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Performance Management: Program Evaluation and Quality Assurance in Vocational Rehabilitation



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36TH INSTITUTE ON REHABILITATION ISSUES

PERFORMANCE MANAGEMENT:
PROGRAM EVALUATION AND QUALITY ASSURANCE
IN VOCATIONAL REHABILITATION

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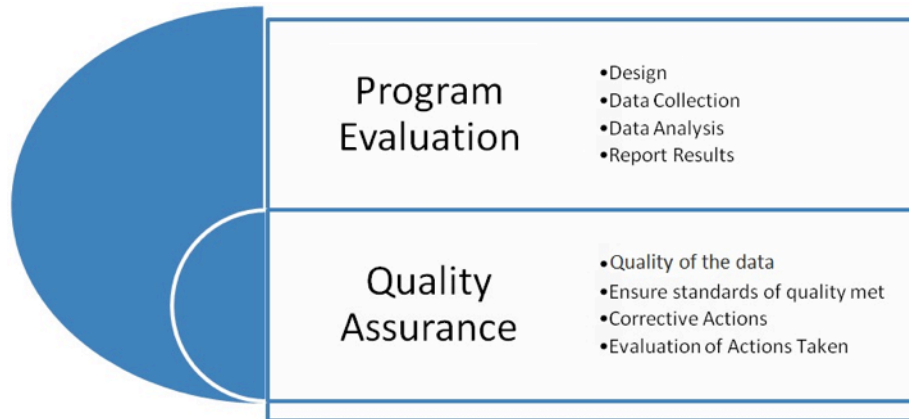
Introduction

“Everything that can be counted does not necessarily count; everything that counts cannot necessarily be counted.”--Albert Einstein

This monograph moves beyond the scope of program compliance toward performance management, with the intent to describe and better understand the complex systemic processes in program evaluation and quality assurance that are common to all Vocational Rehabilitation (VR) organizations regardless of size or disability focus. All functions and activities pertaining to quality assurance will be viewed through this larger lens with the hope of providing answers to some of the questions we all ask regarding the operations in our own organizations. Are we serving customers in the best way possible? [Note: Customer, client and consumer are used interchangeably within the document to indicate an individual with a disability receiving or applying for VR services.] Are we doing a good job in providing services to individuals with disabilities in our state? To what extent have we assisted our customers to achieve all of their goals for employment and independence? Are we meeting standards and are we going beyond? How can we encourage innovation and yet develop measures of accountability? These questions are best addressed by a systematic performance management approach to address the core functions of the Vocational Rehabilitation program.

There are many different terms used that are common to the field of program evaluation. In this document the term, **Performance Management (PM)** is used to describe a system that a VR agency uses to establish its mission, set goals, implement service programs and develop measures to ensure continuous quality improvement. **Program Evaluation (PE)** focuses specifically on acquiring the data associated with measures, analyzing the data, and reporting results so that appropriate decisions can be made about policy and practice directions. **Quality Assurance (QA)** and improvement occurs when an agency systematically takes corrective actions based on the ongoing flow of information that provides signals as

to how well it is performing. The following diagram may assist the reader in understanding the subtle differences in these terms, and these broad definitions will be further refined in the following chapters.



As performance management has grown to become a more accepted, even required process over the last few decades, there is an understanding that program evaluation and quality assurance processes should not be conducted within a limited evaluation framework. There is a need to find a balance which demonstrates the effectiveness of a rehabilitation program while also helping to understand how to improve and strengthen it. Often reactive evaluation activities are implemented which address or respond to immediate problems, such as meeting the federal compliance monitoring requirements. However, a well-planned proactive performance management plan could prevent problems from occurring in addition to providing feedback on a program's operation and effectiveness. This information enables an organization to make better strategic decisions and improvements in the quality, efficiency and effectiveness of the programs. It is within this context that we view quality assurance and program evaluation, understanding that they are pieces of a larger systemic process framed as performance management.

Why should you care about performance management?

Managing the overall performance of your agency is the mainstay of survival in this environment of government accountability, outcomes, and evaluation of cost benefit ratios. Developing sound PE processes gives timely information about your program which can be used over and above established standards and indicators. It can inform you as to

whether your vision of what your agency should be and do in terms of outcomes for consumers is being translated into action. The Primary Study Group adopted the following slogan; **“Vision without measurement is just dreaming. Measurement without vision is just wasted effort.”** Well implemented QA processes assure the effectiveness of your service delivery system and provide information that can be incorporated into strategic planning for state plans to drive decisions about priorities and the allocation of resources. Information from program evaluation efforts can also be used to advertise success, prove the economic value of the program and justify requests for increased funding. Programs can use these same evaluation tools to evaluate vendors and partners to assure clients are receiving consistent and valuable services.

In September of 2008, 47 individuals from 26 different states came together at a meeting they called a Summit on Vocational Rehabilitation Program Evaluation. This meeting was a grass roots effort to share information, inform staff and guide the development of program evaluation in public VR programs. Just two years later the Summit fall conference in 2010, supported through RSA funding, attracted over 155 participants from 77 state VR agencies and other entities. The need for assistance and information was clear; and as individuals involved with Summit Group activities have met and communicated with each other, they have begun to compile a body of knowledge about Performance Management within VR. The issues they have studied, including monitoring expectations, key components of consistency and issues unique to public VR, set the foundation of study and drove the request for this Institution on Rehabilitation Issues.

What will this document give you?

This document outlines principles and standards of sound Performance Management that can be used by an organization as it examines issues of program quality, effectiveness, and sustainability. The focus is on integrating planning, evaluation, and measurement of performance, with findings driving continuous program improvement. There are challenges at each step in this cycle to ensure the integration of the steps so they are mutually supportive. Another focal point is aligning program evaluation and quality assurance with the mission and values of the organization. In addition, the key roles of evaluators and how their evaluation skills can play in this continuous quality improvement cycle will be explored.

As Thomas Foster writes in *Managing Quality: Integrating the Supply Chain* (2007):

“This quality system is not just a series of variables and relationships. It

is an interconnected, interdisciplinary network of people, technology, procedures, markets, customers, facilities, legal requirements, reporting requirements, and assets that interact to achieve an end. The most important aspect of the system is the people. Technology is very good at performing rote tasks; however, technology in and of itself cannot innovate. Therefore, how we manage people may be the most important key in this system to unlock an organization's potential." (p. 295)

Guiding Principles for this Document

The foundation for program evaluation and quality assurance has been established in the Rehabilitation Act and subsequent amendments. This document describes ideas and considerations that move beyond compliance, focusing on positive and proactive performance management. The following set of principles represents the best thinking of the IRI Primary Study Group members and guides our exploration and description of program evaluation and quality assurance in Vocational Rehabilitation:

- Vision without measurement is just dreaming. Measurement without vision is wasted effort. Organization vision, mission and core values serve as the foundation for the program evaluation and quality assurance system.
- The Vocational Rehabilitation system represents a manifestation of a social policy that understands people with disabilities often need assistance and publicly endorsed supports to achieve employment outcomes and greater economic security that can be objectively assessed.
- A quality assurance system is a conduit for continuous improvement. Continuous improvement is a conduit for quality assurance. Innovation is desirable and should be informed by program evaluation and quality assurance.
- Communication should be seen as a continuous, systematic process by which interested parties within the organization learn what they need (or, in some cases, want) to know regarding program evaluation and quality assurance. In general, open and free communication should be encouraged within and across all levels and divisions of the agency.
- Quality assurance in Vocational Rehabilitation recognizes that people are the most important resource, and that employees and stakeholders have knowledge and experience to contribute. Everyone in the organization, from top to bottom, must be committed to quality, which includes individual responsibility of all staff in the performance of their duties. "To keep the 'quality'

in quality assurance, you need to enlist your staff's help, and to get their help, you have to convince them that quality assurance is important" (Judkins, 1982, p. 298).

- High quality professional development is essential to increase the program evaluation and quality assurance specialist's knowledge, skills, attitudes and beliefs so that he or she may provide competent evaluation services.
- Performance Management systems must follow core ethical values, including
 - **Integrity/Honesty:** Evaluators display honesty and integrity in their own behavior, and attempt to ensure the honesty and integrity of the entire evaluation process. This is a key principle for evaluators of the American Evaluation Association. This includes the responsibility of staff to maintain and improve their competencies in order to provide the highest level of performance in their evaluations.
 - **Respect** (Data represent human elements): This principle is especially important in rehabilitation and is also a key principle of the American Evaluation Association. "Evaluators respect the security, dignity and self-worth of respondents, program participants, clients, and other evaluation stakeholders." (American Evaluation Association)

The following sections of this document provide a practical resource for rehabilitation personnel interested in performance management. The topics of the discussions include definitions of program evaluation and quality assurance; a look at the reasons for doing performance management (why); process, tools, and evaluation methodology (what); implementation (how); professional development (who); available resources; and recommendations. A glossary of terms and appendices are included at the end of the document.

As VR agencies use this document to develop PM processes that are comprehensive, responsive and consistent, it is the hope of this Primary Study Group that the National Institute on Disability and Rehabilitation Research (NIDRR) takes the lead in research that develops evidence based practices for Performance Management to further guide public VR systems. Once these practices are identified they should be incorporated as part of all performance management systems, including both systems that manage individual agency performance and the system that manages and monitors the program at a national level. As you read this document, share it and discuss it not only with your program evaluation and QA personnel, but with all staff.

Chapter 1: Background

“Performance management looks at an organization as a living organism that is continually growing and learning about itself. All systems contribute to this growth, and the body monitors and manages these systems to optimize its ability to do what it is supposed to do.”-- Carri George

Core Components or Essential Functions

The primary purpose behind program evaluation and quality assurance activities in VR, pursuant to the State plan (which is required of all state VR agencies) or program improvement plan (which is developed by agencies performing poorly on standards and indicators), is to improve program performance so that desired outcomes are achieved, particularly the employment of people with disabilities. **Performance management (PM)**, then, can be defined as a system that a VR agency uses to establish its mission, set goals, implement service programs and develop measures to ensure continuous quality improvement. **Program evaluation (PE)** focuses specifically on acquiring the data associated with measures, analyzing the data, and reporting results so that appropriate decisions can be made about policy and practice directions. **Quality assurance (QA)** and **continuous improvement** occur when an agency systematically takes constructive actions based on the ongoing flow of information that provides signals as to how well it is performing.

The principles noted in the previous section serve as the conceptual foundation for integrating the program evaluation and quality assurance functions into the everyday operations of a VR agency. All agency staff must recognize and understand that what they do every day contributes to the ability of the agency to perform well and achieve significant quality outcomes for consumers. Program evaluation and quality assurance are not just the responsibility of a few isolated program evaluation staff. To accomplish this widespread recognition of the need for focus on program

evaluation and quality assurance, these core components must be in place and operational.

1. *Clearly communicated vision, mission and values (across all stakeholders):* A quality focused VR agency has a strategic plan in place that identifies and is clearly directed at meeting the needs of all stakeholders, most prominently, people with disabilities who seek services to advance their employment opportunities. However, to assist consumers successfully, other stakeholder groups have needs that must be addressed as well. These include employers, families, members of state and federal legislatures and agencies, as well as the general public. All staff should be conversant with the strategic focus of the agency, and also know how what they do every day actually contributes to the success of the agency. Too often the strategic plan for an agency, regardless of how well stated, sits on a shelf and is not reflected in what staff do. It should be so apparent that consumers, when asked, should be able to describe the mission of the VR agency serving them. Certainly staff should be able to communicate the strategic mission of the agency. Involving them in the process to establish the mission statement and then in implementing it in everyday practice is an essential component of ensuring an agency is focused on quality. Supervisors must ensure that all staff are involved and can clearly describe how they contribute to the agency's success.
2. *Organizational goals, objectives and timelines:* Once the strategic plan is in place it is important to define clearly the specific performance goals of an agency. These typically relate to the outcomes that consumers are expected to achieve. Different stakeholder groups are likely to have different expectations regarding employment outcomes that are established by the legislation passed by Congress. Therefore, performance goals need to be detailed with clearly stated objectives that have measurable outcomes and timelines that set dates for when measures of progress regarding outcome achievement are taken. Also, it should be clearly communicated as to who has the responsibility for accomplishing objectives and obtaining the required measures.
3. *Measures:* Measures are constructed from data, or quantifiable information, captured from a variety of sources and must reflect performance on at least one of the outcomes and objectives of the agency. Measures can also capture performance on intermediate objectives that are necessary for the eventual achievement of the

outcome. Measures can reflect actual counts of events, such as successful closures, or qualitative data, such as service satisfaction expressed by agency consumers. The former measures are obtained from administrative records while the latter are typically collected systematically and directly from selected consumers using special instruments. Measures can be based on data from many other sources, including staff, vendors, employers and other stakeholder groups. The key is to link measures to the outcomes and objectives that are identified in the strategic plan. Once measures are in place, standards can be established, which then guide performance and evaluation of the success of that performance.

4. *Program evaluation data systems:* The performance measures need to be captured in a data management system that is designed to house the data and permit efficient preparation of it so that analyses are based on valid and reliable data. Such systems can contain administrative records that are routinely collected from which data abstracts containing specific performance measures are drawn. Many other data sets can be included in the data system, such as the qualitative data resulting from satisfaction surveys. The data system must permit data validation procedures that will result in achieving as high a degree of validity as possible, including edit programs that identify data outliers and incorrect entries. Recognizing and deciding how to manage data anomalies, observations that are not typical, are important data management tasks. These procedures assure that the data are correct and that the knowledge gained from analyzing the data is trustworthy. Many systems fail to give data validation adequate attention. The data system should also permit the integration of datasets so that more extensive analyses can be done, such as linking consumer satisfaction data with case management administrative records. This requires that datasets have a common identifier(s) used for matching cases from different datasets. Data systems must be highly secure and ensure the confidentiality of all information. In accordance with the provisions described at 34 CFR 361.38, only authorized personnel may have access to the data system. Any data released from the dataset must be stripped of personally identifiable information such as names, addresses, birthdates, etc.
5. *Analysis of data:* After data are validated to the extent possible, specific questions should be developed to guide analysis. Questions can be part of ongoing monitoring or can be ad hoc. If questions are asked

that cannot be answered because appropriate data do not exist, new data collection activities will be needed. However, a data system designed using the guidelines and examples described throughout this document will likely be able to provide answers to a variety of questions. A monitoring question can be: What is the placement rate in the previous quarter? An ad hoc question can be: Why did one district office have so many more placements last quarter? Analysis can take many forms with varying degrees of sophistication. A typical analysis would include the periodic calculation of a statistic, for example a frequency count or an average, that can be graphed or charted to reveal progress toward reaching a goal or objective, or a trend line can be developed showing progress over time. Questions that focus on differences such as across disability groups, regions, district offices, or service patterns can be answered using statistics derived from more sophisticated analytic processes, such as analysis of variance or regression methods, that may require specialized expertise and analytic tools. In any case, the question should dictate the analysis. Using sophisticated analyses to answer simple questions is not good practice. Simple questions and simple analyses often provide good insight into the quality of performance. Also, sophisticated analyses do not make up for poor data.

