

Employment First State Leadership Mentoring Program (EFSLMP)

PROVIDER TRANSFORMATION MANUAL

Module 7: How Are We Doing? (Results)

Pilot Version

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# Introduction

This manual has been created to capture learning from, and support the continued success of, the Employment First State Leadership Mentoring Program (EFSLMP), an initiative of the U.S. Department of Labor, Office of Disability Employment Policy (ODEP).[1](#_bookmark2) The EFSLMP is a cross-disability, cross-systems change initiative providing a platform for multi-disciplinary state teams to focus on implementing ***Employment First***[***2***](#_bookmark3)with fidelity through the alignment of policies, coordination of resources, and updating of service delivery models to facilitate increased integrated employment options for people with the most significant disabilities.

ODEP recognizes ***Employment First*** as a national movement providing a framework for systems change that is centered on the premise that all citizens, including individuals with complex disabilities, are capable of full participation in integrated employment and community life. ODEP defines ***Employment First*** as the expectation that public systems align policies, practices, and reimbursement structures to foster competitive integrated employment as the priority option in publicly-financed day and employment services for youth and adults with significant disabilities.

ODEP recognizes that the achievement of ***Employment First*** requires transformation of both public systems and service providers. To guide this two-pronged approach to Systems Change, ODEP has adopted the National Baldrige Model’s Criteria for Performance Excellence [see Exhibit 1] which includes seven key elements: Leadership; Strategic Planning; Customer Focus; Workforce Focus; Operations Focus; Results; and Ongoing Measurement, Analysis, and Knowledge.

Exhibit 1. National Baldrige Model’s Criteria for Performance Excellence

Strategic

Planning

Workforce

Focus

Leadership

Results

Customer

Focus

Operations

Focus

Measurement, Analysis, and Knowledge Management

Source: <http://www.nist.gov/baldrige>

To facilitate provider transformation using the Baldrige approach, ODEP has developed a set of *Criteria for Performance Excellence in Employment First Provider Transformation* [see Exhibit 2]. This provider transformation manual builds on the criteria that have been developed, offering significant, detailed information, advice and examples based on best practices for provider transformation developed through the

1 This edition will be used as a pilot model. Our goal is to receive feedback over the course of the EFSLMP Community of Practice (CoP) webinar series throughout the rest of the year regarding the usefulness and applicability of the manual.

2 <https://www.dol.gov/odep/topics/EmploymentFirst.htm>

EFSLMP and derived from the experience and expertise of EFSLMP subject matter experts working on transformation with providers around the country.

Exhibit 2. Criteria in Performance Excellence in Employment First – Provider Transformation[3](#_bookmark5)

|  |  |
| --- | --- |
| Leadership | * Promote ongoing professional development and mentoring of leaders within provider networks to cultivate a cadre of strong leadership capable and committed to the development of competitive, integrated employment outcomes and socioeconomic advancement for people with disabilities. * Build in incentives for supporting, retaining, and rewarding “early adopters” of effective practices among staff. |
| Strategic Planning | * Infuse & embed the State’s *Employment First* vision, goals, guiding principles, & conceptual framework within the strategic planning processes, consistent with similar efforts undertaken across relevant State government agencies. * Develop, disseminate, and make readily available the provision of effective practices that lead to competitive, integrated employment for individuals with disabilities, as well as benefits planning, financial capability, and economic advancement strategies for all clients. * Develop operational agreements across various state publicly-financed systems and provider networks resulting in the alignment of policy, practice, and funding strategies to allow for a consistent focus on performance-based results. |
| Customer Focus | * Survey customers & stakeholders regularly to understand level of satisfaction & determine the areas of improvement needed. * Review service coordination processes to determine whether key steps in the process could be strengthened in terms of being more focused on person-centered, individual strategies, and experiential informed choice. * Expand and improve upon existing assessment processes to ensure a rich collection of data on the individual’s strengths, gifts, and preferences that can be used to leverage multiple options. |
| Workforce Focus: | * Realign organizational structure and standard operating procedures (SOPs) to allow the time, flexibility, and incentives required to develop professional staff in key areas critical to successful transformation. * Ensure ongoing professional development, mentoring, coaching, and staff support promoting continued strengthening of skill sets critical for expanded business models. * Optimize service time and ratio deployment for provision of long-term supports, crisis interventions, and new job starts within provider network. * Consider incentives for staff to facilitate clear measurable performance outcomes for competitive, integrated employment and to effectively address individual and cultural resistance to change. |
| Operations Focus | * Diversify funding streams to optimize available support for competitive, integrated employment services. * Expand the provision of services to include a stronger focus on the dissemination of effective practices that result in competitive, integrated employment outcomes. * Promote the modernization of operational processes including IT//electronic record-keeping and decentralized staffing models to successfully meet growing demand for the provision of competitive, integrated employment strategies. * Consider reconfiguration of service management elements within provider organizations (including, but not limited to, communication, data collection, logistics, technology, transportation, billing systems, supervision, and customer satisfaction) and infusion of “lean management” techniques. |
| Results | * Grow percentage of competitive, integrated employment placements over baseline, and capture length of time from start of service to placement. * Coordinate employment efforts with other long-term supports (housing, transportation, natural supports) and benefits planning/work incentives. * Survey customers & stakeholders regularly to understand level of satisfaction & determine the areas of improvement needed. * Track staff development milestones, including training/TA received, credentials/certification completed, etc. * Track impact of applying effective practices to internal daily operations and service approaches. * Demonstrate cost-effectiveness of competitive, integrated employment supports through maximization of natural workplace supports, assistive technology, and job customization. * Align policies, operational procedures, and funding to reflect adoption of effective practices and competitive, integrated employment service delivery. |
| Measurement, Analysis, and Knowledge Management | * Create shared performance-based outcomes & corresponding metrics across various divisions of the organization to incentivize effective coordination of human & technical resources & collective action around pursuance of organizational strategic goals. * Establish bench-marks from baseline data and collect high-impact, relevant data to help inform continued organizational restructuring, internal policy changes, operational practice updates, and development strategies. * Translate high-impact knowledge through continued commitment to training, technical assistance, professional development and communities of practice. |

