State Vocational Rehabilitation Agencies
As Change Agents
Systems Change Information Bulletin #2:

Opportunities for State VR Agency Participation in Statewide Systems Change

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December 2006

This is the second in a series of INFORMATION BULLETINS on the general topic of State VR agencies serving as systems change agents. In addition to the primary role of providing VR services to persons with disabilities (particularly those with the most significant disabilities), Congress expects that State VR agencies will perform the role of change agent within the state to enhance employment opportunities for persons with disabilities. The INFORMATION BULLETINS are located at the following website: http://disability.law.uiowa.edu/lhpdc/rrtc/vr_syschange/ The CSAVR website includes a link to this website.

Purpose
The purpose of SYSTEMS CHANGE INFORMATION BULLETIN #2 is threefold.* The **first purpose is to describe several key statewide employment-related systems change initiatives** (supported by federal agencies other than RSA/NIDRR) which State VR agencies can play (and in several states are already playing) a key role.

The **second purpose** is to share with State VR agencies the **alternative frameworks** set out in these initiatives for bringing about statewide systems change through the establishment of inter-agency infrastructures designed to enhance employment outcomes for persons with disabilities. These frameworks are useful tools/templates for pursuing systems change, whether or not your State VR agency actually participates in the initiative.

The **third purpose** is to share **a framework for sustaining systems change initiatives**. Appendix 6 includes a **sustainability self-assessment tool** for employment-related systems change projects. The self-assessment tool is intended

to assist you in thinking strategically about how to sustain system's change activities and to promote ideas on how to proceed from this point forward.[1]

Set out below is a paragraph description of five systems change initiatives supported by federal agencies other than RSA/NIDRR. A more comprehensive description/overview of each of these initiatives is set out in the Appendices and is hot linked to the website of the Law, Health Policy, and Disability Center at the University of Iowa College of Law: http://disability.law.uiowa.edu/lhpdc/rrtc/vr_syschange/   These initiatives include:

- Medicaid Infrastructure Grants(CMS) [Appendix 1]
- Work Incentive Planning and Assistance Grants (SSA) [Appendix 2]
- Disability Program Navigator Initiative Grants (SSA/DOL) [Appendix 3]
- Real Choice Systems Change Grants (CMS) [Appendix 4]
- Money Follows the Person Grants (CMS) [Appendix 5]

MEDICAID INFRASTRUCTURE GRANTS [Appendix 1]

Medicaid Infrastructure Grants (MIGs) are competitively awarded by the Centers for Medicare and Medicaid Services (CMS) in the U.S. Department of Health and Human Services. The purpose of MIG grants is to support the competitive employment of persons with disabilities by facilitating targeted improvements to the State's Medicaid program and/or developing a comprehensive infrastructure that coordinates disparate state service delivery systems. Funds should be used to remove the barriers to employment facing persons with disabilities by creating systemic change throughout the Medicaid programs or by bridging Medicaid and other programs to further remove barriers. Either of the following categories of public entities may apply for MIGs: the single state Medicaid agency OR any other agency or instrumentality of a state (such as a State VR agency) in partnership, agreement, or active participation with the single state Medicaid agency, the state legislature, or the Office of the Governor. The official government website for MIGs is http://www.cms.hhs.gov/TWWIA/03_MIG.asp.

For a comprehensive website describing the specific projects and activities conducted by MIG grantees organized by topic area, see www.medicaidbuyin.org [SYSTEMS CHANGE INFORMATION BULLETIN #3] Additional websites related to MIG grants include the MIG Technical Assistance Center at the National Center for Health Systems Development (NCHSD) at http://www.nchsd.org/ and the MIG Technical Assistance Center at the American Public Human Services Association (APHSA) Center for Workers with Disabilities (CWD) http://www.aphsa.org/disabilities/home/index.htm

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[1] The Sustainability Self-Assessment was originally developed by the National Center on Workforce and Disability/Adult based on the Institute for Community Inclusion, University of Massachusetts Boston for entities participating in customized employment grants funded by the Office of Disability Employment Policy. The National Center is funded by a grant/contract/cooperative agreement from/with the U.S. Department of Labor, Office of Disability Employment Policy (#E-9-4-1-0070). The opinions expressed herein do not necessarily reflect the position or policy of the U.S. Department of Labor, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Department of Labor. The Self-Assessment tool, which was originally developed for customized employment grantees, has been modified to address systems change initiatives designed and implemented by State VR agencies and others.

WORK INCENTIVE PLANNING AND ASSISTANCE GRANTS [Appendix 2]

The Social Security Administration (SSA) competitively awards cooperative agreements to establish community-based work incentives planning and assistance projects (WIPA) in every state. The purpose of these projects is to disseminate accurate information to beneficiaries with disabilities (including transition-to-work aged youth) about work incentives programs and issues related to such program, to enable them to make informed choices about working and whether or when to assign their Ticket to Work, as well as how available work incentives can facilitate their transition into the workforce. The ultimate goal of the WIPA projects is to assist SSA beneficiaries with disabilities succeed in their return to work efforts. Eligible applicants for WIPA projects include any state or local government (e.g., State VR agency and excluding any state agency administering the Medicaid program), public or private organizations, or nonprofit or for profit organizations (under specified circumstances), and qualified Native American tribal organizations. The official government website for WIPA projects is http://www.ssa.gov/work/WIPARFA.html or www.ssa.gov/oag/grants/ssagrant_current.htm.

DISABILITY PROGRAM NAVIGATOR INITIATIVE GRANTS [Appendix 3]

The Employment and Training Administration (ETA) in the U.S. Department of Labor (DOL) and the Social Security Administration (SSA) are jointly funding cooperative agreements to establish a new position, the Disability Program Navigator, within One-Stop Career Centers. The purpose of this position is to better inform SSA beneficiaries and other people with disabilities about work support programs now available at One-Stop Career Centers. This initiative is developing new/ongoing partnerships to achieve seamless, comprehensive, and integrated access to services, creating systemic changes, and expanding the workforce development system's capacity to serve customers with disabilities and employers, including enhancing the linkage between employers and state workforce investment boards through One-Stop Career Centers. The State WIA administrative agency is responsible for implementing the cooperative agreement supported by the grant. DOL will not fund proposals that subcontract the majority of administration and management to other organizational entities such as State VR agencies. The official website for Disability Program Navigator Initiative grants is www.doleta.gov/disability/new_dpn_grants.cfm. See also http://disability.law.uiowa.edu.

REAL CHOICE SYSTEMS CHANGE GRANTS [Appendix 4]

The Centers for Medicare and Medicaid Services (CMS) in the U.S. Department of Health and Human Services fund real choice system change grants. These grants are designed to enable children and adults of any age who have a disability or long-term illness to live in the most integrated community setting appropriate to their individual support requirements and preferences; exercise meaningful choices about their living environment, the providers of services they receive, the types of supports they use, and the manner by which services are provided; and obtain quality services in a manner as

consistent as possible with their community living preferences and priorities. The overall intent of these Systems Transformation grants is to implement broader changes in states' infrastructure to support continued development of quality community based services options, including employment. The "Invitation to Apply" prepared by CMS includes a useful framework for any entity undertaking systems change affecting persons with disabilities including clear definitions of terms such as "infrastructure" (processes and structures), goals and building blocks of systems transformation, and key elements. In general, real choice systems change grants can be awarded to any single state Medicaid agency, state mental health agency, state mental retardation and developmental disabilities agency, state Department of Aging, or an instrumentality of the state (e.g., State VR agency).

