# **Provider Agency Self-Analysis Tool**

### **Agency Name and Main Office Address**

#### **Agency President/CEO**

### **Agency Point of Contact**

\*\*Developed by Genni Sasnett for ODEP/USDOL EFSLMP Activities\*\*

## **SME Initial Review (off-site)**

Access and review agency 990s (reviewer will obtain)

Access and review agency website and other marketing materials - brochures, videos, annual report, solicitations, etc. (provided by agency)

View all sites – remotely via Google Earth (reviewer will access)

Mission, vision and values statements (provided by provider agency if not available on website)

Organizational charts (provided by agency)

Agency description (provided by agency)

Agency's most recent business or strategic plans (provided by agency)

List of agency funding sources (provided by agency)

### **Internal Agency Self-Analysis**

The following information will be gathered and recorded by the agency change management leadership team. The purpose is to provide the leadership with an opportunity to perform a review of the agency's current status relative to change towards community integrated employment and meaningful integration though community based day services. The completed self-analysis will be shared with the SME prior to his or her site visit. The agency leadership and SME will review the analysis together and discuss during the initial site visit.

### **Leadership**

#### **Outreach**

The level of <u>awareness</u> of the movement towards community integrated work and other community based day services among the following groups is: *Please rank 1 (lowest) to 5 (highest)*.

Individuals Served and Families

Individuals currently served
Families/Guardians/Conservators Residential support staff, where appropriate
Other key people in the person's life – please list w/ name and relationship

#### Agency staff and governance

CEO
Board of Directors
Other senior staff
Middle managers
Direct Support Professionals

The level of the <u>receptivity</u> to agency transformation to community integrated employment and other community based day services among the following groups is: *Please rank 1 (lowest) to 5 (highest)* 

Individuals currently served Families/Guardians/Conservators

Residential support staff, where appropriate

Other key people in the person's life – please name

Agency staff and governance

CEO

**Board of Directors** 

Other senior staff

Middle managers

**Direct Support Professionals** 

We have done the following outreach regarding our commitment to community integrated employment and meaningful community day support to these groups:

Group	Mode of outreach	Success of outreach	Additional outreach
			planned
Individuals served			
Families			
Direct staff			
Managers			
Government referral			
sources			
Board of Directors			
others			

**Additional Comments:** 

#### **Marketing and Communication**

#### Mission

Our mission statement has been evaluated recently and we feel that it appropriately communicates the values of our agency regarding community employment and meaningful community engagement.

Yes

If yes, please explain how

No

If no, we going to do the following to revise

Our mission statement provides guidance to staff who are conducting community based work.

Yes

If so, how?

No

If no, we going to do the following to revise.

We promote our mission to the people we support, staff, board members and others external to the agency using the following strategies:

#### **Marketing**

Our website reflects our commitment to community integrated employment and meaningful community integration.

Yes

If yes, how?

No

If no, how will this be addressed?

Our brochures and other marketing materials reflect our commitment to community integrated employment and meaningful community integration.

Yes

If yes, how?

No

If no, how will this be addressed?

Our annual reports reflect the values of community integrated employment and meaningful community integration.

Yes

If yes, how?

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ıv	ι.

If no, how will this be addressed?

We describe our services in the following way: (brief "elevator speech "description)

We are confident staff describe our services in the same manner.

Yes

If yes, how do you know?

No

If no, how will this be addressed?

We are confident our board members describe our services in the same manner.

Yes

If yes, how do you know?

No

#### **Communication**

We communicate routinely with our constituencies using the following means and frequency.

	Mode of	Frequency of	Feedback loop?	Feedback
Constituency	Communication	Communication	Yes - No	provided how?

We have a comprehensive communications plan through which we keep our customers, both internal and external, informed of changes in our state and our agency and reflects our commitment to community employment and meaningful community integration.

Yes

If yes, how?

No

If no, how will this be addressed?

**Additional Comments** 

### **Strategic and/or Business Plans**

We have a current strategic plan that addresses movement towards greater community integrated work and meaningful community based day services.

Yes

It was developed in what year?

What is the duration of the plan?

Are there specific outcomes with timelines with regard to increased numbers of people working in the community? Please state.

Who is responsible for carrying out the plan(s)?

No

We don't currently have a specific plan.

If no, how will this be addressed?

