

QUALITY COUNCIL REPORT ON STATEWIDE AND REGIONAL QUALITY INDICATORS FOR EMPLOYMENT (7/12/11)

Employment Subcommittee's Charge and Background

The law establishing the Developmental Services Quality Council, RSA 171: A:33 (also known as HB 483, 2009) requires the council to develop and recommend to the DHHS/BDS:

- Standards of quality and performance expected of area agencies and provider agencies.
- Methods to determine whether the standards are being met through data and information collection and other quality assurance (Q.A.) and oversight mechanisms.
- Content, frequency and recipients of quality assurance reports.
- Expectations and procedures for improvements when identified as needed.

The Quality Council determined that it should tackle the employment domain first and assigned a subcommittee to make recommendations to the full committee. A preliminary report and presentation from the subcommittee was made at the April 12, 2011 meeting, and at the June 14, 2011 meeting the Quality Council approved the indicators with some modifications.

Attached as Appendix A are the approved standards and indicators. As of now, they are not intended to replace other standards or methods DHHS/BDS uses to review or evaluate Area Agency performance. ***It is recommended that the Quality Council and/or BDS go through other licensing, certification and quality assurance standards and mechanisms to eliminate any duplication and unnecessary measures or mechanisms and add or align them with the standards/indicators recommended here.***

The Quality Council guiding principles, which are taken from legal or best practice standards, and which support the recommendations are attached as Appendix B.

Quality Indicators for Employment

As noted, Appendix A lists the indicators and the sources of data or methods to determine whether the indicators have been met. The indicators specified as "primary" are the ones in which performance of the AA's will be directly measured and upon which actions may be taken when they are not met.

Almost all of this data is being collected now. The difference is that they will be measured against benchmarks and targets.

Most of the data on the secondary indicators is also being collected. They will have several related purposes. Like the primary indicators, they will also inform on how well the Area Agencies (AA's) are doing in promoting employment and employment outcomes. They will also help explain why one or more primary indicators are not being met and therefore suggest a corrective action or conversely explain why an AA is meeting or exceeding primary indicators.

Further Recommendations

The Quality Council recommends that DHHS/BDS adopt the following standards and processes:

1. Provide a 5-7 year time frame for AA's to meet established targets for each primary indicator. BDS, with input from the Quality Council, shall determine the targets and use as a guiding principle the expectation and norms for persons without disabilities. See Appendix C for examples. Regional, economic or other salient factors should be taken into account. For example, if the employment rate in one region of the state is 80% and another it is 95%, the targets should be adjusted accordingly.
2. Annual or biannual benchmarks would be set leading to the 5 to 7 year target. For example if the goal is to achieve an average of 30 hours per week of employment by the final year, intermediate benchmarks for year one could be 15 hours, year two-17.5 hours, year three- 20 hours, etc.
3. If the in-house capacity does not exist at DHHS/BDS or otherwise in state government to determine the employment economics aspects of the determinations, calculations and the metrics, a consultant(s) should be retained.
4. The benchmarks and targets would not be set until after collecting 12-18 months of baseline data for at least each primary indicator.
5. In addition to looking at the averages and expectations of the non-disabled population, the targets and benchmarks would be based on:
 - (a) What is both realistic and challenging.
 - (b) The assumption that best practices and well trained and supervised staff will be used.
 - (c) The baseline data (i.e. what the starting point is)
 - (d) Possibly allowances for certain types of disabilities
 - (e) And as noted, regional differences
6. Consideration should be given to allowing for adjustments to the benchmarks or target in the implementation phase when there are compelling reasons such as a major shut down of an

employer in a region. Alternatively rather than alter the benchmark, such significant events could be taken into account in determining the action that should (or should not) be taken if the benchmark or target is not met.

7. The above process and the benchmarks and targets should be incorporated in the DHHS—AA contracts or through some other means so that they have legal effect. The process/contract will also provide rewards, consequences or assistance depending on whether or not the benchmarks and targets are met. Specifically, it is recommended that DHHS/BDS, with input from the Quality Council, consider the following menu of options:

- (a) Rewards, including financial incentives, and/or recognition when benchmarks are met and especially when they are exceeded.
- (b) Corrective Action Plans/Technical Assistance when they are not, based on a root cause analysis
- (c) Financial penalties, nonrenewal of contract, de-designation.
- (d) Contracting out employment supports and services to other AA's or vendors.