6. *Dissemination:* Thorough and timely dissemination of program evaluation results to key stakeholder groups will increase the impact on quality performance. If placements in a district office are lagging behind intermediate objectives, that office needs to know as soon as possible so that an investigation can begin and remedial action taken as necessary. If consumers indicate a high degree of dissatisfaction with the amount of time elapsing before their plans are developed, steps need to be taken to reduce the dissatisfaction by putting a new plan into action. Similarly, if a counselor achieves high placement rates on a regular basis and his/her consumers show high degrees of satisfaction, determining what different approaches this counselor may be using and sharing these with other counselors could be important in reaching and exceeding goals. Tracking of standards and reporting of results should be done on a regular schedule and as soon after a performance reporting period as possible. This is important so that any actions can have an impact on the current reporting period in the desired direction. These reports should be fairly similar across time so that variances can be quickly seen and interpreted. Actions can be implemented accordingly. The key feature of this dissemination

is that evaluation reports need to be sent to the people who can take action on them. Other stakeholders may require different reports and reporting periods. For example, legislators may need an annual report showing performance on goals and cost/benefit or economic impact studies that document the value of Vocational Rehabilitation services. This information is critical in gaining their support for maintaining adequate levels of funding for VR programs. These reports will contain much more information and detail than regular performance reports disseminated to staff. It is important to tailor dissemination of results to the needs of stakeholders. However, each stakeholder group should derive meaning and understand the reports in a consistent way. Regardless of what is disseminated, the message should lead to the same interpretation among all stakeholders.

7. *Cycle of continuous improvement/development:* As implied in the previous paragraphs, program evaluation that leads to continuous improvement requires a routine that is continuous. It is a developmental process, constantly evolving in terms of both focus and process. Starting with the strategic plan, a PE and QA process is initiated that results in regularly reported benchmarks. These benchmarks are used to answer the questions that initiated data collection in the first place. The answers to these questions provide direction for modifying the strategic plan and its goals and objectives. These changes will result in a new series of questions, some new, some unchanged, and some modified. The data system will be populated with new data yielding new analyses and reports. Thus, setting the stage for new decisions and actions that will continually improve agency performance.

History of Quality

The context for any discussion of quality must include lessons from the past. The modern quality movement arose as a response to the overall drop in quality of manufactured goods brought about by the industrial revolution. As the master craftsman/apprentice model gave way to factories and assembly lines, quality of goods was sacrificed in favor of a great increase in *quantity* of goods produced, which resulted in a significant reduction in price. (American Society for Quality, *The History of Quality*, n.d.)

Although these processes allowed Ford to produce one car every 93 minutes rather than every 13 hours, it also promoted the concept of 'good enough,' where "employees were required to check their brains at the door" (Clark, 1999, p.31).

To combat this loss in quality, inspection teams were employed to ensure defective goods did not reach the consumer. Quality of raw materials from vendors was sampled. Finished products were also examined. "It was common for the upper managers to ask the chief inspector, 'Why did you let this get out?' It was less common to ask the production manager, 'Why did you make it this way?'" (Juran, 1995, p. 556). Unlike the craftsman model, where the worker was directly impacted by the quality of his goods, planning was left to the engineers and quality was left to the independent inspectors (Juran, 1995); (Clark, 1999).

America began to move away from the 'good enough' era of production in the 1920s with the work of Walter Shewhart, who introduced Statistical Quality Control (SQC) and a scientific method-based cycle of continuous quality improvement known as Plan-Do-Check-Act or PDCA (ASQ, *Who We Are*, Shewhart, n.d.) It is a continuously repeating cycle "based on the principle that learning requires action" (Clark, 1999, p.7). Although SQC methods and PDCA enjoy widespread use today, Shewhart's ideas did not have a significant effect on American industry as a whole until World War II (Juran, 1995).

W. Edwards Deming, a statistician working for the Bureau of the Census, utilized Shewhart's techniques in their 1940 survey. In 1942 he was hired as a consultant by the Secretary of War where he helped apply Shewhart's ideas to wartime industry, training over 31,000 personnel on SQC. These techniques were subsequently classified as "top secret" by the US War Department and are credited with helping win World War II (ASQ, *Who We Are*, Deming, n.d.) (Clark, 1999).

After World War II, with European and Japanese factories decimated, demand for goods produced in the United States skyrocketed. Due to this high demand and the peacetime transition from strict military quality requirements, Shewhart's techniques were quickly abandoned in favor of market share (Juran, 1995). During the same period the US was leading the reconstruction effort and attempting to restore Japan's economy. The War Department declassified their quality standards and General Douglas MacArthur brought quality experts, including Deming, to Japan in order to speed its recovery (Mouradian, 2002).

US industry reemphasized the importance of a focus on quality and the work of Shewhart and Deming when Japan gained market share in key industrial sectors in the 1970s and 1980s. In addition to use of statistics, American corporations adopted approaches that applied quality principles to the organization as a whole. "New quality systems have evolved from the foundations of Deming, Juran and the early Japanese practitioners of quality, and quality has moved beyond manufacturing into service, healthcare, education and government sectors" (ASQ, *History of Quality*, n.d.).

Modern Concepts in Quality

The evolution of the modern quality movement saw concepts and tools first implemented in manufacturing modified for use in the public sector. Two of these concepts, which have been used by state VR agencies, are discussed in this section: the Baldrige National Quality Program/Baldrige Criteria for Performance Excellence and the Balanced Scorecard.

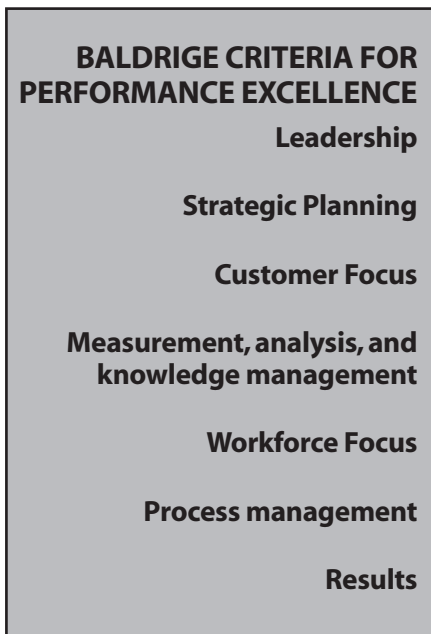
Baldrige National Quality Program/Baldrige Criteria for Performance Excellence

Established by the federal government in 1987, in part as a response to Japan's successful quality movement, the Baldrige Quality Award Program was created "to enhance the competitiveness, quality, and productivity of U.S. organizations" (NIST, 2010). The Malcolm Baldrige National Quality Award is granted to organizations annually based upon the seven categories of the Baldrige Criteria for Performance Excellence: leadership; strategic planning; customer focus; measurement, analysis and knowledge management; workforce focus; process management and results.

There are versions of the Criteria tailored for three arenas: business/nonprofit, education and health care (NIST, 2010). Criteria for Performance Excellence for Nonprofit/Government entities can be found at http://www.nist.gov/baldrige/publications/upload/2009_2010_Business_Nonprofit_Criteria.pdf

In return for recognition as a role-model agency, award winners share best practices and strategies with the field. Contact information and an award profile summary are published with each award press release (NIST, 2010).

In addition to national award winners, the Baldrige Program promotes the expansion of quality organizations at state, local and regional levels, including information and training on the award process and quality concepts (NIST, 2010).



Balanced Scorecard

Emerging as part of a one-year study in 1990, the Balanced Scorecard concept arose as a response to the idea that financial indicators alone were not a sufficient measure of organizational excellence and should be balanced with predictors of future performance (Kaplan & Norton, 1996)(Niven, 2003). "The Balanced Scorecard translates vision and strategy into objectives and measures across a balanced set of perspectives. The scorecard includes measures of desired outcomes as well as processes that will drive the desired outcomes for the future" (Kaplan & Norton, 1996, p.29).

Niven (2003) describes the Balanced Scorecard as a "measurement system, Strategic Management System, and communication tool" (p. 15). Providing an overview of agency performance, the Balanced Scorecard allows for the monitoring of both short and long-term goals, and communicates current performance and target outcomes to those involved in the processes all while implementing a range of measurements tailored toward achieving the agency's mission. (Kaplan & Norton, 1996). Initially created to serve the business world, the Scorecard has been adapted and successfully implemented in a number of nonprofit and public agencies (Niven, 2003).

The standard Balanced Scorecard contains four perspectives: While the financial domain is always retained, it is "balanced" with at least three other core perspectives which typically include "Customer," "Internal Business" and "Innovation and Learning" (Tague, 2005). Kaplan and Norton (1996) acknowledge that these four dimensions serve as a "template, not a strait jacket" (p.34). The names and number of perspectives included in a scorecard remain up to the agency and are a function of organizational relevance: "The balanced scorecard is most successful when the measures reflect factors that are truly critical to the success of the organization" (Tague, 2005, p.114).

Customer Perspective

Niven (2003) argues that a major distinction between the public sector and corporate versions of the scorecard lies within their different missions and the answer to the question "Who is the customer?" (p.34). Corporations, ultimately responsible to their shareholders, place a higher emphasis on the importance of the financial perspective. Rather than shareholders, there are a number of different stakeholders in the State-Federal Vocational Rehabilitation System (see page 34 of this document) and therefore the importance of the customer perspective is elevated in the public and non-profit sectors (Niven, 2003).

Financial Perspective

Tracking financial information remains important regardless of organization type, and VR is not exempt from this. Public agencies have a finite operating budget and programs need to show a significant return on investment to justify continuation of funding. “Financial measures are valuable in summarizing the readily measurable economic consequences of actions already taken” (Kaplan & Norton, 1996, p.25).

Assigning appropriate financial measures to the type of work public agencies perform can be problematic, but justifying returns can result in greater investments from funding sources (Niven, 2003).

Internal Business Process Perspective

“In what business process must we excel to satisfy our customers and shareholders?” (Tague, 2005, p. 114) The Internal Process Perspective involves looking through all internal processes to identify and focus on those which promote better consumer outcomes, both in the long and short term. These processes will generally emerge from information collected in the customer perspective and many public agencies see the largest number of objectives fall within the internal process domain (Niven, 2003).

Focusing on current processes alone is not sufficient. Organizations also need to develop processes which anticipate future needs (Kaplan & Norton, 1996).

Learning and Growth Perspective

The learning and growth perspective as originally coined by Kaplan and Norton is also known as the innovation and learning perspective (Tague, 2005). The Learning and Growth perspective seeks to address gaps identified by the other perspectives by looking at areas such as recruitment and retention, continuing education, organizational culture/alignment, and the level of access to relevant information for people making decisions (Kaplan & Norton, 1996)(Niven, 2003).

The Balanced Scorecard continues to evolve as it is adapted into novel organizations and situations. For more information on the concept, please consult the reference section.

History of Program Evaluation in Vocational Rehabilitation

The recent reemphasis on the importance of program evaluation in Vocational Rehabilitation is not a response to declining quality: in fact, there have been advances and improvements in PE/QA since the inception of VR. There are numerous instances where quality assurance and the continuous improvement of Vocational Rehabilitation Programs were impacted by Federal and/or state level efforts. This section lists a few examples.

An early component of program evaluation in Vocational Rehabilitation was established in the Rehabilitation Act of 1954 with the subsequent development of a data collection system (SRS-RSA-300 reporting form). Recognition of the importance of program evaluation was also embodied in the Rehabilitation Act of 1973, resulting in a number of PE/QA advances including the development of the Case Service System Form RSA-911 (Walls, Misra, and Majumder, 2002; Public Law 93-112). The 1973 version of the Act required a more ‘meaningful’ level of data collection and ended the era of “large number of closures as the sole documentation of [state agency] effectiveness” (Rubin, 1977, p. 30).

The Rehabilitation Act of 1973, as amended, expanded on the data collection and reporting requirements for State Vocational Rehabilitation Programs. Section 107, for example, assigned the Rehabilitation Services Administration the responsibility to conduct annual reviews and periodic on-site monitoring as the oversight agency.

The Government Performance and Results Act of 1993 (GPRA) imposed a number of new requirements on federal agencies in an attempt to improve the quality of federal program management through mandating the development of “multiyear strategic plans, annual performance plans, and annual performance reports” (<http://www.gao.gov/new.items/gpra/gpra.htm>). GPRA and similar legislation which mandate evaluation of governmental programs has led RSA to apply higher levels of accountability to State VR agencies.

Various independent actions have been taken at the state level as well, although historically these have been primarily focused on case file review activities, rather than specifically directed at program performance improvement. The San Diego Case Review Schedule (1980) and The Georgia Management Control Project (1978-1983) are but two examples of many such independent state level PE improvement efforts in the past.

Self-Study Questions for Chapter 1

1. Performance management is:
 - a. a key role played by supervisors
 - b. a system that results in continuous quality improvement
 - c. a set of data points serving as benchmarks
 - d. specified in the strategic plan
2. Program evaluation is a key function of _____ staff:
 - a. supervisory
 - b. program evaluation
 - c. administrative
 - d. all
3. Which are not stakeholders of VR agencies?
 - a. Employers
 - b. Family members of consumers
 - c. General public
 - d. All of these are stakeholders
4. Measures are:
 - a. reflections of performance
 - b. instruments
 - c. data
 - d. benchmarks
5. Variance:
 - a. must be avoided
 - b. suggests where corrective action is needed
 - c. is vital to identifying areas of change
 - d. is controlled by statistical analysis
6. (T/F) Quality control methods were considered “top secret” during World War II.
7. (T/F) Program evaluation is a response to declining quality in state vocational rehabilitation programs overall.
8. Plan-Do-Check-Act was originally developed by:
 - a. W. Edwards Deming
 - b. J.M. Juran
 - c. Walter Shewhart
 - d. Ishikawa
9. The Baldrige National Quality Program grants their National Quality Award based on an organization's:
 - a. Customer Focus
 - b. Results
 - c. Leadership
 - d. All of the above
10. The Balanced Scorecard concept is flexible, however the one dimension that is always retained is:
 - a. Customer Perspective
 - b. Financial Perspective
 - c. Learning Perspective
 - d. Internal Process Perspective

Chapter 2: Why we do Performance Management/PE:QA

“If you don’t know where you are going, you’ll end up somewhere else.”
-- Yogi Berra

Historically, in areas where states were the direct providers of service, performance monitoring systems contained data, analysis, and action components. These components provided the opportunity for monitoring at the aggregate level to track performance indicators and to assess the ongoing overall effectiveness of a system (Poister, 1982). Program evaluation and quality assurance activities have evolved over time, yet the influence on database development remains governed by the selection of indicators and intended uses of evaluation. Specifically, the type, frequency, and expanse of data that will be routinely collected helps an agency in its planning efforts, program implementation strategies, staff training and development, capacity building and forecasting both needs and improvement plans (Patton, 2008; Poister, 1982; WHO, 1998).

While it is possible to design an effective program evaluation effort even after the program has begun, it is much preferred that evaluation be built into the program when it is initially designed (Schmid, Librett, Neiman, Pratt, & Salmon, 2006). From initiation, one needs to ask, “What do I intend to use from this evaluation?” in order to fully appreciate program outcomes and improvements. According to a survey conducted by Preskill and Caracelli (1997), both internal and external evaluators agreed that the purposes of evaluation were to: (1) provide information for decision-making; (2) improve programs; (3) facilitate organizational learning; (4) investigate the merit or worth of the evaluand; (5) generate new knowledge about evaluation; and to a lesser extent, (6) promote social justice. In State Vocational Rehabilitation (VR), these uses articulate the foci of program evaluation efforts across the nation. Therefore, the purpose of this section is twofold: (1) to define the intended uses of evaluation, and (2) to discuss

how different people within VR programs (i.e., internal stakeholders) use evaluation information.

We begin, first, with a discussion on the importance of viewing evaluation data as innovative more so than corrective. The focus of the evaluation should be to serve consumers and facilitate change and improvement in performance management. While change can be distressing, leadership can lessen the threat implied by framing evaluation as an exciting opportunity to be met with enthusiasm rather than fear. Using evaluation constructively can enhance the environment of the VR agency in several ways:

- Modifying the program to improve service delivery
- Providing quantitative and qualitative information to legislators
- Recognizing stakeholders
- Identifying professional development opportunities
- Monitoring and improving programs
- Informing a wide variety of stakeholders: consumers, advocates, providers, and the general public

Leadership can use program evaluation to determine which professional development opportunities are needed, as well as to increase morale and gain investment in the performance management system. Leaders can locate counselors who are doing an excellent job in particular areas, such as racial/ethnic diversity, autism, transition students ages 14-24, or elderly. The identified counselors could be invited to share their insight and strategies with others, providing the reward of recognition and ownership of the successes.

