

National Leadership Consortium Bulletin

Engaging In Data
Driven Leadership

NATIONAL
LEADERSHIP
CONSORTIUM



ON DEVELOPMENTAL DISABILITIES

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About the Bulletin

The National Leadership Consortium Bulletin is a free, web-based publication dedicated to providing relevant, trustworthy, and thought-provoking information to leaders, practitioners, and people with disabilities and their families involved in the field of developmental disabilities support services. The Bulletin will serve as a bridge between scientific journals and day-to-day leadership, exploring timely research and policy issues in the leadership and disabilities fields with the aim of promoting organizational change and assisting leaders to support people with disabilities to experience inclusive, valuable, and meaningful lives.

About the National Leadership Consortium

Leadership, Values and Vision: Transforming Lives and Organizations

The National Leadership Consortium was founded in 2006 to develop current and future generations of disability sector leaders to have the knowledge, skills, and values needed to transform services and systems to be responsive to the needs, wants, and rights of people with disabilities. Our mission is to provide quality training, technical assistance, and support aimed at the development of values-based leadership in disability sector leaders. The National Leadership Consortium is focused on promoting the rights of people with disabilities to direct their services and lives and to fully belong in their chosen communities. One way the National Leadership Consortium works to meet this mission is through a nationally recognized, intensive leadership development program, the Leadership Institute. These in-person or virtual trainings focus on knowledge, skills, and supports leaders need to transform systems and organizations in the disability service sector.

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If you would like to contribute a reflection, strategy, position piece, or research to the Bulletin please contact us at bulletin@natleadership.org. Even if you have not written for publication before, the team at the Bulletin would love to help you develop your ideas.

Introduction: Engaging Data Driven Leadership

There's a Harvard Business Review article from 2015 that I often reference called Dispel Your Team's Fear of Data. I like this article because it recognizes that we as leaders, our teams, and our organizations often struggle to make evidence or data-informed decisions, but we don't have to. Whether it's because the memory of our high school statistics course still makes us sweat or because we don't know how to access useful data that can give us relevant information for our work, we often depend primarily on less-than-reliable strategies to make our decisions. Instead of data, we may lean toward our personal experiences, the views of people in leadership or higher-power roles, or even the 'squeakiest wheel' or the person with the loudest or strongest opinion.

In *Rising Strong*, Brene Brown wrote, "In the absence of data, we will always make up stories," a quote that rings very true in our field. We hear it all the time. People say things like, "We need to keep the workshop open because people like going there; they prefer to be around their friends." When in fact, data consistently shows that when people are employed and supported to belong in their communities, they live more self-determined, connected lives aligned with their goals.

We chose the topic of data to promote everyday strategies that can help us employ evidence-based practices in our organizations. In this issue, there are plenty of examples of how organizations use data, including the article from Rachel Milano-Davis that highlights how the organization Values Into Action employs co-production philosophies in collecting data to include all employees in workforce decisions. Another piece from Em Braman demonstrates the power of anecdotal data to enhance a train-the-trainer model to advance self-direction in Oregon. And leaders from multiple agencies around the country share how they use data in their organizational transformation efforts to ensure that their changes aligned with the wants, needs, and dignity of their workforce and the people they support.

This issue also offers innovative tools to help organizations assess their structures, practices, and services. For example, we included a piece that describes the Traumatic Stress Institute's ARCTIC (Attitudes Related to Trauma Informed Care) scale and another about the National Leadership Consortium's OPPI (Organizational Priorities and Practices Inventory). We've also included a quick resource guide to help you access local, state, and national level data that can help you and your organization stay up to date on trends in funding, services, employment, and outcomes for people with disabilities and their families.

Finally, we know that data is only useful if we do something meaningful with it. Amanda Rich's article provides practical ways to analyze, use, and put evaluation data to use to ensure that what we collect helps our organizations become better. Nicole Leblanc discusses ways to use data and storytelling to advance public policy. And Michael Clausen shows how data, such as CQL's Personal Outcome Measures, can be used to ensure the implementation of the Home and Community-Based Services regulations.

I'm always so grateful to learn from leaders in our field striving to improve their organizations in partnership with people most impacted by their work and decisions, including people with disabilities, families, and the people they work with. We hope this issue inspires you to think about new and innovative ways to use data in your agencies!

Caitlin Bailey

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Evaluation Data for Action and Sharing the Results

By Amanda Rich



Leaders of human serving organizations can sometimes feel as though they are drowning in data. From quality assurance surveys, performance reports, attendance records, staff and client satisfaction surveys, client outcome measures and so much more, knowing what to do with large amounts of information can be challenging. Asking the right questions before, during and after collecting evaluation data may help leaders move from drowning in data to swimming with its current. In doing so they can allow good information, provided by the people who are most impacted, to guide them toward better decisions.

Program evaluation may sometimes feel like a pointless add-on to all the tasks program staff and leaders already do to appease funders or regulators, but it can become a central part of the organizational culture and can lead to an organization being better equipped to live their mission. If data is not used effectively, then evaluations become a waste of time and can degrade the trust of the people who were asked to provide and/or collect the information. However, when evaluation data is used in ways that stakeholders can see make people's lives better, like assessing the quality and quantity of services, if people are actually better off because of the organization, and how to improve the effectiveness and efficiency of the work, then it becomes an essential tool. One of the leading experts on program evaluation, Michael Patton Quinn, wrote effective evaluation can help leaders as the questions, *“Are we walking the talk? Are we being true to our vision? Are we dealing with reality? Are we connecting the dots between here-and-now reality and our vision? And how do we know? What are we observing that's different, that's emerging? These become internalized questions, asked ferociously, continuously, because they want to know”*

Thinking critically about the purpose of evaluation before it even begins can save time and energy when figuring out what to “do” with the data once it is collected. Frameworks such Results Based Accountability (RBA) may help program leaders think about how evaluations can support the organization in achieving its mission and how it aligns with other organizations' efforts. RBA involves leaders asking important “big picture” questions before the evaluation starts. For instance, leaders of nonprofit organizations are tasked to ask several questions including:

- What does a healthy, full, fair, and inclusive community look like for the whole population of people in our community?
- What does it look like for the people our organization serves specifically?
- What exactly does our organization do in terms of quantity of services and quality of services, to support our vision of a better community for our clients?
- What are indicators (or measures) that allow us to see if the people we support are living healthy, fair, full, and inclusive lives? And how do we define the “right” quality and quality of our work?
- What specific benchmarks will define success?
- What factors outside of our organization efforts (such as new policies or regulation, affordable housing availability, workforce supply etc.) may impact our efforts?