The official government website for real choice systems change grants is http://www.cms.hhs.gov/realchoice/. In addition, a CMS site for promising practices is at http://www.cms.hhs.gov/PromisingPractices/01_Overview.asp#TopOfPage. In addition, CMS supports a website "Community Living Exchange Collaborative Clearinghouse" website at www.hcbs.org. This site assists states and other entities in building systems that provide services and supports that reflect the needs and preferences of individuals of all ages with disabilities. This site is intended to facilitate sharing of information, tools, and practical resources across the many states and local entities that are re-examining and redesigning how they provide supports.

MONEY FOLLOWS THE PERSON GRANTS [Appendix 5]

The Centers for Medicare and Medicaid Services (CMS) in the U.S. Department of Health and Human Services (HHS) is funding "money follows the person" grants to support state efforts to "rebalance" their long-term support systems in general and in particular to support state efforts to: rebalance their long-term support system so that individuals have a choice of where they live and receive services; transition individuals from institutions who want to live in the community; and promote a strategic approach to implement a system that provides person-centered, appropriate, needs-based, quality of care and quality of life services and a quality management strategy that ensures the provision of, and improvement of such services in both home and community-based settings and institutions. The "Initial Funding Announcement" is useful for its articulation of key elements of system's reform. The single state Medicaid agency must be the lead applicant; however, it is expected that the Medicaid agency will partner with other state agencies (such as the State VR agency), as well as local governments, and services providers (such as community rehabilitation providers) who contribute to successful community living in the state. The official government website for the money follows the person grant announcement is http://www.cms.hhs.gov/realchoice/02_WhatsNew.asp#TopOfPage; http://www.cms.hhs.gov/NewFreedomInitiative/downloads/MFP_2007_Announcement.pdf. See also www.hcbs.org.

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MEDICAID INFRASTRUCTURE GRANTS

1. PURPOSE

The purpose of Medicaid Infrastructure grants (MIGs) is to support the competitive employment of persons with disabilities by facilitating targeted improvements to the state's Medicaid program and/or developing a comprehensive infrastructure that coordinates disparate state service delivery systems. Funds expected to be used to remove the barriers to employment of persons with disabilities by creating systemic change throughout the Medicaid programs or by bridging Medicaid and other programs to further remove barriers.

2. ELIGIBLE APPLICANT(S)

Either of the following may apply:

- The single state Medicaid agency; or
- Any other agency or instrumentality of a state (such as the State VR agency) in partnership, agreement, or active participation with the single state Medicaid agency, the state legislature, or the Office of the Governor.

3. LINK TO WEBSITE WITH STATE SPECIFIC DATA AND SUMMARIES OF GRANT ACTIVITIES

The official government website for MIGs is http://www.cms.hhs.gov/TWWIA/03_MIG.asp. For a comprehensive resource guide describing the various projects and activities conducted by MIG grantees organized by topic area see SYSTEMS CHANGE INFORMATION BULLETIN #3 and www.medicaidbuyin.org. Additional websites related to MIG grants include the MIG Technical Assistance Center at the National Center for Health Systems Development (NCHSD) at http://www.nchsd.org/ and the MIG Technical Assistance Center at the American Public Human Services Association (APHSA) Center for Workers with Disabilities (CWD) http://www.aphsa.org/disabilities/home/index.htm.

4. OBJECTIVES

- **Basic Medicaid Infrastructure Development**—build basic Medicaid employment supports for people with disabilities, including implement and develop Medicaid Buy-In programs, increase the availability of personal assistance services through the Medicaid state plan or waiver programs, and assure access to other health care supports that may support the employment objectives s of people with disabilities.

- **Comprehensive Employment Systems—**
  - Build comprehensive approaches to removing employment barriers by forming linkages between Medicaid services and other non-Medicaid programs.
  - Objectives include developing a comprehensive employment system that:
    - Maximizes employment for people with disabilities
    - Increase the state's labor force through the inclusion of persons with disabilities, and
    - Protects and enhances workers health care, other benefits, and needed employment supports.
  - Funds should be used to support the goal of removing barriers to employment and to create lasting improvements by expanding the capacity of the state to support individuals with disabilities who wish to work.
  - Current systems in most states are highly fragmented and difficult to implement in a coordinated way i.e., most programs work independently from one another. Supports (e.g., cash assistance, food stamps, housing assistance) lost from work can exceed the amount earned--work may not pay.
  - Work incentives in various programs are often under-utilized and very often poorly understood.

5. BACKGROUND

- Many Americans with significant disabilities want to work but are discouraged from doing so by barriers in the current system of benefits and supports.
- **Expectations—**In general, society has low employment expectations for persons with disabilities. These low expectations are reinforced by tying income and healthcare benefits to <u>not</u> working. Employment for many individuals is seen as a special-developmental activity, not as the primary defining role that it is for people without severe disabilities. Family members, friends, service providers and the individual themselves share and reinforce this attitude, leading to a self-fulfilling prophesy. Equally important is message sent to employers—why should they hire people with disabilities—they can only work a few hours, they cannot do certain tasks, they are unreliable they are often sick they have high absenteeism….
- **Segregation—**We force people into programmatic silos, which in turn leads to limited opportunities for employment based on the silo they are in. We build silos based on the services and supports that are provided by specialized agencies (mental health centers, vocational rehabilitation agencies, day care centers, and schools). We segregate people with disabilities into day activity programs, sheltered workshops, enclaves, etc. and much of this segregation is tied to funding streams.
- **Fragmentation**—Our employment support system for people with disabilities is fragmented. It has relatively autonomous parts. All too often, these programs do not interact or interact ineffectively.

- o Our educational system works with children and young adults, preparing them for employment and higher education,
- o The postsecondary education system is composed of colleges, universities, community colleges, and technical schools.
- o The vocational rehabilitation system provides a variety of vocational services, including counseling and training.
- o Workforce Investment Act—one-stops provide access to job services and vocational services and supports.
- o Mental health centers and organizations that serve people with developmental disabilities provide employment-related services.
- **Contradictory messages—**People with disabilities, their families and friends, and employers are being inundated with contradictory messages. To be eligible for SSI or SSDI, a person must first prove he or she is so disabled that they cannot work. Some statutes provide incentives for work, others establish goals for employment, and other penalize work attempts.
- **Complexity—**Federal and state statutes and regulations governing various programs represent complex material. When combine complexities of numerous programs it is amazing how many people with disabilities actually work. Also because of these complexities and multiple organizations, prospective employers tend to avoid becoming involved.
- **Summary—**It is this system of mixed messages, low expectations, segregation, fragmentation, contradiction, and complexity that we expect states to address through the MIG grant.

6. BASIC MEDICAID INFRASTRUCTURE DEVELOPMENT:

- Funds may be used for **infrastructure** i.e., to establish or improve the capability to provide or manage necessary health care services or support for competitive employment for people with disabilities. The infrastructure may be at the state and/or local level and may be provided or contracted by government or other organizations under contract with responsible government agencies.
  - o **Medicaid buy-in** program planning, design, implementation and effective management.
  - o Improvements to make **Medicaid state plan or Medicaid waivers** provide more effective support to workers with disabilities e.g., improvements to personal care, adequacy and providers of PAS, training of Medicaid case managers, Medicaid case management design, and self-determination designs. In addition, improvements in the design, cost-modeling, development and initial implementation or evaluation of other Medicaid services which have a direct and significant impact on the ability of individuals with disabilities to sustain competitive employment such as transportation services or modifications, assistive devices, communication aids, durable medical equipment, community-based treatment including mental health services, and Medicaid waiver support for employment.

