Survey: Effective Employment Program Models for People with Disabilities

Thank you very much for participating in this survey as part of NJHSA's effort to create a "best practice guide" and related learning activities around effective models for community-based programs providing employment services for persons with disabilities. The information developed through this survey will be extremely valuable for the NJHSA network, other comparable programs who've been invited to participate, and agencies and funders in the larger field.

The deadline for submitting this survey is **Friday, October 29, 2021.**

NJHSA is grateful to The Harry and Jeanette Weinberg Foundation for its support of this initiative, and to project partners Corporation for a Skilled Workforce (CSW) and RespectAbility.

"Best Practice" background:
A Network of Jewish Human Service Agencies-endorsed Best Practice for this initiative is a client service or an internal operations effort which meets the following criteria:

- **DEMAND:** The best practice addresses a compelling need for the organization or the communities served (programmatic or operational).
- **RESPONSIVE:** The best practice incorporates client/user input/representation and is reflective of diversity, equity, and inclusion. It is also fully accessible to people with all types of disabilities.
- **IMPACT:** The best practice produces a high degree of impact, i.e., a significant percentage of positive employment outcomes, as evidenced by data.
- **REPLICABILITY:** The best practice is replicable in other organizations, communities and/or service delivery settings.
- **SUSTAINABLE AND COST EFFECTIVE:** The best practice uses resources effectively and has achieved a solid and reliable funding plan.

Other success factors from research and conversations with practitioners, funders, and intermediaries include:

- A focus on changing attitudes about people with disabilities and their ability to work
- Person-centered approach to employment *(while also designed to meet the needs of employer customers)*
- Technical platforms or model documentation (for replicability)
- Strong community partnerships
- Strong employer partnerships
- Wraparound services
- Diverse funding sources
- Competent, experienced, engaged, and stable staffing
- Organization adaptability

Information for completing the survey: *(IMPORTANT – PLEASE READ!)*

1. Before beginning the survey, **we strongly encourage you to review this .pdf** to understand the types of information requested and to access any needed documentation or outside assistance ahead of time.

2. For the purposes of this survey, we want to understand your "typical" services and results with those you serve with **one program model** based on previously compiled data (pre-COVID). **Please complete the survey questions based on participants with a disability you <u>enrolled in that program during a one-year time period PRE-COVID</u>.**

3. **Responses to ALL items are required, except those specifically marked "optional"—** even if it's just to use the "cannot provide" or "N/A" answer. NOTE: In a few cases—items on enrollment numbers and program outcome numbers—you will not be able to move forward in the survey without completing those items.

4. **The survey automatically saves as you go.** You can leave the survey and return later to complete it, <u>as long as you return to the survey from the same computer</u>.

5. **It is possible to submit surveys on multiple program models, but they do need to be separate surveys.** You will need to submit one survey first. To reduce having to provide the same organizational information multiple times, you can email CSW at the addresses below and they will send you a duplicate of your initial survey that can then be edited with updated information on the additional program.

If you have questions about the survey content, please reach out to Reuben Rotman (for NJHSA agencies) at rrotman@networkjhsa.org or Marty Miles at CSW (for non-NJHSA agencies) at mmiles@skilledwork.org.

If you have technical questions about the survey or need a duplicate survey, please contact **both** of these CSW staff: Marty Miles (mmiles@skilledwork.org) AND Megan Williams (mwilliams@skilledwork.org).

1. General Program Info (Responses to ALL questions are required, unless "optional".)

Organization Name

_____

Program Name

_____

Program Address

○ Street _____

○ City _____

○ State/Province _____

○ Postal Code _____

○ Country _____

Organization or Program Website

_____

Key contact person for the survey

○ Name _____

○ Title _____

○ Email _____

○ Phone _____

What **year** did your program begin providing services?

_____

2. Program Annual Enrollees & Characteristics (Responses to ALL questions required.)
We want to understand your program's "typical" enrollees, services, and results. Please complete the following sections for people with disabilities you <u>enrolled in the program during a one-year period</u> **(pre-COVID)** and <u>for whom you know the typical results</u> of your services.

Are you using **actual data or estimated "typical" data**? Please select one.

○ We are using actual data available for a pre-COVID one-year period

○ We are using estimates for a typical one-year group of enrollees, based on data

How many program participants do you typically enroll in a one-year period? Please enter the number of enrollees here.

_____

What **types of <u>primary</u> disability** are typically represented by people enrolled in the program? For those types that apply, **please <u>estimate </u>the percentages of participants with that type.**
We understand some participants may have more than one type, and that categorizations vary.