3 [http://www.leadcenter.org/system/files/resource/downloadable\_version/Employment\_First\_Technical\_Brief 3\_0.pdf](http://www.leadcenter.org/system/files/resource/downloadable_version/Employment_First_Technical_Brief__3_0.pdf)

The reader will note that the manual has been organized with individual modules that each focus on one element of the Baldrige model. In addition, modules on two other critical topics for success – bringing provider transformation to scale and being a mentor to other providers – are also included to round out this comprehensive manual. Readers can opt to use the manual as a comprehensive resource or to pull-out specific modules as they are needed during the process of transformation.

## More on the EFSLMP Approach to Provider Transformation

The EFSLMP has developed a unique approach to supporting provider transformation in a comprehensive way. The approach brings together the collective experiences of over thirty Subject Matter Experts from around the country, all of whom are either disability employment service providers themselves – who have shepherded

their organizations through a process of transformation - or integrated employment and community supports experts who have provided support, technical assistance and training to disability employment and day service providers from around the country who have been actively engaged in organizational transformation. ODEP’s EFSLMP Subject Matter Experts are both, by definition and by design, an eclectic group of people with tremendous breadth of experiences and knowledge. This is particularly valuable in supporting provider transformation on a national scale because:



**Transformation:**

It takes the desire to change, the determination to start, and the dedication to continue.

* Ben Timmis

**Transformation:**

It isn’t about improving, it’s about re- thinking.

* Malcolm Gladwell
  + - No two providers’ transformation process and circumstances are the same, even if providers may operate in the same state or locality;
    - The nature of provider transformation has changed over time, both within particular states and nationally;
    - Core best practices for successful provider transformation – practices that are considered “tried and true” among those who make this topic their life’s work – can be implemented in many subtly different ways depending on a particular provider’s circumstances and challenges;
    - Effective mentoring relationships cannot be forced, and rely most heavily on “smart” matching of leaders and organizations who will “gel” in truly impactful ways;
    - Communities of practice that bring together Subject Matter Experts and diverse providers on the path of organizational transformation can enhance learning, information exchange, mutual support structures and translation of knowledge.

The EFSLMP Provider Transformation Initiative brings together many experts with a deep historical perspective on provider transformation. This has greatly enhanced the project’s ability to build on and further expand the historical knowledge base for provider transformation. In addition, one of the most important contributions of the EFSLMP Provider Transformation initiative has been to modernize, and recast as necessary, long-standing best practices into strategies that are geared toward the ***current realities- both challenges and opportunities*** facing traditional employment and day service providers across the country.

## The Case for Organizational Transformation: Why Do It and Why Now?

This manual’s publication date is 2017—twenty-seven years after the passage of the Americans with Disabilities Act. A quarter of a century ago, a very small number of community rehabilitation providers across the country, including some facility-based day service providers were engaged in organizational transformation. At the same time, federal supported employment capacity building grants were beginning to make a positive impact in many states, demonstrating



… in the past five years (2011-2016), an evolution in thinking has taken place across the field of disabilities that has set the stage for competitive integrated employment and integrated community supports to become the primary service models for transition-age youth and working-age adults with disabilities in every state.

the valuable outcomes that supported employment could bring to individuals with significant disabilities. Yet overall, there was not any sense that a major evolution in employment and daytime support services for people with disabilities was just around the corner.