Factors to weigh in determining the type and severity of the sanctions would be the scope and/or amount of the departure for benchmark or target, the reasons and the frequency (one year vs. three year in a row of failure to meet benchmarks).

8. Given the purpose and nature of this initiative, it will be important that definitions are clear, e.g. what is considered “employment,” and that the data be accurate. There should be a valid verification system to ensure reliability of data and measurement.
9. There should also be targets and benchmarks statewide for each indicator so that the whole state is working toward the same goal and so that the BDS Director, DHHS Commissioner, Governor, and Legislature, and all stakeholders can evaluate the performance of the service delivery system as a whole and DHHS/BDS.
10. More thought should be given as to how vendors should be integrated into this approach. Since vendor contracting is not uniformly dispersed across the state or clients, it would be difficult on a macro basis to pre-set benchmarks and goals for vendors. Preliminarily it seems sufficient to

have the targets and benchmarks at the Area Agency level. Each AA could then determine how and how many vendors they wish to contract with and then fashion the contracts consistent with AA's responsibility to meet their own benchmarks and targets. For example, for X,Y,Z vendor the AA may want them to support 6 people in jobs making at least \$9.00 per hour 20 hours per week. But for ABC vendor who serves a different or larger population, the AA may contract with them for 25 clients in jobs for at least \$7.50 per hour, 18 hours per week.

11. Finally, to be completed by the end of the baseline period, each AA should develop a strategic or action plan designed to achieve the benchmarks and targets. Similarly there should be a statewide plan both to define the state's role in implementation and to engage in those complimentary activities that are best done at the state level.

12. The quest for quality services, and therefore the performance or quality standards should be dynamic. Where changes are needed based on experience, new developments or innovation, DHHS/BDS with input from the Quality Council and other stakeholders, should make them. As time goes on more, less or revised indicators may be needed, and adjustments should be made accordingly. This concept needs to be balanced against the need for reliable and consistent measures so that improvement (or slippage) can be tracked over time and grantees of public funds do not escape evaluation and accountability.

APPENDIX A

RECOMMENDATIONS FOR THE INDICATORS FOR EMPLOYMENT

By Developmental Services Council, 7-12-11

KEY MEASURES	Primary or Secondary	Source of Data	INSTRUMENT NEEDED	PERFORMANCE INDICATORS*
TOTAL # & % OF INDIVIDUALS EMPLOYED (21-64)	PRIMARY	(ED)	NO	% INCREASE IN # PEOPLE EMPLOYED
AVERAGE WAGES PER HOUR	PRIMARY	ED BDS EMPLOYMENT CHART	NO	% CHANGE IN EARNED WAGES

# & % OF PEOPLE EARNING BELOW MINIMUM WAGE	PRIMARY	ED	NO- REFINE FIELD TO CLEARLY DELINEATE SUB-MINIMUM WAGES	% CHANGE (OR DECREASE)
# & % OF PEOPLE EARNING MINIMUM WAGE OR ABOVE	PRIMARY	ED	NO- REFINE FIELD TO CLEARLY DELINEATE MINIMUM WAGE AND ABOVE	% CHANGE (OR INCREASE)
AVERAGE HOURS WORKED PER WEEK	PRIMARY	ED BDS EMPLOYMENT CHART	NO	% INCREASE IN HOURS WORKED
DISTRIBUTION OF HOURS WORKED	SECONDARY	DITTO	DITTO	
LONGEVITY ON CURRENT JOB # MONTHS EMPLOYED	SECONDARY	ED	NO	
WORK HOURS PER WEEK WITH NO PAID SUPPORTS (ON SITE?)	SECONDARY	ED	*REFINE DATA FIELD IN NEW SYSTEM	% DECREASE IN NUMBER OF PEOPLE/HOURS OF PAID SUPPORTS
# & % OF PEOPLE UTILIZING WORK INCENTIVES	SECONDARY	ED	NO	% INCREASE IN NUMBER OF PEOPLE USING WORK INCENTIVES
# & % OF STAFF ACRE CERTIFIED OR EQUIVALENT	PRIMARY	NONE	YES CREATE INSTRUMENT w/AA HR/TRAINING	% INCREASE IN NUMBER STAFF TRAINED

