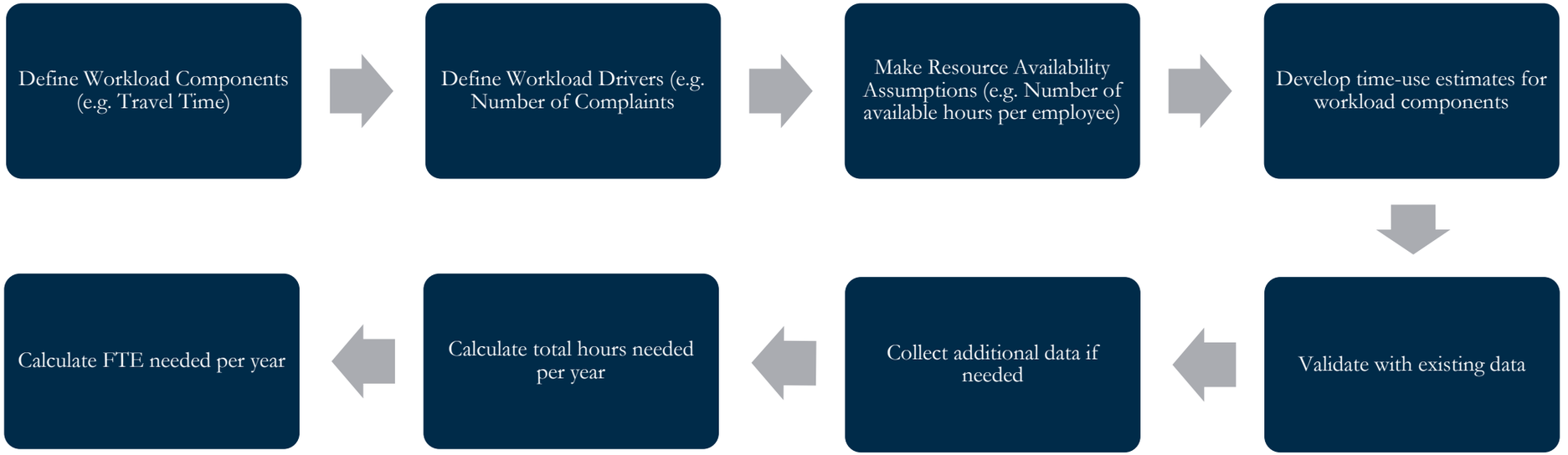
This will impact the first step of the 6-step framework. SOQ should identify any additional needed changes as they complete the work described in Step 1 (Shared Regulatory Understanding). Changes should focus on areas that are prescriptive to the point of diminishing returns or areas that lack needed clarity.

This is a **high** complexity task due to the broad impacts that law changes will have on providers, the resident community, SOQ rulemaking activity, and SOQ operations.

SOQ Tactical Considerations | Enabling Workload Modeling (1 of 2)

Goal: After revised operational expectations are developed (informed by statutory review), complete a workload modeling exercise to determine optimal staffing levels.

Illustrative Figure | Process for Workload Modeling



Suggested Tasks

1. Once core functions and responsibilities have been determined and agreed upon based on statutory review, work with each responsible group (e.g. the CBC survey team) to document the steps that go in to completing their work. The output should be a list of concrete buckets of work that are needed to complete each ore function (e.g. a licensing survey).
2. Then, SOQ should use current data about number of facilities, number of beds/residents, number of complaints, number of revisits, etc. to model the workload drivers (e.g. How many surveys need to be completed in a year for each facility type?)
3. After those inputs are determined, staff who complete the work (e.g. a surveyor) should be asked to develop time estimates for each workload component. These time estimates should be averages or medians. There will always be some variation in time needed; do not focus on outliers. Depending on resources, SOQ should consider completing a time-study to validate estimates.
4. At this point, a data analyst should have enough information to develop an excel tool (or similar product) that can project the total hours of work to be completed each year and the number of FTE needed to complete the work.
5. Compare the projected staffing need to current levels, adjust assumptions, finalize estimates, and then lobby for the needed number of resources using as much data as possible to illustrate the workload need.

How this Connects to the 6-Step Framework

Workload modeling should begin after steps 1-2 of the 6-step process are complete (after core decisions about how statutory mandates will be met are made). Workload modeling may not be able to be completed entirely until Step 3 is finished (depending on the decision making that occurs throughout the SOP drafting process).

This is a **moderate** complexity task due to the degree of collaboration with "do-ers" of the work that will be needed to develop realistic estimates.

SOQ Tactical Considerations | Enabling Workload Modeling (2 of 2)

Goal: After revised operational expectations are developed (informed by statutory review), complete a workload modeling exercise to determine optimal staffing levels.

Illustrative Figure | Survey Workload Model Example

Workload Drivers

Current Figures		
	CBC	*NF*
Beds	29,366	10,496
Providers	575	128
Surveyors	31	30
Beds per Facility		
Average	35	80
Min	8	6
Max	114	180
Median	49	80

Time-Use Estimates – Adjust by comparing to actuals and collect data (time study) if needed

Workload Components

	Estimated		Based on Actuals	*Calculated*	Based on Current Staffing
	Hours per Survey (CBC)	Hours per Survey (NF)	Annual Qty of Surveys (15% Sample)	Total Survey Hours Needed	Hours Spent per Survey per Provider
Component #1: Individual Surveys (estimated hours needed per bed)					
Individual Record Review/ Interviews for Resident Sample	5.0	5.0	1,575	7,875	
Resident Sample Findings Summary	3.0	3.0	1,575	4,725	
Component #1 Subtotal	***8.0***	***8.0***	***1,575***	***12,600***	
Component #2: Provider Surveys (estimated hours needed per facility)					
Facility Review	10.0	10.0	128	1,280	
Report Writing	5.0	5.0	128	640	
Prep Time	4.0	4.0	128	512	
Summary Meeting Time	4.0	4.0	128	512	
Team Leader Summmary	4.0	4.0	128	512	
Provider Meeting	4.0	4.0	128	512	
Follow Up	4.0	4.0	128	512	
Travel Time	30.0	30.0	128	3,840	
Survey #2 Subtotal	***65.0***	***65.0***	***128***	***8,320***	
Survey Total (no revisit- revisits shown below)	**73.0**	**73.0**	**1,703**	**20,920**	**360**
Follow-Up Survey #1			945	6,048	
Follow-Up Survey #2			26	1,331	
Final Survey Total	131.4	131.4	2,674	28,299	
		Hours needed per Survey per Facility		221	
		Total Surveyor FTE Need:		18.4	Current Budgeted Surveyors: 30

Total Hours Needed per Year

Total FTE Need

Resource Availability Assumptions

Assumptions Table

Variable	Value	Description
Individual Review Sample	15%	For every X number of beds, the percentage that are included
Revisit Rate (Facilitites)	20%	Directional estimate for provider revisits from peer state.
FTE Available Hours (Annual)	1,920	Assumes individuals have 48 available weeks in a given year
NH FTE Available Hours (Annual)	80%	Surveyors have other, non-survey related responsibilities. The 20% reduction accounts for that.

Use this for **Data Validation**

SOQ Tactical Considerations | Change Management & Communications

Goal: Develop change management capacity and infrastructure to support leaders and teams in navigating and adopting program changes.

Illustrative Figure | Change Management Plan Components

Assess Change	Identify Change Leaders	Assess Change Readiness	Develop Communication Plan	Develop Training Plan
• *Purpose of change* • *Desired future state* • *Change complexity (scope, timeframe, impact on internal and external stakeholders, etc.)* • *Resource needs to implement change*	• *Leadership assessment (awareness, desire, knowledge, and ability)* • *Implications and interventions to support change leader development*	• *Organizational assessment of readiness for change* • *Resistance prevention and mitigation strategies*	• *Communication objectives* • *Trusted messengers* • *Key messages* • *Timeline and cadence* • *Feedback loops* • *Evaluation*	• *Engagement plan for training design* • *Planned training approach* • *Outreach plan to publicize upcoming training* • *Timing of training* • *Training support options* • *Training outcome measurement plan*

Suggested Tasks

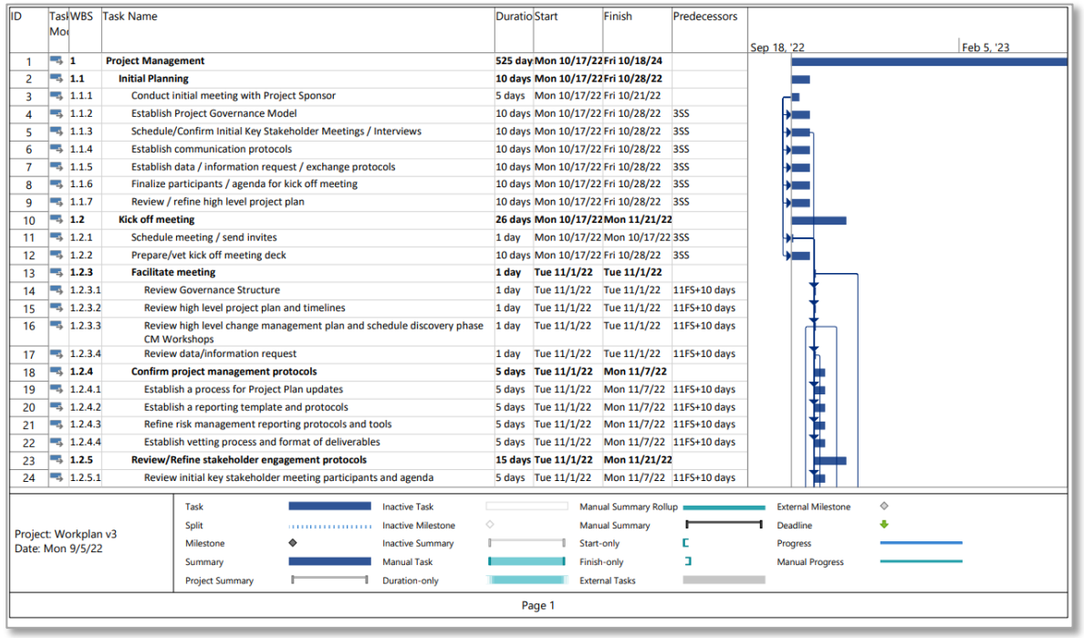
1. Develop a change management plan to guide and support organizational changes.
2. Provide change readiness training to managers that will be leading through change so that they can leverage the change management framework, tools, and resources available and increase their change management competency.
3. Develop or use established change management surveys to assess the qualities and scale of the proposed change and direct focus for change management activities.
4. Implement ongoing change readiness surveys or assessments with staff to understand their current levels of awareness, desire, knowledge, and ability, and tailor activities based on results. Share survey results with staff and communicate planned steps that respond to input and findings.
5. Develop a robust communication strategy anchored by the "4Ps" of the project: the project (what is the project); the purpose (why are we changing); the particulars (what are we changing); and the people (who will be changing).
6. Ensure high executive visibility for the change. Employees want to hear from executives and senior leaders about why the change is happening. Build frequent executive touchpoints into the communication plan.
7. Establish diverse feedback loops for staff to ask questions and provide input. Provide timely, transparent responses available to all staff.
8. Develop role-specific training content that builds competency and change readiness and helps to mitigate change resistance through knowledge and ability.
9. Aim to deliver timely, diverse modes of training. Provide what the audience needs (content) when they need it (timing).