- **Outreach** to people with disabilities or employers to learn about the opportunities to work and to sustain health coverage under Medicaid and/or Medicare
- **Coordination** between the activities of other state agencies in support of working people with disabilities and the state Medicaid program. e.g., methods to coordinate Medicaid (including buy-in programs) with Medicare and other public and private insurance coverage)

7. COMPREHENSIVE EMPLOYMENT SYSTEMS INFRASTRUCTURE DEVELOPMENT

- **Purpose—**to build and support comprehensive employment systems infrastructure including:
  - **Effective leadership** at state and local levels
  - **Clear focus—**clear principles and objectives directed at the meaningful employment of people with disabilities
  - **Management information systems (including tracking, reporting, and learning systems)** that provide leadership, workers, consumers, employers and the general public reports on the relative success of the efforts within the state. Reports should include numbers of people placed in employment, promotions and job changes, employment shortage areas, employment rates of various groups, and unemployment rates.

- **General Principles:**
  - People with disabilities are valuable human resources; there is a community expectation that they will participate in the labor force to the maximum extent possible.
  - Anyone, regardless of disability, must have the opportunity to participate in the labor force and have the right to fair treatment in exercising that opportunity.
  - Local labor market (employer) needs must be met.
  - There must be mutual benefit to the employee with a disability and the employer.
  - Employment must be in typical integrated workplace settings appropriate to the type of work.
  - All employment options must be available from entry-level jobs to the most advanced occupations.
  - Individuals have the right to choose their employment and employer.
  - Employers have the right to choose whom they hire.
  - People have the right to take risks in the employment they choose.

- **System Principles:**
  - The system will maximize employment for people with disabilities.
  - The system will provide a high quality workforce for employers.
  - The system will provide effective leadership at the state and local levels.

- o The system will work for job seekers with and without disabilities.
  - o It will be responsive to the needs of employers and people with disabilities.
  - o It has both a local and a state structure; it is based in local communities.
  - o There is ease of access for employers and potential employees—simplicity in design.
  - o It effectively tracks employment and earnings (outcomes) and demonstrates clear measures of success.
  - o It is permanent—available to people whenever they need it. It must be built on a stable funding base, not competitive grant funds.
  - o It does not the individual with a disability or the employer at risk.
  - o It puts a premium on communication and coordination among all the elements of the system.

- **Service and Support Principles:**
  - o It must be as transparent as possible to both the employer and employees.
  - o The individual's employment choices and resulting services and supports should be based on individual person-centered designs.
  - o Person-centered planning tools need to focus on employment.
  - o Services and supports should include "whatever it takes" to achieve successful employment outcomes.
  - o Public and postsecondary education are key ingredients to success in a changing business world.
  - o Services and support practices must be "evidence-based" (tested).
  - o Assistive technology must be accessible, universal, flexible and replaceable.
  - o Technology is a critical tool to the provision of services and supports.
  - o Quality health care must be available to all.
  - o Other employment-related services and supports must be available on an as-needed basis (e.g., transportation, child care, personal assistance, assistive technology).

APPENDIX 2
WORK INCENTIVES PLANNING AND ASSISTANCE (WIPA) PROJECTS

1. **PURPOSE AND GOAL**

The Social Security Administration (SSA) competitively awards cooperative agreements to establish community-based work incentives planning and assistance projects (WIPA) in every state. The **purpose** of the WIPA projects is to disseminate accurate information to beneficiaries with disabilities (including transition to work aged youth) about work incentives programs and issues related to such programs, to enable them to make **informed choices** about working and whether or when to assign their Ticket, as well as how available work incentives can facilitate their transition to the workforce.

The **ultimate goal** of the projects is to assist SSA beneficiaries with disabilities succeed in their return to work efforts.

2. **ELIGIBLE APPLICANT(S)**

Eligible applicants include any state or local government (e.g., State VR agency and excluding any state agency administering the Medicaid program), public or private organizations, or nonprofit or for profit organizations (under specified circumstances), and qualified Native American tribal organizations.

3. **LINK TO WEBSITE WITH STATE SPECIFIC DATA AND SUMMARIES OF GRANT ACTIVITIES**

The official government website for WIPA projects is
http://www.ssa.gov/work/WIPARFA.html or
www.ssa.gov/oag/grants/ssagrant_current.htm.

4. **WRITTEN PLAN**

Applicants must provide a detailed **written plan** for how they will deliver the full range of work incentives planning and assistance services:

*   Federal, state, and local **benefits programs**
*   **Partnering** efforts and relationships with other employment-related organizations including One-Stops
*   Conducting and coordinating **outreach** activities
*   List of specific **resources, services and supports**
*   Plan for **monitoring beneficiary progress, case management and follow-up**
*   Documented process for collecting beneficiary-related **management information** and assuring that a **quality assurance** plan is in place
*   Written procedures for addressing potential organizational **conflict of interest**
*   Written **grievance** procedures.

5. **WORKING RELATIONSHIPS/COLLABORATIONS**

Applicants must have established strong **working relationships (collaborations**—interagency agreements or other mechanisms) with other agencies that are already providing services designed to enhance employability, employment, and career advancement, particularly One-Stops, SSA Field Offices, CMS, VR, ENs, public schools, IHIs, mental health organizations.

6. **COMMUNITY WORK INCENTIVE COORDINATOR AND WORK INCENTIVES PLANNING**

- A Community work incentives coordinator (CWIC) must be identified.
- Work Incentives planning and assistance services requires an in-depth understanding of the beneficiary's current situation and how available work incentives can impact on his or her employment efforts.
- CWICs will establish written benefits analysis plans outlining their employment options and develop long-term supports that may be needed to ensure a beneficiary's success in regards to employment. CWICs will, among other things, may referrals to ENs, VR, when appropriate.
- To provide work incentives **planning** services, CWICs will:

  o Obtain and evaluate comprehensive information about the beneficiary e.g., background, impairments/conditions/education and vocational background, employment and earnings, resources, benefits, health insurance, work expenses, work incentives, and services and supports;
  o Assess potential impacts of employment and other changes on a beneficiaries eligibility and overall financial well-being;
  o Provide detailed information and assist the beneficiary in understanding and assessing the potential impacts of employment and/or other actions or changes on his or her life situation, and provide sufficient guidance regarding the effects of various work incentives;
  o Develop a comprehensive framework for possible options available to the beneficiary and projected results for each part of the career development and employment process; and
  o Ensure confidentiality of information.

7. **WORK INCENTIVES ASSISTANCE**

Work incentives **assistance** services—involves the delivery of accurate information and direct supports for the purpose of assisting a beneficiary in determining the most advantageous work incentives to use in going or returning to work, including providing information and referral (e.g., ENs and VR), as well as problem-solving services, as needed. To provide work incentives assistance services, CWICs will:

- Emphasize employment through the use of work incentives planning, leading to greater self-sufficiency and employment;

- Refer beneficiaries to VR, ENs, One-Stops and other organizations that emphasize/provide seamless employment-related supports and ticket assignments
- Assist beneficiaries resolve problems related to work efforts, higher education and work attainment or continuation of work;
- Provide ongoing comprehensive work incentives monitoring and management assistance who are employed or seeking employment;
- Provide long-term work incentives management on a scheduled, continuous basis (regular checkups at key transition points);
- Provide ongoing direct assistance in the development of a comprehensive, long-term work plan to guide the effective us of federal, state, local work incentives, which plan must address:
    - Desired return to work and self-sufficiency outcomes
    - Related steps necessary to achieve outcomes
    - Associated dates and timeframes
    - Building on initial work incentives planning efforts including information gathering, analysis and advisement
    - Benefits/financial analysis (pre and post employment).
- Provide intensive assistance to beneficiaries, their key stakeholders, and their support teams in making informed choices and establishing employment-related goals, including assistance in
    - Written plans on how work incentives programs may lead to self-supporting employment e.g., PASS, IRWEs, use of a subsidy, ability to claim unincurred business expenses, continued payment under VR (Section 301), expedited reinstatement
    - Written plans on how the SSI Section 1619(a) and (b) provisions may lead to self-supporting employment by allowing continued medial assistance, earned income exclusion, student earned income exclusion, property essential to self-support, and expedited reinstatement;
    - Written plans on how the SSDI TWP and EPE provisions may lead to self-supporting employment;
    - Advocating for work supports on behalf of a beneficiary with other agencies and programs
    - Providing ongoing follow-up assistance
- Assist beneficiaries to update work incentives management plans throughout their employment efforts;
- Collaborate with SSA's Program Manager for Recruitment and Outreach (PMRO) to conduct outreach to beneficiaries about the use of work incentives to work.