And while it’s true that the intervening years leading up to 2011 did not bring to scale, to the extent many had anticipated, the systemic momentum and best practices built in the early years of supported employment, it is hard for anyone to deny that in the past five years (2011-2016), an evolution in thinking has taken place across the field of disabilities that has

set the stage for competitive integrated employment and integrated community supports to become the primary service models for transition-age youth and working-age adults with disabilities in every state. This broad-based evolution of thinking has been ushered in through a variety of different, but coinciding federal policy initiatives, state-level reforms, legal actions, and media coverage that collectively have begun to reshape public opinion. Among the most influential developments of the past five years are the following:

* + - The June 2011 Statement of the ***Department of Justice*** on Enforcement of the Integration Mandate of Title II of the Americans with Disabilities Act and *Olmstead v. L.C.* This Statement[4](#_bookmark8) established for the first time, an expectation that compliance with the ADA and *Olmstead* required states to have an effective working plan to address “individuals spending their days in sheltered workshops or segregated day programs” and which “must have demonstrated success in actually moving individuals to integrated settings in accordance with the plan.” Most of the *Olmstead* lawsuits and settlement agreements that came after this Statement have had a strong focus (and in the cases of Oregon and Rhode Island, an exclusive focus) on transitioning publicly funded state systems away from segregated employment and day services to individualized supported employment and integrated community supports.[5](#_bookmark9)

4 See [https://www.ada.gov/olmstead/q&a\_olmstead.htm](https://www.ada.gov/olmstead/q%26a_olmstead.htm)

5 See U.S. Department of Justice settlement agreements with the states of Georgia, Delaware, North Carolina, and Virginia, as well as the settlement agreement with the state of Oregon and the consent decree with the state of Rhode Island. See <https://www.ada.gov/olmstead/>for more information.

* + - The September 2011 Informational Bulletin[6](#_bookmark10) released by the ***Centers for Medicare and Medicaid Services (CMS)*** which provided strong guidance regarding employment and employment-related services in Medicaid Home and Community-Based Services (HCBS) Waivers.[7](#_bookmark11) This guidance underscores CMS’s commitment to the importance of competitive integrated employment and self-employment opportunities for waiver participants. The guidance is now part of the Technical Guide states must follow in creating, renewing or amending HCBS Waivers, and it contains a strong expectation from CMS that states will use HCBS Waivers to increase competitive integrated employment opportunities and meaningful community integration for HCBS Waiver participants with disabilities.
    - The August 2012 report by the ***National Council on Disability***, a federal agency, calling for a phase out of sub-minimum wage.[8](#_bookmark12) This report both preceded and followed local, state and national media coverage of the use of sub-minimum wage in the employment of people with disabilities. Meanwhile, legislation to phase out and end the use of Section 14(c) special minimum wage has been introduced multiple times in ***Congress***, first in October of 2011, then in February of 2013 and most recently, in January of 2015. The current House bill (HR 188) has 69 co-sponsors from both sides of the aisle, as of June, 2016, and the Senate companion (S. 2001) is bipartisan as well. Additionally, the Workforce Innovation and Opportunity Act (WIOA), passed in July of 2014, established an ***Advisory Committee to the U.S. Department of Labor*** charged in part with making recommendations regarding the future of Section 14(c). WIOA also introduced restrictions on the ability of employers to pay youth a sub-minimum wage and new requirements for state vocational rehabilitation agencies to conduct annual outreach to all state residents with disabilities being paid sub-minimum wage to offer services that would allow these individuals to obtain competitive integrated employment paying at least minimum wage. And most recently, in March of 2016, the ***AbilityOne Commission*** issued a Declaration in support of minimum wage for all people who are blind or have significant disabilities.[9](#_bookmark13)
    - The September 2013 promulgation of a new rule, by the ***U.S. Department of Labor’s Office of Federal Contract Compliance Programs***, governing the implementation of Section 503 of the Rehabilitation Act which prohibits federal contractors and subcontractors from discriminating in employment against individuals with disabilities and requires these employers to take affirmative action to recruit, hire, promote, and retain individuals with disabilities. The rule strengthens the affirmative action provisions of the regulations, requiring increased efforts by contractors to recruit and hire people with disabilities, and improve job opportunities for individuals with disabilities.
    - The February 2014 Executive Order 13658, signed by ***President Barack Obama***, “Establishing a Minimum Wage for Contractors,” to raise the minimum wage to $10.10 for all workers on Federal construction and service contracts, including all workers with disabilities whether covered under the Section 14(c) special minimum wage certificate program or not.