Throughout the course of asking these questions and throughout the evaluation process it is important to engage key stakeholders (i.e., clients, staff, funders, board members) to see if what has been identified as a vision for a “better tomorrow” and if the indicators and measures of change are understandable, relevant, and meaningful to them. An evaluation plan should be designed to ensure that data is collected to answer meaningful questions and conducted in a way that allows leaders to answer those questions in a trustworthy way.

Analyzing and Using Data

Once evaluation data is collected and stored in a way that protects the integrity of the data and the privacy of all involved, leaders need to analyze or examine the details of the information. Quantitative or numerical data is typically analyzed using statistics. The type of statistics one uses will depend on the evaluation question. For instance, how many times participants went to religious services or team sport practices would be analyzed using frequencies or counts. What “most participants” identified as a program strength may be analyzed using a mean, median, or mode. Changes in the average quality of life measures for participants before and after their serves may be measured by [comparing averages](#). The CDC developed a useful “[tip sheet](#)” for which analysis to use to answer which question.

Responses to open-ended survey questions, interviews, focus groups, and other types of qualitative (or descriptive) data are typically analyzed by looking for patterns or themes within the words from the data (the things participants said or words from specific documents). The CDC also developed a useful tip sheet [analyze qualitative data](#).

Putting Evaluation Data to Use

Once the data is analyzed and leaders have a clear understanding of what is “present” within the data, they can engage in the process of figuring out what the data means for the program or organization and how it will be used to shape decision making. One tool that may be useful in this process is an adapted version of the “[What? So What? Now What?](#)” framework developed by Dorothy Strachan.

This framework was developed to help group leaders have conversations and meetings in a way that leads to action. Similarly, it can also be used to ensure evaluation data leads to action. For the purposes of using evaluation data, two additional questions can be added to ensure there is needed context. Engaging in this strategic thinking process will allow leaders to have a running documentation of what they did and why they did it. It helps to show the people who provided and collected this information that their time was valuable and led to action. Additionally, this process may allow leaders to better understand the context of future evaluations based upon the decisions that came from this process.

What?	So What?	Why?	Now What?	What Else?
What is present in the data?	How does this matter for the people we serve, our staff and important others? How does this compare to the goals we set or what we expected?	What factors in terms of how our program operates and/or factors outside of our control likely impact what is happening?	What action will we take, or decisions will we make to move what is present in the data closer to our goals and expectations? Who will be responsible for this action and by when?	What might influence or shape our efforts and what can we do to anticipate and account for them?

Dissemination

The adapted “What? So What? Now What?” process may support leaders in the dissemination or sharing information effectively as well. **Dissemination** involves sharing or communicating the finding of the evaluation with the people who will be impacted by the evaluation results. Leaders should consider with whom and how information will be shared ideally, prior to the evaluation even starting. When thinking about dissemination it is important to consider the following (*these tips are adapted from the University of Wisconsin-Madison Division of Extension Basics of Evaluation Reporting or Dissemination*):

- Who cares about the evaluation results and how will different groups be impacted?
- **How can the results be shared and used effectively by different groups?** Get creative, for instance AAIDD uses simple animated video clips such as [this one](#) to share key findings from their research. What is the social media preference of the stakeholder group? How can they best be reached (phone, social-media, email, quarterly meeting etc.)
- What information should NOT be shared? How can we protect the privacy of the people who provided information for us?
- Could there be unintended consequences of sharing this information?
- Can we put any safeguards in place to ensure the findings are not misused?
- What are the most important parts of the evaluation to share (Why it was conducted, what was asked, who was asked, when and how? What were the results? How does the organization plan to act on the results?)
- Should anything else be included?
- Share the finding with a small number of people from different stakeholder groups (clients, staff etc.), ask for feedback, and make needed changes
- Share-out to the intended audience

The value of program evaluation can only be seen to the extent it leads to better, more effective, efficient, and compassionate programming. As the old adage often attributed to Michael Patton Quinn goes, “Research seeks to prove. Evaluation seeks to improve.” and its potential impact is worth the effort.

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A Data Focused Approach to Change

By Kristen Loomis

“Not everything that can be counted counts and not everything that counts can be counted.”

–William Bruce Cameron

This quote is especially relevant for the disability service system. Despite the challenges of “counting everything that counts,” organizations must not give up trying. Making data informed decisions helps organizational leaders ensure that they are prioritizing the wants, needs, interests, and goals of people who are most affected by the outcomes of those decisions.

We asked leaders from three agencies to share how focusing on data and trying to quantify things that count affected their organizations and ultimately led to changes in the way they provided services and supports. Questions focused on how data factored into the decision to change the way supports and services are offered at their organization and how data has been and is being used to evaluate and/or sustain those change efforts.



Shawn Kennemer, *President/CEO of the Bakersfield ARC*, revealed the data that contributed to a transition to fully community-based services. He discussed how understanding and examining that data has led to a better workplace:

“In March 2020, the whole world changed with the shutdown of the world of services to people with disabilities. While some agencies found it hard to weather the two-year storm, we at Bakersfield ARC viewed the pandemic as an opportunity to make changes to the old delivery models to become 100% community based and give up our 14(c) certificate by January 1, 2023.

Becoming 100% community based was easily justified just by looking at basic economics of the overhead to operate a 25-acre campus annually verses the cost of vehicle maintenance. The elimination of the 14(c) certificate required a little more planning. In looking at the data, we were able to show that a person that worked at sub-minimum wage for 36 hours a week at an average of \$10 per hour would earn the same by working for only 26 hours a week at the minimum wage of \$15 per hour. In addition, the person that was served would then have the opportunity to participate in additional programs that we offered throughout the week, thus creating additional revenue for the agency.

We are seeing positive improvement in both the engagement of the people we serve and a quantifiable reduction in workplace injuries.”

Karen Adams-Gilchrist, *President and CEO of Providence in Maryland*, expressed how data led to a better understanding of how services were or were not meeting the needs and expectations of those who utilized Providence’s services and to a change in where and how services were provided:

“Data has enhanced Providence’s mission to support nearly 300 people to live their best lives. It has helped us shift our organization’s service delivery model to providing supports within the community as much as possible in the most meaningful ways for each person. An example of how we have used data to evaluate and drive our work is the closure of a facility-based service location in 2020 where we provided skills training and meaningful day activities. Our team believed that people were living their best lives and spending time engaged in their community; however, through a process of mapping each person’s presence and participation in the community facilitated by a subject matter expert, we were surprised to find that people weren’t as involved in their community as we thought and that there were so many more opportunities to work with them to really discover and live their best life.