8. WORK INCENTIVES OUTREACH

Work incentives **outreach** services are educational efforts to inform beneficiaries of available work incentives, as well as the services and supports available to enable them to access and benefit from those work incentives in terms of working. Outreach activities should be targeted directly to SSDI and SSI beneficiaries with disabilities, their

families, to advocacy groups, service provider agencies, and employers that have regular contact with them.

9. **QUALITY ASSURANCE**:

- Ongoing training needs
- Management information data and caseload reviews (track progress and outcomes of beneficiaries regarding employment status, benefits status, and income of beneficiaries before and after services provided)
- Case management and monitoring systems, including management information system
- Quality assurance plan (data collection, reporting)

10. **MISCELLANEOUS**

- **Data** on individual beneficiaries
- List of **benefits**
- List of **incentives**
- List of **services**

APPENDIX 3

DISABILITY PROGRAM NAVIGATOR INITIATIVE GRANTS

1. PURPOSE

The Department of Labor (DOL) and the Social Security Administration (SSA) have jointly established a new position, the Disability Program Navigator, within DOL's One-Stop Career Centers. Complex rules surrounding entitlement programs, along with fear of losing cash assistance and health benefits, can often discourage people with disabilities from working. DOL and SSA have established the Disability Program Navigator initiative to better inform beneficiaries and other people with disabilities about the work support programs now available at One-Stop Career Centers. This initiative is developing new/ongoing partnerships to achieve seamless, comprehensive, and integrated access to services, creating systemic changes, and expanding the workforce development system's capacity to serve customers with disabilities and employers, including enhancing the linkage between employers and state workforce investment boards through One-Stop Career Centers.

2. ELIGIBLE APPLICANT(S)

The State WIA administrative agency will be responsible for implementing the cooperative agreement supported by the grant. DOL will not fund proposals that subcontract the majority of administration and management to other organizational entities such as State VR agencies.

3. LINK TO WEBSITE WITH STATE SPECIFIC DATA AND SUMMARIES OF GRANT ACTIVITIES.

For a complete list of current DPN cooperative agreements, see www.doleta.gov/disability/new_dpn_grants.cfm. See also http://disability.law.uiowa.edu.

4. THE ROLE OF NAVIGATORS

In general, the navigator's role is to:

- Guide One-Stop staff in helping people with disabilities access and navigate the complex provisions of various programs that impact their ability to gain/retain employment.
- Develop linkages and collaborate on an ongoing basis with employers to facilitate employment for persons with disabilities.
- Develop partnerships to achieve integrated services, systemic change, and expand the capacity to serve customers with disabilities.
- Facilitate the transition of in- or out-of-school youth with disabilities to obtain employment and economic self-sufficiency.

- Conduct outreach to agencies/organizations that serve people with disabilities.
- Serve as resources to SSA's: work incentives/employment support programs with its WIPA program and employment-related demonstration projects.
- Serve as resources on programs that impact the ability of persons with disabilities to enter or remain in the workforce.

More specifically, recommended core functions are as follows:

- Develops linkages and collaborates individually or through the local workforce area's business or employer relations representatives, as applicable, on an ongoing basis with employers and employer organizations to promote the hiring of individuals with disabilities and to facilitate their job placement, while complying fully with the legal requirements related to confidentiality.
- Serves as a resource to the workforce investment staff within the service area to ensure the availability of comprehensive knowledge on federal, state, local and private programs that impact the ability of individuals with disabilities to enter and remain in the workforce.
- Trains One-Stop Career Center staff and other staff on activities, services, and resources available.
- Serves as a One-Stop Career Center resource on Social Security work incentives and other employment support programs, including the Ticket to Work Program, and serves as a liaison to the Community Work Incentive Coordinators (CWICs) (formerly Benefits Planning, Assistance and Outreach (BPAOs) specialists), the Protection and Advocacy systems (P&As), SSA's employment-related demonstration projects, and state vocational rehabilitation (VR) agencies.
- Trains or makes training available to One-Stop Career Center staff on: disability issues; facility, communication and program accessibility requirements; the Americans with Disabilities Act (ADA); implementing regulations at 29 CFR Part 32 of the Section 504 implementing regulations of the Vocational Rehabilitation Act and WIA Section 188 (implementing regulations at 29 CFR (Part 37) definitions and requirements; assessment tools and their applicability; SSA employment support programs; employer federal and state tax incentives; and other relevant information that may be applicable.
- Establishes an advisory working group(s) on One-Stop system accessibility issues, including a procedures for ongoing review, recommendations or action plans, that include individuals with disabilities and others with expertise on accessibility and services to individuals with disabilities.
- Facilitates implementation of Individual Development Accounts or cross-program teams (e.g., One-Stop staff, VR counselor, Medicaid staff, Housing, or Mental Health agency staff) when appropriate to assist job seekers with disabilities in a comprehensive manner addressing multiple funding streams or barriers.
- Helps link the case manager to information on how to access a wide variety of programs available to support the individual with disability's successful entry or

re-entry into the workforce, how to facilitate the connection to programs and the benefits, services, and/or supports that they provide in the most integrated settings appropriate to the needs of the individual with a disability, and supports follow-up activities which confirm that each individual is receiving the level of benefits, services, and/or supports needed.

- Facilitates the transition of in- or out-of-school youth with disabilities to secure employment and economic self-sufficiency, including outreach to schools and the design and coordination of customized assistance.
- Conducts outreach to, and coordinates with, community service providers working with individuals with disabilities, local Independent Living Centers, and public and private mental health and developmental disability organizations. Fosters linkages between these organizations and programs, operating through One-Stop Career Centers, including Social Security employment support programs.
- Serves as a One-Stop Career Center resource on pertinent workforce development issues and policies for jobseekers with disabilities who seek employment, skill development, job retention assistance, or career advancement through the One-Stop Career Center system (including the use of Individual Training Accounts).
- Provides an ongoing assessment to the Lead Navigator of this cooperative agreement regarding One-Stop Career Center facilities, services, programs and equipment to ensure these are accessible to people with disabilities, including ensuring that informational materials on the Ticket to Work Program, the Plan to Achieve Self Support (PASS), and other programs are available in alternate formats.
- Works with designated Equal Employment Opportunity officer(s), the local workforce investment board and the One-Stop operator to ensure that One-Stop Career Center facilities, services, programs, and equipment are accessible to individuals with disabilities, including ensuring the availability of publications and materials in alternate formats.
- Provides information on assistive technologies and/or referral to organizations that can serve as a resource (e.g., State Services for the Blind offices, regional Disability and Business Technical Assistance Centers, Job Accommodation Networks, etc.).
- In collaboration with the EO Officer, provides information on complaint procedures established under the nondiscrimination provisions of WIA Section 188 as well as those provided in SSA's Ticket to Work Program (i.e., P&As).
- Facilitates the collection of participant data that may be required to effectively evaluate the DPN initiative.