Agency directors use PE/QA to demonstrate to state legislators how well their state is doing. Charts and graphs highlighting successful closures and return on investment can provide legislators with compelling information on which to base decisions for state appropriations.

PE/QA staff, depending on their expertise, can be tapped for many functions, from ensuring the accuracy and consistency of data collection, to entering data into the management information system, all the way

to presenting information to state and federal legislators. Recognizing stakeholders' contributions to the VR process is an effective way to capitalize on the positive information gleaned from program evaluation activities. Newsletters handed out or located on the Internet and intranet are economical ways to recognize an individual or group exceeding the expectations of the VR agency and to share successes with the community.

PE/QA should improve the quality of service delivery to achieve successful employment for VR consumers. Programs within VR should change through time to meet the needs of all stakeholders from clients to employers. Once an opportunity presents itself for improvement, a more comprehensive evaluation can be completed to assist in determining which way the program can be improved. Vendors can be provided information regarding their services as well. Recognition of vendors who provide services resulting in successful closures will benefit both the vendor and the agency. Vendors can share information with each other about what is working and where improvements can be made.

Although required in some situations, the use of program evaluation for corrective or punitive use can have a negative effect on the agency. Focusing on negative feedback and failing to provide professional development can lead to lack of ownership and fewer successful closures. Stakeholders should feel free to bring up ideas to help improve the system. At the same time, leaders should listen to these ideas and not automatically discount them if they are in conflict with the status quo. The environment should lend itself to open discourse. Leaders must acknowledge that stakeholders also desire the best VR program. The best decisions result from a consideration of all points of view.

Monitoring of agencies/individuals should be solution focused. Monitors should have expertise in the area, competence in situational analysis, and offer a possible solution to the problem(s).

Intended Uses and Benefits

Researchers and evaluators (King, Stevahn, Ghere, & Minnema, 2001; Patton, 2008) speak to the importance of understanding and attending to the contextual issues of an evaluation; this is known as having competency in situational analysis. An example of competence in situational analysis is the ability to understand and move forward in difficult economic times. Specifically, when one needs to evaluate and provide evidence of how VR agencies distribute funds, it would be important to consider current economic factors and perceptions that drive budget issues.

Understanding the various uses of evaluation is also an important

consideration when making decisions about responding to a particular situation involving stakeholders. Program evaluators need to match intended use with the purpose of the evaluation. Whether using evaluation for planning, training, forecasting, monitoring, or in response to policy initiatives, an evaluator or team of evaluators needs to provide information about decision-making, program improvement, and new learning.

Use for planning

When planning (e.g., assisting in the development of State Plans), evaluators need to understand program objectives and create effective methodological designs for generating responsive data. According to Milstein and Wetterhall (2000), the following practices should be considered when focusing an evaluation for planning purposes:

- acknowledging the stakeholders,
- asking appropriate questions,
- gathering credible evidence,
- justifying conclusions,
- providing feedback,
- disseminating results,
- and sharing lessons learned.

All stakeholders need to be involved in the development of the evaluation processes and in agreement that the outcomes from the evaluation will inform future planning efforts.

Use for staff training and performance

Outcomes from evaluation efforts can inform strategies for enhancing staff performance and identifying training needs. For example, an evaluation team might discover issues with data integrity traced to VR program staff incorrectly entering data in the internal case management system. Staff training and human resource development strategies can be developed to address this need. In addition, issues for training and improving work performance may surface during formative evaluations, which focus on improving or enhancing programs rather than on judging the program's effectiveness (Patton, 2008).

Use for forecasting

Forecasting is defined as learning from history, preparing for the future,

and striving for effective change (Bushman, 2007). When completing forecasting in VR programs, evaluators need to ask questions like, “How much demand will there be for vocational rehabilitation services?” and “What are the costs associated with offering these services?” Evaluators need to pull from archival records and explore trend analyses to answer forecasting questions. Overall program effectiveness helps to inform the process of forecasting, thus evaluators take into account all case management activities and projection of uncertainties that may affect future contexts.

Use for monitoring

One purpose of evaluation is to monitor progress toward determined outcomes and adherence to performance indicators. Through systematic inquiry, interpretation, and sharing results the evaluation team exemplifies its commitment to improvement processes. It is important for VR program evaluators to identify themselves as partners in a monitoring process, as experts in knowing the professional norms and values of the specific agency, and as project managers who can conduct the needed activities in a timely manner (Patton, 2008).

Use for response to policy initiatives

Often in a VR program, new policies are created that change how practice occurs in a particular program. Rather than rendering judgment of overall program effectiveness, Patton (2008) encourages developmental evaluation whereby an evaluator responds to changed conditions and understandings by asking questions, applying logic, and gathering real-time data to guide the new initiative or organization development. Instead of viewing the evaluation as traditionally summative, when using evaluation for response to changes in procedures or guidelines, the evaluator can view improvement efforts as innovative and adaptive. When responding to changed conditions, the primary functions of the evaluator are to facilitate reflection, assist in decision-making and to impart data and questions that spark innovation and development.

Regardless of whether an organization uses evaluation to inform planning, training, forecasting, monitoring, or innovation, another important consideration is to understand how different people within the organization use the information. The following section discusses the various roles found in VR programs and how persons in each role can use evaluation data and findings.

Internal Stakeholders

(Note: External stakeholders are discussed in Chapter 3)

Stakeholders who do not use findings to make decisions or who reject findings that do not fit with their own beliefs or agendas present challenges to the intended uses of evaluation (Preskill & Caracelli, 1997). Therefore, it is important to identify the stakeholders involved in VR program evaluation and to understand their perspective on the information gleaned from the evaluation. As perspectives are understood and shared, all parties can appreciate the need for innovative rather than corrective uses of evaluation.

The program evaluator or team helps the administrator, mid-management, counselors, fiscal departments, and other staff to determine in which direction the agency needs to move to be successful. The program evaluator helps get each stakeholder involved in the process. Program evaluators use information for the following purposes:

- To advise rehabilitation program staff and agency management regarding follow-up on areas of service delivery to enhance client outcomes, based on analysis of data and evaluation of service outcomes.
- To advise the administrator and division management on assessment of organizational performance.
- To provide cost-benefit analyses, predictive modeling, financial allocations, needs/demands for services.
- To oversee agency performance measures and report results as required under the Rehabilitation Act of 1973, as amended, and GPRA.
- To report to the administrator on areas of concern in service delivery and recommend corrective actions.
- To determine methods to use to obtain and analyze data regarding vocational rehabilitation services and outcomes.

Administrators are responsible for the performance of the agency operations. Reports used by administrators help determine which direction to take the agency as a whole or in part to achieve the desired results. Administrators are able to use information in a couple of ways. One way is to use the information internally by addressing questions such as the following:

- How well is the agency doing?
- What are the program costs?
- What programs should be improved or cut?

Another way an administrator can use the information is externally. Examples include:

- Presenting information to legislators about return on investments, successful closures and positioning the program favorably in state government.
- Sharing of results with other administrators to assist in the overall consistency of all VR agencies.
- Presenting information to internal or external advisory groups or disability advocates.

Policy analysts are involved in reviewing and changing the policy to meet all federal and state regulations. Policy analysts can use the information to determine if the policy is assisting the VR clientele in meeting its goals and to answer such questions as these:

- Is a population underserved?
- Can anything be changed in the policy to better address the needs of underserved populations?
- How effective is the policy?
- Does the policy consider fiscal ramifications?
- Will the policy change maintain access to service for all clients?

Consider, for example, an agency where academic/vocational tuition is the highest service expense in the state. A policy analyst considers lowering the funding rates from 50% to 40% for the next few fiscal years due to state budget cuts. This 10% reduction in funding would help decrease the expense in academic/vocational tuition by approximately 3 million dollars and is needed in order to keep serving as many clients as possible within a particular budget. This specific policy change example is made in consideration of fiscal ramifications. However, in revising its policies, an agency must remain in compliance with the provisions of 34 CFR 361.50(a) which states: "The policies must ensure that provision of services is based on the rehabilitation needs of each individual as identified in that individual's IPE and consistent with the individual's informed choice. The written policies may not establish any arbitrary limits on the nature and scope of vocational rehabilitation services to be provided to the individual to achieve an employment outcome."

Counselors may use evaluation results to improve customer service and enhance the client's informed choice of services and employment opportunities. Performance data of particular interest to counselors are:

- standards and indicators
- changes on the local level needed to improve the process

- progress of the clients through the process
- source of referrals
- average closure hours worked per week
- number of plans written each month
- average number of days from eligibility to IPE
- services provided to each client
- expenditures per client
- case file reviews
- vendor management
- job placement/training
- tracking business partnerships with employers

As accountability in programs and services offered to citizens with disabilities continues to command the attention of the work of program evaluators and quality assurance specialists, shared understandings, increased engagement and ownership, and support for the program's intervention are critical among all stakeholders of the VR program (Patton, 1997). It is desirable that program evaluation become integrated into the structure of the VR organization and that its leadership support and engage in all intended uses of evaluation for the maintenance of agency continuous improvement and growth.

Self-Study Questions for Chapter 2

1. In order for leadership to support and engage staff in all intended uses of evaluation, it is desirable that program evaluation become _____ into the structure of the VR organization?
 - a. integrated
 - b. corrected
 - c. separated
 - d. ascended
2. When stakeholders within the VR process involve themselves in planning, training, forecasting, monitoring, or in response to policy initiatives, they are said to be capitalizing on the _____ of evaluation?
 - a. competencies
 - b. unintended consequences
 - c. intended uses
 - d. analyses
3. (T/F) Recognizing stakeholders' contributions to the VR process is an effective way to capitalize on the positive information gleaned from program evaluation activities.
4. The importance of understanding and attending to the contextual issues of an evaluation is known as having competency in _____.
 - a. developmental evaluation
 - b. situational analysis
 - c. innovative mechanics
 - d. methods of data collection
5. Which of the following is a purpose of evaluation?
 - a. provide information for decision-making
 - b. improve programs
 - c. promote social justice
 - d. all of the above
6. (T/F) The only focus of the evaluation should be to serve consumers.
7. Focusing on negative feedback and failing to provide professional development can lead to lack of _____ and fewer successful closures.
 - a. ownership
 - b. social justice
 - c. stakeholders
 - d. open discourse

Chapter 3: Evaluation Methodology

“True genius resides in the capacity for evaluation of uncertain, hazardous, and conflicting information.” --Winston Churchill

There are a variety of approaches used in Vocational Rehabilitation (VR) to measure the outcomes achieved by persons served, effects on persons served, effects on individual agencies, effects on a network of agencies, and effects on the public. In this section, some of these approaches will be discussed, including comprehensive needs assessments, targeted needs assessments, consumer satisfaction surveys, case file reviews, case management systems, vendor evaluations, economic impact studies and employer satisfaction. In VR, the stakeholders serve an important function in program evaluation processes, serving in a variety of roles including advisors, partners, participants, and consumers. Because of this important role, the review of measurement approaches will begin with stakeholder involvement.

Stakeholder Involvement

“In order to survive, companies need to engage frequently with a variety of stakeholders upon whom dependence is vital” (Morsing, & Schultz, 2006, p.324).

A stakeholder can be an individual or group that is impacted by the actions of an agency, regardless of the strength of that effect. Where corporations place a higher emphasis on answering to their *shareholders*, it is the responsibility of public agencies to balance the varied needs of their internal and external *stakeholders* (Baldrige Nonprofit Criteria, 2009). Through actively engaging relevant stakeholders, you are more likely to ask and address meaningful questions through program evaluation and can promote better working relationships with involved parties. (CDC, 2006).

Internal Stakeholders

“An organization’s success depends increasingly on an engaged workforce that benefits from meaningful work, clear organizational direction and performance accountability and that has a safe, trusting and cooperative environment” (Baldrige, 2009, p. 51).

Arguably, no one has more at stake in program evaluation and quality assurance than internal stakeholders. Involving internal stakeholders in quality processes helps transition an organization’s culture from reactive to one that is committed to a proactive two-way dialogue on quality which “greatly increases the probability of an organizations survival” (Bauer, Duffy & Wescott, 2006, p. 18).

Leadership/Management

“Your organization’s senior leaders should set directions and create a customer focus, clear and visible values, and high expectations. The directions, values and expectations should balance the needs of all your stakeholders” (Baldrige, 2009, p. 49).

Both Deming and Juran argued that leadership involvement is an essential prerequisite to quality improvement (Bauer et al., 2006). Leadership must champion stakeholder involvement efforts, regardless of who is involved, in order for them to be successful. Empowering staff members, for example, to become fully involved in quality processes requires more than lip service. It requires they be “given the training, tools, materials, equipment, processes and procedures to accomplish their individual tasks” (Bauer, Duffy & Wescott, 2006, p. 8).

Program Staff

Program staff represent the face of your agency and are responsible for the frontline implementation of your processes. To gain accurate information about organizational processes, program staff at all levels must be involved in program evaluation and quality assurance activities.

Program staff do not necessarily need to be formally trained in order to be involved in quality improvement: Ishikawa implemented quality circle groups as a way to involve all employees in quality processes without the need to formally train all employees in quality concepts (Bauer et al., 2006).

External Stakeholders

There are a myriad of external stakeholder types, including but not limited to consumers, partner agencies, collaborators, vendors, employers, funding agencies/regulatory bodies, taxpayers/community members, and advocacy groups (Baldrige, 2009);(CDC, 2006). The VR Needs Assessment Guide lists a number of “potential community partners.” For specific examples of external stakeholders please see Exhibit 1.1 (40-42) of the guide. The guide is available online at: <http://www2.ed.gov/programs/rsabvrs/resources/vr-needs-assessment-guide.doc>

Identifying which stakeholders are relevant to a given question is essential. There are a number of factors to consider prior to engaging stakeholders such as determining which stakeholders to include, level and timeframe of involvement, stakeholder role, and the structure of the communication (Holden & Zimmerman, 2009).

A note on Funding Agencies/Regulatory Bodies

“Stakeholders play a somewhat different role when they are essentially the funding agency because they may view themselves as having a conflict of interest. They also may feel entitled to define the parameters of the evaluation because they are funding both the program being evaluated and the evaluation. In these cases it is especially crucial for the evaluator to define roles and make it clear that the evaluation must be independent and objective.” (Holden & Zimmerman, 2009, p. 149).

One of the most important stakeholder groups within the VR system is the State Rehabilitation Council (SRC). Each SRC serves as both an internal and external stakeholder group, advising the agency on their policies, procedures, and strategies for the delivery of services. Serving as an internal stakeholder, the SRC assists

What to Ask Stakeholders

Throughout the evaluation planning process, you will be asking some or all stakeholders the following questions:

- Who do you represent and why are you interested in this program?
- What is important about this program to you?
- What would you like this program to accomplish?
- How much progress would you expect this program to have made at this time?
- What do you see as the critical evaluation questions at this time?
- How will you use the results of this evaluation?
- What resources (i.e., time, funds, evaluation expertise, access to respondents, and access to policymakers) might you contribute to this evaluation effort?

(CDC, 2006, p.15-16)

state agencies in identifying strengths and gaps in the provision of services through the Comprehensive Statewide Needs Assessment.