Qualitative data was equally important to this process: we needed to understand how people were engaging in their community. Were they doing what was important to them, with people who were important to them? We needed to understand how their engagement in the community really fit into their life goals. We started with a small group and eventually moved every person from this location to supporting them within their community in ways that mattered to them. This process allowed us to measure the impact of our supports for each person and see the big picture of the progression of our organization at the same time.

We have been able to apply that same type of evaluation in every facet of our supports, including Career Services. We want people to build meaningful careers. We work alongside people to have real jobs, real pay, and real experiences as measured now, not by numbers of jobs, but by raises, promotions, added responsibility, and job satisfaction. As our organization continues to learn and grow and evolve with each new challenge and opportunity, data will continue to be a part of our journey and our test to ensure we are meeting our mission for every person we support.”



Amanda Faulkner, *Executive Director of Frontier Community Services (FCS) in Alaska*, shared how FCS measures and uses data to improve the quality of life for those utilizing its services.

“Intellectual or developmental disability (IDD) agencies share an overarching goal of improving the quality of life for service recipients using a person-directed approach that recognizes the right of individuals to make informed choices and take responsibility for those choices and related risks. The challenge for IDD executives and managers is quantifying and measuring a service philosophy.

In 2015, I was determined to establish baseline data around this question: “How person-directed is our agency?” From informal observation, we needed to improve but I needed to strategically guide the agency to this realization. Using the National Leadership Consortium as a resource, an in-depth educational presentation on person-directed practices was given to three different stakeholder groups. At the end of each presentation, the group was asked to answer 35 questions regarding the organization’s person-directed approach. I used a polling tool that allowed participants to answer questions in real time and the results were displayed immediately. The two groups that received the training prior to answering the questions yielded the baseline data I suspected, “We had a way to go in this area!”, however, the third group completed their questionnaire prior to the presentation due to a technical issue. The data from this group was notably different from the other two. This group thought our organizational practices then were person-directed because they had never received formal training. A service philosophy is subjective until it is grounded in training and tangible questions.

During this first attempt at baseline data collection, I learned that sometimes a “technical difficulty” can reveal valuable information and that group polling tools/apps provide instant results and transparency. It is easy to assume an organization is aligned but strategic data collection is more than an annual survey. It is a cycle of continual improvement that begins with a question, followed by education, measurement of understanding, and concludes with refined repetition.”

Hearing about how data has contributed to each of these organizations have transitioned or are working on transitioning aligns with the compelling steps outlined in Harvard Business Review’s article, *Change Management is Becoming Increasingly Data-Driven. Companies Aren’t Ready*. The article highlights how organizations should focus on what they want to know, start integrating tools that promote engagement, start measuring the amount and way various stakeholders engage, collect information on change efforts, use data to put the right people in charge of change efforts, and build structures to store and make sense of data. Bakersfield ARC was able to collect needed data and create a dashboard to truly examine the current reality and compare that to a potential change. Other organizations that want to create a dashboard should first identify their priorities, competitive position, and plans for the future. Providence utilized reference data to understand the impact of their services and then capture that same data throughout the change process. Setting up accurate reference data can aid organizations in predicting and understanding future impact of other change initiatives. Lastly, Frontier Community Services used digital tools to get real-time feedback from employees and then build a plan for education and change. Organizations can take advantage of digital tools to get real-time feedback, allowing organizations to learn very quickly how communications or change initiatives have been received or implemented, thus expediting a targeted approach. Despite these varied approaches, one thing is clear, understanding what counts and identifying how to count it is the only way for organizations to have true success in change.

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Using a Participatory Management Approach to Include Stakeholders in Data Collection and Decision Making

By Rachel Milano-Davis

Imagine this – you are confronted with a challenging situation. You are unsure how to proceed, and as a leader, you are feeling the stress of needing to figure it out. Now, imagine that you discover an untapped resource of knowledge and expertise that can help you gain clarity and find a path forward. You'd gladly tap into this resource, right? This resource is: the people in our organizations, service users and employees, who offer invaluable insight, and knowledge gained through lived experiences. It is upon us, as leaders, to create and sustain an organizational culture that recognizes this value and readily seeks input to inform organizational efforts and practices.

At [Values Into Action](#), we employ a participatory management philosophy and approach to leadership. Otherwise known as participative management, the approach is defined as “a way of managing an organization that involves all employees in making decisions.” We take this a step further and involve all stakeholders, including people using our services, their families, and supporters, in decisions that have the potential to impact them.

A recent example of this approach in action was when our organization adopted a COVID-19-related paid sick leave policy at the start of the pandemic in 2020. We aligned the policy with various governmental programs, including the Families First Coronavirus Response Act (FFCRA) and the American Rescue Plan Act (ARPA), and then, as the programs ended, we continued an employer sponsored COVID-19-related sick time policy. Our internal policy is set to expire at the end of March 2023. Now, three years later, and with the COVID public health emergency ending, we are evaluating this policy's future, including the potential to expand or retract benefits.

Rather than making this decision in a vacuum, our Executive Team opted to go to our resource, which in this case included our employees, and seek their feedback to identify a path forward that meets the needs of the organization and our employees. We launched a short online survey that was sent to employees via text and email. In just a few days, 40 percent of our workforce responded to the survey. These insightful responses will be used, along with financial data, to inform the final decision about the policy.

Our paid time off (PTO) policy is another of many examples of how we use data in the form of feedback from our stakeholders to make informed decisions that benefit the whole of our organization. Input is not only valuable for making informed decisions, but it also promotes a culture of belonging and inclusion, where people feel heard and valued. Following the release of the paid time off survey, our Director of Culture & Talent received this email message from a long-term Support Partner (i.e., Direct Support Professional), Annie Kisilewicz:

“Thanks for putting this poll out to get the opinions of everyone who would be affected by this potential change in PTO policy. I just submitted my response. I appreciate that the leadership team always takes everyone's opinions into account before making any major policy changes. I'm proud to be part of such a progressive organization that values its employees' wants and needs over whatever might be easier or more profitable.”



Another example of how we use participation and data to advance organizational priorities is our Wage Advisory Group. In 2020 when the world was upside down, we identified a need to raise starting wages for our direct support professionals (DSPs) to acknowledge the important work they do every day. We also knew that we needed to increase our ability to attract and retain quality support staff in a competitive job market. We recognized this as a complex issue that required concerted attention, so we convened a Wage Advisory Group comprised of people representing all parts of our organization, including people using services, family members, DSPs, and employees in other roles.