6 See <https://downloads.cms.gov/cmsgov/archived-downloads/CMCSBulletins/downloads/CIB-9-16-11.pdf>

7 Medicaid HCBS Waivers first became available in 1983 when Congress added section 1915(c) to the Social Security Act, giving States the option to receive a waiver of Medicaid rules governing institutional care. Medicaid HCBS Waivers allow a state to offer services and supports to people with disabilities, otherwise qualified for institutional care, in the community.

8 <https://www.ncd.gov/publications/2012/August232012>

9 <http://www.abilityone.gov/commission/documents/US%20AbilityOne%20Commission%20Declaration%2018March2016%20Final.pdf>

* + - The March 2014 promulgation of the Medicaid Home and Community-Based Settings Rule by the ***Centers for Medicare and Medicaid Services (CMS)*** which requires all HCBS settings eligible for Medicaid funding to provide opportunities for individuals to pursue employment, work in competitive integrated settings, and engage in community life. The rule further requires all HCBS settings eligible for Medicaid funding to be integrated in, and support full access to, the greater community. And finally, the rule establishes a requirement that states must offer HCBS participants an opportunity to receive HCBS services in non-disability-specific settings, thus requiring states to develop and offer integrated prevocational and day habilitation service models if the state had only facility-based prevocational and day habilitation service options prior to the implementation of the rule.[10](#_bookmark14)
    - The July 2014 passage into law of the ***Workforce Innovation and Opportunity Act (WIOA)***, raising expectations across state workforce and vocational rehabilitation systems that competitive integrated employment be the prioritized investment and outcome for transition-age youth and adults with disabilities. WIOA ushered in the expectation that state workforce system programs achieve true programmatic accessibility for individuals with disabilities, while also introducing new requirements for state vocational rehabilitation agencies to provide pre-employment transition services to youth with disabilities enrolled in secondary education.
    - The May 2016 promulgation of new Medicaid Managed Care Rules by the ***Centers for Medicare and Medicaid Services (CMS)*** which requires states and managed care organizations to ensure access to, and supports for, competitive integrated employment in Medicaid Managed Long-Term Services and Supports programs that serve persons with disabilities. Prior to the issuance of these rules, numerous states moving to Medicaid Managed Care had built in expectations for increasing competitive integrated employment outcomes for enrollees with



… a number of federally funded grant and technical assistance initiatives include a focus on supporting provider transformation, extending mentoring, training, technical assistance and other key support strategies to a growing number of disability service providers across the country that are seeking such supports to evolve their organization’s services to align with changing expectations and opportunities.

disabilities.

Throughout this time, the country has also seen an array of federally funded grant and technical assistance initiatives aimed at increasing competitive integrated employment opportunities for transition-age youth and adults with disabilities, including an emphasis on facilitating systems change and implementing policies consistent with ***Employment First***. In addition to EFSLMP, a number of other federally funded grant and technical assistance initiatives include a focus on supporting provider transformation by extending mentoring,

training, technical assistance and other key support strategies to a growing number of disability service providers across the country that are seeking such supports to evolve their organization’s services to align with changing expectations and opportunities.

10 https:[//w](http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-01-10-2.html)ww[.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-01-10-2.html](http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2014-Fact-sheets-items/2014-01-10-2.html)

At the same time, our nation’s economy is beginning to recover from one of the most serious and long- standing recessions in history. Coupled with this is the stark reality that our workforce is fundamentally changing. With baby boomers now retiring in record



Yet at the end of the day, what appears to be moving more and more disability service provider organizations to embrace sustained organizational transformation is the recognition of the benefits and possibilities that transformation brings to the people with disabilities each of these organizations serves.

numbers, most every industry and economic sector is projecting major workforce shortages in the decades to come. And there is a recognition that American workers are changing as well, with the millennials ushering in expectations for a better work-life balance and greater workplace flexibility. As employers of all kinds respond to these trends, there is a groundswell of interest in non-traditional labor pools and groups that are untapped and/or underrepresented in the current labor

market, with individuals with disabilities being a key part of these groups. Further, there is growing interest in

progressive and innovative approaches to human resource (talent) management, including Customized Employment[11](#_bookmark15) and the concept of a Teachable Fit[12](#_bookmark16) to bridge the divide between employers and the new face of America’s modern workforce. These approaches not only make room for workers with disabilities but endorse fundamental strategies that pave the way for increased hiring of workers with all kinds of disabilities into competitive integrated employment situations.