Comprehensive Statewide Needs Assessment

The Comprehensive Statewide Needs Assessment is a requirement mandated in section 101(a)(15) of the Rehabilitation Act of 1973, as amended, that describes the rehabilitation needs of individuals with disabilities across the United States, particularly the vocational rehabilitation services needs. The needs assessment responds to federal regulations requiring each state to jointly conduct the assessment with its State Rehabilitation Council (SRC) every three years. Each state focuses particularly on the VR services needs of (1) individuals with the most significant disabilities; (2) individuals with disabilities who have not been served or are underserved by the VR program; and (3) individuals with disabilities served through other components of the statewide workforce investment system. Findings from the comprehensive needs assessment guide the state VR strategic plan and goal development.

According to Gupta (1999), a well-planned needs assessment is an essential element to initiating a successful organizational performance project. The needs assessment process involves obtaining and analyzing information to determine the current status and service needs of a defined population in a given organizational setting. In order to be useful, a needs assessment must identify and measure gaps between what is and what ought to be, prioritize the gaps, and determine which of the gaps to work on to obtain positive outcomes (Gupta, 1999; Kaufman, 1993). Gupta (1999) and Percy-Smith (1996) suggest using a holistic approach that covers data-gathering, analysis processes, and a systematic intervention development process. Researchers tend to emphasize identifying the gap rather than developing interventions to close the gap; yet with proactive rather than reactive planning, a needs assessment can enhance the achievement of organizational effectiveness (Kaufman, 1993).

It is imperative that the assessment of needs from a state VR program take into account the views of individuals providing services and the individuals receiving services. The combination of techniques involving both the participation and views of the experts and the target population has proven to be effective. According to rehabilitation research (Houser, Anderson & Wang, 1995; McTaggart, 1991), participatory action research whereby the rehabilitation consumer is involved in the needs assessment process helps to validate the research process and the utility of the results. In the way that professionals, experts, or views from staff may be

influenced and restricted by their own values and professional interests, the target population or consumers' perspectives may be limited by a lack of knowledge regarding possibilities of having their needs met (Percy-Smith, 1996; Royse, 2009). Therefore, a process that takes into account both views provides a more balanced consideration of an individual's needs. Slade (1994) nicely frames factors that influence one's perceptions of needs (see Figure 1) and comments that it is in the area of negotiated need, where unique perspectives formed by one's culture, ethics, education, etc. culminate, that leads to effective identification of needs and positive outcomes (Groomes & Louw, 2009). Persons involved in completing a comprehensive needs assessment are encouraged to consider each of these factors as these can minimize discrepancies that arise from stakeholders involved in describing needs, gaps, and possible interventions for persons with significant disabilities.

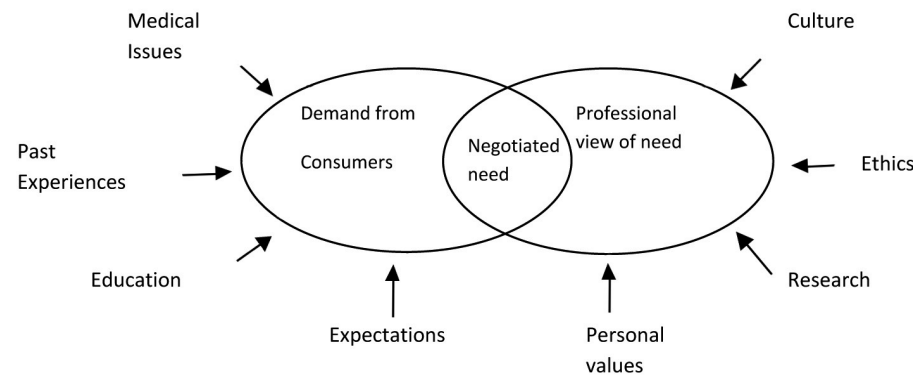


Figure 1. Factors influencing perceptions of need

The process and implementation planning involved when beginning a comprehensive needs assessment can be daunting. Several states, through the Program Evaluation Summit Group, have offered their reports on the National Clearinghouse for Rehabilitation Training Materials website (www.ncrtm.org) as examples of the process plan it followed to implement and complete their comprehensive needs assessments. In 2009, the Utah State Office of Rehabilitation published their Program Evaluation and Quality Assurance report and offered a “pathway” model for completing the comprehensive needs assessment (see Figure 2). The Rehabilitation Services Administration, through a contract with InfoUse, developed a model

Comprehensive Statewide Needs Assessment, which was published in May 2010 and is available on RSA's website at: <http://www2.ed.gov/programs/rsabvrs/resources.html#needs-assessment>. Specifically, RSA describes the six steps for assessing and addressing VR needs. These steps are listed below and readers are encouraged to read the Guide for further explanation:

STEP 1: Defining And Establishing CSNA Goals

STEP 2: Developing CSNA Plan For Information And Dissemination

STEP 3: Gathering The Information

STEP 4: Analyzing The Results And Developing Findings

STEP 5: Develop The Conclusions: Potential Action Strategies

STEP 6: Informing State Plan, Goals, Priorities, And Strategies

<http://www.disability.gov/viewResource?id=13745884>

Several states include in their planning and implementation model criteria as described in the Baldrige National Quality Program, which is notably one of the most credible worldwide- applied assessment criteria standards available (Ford & Evans, 2001; Leist, Gilman, Cullen, & Sklar, 2004). As identified in Chapter 1, the Baldrige performance excellence framework includes leadership; strategic planning; customer focus; measurement, analysis and knowledge management; workforce focus; process management; and results (Groomes & Louw, 2009).

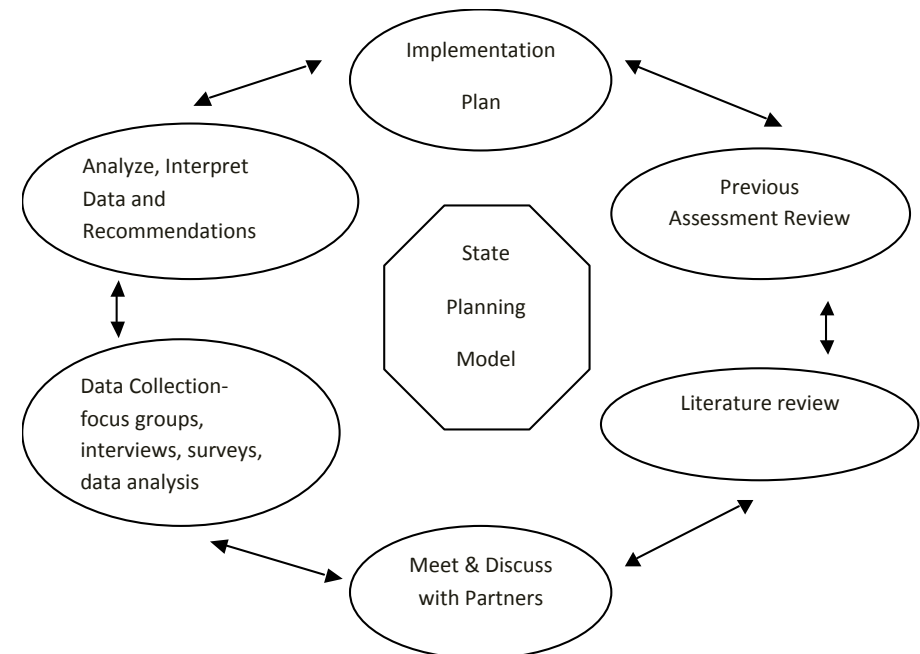


Figure 2. Comprehensive Statewide Needs Assessment Planning Model

In general, when planning to complete a needs assessment, individuals need to review previous assessment reports to determine the methods and strategies that worked best and those methods that need to be improved. A literature review is then conducted to evaluate current research being done on needs assessment. Several meetings and discussions are held with collaborating partners to make important decisions given the organizational structure.

Then, a step-by-step data collection plan is designed and implemented in collaboration with the partnering agencies. Data analysis is completed and the report is drafted and reviewed before final recommendations are suggested. Once the report is finalized, state VR leaders can use the recommendations to inform the State Plan and in the development of goals and priorities.

Program evaluators are encouraged to choose a planning and implementation model that promotes a holistic approach that proactively covers data-gathering, analysis processes, and a systematic intervention development process. Since the comprehensive statewide needs assessment informs State Plans, it is important to keep in mind that the purpose of evaluating and improving service is to better assist consumers in meeting their employment and independent living goals.

Targeted Needs Assessment

Fulfilling the Comprehensive Statewide Needs Assessment requirements of the Rehabilitation Act may not be the only time a VR agency wants to use a needs assessment. There are certain instances in which an agency may want to identify and prioritize the “gaps” (Kaufman, 1992) within a targeted group for the purpose of improving internal or external performance. This information can then be used in the development of targeted training programs or to inform strategic planning (Gupta, 1999).

The following questions can be used to guide a needs assessment:

1. What is the goal of the needs assessment?
2. What group or groups do you want to assess needs from?
3. How will you conduct the needs assessment (access to the group, survey, focus groups)?
4. How will you analyze the information once you have it?
5. What are you going to do with the information?

Designing and implementing a needs assessment can be a complex and resource heavy task, so it may be helpful to form a committee to help

delegate responsibilities and to allow for greater creativity and more diverse information and perspective. The first step for the committee is determining the focus and goals of the needs assessment. What do you want to learn from the needs assessment and what questions do you want answered? The target may be a certain group or groups of individuals or a particular domain which the agency wants to target for performance improvement. This should be specified through identifying and further defining goals. The scope of the needs assessment will vary based on the importance, resources, time availability, and management commitment (Cekada, 2010).

Next, decide the group or groups to be targeted. The size of the population and the limits of time and resources will help you decide if you want to attempt to assess need from the entire population or a select sample. Take into account the characteristics of the group to determine the best way to reach them and get the most information from them.

Thirdly, decide the method(s) you will use to gather information. Will you be using quantitative, qualitative methods, or a mixed methods approach? What questions will you be asking and how will you ask them? Common methods for needs assessment include survey, focus groups, structured interviews, public meetings, or analysis of existing quantitative or qualitative data. Surveys have become highly popular due to low cost and ease of use, dissemination, and collection. Survey design and analysis is an entire field of study in itself and experts caution against improper or inappropriate use. But you may not need to design your own survey. Look for existing instruments which you can use or modify to your purpose. When designing the survey you should decide if you are going to have open-ended or closed questions. Open-ended questions offer richer and more diverse information but are more difficult to process and make sense of. Forced-choice questions are easier to process but don't provide further explanation or clarification. If using structured interviews or focus groups, decide on the questions which will be asked. These have to be designed so that they are specific enough to target your need and asked in a manner which is clear to the group.

Next determine what methods will be used to analyze the data once it is gathered. Quantitative data should be analyzed by those familiar with statistics and psychometrics. Qualitative information such as from transcripts from structured interviews or notes from focus groups will have to be reduced into manageable and useful portions. There is no consensus standard for the analysis of qualitative methods (Creswell, 1998), but you may want to try reading through the information to gain an overall sense of the data, writing initial summaries, and then translate the information into categories. Creswell (1998) suggests that it is optimum to reduce

the information down to five or six categories which can then be further reviewed and expanded upon using the data. With multiple methods or mixed methods approaches, look for trends across data methods. Try to triangulate the information to see what conclusions all of the information points to (Schwandt, 2001).

As a final step, plan how the information will be used. It is a process for exploring the gaps, problems, or opportunities which were revealed by the needs assessment and evaluating the possible strategies for improving or taking advantage of these areas (Gupta, Sleezer, & Russ-Eft, 2007). This stage also involves determining which needs are the most important and setting priorities (Altschuld & Witkin, 2000). Priority setting is usually a deliberative process with participation of the entire committee and may be guided by how strongly needs are reflected in the needs assessment, by their relative importance to the agency, and by practical feasibility of addressing particular needs. The members will have to have a proper understanding of the needs assessment results so data summaries should be prepared to help guide their decision making (Altschuld & Witkin, 2000). Once the conclusions are found, the results are understood, the priorities are set, this information can then be fed into the strategic planning or training development systems.

RSA 911 Database

In general, the RSA-911 database is considered the major source of data on the state-federal rehabilitation system. The RSA 911 data contains a record of demographic and programmatic data for each person who exited the Vocational Rehabilitation (VR) program in a particular fiscal year. These data provide a consistent and rich resource of information on the types of customers served by these state agencies, the services these customers receive, and the outcomes of those customers. The RSA-911 is a valuable tool that, when used with caution and in recognition of its limitations, provides valuable information about VR customers. Therefore, other local data and case management systems that contribute to an analysis of state rehabilitation agency performance should be incorporated.

In using the RSA-911 database, evaluators explicate meeting or not meeting evaluation standards described at 34 CFR 361.82 and put forth by the Rehabilitation Services Administration (see <http://www2.ed.gov/legislation/FedRegister/finrule/2000-2/060500b.html> for specific regulations). Moreover, results reported from the 911 database assist in ensuring a long-term strategic focus on program performance, performance improvement, and outcomes for individuals with significant disabilities.

The RSA monitoring process utilizes the RSA-911 data as one source of information in reviewing the state agency's performance prior to the on-site monitoring process. In addition to conducting an analysis of the state specific data, the monitoring review team also reviews how the data is collected and the RSA-911 report prepared.

Efficiency Based Program Evaluation

There are several methods that can be used to evaluate the efficiency of a program or part of a program. Efficiency is the extent to which a program produces outputs and outcomes without wasting time, effort, money, space or other resources. Efficiency alone is insufficient to determine merit or worth of a program. For example, a program may be extremely efficient, but due to initial or maintenance costs of a program, it still may be cost prohibitive. (Davidson, 2005a)

Four efficiency methods and measures are economic impact analysis, cost benefit analysis, cost effectiveness analysis and return on investment. Each can be used to assess the social and economic impact of state VR programs. Also, each can be used by decision makers to determine the most efficient allocation of agency resources according to specific and individualistic agency characteristics.

Economic Impact Analysis

Economic Impact Analysis involves estimation of economic activity related to a specific program or policy. The purpose of the analysis is to identify economic activity in a given area (state, county, city) that can be attributed to a particular economic stimulus that would be absent without the stimulus. The basic question asked is, "How is this program or policy impacting economic activity in a specific area?" Determining economic impact involves the measurement of incremental economic activity such as income, tax revenue and sales. Economic impact can be measured related to the present and also projected into the future. (VanBlarcom, 2007)

Cost Benefit Analysis

Cost benefit analysis generally looks at one program or alternative at a time. With this method, all potential gains and loss from a proposal are identified and converted into monetary units. These then are compared as a way of determining whether a proposal will be adopted or not. One of the challenges of cost benefit analysis is assigning monetary value to a related cost or benefits that may be indirect or intangible. For example,

what dollar amount could be assigned to the benefit of community integration for a person with a disability? (Nas, 1996) There will always be a qualitative residual or factors that cannot be assigned a monetary value. (Dr. Linda Goetz, personal communication, June 1, 2010)

Cost Effectiveness Analysis

This form of analysis focuses on a desired benefit or outcome and alternative ways to achieve it. The basic question asked is, "Which of these alternatives is the least expensive or most efficient way to get the desired benefit?" Cost effectiveness analysis is comparative of several different programs or interventions. It uses a common scale for measuring outcomes (i.e. number of clients who closed successfully for employment, test scores that meet certain levels, number of months that employment is retained) to determine the best program or alternative. This form of analysis assigns a unit cost for the desired outcome. An example would be the average cost for each client closed successfully. Unlike cost benefit analysis, this form of analysis reflects nonmonetary outcomes. (White, 1988)

Return on Investment

A return on investment (ROI) is a performance measurement used to evaluate the efficiency of an investment or to compare efficiency of different investments. To calculate the basic ROI, the benefit of an investment is divided by the cost of the investment and is expressed by a percentage or ratio.