This is a **high** complexity task due to the current morale challenges, an expressed lack of trust from staff, and the competing priorities that may re-direct focus from this initiative.

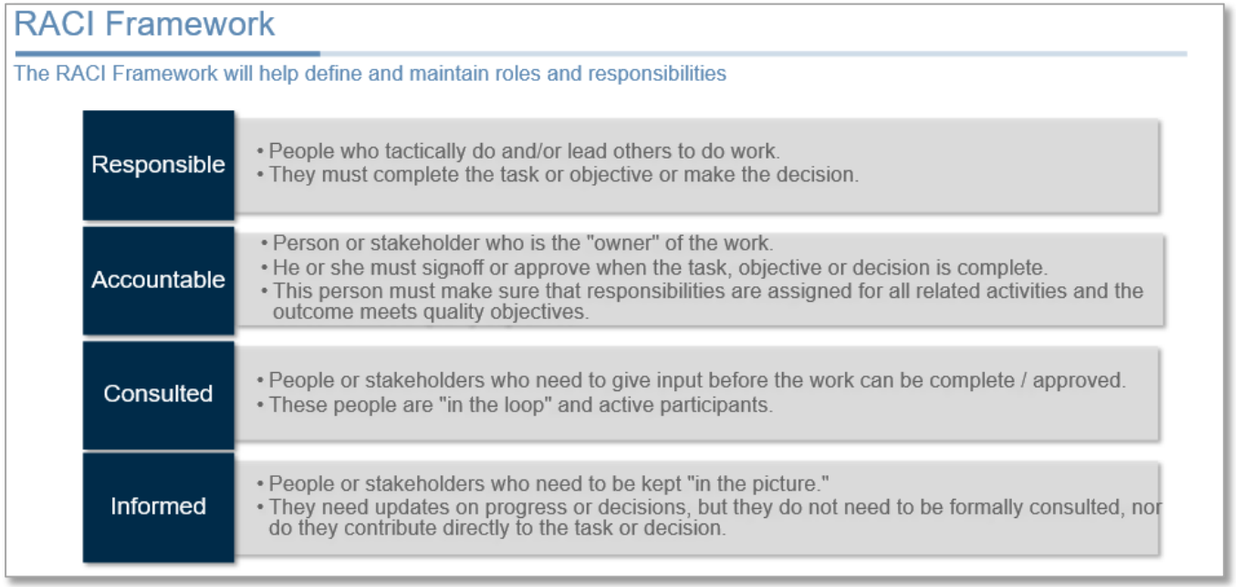
SOQ Tactical Considerations | Project Management

Goal: **Develop project management infrastructure to support on-time and successful implementation of planned improvements to SOQ's operations**

Illustrative Figure | Example Project Plan and Example RACI Framework



ID	Task Mo	WBS	Task Name	Duratio	Start	Finish	Predecessors
1		1	**Project Management**	**525 day**	**Mon 10/17/22**	**Fri 10/18/24**	
2		1.1	**Initial Planning**	**10 days**	**Mon 10/17/22**	**Fri 10/28/22**	
3		1.1.1	Conduct initial meeting with Project Sponsor	5 days	Mon 10/17/22	Fri 10/21/22	
4		1.1.2	Establish Project Governance Model	10 days	Mon 10/17/22	Fri 10/28/22	3SS
5		1.1.3	Schedule/Confirm Initial Key Stakeholder Meetings / Interviews	10 days	Mon 10/17/22	Fri 10/28/22	3SS
6		1.1.4	Establish communication protocols	10 days	Mon 10/17/22	Fri 10/28/22	3SS
7		1.1.5	Establish data / information request / exchange protocols	10 days	Mon 10/17/22	Fri 10/28/22	3SS
8		1.1.6	Finalize participants / agenda for kick off meeting	10 days	Mon 10/17/22	Fri 10/28/22	3SS
9		1.1.7	Review / refine high level project plan	10 days	Mon 10/17/22	Fri 10/28/22	3SS
10		1.2	**Kick off meeting**	**26 days**	**Mon 10/17/22**	**Mon 11/21/22**	
11		1.2.1	Schedule meeting / send invites	1 day	Mon 10/17/22	Mon 10/17/22	3SS
12		1.2.2	Prepare/vet kick off meeting deck	10 days	Mon 10/17/22	Fri 10/28/22	3SS
13		1.2.3	**Facilitate meeting**	**1 day**	**Tue 11/1/22**	**Tue 11/1/22**	
14		1.2.3.1	Review Governance Structure	1 day	Tue 11/1/22	Tue 11/1/22	11FS+10 days
15		1.2.3.2	Review high level project plan and timelines	1 day	Tue 11/1/22	Tue 11/1/22	11FS+10 days
16		1.2.3.3	Review high level change management plan and schedule discovery phase CM Workshops	1 day	Tue 11/1/22	Tue 11/1/22	11FS+10 days
17		1.2.3.4	Review data/information request	1 day	Tue 11/1/22	Tue 11/1/22	11FS+10 days
18		1.2.4	**Confirm project management protocols**	**5 days**	**Tue 11/1/22**	**Mon 11/7/22**	
19		1.2.4.1	Establish a process for Project Plan updates	5 days	Tue 11/1/22	Mon 11/7/22	11FS+10 days
20		1.2.4.2	Establish a reporting template and protocols	5 days	Tue 11/1/22	Mon 11/7/22	11FS+10 days
21		1.2.4.3	Refine risk management reporting protocols and tools	5 days	Tue 11/1/22	Mon 11/7/22	11FS+10 days
22		1.2.4.4	Establish vetting process and format of deliverables	5 days	Tue 11/1/22	Mon 11/7/22	11FS+10 days
23		1.2.5	**Review/Refine stakeholder engagement protocols**	**15 days**	**Tue 11/1/22**	**Mon 11/21/22**	
24		1.2.5.1	Review initial key stakeholder meeting participants and agenda	5 days	Tue 11/1/22	Mon 11/7/22	11FS+10 days



Suggested Tasks

1. Select a Simple Project Management Tool - Use a straightforward tool like Smartsheet, or Excel to organize projects. Set up project plans, boards, or lists to break tasks into manageable pieces with clear deadlines.
2. Assign a Project Lead for Each Initiative - Designate someone to oversee each project. This individual will be responsible for tracking progress, coordinating tasks, and ensuring deadlines are met.
3. Establish a Check-In Cadence - Determine a regular check-in schedule that works best for the team. Use these sessions to review progress, address roadblocks, and adjust priorities as needed.
4. Implement a "To-Do, Doing, Done" Workflow - Structure tasks into three categories: To-Do, Doing, and Done. This simple workflow enables clarity and alignment across the team. Update it regularly to maintain visibility.
5. Track Risks and Issues - Monitor risks and issues for each project to proactively address challenges. Document and review these items during check-ins to enable efficient resolution or mitigation.

This is a **low** complexity task due to the established resources and frameworks that exist for project management.

Methodology

Overview of the Approach

A&M reviewed internal and external policies and procedures, analyzed SOQ performance data, and engaged with interest-holders to inform the assessment. The evaluation approach consisted of three main phases.

Phase 1

Policy Review and Alignment Assessment

A&M completed thorough review and cataloguing of state administrative rules, state legislative directions, and internal SOQ policy to assess the clarity, scope, and internal consistency of statutes. In this process, A&M:

- **inventoried 220+ mandates and authorities** related to facility management by type of legislative direction, operational category, governed facility type, and ambiguity score.
- reviewed and inventoried **30+ Oregon Administrative Rules and Oregon Revised Statutes**
- reviewed **100+ SOQ documents** related to the facility oversight, training, and position descriptions to evaluate operations against legal mandates.
- analyzed performance data on survey timeliness, compliance, volume of complaints

Additionally, A&M conducted standardized interviews with a representative sampling of staff by unit, informational interviews with external stakeholders, and administrated 3 focus groups with CBC staff. The interviews and focus groups focused on interviewees' role and tenure within the unit, their perception of alignment with legislative mandates, their evaluation of strategy and SOQ performance, and their perspective on SOQ resource needs.

Phase 2

Operational & Cultural Review

A&M created and administered an employee survey to assess and understand the cultural drivers of organizational challenges and misalignments between policy and practice. In this process, A&M:

- Reviewed and **coded 180+ free-response answers** to analyze and consolidate key themes
- Analyzed **115 responses to multiple choice and Likert-scale questions** to identify gaps across divisions and areas of weakness

Phase 3

Interest-Holder Engagement and Vetting

In partnership with APD leadership, A&M hosted **5 townhalls** with interest-holders – including staff (1), advocates (2), residents and families (1), and providers (1) – to vet findings from the Rapid Response Report, employee surveys, and the SOQ SWOT analysis to gauge sentiment on proposed resolutions and implementation timelines. Each engagement included opportunities for live questions and answers and/or breakout discussion groups.

Key Deliverables/Analyses

Rapid Response Report

SWOT Analysis

Final Report of Findings and Recommendations

Methodology | Phase 1 | Policy Review (1 of 3)

To begin analysis of the degree of alignment between SOQ operations and the policy expectations placed upon the unit, A&M completed a policy analysis that prioritized review of state statutory requirements.

State Statutory Analysis

- The goal of this analysis was to inventory each part of Oregon statute that instructs the Oregon Department of Human Services on how to license and oversee long-term care facilities for older adults and people with physical disabilities.
- A&M used a list of key-terms including words and phrases such as "nursing facility" and "licensing" to identify relevant state statutes. A&M asked for SOQ validation of the statutes to review and finalized a list of approximately 10 statutes to be included in the statutory analysis.
- After completing a summary-level review of all the identified statutes, A&M chose to prioritize detailed review of ORS 443 and ORS 441 based on relevancy. These two statutes outline the licensing process for long term care settings. They establish expectations for the Oregon Department of Human Services, but not specifically for SOQ. (For the purposes of analysis, A&M assumed that any stated ODHS provisions included in these statutes applied in practice to SOQ if they were in regard to a facility-type currently managed by SOQ.)
- A&M reviewed ORS 441 and ORS 443 to identify each instance in which statute outlined either a mandate or an authority for ODHS.
    - Mandate – A&M defines a mandate as an activity that state statute requires ODHS to complete. For example, ORS 441.025(2)(a) states that, "*Upon receipt o a license fee and an application to operate a long term care facility, the Department of Human Services shall review the application and conduct an in-person site inspection of the long term care facility*…" A&M identified provisions like these as SOQ mandates.
    - Authority –A&M defines an authority as an activity that state statute grants ODHS the discretion (or authority) to completed. For example, ORS 441.046(3) states that, *"The department may revoke or suspend the license of a long term care facility that is found to have violated subsection (1) of this section."* A&M identified provisions like these as SOQ authorities, something SOQ may do based on organizational discretion.
- A&M documented each mandate and authority into a statutory inventory. Each item was summarized and tagged based on the facility type the requirement applied to and the operational category that most closely described the mandate or authority. In total 200+ mandates and authorities were inventoried.
- A&M's analysis was based largely on facility type and operational category groupings. A&M analyzed redundancies and inconsistencies across statute sections and completed a comparative analysis of requirement prevalence across provider types and operational areas A&M also scored each provision's level of ambiguity as either, "Low," "Moderate," or "High."