For several decades, we have seen the emergence of a research and evidence base for competitive integrated employment services, thus enabling disability service providers to fill their toolboxes with a variety of innovative and “proven to work” strategies for facilitating competitive integrated employment outcomes for individuals with various types of significant disabilities. In the last decade, research addressing the connection between competitive integrated employment and positive health and mental health outcomes has increased, as has research demonstrating the cost-effectiveness of public investments in supported employment.

As federal and state funders of disability services increase emphasis on integrated service provision and competitive integrated employment services in particular, providers of more traditional employment and day services are no doubt feeling the pressure to participate in this evolution and bring their organizations and practices into full alignment with the many developments discussed above that have come about in rapid succession in recent years. Yet at the end of the day, what appears to be moving more and more traditional employment and day service provider organizations to embrace sustained organizational transformation is the recognition of the benefits and possibilities that transformation brings to the people with disabilities each of these organizations serves. What’s more, organizations embracing transformation are also finding that staff at all levels of the organization are similarly positively affected, finding new energy, passion and satisfaction in doing new work that is changing their roles and their impact on the people with disabilities they support and

11 [https://www.accenture.com/t20150824T010002 w /us-en/\_acnmedia/Accenture/Conversion-](https://www.accenture.com/t20150824T010002__w__/us-en/_acnmedia/Accenture/Conversion-Assets/DotCom/Documents/Global/PDF/Strategy_7/Accenture-Trends-Reshaping-HR-Workforce-One.pdf) [Assets/DotCom/Documents/Global/PDF/Strategy\_7/Accenture-Trends-Reshaping-HR-Workforce-One.pdf](https://www.accenture.com/t20150824T010002__w__/us-en/_acnmedia/Accenture/Conversion-Assets/DotCom/Documents/Global/PDF/Strategy_7/Accenture-Trends-Reshaping-HR-Workforce-One.pdf) and <https://www.dol.gov/odep/documents/vignette_v3_blue_508_final.pdf> For more information on Customized Employment, also see: <https://www.dol.gov/odep/topics/CustomizedEmployment.htm>and

<http://www.leadcenter.org/customized-employment>

12 <https://www.manpowergroup.com.au/documents/White-Papers/2010_Teachable-Fit-Framework.pdf>

their communities. As one thirty five-year veteran manager of employment services from a community rehabilitation provider in Wisconsin put it:

“When you have staff achieve an employment goal with someone, and you see the joy that they experience with that individual…and you have someone come into your office and say ‘Yes! I’m a working man now. I’m going to be a working man now!’ it really brings home to you why you are putting all of this effort into this.”[13](#_bookmark17)

And finally, it seems clear that organizations engaged in transformation are recognizing the positive benefits of this work on their reputation and standing in the wider community. They are finding support is increasing from the local business community and their traditional community supporters. They are also finding significantly increased support from their funding sources that are equally invested in their success. And they are finding that peer organizations, both from within the state and from other states, are now looking to them for advice, mentoring and technical assistance.

If these outcomes are the kinds of outcomes that resonate with you and your organization, then transformation is the right next step. This manual brings together in one place, the best strategies, tips, lessons learned and perspectives on provider transformation to help you and your organization get started, or if you have already started, to help you and your organization continue your efforts and ultimately achieve the best possible success with transformation.

13 To view a video on organizational transformation efforts in Wisconsin and the perspective of this and other community rehabilitation provider directors and managers, see: <https://www.youtube.com/watch?v=xd3qgUwLHbw>

**Module 7:**

**How Are We Doing? (Results)**

**Key Terms**

*Individual Level Assessments Organized Assessments Sense of Urgency*

*360-degree Evaluation Stakeholder Satisfaction*

Resources and References for Module 7- How Are We Doing?

|  |  |
| --- | --- |
| Resources | |
| Change Leaders Network’s Website | [www.changeleadersnetwork.com](http://www.changeleadersnetwork.com/) |
| Breaking out of the box: A descriptive account of community rehabilitation providers engaged in transformational  change. | Petty, D., Brickey, J., Verstegan, D., & Rutherford, K. UT-TIE Organizational Change Mentoring Project. University of Tennessee, Knoxville, Tennessee. |

**Module 7: How Are We Doing? (Results)**

## Why measure the change process and outcomes?

Organizations should measure and evaluate their change process, performance quality, and outcomes in order to:

* + Monitor implementation and progress toward goals
  + Determine whether goals have been achieved
  + Determine the satisfaction of various “customers”
  + Understand how goals were reached
  + Identify and prioritize next steps
  + Learn from successes and missteps

The adage “What you count, counts!” applies here. That is, by setting goals, targeting desired outcomes, and gathering assessment data on an ongoing basis, organizations not only hold themselves accountable for the quality of their services and outcomes, but also focus on continuous quality improvement.