The basic return on investment formula is:

$$\text{ROI} = \frac{(\text{Gains from Investment} - \text{Cost of Investment})}{\text{Cost of Investment}}$$

Return on investment is frequently used because it is versatile, simple to use and the information is generally readily available. The final calculation of the ROI is dependent and varies greatly on what are considered gains and costs for an investment. (Return on Investment, 2010)

A notable example of a recent ROI study was contracted by the Utah State Office of Rehabilitation (USOR) through The Center for Public Policy & Administration at The University of Utah. As stated in a January 2010 project brief, "The purpose of this study was to find out what are the tangible benefits of the vocational rehabilitation program in the form of benefits to the individual participants and to the State of Utah." To help

answer this question the researchers calculated estimates for earnings, employment rates, tax contribution and reduction in public benefits. The study compared earnings information from unemployment insurance data for the 3 years before application and then 3 years after closure, for individuals who received services (program group) or were eligible but did not receive services (control group). A ROI back to the State of Utah of \$5.64 was estimated for each state dollar spent on vocational rehabilitation, based on increases in tax contribution and decreases in public benefits spent. Additional results showed significant positive impact on earnings and employment for those who received services.

The study design made it a particularly powerful advocacy tool for the USOR program in the state legislature because it demonstrated the financial benefit exclusively in State of Utah dollars. The results were reported in a variety of formats which could be adapted to the audience and purpose, such as for presentation to state legislature, appropriations committees, the legislative fiscal analysts, board of education, governor's office, employers or any other stakeholder. A summary of this study as well as the full report can be found at <http://www.usor.utah.gov/publications/usor-economic-impact-study>.

Vendor Evaluation

State VR agencies form relationships with vendors for a variety of purposes, such as increasing the capacity of the agency, providing specialty services, and providing services in remote or gap areas. In some instances very strong mutually dependent relationships are formed with vendors providing a significant portion of the services for State VR on a performance based contract or per service basis. Successful long-term associations require a measure of mutual benefit, trust and commitment to goals, strong and open communication, compatible organizational culture and sharing of information (Sheth and Sharma, 2007). Periodic performance evaluation is critical to showing the value of the vendor as improving processes and services (Bauer, Duffy, & Westcott, 2006; Sheth and Sharma, 2007).

When you implement a new vendor or Community Rehabilitation Programs (CRPs) evaluation procedure it is important to keep the impact on the vendors in mind. Keeping them informed early in the process and allowing input may reduce any resistance to new procedures and allow them to prepare any new reporting requirements.

There are a number of reasons for a state agency to monitor vendors, including the following.

Purpose of vendor evaluation

- To address RSA monitoring report findings,
- To improve counselors referral knowledge regarding vendors,
- To assess return on investment (cost benefit analysis of vendors and vendor services),
- To enhance the client's informed choice for selection of service providers,
- To measure quality of performance and outcomes,
- To develop performance based contract models,
- To assess the needs of vendors.

In general, the evaluation should answer the questions “Are we getting what we need and what we are paying for?; Are we getting the appropriate outcomes for the investment and are the consumer's rights and needs being addressed by these services?” To this point, state VR agencies tend to be concerned with using this information to achieve higher levels of consumer choice in service providers and to inform decision making regarding use of vendors.

Many state agencies have already established vendor evaluation processes, with little standardization in method, evaluation domains or materials to date. The following is a list of practices and brief descriptions which could be utilized in the development of a comprehensive vendor evaluation.

Vendor Profiles

One of the early steps toward evaluation tried by State VR agencies was the creation of vendor profiles, the goal of which was to improve informed choice by allowing easier access of information to agency personnel and clients. These profiles generally contain descriptive information such as contact information, service areas, services provided, accessibility, types of disabilities served, accreditation, transportation access, Spanish speaking options, staff to client ratio, general program descriptions, etc. A uniform and searchable profile directory may be beneficial for agency tracking and cataloging up-to-date vendor information. This would also allow easy access by counselors and clients who are making decisions about which vendors are best suited to their service needs. To date, these vendor profiles have tended to contain mostly descriptive information rather than evaluative data, but this is a likely next step. Caution should be taken when presenting evaluative data to clients because small sample sizes, lack of statistics knowledge by clients, and inequality in definitions of services and populations could lead to frequent errors in interpretation. An example

of a vendor profile was developed by New York State's Adult Career and Continuing Education Services—Vocational Rehabilitation (ACCESS-VR) in cooperation with the Region II RCEP (Region 2 TACE Center at SUNY Buffalo). This project started as a vendor evaluation component of ACCESS-VR's Quality Assurance in the Vendor Management System and resulted in a vendor profile called the Supported Employment Information Directory. The system was first implemented in a limited scope pilot to be considered for greater expansion.

Existing Data

There has been a tendency for state agencies to start evaluation processes utilizing data elements which are already being collected. This requires less time and resources than developing new measures, forms and processes for data collection. In this case, vendor evaluation may be just a new method of analysis or comparison of existing data from RSA-911 reports, fiscal reports, supplementary state agency data, vendor reports, and other state collected data. Existing data elements could include number served, number and percent of placements, number and percent of successful closures, number and percent with benefits, average wage, hours, insurance coverage, type of job, and demographics on those served.

New Performance Data Collection

In some cases the agency will want to gather additional information and make comparisons which cannot be made using existing data. These newly collected fields should be driven by the questions the agency wants answered and the goal of the evaluation. Collecting new data will take time and resources as planning, data collection, data management, data analysis, and data use systems will all have to be developed. Commonly used data fields are related to timeliness of services, length of services, service quality, service cost comparisons, accessibility, performance of specific services, consumer satisfaction, and non federal standards outcome measures.

Review of Vendor Reports and Client Service Records

In many cases the agency may require periodic reports from vendors on services provided with varying levels of detail and oversight. These reports may be reviewed by VR counselors on the local level and compared to service invoices on an individual basis. There may also be a consolidated review of vendor reports by local offices or the central office. Additionally,

the state may choose to conduct case file reviews during on-site visits in which a program evaluation specialist takes a sample of the service records and examines them for contract compliance and proper documentation.

On-Site-Reviews

On-site-reviews have been utilized by agencies for evaluation both at the vendor application stage and for periodic monitoring reviews. The advantage is that they allow an examination of many dimensions at one time, such as facilities, environment, personnel records and case file systems. The Maine Bureau of Rehabilitation Services utilizes an on-site review for vendor application consideration which involves an orientation session, tour of physical locations, on-site document review, interviews, feedback from counselors, and an exit interview.

Contract Monitoring Processes

Structured contracts between State VR agencies are frequently used and when specified appropriately can ensure standard levels of quality. Administrative staff may monitor regular vendor reports to ensure the agency has met the binding elements expressed in the contract. States may also have statewide vendor contracts and state specific systems for contract review and approval which may include internal and independent audits. As stated in the Texas Department of Assistive and Rehabilitative Services accountability of service provider guidelines, "Contract monitoring may involve in-depth and on-site reviews and activities such as reviewing contractor reports, tracking receipt of deliverables, interviewing contractor staff who administer the contract, and interviewing service recipients."

Consumer Satisfaction Surveys

"A key principle of good customer relations is determining and ensuring customer satisfaction" (Bauer et al., 2006, p. 156). Consumer satisfaction surveys measure client perception and could assess a wide variety of domains. Common survey variables include satisfaction with vendor staff, timeliness, accessibility, responsiveness, involvement and choice, individual service satisfaction, and overall quality. This can be particularly powerful for a client's informed choice because it shows how other clients felt about the provider. Some vendors may conduct consumer satisfaction surveys as part of their internal quality assurance activities and some CRPs may be required to perform them by their accreditation bodies (such as CARF).

Counselor Ratings

Counselor rating systems may be advantageous in that they gather information from those individuals who are in continuous contact with providers and clients and thus may be in the best position to rate vendor quality. These ratings could be used either internally or presented to consumers for improved informed choice. Domains may include ratings of quality of service, outcome, communication, timeliness, completion of documentation, etc. The key is that counselor ratings are consolidated and used to inform collectively, rather than each individual counselor making decisions based on their individual, anecdotal experiences.

Accreditation and Personnel Standards

Several states have accreditation and personnel standards for certain categories of vendors or services which may be from national or state specific sources. In-state accreditation may be managed through State VR or through other health and human service or employment divisions. The Maine Bureau of Rehabilitation Services has an in-state approval process for Community Employment Service Providers which includes five phases: (1) application, (2) documentation review, (3) on-site review, (4) accreditation decision & report, and (5) contracting. CARF (<http://www.carf.org/home/>) is a commonly used national accreditation body which has strict quality standards focused on "improved service outcomes, satisfaction of the persons served, and quality service delivery." They have standards manuals for several rehabilitation related services including aging services, child and youth services, medical rehabilitation, and employment and community services. Other certifications include the American Speech and Language Hearing Association (ASHA, <http://www.asha.org/>), the Academy for Certification of Vision Rehabilitation & Education Professionals (ACVREP, <http://www.acvrep.org/>), the Council on Quality and Leadership (CQL, <http://www.thecouncil.org/>), and the Employment Services Certificate from the Association of Community Rehabilitation Educators (ACRE, <http://www.acreducators.org/>). This Employment Services Certificate training accredits provider staff who have completed a minimum of 40 hours of ACRE-approved training or professional development.

Financial Evaluation

Financial evaluation answers the question, "What are we getting for our money?" This is essentially a cost benefit analysis where users may

determine cost per client, cost per service, cost per successful outcome, etc. Also, comparisons can be made between vendors to assess relative performance and cost. Moreover, annual independent audits may be used to verify costs, services provided and overall fiscal accountability systems. Again, caution should be used in comparisons with small sample sizes and differences in clients served, services provided, and location. Many agencies have analyzed service costs and have created guidelines for counselors. It may be important to start by defining services to have more accurate points of comparison.

Performance Based Contracts

Many State VR agencies use performance based contracts for vendor services. These have been set up a variety of ways with examples including: (1) agreed upon base payment and then outcome requirements for additional payments, (2) outcome based payment with additional incentive payment options if the consumer is placed in a position that meets the standards and indicators for rate of pay and benefits, or (3) a variety of milestone payment structures. It may be advisable for the agency to conduct preliminary cost/benefit analysis such as cost per service or cost per outcome to determine fees and rates of pay for performance based contracts.

Assessment of Vendor/CRP Needs

Assessment of the need to establish, develop, or improve CRPs is mandated as part of the Rehabilitation Act's Comprehensive Statewide Needs Assessment (CSNA) requirements. In addition to the information obtained for the CSNA, states may have other avenues to assess vendor needs, such as through survey, interviews or examination of performance data. At least one state has implemented an annual survey to assess CRPs with regards to vocational needs of consumers, non-vocational needs of consumers, additional services needs, improvement to existing services, improvement plans, and needs for specialized populations. High priority vendor needs may be addressed through performance improvement plans, training or technical assistance. The Technical Assistance Network, including the TACE Centers, may be able to assist in providing technical assistance (TA) or continuing education (CE) services to CRPs in cases where this is a high priority for the State VR agency or as a need evidenced through RSA monitoring.

Cautions in Vendor Evaluation

There are a number of cautions that must be considered when making comparisons or decisions based on vendor evaluation data. First, with vendors in small agencies or little used vendors, samples may be too small to have confidence in conclusions reached from the data (external validity). Second, if you are comparing vendors with regard to outcome and cost, it is necessary to have precise definitions of services or you may be comparing apples to oranges. Thus, clearly defining services is likely a necessary early step to comparing vendor performance. For an example of service definitions, visit New York ACCESS-VR website at <http://www.access.nysed.gov/vr/ucs/home.html>. Thirdly, if the providers serve different client bases such as different severity of disability or different types of disability, there may be an expected difference in cost or outcome. Furthermore, there could be cost or outcome differences from location to location, such as in urban versus rural areas. Finally, caution should be taken when presenting evaluative data to clients because the lack of statistics knowledge by clients could lead to frequent errors in interpretation.

Implementing a Vendor Evaluation

The process of implementing a vendor evaluation involves a series of steps including defining goals, building a team, planning, and implementation. Within the defining goals step it is advisable to build a summary which spells out the goals, intent, and benefit of the evaluation. This step should align closely with the mission and goals of the agency. The summary can be used to introduce the idea to VR staff and other stakeholders.

Next a **team** needs to be assembled to deliberate and take on the duties for process planning. One decision that must be made at this point is the degree of input and participation from stakeholders such as vendors and the State Rehabilitation Council that will be incorporated. The benefit to inviting stakeholder participation is that this may alleviate some of the resistance and they may bring a valuable perspective.

In the **planning** phase, the team must decide on the scope of the evaluation, what key evaluation criteria to include, how this affects other systems, and how the information will be used. Determining of the scope of the evaluation is one of the most difficult parts of the planning process and should follow careful consideration of how other systems are affected and how the information will be used. It should take into account the amount of time and resources that are available and will be required. Then a manageable goal and steps to achieve that goal can be developed. When identifying the key evaluation criteria, the team will have to decide on a selection of criteria

to examine (e.g. outcome, cost, service quality, consumer preference, etc.) based on their relative importance and ease of attainability.

Finally, the agency will have to determine how and with whom the evaluation results will be used. Are they going to be available to VR leadership, counselors, clients, the SRC, vendors, or the general public? Are they going to be used to enhance client informed choice, by counselors for service decision making, or by leadership to make programmatic decisions? This should be informed by the vendor evaluation goals. Again, caution should be taken when presenting data to clients because small sample sizes, lack of statistics knowledge by clients, and inequality in definitions of services and populations could lead to frequent errors in interpretation. It is important to remember that the communication of information can be as important as the collection of evaluation information. A centralized data management system and strong channels of communication can facilitate usefulness and access to information by leadership, counselors, and clients.

In the **implementation** phase, the agency will need to gain buy in from State VR agency personnel, the SRC, the vendors and any other stakeholders. They will also have to develop the materials and processes needed for implementation. It also may be advisable to have a pilot implementation which is done on a smaller scale and from which revisions can be made before wider application.

It is important to use vendor evaluation information judiciously by always putting it in a context that makes sense. One should not rely exclusively on quantitative information, just as one should not rely exclusively on anecdote. We should use data to give us higher levels of understanding of our vendors so that we can make better informed program improvements and decisions. Nevertheless, this should always be kept in the perspective of a dynamic framework.

Vendor Value Assessment Pilot

A vendor evaluation system is currently being piloted by the Oregon Office of Vocational Rehabilitation Services. The following is a brief description of this model as stated by the developer:

The Oregon agency contracted a performance management consulting firm to develop a vendor performance model that is based on private sector best practice(s) analysis, quantifies vendor performance, and compares and contrasts vendor results based on successful outcomes.

The purpose of the assessment is to enable the agency to:

- Identify and remedy underperforming vendors,
- Identify and reward the highest performing vendors,

- Better manage scarce agency resources,
- Better outcomes for agency stakeholders.

The deliverables from the assessment include:

- Vendor performance modeling
- Preliminary analysis with subject matter experts
- Identification of several areas of focus for additional in-depth analysis based on the results of the performance modeling
- Multi-dimensional analysis of vendors (by service category, disability category, occupation, etc.)
- Delivery of a multi-dimensional “cube” or data extract for additional analysis and reporting
- Report on results of vendor performance modeling and analysis
- Optional in-depth analysis of specific areas of focus

The modeling is flexible and can be tailored to each agency’s unique requirements. For the prototype, the variables used to evaluate the vendors include (but are not limited to):

- Earnings the participant received from job placement
- Employer-supplied benefits the participant received from job placement
- Severity of the disability of the participant
- Participant’s opportunity for advancement in the occupation
- Relative level of complexity of the service the vendor provided
- Correlation of the service to successful outcomes
- Number of services the vendor provided

The Oregon Office of Vocational Rehabilitation Services, Alliance Enterprises and Cost Technology are currently completing a pilot assessment. The OVRS assessment proved the following:

- Vendor performance can be quantified
- Comparing vendors in the same service or disability categories provides an apples-to-apples comparison
- The Assessment identifies focus areas to improve outcomes
- The Assessment provides transparency and accountability of vendor performance
- The Agency improves transparency and accountability to its stakeholders

This pilot is currently being evaluated and revised. For more information regarding Vendor Value Assessment, please contact the Oregon Office of Vocational Rehabilitation Services.