This group reviewed financial and system-related data and informed efforts to raise employee wages. Due to this group's efforts, and with the help of COVID-19-related funds, reimbursement rate increases, and cost-saving measures, we raised the starting rate three times in the last three years. The most recent increase in January 2023 now has our starting rate at \$19 an hour with many of our DSPs earning over \$20 an hour. Having accomplished our wage-related goals (for now!), the group is evolving into a general Advisory Group to inform leadership on broader organizational issues and actions.

Taking a participatory approach isn't just something we do — it's who we are. It is in alignment with our organizational values: Accountable, Adapting, Dedicated, Kind, Open, Respectful, and Transforming. It starts with leadership and requires consistent modeling of expectations and continual identification of opportunities to increase engagement and understanding.

Our approach to the strategic planning process is yet another example of participatory management in action. Our Executive Leadership Team seeks data from multiple sources and methods to inform the drafting of our annual Strategic Plan. This includes the use of formal satisfaction surveys with people using our services and our employees, along with facilitated listening sessions to evaluate progress on our current year priorities and to identify priorities for the coming year. We couple the subjective feedback we receive with performance metrics, such as Quality Assurance and Improvement, Residential Licensing Reviews, and Incident Management data, and together, this data helps us to see the whole picture.

With this insight, our Executive Leadership Team drafts the Strategic Plan. Then, stakeholders are invited to review the draft plan and offer feedback in written form or through another round of listening sessions. The feedback obtained is used to inform the final revisions and adoption of the annual plan. From there, stakeholders are encouraged to take part in the activities identified in the plan. Representative workgroups convene to carry out the action plans. The cycle continues each year, and with each year, our organizational culture is strengthened.

We see participation and the use of data as essential components of our success as an organization. For us, success is defined as people accepting supports with us living lives of their own choosing, with support they direct, from others who are engaged and have influence over important aspects of their work experience. It's a win-win-win with strengthened relationships and increased satisfaction experienced by all.

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Using Data and Storytelling to Advance Systems Change and Public Policy

A Self-Advocate's Perspective

By Nicole Leblanc

Data and storytelling play a major role in advancing changes in public policy that support the full inclusion of people with disabilities and their families. It is now more important than ever that we use data and storytelling to address health disparities and the challenges of post-covid and long-covid, especially in neurodiverse populations including autism. This pandemic has worsened and exposed many of the health disparities that people with developmental disabilities dealt with prior to this pandemic that we have spent years educating the medical community, public, colleges, and policymakers on. For instance, one study from Israel found higher rates of COVID-19 infection and greater risk for hospitalization for autistic men but not women. Another example of health disparities comes from study data in the [2021-2023 IACC Strategic Plan](#) for Autism Research that discovered that people with autism or intellectual disability were nine times more likely to be hospitalized from COVID-19 infection than those without autism or IDD. Strong data that is accessible to policymakers and general public is essential to making our case for transformational change in disability policy. Storytelling is also a great way to influence government, agency, and legislative priorities because it supports organizations and groups in backing up the data they need and use when pushing to advance their policy agenda at the state, federal or local level.



One area where we need more data and storytelling is the massive challenges and barriers that long-COVID-19 and post-COVID-19 issues are causing in our society, workforce, and healthcare system. On the policy level of long-COVID-19, we need data on how functional medicine like acupuncture, gut repair programs, myofascial release, and massage therapy can successfully relieve issues from long- COVID-19, so that we can transform our healthcare to value and cover all functional medicine and touch therapies. Our healthcare system's goal should focus more on treating and finding the root cause of all ailments especially in those with chronic issues so we reduce suffering from nasty side effects. Diet is a big part of medicine and the quality of it influences the rate and impacts numerous chronic conditions in our society. Diet is also a pandemic mitigation measure we should be talking about more in preventing future pandemics and dealing with the devastating impact they have on us. There have been numerous studies

and stories in the news on how people with autism and other neurodiverse populations are at [high risk for long-COVID-19 and post-COVID-19 complications](#). One of the things that cause this is that this population often has an overactive immune system that is always on high alert and needs to calm down. More data and storytelling on the use of functional and holistic medicine to support overactive immune systems may improve access to this type of care for people with developmental disabilities.

On a personal level I have used storytelling and data in making the case to policymakers on the need to expand HCBS supports for adults with autism who do not have IDD and instead have borderline full-scale IQ and deficits in adaptive functioning. During this pandemic universe I have been a strong advocate of the need for the government and our society to do more to address health disparities among people with autism and other developmental disabilities. Access to HCBS is essential in maintaining stability and calm during chaos for this population especially when it comes to dealing with things like SSDI overpayments and day-to-day functioning in all aspects of community life. I have also written numerous briefs on the lessons learned, community living, dignity of risk in the era of COVID-19 and ideas for a new and better normal.

Right now we should all be sharing our ideas on how we can create a new normal that is fully inclusive of the needs, wants, and challenges faced by people with developmental disabilities and their families. In addition to learning how we can use the lessons learned from the COVID-19 pandemic to prevent the next one. Robust data and personal stories are key things we need as an advocacy community to push for legislation and administrative action at the state and federal levels to end health disparities among people with developmental disabilities. In the spirit of Diversity, Equity, and Inclusion (DEI), more businesses and nonprofits in the disability rights and social justice sector should hire people with autism and other developmental disabilities for roles focused on storytelling, data analysis, policy analysis, and so forth. Doing this is a great way to work towards ending ableism and racism and achieve DEI goals.

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Choice and Control: Using Anecdotal Data Collection to Advance Supported Decision Making

By Em Braman

“Making decisions is central to a person’s autonomy and the essence of what is regarded as personhood and is a crucial component in enabling an individual to have control over their life and engage in society.”

Autonomy is a person’s right to make their own decisions and is of such import that it is expressed in U.S. federal law as individual liberty. The Arc Oregon, in its work to promote and defend the rights of people with intellectual and developmental disabilities, has taken this right to heart by increasing access to adult decision making supports including the alternative to guardianship called Supported Decision Making (SDM). Over the past five years we have been working to increase information about and access to SDM across the state, even though there is no official statutory recognition of SDM as a formal alternative to guardianship in Oregon yet. Anecdotal evidence from our Train the Trainer approach has been vital to improving our processes toward empowering youth and adults with IDD, their families, and the professionals that support them with choices for appropriate adult decision making support instead of automatically defaulting to guardianship.

We have taken a unique approach to increasing information about and access to SDM here in Oregon. We created a Train the Trainer curriculum on Supported Decision Making which we then offered free to trainers throughout our state. This meant creating two curriculums, one was the curriculum that trainers would present to their communities on SDM and the other was the curriculum to train the trainers on SDM. The curriculum for presentation to youth with IDD, adults with IDD, their families, and other professionals was aimed at changing the mindset around adult decision making supports. We focused on supporting people to have their own “Aha” moment. That moment when they realize that everyone one of us is supported in making decisions.