State Regulatory Analysis

- In addition to these detailed statutory reviews, A&M completed a summary-level review of 26 rules from OAR Chapter 411. This review included documenting the following elements for each regulation: operational category, rule summary, regulated entity, summary of programmatic requirements for providers, summary of administrative requirements for providers, summary of Department implementation responsibilities, summary of potential areas of confusion, and, if applicable, a summary of the process requirements included in each rule.
- The rules that were reviewed were selected in collaboration with SOQ leadership.

Methodology | Phase 1 | Policy Review (2 of 3)

State Statutory Analysis – Policy Documents Included

Statute	Program Focus	Type of Review Completed
ORS 101	Community Based Care (Continuing Care Retirement Communities)	Detailed Review; relevant items included in statutory inventory
ORS 124	Abuse Prevention and Reporting	Preliminary review; did not complete detailed review due to the assumption that Adult Protective Services (APS) not SOQ has authority over the abuse investigations governed by this section.
ORS 427	Persons With Intellectual or Developmental Disabilities	Preliminary review; did not complete detailed review due to the assumption that Adult Foster Homes for the I/DD population are not managed by SOQ.
ORS 476	State Fire Marshall	Detailed Review; relevant items included in statutory inventory
ORS 409	Oregon Department of Human Services	Reviewed; no relevant items to include in statutory inventory
ORS 410	Senior and Disability Services	Reviewed; no relevant items to include in statutory inventory
ORS 413	Oregon Health Authority	Reviewed; no relevant items to include in statutory inventory
ORS 427	Intellectual and Development Disabilities (I/DD)	Did not complete detailed review; assumed services focused on I/DD population were out of scope
ORS 430	Mental Health (MH)	Did not complete detailed review; assumed services focused on MH population were out of scope
ORS 441	Health Care Facilities	Detailed Review; relevant items included in statutory inventory
ORS 443	Residential Care, Adult Foster Homes, Hospice Programs	Detailed Review; relevant items included in statutory inventory

Methodology | Phase 1 | Policy Review (3 of 3)

State Statutory Analysis – Sample of Statutory Inventory

Chapter	Citation	Type	Summary	Functional Category	Applicable to:	Ambiguity Rating
441	ORS 441.022	Mandate	Mandates that factors of only two kinds be considered in licensing determinations: 1) health and safety and 2) abilities of the facility operator.	Initial Licensing Applications	Nursing Facilities	Moderate
441	ORS 441.025(2)(a)	Mandate	When a facility submits a licensing application to ODHS, ODHS will review the application and conduct and in-person site inspection, including food prep areas. ODHS will issue a license if the long term care facility complies with ORS 441.015-119 and 441.993	Initial Licensing Applications	Nursing Facilities	Low
441	ORS 441.025(6)	Mandate	Licenses for skilled nursing facilities or intermediate care facilities won't be approved unless the applicant lists the identities and financial interests of any people with 10% or more ownership in the facility	Initial Licensing Applications	Nursing Facilities	Low
441	ORS 441.025(7)	Authority	A license application may be denied if any of the people with financial interest (10% or more) in the facility divested from another facility because the department intended to suspend or revoke its license within the past 5 years	Initial Licensing Applications	Nursing Facilities	Low

Methodology | Phase 1 | Alignment Assessment (1 of 2)

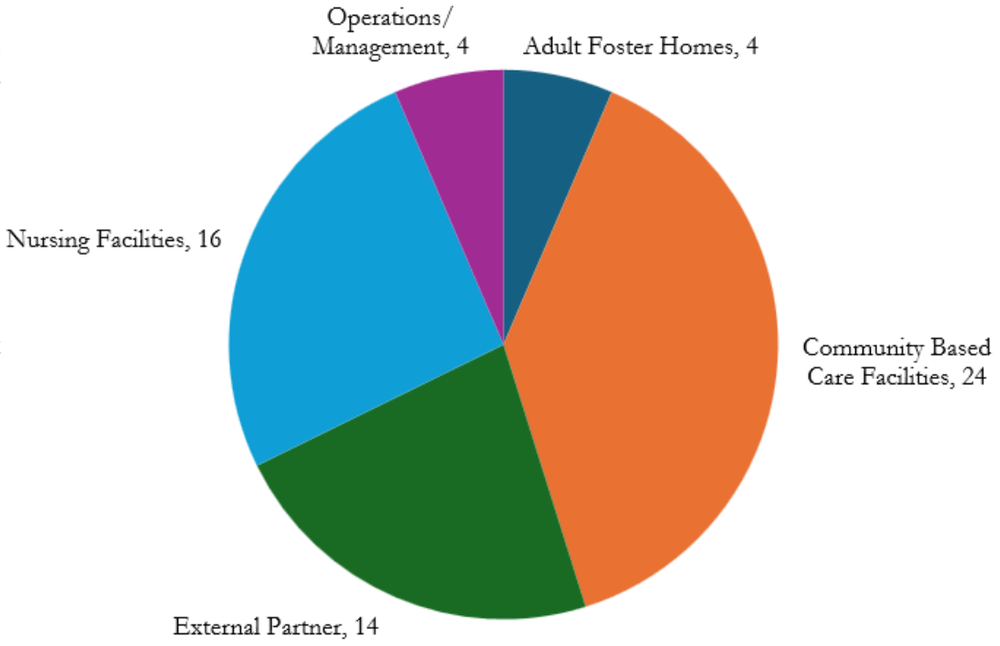
To assess interest-holders' perception of alignment between SOQ operations and policy expectations, A&M spoke with over 60 people including SOQ staff, service recipients, community advocates, and providers.

Informational Interviews & Staff Focus Groups

- The goal of these staff interviews and focus groups was to extract qualitative information on staff's perception of alignment with legislative mandates, their evaluation of strategy and SOQ performance, and their perspective on SOQ resource needs.
- A&M provided guidance to SOQ executive leadership that the interviewee pool should include all subunits, division and ranks within SOQ to capture a representative sample of employees. Interviewees were then selected by executiv leadership. Interviews were approximately one hour long and were facilitated by two assessment team members to reduce individual bias and strengthen the comprehensiveness of collected information.
- A&M utilized a standardized interview protocol for all staff interviews. Questions in protocols were grouped into three categories: organizational perspective, legislative mandates, and recommendations.
- After interviews were completed, qualitative information (interview notes) was summarized and entered into tables. These tables included information on interviewees' units, tenure, and division, as well as raw feedback relayed in interviews. These raw themes, based on prevalence, were used to identify key areas of interest and were consolidatec into five main themes related to alignment with legislative mandates, operational improvements, and culture.
- As the project matured, additional informational interviews were conducted to inform recommendations and implementation planning.
- A&M hosted three additional focus groups with CBC team members. These focus groups were set up ensure adequate representation from the CBC team. Approximately fifteen people participated in the focus groups. One person participated in both an individual interview and a focus group.
- A&M used a standardized protocol to solicit staff feedback on policy alignment, leadership's vision, and supports needed for employees and the broader organization to be successful.
- Information gathered from focus groups was aggregated along with informational interviews for the quantitative assessment of themes and key areas of focus.

Distribution of Assessment Participants

Does not include external interest holder focus groups



External Interest-Holder Interviews and Family Focus Groups

- In addition to staff interviews, A&M conducted eight external interest-holder interviews with representatives from provider agencies and advocacy partners. A similar protocol was used in these interviews, with questions focused on SOQ's alignment with policies and recommendations for service delivery improvements.
- A&M hosted two focus groups with family members of current or former facility residents, long-term care advocates, or residents themselves. These individuals were asked about their experiences, recommendations for improvements, and other questions regarding experiences navigating care options. Participants were asked to focus their input on SOQ-specific services and support; however, interactions with other actors in the long-term care ecosystem, such as APS, LTCO, and facility management, were also noted.

Methodology | Phase 1 | Alignment Assessment (2 of 2)

Alignment Assessment – Sample of Interview Protocols

Category	Interviewee Type	Example Question
Organizational Perspective	Staff Informational Interview	How would you describe leadership's vision for your program? In your view, how does this vision impact SOQ's ability to ensure compliance and safety?
	CBC Focus Group	How would you describe leadership's current vision for SOQ? What's working well, what's not?
	External Interest-Holder	In your opinion, how effective is the SOQ unit in ensuring safety and quality of care in LTC facilities?
Legislative Mandates	Staff Informational Interview	Are the regulations, guidelines, and/or policies issued by SOQ clear and easy to understand?
	CBC Focus Group	Can you describe your experience with SOQ's alignment with policy? What's working well, what's not?
	External Interest-Holder	Do you feel that the SOQ unit provides adequate support and resources to help providers understand and comply with regulations?
Recommendations	Staff Informational Interview	What do you think is needed for SOQ to better protect and serve people receiving services?
	CBC Focus Group	What do you need to be successful in your role? What about for SOQ broadly to be more effective?
	External Interest-Holder	What do you think are the most important issues or challenges that the SOQ unit should address to better serve the community?

Alignment Assessment – Data Limitations

- Staff were not provided definitions of the varying levels of leadership (e.g. direct supervisor, program manager, or executive). However, most staff interviewees provided descriptive information to allow for stratification of data between the varying levels.

Methodology | Phase 2 | Operational Review (1 of 2)

A&M administered an employee survey to assess and understand the cultural drivers of organizational challenges and misalignments between policy and practice.