○ Autism Spectrum   _____

○ Blind or Visually Impaired _____

○ Hearing Impairment _____

○ Intellectual/Developmental Disability _____

○ Learning Disability _____

○ Mental Health/Cognitive _____

○ Mobility _____

○ Physical _____

○ Self-Care/ Independent Living _____

○ Other _____

If you entered a percentage for "other" type of disability in the question above, please write the other type here. _____

Additional clarifying comments for this section (optional) _____

3. Demographic Info for Program Enrollees (Responses to ALL questions are required.)

For this section, please enter the **estimated percentages** for each of these identities. If you can't provide the answer, put an X in the "unknown/cannot provide"

Gender of program enrollees

○ Female _____

○ Non-binary/ third gender_____

○ Male_____

○ Gender unknown/ cannot provide _____

Age of program enrollees

○ 14-24 _____

○ 25-50 _____

○ 51-65 _____

○ Over 65 _____

○ Age unknown/ cannot provide _____

 Race of program enrollees

○ American Indian or Alaskan Native _____

○ Asian _____

○ Black or African American _____

○ Native Hawaiian or Other Pacific Islander _____

○ Two or More Races _____

○ Some Other Race _____

○ White _____

○ Race unknown/ cannot provide _____

Ethnicity of program enrollees

◯ Hispanic, Latinx, or Spanish origin _____

◯ Not of Hispanic, Latinx, or Spanish origin _____

◯ Ethnicity unknown/cannot provide _____

Highest education level completed by program enrollees

◯ No High School Diploma or GED/High School Equivalency _____

◯ High School Diploma or GED/High School Equivalency _____

◯ Some college, no degree _____

◯ Post-secondary trade or technical certification _____

◯ Associate degree _____

◯ Bachelor's degree or higher _____

◯ Highest education level unknown/cannot provide _____

Estimated percentage of enrollees who are **veterans**

◯ Veteran _____

◯ Not a Veteran _____

◯ Veteran status unknown/ cannot provide_____

Estimated percentage of enrollees who are **refugees or immigrants**

◯ Refugees or immigrants_____

◯ Not a refugee or immigrant _____

◯ Refugee or immigrant status unknown/ cannot provide _____

Estimated percentage of enrollees from **Jewish households.** If you are not a member of the Network of Jewish Human Service Agencies, please put an X in the N/A box.

○ From a Jewish household _____

○ Not from a Jewish household _____

○ Religious status unknown/ cannot provide _____

○ N/A _____

Other major characteristic: Do a significant number (one third or more) of your program participants have a characteristic not covered above? If so, please provide the characteristic and percentage in the text box.

○ No

○ Yes _____

4. Overall Program Approach & Accessibility (Responses to ALL questions are required.)

Is the program designed to secure **competitive, integrated employment** for program participants?

○ Yes

○ No

Is the program **targeting specific business sectors or occupations** for employment opportunities?

○ Yes. Please list: _____

○ No

Structure: Does the program <u>primarily</u> use:

○ A cohort/group structure

○ Individualized services

○ Both

Replicability: has the program been replicated in another community? If so, note the location(s) and partners in the text box.

○ Yes. Please describe: _____

○ No

Evidence base that informs approach: what research or other evidence has informed or influenced your program design? Provide a weblink to research if appropriate or put N/A if design not influenced by specific research. *(500 characters max)*

_____

OPTIONAL. Has your organization already created a **Logic Model** or **Theory of Change** for this program? If YES, please send in chart format to mwilliams@skilledwork.org.

○ Yes. Please email logic model or theory of change to mwilliams@skilledwork.org.

○ No

(REQUIRED) What steps has your program taken to be more **accessible to participants, staff, and other stakeholders with disabilities?** Please check all that apply.

☐   Organization has clear, stated policies and plans to achieve meaningful inclusion of people with disabilities at all levels

☐   Program staff include people with disabilities

☐   Organization board includes people with disabilities

☐   Staff are specifically trained in disability etiquette and accommodations

☐   Staff are trained in helping people with disabilities secure employment

☐   Offices are wheelchair accessible

☐   All in-person events are in physically accessible locations

☐   Videos and online meetings have captioning

☐   Website, social media, and other content are accessible to people who are blind, have low vision and/or use assistive technology to read

☐   Registration for public events supports requests for needed accommodations, e.g., sign language interpreters, live captioning, food allergies

☐   A process exists for participants, staff, board, and volunteers to request accommodations they need to succeed

☐   There are regular feedback loops to ensure staff, participants and others are satisfied with the accommodations and access they have

OPTIONAL. **Additional comments for this section. *If you wish to send an existing program description or sample of marketing materials, please send to mwilliams@skilledwork.org .***

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5. Participant Services Provided as Part of the Program Model (Responses to ALL questions are required.)