We are more interdependent than independent in how we make decisions about our lives and what it would look like for people with I/DD to be supported in making decisions. Included in this presentation was information on the basic components of SDM, what an SDM agreement includes, and research on the importance of autonomy. With this training, we created an Instructor Guide that detailed each slide in the presentation, provided detailed descriptions of the various activities to do with attendees, as well as how to best prepare for the training including supplies, location needs, and marketing.



By providing the training and curriculum free of charge, The Arc Oregon was able to cast a wider net around the state to get a broader, more diverse group of professionals trained in the materials. We trained staff from the state Person to Person Health Information Center, Service Coordinators and Personal Agents, Oregon Department of Education Transition Network Facilitators, and staff from community partner organizations. When recruiting professionals to take part in the Train the Trainer we made sure to target professionals from different areas of Oregon as well as from different fields. With this diversity in trainers our plan was to make sure youth with IDD, people with IDD, and their families would have multiple opportunities to hear about Supported Decision Making. Additionally, we wanted to show that Supported Decision Making, as a support to make decisions, is not isolated to one type of decision unlike Health Care Representation or Financial Power of Attorney.

Upon completion of the Train the Trainer process professionals were supported to provide the training in their communities. This then created an anecdotal feedback loop for us at The Arc Oregon to modify and update the curriculum as professionals got back to us about what worked, what did not work, what information was missing, what information was hard to understand, which activities had the most impact, and more. One key piece of feedback was, “Now what?” As our original curriculum focused on shifting people’s mindset about decision making for adults with IDD and the basic aspects that are included in SDM, it did not provide tools for identifying how to move forward with identifying where a person needed support in making decisions and in creating a Supported Decision Making Agreement. In 2022 The Arc Oregon was awarded another grant to update our curriculum and add a new curriculum called “Tools to Support Decision Making” to address the “Now what?” question. This new curriculum includes specific tools and steps to take to identify where a person may need support with decisions, how to identify and bring on supporters, and how to get into writing the support a person wants to assist them in making a decision.

The Arc Oregon has taken our work around SDM and made it foundational information within all of our programming. One example is within our Guardianship, Advocacy and Planning Services Program (GAPS). Through this program we provide guardianship support to approximately 60 adults with IDD throughout the state. Our GAPS Advocates have been trained in SDM and encourage those we support through guardianship to utilize SDM to direct their lives including to inform us about decisions about their lives. Oregon statute states that a guardian is to “increase self-reliance and independence” (ORS 125.300(1)(a)). By building SDM into our guardianship supports, The Arc Oregon is expanding the decision making skills of those we support while also guaranteeing that the person is leading decisions that impact all areas of their life.

Em Braman is the Executive Director at The Arc Oregon. She holds a bachelor’s degree from Western Washington University in the state of Washington. Em is passionate about spreading knowledge around Supported Decision Making and other less restrictive alternatives to guardianship. Contact Em at ebraman@thearcoregon.org.



The Organizational Priorities and Practices Inventory: A Holistic Assessment of Organizational Performance

By Monica Mesa-Alvarez

What Does the Research Say?

Research suggests that several organizational areas enhance service delivery in disability organizations. The quality of products and services that organizations offer depends on the health and stability of their structures, practices, policies, **workforce**, **evaluation approaches**, and **culture**. In our field, to promote wellbeing, success, and accomplishment of missions and visions, agencies need to assess the alignment and relationships between different aspects of their organization. For instance, **studies conducted in organizational settings** have found that **leadership is essential** to successfully implementing person and family-centered services. **Effective leadership also plays a fundamental role** in transforming congregate services into community-based support for people with disabilities. **Community Living and Autonomy, Choice, and Control** are two other areas of organizational practices that can enhance service delivery by contributing to the quality of life of people with disabilities. When organizations help people connect with community activities and others with and without disabilities that share similar interests, **they are more likely to build meaningful relationships** that impact their lives positively.



Another area of organizational performance that organizations need to nurture and develop is diversity, equity, and inclusion. **Diverse and inclusive workplaces** make employees equally involved and engaged in all workplace areas, positively impacting performance and stakeholders' experience. Stakeholder input into organizational governance is another domain of best practices that service agencies should embrace and evaluate periodically. **Including people with disabilities and their families** in governance and evaluation is essential to ensure that the mission and practices of an organization align with the needs of the people most impacted. Finally, **an organization's performance benefits** from involving volunteers and staff members in all decisions that will affect them, as well as supporting and valuing them. Involving staff in decisions is a best practice of organizational management that makes them feel valued, which increases positive attitudes toward employers.

What Does It Mean for Our Field?

To improve service delivery for people with disabilities it becomes critical that organizations focus on areas related to self-determination and organizational management and **evaluate them**. Because organizations are complex systems of human interaction, the best practice evaluations must be holistic, **"looking at the function of the system as a whole as a way of determining its impact on the efficiency of the parts,"** to exhaustively assess these areas. Thus, all domains should be assessed as equally important, and the assessment should be deployed at **all levels of the organization**. However, there is a need for an instrument that provides a multidimensional assessment of alignment between (1) organizational priorities and (2) organizational practices in the best practices of the disabilities field.

While existing metrics have measured organizational priorities and practices in nonprofit and public organizations, no tools are specifically designed for the disability services sector. The field lacks a holistic inventory that not only enquires into an organization's approach toward advancing the rights of people with disabilities but that also measures how aligned organizational procedures follow evidence-informed practices. To address this need, the National Leadership Consortium has developed the Organizational Priorities and Practices Inventory (OPPI), a holistic instrument that measures the implementation of evidence-based best practices within disability services organizations.

The OPPI combines principles of person-directed services, self-determination, participatory management, diversity, equity and inclusion, effective and transparent leadership, and organizational governance with daily workplace practices. It was designed to be useful for an extended range of organizations across the disability services sector, benefiting any organization that provides, oversees, advocates for, funds, or otherwise supports services for people with disabilities. The OPPI evaluates organizational performance in six key areas:

- ❶ Autonomy, Choice, and Control
- ❷ Community Living, Employment, and Engagement
- ❸ Stakeholder Input to Organizational Management and Governance
- ❹ Staff Participation, Value, Impact, and Support
- ❺ Leadership Strength and Skill Development
- ❻ Diversity, Equity, and Inclusion

What Does It Mean for Me?