Employee Survey

- The goal of this analysis was to gather quantitative and qualitative information from staff to further assess cultural factors of organizational challenges, with a focus on communication, accountability, leadership effectiveness, and vision.
- A&M developed and distributed a two-part employee survey that included approximately 20 close-ended (quantitative) questions and 2 open-ended (qualitative) prompts. The survey remained open for two weeks and was completed by 79% of SOQ staff. Staff were categorized by division, position, and tenure to evaluate if respondents were sufficiently representative of SOQ.
- Quantitative Analysis Methodology:
    - Survey items were grouped into five thematic domains: job expectations and skills, communication, staff accountability, and vision. Response options included Likert-scale agreement ratings (e.g, strongly disagree, disagree, neutral, etc.) and multiple-choice frequency indicators. Additional survey questions were triggered for employees that managed others to assess team-level dynamics and challenges.
        - Questions on job skills focused on employees' perception of their own skills, their peers' skills, their reports' skills, and their supervisor's skills in the following categories: evaluate and interpret policy and law; make operational decisions that impact resident safety; interface with provider agencies, their staff, and residents; collect, evaluate, and synthesize provider performance evidence; and business writing.
        - Questions on communications were focused on the timeliness, consistency, and reliability of communications regarding policy or procedural changes from varying levels of leadership.
        - Questions on staff accountability assessed the performance management and feedback process.
        - Questions on vision centered on clarity of leadership's vision and ways to promote provider compliance.
    - A&M analyzed and stratified selection rates of each option by unit and position to assess localized pain points.
- Qualitative Analysis Methodology:
    - A&M collected free-responses to two questions to capture prescriptive detail that would inform and validate responses collected in the quantitative section.
        - How could your job be improved?"
        - Is there anything else you'd like to share about working in SOQ?
    - These open-ended responses were reviewed and coded by theme to assess prevalence of cultural and functional challenges.
    - Major feedback categories included: leadership quality and consistency, accountability and fairness, staffing supports (e.g., training, workload manageability, and communication), morale, procedural clarity, and system usability. A&M selected respondent quotes to highlight specific cultural barriers and functional challenges.
- A&M analyzed discrepancies and trends in responses across both positions and units and created visual aids to illustrate variance in perception across units and positions.

Methodology | Phase 2 | Operational Review (2 of 2)

Operational Review – Sample of Employee Survey Questions

Category	Sample Question	Selection Options
Job Skills	How would you rate your own skills in the following categories: • Evaluate and interpret policy and law; • Make operational decisions that impact resident safety; • Interface with provider agencies, their staff, and residents; • Collect, evaluate, and synthesize provider performance evidence; • Business writing	For each category: • No skills/no experience • Low skills/little experience • Average skills/some experience • Moderately high skills/good experience • High skills/extensive experience • Not applicable
Communication	Please identify how much you agree with the following statements: • I receive timely information when there are policy or procedural changes. • The information I receive when there are policy or procedural changes helps me do my job correctly. • I know where to look for information when there are policy or procedural changes. • My peers and I receive consistent information when there are policy or procedural changes.	For each statement: • Strongly disagree • Disagree • Neither disagree nor agree • Agree • Strongly agree • Don't know
Staff Accountability	Please identify how much you agree with the following statements: • The performance feedback I receive from my supervisor is useful. • I am comfortable asking my supervisor for help. • I am comfortable asking my teammates for help.	Same as above
Vision	Please identify how much you agree with the following statements: • I understand SOQ leadership's vision for SOQ as a whole. • I understand SOQ leadership's vision for my unit.	Same as above

Methodology | Phase 3 | Interest-Holder Engagement and Vetting (1 of 1)

A&M hosted 5 townhalls to gather structured, interest-holder specific feedback on the findings of the Rapid Response Report and proposed SOQ changes to ensure that final recommendations accurately reflected the experiences of staff, residents and families, community advocates, and providers.

Interest-Holder Townhalls

- The goal of the interest-holder townhalls was to validate, refine, and vet proposed operational recommendations to the SOQ unit by facilitating structured feedback sessions with four key interest-holder groups: SOQ staff, providers, residents and their family members, and community advocates.
- Each audience participated in a separate virtual townhall designed to elicit qualitative feedback on the clarity, feasibility, and alignment of proposed reforms with their priorities. These sessions aimed to make final recommendations reflect the experience and implementation considerations of main interest-holders.
- **Staff Townhalls (1)**
  - A&M hosted a virtual townhall attended by SOQ staff across divisions, units, and tenure. The session began with community agreements to encourage open communication and highlight organization's focus on safety. The meetings included a presentation of survey findings, feedback themes, and potential future-state initiatives. To elicit quantifiable feedback and engagement, A&M used MentiMeter to anonymously gather feedback from attendees in real time.
  - These sessions built on operational and cultural findings from the earlier informational interviews and employee survey, with the objective of gathering reactions and consensus around key findings and proposed change areas relating to job understanding and communication, accountability, and SOQ's vision and purpose.
  - Following the main presentation, attendees were randomly distributed into breakout rooms facilitated by A&M. Breakout sessions lasted approximately 15 minutes and were structured around a guide prompting discussion on whether proposed initiatives felt meaningful, whether the SOQ vision was clearer, and what concerns or conditions should be considered for implementation.
    - Is the vision for SOQ clearer after this meeting?
    - Do these changes adequately address your aspirations and concerns for SOQ?
    - Do you feel you have the information you need to adjust to these changes? If not, what additional knowledge would be helpful?
    - What type of role would you like to have in supporting these changes?
  - A&M documented participant sentiment, implementation questions, and feedback themes to inform the final recommendations.
- **External Townhalls (**Resident and Family Townhalls – 1**,** Advocate Townhall – 2, Provider Townhall – 1)
  - A&M also hosted sessions specifically for three external interest-holder groups with the objective of vetting and refining proposed recommendations with individuals with direct experience receiving, providing, or observing care in facilities. These interest-holders included residents of adult care facilities and their family members, providers, and advocates.
  - The structure of these sessions were similar to that of the staff townhall format. Presentations began with background context of the project, a summary of findings from prior phases of engagement, and proposed improvements and changes underway. A&M used MentiMeter and live polls to solicit feedback and input in real time.
  - Discussions centered on existing and proposed changes and if participants felt changes adequately addressed concerns, potential barriers to change, and the type of involvement they would like in implementing changes.
    - Do these changes adequately address your aspirations and concerns for SOQ?
    - What barriers might make these changes challenging?
    - What type of role would you like to have in supporting these changes?

Change Management Toolkit

Change Management Toolkit | Contents

In response to the findings and recommendations in this report, SOQ will be making many changes to build a more efficient and responsive organization. Some of those changes will be large, others will be small, but large or small, staff will need support through change. This toolkit provides the fundamentals of change management, helpful step-by-step guides for planning and preparing, and many strategies and tools to facilitate communicating the change effectively.

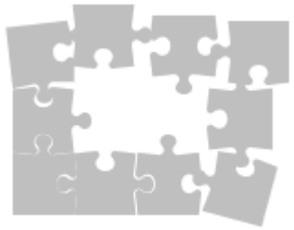
Informed by Prosci™ Methodology

Fundamentals of Change Management | Change Management Value

For any organizational change to be successful, people must move from what exists now (the current state), through an in-between period (the transition state), to the new reality (the future state). The change may include things like new processes or technology. Or it could mean an employee moves under a new manager or has a new job description. These changes are referred to as the "technical side of change."

In addition to the technical changes, employees must change, too. They might need to adopt new methods or change how they think about their job. They may need to adapt to a new department culture or reporting structure. These changes to how employees think, feel, and do the work are referred to as the "people side of change."

Organizational change does not just happen if the technical steps are completed. In fact, an organization may implement the technical side of change very well, but the change can falter – and even fail – if people are not supported to adapt to and embrace the change. Supporting people through the change is the important work of change management.

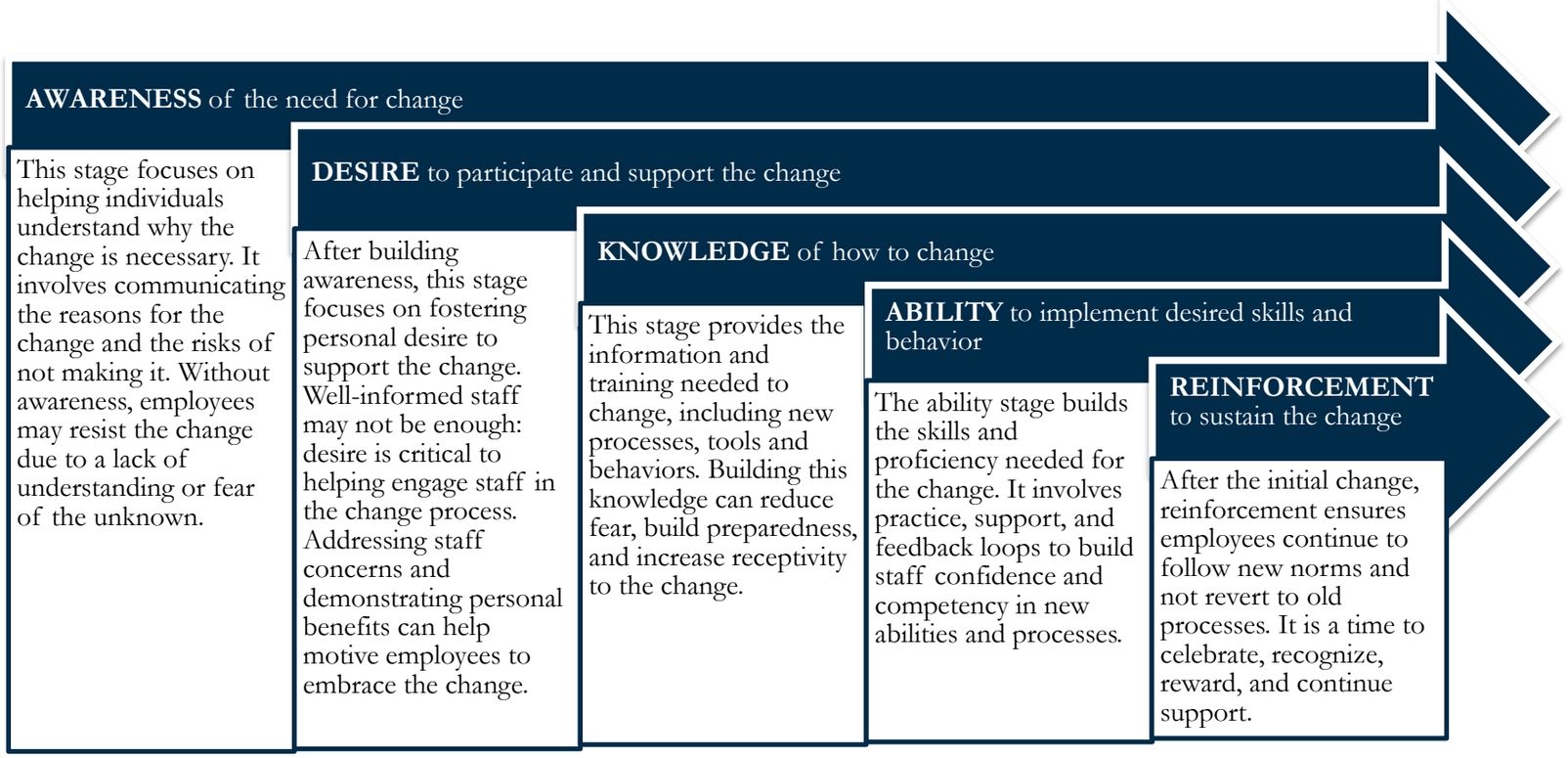


Organizational Change
without Change Support

Organizational Change with
Change Support

Fundamentals of Change Management | Change Continuum

The people side of change is a continuum, and the SOQ's team's readiness to change is influenced by their awareness of the reason for the change, willingness or desire to support the change, their level of knowledge and ability to make the change, and how their changing behaviors are reinforced in their environment. These elements of the "ADKAR" framework can be helpful to consider when supporting staff through an organizational change. Keep in mind that the change journey may not be linear, so reiterating the "why" for the changes staff are being asked to make can support ongoing willingness.