			DEPT	
# & % OF STAFF W/JOB COACHING CERTIFICATION	PRIMARY	NONE	YES CREATE INSTRUMENT W/AA HR/TRAINING DEPT	% INCREASE IN NUMBER STAFF TRAINED
AVERAGE # OF EMPLOYMENT RELATED PROFESSIONAL DEVELOPMENT HOURS	PRIMARY	NONE	YES	% INCREASE IN # OF PROF. DEV HOURS
STAKEHOLDER INPUT/SATISFACTION				
SATISFACTION WITH EMPLOYMENT STATUS***	PRIMARY	ACOS (1999-2009) NCI 2010 – AND BEYOND	YES NCI INCLUDES (SEE NCI TABLES BELOW)	% OF INDIVIDUALS WHO REPORT SATISFACTION WITH THEIR EMPLOYMENT STATUS
# & % OF PEOPLE OF ARE UNEMPLOYED, WHO WANT TO WORK	PRIMARY****	ACOS (1999-2009) AND NCI FOR COMPARISON	NO	% DECREASE IN # OF PEOPLE WHO REPORT UNEMPLOYED AND WANT TO WORK
# & % OF PEOPLE WHO HAVE A SPECIFIC EMPLOYMENT GOAL IDENTIFIED IN THEIR ISP/IEP?	PRIMARY	NCI/ PROGRAM REVIEW	YES	

# & % OF PEOPLE WHO ARE IN ACTIVITIES DIRECTLY RELATED TO A SPECIFIED EMPLOYMENT GOAL	PRIMARY	PROGRAM REVIEW		% INCREASE IN NUMBER OF PEOPLE WHO ARE IN ACTIVITIES DIRECTLY RELATED TO THEIR EMPLOYMENT GOALS
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*SEE ACCOMPANYING 4/11POWER POINT FOR FULLER EXPLANATION OF PERFORMANCE INDICATORS AND THE RECOMMENDED PLAN FOR ESTABLISHING THEM.

***NCI Questions related job satisfaction and other aspects of employment.

*****This indicator is essentially equivalent to the “unemployment rate” and because of its importance, the Quality Council believes that it should be reported out at the same frequency or nearly the same frequency as the primary indicators on page 1.*

Proportion of People who Chose where they work Table page 41

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GLOSSARY:

ED = Current BDS Employment Data System, AKA "MR ED"

NCI = NATIONAL CORE INDICATORS

SIS = SUPPORTS INTENSITY SCALE

ACRE = ASSOCIATION OF COMMUNITY REHABILITATION EDUCATORS

ACOS = ADULT CONSUMER OUTCOME SURVEY

Relevant Provisions from the Developmental Services Quality Council Guiding Principles

- No. 3. The purpose of an effective and total quality assurance system is to:
- A. Provide information to HHS and other funders and policy makers, Area Agencies (AAs), providers, this Council, family support, other advisory groups, and others on whether standards are being met or improvements are needed and being made.
 - B. Promote continuous improvements beyond legal requirements.
 - C. Provide individuals and families with information about service providers so they can make informed choices and advocate to improve services for themselves and others.

Other Relevant Provisions from our Guiding Principles

- No. 7A. The right to quality services including habilitaton, treatment, psychological, medical, **vocational**, social, educational or rehabilitative services as the individual requires **within the limits of modern knowledge...**
- No. 7(G) are provided to maintain or improve an individual's behaviors, competencies, and skills in various life domains, including home, community, **and employment.**
- #7H. Services should be relevant to the individual's age, abilities, and life goals, including services that promote the ability of individual to function **at his/her highest capacity and as independently as possible, to include engaging in gainful employment.**
- No. 7I. Services should be provided in such a way that the individual is seen as a valued, contributing member of the community.

Examples of Employment Related Targets

I

Unemployment/underemployment rate for nondisabled population is say 16% or conversely employment rate is 84%.

So goal for year 6 for the state and each area agency might be 25% and 75%, respectively. By year 10 it might be 20% and 80% respectively. (Yearly intermediate benchmarks would be set as well.)

II

Wages currently say are \$6.50 per hour for persons in the system. For nondisabled pop. it is say \$11.00 per hour. Goal after year six might be \$10.00 (taking into account inflation.)