Implementing a holistic approach to evaluate the internal and external operations of an organization is critical to advancing team functioning and ensuring premium services. Here are some ways the OPPI can be useful to this process:

- The OPPI is multidimensional. Organizations can use the OPPI to evaluate best practices at three organizational levels: individual, organizational, and professional. First, at the individual level, the OPPI measures whether an organization's performance follows practices that reflect values of dignity, respect, equality, empowerment, self-determination, non-discrimination, and inclusion. Second, at the organizational level, the OPPI evaluates how current practices enable justice, beneficence, and autonomy in the workplace. Lastly, at the managerial level, the OPPI examines how practices involve a balanced approach to professional development, leadership, and performance management.



- The OPPI identifies strengths and areas for improvement. Reports yielded from the OPPI can help organizations identify areas of strength where their individual and collective staff should be rewarded and areas for improvement that can direct future efforts.
- The OPPI informs strategic planning, processes, and priorities. Once areas for improvement are identified, they can be used to form a vision and targeted short-term and long-term goals to enhance performance and improve service quality.
- The OPPI assesses alignment between personal and organizational priorities. The survey identifies how staff values and goals fit into the overall structures of their organization. Alignment of values has been strongly linked to staff retention and satisfaction.
- The OPPI illustrates national trends. The OPPI report can show you how your organization's results compare to other organizations nationally that have taken the assessment. It will display national trends that can reveal areas where more advocacy or policy change is needed to advance performance in best practices.
- The OPPI provides a snapshot and ongoing progress. The OPPI can be taken one time to assess current functioning, or be taken regularly by organizations to obtain updated performance quality data to track progress. Also, organizations can use the assessment during employee interviews or new hire intake to measure a potential employee's awareness of best practices in the field while determining their personal alignment with such practices.

Monica Mesa-Alvarez, MPA, is a Research Assistant for the National Leadership Consortium. She is currently working toward a doctorate in Urban Affairs and Public Policy from the University of Delaware. Contact Monica at mmesa@natleadership.org.



Using Data to Support HCBS Settings Rule Implementation

By Michael Clausen

While there are [many reasons why](#) it is important for organizations to use data effectively, one reason is that data plays a critical role in supporting organizations to effectively fulfill the intent and requirements of the [HCBS Settings Rule](#). Just as it is important to enable the people being supported to be able to make informed choices about their lives, it is equally as important that provider organizations make decisions that are informed by the best possible information.

The HCBS Settings Rule requirements are meant to ensure that people with disabilities have access and integration into the community, choice and control, rights, dignity and respect, freedom from coercion and restraint, and planning that is person-centered. While the method of oversight and the way in which organizations are required to demonstrate compliance may vary from state to state, the fundamental requirements are the same throughout the country. Organizations have been working hard to embrace the values as they build the necessary systems and potentially reshape their services to comply with these new rules.

While the new rule presents some challenges and requires fundamental changes, the rule also presents opportunities for providers to transform the way in which services are provided. The Settings Rule strikes into regulation what research had already shown to be best practice: Supporting people to [have relationships](#), rights, and greater access to their communities helps people with disabilities to have a higher quality of life overall.

Alignment Through Data

Assessing your organization's alignment with the Settings Rule and the extent to which you are providing high quality services requires measurement using real data rather than anecdotal evidence, which may misinform organizational decision-making. Data analysis needs to be interconnected across an organization's systems, programs, and people to ensure that actions are a result of truly understanding the big picture. Significant events in organizations do not happen in a vacuum; they are integrally connected across all of the systems within each organization.

Just as research indicates that [staff turnover](#) has a significant effect on people's health, safety, and quality of life, the ability to support rights and person-centered planning will be either positively or negatively impacted by the effectiveness of other vital systems within an organization. The actions that organizations take can have an impact on people's lives in unexpected ways. For example, research suggests that if we want people to be [safer and use the emergency room less often](#), we should support them to participate in the life of the community and have meaningful work and day support options.

Building A System

While the prospect of building a system to collect and analyze data may seem intimidating, it is important to remember that data is just information. It is not necessary to have an advanced degree in statistics or data science to utilize data effectively, and there is a good chance that much of the data and organizational capacity needed to be successful is already available. Organizations routinely have systems in place that collect the necessary information to inform organizational decision-making, such as human resources and payroll systems, incident management systems, and electronic health records systems. Since the information is already being gathered, organizations simply need to extract the

information they already have to start building an [integrated quality management system](#) that will assist in analyzing alignment with the Settings Rule. For example, the support of rights that might be measured through data generated by a Human Rights Committee can include: To what extent are rights being restricted? How often do people participate as part of the Human Rights Committee process?

At times, existing tools may need to be modified to measure alignment with the Settings Rule. For example, facility safety audits can be modified to include how these settings promote or infringe upon people's privacy, dignity, and respect. Satisfaction surveys can be adapted to include questions about how people are supported to direct the person-centered planning process and whether people's goals are truly meaningful. Similarly, CQL | The Council on Quality and Leadership's [Personal Outcome Measures®](#) (POM) allows organizations to understand quality through the unique perspective of people supported and includes components on rights, respect, and community integration. The POM has been [cross-walked with the Settings Rule requirements](#) and is included as part of the new [CMS HCBS Quality Measure Set](#). Effective systems come in many forms and are possible for organizations of all sizes and budgets. While some large organizations maintain the capacity to develop interactive dashboards complete with full data integration with their electronic systems, many other organizations do not have the resources or capacity to build systems that are this complex.

Whether starting new or using existing systems of data collection, it is important to develop a strategy, guided by policies and procedures, that outlines all of the critical elements associated with an integrated quality management system. Create a system that answers the following questions:

- What are the critical systems and practices within your organization that you would like to measure?
- What data do you already have and what other data and information might you need in order to measure?
- Who will be responsible and accountable for collection and analysis?
- How often will data be collected and analyzed?
- How will organizational stakeholders be involved, and how will quality be communicated?

The Settings Rule provides essential foundational values with a clear direction and trajectory to follow as services evolve. It is critical that quality of services continues to be defined by the people that receive those services.

CQL offers an extensive [collection of free resources](#) to support provider organizations to better understand, embrace, and come into compliance with the Settings Rule. Though the CQL vision of a world of dignity, opportunity, and community for all people is now embedded into regulation, the primary motivation for these values continues to be supporting provider organizations to provide the highest quality of services and quality of life for the people they support.

Michael Clausen is the Director of Personal Outcomes at The Council on Quality and Leadership. He is a 2019 Leadership Institute graduate. Michael is passionate about data and innovation in our field and has worked with organizations around the world to enhance service quality. Contact Michael at mclausen@thecouncil.org.



Innovative Initiatives: Using the ARTIC Scale to Improve Trauma-Informed Services to People with Disabilities

*An Interview with Steve Brown,
Director of the Traumatic Stress Institute of Klingberg Family Centers*

What is the Traumatic Stress Institute?