Informed by Prosci™ Methodology

Fundamentals of Change Management | Sample of Activities to Support Change

Below are sample change management activities that SOQ management could employ to build the awareness, motivation, and skills that teams will need to successfully transform SOQ operations as intended. Additionally, on the following page, we have provided an example of activities to employ in the implementation of the CBC LCU Backlog Management recommendation.

AWARENESS	DESIRE	KNOWLEDGE	ABILITY	REINFORCEMENT
• Conduct repeated face-to-face communication, sharing business case and risk of not changing. • Use broad spectrum of communication channels. • Surface and address rumors. • Clearly share the "why" and risk to inaction.	• Help staff visualize "what's in it for me." • Address history of failed change and how this will differ. • Engage front line workers in the implementation early and often. • Offer incentives/rewards for supportive engagement.	• Ensure mangers & staff have time to do training, whether self-paced or face-to-face. • Provide job aids, like checklists, for new processes • Ensure easy/ongoing access to training materials • Identify leads for ad hoc help • Offer structured refreshers	• Help staff apply learnings to real work situations, such as testing skills on sample cases. • Provide one-on-one coaching. • Provide solutions when a real case doesn't align to training. • Be role model for how to act in the new environment. • Intervene when performance issues crop up.	• Celebrate successes • Recognize employees for successful implementation. • Gather feedback from employees • Identify root causes for any setbacks or failures to realize desired future state. • Build accountability into day-to-day operations.

Applied Example | Staff Discontent with Recent Changes

"[My job would be improved by…] New directives that improve work quality and provide safety to residents vs decreasing response times and lowering resident safety based on low of state response."

– Survey Respondent

The response provided by this staff member shows that some staff currently perceive some processes to negatively impact response times and lower resident safety. Assuming this is a misunderstanding about the effect of the process referenced, additional Awareness about the process could be developed by sharing the "why" and directly addressing the feedback about the perceived negative impact on resident safety. Additional Desire about the process could be developed by engaging with staff throughout implementation and tracking performance and engagement as it relates to the new initiative.

Informed by Prosci™ Methodology

Fundamentals of Change Management | SOQ Case Example of Activities

The following table describes a hypothetical selection of change management activities applied to the CBC LCU Backlog Management implementation.

AWARENESS	DESIRE	KNOWLEDGE	ABILITY	REINFORCEMENT
• Implement series of cascading meetings informing of the step-by-step approach to the LCU backlog management task: exec leadership to PM, PM to Managers, Managers to Supervisors, Supervisors to Line Staff. Include expectations for involvement and roles within each level of staff. • Embed "building support for your ideas" elements into the content for meetings/meeting in a box. Provide "meeting in a box" to enable messaging consistency. • Repeat messaging in targeted emails to all staff and regular updates in the SOQ newsletter. • Enable staff to apply to be part of the implementation workgroups; if needed, provide incentives for participation. Intentionally select resistant managers and staff to serve on the workgroup. • Provide monthly all-staffs with breakouts to share workgroup progress and get feedback.		• Provide staff with training on the new prioritization protocols and the rationale behind them. • Inform staff of new performance management approach and individual quotas. • PM and workgroup leads schedule regular open format "office hours" for managers and staff to drop-in to ask questions. • Have managers and leads support each other in applying the new protocols to real or sample cases to prepare them for consistent implementation and coaching staff. • Continue regular office hours. • Establish informal peer learning opportunities, either live or through a group chat; include outlier cases and the solutions applied. • Establish regular milestones meetings to identify and troubleshoot time lags or errors early on.		• During performance milestone check-ins, celebrate successes, discuss contributors to failures, and implement needed corrective action. • Create a progress dashboard with daily updates for LCU overall and each team.

Change Management Toolkit

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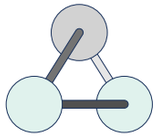
Assess Change | Establish Clarity on Future State

Leaders should begin the change implementation process by assessing the scope of a proposed change's complexity and defining what the future state will look like. This provides a foundation to assess readiness, engage managers and staff, and develop needed resources to support the people side of change. Consider the following questions when defining the future state for your organization.



Make the change concrete. Avoid abstraction. Ambiguity can lead to skepticism. In defining the change, consider the following questions:

- What are you trying to make happen that isn't happening now?
- Why are we changing? What is our end vision? What would happen if we did not change?
- What are we changing? What are the processes, systems, behaviors, or tools that will be different?
- Who will be changing? Who has to do something they're not doing now for that to happen?

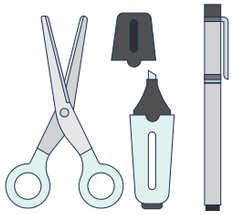


Figure out exactly what you need to build support for the change. Consider time, budget, permission, skills, support, and access.

- What do you need to support the change?
- How much?
- When do you need it and for how long?
- Who controls that resource, and how can you connect for access to that resource in support of change?

Informed by Building Support for Your Ideas Framework (University of Florida)

Assess Change | Assess the Characteristics of the Proposed Change

After the scope of the change is understood, leaders can use established surveys or interview protocols to assess the characteristics of the proposed change to help understand the scale and impact the change is likely to have on the organization. This can help establish the resources needed to support the change.

Assessment Characteristic	Considerations	Score
Scope of Change	How broad is the impact of this change? Is it limited to one workgroup or department? Is it agency-wide?	1 2 3 4 5
Timeframe for Change	How long do we have to implement the change? Is it a short time frame of three months or less? Is it a year-long or multi-year effort?	1 2 3 4 5
Clarity of Future State	How clear is the end vision? What are the benefits to the organization and teams as a result of the change?	1 2 3 4 5
Degree of Provider Impact	How different will our processes, technology, or systems look in our end state? Will employee compensation be impacted?	1 2 3 4 5
Number of People Impacted	How many employees will be impacted?	1 2 3 4 5
Degree of Reorganization	How much restructuring is expected? What is the impact on job roles, responsibilities, and reporting?	1 2 3 4 5
Change in Staffing Levels	Will there be an impact on staffing levels?	1 2 3 4 5
Variation in Groups that Are Impacted	Are all employees impacted the same by the change? Are different groups experiencing the change differently?	1 2 3 4 5

Change Management Toolkit

Identify Change Leaders | The Critical Role of Managers and Supervisors

Managers and supervisors will be asked to support the technical side of SOQ organizational changes. They will also be asked to fill the critical role of supporting the people side of change. This role is primarily one of communication, support, and coaching.

At its most basic level, they will be asked to communicate the "why" of the change," as well as the "how," "what," and "when." As trusted leaders, they will be asked to help their teams adapt to the change. People may have strong emotions. They will need to listen and be empathetic, as well as encouraging, positive, and optimistic. Managers should be asked to address their teams' concerns to the best of their ability, but when they don't know an answer with certainty, to seek out more information from upper leadership.

The change champion's primary role is to bring along the other managers and supervisors, so that they, in turn, can bring along their staff.

Informed by ODHS Oregon Eligibility Partnership Transition Change Management Toolkit

Identify Change Leaders | Change Champion Identification

The "Identify Change Leaders" step – which can also be referred to as sponsor coalition mapping or sponsor assessment -- centers on identifying who will be your change champions, including executive leadership, upper and middle management, and supervisors. When doing so, it is important to remember that change management involves building broad support and ownership for change. Bringing people along on the change management journey from change skeptic to change supporter requires leaders who are willing and able to implement both the technical and people side of change. Use the continuum of change – awareness, desire, knowledge, and ability -- as a guide to understand where leaders fall on the key variables; doing so enables targeting of interventions to help move leaders to a more supportive and competent change leader:

- Assess each leaders' **awareness** of the business case for the proposed project.
- Assess where they fall on the continuum of **resistance and support** for the project.
- Assess their **competence for playing the role** required of a change champion. Are they a highly skilled people manager that teams respect, or are they struggling to lead?
- Evaluate the **impact** of this leader on their peers and the people who report to them. If the leader is highly influential and resistant, for example, then it will be important to the success of the project to employ strategies to mitigate that risk.
- Identify the **implications** of these findings and devise **interventions** that will address those implications.

LCU Backlog and Performance Management Implementation Hypothetical Example

Using the example of clearing the LCU backlog and implementing a new performance management approach, imagine executive leadership found during the sponsor assessment of leaders that you have a manager who supports the change and is technically knowledgeable and capable of consistently applying the new protocols themselves and sharing that knowledge with staff, but some of this person's direct reports do not trust the leader, so they have struggled to build a cohesive team. Asking this manager to champion the change when they have struggled to build rapport with some team members could be counterproductive. With support from upper leadership, seek to understand root causes behind poor team cohesion and identify strategies, like a peer coach, to build the manager's interpersonal and team building skills to respond to the root causes.

Identify Change Leaders | Identification and Cultivation

This tool can help SOQ evaluate the leaders, managers, and supervisors that can be change champions or help cultivate project advocates among those lacking key attributes and skills needed to lead through change.

Assessment Characteristic	Considerations	Score
Identify Leaders to Assess	Looking at the scope of the change, how closely aligned is this leader's work with the change?	1 2 3 4 5
Awareness of the Project	Is the leader not aware of the project or are they highly aware of the project, or somewhere in between?	1 2 3 4 5
Support for the Project	Is the leader vocally against the project or an enthusiastic supporter, or more neutral?	1 2 3 4 5
Knowledge of role of Change Leader	Is the leader very uninformed about the role of change champions or very informed, or somewhere in between?	1 2 3 4 5
People Managers Skills	Does the leader have limited people manager skills or are they a highly effective people manager, or in between?	1 2 3 4 5
Impact on Teams	How much influence and impact does this leader have on their peers and team?	1 2 3 4 5
Implications	Given the assessments on the above, on the whole, what risks or benefits does this leader bring to the project?	List Benefits and/or Risks
Interventions	How much and what intervention is needed to mitigate risks or provide support to elevate assets?	Identify Interventions and/or Supports

Change Management Toolkit

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Assess Change Readiness | Change Readiness Check List

Change ready organizations are prepared and open to change. They support individual preparation, effective communication, and smooth implementation.