For each service below, please **check "yes" or "no"** to indicate **if you provide this service** to program participants. **If <u>YES</u>, please check the appropriate box** to indicate if the service is provided to **all or most participants** (75%+) or **fewer participants** on an "as needed" basis.

	Do you provide this service?		If yes, please indicate how many participants the service is provided to.	
	Yes	No	All or most (75% +)	Fewer, as needed
Workplace readiness training ("soft skills")				
Job/career exploration counseling				
Exploration of postsecondary education/training opportunities				
Job search preparation / interviewing skills				
Short-term work-based learning experiences, e.g., job shadowing				
Training on **self-advocacy**				
Adult basic education services or **high school equivalency** preparation				
Training on **entrepreneurship skills**				
Occupational skills training (see additional question below)				
Pre-apprenticeship training				
Customized training for specific jobs at specific employers				
Paid internships with employers				
Unpaid internships with employers				
Supported employment services				
Transitional employment (e.g., through a social enterprise/work contracts)				
Job placement assistance and coaching				
Post-placement retention coaching				
Financial literacy training and/or financial coaching				
Benefits counseling				

If you offer **occupational skills training**, please indicate if training is for a specific industry credential, for more general occupational skills, or for both. Choose <u>one</u> answer.

○ For specific industry-recognized credential(s). Please list credential(s):

_____

○ General--not for industry credential. Please list skill areas:

_____

○ Both. Please list industry credential(s) and skill areas:

_____

What other **case management support** do you provide program participants? Please check all that apply.

☐ Transportation resources

☐ Childcare referrals

☐ Food assistance or referrals

☐ Emergency financial assistance

☐ Mental health

☐ Addiction services

☐ Housing referrals

☐ Legal aid

☐ Documentation assistance

☐ Clothing/ Equipment for work

☐ Other. Please specify: _____

OPTIONAL. If there are **OTHER services** not listed above that you provided to a **significant percentage (one third or more) of program participants**, please list here.

_____

Pre-Employment Services: How long do program participants <u>typically</u> participate in program services, including job preparation, work experience activities, and job search assistance <u>(but not including post-employment follow-up)</u>. *Use whatever unit of time makes sense, and we know this is an estimate.* If participants' engagement is not continuous, note that in the comment box at the end of this section.

    ◯ Number of weeks _____

    ◯ Number of months _____

    ◯ Number of years _____

Post-employment follow-up coaching: Once employed in competitive employment, how long do participants <u>typically</u> receive follow-up coaching?

    ◯ Number of weeks _____

    ◯ Number of months _____

    ◯ Number of years _____

    ◯ Follow-up coaching not provided (place an X) _____

OPTIONAL. **Additional comments** for this section.

_____

6. Partnerships & Employer Services (Responses to ALL questions are required.)

Who are your **most significant program partners?**	Do you have significant partnerships in this area?		If yes, please list **1-3** partners and their role here.
	Yes	No	1-3 Partners' names and roles
Employer partners	○	○	
Government partners	○	○	
Educational or training partners	○	○	
Community resource agencies	○	○	
Faith-based partners	○	○	
Other partners not covered above. Please describe in text box.	○	○	

In addition to referrals of qualified job candidates, what **other services do you provide <u>for</u> your employer partners?** Check all that apply:

☐   Assessments to understand employer task and job requirements, organization culture, and retention issues

☐   Assistance in adapting existing training curriculum for job tasks

☐   Training of employer staff to increase disability awareness and reinforce the benefits of hiring people with disabilities

☐   Coaching employer staff around recruitment, interviewing, and onboarding practices through a disability awareness lens

☐   Assistance with job design or customized job supports

☐   On site job coaching for individual employees as needed

☐   Assistance to employer with navigating available public or private funding resources

☐   Assistance in connecting with existing networks of community resources

☐   Assistance in connecting with other employers about their disability hiring efforts and insights

☐   Other. Please specify: _____

7. **Program Results (Responses to ALL questions are required.)**

NOTE: In this section we are requesting **actual raw numbers,** not percentages.

For the (## piped in) enrollees you typically enroll during a one-year period, **how many typically "complete" the program services that prepare them for competitive employment?** (Reminder: please consider Pre-COVID typical results.)

○ NUMBER of completers: _____

○ Cannot provide

How do you **define "completion"** for services that prepare participants for competitive employment?

_____

How many of the (## piped in) **enrolled** in a typical one-year period **secure competitive employment, including after the one-year period?**

○ NUMBER of participants enrolled securing competitive employment: _____

○ Cannot provide

How many of the (## piped in) who **complete** employment preparation services **secure competitive employment?**

○ NUMBER of participants who complete preparation services securing competitive employment: _____

○ Cannot provide

What **types of employment "count"** in your answers above? (Check all that apply.)