The Traumatic Stress Institute's (TSI) mission is to support organizations and systems through training, coaching, and research as they make the difficult transformation to trauma-informed care (TIC). We support over 90 client agencies in the U.S., Canada, and internationally to make and sustain this change to their organizational culture. Three years ago, we began to offer our Whole-Systems Change Model to organizations in the Intellectual and Developmental Disabilities (IDD) sector, which has been slow to recognize and address trauma in the people they support. TIC means more than training for clinicians and senior staff; it involves all parts of the organizations, especially Direct Support Professionals (DSPs) who have moment-to-moment contact with the people supported.

What are the ways that assessment of organizational readiness and current practices can support organizations in creating positive organizational change?

TIC is hard to implement and sustain. So, assessing readiness for change is critical. Probably the most critical readiness factor is senior leadership buy-in, but others include previous training in TIC, level of staff trust in the administration, presence of other system initiatives, and how well the agency's values fit with TIC principles. The growing field of implementation science is rooted in the reality that many, dare I say most, excellent innovations fail because of a lack of organizational readiness which impacts how they are implemented.

What are some barriers that you see leaders facing as they try to move their organization to greater trauma-informed and responsive practices? How might data and assessment tools help them navigate these challenges?

Because staff are so stretched due to turnover, high workloads, and open positions, it can be difficult to maintain momentum toward change. Using TIC assessment tools such as the Attitudes Related to Trauma-Informed Care (ARTIC) Scale helps establish the need for TIC and provides concrete data showing that the needle is moving as a result of TIC training and practices. When the organization and staff see their scores improve, it affirms their investment in the change process, which is a powerful intervention in and of itself.

How did the Traumatic Stress Institute develop its TIC measurement tool and Whole System Change Model?

TSI has been helping organizations make trauma-informed changes for over 15 years. We have witnessed organizations flourish and flounder. There are powerful forces in our systems that pull toward the punitive. We learned early that it was going to take more than training to embed and sustain compassionate and caring cultures. Following the principles of implementation science, we built and refined our Whole-System Change Model and our client agency community to ensure TIC was not viewed just as the newest flavor of the month.

Around 2014, the practice of TIC was far, far ahead of research supporting its effectiveness. TSI's research consultant at the time, Dr. Courtney Baker from Tulane University, said, "You can't research what you can't measure," stressing that there were few, if any, validated tools to measure TIC. So, in 2016, after two years of hard work, we published our first peer-reviewed article about the ARTIC Scale, with a second article being published in 2020. The ARTIC is now the most widely used and cited measure of TIC, with over 200,000 administrations globally and translations into eight languages.

How are these tools and approaches innovative or different from what you have seen in the past?

Most TIC efforts in the IDD sector involve one-time trainings, or tailoring trauma assessment and treatment practices to people with IDD. We are trying to impact the whole system with the goal of reducing restraints, increasing DSP retention, improving job satisfaction, and improving client and family outcomes. Our model stresses things like foundational trauma training for ALL staff, revising hiring practices through a TIC lens, attending to staff compassion fatigue, creating trauma-informed behavior plans, and teaching feelings management skills.

From the organizations you have seen use these practices and tools, what is giving you hope for positive change in the field of disability services?

While humility is in order here, since TSI's work in the IDD sector is new, our work with "early adopter" organizations is very exciting. Agencies that have done prior TIC work stress that TSI's model accelerated the penetration of TIC and embedded it within the fabric of their culture. They believe this will elevate their reputation and increase referrals. Agencies very new to TIC describe the approach as refreshing and a stark contrast to the forced compliance and power struggles common in their programs. They see the emphasis on staff self-care as essential to high quality service and retention.

What else would you like people to know about the Traumatic Stress Institute, the Whole System Change Model to Trauma Informed Care, and the assessment tools you have developed?

Here's a story of a seemingly small TIC change that is emblematic of a profound culture shift. Ariel Clinical Services in Colorado, one of the four organizations in our pilot TIC Learning Collaborative, stopped using the phrase "attention-seeking behavior" and replaced it with "connection seeking behavior." So, what's the big deal, you ask? This short phrase captures a core component of TIC, that relationships are the primary agent of change and healing. A behavior plan does not work without a relationship. "Connection seeking behavior" is strength-based, centering the relationship while moving away from language that is pejorative, pathologizing, and often reflective of staff frustration. It represents another core TIC principle that behavior is adaptive and makes sense in the moment, even if it has negative long-term consequences. With people that have had the trauma of losing so many relationships, many of their challenging behaviors are rooted in a desperate attempt to hold onto connection and prevent separation. Again, this simple phrase reflects a major cultural shift in mindset.

Steve Brown, Psy.D. is Director of the Traumatic Stress Institute of Klingberg Family Centers. He has worked in the field of traumatic stress for over 25 years and is committed to supporting organizations embed trauma-informed care so that all survivors that enter their doors heal and thrive. Contact Steve at steveb@klingberg.com.



Want to Know What’s Happening in Your State for People With Disabilities? Some Useful Data Sources

By Caitlin Bailey

Often, people will ask our team, “Where can I find data that shows me _____?” We use data to help our organizations understand trends, inform strategic decisions and direction, convince stakeholders that change is needed, and more.

Fortunately, our field offers data sources that provide information about where and how people with disabilities are living, working, and receiving services. Many of these sources of data give us state and national level snapshots. Much of it is open source, such as federally funded projects of national significance. However, unless you know where to find it, you may not be accessing and utilizing information that could be helpful for you and your organization.

The chart below highlights some great data sources and where to find them. The chart also offers some suggestions as to how this data might be useful to inform decisions and knowledge of your agency.