APPENDIX 4

REAL CHOICE SYSTEMS CHANGE GRANTS

1. GOALS

The Centers for Medicare and Medicaid Services (CMS) in the U.S. Department of Health and Human Services fund real choice system change grants. These grants are designed to enable children and adults of any age who have a disability or long-term illness to live in the most integrated community setting appropriate to their individual support requirements and preferences; exercise meaningful choices about their living environment, the providers of services they receive, the types of supports they use, and the manner by which services are provided; and obtain quality services in a manner as consistent as possible with their community living preferences and priorities. The overall intent of these Systems Transformation grants is to implement broader changes in states' infrastructure to support continued development of quality community based services options, including employment.

Goals to advance towards a coherent system of long-term care supports:

- Improved access to long-term support services—development of one-stop system
- Increased choice and control—development/enhancement of self-directed service delivery system
- Comprehensive quality management system
- Transformation of information technology to support system change
- Creation of a system that more effectively manages the funding for long-term supports that promote community living options
- Long-term supports coordinated with affordable and accessible housing

2. ELIGIBLE APPLICANT(S)

In general, this grant opportunity is open to any single state Medicaid agency, state mental health agency, state mental retardation agency and developmental disabilities agency, state Department of Aging, or an instrumentality of the state (e.g., State VR agency).

3. LINK TO WEBSITE WITH STATE SPECIFIC DATA AND SUMMARIES OF GRANT ACTIVITIES

The official government website for real choice systems change grants is http://www.cms.hhs.gov/realchoice/. In addition, a CMS site for promising practices is at http://www.cms.hhs.gov/PromisingPractices/01_Overview.asp#TopOfPage. In addition, CMS supports a website "Community Living Exchange Collaborative Clearinghouse" website at www.hcbs.org. This site assists states and other entities in building systems that provide services and supports that reflect the needs and

preferences of individuals of all ages with disabilities. This site is intended to facilitate sharing of information, tools, and practical resources across the many states and local entities that are re-examining and redesigning how they provide supports.

4. **VISION**

CMS **envisions** a long-term support system that maximizes individuals' independence, dignity, choice, and flexibility.

5. **CRITICAL ELEMENTS OF SYSTEMS INFRASTRUCTURE**

The "Invitation to Apply" prepared by CMS includes a useful framework for any entity undertaking systems change affecting persons with disabilities including clear definitions of infrastructure (processes and structures), goals and building blocks of systems transformation, and key elements.

Evidence is emerging that identifies **critical elements of systems infrastructure** that facilitate enduring changes and improvements in the nation's long-term care system. Recognize that the long-term support system expands across agencies— from organizations that oversee the health delivery system to others that work on providing affordable and accessible housing and viable employment options for individuals with disabilities. Interested in promoting a system that is characterized by integrated, or at a minimum coordinated, systems management, rather than disjointed singular components.

6. **PURPOSE OF GRANT**

The purpose of the systems transformation grant is to provide states with greater level of support to implement more sweeping infrastructure changes that are critical to successful systems transformation.

7. **INFRASTRUCTURE, DEFINED**

Infrastructure is defined as the framework underlying how a system operates. Thus, infrastructure development excludes the delivery of services. Infrastructure comprises processes within structures. **Processes** refer to a series of procedures, steps, or protocols that lead toward a particular result. **Structures** are the entities that aggregate and arrange the relationships of the processes within it. For example, infrastructure **processes** in the health and human services field include:

- Consumer intake
- Assessment
- Care planning
- Eligibility procedures

The **structures** that manage these processes are located within and between the pertinent agencies. Achieving the desired outcomes for systems transformation is dependent on the design and management of the system's infrastructure.

8. **GOALS CRITICAL TO INSTRASTRUCTURE DEVELOPMENT AND SYSTEMS TRANSFORMATION**

CMS has identified 6 goals that are critical to infrastructure development and effective systems transformation. [see above] These goals are related to a set of elements that together constitute coherent systems management. **Coherent systems management** maximizes participants' independence, dignity, choice, and flexibility. The coherent systems framework is translated into a system whereby the person with disabilities' needs and preferences—rather than the prevailing service delivery and financing structure—drives the system transformation and management. It is a consumer-directed system.

9. **BUILDING BLOCKS**

The key building blocks to develop this responsive system are access, financing, services, and quality improvement.

- **Philosophy**—System based on a philosophy of self-direction and individual control in legislation, policies, and practices;
- **Access**—comprehensive information, simplified eligibility, and single access points;
- **Financing**—a seamless funding system supporting individual choice;
- **Services**—responsive supports across settings and provider types;
- **Quality Improvement**—comprehensive systems that assure quality of life and services.

10. **GOAL 1: IMPROVED ACCESS TO LONG-TERM SUPPORT SERVICES— DEVELOPMENT OF ONE-STOP SYSTEM**

- **Purpose**—to create, or build upon, a system to improve access to comprehensive information, assistance, and long-term support services for individuals with disabilities of all ages.
- Key is the development of a **one-stop system** that enables individuals to access long-term and supportive services through a single contact.
  - One-stop centers are characterized by physical and/or virtual single entry points, multiple doors of entry, or no wrong door systems.
  - One-stop systems approaches may vary but all provide awareness and information and streamline access to long-term support services.
  - Essential to the success of the system is to integrate or so closely coordinate access to services through a single point of

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contact that the long-term support system appears seamless to the individual entrant.

- One-stop system essential component of system transformation because it assists breaking down key access barriers encountered in navigating the long-term support system:
  - System is fragmented and disjointed, with many public and private programs and services delivered by a variety of agencies and organizations
  - Using the system can be confusing and frustrating
  - Individuals may pursue certain options because unaware of other alternatives
- Information on state systems to improve access can be found at www.cms.hhs.gov/PromisingPractices/HCBSPPR/list.asp#TopOfPage.

- CMS has funded the development of a single entry point model in 43 states through the Aging and Disability Resource Center (ADRC) grant program. See www.adrc-tae.org/tiki-index.php?page=publichomepage.

- **Objectives:**
  - Provide awareness, information, and assistance (information and referral and screening)
  - Streamline the multiple eligibility processes (intake, formal assessment, financial eligibility determinations, functional eligibility determinations, comprehensive services and supports plan, and services authorization)
  - Target individuals who are at imminent risk for admission to an institution (linkages to critical pathways, triage system)

11. **GOAL 2: INCREASED CHOICE AND CONTROL—DEVELOPMENT AND/OR ENHANCEMENT OF SELF-DIRECTED SERVICE DELIVERY SYSEM**

- **Purpose**—to encourage states to develop, or build upon, a self-directed services delivery system i.e., opportunity for choice and control in identifying, accessing, and managing the services and supports they need to meet their personal assistance and other health related needs.
- **Self-direction** is an essential component of systemic transformation. See Independence Plus programs www.cms.hhs.gov/IndependencePlus/
- **Objectives**:
  - Develop or enhance **person-centered planning**—a person-centered planning process is directed by the individual, with assistance as needed or desired from a representative of the individual's choosing. It is intended to identify the strengths, capacities, preferences, needs, and desired measurable outcomes of the individual.