- o   Full-time positions
- o   Part-time positions
- o   Temporary positions
- o   Self-employment
- o   Employer paid apprenticeships
- o   Positions lasting more than a certain period of time
- o   Positions paying more than a certain hourly wage
- o   Other. Please describe: _____

Typical <u>median</u> hourly wage for program participants at hire (median = mid-point, not average)

- ○ Median hourly wage: _____

- ○ Cannot provide

Typical average hours per week worked by participants after placement

- ○ Average hours per week: _____

- ○ Cannot provide

Of the (## piped in) **program completers placed in employment,** typically how many have jobs **offering health benefits?**

○ NUMBER of PROGRAM COMPLETERS placed in jobs offering health benefits: _____

○ Cannot provide

Job Retention: Of the (## piped in) program completers employed in competitive employment, typically how many are "retained in employment" after **6 months?**

○ NUMBER of PROGRAM COMPLETERS retained in employment after 6 months: ____

○ Cannot provide

Job Retention: Of the (## piped in) program completers employed in competitive employment, typically how many are "retained in employment" after **12 months?**

○ NUMBER of PROGRAM COMPLETERS retained in employment after 12 months: ____

○ Cannot provide

How do you **define job retention?** (check the one that most applies)

○ Continuous employment with the same employer

○ Continuous employment (or small gap), any employer

○ "Snapshot" method (e.g., working in the 2nd quarter after exit, working on the 180th day, etc).

OPTIONAL. **Additional comments** on this section, **including any other important success indicators** you monitor that are not included above, e.g., customer or participant ratings.

_____

8. Staffing & Staff Development (Responses to ALL questions are required.)

How many Full Time Equivalent staff does the program have who provide direct service during a typical year? For example, two half-time staff would equal 1 FTE. *Provide your best estimate if not sure.*

○ Number of paid full-time staff (FTEs) _____

○ Number of paid part-time or contract staff (FTEs) _____

What percentage of those **direct service staff self-identify as having a disability?** *Provide your best estimate if not sure.*

_____

For those direct service staff, what are their **education levels?** Please list percentages, *providing estimates if not sure.*

○ High school diploma or equivalent _____

○ Associate degree _____

○ Bachelor's degree _____

○ Graduate degree _____

○ Unable to provide _____

In terms of direct service staff **professional development**, briefly describe your process for ensuring that all direct service staff receive the disability-specific training and feedback they need to be competent and inclusive in their work with participants. If there are continuing education credits or hours requirements, please note. (*1500 characters max)*

_____

OPTIONAL. **Additional comments** on this section.

_____

9. Program Funding and Marketing (Responses to ALL questions are required.)

What are the **total annual operating expenses** for this program in a typical one-year period?

_____

What are **current funding sources** for this program? List approximate percentages for these sources, with percentages adding up to 100%.

○ Vocational Rehabilitation _____

○ Other Government (federal/state/local) _____

○ Foundation _____

○ Jewish Federation _____

○ Private (corporate/individual gifts) _____

○ Fee for service: employer _____

○ Fee for service: participant pay _____

○ Other _____

If "other" funding accounted for a funding source in the last question, what was the name of the funding source(s)? _____

What is the organization's **Guidestar rating?**

○ Bronze

○ Silver

○ Gold

○ Platinum

○ N/A: We do not have one

○ Unknown

What are the **top 3 referral sources** for your program participants?

○ Referral Source 1 _____

○ Referral Source 2 _____

○ Referral Source 3 _____

What efforts have you made to ensure that your **program marketing materials are accessible** (e.g., alt-text, closed captioning, etc.)? (*1000 characters max)*

_____

OPTIONAL. **Additional comments** on this section.

_____

10. Equity, Inclusion, and Customer Voice (Responses to ALL questions are required.)

Does your organization have a standing or stated **commitment to diversity, equity, and inclusion?** If yes, please provide a link to that statement.

○ Yes. Please share link: _____

○ No

How has your commitment to DEI affected your strategies for this program and the organization? **What are you doing differently or more of** (e.g., related to staffing, board membership, human resource practices, program strategies, equity audits, screening for bias, etc.)? (*1000 characters max*)

_____

Disaggregating data is a key equity strategy to help understand how participation in your services or your program's outcomes might vary by race, gender, or other relevant demographics. How are you using disaggregated data to understand gaps that may need to be addressed? (*1000 characters max*)

_____

How did staff incorporate **program participant input and feedback** when designing the program, and how do participants now provide ongoing feedback on their experience? (*1000 characters max*)

_____

How did staff incorporate **employer feedback** when designing the program and how does that feedback happen now? (*1000 characters max*)

_____

THANK YOU FOR YOUR VALUABLE PARTICIPATION!