Change Readiness Check List	
☑	**Organizational preparedness**. Organizations that are ready for change have a clear change objective, change infrastructure in place, resources available, established training and committed sponsors.
☑	**Open attitudes**. Change ready organizational are receptive to change, expect and manage change resistance, and reward employee willingness to change.
☑	**Individual preparedness.** Individuals in change ready organizations are ready, willing, and able to implement change. They are supported on their change journey and have adequate resources and training to develop needed competencies.
☑	**Effective communication.** Successful change management communication results in a high degree of understanding of the need for change, the nature of the change, and employees role in the change.
☑	**Smooth implementation.** Change ready organizations have ensured that employees have developed the needed understanding, skills, and abilities to competently implement both the technical and the people side of change. They are able to minimize business impacts and disruption.

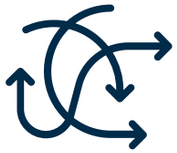
Assess Change Readiness | Assess Organizational Change Readiness

With a defined change and engaged change leaders, use existing survey or interview protocols to assess organizational readiness for change. Consider things like recent success, change fatigue, management strength, and employee morale. This can help prepare communications interventions that may be needed and focus support and resources.

Visibility of Need for Change	How visible is the need for the proposed change? Are employees dissatisfied with the current state? Do they view the change as necessary/	1 2 3 4 5
Change Fatigue	Were past changes successful and well managed? Is there a history of failed projects? Do employees perceive past change as positive or negative?	1 2 3 4 5
Change Capacity	How many changes are concurrently underway? Is this one or many?	1 2 3 4 5
Shared Vision	Do employees and leadership have a shared and unified vision for the organization?	1 2 3 4 5
Change Resources	How adequate are the change resources available?	1 2 3 4 5
Supportive Culture	Is the organizational culture historically open and receptive to new ideas? Are employees rewarded for taking risks and embracing change?	1 2 3 4 5
Change Competency	Are leaders, managers, and employees competent at managing change? Do they have the needed skills and knowledge to manage the proposed change?	1 2 3 4 5
Leadership Distribution	Is leadership centralized or distributed across the organization?	1 2 3 4 5

Assess Change Readiness | Prepare for Resistance

When assessing organizational readiness for change, remember that resistance is a natural reaction to change, and can even help identify barriers and opportunities to facilitate change. Anticipating resistance and developing thoughtful, responsive tactics to support resistant employees can help build support and ownership for the change. Consider employing tactics provided on the following page and in the next section on communication strategies.



Common Manager Resistance to Change

- Organizational culture that does not embrace change
- Lack of awareness about the change
- Lack of ownership over the change
- Lack of connection between personal performance objectives and their role in the change
- Lack of confidence in their skills, knowledge, and ability to manage change and support others

Common Employee Resistance to Change

- Lack of understanding about the need for change
- Concern or fear over change in their role
- Lack of support from management
- Lack of trust in leadership
- Lack of ownership or inclusion in the change
- Change fatigue or lack of optimism that the change will make a difference

Applied Example | Manager Resistance to Change

"Our state Executive Leadership expects NFSU to follow state regulations, but the two types don't always align AND there is a big misunderstanding of how NFSU operates federally."

– Survey Respondent (Unidentified Management Level)

The response provided by this staff member illustrates a common pain point in nursing facility oversight: the difficulty in juggling competing state and federal standards. This sentiment could potentially lead to manager resistance of proposed changes due to a lack of ownership over the change and a lack of connection between personal performance objectives (federal compliance) and their role in the change.

Applied Example | Staff Resistance to Change

We feel we are working from a place of fear. The day-to-day work is nearly impossible to keep up with. The culture now is much more punitive, and we are being criticized and not valued..."

– Survey Respondent (Unidentified Management Level)

The response provided by this staff member illustrates a common pain point that emerges when implementing accountability initiatives. Increased transparency and accountability structures can sometimes be perceived as unnecessarily corrective. This resistance could be driven by concern or fear from the staff member over change in their role and could be exacerbated by a lack of trust in leadership.

Assess Change Readiness | Manage or Mitigate Resistance

Since resistance is a natural reaction to change, the goal is to understand where resistance is coming from and how to address or manage concerns to bring more people along in the change.

Tactics for Managing Employee Resistance

1. Listen and understand objections to so employees feel heard
2. Focus on the "What" before the "How," and let employees share design for the "How"
3. Remove barriers that impact employee ability to change
4. Provide simple choices and actions to build ownership
5. Create hope of a better future for the employee, organization, and people you serve
6. Provide concrete benefits and visible success
7. Make a personal appeal: what's in it for them?
8. Convert the strongest resistors to help bring others along
9. Demonstrate what happens if we don't change
10. Provide incentives through performance management and organizational culture

Identify your audience and become an expert in them.

When you are leading change, consider yourself part of the community of people who will be affected by the change, whether that is your staff or the individuals or families you serve. Join the community and figure out how to bring value to the group. Understand their perception of potential for harm. Understand and affirm their role within, and contribution to, the organization. Understand and speak to their values and identity.

Informed by Prosci™ Methodology and by Building Support for Your Ideas Framework (University of Florida)

Change Management Toolkit

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Develop Communications Plan | Communication Plan Check List

A change management communications plan is built on your learnings from the previous planning steps. The bullets below provide the key components, while the best practices and tactics found on the following pages can support the development of a comprehensive plan.

Communication Plan Check List

- ☑ **Communication Objectives.** Identify communication objectives for each group of stakeholders.
- ☑ **Trusted Messengers.** Identify who will be the trusted messengers for each group, keeping in mind that staff typically will want to hear from their direct manager.
- ☑ **Key Messages.** Identify key messages for each stage in the change continuum. Consider the why, what, how, when, and who of the change. Are there different messages for different audiences? Be transparent about the benefits and losses for each audience.
- ☑ **Communication Tactics.** Select the communication strategies you will employ to convey key messages consistently and keep stakeholders well-informed. Include tactics to proactively manage resistance. Identify the messenger and recipient for each tactic.
- ☑ **Timeline and Cadence.** Identify a detailed timeline and cadence for the deployment of each communication tactic. Structure communication messages and tactics according to the stages of the change continuum, while continually reiterating the why of the change.
- ☑ **Feedback Loops.** Incorporate two-way communication strategies, such as surveys, feedback forms, and/or Q and A sessions.
- ☑ **Evaluation.** Feedback loop tactics will support the evaluation of your change management strategies and messages.

Develop Communications Plan | Incorporate Best Practices to Facilitate Change

When preparing and planning for change, build these key ingredients of success into your approach:

- **High Executive Visibility:** A critical success factor for any organizational change is high executive visibility and motivating messaging to managers and all staff at key touchpoints in the transition. Employees want to hear from organizational executive and senior leaders for messages about why the change is happening, the risk to not changing, and how the change aligns with organizational vision. Build these frequent touchpoints into your change management communications plan.

- **Consistency, Transparency, and Authenticity:** Consistency in messaging is a key goal when communicating change. If consistent messaging is not possible due to a needed change in direction, transparency and authenticity are key principles for communication. Managers should be encouraged to acknowledge to their staff when information may not be known yet or may change.

- **"Meeting in a Box":** To maximize consistency in messaging and make it easy for managers to communicate key messages, provide "meeting in a box" content for your managers. This includes an agenda (including the expected meeting length), slide deck (that can be presented to staff as a stand-alone presentation or incorporated into their own huddle slides), email language (as needed), and talking points. Include prompts for questions and feedback in all meeting materials. Tell managers when they need to communicate the information so that all staff hear the message at approximately the same time.

- **Timeliness:** Messages should be scheduled to be most useful to staff. In preparing communication, think about your goals vis-à-vis ADKAR. For example, understand if it is important to clarify why the change is happening (awareness), how to motivate staff experiencing the change (desire), or answer specific technical questions about the change (knowledge and ability). Providing the right message at the right time will facilitate reception to the change.

- **Feedback Loops:** Provide diverse feedback loops ways for staff to provide input. This could include surveys, meetings, listening sessions, huddles, or one-on-one sessions. Line staff can provide important strategic insights given their on-the-ground experience.

- **Peer Learning:** Opportunities for peer learning can increase support among staff and create a stronger sense of cohesion among and between different teams. Facilitating opportunities for peer support can uncover practical tactics to adapt to change and create a sense of ownership over the environment.

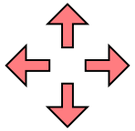
Develop Communications Plan | Align Tactics with Change Management Goals

Your communication plan will identify your chosen communication tactics. In addition to identifying key messages for different audiences, the communication plan will detail the methods you will use to communicate the change, focusing on creating a predictable communication schedule and accessible change resources so that impacted staff know when to expect information and where to find answers.

Tactic	Awareness	Desire	Knowledge	Ability	Reinforcement
Information Sessions	●				
Newsletter	●				●
Community Townhalls	●	●			
Web Resource Hub	●		●		
Executive Touchpoints	●	●			●
Incentive Programs		●			
Trainings			●	●	
Office Hours			●	●	
Procedure Guides			●	●	
Performance Tracking					●

Develop Communications Plan | How We Communicate Change Matters

When presenting change, consider what you believe would motivate your team. Where is their attention now, and what support do they need to focus their attention on the change?

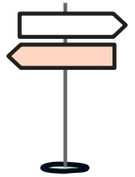


Be authentic about the process of change. Acknowledge both gains and losses, and potential fear and anger. Help those impacted by the change envision a future state that provides a sense of balance and competence. Be sure to inform managers of changes or developments prior to all staff so that they have the time to process the new information, ask questions, and be ready to support their staff. Make sure managers communicate the same information with all staff at the same time. Share what you know and be upfront about what you don't know. Your authentic engagement will make change less stressful and more successful for your team.

Promote psychological safety and build resiliency. There may be some strong emotions about proposed changes. Be a trusted and safe source of support. Listen to how people are feeling and empathize with them. Leadership being available in the office or for phone calls to connect with staff one-on-one or in person is valuable. Consider training managers in the research-supported SCARF model that coaches team leaders to communicate in ways that reward — instead of threaten — an individual's sense of status, certainty, autonomy, relatedness, and fairness.

Use diverse modes to share change. Lead with stories that are supported by data. Stories can help teams relate to the change in a more personal, empathetic way, and more directly understand the urgency of the change. Consider Marshall Ganz's Story of Self, Us, and Now to make change relatable. Schedule Q and A sessions related to a change or set aside a dedicated time to talk about and process any new changes at huddles.

Engage at all levels. Make sure that all staff, in all positions, understand and have the chance to share concerns and/or ask questions about the change. Make specific "asks", but be sure they are within staff's power, are actionable, and build your relationship while furthering the cause. Coach your staff by being empathetic as they navigate any changes. Provide them with the training and practice they need to be successful.