- o Develop or enhance **individual budgeting**—the total value of the services and supports, as specified in the plan of care, under the control and direction of the individual.
- o Development of participant-employer (care giver) option.
- o Ensure **self-directed supports**—a system of activities that inform and assist the individual to develop, implement, and mange the services and supports identified in his/her individual budget.
- o Promote quality assurance and quality management—design, discovery, remediation, and improvement. See www.cms.hhs.gov/HCBS/downloads/qualityframework.pdf.
- o Develop self-direction for persons with mental illness.

12. GOAL 3: COMPREHENSIVE QUALITY MANAGEMENT SYSTEMS

- **Purpose**—include a comprehensive and integrated quality management strategy to enhance the state's capacity to assure that the long-term supports system operates as designed and that the critical processes of discovery, remediation, and systems improvement occur in a structured and routine manner. Comprehensive and integrated quality management is an essential component of a transformed long-term support system—its presence facilitates the regular and routine identification of quality issues and implementation of actions to address issues and prevent future occurrences.
- Several **barriers** to the development of comprehensive quality management strategies exist:
  - o Fragmentation of the current system with public and private programs and services delivered by a variety of organizations.
  - o Strategy does not exist or is not comprehensive across organizations.
  - o Lack of knowledge and expertise to develop comprehensive strategies.
  - o Lack of appropriate data to measure quality or systems for capturing it.
- **Discovery**—refers to those activities designed to identify quality issues. Discovery activities are designed to identify problems that occur a the individual/participant level. Examples of discovery activities include complaint systems, incident management systems, and regular systematic reviews of critical operations like person-centered planning and access.
- **Remediation**—includes providing additional needed services when discovery activities indicate that an individual/participant has not received the necessary services, or sanctioning a provider for failure to re-evaluate participants in accordance with state policy.
- **Systems improvement**—refers to those activities that use information derived from multiple discovery activities to identify trends that affect an entire population of individuals/participants and design

improvements to the system to prevent or reduce future occurrences of quality issues.

- **Objectives**:
  - o Develop and implement a comprehensive quality management strategy, consistent with the state's transformation of its long-term support system—"what is measured…improves…"
  - o Develop and routinely disseminate quality management reports to key entities and other stakeholders, including to state and local agencies, participants, families, other interested parties, and the public.
  - o Periodically evaluate the quality management strategy, including timeframes for evaluation and the key entities involved in the evaluation.
  - o Periodically evaluate program and participant outcome indicators

13. **GOAL 4: TRANSFORMATION OF INFORMATION TECHNOLOGY TO SUPPORT SYSTEMS CHANGE**

- **Purpose**—to create, or build upon, automated, integrated information processing and retrieval systems that:
  - o Measurably improve individual access to long-term care services and supports
  - o Improve the quality of services
  - o Support a participant-centered approach to service delivery
  - o And enable consumers to control or direct their services, and increase efficiency.
- A number of **barriers** exist that impede the development of integrated information processing and retrieval systems:
  - o Lack of common data definitions across organizations
  - o Lack of uniform classification of beneficiary groups
  - o Outdated business practices that must be re-designed to support new program goals
  - o Different views of the purpose of services an supported provided or ways to measure it
  - o Organizational barriers between service delivery vehicles ranging from "turf" to regulatory requirements.
- **Objectives**:
  - o Design IT applications that will support program practices and processes that are individual-centered and enable persons to direct their own services and supports.
  - o Improve client access to long-term care services through the use of integrated IT systems (dissemination of information, use of one-stop informational kiosks, expansion of existing or developing eligibility determination systems to speed the processing of new applicants, providing support workers and administrators with ready access to information about services and service delivery to enrolled participants).

- Use integrated systems to monitor the quality of services rendered—e.g., benchmarks that can be used to evaluate program effectiveness. This objective can be met by two or more agencies collaborating on development of mutually acceptable program goals, objectives, and quantifiable indicators of success amendable to periodic tracking and reporting against community norms, information sharing, building and enhancing data warehouses and/or data marts used to collect, store, analyze, and report trends and comparisons, and building systems that accommodate the business needs of multiple organizations that provide services to the same population.
  - Develop regional and/or multi-state consortia capable of sharing IT protocols, best practices, lessons learned, data definitions, and approaches to building enterprise architectures that advance the state of the art long term care system.

14. GOAL 5: CREATION OF A SYSTEM THAT MORE EFFECTIVELY MANAGES THE FUNDING FOR LONG-TERM SUPPORTS THAT PROMOTE COMMUNITY LIVING OPTIONS.

- **Purpose**—to create, or build upon, the development of a flexible budget and reimbursement system supporting community living options and individual choice and control.
- **Objectives**:
  - Develop and implement flexible state budgeting (bundled, global, or pooled budgeting);
  - Develop and implement more effective payment methodologies
  - Target high cost individuals and services or geographic areas with high unmet needs
  - Using PASRR (Preadmission, Screening and Resident Review) to assist participants with mental illnesses live in community based settings.

15. GOAL 6: LONG-TERM SUPPORTS COORDINATED WITH AFFORDABLE AND ACCESSIBLEL HOUSING

- **Purpose**—to create, or build upon, a system to remove barriers that prevent Medicaid-eligible individuals with disabilities from residing in the community and in the housing arrangement of their choice. See www.hcbs.org/theme.php/1/Housing%20Coordinated%20with%20Services.
- Key **concepts** include availability of affordable and accessible housing is important not only because it provides shelter, but because it is a necessary foundation to remaining in the community.
- **Objectives:**
  - Increase the capacity of affordable and accessible housing
  - Improve the coordination of long-term supports with affordable housing

       o   Increase access to affordable housing with long-term supports

16. **ELEMENTS THAT A STRATEGIC PLAN MUST ENCOMPASS**

- **Mission statement**—defines the core purpose of the organization and describes who an organization serves.
- **Vision statement**—articulates an achievable image of what your system will look like at the end of the pre-determined period.
- **Goals**—articulate desirable and measurable results in achieving vision.
- **Objectives**—Identify quantifiable interim steps toward achieving goals that will serve as the basis for measuring progress.
- **Strategies**—specific action steps you will take to accomplish your objectives.
- **Implementation plan**—includes specific activities, defines specific milestones, and includes start and end dates. Assigns all tasks to a task owner or party accountable for accomplishing the task.
- **Technical assistance plan**—identifies areas/activities for which technical assistance is required, the process for acquiring the technical assistance, the technical assistance entity, and a detailed budget for procurement of technical assistance.
- **Evaluation plan**—must include such items as
  - Outcomes measures
  - Formative learning process and procedures for documentation
  - Arrangements for the conduct of evaluation
  - Identification of baseline data, how it will relate to goals selected and how it will be collected
  - Explanation of how input from consumers, stakeholders, and advisory boards will be used to guide the evaluation.

APPENDIX 5

MONEY FOLLOWS THE PERSON REBALANCING DEMONSTRATION
APPENDIX A—ELEMENTS OF A SYSTEM IN WHICH
MONEY CAN FOLLOW THE PERSON

1. PURPOSE

The Centers for Medicare and Medicaid Services (CMS) in the U.S. Department of Health and Human Services (HHS) is funding "money follows the person" grants. The purpose of these grants is to support State efforts to "rebalance" their long-term support systems in general and in particular to support State efforts to:

- Rebalance their long-term support system so that individuals have a choice of where they live and receive services.
- Transition individuals from institutions who want to live in the community.
- Promote a strategic approach to implement a system that provides person-centered, appropriate, needs-based, quality of care and quality of life services and a quality management strategy that ensures the provision of, and improvement of such services in both home and community-based settings and institutions.

2. ELIGIBLE APPLICANT(S)

The single State Medicaid agency must be the lead applicant; however, it is expected that the Medicaid agency will partner with other State agencies (e.g., State VR agency), local governments, and service providers (e.g., community rehabilitation providers) who contribute to successful community-living in the State.