Additional comments

#### **Workforce Focus**

#### **Human Resources**

The table below shows the number of FT and PT staff in each of our agency's employment and day supports departments that are listed in the table below.

Program	FT DSPs	PT DSPs	Managers	Other Key	% of time
				Staff	in
					community

We have identified the qualities and skills that are required by staff to fill positions in the agency that are either entirely or primarily community based that may be different than those currently required.

Yes

If yes, how?

No

If no, how will this be addressed?

Our agency is hiring staff to fill either new or vacant positions that have the skills necessary to facilitate full community inclusion through community based employment and meaningful community day support services.

Yes

Please indicate how

No

If no, how will this be addressed?

We have changed our agency's recruitment strategies to attract staff who exhibit the qualities needed to implement community employment and meaningful community day support.

Yes

If yes, how?

No

If no, how will this be addressed?

Our agency's Interview process been enhanced by including questions about values, personal ability to make connections in the community, flexibility in work hours and other skills required to provide community based services.

Yes

If yes, please list the job description titles and the change in process.

No

If no, how will this be addressed?

Our Job descriptions have been revised to address the changing expectations for staff.

Yes

For what positions?

What changes have been made?

No

If no, how will this be addressed?

Our orientation process for all staff include a focus on community integrated employment and meaningful community inclusion.

Yes

If yes, please briefly describe.

No

Below is a list all training we provide related to community employment and meaningful community inclusion along with the categories of staff (senior managers, middle managers and direct support professionals) who have participated in the training.

Topic	Staff category	Timeframe Duration of training	Follow-up provided?	Comments
Person Centered				
Planning				
Supported Employment				
Customized Employment				
Community based day supports				
Community based pre- vocational supports				
List others				

Our agency has changed supervisory and other support	strategies to accommodate our field based
staff.	

Yes

If yes, describe how.

No

If no, how will this be addressed?

Our community day and employment staff wages have been changed to reflect their increased responsibilities and expertise.

Yes

If yes, which positions?

No

If no, do you have plans under consideration?

**Additional Comments** 

### **Operations Focus**

### **Services Provided**

We support the following **unduplicated** number of people served in employment, pre-vocational and day services in our agency. *Please provide total number of people served whether in multiple services or a single service.* 

List of Services provided with number of people served in each service area:

Service	Funding source(s)	Quality	# served
		1(concerns) – 5 (no concerns)	
Individual placement integrated employment			
Group community Employment			
Facility based contracts			
Community-based Pre-voc 75-100% in community			
Facility based Pre-voc 25% or less in community			
Community based day 75-100% in community			
Facility based day 25% or less in community			
Other employment or day service			
Other employment or day service			
Total served #		•	1
(duplicated) =			

We receive funds from our local Vocational Rehabilitation (RV) agency

Yes

If yes, for what services?

No

If no, why not?

Our agency is well regarded by our local VR agency.

Yes

If yes, what evidence do we have to confirm?

If no, what will we do to improve the relationship?

VR is pleased overall with our placement rates.

Yes

No

If yes, what evidence do we have to confirm?

No

If no, what will we do to improve?

We receive ample referrals from VR.

Yes

If yes, what evidence do we have to confirm?

No

If no, what will we do to improve the referral rate?

Our agency is well regarded by entity(ies) in our state that provide or approve funds, make or oversee the referral process and monitor performance. Note – list separately if different entities.

Yes

If yes, what evidence do we have to confirm?

No

If no, what will we do to improve the relationship?

The entity(ies) above is pleased overall with our employment outcomes.

Yes

If yes, what evidence do we have to confirm?

No

If no, we will do the following to improve our outcomes.

The entity(ies) above Is pleased overall with our community based day services outcomes.

Yes

If yes, what evidence do we have to confirm?

No

If no, we will do the following to improve our outcomes:

We receive ample referrals from the entity(ies).

Yes

If yes, what evidence do we have to confirm?

No

If no, we will do the following to improve our outcomes.

We receive referrals or funding for employment and day services from the following sources not listed above: (Answer the questions above for each additional source)

We are currently an Employment Network (EN).

Yes

If yes, what is your annual income under the Ticket to Work?

No

If no, does your agency have plans to become an EN, IF not why?