Communication is a two-way street. You can support your staff by sharing information out, but also by taking information in. Listen to staff and elevate any issues you can't easily resolve. Break down the change to keep it manageable and help staff feel less overwhelmed. Ask teams to give the change the benefit of the doubt and communicate your openness to suggestions and refinement, when needed. Present the ideas as an evolution of the current state, and how even small changes can make a sizable impact.

Informed in part by Building Support for Your Ideas Framework (University of Florida) and ODHS Communications

Change Management Toolkit

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Develop Training Plan | Training Plan Check List

Increase Competency and Change Readiness Through Training

Training equips individuals and organizations with the knowledge, skills, and tools to participate in and manage change. Effective training can empower managers and employees to understand their roles in change. The following components of a successful training plan can help leverage training for organizational success.

Change Readiness Check List	
☑	**Audience engagement:** Effective training engages impacted audiences in its development and promotes responsive, role-specific content through needs assessments, audience customization, and proactive resistance mitigation.
☑	**Approach**: Effective training uses multiple training mediums, high quality materials, and provide immediate hands-on opportunities to apply learning an reinforce training.
☑	**Awareness outreach:** Advanced outreach to provide clarity of training purposes, expectations, and requirements increased training engagement and effectiveness.
☑	**Timing:** Successful training delivers what the audience needs (content) when they need it (timing). Available training resources and a flexible training schedule increase training utility.
☑	**Support:** Diverse modes of training support maximize its benefits. Support strategies may include one-on-one coaching, Q&A sessions, peer to peer coaching, a resource bank, town halls, or learning cohorts.
☑	**Ability and measurement:** Observation, interviews, and surveys can be used to understand the impact of training on learning and adoption and identify areas for content and timing improvement.
☑	**Realistically Resourced:** Scale training to match demand and available resources. Sometimes simple guides and low-tech solutions can make a meaningful difference in low-resource environments.

State Government Operations Toolkit

Operations Toolkit | Contents

Operations Toolkit | Operational Scope

SOQ's operations encompass the activities that ensure SOQ functions effectively and completes the work central to its mission of promoting safety and high quality of life for residents in LTSS settings.

SOQ Operations Include:

- **Production** – the completion of routine oversight activities including conducting survey and complaint activities, issuing findings reports, and issuing licensing conditions.
- **Resource Allocation** – the process of distributing resources across the organization such that production expectations can be met.
- **Communication Protocols** – the process of communicating important information within the organization and to external parties.
- **Emergency Response** – the process for providing leadership and corrective direction in emergency situations.

Operational Strength Self-Assessment

An organization with strong operational capabilities will be able to respond to the following prompts.

1. What are the production units this organization is responsible for and what are the costs associated with producing them (staff hours, materials)?

   Target: A table that displays outcomes and average costs

   Common Challenge: Staff time is spent on many different tasks, and often not tracked in a way that allows organization's to easily measure how much time is spent completing core work.

2. What is each staff member working on? How do they contribute to the production of the organization?

   Target: A personnel file that includes multiple data elements that help organize and describe a staff member's role. The file should include unit, sub-unit, position title, operational focus area [summary], and operational focus area [detailed].

   Common Challenge: Job roles evolve over time, but position descriptions and job titles often lag. In large organizations, when this data in unreliable, it can be hard to understand who is doing what.

3. Why are staff distributed across the organization in the way that they are?

   Target: A description that articulates how the current organizational model/ operating model supports the organization's expected outcomes.

   Common Challenge: Organizations can sometimes grow reactively rather than strategically. This often results in uneven allocation of resources, duplication of roles, confusion, and potential conflicts of interest.

4. How is important information intended to be communicated? When and how were those expectations last communicated?

   Target: A clear process for disseminating information throughout the organization that has been shared with everyone responsible for communicating information at least once in the last 12 months.

   Common Challenge: Organizations rely on informal, cultural structures to determine communication norms, rather than planning and establishing clearer standards.

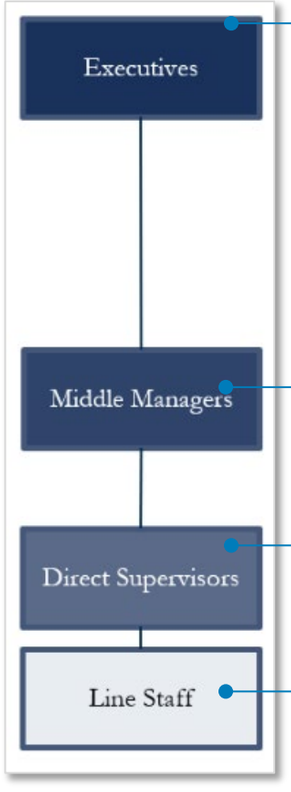
5. How does this team come together when we need to a respond to a time-sensitive, urgent matter? Does everyone know their roles?

   Target: An understood process that is respected and known to be effective throughout the organization.

   Common Challenge: If processes are not clear and staff have limited confidence in one another and/or in leadership, emergency response situations can become emotional, volatile, and inefficient.

Operations Toolkit | Expectations by Role

Staff at every level within an organization have a responsibility to work through operational changes in a way that advances the objectives of the organization.



Responsibilities of the Executive

- ❑ Establish strategic direction
- ❑ Establish expectations for middle managers
  - ❑ Scope
  - ❑ Timelines
  - ❑ How managers will be measured (success of implementation, morale of staff, impact on performance metrics, etc.)
- ❑ Provide ongoing clarification
- ❑ Be a back-stop for emergency intervention
- ❑ Provide resources to managers to help them achieve their goals and full-fill their organization responsibilities
- ❑ Identify gaps in organizational capabilities and determine the strategy to address these gaps

Responsibilities of Middle Managers

- ❑ Develop strategy to achieve the goals outlined by the executives. Make sure there is a plan for:
  - ❑ Policy updates
  - ❑ Training updates
  - ❑ Process design
- ❑ Communicate changes to Direct Supervisors and Line Staff, reinforcing the strategic direction provided by the executive
- ❑ Act as a resource for staff who are implementing the change
  - ❑ Answer questions
  - ❑ Escalate requests for more information or implementation risks
- ❑ Provide quality oversight
  - ❑ Vet implementation choices as they're made
  - ❑ Establish quality standards

Responsibilities of Direct Supervisors

- ❑ Direct staff to make changes necessary to enact the strategy outlined by the middle managers
- ❑ Raise questions and concerns, highlighting tradeoffs
- ❑ Thoughtfully direct changes to current operations to align with new direction

Responsibilities of Line Staff

- ❑ Implement the new protocols as described
- ❑ Raise questions and concerns respectfully to direct supervisors
- ❑ Document processes, and participate in process development, when requested

Operations Toolkit | Expectations by Role Dos and Don'ts

Hypothetical: The SOQ Deputy Director announces a new strategic priority such as implementing new revisit protocols in an effort to standardize revisits and reduce their volume. Middle Managers are responsible for working with their team to develop implementation plans and prepare for the operational changes that will result.

What Should Happen

- ✓ The Deputy Director should tell middle managers when the changes should be in place and how success will be measured.
- ✓ The Deputy Director should tell middle managers why it's important that these changes occur.
- ✓ Middle managers should develop implementation plans with their staff. These should be developed thoughtfully and in a way that aligns with the definition of success described by the Deputy Director.
- ✓ Middle managers should communicate expected changes with direct supervisors and staff in a way that is transparent, aligns with the goals of the Deputy Director, and does not encourage resistance to the change.
- ✓ All supervisors (Deputy Director, Middle Managers, and Direct Supervisors) should respectfully acknowledge competing interests and emotional responses within the organization, while remaining focused on implementing the new change.
- ✓ Direct Supervisors should contribute to the planning process and help guide staff through implementation of new procedures.
- ✓ Middle Managers and Direct Supervisors should anticipate questions from line staff and plan accordingly.
- ✓ Line Staff should implement new processes to the best of their ability and ask for help when needed.

What Should Not Happen

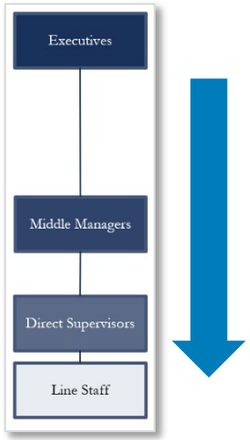
- ☒ The Deputy Director should NOT announce a change without clarifying guiding expectations or being available to answer questions.
- ☒ Middle managers should NOT quickly push changes down to their staff without working with subject-matter experts to thoughtfully develop implementation plans.
- ☒ Team members should NOT allow individual emotions to drive organizational decision making.
- ☒ Team members should NOT use informal communications to disrupt the organizational hierarchy and encourage additional discontent.
- ☒ New changes should NOT be announced by Middle Managers or Direct Supervisors to line staff when information is missing if there is not a plan to develop and distribute the missing information.

Operations Toolkit | Decision Making Strategies

Decision making within an organization can be broken down into five different categories: Top Down, Top Down with Consultation, Consensus, Consensus with Fallback, and Delegated. Each type of decision making is appropriate for certain types of operational situations. Leaders and managers should strategically utilize the various types of decision making, choosing the one that is best fit for the current situation.

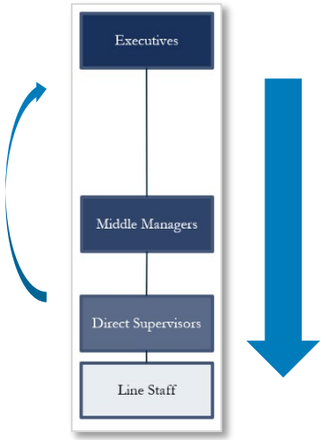
Top Down

- Team leader makes a decision and informs the team
- Useful when team members will support and implement a change regardless of whether they've given input



Top Down with Consultation

- Team leader solicits input and expertise from the team before making a final decision
- The team itself does not need to come to an agreement before a decision is made



Consensus

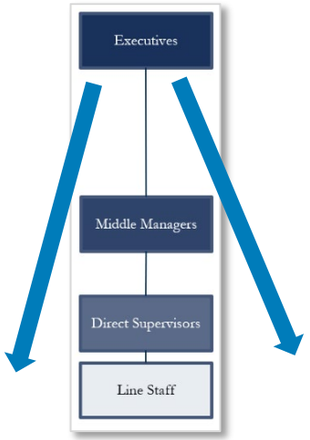
- Input and agreement from most or all of the team is reached before a decision is made
- Requires a high-level of team involvement and leads to well-supported decisions

Consensus with Fallback

- Consensus decision making with a deadline and course of action (like top down decision making) to take if consensus is not reached
- Helps maintain momentum and morale

Delegated

- Team leader sets expectations and then delegates decision making to the team or a sub-group
- Useful because it shares responsibility, encourages leadership development in team members, and frees up executive time



Informed by MIT HR Resources (https://hr.mit.edu/learning-topics/teams/articles/models)

Operations Toolkit | Review Process Strategies

Organizations often make updates to policies and procedures. At times, these review processes can be time consuming and confusing. This page presents a series of interventions that could improve the efficiency of internal policy review procedures.