Self-Study Questions for Chapter 3

1. What form of research, whereby the rehabilitation consumer is involved in the needs assessment process, helps to validate the research process and the utility of the results?
 - a. participant competency
 - b. participatory reaction
 - c. participant knowledge
 - d. participatory action

2. (T/F) The six steps for assessing and addressing VR needs according to the Rehabilitation Services Administration Draft Vocational Rehabilitation Needs Assessment Guide are:

STEP 1: DEFINING AND ESTABLISHING CSNA GOALS

STEP 2: DEVELOPING CSNA PLAN FOR INFORMATION AND DISSEMINATION

STEP 3: GATHERING THE INFORMATION

STEP 4. ANALYZING THE RESULTS AND DEVELOPING FINDINGS

STEP 5. DEVELOP THE CONCLUSIONS: POTENTIAL ACTION STRATEGIES

STEP 6. INFORMING STATE PLAN, GOALS, PRIORITIES, AND STRATEGIES

3. Survey, focus groups, structured interviews, public meetings, or analysis of existing quantitative or qualitative data are all common methods for completing _____?
 - a. satisfaction surveys
 - b. reaction assessments
 - c. needs assessments
 - d. review surveys

4. Results reported from the 911 database assist in ensuring _____ on program performance, performance improvement, and outcomes for individuals with significant disabilities.
 - a. long range goals
 - b. a long-term strategic focus
 - c. short-term strategic focus
 - d. short range goals

Chapter 4: Implementing Performance Management Systems

“The only man who behaves sensibly is my tailor; he takes my measurements anew every time he sees me, while all the rest go on with their old measurements and expect me to fit them.”--George Bernard Shaw

Imagine this scenario: As a Vocational Rehabilitation staff member walks into her office to start a new day, she is greeted by the banner stretching across the office entrance that states, “Our mission is to enable individuals with disabilities to reach their goals of independent living and employment.” She remembers the individual she’ll meet with this morning, and how an opportunity she will discuss with him can make a lasting difference in his life. As she moves into the break room to grab a quick cup of coffee, a large display stating “Our vision is to be known as the leader in providing employment and independent living services for people with disabilities” hovers over her co-workers who are discussing a new idea for on-the-job training (OJT) opportunities for individuals with the most significant disabilities. Their supervisor joins the discussion with current data on last quarter’s success rate for consumers who received OJT and had significant disabilities.

This scene sets the stage for successful implementation of a performance management system by “beginning with the end in mind.” With the vision and mission of the agency as a guide, VR professionals provide services that are known to result in desired outcomes. They are committed to improving the quality of these services as much as they are to achieving successful employment outcomes. While “numbers” as a performance outcome measure are no less important, this agency demonstrates commitment to other meaningful performance outcome measures.

Getting to the point where VR staff think routinely of performance improvement possibilities, however, happens only after a comprehensive

performance management system is designed, resourced and implemented. Key to this is providing VR staff with timely and accurate information to manage workloads and achieve desired consumer outcomes. This capacity must be complemented by rigorous quality assurance methods built into the process and reported through the performance management system so service providers are familiar with best practices and how to apply them. Obtaining data that are sufficiently reliable to inform strategic planning, and thus the implementation of best practices, is a major challenge. Agencies that implement new performance management systems often determine that significant improvements to data reliability are required before performance measures can be implemented (Berwick et al.). Without credible data, performance feedback could be erroneous and misleading, compromising the mission of the agency.

It has been a major challenge for programs to strike a balance between data validity methods and efficient delivery of services to consumers. Collecting extensive documentation to support data files can unduly burden frontline program staff and consumers, and even drive consumers from seeking program services. Too much emphasis on performance and validity jeopardizes the efficiency of data collection and reporting. As performance measures are increasingly used to guide service delivery decisions, the accuracy of performance data becomes more and more important.

Collection of raw data is only part of the performance measurement process. Performance measures meet organizational, management, statutory or other needs, in a manner that is automated, reliable, transparent, and produces feasible recommendations. For this to happen, VR staff need to view this process as supporting their best efforts rather than taking needless time or serving as the basis for later criticism.

Accurate, accessible and relevant data measurement systems provide for simple data entry, data output, and data verification. Data flows from the consumer’s initial contact with the agency, through eligibility determination, service provision, the closure outcome and, finally, follow up. It is analyzed in the management information system with reports to management and stakeholders. It is imperative that data be accurately collected and recorded in each step of the process. If incorrect or insufficient data is collected and/or entered into the system then the data will be skewed when analyzed and reported out to the stakeholders and may not be reliable. Decisions could be made incorrectly regarding the program if the data is not accurate.

“Garbage In, Gospel Out” is a more recent expansion of the “Garbage In, Garbage Out” tautology. It is a sardonic comment on the tendency to put excessive trust in computerized data, and on the propensity for individuals

to blindly accept what the computer generates. Because the data goes through the computer, people tend to believe it (<http://en.wikipedia.org/wiki/GIGO>). Decision-makers increasingly face reports that could only be computer-generated. Precisely for that reason, inspecting the actual data that reports are built on is impractical, even if one has good cause to be suspicious. In short, the computer analysis becomes the gospel. Efforts are underway in state VR agencies to ensure that no “garbage” gets in.

One such effort has produced the RSA Errors, Reasonableness Checks and Anomalies (ERA) Program. Developed by South Carolina Vocational Rehabilitation Department (SCVRD), the RSA ERA Program is available to verify accuracy of the RSA-911 data. The program identifies outliers and errors that can be corrected throughout the year. States can download the RSA ERA Program at the SCVRD website (www.scvrd.net/g_rsa_era.php). However, this only addresses possible problems with the 911 data and not any other data collected by agencies. More complete validating systems are desirable.

Case management systems and other data can allow VR staff to analyze the flow of consumers’ progress through every program level. These levels include displays of performance outcome groups and the ability to directly drill down from specific measures to the consumer record level, so staff can see exactly how data values drive performance outcomes and to trace outcomes back to individual consumers. Performance outcome groups can also be broken down by staff type (for example, rehabilitation counselors, employer services or job development specialists, work evaluators); service type (for example, assessment interview, work adjustment and training programs, screening tool outcomes, post-employment services, district offices); and consumer group (for example, degree and type of disability, prior work experience, type of services provided).

As VR counselors and managers are able to drill down into data that is meaningfully displayed, such as with dashboards, they will likely discover new opportunities for improving services. Discovery of new knowledge will be the purview of every staff. When this becomes an everyday practice, staff will meaningfully focus on the agency’s mission, vision and goals. Quality assurance will be accepted as part of rehabilitation done “by” the staff, not as something done “to” them by management. Performance management is not a punitive grading system, but an actualization model that can determine what works and what doesn’t. For years, case reviews and performance goals have been focused on requirements to fill in all the blocks, make contacts at assigned intervals and close specific numbers of cases with some type of employment outcome. One template fit all situations, individuals and programs. Vocational rehabilitation is now

redefining “quality” in terms of effective service provision that produces quality outcomes for individuals with disabilities.

Implementation may vary with the procedural methods and the size of the agency. Some agencies are located within umbrella agencies (i.e., designated state agencies) or have State Rehabilitation Council involvement that requires levels of review and approval of procedural methods. The larger agencies with multiple specialized staff for developing, implementing and monitoring of policies and programs may see more multi-tier methods than the smaller agencies where each staff member often performs several functions. However, as in all processes, certain steps lead to creative and effective performance management implementation efforts:

1. All staff are knowledgeable about quality assurance and performance evaluation systems;
2. Accurate and relevant measurements are in place and fully accessible for easily entering, gathering and verifying information;
3. Baseline measures are gathered that set the stage for ongoing measurements from which progress, or lack thereof, will be evident;
4. Monitoring systems determine if and when adjustments and refinements are needed; and
5. Standards and benchmarks that track progress continuously are in place to facilitate decisions on needed changes to policy, resource allocation and focus of priorities along the way.

Conceptual Design of Measures

Ensuring that performance measures are aligned with program goals and feasible to implement are two major challenges in implementing effective performance management systems. **Metrics** and standards that account for variations in consumer characteristics, services provided, and outcomes achieved are difficult to define. The design of performance management systems consists of many compromises between simplicity and complexity and between efficiency and burden on service staff. While there is agreement that measures should accurately reflect success in meeting program goals, it can be difficult to define success, and success can vary based on consumer characteristics (such as the degrees of barriers to employment). For example, very limited engagement with the workforce may constitute success for consumers with significant disabilities, but for other consumers the standard of hours worked might be higher.

Consumer informed choice is a central aspect of the VR process, yet outcome measures do not include the degree to which choice affected the quality of employment outcomes. If a person’s quality of life is most

enhanced by working part-time for an employer who is supportive, is that equivalent to taking a full-time job that includes health care benefits with an employer that is less supportive? Is the mechanism for determining the significance of a disability the same today as it was in 1973? The concern for quality service, quality outcomes, and cost-effectiveness has increased in importance over the past three decades and achieving consensus about these is critical to the creation of validated performance measures.

Two key dimensions drive the design of performance measurement systems: (1) the degree of conceptual complexity, and (2) the amount of effort to be expended to ensure data validity and reliability. Both of these areas involve difficult compromises. Ideally, a performance measure informs program staff as to what they are directly accountable for, assuring that the systemic supports were in place to provide them with preferred practice decision models. However, program outcomes are often more of a reflection of factors outside of staff control, such as consumer characteristics, local job markets, and the lack of best practice guidelines. Performance measures can control for these factors but do so at the cost of complexity. Similarly, data reliability is critical to a meaningful accountability framework, but considerable effort and buy-in by the people providing the data are required to obtain reliable results.

Ideally, measures are simple to be properly understood and implemented effectively. In addition, administrators accept the importance of reporting these measures back into the system. If administrators do not feel that these measures are important in the operation of the program, the quality of administrative data being entered could be compromised. However, measures that are too simple are sometimes too crude to be highly effective. Such measures may look at one-dimensional criteria for success (such as placement in employment) but not consider other positive outcomes or different levels of barriers to employment among consumers. Measures that control for even a small subset of conditions that affect outcomes quickly become very complex and thus difficult to explain or implement.

Because state VR agencies serve consumers who often have significant disabilities, measures that give credit for gradual and incremental improvement may provide valuable positive feedback to frontline staff. Also, employment outcomes are influenced by contextual factors over which VR agencies can exert very little influence, such as economic conditions and labor market fluctuations. Concepts such as engagement with the workforce, increased working hours or wages, quality of life improvement, and other conditional outcomes benefit from a reporting system that can provide detailed information about both the outcomes and the conditions surrounding their measurement.

For example, measures that do not control for variations in barriers to employment for program consumers may encourage inappropriate program management practices. If programs receive equal credit for all placements, staff may be encouraged to manage the intake and service delivery processes to minimize the number of consumers with more significant barriers to employment who may be less likely to be counted as successes in performance measures (creaming).

Schemes to control for the degree of variability in employment readiness among participants when assessing program performance often create a great deal of complexity, so a case-mix adjustment approach that accounts for consumer characteristics in calculating expected rates for achieving placement outcomes can be useful in leveling playing fields across agencies when assessing their performance (Iezzoni, 2003). Using this and other approaches can control many of the contextual variables that impact on VR agency performance, such as labor market conditions. Thus, although these approaches go beyond regulatory requirements, they can provide valuable information for directing improvements in how services are customized for individuals to achieve outcomes more congruent with their employment goals.

Variations in measures are to be welcomed since these can represent unintended consequences, either positive or negative, that when recognized can be managed for overall quality improvement. Innovations in service delivery can be discovered by identifying what was done differently to create the observed variation in metrics.

Fostering understanding among program staff regarding how detailed measures can provide a direct benefit to their work is important. Any such measure accomplishes two goals: simplicity of understanding, and the ability to control for situations where the staff cannot be held directly accountable for an unsatisfactory outcome. Presenting performance measures to service staff and having them understand the value of using them is a key component of the design and adoption of a good performance management system.

Performance measures are frequently organized into a state level management information system (MIS), which includes all data fields needed to measure the results anticipated. If data fields are missing within the MIS, measurements will be inaccurate or incomplete and may not result in the full program evaluation or quality control needed. As leaders or teams develop new programs and/or processes, they need to be conscientious about determining how and what to measure. New data fields in the MIS system might be added to capture what is needed to implement and evaluate a new program or process.

What questions should be asked when examining an agency's performance management system?

- What are the outcomes/goals?
- Who are the stakeholders?
- What information is needed?
- What is the formula to measure the outcomes?
- How does this data element measure success either for implementation or outcome?
- What is success?
- When are the measurements to be presented?
- To whom should the measurements be provided?
- Is there a baseline from which to measure?
- Are the data elements included in the MIS?

The above questions are addressed early in the process so any program evaluation/quality assurance requirement can be completed on time and accurately. Incorrect or incomplete data could cause incorrect analysis and reports that are not reliable.

Reports need to be timely, relevant, and reliable to the specific needs of the stakeholders. The timeliness of reports is crucial in describing what is happening now, not something that happened months or even years ago. Comparisons of data about what is happening today to data about what happened in previous years or time periods can indicate how the program is progressing. If reported data are not current, questions to be asked include:

- How is this relevant to what is going on today?
- What changes have been made in the current year which are likely to impact data collected more recently?

Past data are often used in reports to provide comparisons for understanding current performance and for determining future directions. Relevance and good reliability of data lead to knowledge-based decisions, but only if reports clearly identify needed information. Reports with massive amounts of data not organized to inform specific judgments and decisions are not helpful. If specific data is needed for decisions, then these requirements need to be known. Staff who want to make informed decisions need to address the following questions before submitting their report requests:

- What is the purpose or use of the data?
- What data points are needed?
- What time periods are to be used/compared?
- When is the data needed for both review and presentation?
- How is this information being presented?

Responses to these questions assist the program evaluation and quality assurance personnel to compile and present the information in a useful and timely matter so that good decisions can be made. Frequently, the initial request does not target what is actually needed for informed management actions. However, if the above questions are clearly addressed, performance management staff can determine if a report can be compiled or if a data point is missing for the specific request.

Data reporting is much easier to complete when all requirements are known in the beginning. Ideally, standard reports that provide useful measures for ongoing performance assessment are in place. However, too frequently ad hoc requests are made and program evaluation/quality assurance staff must struggle to comply. For example, when a manager requests a report for total successful closures per area office, program evaluation and quality assurance staff are likely to provide that information. After reviewing the report, the manager then indicates that what would really be useful is to include all closure types, comparing the current year to the past 3 years by counselor within each area office with rehabilitation rates. In addition, the manager needs this report at a state wide supervisors meeting by the beginning of the next month.

This request is a nightmare for a data analyst. To recompile a report can be very time consuming and might not be completed in time for the presentation; or if it is, there might not be time for quality review. The information may be inaccurate. Such situations create frustration all around and negative perceptions about the value of performance management begin to build among the staff. Ideally, decisions about performance are specified in advance with the questions listed earlier in this section clearly answered. The program evaluation and quality assurance staff can draft appropriate reports on a regular schedule that managers can use. Ad hoc decision making within a good performance management system is typically a rare event.

Performance reports from MIS should flow to all stakeholders involved and impacted by the program/process. Managers should continually engage staff in service improvement efforts. They should regularly engage people outside the agency to help assess how the organization is doing and what it could do better. (31st Institute on Rehabilitation Issues, 2005, p. 17). Once an agency stops using stakeholders from inside and outside of the organization, it loses a part of the performance management system and could put the agency in danger. All voices of stakeholders should be heard to enhance performance.