Additional comments

#### **Customer Focus**

#### **In-take and Individual Service Planning**

We discuss our agency's commitment to community integrated employment as a first option with all new referrals.

Yes

If yes, please explain.

No

If no, why not?

We discuss our agency's commitment to using meaningful community based day supports to assist people to develop their knowledge, interest and skills for the acquisition of work and career advancement in community integrated employment.

Yes

If yes, please explain how.

No

If no, why not?

We discuss our agency's commitment to using meaningful community based day supports as a wraparound services for those not employed full time.

Yes

If yes, please explain how?

No

If no, why not?

All of the people we support have person-centered plans that address community integrated employment.

Yes

If yes, please describe how this is ensured

No

If not, why not?

People are afforded opportunities to explore work options in the community using volunteer opportunities, work trials, internships and other methods?

Yes

If yes, please describe.

No

If not, why not?

All of the people we support who are pursuing employment have a Vocational Profile and Job Search Plan or the equivalent.

Yes

If yes, briefly describe.

No

If no, describe your process for identifying job interests and pursuing them.

Additional comments

## **Operations Focus**

### **Finance**

Our overall annual budget for the agency is -

The percentage of total revenue budgeted in each employment and day support program and profitability (budgeted revenue vs expenses) is:

Service	% total revenue	Funding Source	Billing unit and rate (note cap on service, if any)	Profitability 0 (losses) - 5 (high)
Community integrated employment – individual placement				
Group community employment				
Sheltered work				
Facility based pre-voc				
Facility based day support				
Community based pre-voc				
Community based day support				
Transportation – emp/day related only				
Other relevant services				

The percentage of our annual budget devoted to staff development is:

We operate out of facilities at the following addresses: (note, please indicate whether facility is owned or leased)

The following is something important to note about our agency's finances:

#### **Development**

Our agency raises private funds

Yes

If so, what % of your annual budget do these funds represent?

No

No, but we have plans to do so.

No, we have no plans to raise private funds.

Our agency has designated development or fund-raising staff.

Yes

If yes, provide title and scope of duties

No

No, but we have plans to hire or designate someone.

No, we have no plans to hire or designate someone.

Our agency seek grants, both private and government funded.

Yes

If so, do you have any such grants currently? If yes, please describe.

No

We have plans to do so in the future.

We have no plans to do so.

#### Results

#### **Quality Assurance**

We are accredited by an entity external to our state.

Yes

If yes, what entity

No

The results of our most recent surveys of quality and compliance by our funding sources were positive regarding community employment and meaningful community day support.

Yes

If yes, please summarize the highlights in a few sentences

No

If no, please summarize the concerns in a few sentences

Our areas of highest quality are as follows:

Our areas where we have some quality concerns are:

Individuals served, families, case managers and other key constituents served are surveyed routinely to assess their satisfaction with services provided.

Yes

If yes, describe process, briefly, including how feedback is provided.

No

If no, how will this be addressed?

Staff is surveyed routinely to assess their satisfaction with their jobs, the support they receive from the agency and their training needs.

Yes

If yes, describe process, briefly, including how feedback is provided.

No

If no, how will this be addressed?

We have a designated position at our agency that oversees quality.

Yes

If so, what is that position?

No

If no, who is responsible for the oversight of quality?

In general we assure quality within your agency in the following manner:

#### Data

We use the following method(s) to record service data:

We maintain the following data regarding employment outcomes, including movement between all employment services and other day services:

We use data collected for benchmarking, quality improvement and management purposes.

Yes

If yes, how?

No

If not, we have the following plans to address

### **Information Technology**

We have an electronic data-base system for data collection either in the facility or in the field.

Yes

If yes, please describe

No

If no, our staff use the following method(s):

Our agency uses the following strategies to communicate with staff both in the facility and in the field:

Our field based staff have cell phones.

Yes

If yes, are they compensated for use?

No

If no, are there plans to address?

Our staff use agency issued electronic devices (I-Pads, tablets, smart phones)?

Yes

If so, which? What are the expectations for use?

No

If no, are there plans to address?

Additional comments

# **Measurement, Analysis and Knowledge Management**

Based on our analysis and knowledge of our agency, we see the following opportunities for increasing community integrated employment and meaningful community based day supports:
Correspondingly, we see the following as the challenges:
We believe we need support in the following areas to best assist us as we move forward:
THANKS!