Common Problem Areas when Review Processes are Not Working Well

Quality of Items Entering Review Queue

- Review processes may be delayed due to the quality of items entering the review queue. Items may be incomplete, lacking sufficient breadth or detail.
- If submission quality is impacting review time, interventions addressing these quality concerns are likely needed.
- Potential interventions:
    - Increased training
    - Increased examples
    - Enhanced triaging of submissions upon receipt

Efficiency of Review Process

- Review processes may be delayed due to the efficiency of the review process itself. The review process may include duplicative reviews, reviewers who lack the expertise necessary, or include too many opportunities for feedback.
- If the review process itself is causing delays, a redesign of the process is likely needed.
- Potential Interventions:
    - Establish timelines and accountability structures for the total review process and interim steps
    - Set up status tracking and reminders to help people meet their review obligations
    - Reconsider which staff should be included in review and attempt to decrease the total number of staff necessary
    - Add in a clear escalation path to resolve conflicts that emerge during review

Release and Reinforcement of New Items

- Review processes may be ineffective if final documents are not communicated to the organization successfully. Common issues with communication include a lack of final repository for information, ad hoc announcements, and delayed communication to impacted groups.
- If people are confused by policy announcements, or struggling to find the final version of a document, changes to how policies are released are likely needed.
- Potential Interventions:
    - Establish a storage location for current and archived policy documents
    - Send all policy announcements from the same email/person, with the same formatting
    - Set up Q&As after new policies are released, so that people can ask clarifying questions

Operations Toolkit | Conflict Resolution – Types of Conflict Management Styles

Conflict throughout operational change is normal and can often lead to stronger implementation plans. All leaders within the organization should be aware of their conflict management styles, and strategically use alternative conflict management styles, depending on the needs of the situation.

Avoidance

- Everyone, or most of the people involved in a conflict avoid the situation or refuse to acknowledge that a conflict exists
- Can be useful in de-escalating a tense, but non-emergency situation
- Can sometimes allow conflict to "fester" and decrease team morale

Accommodative

- Results in a winner and a loser
- Outcome typically benefits the winner, but not the other party
- Can cause resentment overtime

Competitive

- Results in a winner and a loser
- Resolves the situation, but does not promote unity across the team

Compromise

- To reach resolution, each party gives up a portion of their proposed solution
- Neither group will feel as though they have won
- The best outcome may not be reached

Collaborative

- All parties come together to find resolution
- Every party participates fully in crafting a solution that results in the best outcome for all involved

Informed by Thomas-Kilman Conflict Modes

Operations Toolkit | Conflict Resolution – Steps for Conflict Resolution in a Collaborative Environment

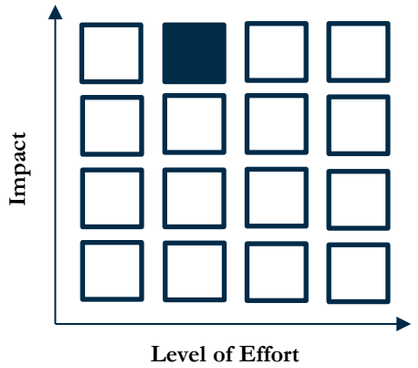
Collaborative conflict management often results in the strongest organizational outcomes. However, implementing collaborative conflict management can be resource intensive. Following the steps outlined on this page, and considering use of decision-support tools can help manage the investment that collaborative conflict management requires.

Steps for Conflict Resolution

1. Acknowledge Conflict
2. Establish Community Agreements
3. Reach Agreement on the Problem
4. Design Solutions
5. Evaluate Solutions Systematically (Decision Support Tools)

Example Decision Support Tools

Sample Evaluation Matrix



Sample Evaluation Tool

Option	Description	Criteria 1	Criteria 2	Notes
Option Name	Short description of proposal	Evaluation factor that aligns with organizational goals	Evaluation factor that aligns with organizational goals	Other relevant details or discussion notes

Through use of this tool, all proposed options would be evaluated against a set (2-5) of criteria. Potential criteria include: impact to resident safety, cost, implementation complexity, impact to provider operations.

Informed by Thomas-Kilman Conflict Modes

Operations Toolkit | Issue Management Strategies

Health and Human Services organizations are often responsible for managing urgent responses that impact consumer safety. This page shows five strategies that can be employed to improve the efficiency and quality of Issue Management situations.

1. **Daily Scrums**
   - Short meeting meant to help a targeted group of team members align their work, assess progress toward a specific goal, and identify any potential roadblocks
   - Potential Use Cases: Managing a facility closure, managing an IJ site visit response, Managing community response following resident death
2. **Incident Command Structure (ICS)**
   - Organizational approach to managing emergency situations
   - To use an ICS, the situation is broken down into:
     - Command;
     - Operations;
     - Planning;
     - Logistics; and
     - Finance/ Administration.
   - Depending on the size of the incident, one person, or a small group may be responsible for one of the five components. This organizational approach and hierarchy is helpful when working on incidents that cut across geographical structures. For example, SOQ may find it helpful to establish an ICS when responding to situations that include heavy involvement from the district offices.
3. **Tiger Team**
   - Team of internal resources who have highly adaptable skills that are ready to be reassigned to manage emerging issues
4. **Tools for Supported Decision Making**
   - Escalation protocols, sanction protocols, and triage tools are helpful structures that can be relied on during emergency responses
5. **Table-Top Exercises – Preparatory**
   - A meeting where a hypothetical situation is presented and team members talk through how they respond
   - This is useful in testing out existing protocols and developing increased understanding and alignment in a low stress situation
6. **Scenario Analysis – Preparatory**
   - An exercise where a hypothetical situation is shared out with the team and they are asked to document their response
   - The responses can be reviewed to determine internal consistency in decision making/ response management
   - Example: A licensing compliance finding and supporting evidence could be shared with the corrective action team, and the corrective action team could be asked to respond individually with the corrective action they would pursue. The manager of the unit would review responses and discuss any misalignment in efforts to increase internal consistency. This could be done on a regular basis.

Informed by ISDA ICM Training (https://www.usda.gov/sites/default/files/documents/ICS100.pdf)

Operations Toolkit | Policy Writing

Policy documents describe the priorities and rules that guide the work of an organization. Policies are typically less detailed that process documents that describe how specific activities are meant to occur and how the values and priorities of an agency connect to actions.

Policy Writing Attributes

Simple.
Plain language should be used.

General.
Policies are not meant to outline procedures for edge cases.

Relevant.
The policy should outline the scope, purpose, and who is impacted.

Accuracy & Compliance.
The policy should align with all relevant federal and state laws and regulations.

Roles and Responsibilities.
A policy should state who does what.

Concise.
The policy should convey its information as succinctly as possible.

Example Policy Template

Policy Title

Effective Date

Scope and Audience

Purpose

Definitions

Main Topics and Sub-Topics

Frequently Asked Questions

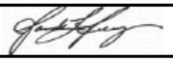
Related Information

Revision History

Informed by Boise State University (https://www.boisestate.edu/policy/policy-writing-guidance/)

Operations Toolkit | Policy Writing (Example Policy)

STATE OF NEW HAMPSHIRE
BDS GENERAL MEMORANDUM (GM)

DATE:	June 29, 2023
TO:	Developmental Services Providers
FROM:	Sandy Feroz, Bureau of Developmental Services (BDS)
SIGNATURE:	
SUBJECT:	Provider Operational and Billing Guidance
GM NUMBER:	GM#23-012
EFFECTIVE DATE:	July 1, 2023
REGULATORY GUIDANCE:	This memo is a communication tool circulated for informational purposes only. The goal is to provide information and guidance to the individuals to whom it is addressed. The contents of this memo and the information conveyed are subject to change. This communication is not intended to take the place of or alter written law, regulations or rule.

Guidance Summary

The purpose of this guidance document is to:

- Provide additional explanation to service coordinators, providers, and area agencies about operational changes related to Corrective Action Plan compliance.

I. Requests for Service

Effective July 1, 2023
Service coordinators will review a list of enrolled providers and their specialty types so that they have a working knowledge of what providers might be appropriate for an individual's needs. They will use this information to help individuals identify an available provider. This will require service coordinators to reach out to providers directly to inquire about upcoming availability.

Individual interests will impact what the service proposal process will look like. For example, some service referrals may go directly to a provider from a service coordinator. Other times, service proposals may be solicited from a group of providers. Regardless, service coordinators will not be limited to soliciting service proposals only from providers in the regions in which the individual lives. To help make sure that individuals and service coordinators are aware of a provider's capabilities and interests, DHHS encourages providers to market their services and service availability broadly to help people identify them as a possible option.

Accessed at: https://www.dhhs.nh.gov/sites/g/files/ehbemt476/files/documents2/provideronboardingandoperationalguidance.pdf

Operations Toolkit | Standard Operating Procedures (SOP) Writing

SOPs describe the specific steps that must occur to complete a routine function. The goal of an SOP is to encourage consistency in the day-to-day completion of work.

SOP Writing Attributes

Step by Step

SOPs should include sequential steps that a worker must complete in order to finish a routine function.

Active Voice

SOPs should be written in active, not passive voice. This means that each phrase is written with the subject completing an action.

Present Tense

SOPs should be written in present, not past or future, tense. This means that actions should be described as though they are happening now.

Visual Aids

SOPs should include attachments with examples or embed process maps (or other visuals) that make the steps clear to readers.

Subject Matter Expertise

Ideally, SOPs should be written by people who do the work that the SOP describes.

Concise.

SOPs should be simple and concise.

Example Policy Template

SOP Title
Effective Date
Scope and Audience
Summary
Purpose
Checklist/ Procedure List
Attachments
Revision History

Informed by the Library of Congress Guidelines (https://www.loc.gov/extranet/cld/resources/How_to_Write_an_SOP_Job_Aid%207-27-15.pdf)

Operations Toolkit | Standard Operating Procedures (SOP) Writing (Example)

III. Crisis Management Protocol for Individuals Receiving Waiver Services

The individual's service coordinator, provider agency, and area agency are responsible for working together to manage a crisis situation in alignment with the protocol outlined in this section.

1. Immediately upon crisis identification, the identifying party, if not the service coordinator, must communicate verbally with the service coordination agency, verify the message was received and provide a summary of the crisis.

2. Immediately upon becoming aware of a crisis the service coordinator must inform the individual's provider agency/agencies and designated area agency, and

    a. Include information about mitigation activities completed prior to the onset of the crisis, including a summary of the individual's medical needs and any ongoing involvement with behavioral and clinical supports.

3. The area agency is to notify the BDS liaison of the crisis within one (1) business day.

4. The service coordinator must lead a process to determine what services are needed and how they will be delivered to manage the crisis.

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