Organizational assessment is a circular, ongoing process, as depicted in Exhibit 3.

Exhibit 3. Organizational Assessment Process



Set Goals, People Responsible & Timelines

Make

Adj ts

ustmen

Take Action



Gather Data

## Collecting Data and Tracking Outcomes



Analyze Processes & Outcomes

*What data should we collect and how?*

There are four levels of data that most organizations consider important: organization, unit, team, and individual, as described next. The methods used to measure performance will vary according to what is being measured. These may include:

* + Organization records and documents
  + Surveys/questionnaires
  + Interviews
  + Observations
  + Focus Groups
  + Open Forums
  + Case Studies

For each assessment, collecting baseline data establishes the starting point for determining if and how much progress has been made.

### Organizational Level Assessment

Organizational level assessments address broad, agency-wide outcomes. Examples include the number and amount of grants and contracts that were obtained in a given period of time, and the number of business partnerships that have been developed.

### Division/Department/Unit Assessment

Examples of assessments at the division, department, or unit level (e.g., Employment Services) include the total number of employees who have obtained employment specialist training, the average hours and wages of all integrated employment placements during a one-year period, and the overall satisfaction of individuals being served by Employment Services.

### Team Level Assessment

Team level assessments focus on performance outcomes that are directly related to the work of a particular team. Examples include the number of people who were placed in jobs during each quarter, the average and range of hours, wages, and benefits of those who were placed in jobs, the number of inclusive community activities that individuals receiving services are engaged in, the credentials that team members earned through professional development during the year, and the overall satisfaction of individuals served by the team.

### Individual Level Assessment

***Individual level assessments*** focus on staff member goals and performance outcomes. Learning organizations support staff members to set professional goals aimed at continuously building their skills, expertise, and effectiveness. Evaluations should align with each staff member’s job description. Ideally, job descriptions address: a) the essential functions/tasks; b) the approximate time devoted for essential functions/tasks (e.g., % of time per week expected to be in the community), c) specific expected organizational behaviors (e.g., reflecting the values, vision, and mission, effective communication, team membership, etc.), and d) enhanced functions to increase skills and responsibility within the organization. Staff performance reviews should be tied to specific outcomes for people served. Thus, examples of individual level assessments include the number of job placements that each staff member obtained, the type and amount of natural supports that are in place for each individual being served, job promotion or growth opportunities that have been facilitated for those being served, and the number and type of personal connections/relationships with community members without disabilities that have been facilitated with those being served. In addition, staff performance should include the professional development activities that the staff member has engaged in to enhance their knowledge and expertise and contributions to their team.

Rather than rely solely on supervisors to conduct staff evaluations, some organizations have embraced a ***360-degree evaluation*** format that involves obtaining feedback from the staff member’s customers, including employers and consumers, as well as from family members, team members, and from those s/he supervises. 360-degree staff evaluations provide a multi-rater process whereby feedback is provided by peers, supervisors and customers. The staff being rated also does a self-assessment. The cumulative assessment report offers many different perspectives on the staff performance from many different levels rather than from the top down. 360-degree reviews are often used to help staff develop improved work skills or behaviors.

## Monitoring Stakeholder Satisfaction

*How can we monitor satisfaction among various stakeholders?*

It is important for organizations undertaking transformational change to gather information about the satisfaction of their staff, those receiving services, and other stakeholders (e.g., employers who have hired individuals with dis/abilities). The most commonly used methods include some form of survey or questionnaire, although interviews are also used to gather satisfaction information, especially from people receiving services. Obviously, questions must be customized for each targeted group. Two examples of Satisfaction Surveys for individuals who receive supported or customized employment services are provided below.

**Example 1. Integrated Employment Satisfaction Survey**

Name:

1. Do you have a job? If ‘Yes’: What do you do? What do you like about your job? If ‘No’: What would you like to do?
2. Who do you know at work (co-worker(s)? Boss? Do you eat lunch or go on break with anyone?
3. Do you volunteer? What do you like about volunteering or” helping out” in your community?
4. What do you like best about your (agency) staff?
5. Is there something you *don’t* like about your staff? If ‘Yes’: What can we do to fix it?
6. What are your dreams for the future? How can staff help you to achieve them?
7. Overall, how do you feel about your services from (agency)?

 Very good Good Just OK Not good 

If response is “Just OK” or “Not good”, ask person for reasons.