Data	Website	Ways to Use the Data	Helpful Tools
<p>National Core Indicators (NCI)</p> <p>(Including NCI, NCI AD, and the State of the Workforce Survey)</p> <p>A partnership of HSRI, NASDDDS, Advancing States</p>	<p>www.nationalcoreindicators.org</p>	<p>To learn about and compare state and national trends about people with disabilities, people who are aging, family members, and Direct Support Professionals</p> <p>To identify types of services that are aligned with better outcomes for people with disabilities</p> <p>To learn about state trends in wages, benefits, and experiences of DSPs</p>	<p>You can generate a chart to look at trends over time or compare your state to others on different outcomes measured on the NCI survey</p>
<p>State of the States in Developmental Disabilities</p> <p>Housed at the Univ. of Kansas Center for Developmental Disabilities, Funded as a Project of National Significance</p>	<p>https://stateofthestates.org/</p>	<p>To learn about state and national-level spending on services and benefits for people with disabilities</p> <p>To learn how your state invests in services and benefits for people with disabilities, including which types of services use the most funds, how states have changed their funding priorities since the 1970s, and more</p>	<p>You can access profiles about how your state has funded services over time, including the allocation of funds to institutional vs. community-based services and more</p>

Data	Website	How You Can Use the Data	Something Cool About It
<p>National Residential Information Systems Project</p> <p>Led by the Univ. of Minnesota Institute on Community Integration</p> <p>Funded as a Project of National Significance</p>	<p>https://risp.umn.edu/</p>	<p>To learn about state-level trends in residential services for people with disabilities who access long-term services and supports</p> <p>To look at trends in the number of people living in state institutions over time or see how people are being supported or funded in your state, this data provides useful state profiles, infographics, and charts to see information in many ways</p>	<p>You can review your state's profile and see how people are being served and how service dollars are used by type of support over time. You can compare your state to others to see which states are leading the way in supporting people to live and belong in their communities</p>
<p>Personal Outcomes Measures and Basic Assurances from CQL</p>	<p>https://www.w.c-q-l.org/tools/personal-outcome-measures/</p> <p>https://www.w.c-q-l.org/tools/basic-assurances/</p>	<p>Agencies can engage with CQL to use the POMS and Basic Assurances as paid tools to assess the outcomes of your organization and the people your organization supports</p> <p>Use the data reports to understand trends in outcomes for people with disabilities, and the connections between organizational practices and outcomes</p>	<p>CQL provides a wealth of peer-reviewed and practical research articles and resources that highlight the outcomes of people with disabilities and organizations nationally, using POMS and Basic Assurances data</p>
<p>National Data Collection on Day and Employment Services for Citizens with Disabilities</p> <p>Led by the Institute for Community Inclusion at the Univ. of Massachusetts Boston</p> <p>Funded as a Project of National Significance</p>	<p>https://www.statedata.info/</p>	<p>To learn about state and national level trends in whether and how people with disabilities are employed and services they are using to support employment.</p> <p>To look at trends in employment in your state, you can see data about how many people with disabilities are employed, as compared to the total population, whether people are employed in facility- or community-based settings, and how they are supported and compensated</p> <p>To can see state-by-state profiles as well as an overview of all states over time.</p>	<p>On the website's home page, you can select the data source that you want to look at to see different aspects of employment data. Different sources include the American Community Survey, data from the Social Security Administration, and the State IDD Agency survey</p>
<p>Disability Statistics Compendium</p> <p>Led by the Institute on Disability at the University of New Hampshire and funded by a NIDILRR Grant</p>	<p>https://disabilitycompendium.org/</p>	<p>To learn from multiple federal data sources that offer statistics and trends about outcomes and lives of people with disabilities at the county, state, and national levels.</p> <p>If you want to look at outcomes of people with disabilities in your county or state related to education, institutionalization, employment, poverty, health insurance, and more, this data offers information from many federal data sources</p>	<p>There are two free virtual conferences each year, the State of the Science on Disability Statistics Conference. The conference highlights data from reports and analyses that show recent changes and trends in the lives of people with disabilities</p>

Caitlin Bailey is the Co-Director of the National Leadership Consortium. She holds a Ph.D. in Human Development and Family Science. Caitlin is passionate about enhancing leaders' skills and evidence-based practices in our field. Contact Caitlin at cbailey@natleadership.org.



What We're Reading, Viewing, and Listening To

Title: [Nonprofit Program Evaluation Made Simple: Get your Data. Show your Impact. Improve your Programs](#)

Author: *Chari Smith (2020)*

This recent, clearly written book helps to take away some of the stress of program evaluation. It uses real world stories and practical examples from a variety of nonprofits to help leaders work through the steps of program evaluation and avoid or work through some common challenges and pit falls.

Title: [The Psychological Safety Playbook: Lead More Powerfully by Being More Human](#)

Author: *Karolin Helbig & Minette Normal (2023)*

This book supports leaders in ensuring that their staff and coworkers feel seen, heard, and respected for them to do their best and most creative work. It is a straightforward and engaging guide that will help leaders better support their teams.

Title: [Toxic Leadership; Tales of Transformation](#)

Author: *Dr. Kevin Sansberry III (2022)*

This podcast discuss how leaders can improve their practices in ways that promote their organization's success. It provides interviews with leaders from a variety of sectors and offers practical tips for transformation.

Upcoming Events

Leadership Institutes

A select group of future leaders convene with a renowned faculty of national experts on progressive supports for people with disabilities during our intensive in-person or virtual Leadership Institutes. Participants explore leadership in organizations that provide, advocate for, or fund community-based services and supports for people with intellectual/developmental disabilities and their families. Leadership Institutes emphasize:

- Managing and sustaining values-based transformational change;
- Determining organizational and professional direction;
- Experimentation and risk-taking;
- Assessing and honing leadership skills; and
- Building a life-long professional network to sustain career growth.

The focus of the Leadership Institute is on supporting participants to determine and set organizational direction to move their organization to a high-performance model and build a lifetime network of peers and leaders to sustain career growth. Check out our upcoming Institutes and training sessions below.

Upcoming Leadership Institutes

May 2023

The Midwest Leadership Institute will be held in **Kansas City, MO, May 7-12, 2023**. Although applications are now closed, we have a few spots left. If you are interested in attending, please [click here](#) for more information or to apply. For questions, please contact Kristen Loomis at kloomis@natleadership.org. This Institute is open to all Disability Sector Leaders in the Midwest.

July 2023

The Summer Leadership Institute will be held in the **Greater Philadelphia Area, PA, July 16-21, 2023**. Applications are open now. [Click here](#) for more information or to apply. This Institute is open to all Disability Sector Leaders.

August 2023

The Virtual Leadership Institute will be held via **Zoom starting August 2023**. Applications are open now and will close on June 30th. [Click here](#) for more information or to apply. for this four-week virtual Institute This Institute is open to all Disability Sector Leaders.

National Leadership Consortium Workshops

In addition to our Leadership Institutes, the National Leadership Consortium offers virtual workshop sessions throughout the year. Topics of these sessions include:

- Leadership Bootcamp
- Leading Great Teams
- Avoiding Burnout in Yourself and Others
- Trauma-Informed and Healing Center Approaches
- Promoting a Culture of Diversity, Equity, and Inclusion in Your Organization
- Succession Planning with Intention
- Leveraging Your Leadership Strengths

If you would like to learn more about these workshops, please add your name and email to our Workshop List [here](#).



Contact Us

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If you have any trouble accessing the referenced material, please email Amanda J. Rich at openroadicc@gmail.com.