3. LINK TO OFFICIAL GOVERNMENT WEBSITE

The official government website for the money follows the person grant announcement is http://www.cms.hhs.gov/realchoice/02_WhatsNew.asp#TopOfPage; http://www.cms.hhs.gov/NewFreedomInitiative/downloads/MFP_2007_Announcement.pdf. See also www.hcbs.org.

4. ELEMENTS OF PROPOSAL THAT MAY BE ADDRESSED

Based on state experience to date, CMS's current perspective on the critical elements necessary to maintain a system in which "money follows the person" has evolved. While this list is comprehensive and gleaned from the research and experience of states that are currently working towards a more balanced long term care system, it is certainly not an exhaustive list. Applicants are not required to address each element.

5. **ELEMENT 1—TRUSTED, VISIBLE AND RELIABLE SYTEM FOR ACCESSING INFORMATION AND SERVICES**

- Systems must be easily recognized and accessible when an individual needs information, assistance, and help in selecting a long-term support option.
- Once an individual make an informed choice, clear pathways from the application to implementation are needed.
- Mature systems designate one entity (physically and/or virtually organized) to support individuals. Entities that consolidate all these functions are referred to as "one-stops" or "comprehensive entry points" or "single points of entry."

6. **ELEMENT 2—SCREENING, IDENTIFYING, AND ASSESSING PERSONS WHO ARE CANDIDATES FOR TRANSITIONING TO THE COMMUNITY**

- Systems to screen persons who are likely to successfully transition to the community are critical.
- Screening tool should include such factors as the consumers' preferences, functional status, estimated cost of community care plan, and potential availability of community supports such as formal health, housing, and transportation services.
- States should use (and develop if necessary) survey or assessment data to help identify eligible consumers based on the screening factors developed.
- After identifying potentially eligible consumers, states should develop an assessment instrument to determine the community services and supports needed to leave institutions.
- States must address what procedures and processes will be in place to ensure that necessary services and supports are in place to meet the individual's assessed need and a risk mitigation assessment has been performed to determine what safeguards need to be in place, including indicators that may signal if reassessment is necessary.

7. **ELEMENT 3—MECHANISMS FOR FLEXIBLE FINANCING**

- Financing strategies can be designed to support choice and create balance while bridging the differences between Medicaid State plans and HCBS waiver programs.
- Global budget strategies (pooled financing) and budget transfer strategies can allow money to follow the person.

8. **ELEMENT 4—AVAILABLE AND ACCESSIBLE SUPPORTIVE SERVICES**

- Balanced long term care systems offer individuals choice of a full array of health care services in both community and an institution.
- Without the availability of affordable and accessible housing, transitioning people to the community would be met with limited success.
- The availability of transportation and other social services are integral to remaining in the community and having choices.

9. **ELEMENT 5—COMMUNITY WORKFORCE**

10. **ELEMENT 6—SELF-DIRECTED SERVICES**

- Self-direction of Medicaid services means that the participant (or rep) has the decision making authority over some or all of his/her services and takes responsibility for taking the direct role in managing them with assistance of needed supports.
- Self-direction is an alternative to provider management of services wherein the provider has the responsibility for managing all aspects of service delivery.
- Self-direction promotes personal choice and control over the delivery of services.
- While choice is a fundamental construct within Medicaid, participants may need assistance and support in order to effectively exercise this freedom.

11. **ELEMENT 7—TRANSITION COORDINATORS**

- Moving to the community requires coordination and timing to ensure that all the supports and services are in place.
- Important task include: establishing eligibility for Medicaid and functional eligibility for the HCBS waiver, identifying state plan or other services, coordinating the array of services and providers and arranging the time sensitive transition services.
- In some cases, case managers may deliver these services.

12. **ELEMENT 8—QUALITY MANAGEMENT**

- Quality management operates assures the system operates as designed and that the critical processes of discovery, remediation, and systems improvement occur in a structured and routine manner.

13. **ELEMENT 9—HEALTH INFORMATION TECHNOLOGY**

Functions of HIT, in a rebalanced system include development of functions to accommodate the business needs of multiple organizations that provide services to the same populations, including
- Providing the HIT infrastructure to support single point of entry functions
- Identifying, assessing and tracking persons who have transitioned in the community across service providers (while meeting federal privacy and confidentiality requirements)
- Supporting flexible financing structure
- Support program processes that are individual-centered, enable consumer control over services and budgets, and allow for measurement of participant satisfactions and outcomes,
- Data warehouses and or data marts used to collect, store, analyze and report trends and comparisons

- Systems accommodate the business needs of multiple organizations that provide services to the same target population

14. ELEMENT 10—CULTURAL COMPETENCE

15. ELEMENT 11—INTERAGENCY AND PUBLIC/PRIVATE COLLABORATION

- In order for the state to maximize the success of its demo, it is critical to enlist the support of and collaboration with other agencies, private entities, consumer and advocacy organizations and the institutional provider community.

APPENDIX 6

ELEMENTS OF SUSTAINABILITY CAMPAIGN
SELF-ASSESSMENT

Set out below is a **sustainability self-assessment tool** for employment-related systems change projects. The self-assessment tool is intended to assist you in thinking strategically about how to sustain system's change activities and to promote innovative ideas on how to proceed from this point forward. This document is modeled on a sustainability tool developed by the Finance Project (2003).

Eight elements of sustainability, along with tasks specific to each element, are described below. Rank your progress on each of these tasks according to a five-point scale that indicates whether the initiative's leaders:

    1 = Have not started the task
    2 = Have completed planning the task
    3 = Have begun implementing this task
    4 = Have made solid progress in implementing the task
    5 = Have completed this task

ELEMENT ONE: Vision Key stakeholders and decision-makers know what they want to sustain.						
The initiative's leaders, staff and partners:	**1**	**2**	**3**	**4**	**5**	**Comments**
1. Develop a clear **vision** for the initiative's work, including **values and guiding principles relating to employment of persons with disabilities.**						
2. Develop a **process** to determine **what** is to be sustained, **for whom,** and **by whom**.						
3. Decide **what** the initiative wants to sustain in terms of policies, practices, outreach and marketing procedures, registration and orientation screening assessment and discovery, service delivery and coordination (including support for an individual account using multiple funding sources), employer marketing and services, capacity-building and management/operation (outcomes performance) measures.						

ELEMENT ONE: Vision Key stakeholders and decision-makers know what they want to sustain.						
The initiative's leaders, staff and partners:	1	2	3	4	5	Comments
4. Articulate how strategies developed can aid in serving **all customers** with significant barriers to employment, over and above those with disabilities (universal strategies).						
5. Analyze and articulate how the initiative **fits (or would like to fit)** within the operational framework of the area's local workforce investment system and One-Stop Centers and other systems.						
6. Analyze and articulate how the various employment-related **federal and state systems change initiatives** complement each other.						

ELEMENT TWO: Results Orientation Information is being collected to track performance, and the information is being used to make improvements over time.						
The initiative's leaders, staff, and partners:	1	2	3	4	5	Comments
1. Identify and use **indicators and performance measures** to track the performance of the systems change initiatives.						
2. Develop indicators and performance measures that are **results-oriented**, i.e., reflect efforts by the initiative that are specific, immediate, realizable, and actionable such as reforming, expanding, and improving current policies, practices, and procedures.						
3. Use indicators and performance measures to drive the initiative's **work** and **budget** its resources.						