Signature of person supported (or other person interviewed) Date: Signature of interviewer

*Adapted from KFI Satisfaction Survey 2017*

|  |  |  |
| --- | --- | --- |
| **Example 2. Guide to Gathering Information on the Annual Individual Quality Check-Up for Employment Services**  Adapted from Jay Nolan Community Services, Inc. Guide for Supported Living ([www.jaynolan.org](http://www.jaynolan.org/))  **Possible questions, considerations, explanations about this section:**  **Choice and Self-Directed** | |  |
| 3. Does the person have a  good means of communication that is used by the people around them? | * Is the person able to express their wants and needs? How? * Does this mode of communication work for the person? * Does everybody around them use the preferred choice of communication? * Is there a need to find a better way for the person to communicate? * If the person is non-verbal, does the provider and the circle have a way for determining how the person’s needs and preferences direct their supports? |
| 4. Does the person direct  or control their daily work-related decisions and activities? | * Does the person choose or direct:   + How to spend their paycheck?   + With whom to take their breaks/lunch?   + What to eat?   + What to do before/after work? |
| 5. Does the person have  the support needed to pursue personal goals for the future/ | * Has the provider given the person an opportunity to plan out long term or   big goals about what they want to do in their daily life, including their job and career?   * Is there a written plan about how to pursue these goals (if the person wishes to pursue them)? * Does the person have career and/or life goals that the provider doesn’t know about? * Is the provider developing and implementing support for the person’s life goals as well as the day to day support needs? |
| 6. Does the person  control who provides their support? | * Did the person play a significant role in choosing who works with him or   her?   * For people who are non-verbal, does the provider have a method for finding out what the person wants in regard to who works with them? |
| 7. Is the provider  effective in assisting the person to direct their daytimes and manage risks? | * Does the provider demonstrate respect for the person and their personal and   cultural preferences in their life?   * Does the provider have a method for looking at and resolving conflicts and risks with decision making in the person’s life? * What is the provider’s role in decision making in the person’s life? How do they exert influence over the person? |

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| 1. Individuals has a “good” job (e.g., good location, at least minimum wage, satisfactory hours, natural supports, etc.)? | * Is it in a safe area? * Is it accessible to public transportation? * Does the location and job make sense in terms of the person’s preferences, needs and wants? * Does the job offer most of the characteristics that were most important to the individual? |
| 2. Provider has been effective in assisting the person to have a job that is well matched to the person’s strengths, interests, and needs. | * Did the provider help the person to have several choices of places to work? * Was the provider effective in helping them to find their “dream” job? * Did the provider involve the circle and others in the search for employment? * Did the provider impose any restrictions about where the person would   work or make any major decisions about her/his employment separate from the focus person? |

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| **Relationships**  **Flexible, tailored services and supports** | |  |
| 14. Does the person have  a good written plan of services and supports that is based on his/her own wants, needs and preferences, and changes as those change? | * Is there a written support plan? * Does it reflect the person’s wishes, personal goals, cultural/ethnic preferences? * Is it based on supporting the person to be who they want to be or on trying to change or control the person? (Are there objectives or goals on it that are not the idea of the person?) * How was it developed? Does the provider have a good method for learning who people are and what they want to do with their lives (Discovery)? * When the person’s needs or wants changed, did the plan change? * What kind of control does the person have over what the support looks like? |

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| 8. Does the person have a good network of co- workers, community members, friends, and family? | * Does the person have friends to do things with and have fun with (that are not paid to be in his or her life)? * Does the person have as much contact with his or her family as they wish? * Does the person have people to call on when they need help? * Who celebrates with them? * Who does this person know at work and in the community? |
| 9. Does the person have a dependable circle of support that works together as a team to assist the person to have a good life? | * Does the person have people other than paid staff of the agency who help them sometimes? * Does the provider assist in helping the circle or network of support to work together? * Do the people in the person’s life ever get together (circle meetings, celebrations, etc.)? * Does the provider use the circle of support to help solve problems that come up (in accordance with the focus person’s wishes)? |
| 10. Has the provider been effective in assisting the person to pursue relationships that enrich his/her life? | * Does the provider actively assist the person to extend their circle of support and relationships? * Does the provider know what the person wants in terms of relationships with others? * Does the provider’s relationship with the person ever get in the way of relationships with others? |
| 11. Person has been able to access community and generic services. | * Which generic resources does the person use? * What kind of community services does the person utilize? * Does the provider have a directory or information about community resources? * Has the provider provided advocacy with generic agencies to assist the person to get more generic services? |
| 12. Does the person participate in community life (belongs to community groups, clubs, religious groups, etc.)? | * What clubs, community groups, religious organizations, etc. does the person belong to and/or regularly participate in? * What people in the community does the person regularly interact with? * Does the person have any ways to contribute to the community (volunteer work, community activism, etc.)? |
| 13. Provider is effective in assisting the person to be a valued member of the community (in accordance with the person’s wishes.) | * How does the provider assist the person to connect with people on the job and in the community? * How does the provider help to resolve conflicts with others? * Is the provider knowledgeable about how to help people connect with their community (knows clubs, organizations, etc.; is creative in finding ways that they can help people they support to use personal interests as ways to meet and get acquainted with other people?)Is the provider aware of the person’s level of loneliness or isolation? Does the provider actively work   to reduce it? |