Many agencies are still operating with systems designed to meet the needs of data collection and reporting from the 1990s. Some are in the process of

developing new systems to meet current reporting and case management needs. By using accurate performance measures for case management, quality can be addressed by counselors through the use of ticklers, automatic reminders, required action steps, automatic referral generation systems, budget management and other individualized practices.

Data management systems are very costly and generate budgetary concerns in state agencies across the country. Creative approaches for acquiring system components are being employed in many places. Some states have joined forces to develop one system that each agency will be able to use for more accurate caseload management and data collection. Some states have developed their own case management system to collect data specific to the needs of the agency.

Due to the costs of these data systems, three agencies in North Carolina are joining together to purchase one system that will replace systems that have been labeled “legacy” systems that could crash and result in massive loss of data at any time. This joining of finances will allow these similar, but different, agencies to each have a newer case management system that will offer more reliable data output and more efficient management of cases and financial data. These agencies include the NC Division of Vocational Rehabilitation, NC Division of Services for the Blind, and the NC Division of Services for the Deaf and Hard of Hearing.

Types of Performance Measures

A performance management system to support VR agencies must consider a broad range of measures, including outcome measures, interim progress measures, and process measures.

Outcome Measures

Outcome measures, taken at the point at which a participant exits a program, are desirable because they address program impacts directly, without limiting the creativity of program staff to experiment with service delivery strategies or to customize strategies based on local conditions or specific types of consumers. Placement in employment is an example of such a results-oriented measure. Some programs have adopted intermediate performance measures as indicators of the level of direct placement services needed and the likelihood of placement and retention in employment. Additional outcome measures could include measuring counselor services to employers and consumer satisfaction measures for both employers and program consumers. Follow-up services can be measured and often have been found to be critical to high rates of employment retention.

One inclusive approach would be to measure the relationship between program outcomes and program costs. Such associations between measures are often met with skepticism by staff and are subject to cost variations that cannot always be controlled. Integrating results with the costs of providing services multiplies the number of such uncontrollable factors being used to assess program staff. Results are subject to a wide variety of external conditions that drive up costs, including local labor market and housing conditions, macroeconomic factors, and the degree and types of services consumers require. Properly balancing the need for accurate measurement and resource allocation with the need to keep reporting and data collection burden at a reasonable level can prove extremely difficult and require thoughtful study of the measures introduced into performance management systems.

Interim Progress Measures

Interim measures are taken before the consumer leaves the program. Programs have looked increasingly to interim measures of progress in response to the widespread adoption of successful employment as an ultimate measure of successful outcomes. Interim measures, such as attendance for services, passing grades in training classes, and initial placement into employment, are used as predictors of outcomes before longer term employment information is available. If established as valid predictors, interim measures allow management systems to correct performance before it is too late to impact consumer outcomes.

Process Measures

Process measures address how the program is operated as distinct from program outcomes. Some programs establish elaborate process measurement decision models under the assumption that process is the driver of outcomes. Other programs look strictly at results and take the approach that the process is best left to the creativity and initiative of local program and service provider staff. Process measures can include assessments of the quality, timing, service mix, and timeliness of services. Measuring the timeliness of program activities, for example, may help identify bottlenecks in the system that can prevent effective service provision to consumers. Staff need to learn which of the variety of services are likely to work best given certain conditions. Understanding the relationship between process and outcome measures as discovered through performance measures will go far in ensuring that preferred practices are implemented.

After identifying key process measures and analyzing how they assist service decisions, states could establish standards to measure consumer progress at each stage of the process and the unique factors that affected counselor-consumer interactions. For example, analysis of process timeliness could identify practices both within and between states that have been shown to enhance the efficiency of service delivery without compromising quality. Quality assurance offers another example. QA is a key component of the overall VR program management initiative. Quality of service measures can be important in identifying staffing and training issues as they relate to implementing preferred practices—as long as they are recognized as systemic issues rather than reasons to blame service providers for poor outcomes. Program integrity measures are a type of process measure that can be used to enforce operational and financial standards, thus seeking to balance quality and cost-effectiveness.

Many VR agencies already conduct systematic quality review processes in the form of peer case reviews. Across the whole VR system, however, there is a lack of uniformity and standardization that impacts the overall quality of VR services and lack of consensual validation of the measures used. These processes typically include quality scoring systems where each key aspect of the service delivery process is scored for quality. One key factor in determining quality is whether the counselor followed the correct process or made the correct judgments. Since judgment is inherently subjective, and since little best practice research exists through which to offer valid appraisals, it is often simpler to hold counselors responsible for following the prescribed correct process with little regard for what the correct process should be. Of course, counselors should be given feedback on correct processes and appropriate decision making. However, sound performance management data are necessary before appropriate improvement processes can be implemented.

Specific Measures and Data Elements

A data-driven performance management system would at least include the following variables measured as frequency counts from which averages and percentages (rates) can be calculated: (a) staffing levels, (b) caseload totals and averages by type of staff, (c) case status totals and averages by type of staff, (d) case closure totals and averages by type of staff, (e) follow-up outcome data, (f) staff services by staff person and type of staff, (g) timeliness of services by staff person and type of staff, (h) staffing roles and positions, and (i) adherence to staffing plans. Other data elements of value in particular to strategic planning would address at a minimum: (a) total applications; (b) Order of Selection status; (c) market data from

external employers; (d) state budget allocations; (e) costs per service; (f) allocation of staff salaries, benefits, overhead costs; (g) shared services across agencies (linked through identifying information at the case level or through data sharing agreements); (g) system hours per service; and (h) counselor hours per IPE. Variables of importance to quality assurance would address at a minimum: (a) scores of peer reviews of quality of IPE and quality of services, (b) timeliness of services, and (c) consumer satisfaction by type of service by type of staff.

At this point, our profession has not done the basic work necessary to use existing research and lessons learned to know where we stand. Given the complexity of adopting such a data-driven system, the need for training at the pre-service, continuing education, and in-service levels seems obvious. Training that begins at the pre-service level on understanding how to interpret and apply data, how to understand current research on potential best practices, and how to follow practice decision models will help all staff to have the necessary knowledge to implement an effective performance management system. Such a system, when used by trained and experienced staff, will permit the identification of interventions and procedures that are likely to be the next wave of innovations in best practices that will improve service delivery and outcomes for consumers.

Establishing and Implementing a Reporting System

“Perfection is a moving target,” and “what gets measured gets done,” are frequently used adages in both business and government organizations. Implementation of a performance management system is no different. To determine success, outcome measures are established, all starting with baseline measures that, while numerical, will determine effectiveness of quality throughout a program.

The ultimate goal of every VR agency is successful employment outcomes for persons with disabilities, and all intermediate objectives support the accomplishment of this goal. Changes in one service area will often affect successes in other areas. External forces not within control of agency staff can deter accomplishment of goals, such as economic climates and changes in law. Internal factors, such as personnel changes and budget cutbacks, can negatively affect an agency’s overall success. Therefore, when setting the baseline measures and the ongoing measurement increments, all these factors must be considered.

For example, as a result of a basic case review, one office is determined to have an inordinate number of exceptions to the policy regarding time for development of Individualized Plans for Employment (IPE) after an individual is determined eligible. An improvement plan is developed to

decrease this number by 25% over the next year to bring this office in line with other offices in the state. Unfortunately, little consideration was given to possible contributing factors or implications. At the end of the year, the goal is reached, but the agency's overall success rate decreases with a noted increase in unsuccessful closures. Further investigation finds the counselors in this office had received mentoring to conduct full comprehensive assessments on individuals with most significant disabilities prior to developing the IPE. After the improvement plan was written, management changed the guidance to development of the IPE as soon as possible. As a result, an increase in unsuccessful outcomes occurred. Another factor is the make-up of the caseloads – five of the ten caseloads in the office are specialized transition caseloads, which may require a longer period of time for comprehensive assessment and IPE development. After discovering these facts, it is determined that the measurement increment was not appropriate and is changed to a more appropriate level due to consideration of staff efforts and the individuals served.

The baseline measurement must be realistic and appropriate to the service being evaluated with consideration of all factors. Ongoing measurement increments are established that consider how long it takes for a reliable measure to be obtained. This will depend on how frequently it occurs. Eligibility determination can be a monthly measure while staff turnover might be measured every quarter. Most agencies have numerous numerical monthly measures, such as numbers of individuals determined eligible, closed with successful employment outcomes, and closed without successful outcomes, along with rates for each one. Additional measures more associated with quality could include numbers of individuals placed in employment as a direct result of staff involvement, the number of persons placed who exceed local area entry-level wage rates by 20%, and the rate of consumers who say they are satisfied with the services they received.

The effectiveness of any system depends on a monitoring system and a method to determine the when, what, and how for refinements. Any recommendation for refinement should happen early enough to remedy problems or challenges before the advocacy for the system is affected. It will require three key ingredients:

- Regular involvement of all staff in the monitoring process, including the committee of contact identified earlier and the individuals in management whose responsibility includes the programs being evaluated;
- Teams that work together to explore results, to assess risks and to make recommendations that are in the best interest in those being served by the agency; and
- Clearly delineated role expectations that link the program

evaluation and quality assurance staff to managers who, while the team finds, identifies and recommends action, understands it is their responsibility to monitor implementation, conduct objective analysis of recommendations, and be fearless in challenging objections of economic political barriers to initiating change.

Staff Knowledge of Performance Management Systems

For performance management to become a priority and practice in the daily life of a vocational rehabilitation agency, a clear and consistent understanding of the agency's quality assurance and program evaluation approaches is required. Two tools for facilitating this are the VR agency's State Plan and written methodology/quality assurance procedure documents and manuals.

North Carolina, South Carolina, Vermont and Iowa have provided examples of their practices. These examples provide some information about a variety of states' approaches and are not intended to serve as models or to represent best practices.

The first example is from the North Carolina Division of Services for the Blind proposed 2011 State Plan. Performance management is incorporated in all areas of the State Plan, which serves as a guide that presents the mission, goals, and objectives and then prioritizes strategies for accomplishing these.

Priority 5: Over the next three fiscal years, development of systematic program evaluations and consistent quality assurance methods will assure the agency is meeting the mission of enabling individuals who are blind or visually impaired to achieve their goals of independence and employment.

Goal 1: To provide consistent and accurate data for use for assessing program performance.

Objective (a): Provide training and follow-up to all staff in the use of the agency's new data system, Business Electronic Access Management or BEAM (anticipated initiation beginning in FFY2011), and ensuring total accessibility for all users.

Objective (b): Conduct monthly reviews of outcome data applicability by rehabilitation program chiefs and managers.

Goal 2: To provide holistic, consistent, and accurate methods of quality assurance and program evaluation.

Objective (a): Develop a draft Quality Assurance Manual outline identifying areas requiring specific methods of quality assurance based on outcome measures.

Objective (b): Obtain reviews and input from all program managers to develop draft methods to achieve holistic, consistent, and accurate measures.

South Carolina (General Agency) promotes a clear staff understanding of performance measures and quality assurance approaches through its Program Integrity model. Program Integrity features a defined set of standards and measures that balance four areas: compliance, customer service, productivity and quality. Each has measurable results, and the components of each are monitored through quarterly scorecards (although data on many of the measures are available real-time through the IT network). All are designed for a client focus while ensuring the agency maintains alignment with regulations and policies.

Compliance has measures related to adherence to client services policy, assessed through centralized quality assurance reviews of cases.

Customer Service measures include client satisfaction surveys at various stages/statuses of their cases and through mystery shopper surveys that assess staff practices in customer service.

Productivity has measures such as employment outcomes and other measures related to success in serving segmented client bases.

Examples of **Quality** measures include efficiency of decision making at different statuses and client wages and hours at closure (with formulas that include comparisons with general populations or other states in Region IV), quality of vocational assessment services and vocational objectives with client informed choice.

While there are other key agency performance measures (financial, standards and indicators), the Program Integrity model provides staff at all levels with a consistent assessment of progress and helps management in strategic planning, identifying opportunities for improvement and training. The agency utilizes the Baldrige criteria as a structure for evaluating its measures and practices to drive improvement.



Figure 3: South Carolina VR Program Integrity Model

Vermont Vocational Rehabilitation routinely reviews and updates its strategic plan. Vermont VR completes formal SWOT (Strengths, Weaknesses, Opportunities and Threat) analysis at both the management team level and then with each field office. The results of the SWOT are compiled to identify and verify statewide and local issues.

Vermont Vocational Rehabilitation works continuously to develop and review its implementation plan related to the strategic plan. A cross-representational group known as the Implementation (or I) Team meets regularly to review plans and make recommendations for changes or apprise the division of issues that should be addressed. The VR Director is always present at these meetings. The VR Director also meets with a representative group that is named the Pulse Team. The Pulse Team provides a vehicle for keeping the Director in touch with direct service staff.

Vermont VR contracts with a third party to provide biennial customer satisfaction surveys of both the consumer and employer customers. VR staff are also surveyed. Survey results are reviewed to recognize areas for further exploration where improvements are most indicated.

Vermont VR conducts 360-degree performance reviews of staff. Co-workers, customers and stakeholders are part of these reviews. Vermont VR invests in ongoing development and support activities to enable staff to be effective. An example would be the process management training that is provided all management staff. Resources were then provided to each VR region so training could be provided to local teams to enable staff

to develop improvement processes which would address opportunities for improvement previously identified through the local SWOT.

Vermont VR routinely updates and distributes dashboards with key measures (such as the federal standards and indicators) to all staff electronically. Vermont VR is constantly striving to be a data-driven organization. The division has invested in a Program and Evaluation Unit that works closely with staff to identify key data to assist Vermont VR to understand how the division is performing. The personnel in that unit are experts at designing and implementing analyses and reports which are given close attention as the division moves forward.

The Iowa VR agency (IVRS) involves stakeholders--clients, assistants, counselors, fiscal staff, mid-management, management, employers, vendors, community rehabilitation providers, state rehabilitation council (SRC), researchers, and IVRS' Administrator--to assist in quality assurance and program evaluation. Communication and involvement between all stakeholders is a key component for the success of Iowa's VR program/process. IVRS uses a number of documents and models to capture this involvement and facilitate communication.

The **strategic plan** includes the mission, motto, vision, and guiding principles. The **state plan** is written by a resource manager with input from the SRC and agency management and is developed from the goals and priorities based on the comprehensive statewide needs assessment, on requirements related to the performance standards and indicators and other RSA 911 data, and on other information about the state agency. A **logic model** describes how a program is intended to produce particular results. There are five components in a linear sequence which represent the logical flow from inputs to impact:

1. Inputs (resources such as human, financial, organizational and equipment),
2. Program activities, processes, tools, events, technology and actions,
3. Outputs, the direct products of activities to be delivered by the program,
4. Outcomes or results that are the long-term consequences of delivering output,
5. Impact, the fundamental intended or unintended change occurring in organizations or systems.

The **sustainability model** was developed and maintained by the Chief Financial Officer to assist in determining the agency's budget. The model helps calculate with some educated guesses what expenditures and funding

are going to be available now and in future years. The model attempts to predict or project the agency's budget, including all revenues and all expenditures, for the current and the next three years.

The **client satisfaction survey** is used to locate areas of quality service provision. The client satisfaction survey process is being updated with the help of Dr. David Vandergoot and Dr. Robert Stensrud from the Employment Service Systems Research and Training Center (ESSRTC) with input from the SRC. The SRC has received periodic reports of the survey process and results. The surveys are sent to every client closed after a plan had been implemented and to a random sample of 3,000 clients in active statuses:

- IPE developed, but not yet ready to begin;
- Counseling and Guidance;
- Physical or Mental Restoration;
- Training;
- Ready for Employment;
- In Employment;
- Post-Employment Services.