ELEMENT TWO: Results Orientation Information is being collected to track performance, and the information is being used to make improvements over time.						
The initiative's leaders, staff, and partners:	**1**	**2**	**3**	**4**	**5**	**Comments**
4. **Establish a clear system for the examination of data** on these measures that results in positive improvements in the system's operation. The system includes input from staff of key agencies serving persons with disabilities, job seekers, family members (where appropriate), disability groups, employers, providers, and other stakeholders.						
5. **Collaborate** among systems change initiatives that are pursuing improvements that relate to the employment of persons with disabilities.						

ELEMENT THREE: Strategic Financing Orientation **Leaders and decision-makers have identified a variety of financing strategies that could support customized employment and universal strategies.**						
The initiative's leaders, staff, and partners:	**1**	**2**	**3**	**4**	**5**	**Comments**
1. Know how much **funding and resources** are needed to sustain the work of the initiative.						

2. Identify the **types of financial resources** necessary to sustain the initiative's work, such as:
   a. Institutionalization within various agencies
   b. State and federal discretionary funding authorized under various federal programs and other public sources
   c. Foundation support and discrete source of private funds						

3. Identify available **non-financial resources**, secured through partnerships, to sustain the initiative's work, such as:
   a. Shared space and staffing agreements
   b. Volunteer resources
   c. Service delivery partnerships						

4. Identify and pursue ways to ensure the most **efficient use of existing funding** and resources; e.g., economies of scale from working more closely with programs supported by specific agencies.						
5. Identify and pursue ways to support the **redirection or reallocation of existing funds** made available through various funding sources.						
6. Identify and pursue ways to increase the **flexibility** of existing funding streams (for example, through **blending and braiding** of funds from various agencies.						

ELEMENT THREE: Strategic Financing Orientation Leaders and decision-makers have identified a variety of financing strategies that could support customized employment and universal strategies.						
The initiative's leaders, staff, and partners:	**1**	**2**	**3**	**4**	**5**	**Comments**
7. Identify processes for identifying **funding streams** for which individuals may be eligible.						

ELEMENT FOUR: Broad-Based Community Support Steps are being taken to engage multiple state agencies and other community agencies and organizations to support strategies to develop a statewide infrastructure.						
The initiatives leaders, staff, and partners:	**1**	**2**	**3**	**4**	**5**	**Comments**
1. Develop a plan to build **ownership and support** by key stakeholders, including state agencies, local workforce investment boards (and their staff), One-Stop staff, job seekers with disabilities and disability organizations, employers, and providers.						
2. Establish a clear **message** regarding the expected outcomes of the initiative.						
3. Establish specific strategies for ensuring ongoing **involvement by and consultation and communication** with key stakeholders.						
4. Collect specific quantitative and qualitative data to demonstrate the **value** of the work of the initiative to applicable stakeholders.						
5. Package data in **user-friendly formats** and communicate with key stakeholders on a regular basis.						
6. Develop a **communication strategy** regarding the media, potential funders, and others.						

ELEMENT FOUR: Broad-Based Community Support
Steps are being taken to engage multiple state agencies and other community agencies and organizations to support strategies to develop a statewide infrastructure.

The initiatives leaders, staff, and partners:	1	2	3	4	5	Comments
7. Reach out to **non-disability organizations,** agencies, and groups whose mission complements the work of the initiative.						
8. **Recognize and reward** individuals who are instrumental in helping the initiative achieve sustainability in its work.						
9. **Identify community entities**, including CRPs, faith-based organizations, etc. with whom capacity may be built for the provision of employment-related services and supports.						

ELEMENT FIVE: Key Champions
Potential champions have been identified and are being cultivated to support system changes.

The initiative's leaders, staff, and partners:	1	2	3	4	5	Comments
1. Identify **key senior decision-makers** at the local and state level who can positively impact the initiative's sustainability, including elected and appointed officials, state and local workforce investment board members and staff and staff working within state and local agencies (mandatory and non-mandatory partners).						
2. Design and implement a plan for **tailored outreach** to these key decision-makers (including identifying the best message(s) and the best messengers.						
3. Use a variety of strategies to identify and secure the support						

ELEMENT FIVE: Key Champions **Potential champions have been identified and are being cultivated to support system changes.**						
The initiative's leaders, staff, and partners:	**1**	**2**	**3**	**4**	**5**	**Comments**
of other peer **community champions** such as leaders of key community groups.						
4. Create a **network of champions** who work together in multiple arenas for the common goals.						

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ELEMENT SIX: Adaptability to Changing Conditions **Leaders seek new opportunities for resource development and are responsive to new opportunities in the public and private sectors.**						
The initiative's leaders, staff, and partners:	**1**	**2**	**3**	**4**	**5**	**Comments**
1. Monitor changes in the policy and program environment to see how the initiative could **fit with new directives and agendas.**						
2. Identify opportunities to participate in efforts to improve the **overall policy and program environment;** for example, opportunities to develop or comment on revised state and local plans, monitoring instruments, and certification criteria.						
3. Actively participate in **decision-making processes** about changes in policies, practices, and procedures by positioning key people associated with the initiative as technical experts.						
4. Consider how the initiative's work can be **framed or positioned** to interest different potential funders and to take advantage of new funding opportunities, e.g., the use of **universal strategies all customers with significant barriers**.						
5. Establish a **Continuous Quality Improvement** subcommittee.						

ELEMENT SEVEN: Strong Internal Systems **Staff and Board have clear roles and responsibilities related to management of information, measurement of performance, allocation of resources, and commitment to policy and procedural changes to sustain strategies.**						
The initiative's leaders, staff, and partners:	**1**	**2**	**3**	**4**	**5**	**Comments**
1. Establish a **well-defined team** of staff and advisory/governance group members, volunteers, and others that are necessary to accomplish the initiative's mission.						
2. Clearly define and continually **assess and refine** stakeholder roles and responsibilities.						
3. Ensure that everyone associated with the initiative understands and accepts his/her respective **roles and responsibilities**.						
4. Establish strong **fiscal processes** that allow leaders to stay informed on current financial status and be alerted to emerging financial concerns.						
5. Establish strong **internal systems** that allow leaders to stay informed regarding the **quality and timeliness of work product.**						
6. Adopt strong **communication processes** to ensure that all partners are kept informed.						

ELEMENT EIGHT: Sustainability Plan **A plan has been developed to sustain system's change initiatives.**						
The initiative's leaders, staff and partners:	**1**	**2**	**3**	**4**	**5**	**Comments**
1. Document a **long-range plan** for what the initiative wants to **accomplish.**						

2. Identify **current efforts, challenges, and barriers** to sustaining the initiative, including potential conflicts with other initiatives, priorities, and agendas.						

3. Include in the strategic plan:
   a. A clear articulation of a **vision** (element one)
   b. A **results orientation** (element two)
   c. Strategies for **garnering needed resources** (element three), broad-based **community support** (element four), and support from **key champions**/decision-makers (element five)
   d. How to take advantage of **new opportunities** to share specialized expertise (element six)
   e. Strong internal systems to ensure **fiscal and programmatic integrity** (element seven)						

4. Develop a process for **reassessing and adjusting** the plan periodically with key partners and stakeholders.						
5. Establish strategies including policy, process, and service architecture changes to support **individualized planning** across multiple agencies with flexibility to allocate and combine resources to meet individualized needs and preferences.						

ELEMENT EIGHT: Sustainability Plan A plan has been developed to sustain long-term (a) universal strategies and (b) customized employment options.						
The initiative's leaders, staff and partners:	1	2	3	4	5	Comments
6. Create **incentives** within the system change efforts on all levels, with commitment and input from collaborators inside and outside the workforce development system.						