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| 15. Is the person as safe and healthy as possible? | * Is the provider effective in having the person take as much responsibility as possible for their own health and safety? * Has anything bad happened to the person in the last year? Do you think the provider should have handled it differently (either in preventing it from happening or in handling it after it happened)? * Does the provider have a good emergency response service? Does the person know how to use it? * Do you feel that the person is as safe as you’d like them to be? |  |
| 16. Does the person have  opportunities to increase abilities, confidence and quality of life? | * Does the person have opportunities to learn new things, take classes, and   have new experiences?   * Does the provider make an effort to expand the person’s world of experience? * Is the provider aware of the person’s quality of life and do they initiate a process for making changes if the quality falls below an acceptable level? * Is the provider effective in assisting the person to increase their status in life? |
| 17. Is the provider effective  in assisting the person to plan and implement support needs? | * Does the provider facilitate natural supports while fading direct supports   and make sure that support needs are being addressed at work?   * Does the provider document progress on the goals of the plan? * Is the provider creative and thoughtful about how they set up support for the person (using different approaches for different people and situations)? * Has the provider let the person down in a significant way in the last year? * Does the provider regularly check with the person to see if their support needs have changed? * Are staff trained and prepared for their responsibilities with the person? |
| **Overall Satisfaction** |  |
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| 18. Overall, is the person happy with their employment and community engagement, as well as the supports and services received from the provider? | * Has the provider done most of the things the person or their circle thought they should do? * Have there been conflicts with the provider that the person or their circle could not resolve? * Does the person or others involved with them feel that they have ever let the person down? * Would the people involved recommend this provider to someone looking for integrated employment services? * Would the person or their circle change anything about the person’s job(s) and daily schedule? * Is everybody satisfied with the level of support and assistance the person receives? |
| 19. **Person’s expectations:** Main things I want my agency to do for me:  1.  2.  3. | The agency should ask the person (or their circle if the person is not able to speak for themselves) to identify the three main things they want from the service provider. They can be specific things (like “help me get another part- time job” or general things like “treat me like an adult.”). Then ask the person and their circle to rate how well they are doing on those things.  Questions to ask to elicit questions: What’s the most important thing that you want your agency to do for you? What do you wish they would do for you?  If you were the boss of this agency, what would you tell people to do for you? |
| General Comments: |  |

Obviously, if individuals who receive services cannot respond to the satisfaction questions, other methods of determining satisfaction need to be used. These include observations of the individual on the job and input from employers, co-workers, staff, and family members.

### What Have We Learned? What Needs to Change?

Gathering assessment data is useless unless the data is analyzed and used to improve performance and outcomes. Learning organizations continuously strive to improve the quality of their services and results by reviewing progress toward the stated goals and using the data to inform decisions. As noted previously, the Strategic Plan should be revisited and revised periodically, using assessment data to inform next steps.

## Maintaining a Sense of Urgency

Because people’s lives are being impacted every day by the decisions and actions of each service provider organization, it is crucial to strive to maintain a sense of urgency during the organizational transformation process. Far too many adults have desired real work and full lives as members of their communities while spending years in segregated facilities. Organizational leaders must strive for a balance between moving too fast or too slow, knowing that a one person at a time approach cannot be rushed, but a lackadaisical approach is not acceptable.

# Conclusion

This manual reflects best practices that have been developed over the course of the past 40 years, with an emphasis on the most up-to-date and effective practices that are relevant in today’ environment where we see a tremendous acceleration toward competitive integrated employment and inclusive community supports. The manual is a synthesis of the knowledge and experience that the authors, their colleagues and numerous provider organizations across the country have gained in transforming organizations, and the public systems that fund them, so that individuals with disabilities, including those with complex support needs, can get and keep competitive integrated employment in their communities.

Clearly, there is no one way for organizations to implement a transformational change process, but we hope that the practices described in this manual – practices that are considered “tried and true” among those who make this topic their life’s work – will assist you in your efforts. Be sure to tap the many resources cited in this document, as well as experts and mentors who can provide guidance on your journey.

We urge you to advocate for and enact positive change with a sense of urgency. Be part of the exciting Employment First movement that is underway toward true systems change and full lives in the community for all individuals with disabilities. As Margaret Mead said, “Never believe that a few caring people can’t change the world. For, indeed, that’s all who ever have.”