Survey results for the closed participants have been linked to data fields in the client service record. Initial analysis has been presented to the SRC and further analysis can be done at their request.

The **case file review** process is completed on a continuous basis by the Rehabilitation Service Bureau management team and counselors. A random selection of cases are reviewed for each counselor and tabulated in a spreadsheet by counselor, area office and agency. The report helps identify areas where the quality of services needs improvement, professional development is required and where individuals/teams exceed expectations in areas of quality.

The **RSA Standards and Indicators** from the RSA911 data are reported to many areas of management within IVRS on a monthly basis. Reports include comparisons of each area office, agency wide and for four previous years.

IVRS implemented a new management information system two years ago and is in the process of getting the data points reviewed and working properly. As progress is made, IVRS plans to make the above reports available to all staff to run when necessary. Special program/process ad hoc reports can and are requested throughout the year from the resource manager by stakeholders. Reports should be compiled and disseminated on a timely and useful basis.

Roles and Essential Functions of all Staff

All staff--from upper management to support staff--are required to be program evaluators on some level. Each person has their niche in achieving successful employment for clients and ensuring the accuracy of data reporting.

Administrators present information to legislators to receive full funding each year. They work with the management team to identify obstacles and barriers to achieving results needed to meet regulations. They make decisions on how to proceed after receiving all the information from the management team.

Rehab counselors jointly develop a plan of services with eligible individuals to achieve quality successful employment as stated at 34 CFR 361.45(c)(1), and 361.46(a)(1). They ensure each service is “appropriate to the vocational rehabilitation needs of each individual and consistent with each individual’s informed choice...to assist the individual with a disability in preparing for, securing, retaining, or regaining an employment outcome that is consistent with the individual’s strengths, resources, priorities, capabilities, interests, and informed choice” (34 CFR 361.48) and meets the goals of the Individualized Plan for Employment. Collaborative relationships are developed with consumers to increase the likelihood of successful outcomes. They serve on local committees within the community and work with local businesses finding qualified candidates to meet both individual and business needs.

Program evaluators identify strengths and weaknesses of their specific programs, determine the influencing factors and discuss with all stakeholders how to solve problems or identify what is working. They play a significant role in determining that data is reliable and relevant regarding the program.

Mid-management identifies regional office strengths and uses this information to help other offices improve in similar ways. They discuss with management activity in the region and obtain updates from management about funding shortages/overages.

Regional management can determine on a local level how the counselors and support staff are doing in a specific region of the state. They are available to work with the counselors and support staff to determine processes needed to have successful employment outcomes. Regional management communicates with other regional managers to see what is working in other areas of the state. They manage budgets by monitoring the total costs of case purchases.

The **fiscal department** ensures that all invoices/payments meet the federal and state guidelines, and that timely payments are made to vendors.

Human resources manage all processes to assure service delivery at an optimal level and to maintain a qualified professional staff.

Office Assistants/support staff enter data into the MIS, which must be accurate and efficient. Entering accurate and timely data into the system will result in useful reports for decision makers. Promptness of data entry will help counselors and management keep track of the progress of the clients in the process, costs associated with the services and outcomes.

Business representatives, sometimes referred to as placement specialists or employment services specialists, work along with the rehabilitation counselor, with individuals who are ready for job placement. Business representatives (placement specialists) assist consumers in finding suitable employment opportunities congruent with their goals. They build relationships with employers in their area so they can identify qualified applicants for vacancies.

IT staff make sure all computers and software systems are working properly and efficiently. Computers and software which are user friendly and efficient have the ability to increase productivity by all staff within the agency. Timely data is essential in completing program evaluation. IT provides access for staff that may require assistive technology.

Written Methodology/Written Quality Assurance Manuals

An organized written method of describing preferred practices is another performance management tool for ensuring consistency and valid continuity in service delivery. It is used to draw attention to the importance of fully adopting a performance management system since it crystallizes the state of the art practiced by the agency at that time. This serves as a point from which organizational change and improvement can be made. Several states have developed manuals for implementing performance management systems, including South Dakota Vocational Rehabilitation, Utah Vocational Rehabilitation and Alaska Vocational Rehabilitation Services. Samples of manuals from these three states can be viewed at <http://ncrtm.org/mod/resource/view.php?id=1866>. Excerpts are included here as examples of tools that integrate performance management into practice.

South Dakota’s manual describes the process in this manner:

DRS and SBVI recognize that conducting quality assurance activities equates to a VR program that provides effective services to individuals in South Dakota. To ensure that quality assurance remains an integral part of the administration of public VR, DRS and SBVI have formalized our quality assurance plan. The plan focuses

on the purposes, implementation steps, analysis and the results of each process. This Quality Assurance Plan is created to package these processes into a model that we feel will ensure the quality of public vocational rehabilitation in South Dakota. Also found in the plan is background on each process and examples of instruments used and results. The plan that follows this introduction is made up of the different evaluation processes.

Each evaluation process is outlined in 3 sections:

- 1. The process definition, purpose and design summary;*
- 2. A detailed guide that lists the steps that are taken in carrying out the process; and*
- 3. A section that delineates an analysis of the results and what is done with those results.*

The manual of Alaska Vocational Rehabilitation outlines performance management components as follows:

The primary components of the DVR program evaluation/quality assurance system are listed below followed by more detailed information about the components.

- 1. Standards, Measurements and Analysis*
- 2. Case Management System (AWARE)*
- 3. Staff training, Education and Development*
- 4. Case Review System (CRS)*
- 5. Strategic plan*
- 6. Policy and Procedures Manual*
- 7. Comprehensive Statewide Needs Assessment (CSNA)*
- 8. External Stakeholder Measures*
- 9. Consumer Satisfaction Surveys*
- 10. Fiscal Controls*
- 11. Cost Benefit Analysis or Return on Investment*

The manual explains each component and the roles of staff in its implementation. As good performance management systems do, it covers all areas of service delivery. The manuals are made available to staff in hard copy or on-line to ensure accessibility. They are used to incorporate the roles of all staff in the model to facilitate their understanding and “buy-in.” The roles of the rehabilitation team - from agency administrators, to program evaluators, to rehabilitation counselors, to assistive technology staff, to support staff, to outside stakeholders - are identified and

incorporated into the system. Each person contributes toward achieving successful employment outcomes for consumers and ensuring accuracy of the quality assurance reporting.

As with implementation of any system change, a steering committee comprised of individuals with knowledge about different aspects of the program is chosen to serve as both disseminators and points of contact for staff to enhance communication. Objective communication is essential and communication at all staff levels is important to ensure total buy-in. Since the goal is total integration into the matrix of the program's day to day function, this committee serves as the vehicle for communication of ideas and feedback so no idea is left behind!

Self-Study Questions for Chapter 4

1. (T/F) If incorrect or insufficient data is collected and entered into the computer system then the data will not be skewed when analyzed and reported to the stakeholders.
2. Which of the following steps lead to creative and effective performance management implementation efforts?
 - a. All staff are knowledgeable about quality assurance and performance evaluation systems
 - b. Accurate and relevant measurements are in place and fully accessible for easily entering information, gathering information and verifying information
 - c. Baseline measures are gathered that set the stage for ongoing measurements from which progress, or lack thereof, will be evident
 - d. All of the above
3. Which is not one of the two key dimensions drive the design of performance measurement systems?
 - a. The amount of effort to be expended to ensure data reliability
 - b. Barriers to employment
 - c. The degree of conceptual complexity
 - d. None of the above
4. Staff who want to make informed decisions need to address which of the following questions?
 - a. What data points are needed
 - b. What is the purpose or use of the data
 - c. What time periods are to be used/compared
 - d. All of the above
5. An example of a VR outcome measure would be:
 - a. A family member's letter thanking VR for services
 - b. A follow up survey
 - c. A rate of successful placements
 - d. All of the above
6. An unintended consequence can occur because:
 - a. An instrument used to measure an outcome had incorrect instructions
 - b. Any characteristic or activity has natural variation
 - c. An administrator misinterpreted a statistical report
 - d. All of the above
7. Performance measures
 - a. Are used to assess a consumer's work skills
 - b. Are not valid as a means of judging the quality of a counselor's work
 - c. Are limited to outcomes
 - d. Are related to standards by which a program is evaluated
8. Performance reports are intended:
 - a. Just for administrators
 - b. To ensure ongoing funding
 - c. For all stakeholders
 - d. For identifying incorrect data entries
9. (T/F) An agency can use existing tools, such as a State Plan or Strategic Plan, to effectively implement an effective performance management system.
10. (T/F) A quality assurance case review is the only process available to measure provision of quality services and areas for needed improvement.
11. (T/F) The effectiveness of any system measuring quality depends on a method to determine the who, what, and how for refinements.

Chapter 5: Professional Development and Identity

“The quality of an organization can never exceed the quality of the minds that make it up.”--Harold R. McAlindon

In most professions, there is an element of personnel seeking continued effectiveness and required supports in order to perform well and preserve their positions. This element, known as professional development, serves to enrich work practices, support research to identify promising practices, and cultivate or maintain competent personnel (Klingner, 2004). Recently, research has shown that there is no agreed-upon definition or shared understanding of the term professional development, which contributes to the lack of vision for effective ways of enrichment and support to improve the quality of various workforces (Buysse, Winton, & Rous, 2009). Furthermore, Little (1993) asserted that effective professional development requires intellectual struggle, emotional engagement, and a thorough account of the profession's history or circumstance. Researchers in the professional development of rehabilitation counseling have been exacting the definition for nearly 30 years, resulting in a discipline respected for its clarity and example among counseling specialties (Chan, Tarvydas, Blalock, Strauser, & Atkins, 2009; Emener & Cottone, 1989; Emener & McFarlane, 1985; Leahy & Tarvydas, 2001).

Well-balanced and Well-rounded

The field of rehabilitation continues to undergo an evolution which is driven by changes in societal attitudes, legislation, research, consumer involvement, and government. Starting in the early 1930s, the rehabilitation worker's job was first defined and the phrase rehabilitation counselor was coined (Emener and Cottone, 1989). In 1954, the Vocational Rehabilitation Amendments included early efforts to clarify

the role of the rehabilitation counselor, provide grants to universities to train professional rehabilitation workers, and provide a foundation for the professionalization of the rehabilitation worker (Rubin & Roessler, 2008). Current rehabilitation counselors need to be consultants, resource specialists, and counselors with expertise in technology, medical aspects of disability, vocational evaluation, legislation, career development, job market trends, job placement (Emener & Cottone, 1989; McAlees, 2001) and now quality assurance. The recent emergence of more structured program evaluation and quality assurance (PE:QA) processes have led to the emergence of greater numbers of PE:QA specialists who are further defining and shaping their role and function. Although we acknowledge that there may be differences between program evaluation and quality assurance roles, there is a wide variation in nomenclature and organization in state VR agencies. Thus for this document we refer to PE:QA specialists as personnel whose primary responsibilities are dedicated to either program evaluation or quality assurance roles.

Facilitating the professional development of well-balanced and well-rounded employees is a logical step toward incorporating new trends in organizational development and responding easily to changing environments. The modern era of limited resources and ballooning economic demands has forced all governmental programs to become more efficient. This has led to a greater emphasis on organizational development and utilizing program evaluation processes to inform program improvement. Consequently, PE:QA systems are becoming more sophisticated, refined and significant within public VR agencies. In order to be successful, each member of the organization must have an understanding of how quality assurance works and how they fit into the process. Thus, a comprehensive training plan should include educational opportunities which span all levels and sectors so that each individual understands how his or her performance affects the goals, mission, and vision of the agency. Accordingly, a successful PE:QA training plan would likely require contribution and participation by administrators, human

resource development specialists (HRDs) and the PE:QA specialists.

The enormous variety of duties, requisite knowledge base, heterogeneity of work environments as well as rapid societal, governmental, and economic change suggest that PE:QA specialists will have to prepare for continuous change. Thus their ability to adapt and evolve may be the single most influential determinant of professional success. Then the question arises: How do you develop adaptable performance? One way to ensure a level of adaptability is by developing well-balanced and well-rounded PE:QA specialists. In public VR, the majority of PE:QA specialists are currently developed from within the organization. These individuals are expected to have a high level of proficiency in both quality assurance and vocational rehabilitation sectors. VR leadership has recognized the domain specific public VR knowledge which is necessary to manage these processes, and they are becoming more familiar with the requisite QA specific knowledge. They are approaching hiring of PE:QA personnel in different ways. Some are more willing to employ an individual with less quality assurance knowledge if they “get” the VR component and thus usually appoint from within. In this case, it is assumed that the individual can develop the necessary PE:QA knowledge to be successful. Others may be seeking an individual with advanced PE:QA ability and experience in lieu of VR knowledge and thus hire from external sources. It would seem that a well-balanced and well-rounded professional would be able to manage this apparent schism and be better prepared for transforming work environments. Experience is essential to well-balanced and well-rounded professional development and should involve an iterative process of practice and feedback from institutional, operational, and self-development training activities (Mueller-Hanson, White, Dorsey, & Pulakos, 2005). This mix of structured training, on-the job training and self-directed study allow the individual to learn by gaining feedback from a variety of sources yet still fosters autonomy. In this way we can produce well-balanced, well-rounded thinkers who are prepared for varied work environments and growing organizations.

Roles

The PE:QA profession is still in its relative infancy in the field of vocational rehabilitation and has reflected a progression in evaluation and monitoring standards from federal and state sources. Program evaluation activities, particularly case file reviews, have long been part of VR systems. Historically these systems were used in training and program improvement but may not have had structured methods and links to inform decision

making. The new monitoring protocol, adopted by RSA and reflected in state reports starting in 2007, was a much more comprehensive and performance improvement-based process. The State Monitoring & Program Improvement Division reduced the emphasis on case file review and increased the importance of comprehensive quality assurance which utilizes evaluation and data to inform planning, goal setting and decision making. PE:QA specialists had traditionally been responsible for case file reviews and advancing the quality, accuracy and consistency of these reports through feedback and training to staff. In many organizations this has evolved into a position which includes a more diverse range of quality assurance duties. The modern VR PE:QA specialist is currently building a foundation for the future by defining roles and developing the processes and materials on which the organization will base its quality assurance.

There is currently little standardization or consistency in what duties constitute PE:QA and thus the field is at a crossroads of sorts. The structure, fit, and personnel roles are still indeterminate. Furthermore, the structure of PE:QA systems can take many forms within VR based on the size, governmental structure, and leadership beliefs within the agency. Even though there will likely never be homogeneity across this field, the next several years will be highly important to its legitimization, professionalization, and organization. The following depicts three examples of PE:QA structures, which could be loosely categorized as **horizontal**, **hierarchical** and **matrix** organization (Robbins, 1983; Herbst, 1977). These structures are rarely mutually exclusive but are simplified for illustrative purposes.

Example 1: Figure 4 (page 87) is an example of a **horizontal** (sometimes called flat) organization of PE:QA specialists and activities. This is typical of smaller organizations in which one or a few personnel take on PE:QA duties in addition to their myriad of other administrative roles. One benefit of this structure is that there are few intervening levels between staff and administration which allows quick decision making and uncomplicated channels of communication. The main challenges in this system are the presence of competing responsibilities and the inability of the PE:QA personnel to specialize. In this example the assistant director manages the PE:QA responsibilities as well as a host of other duties.

Example 2: Figure 5 (page 87) is an example of a mid-sized state with a **hierarchical** organization for their PE:QA personnel. This is the most common structure and is a natural evolution once an organization reaches a certain size. Within a hierarchical arrangement, PE:QA personnel may be considered administrative personnel but are under the guidance and direction of executive leadership. In this structure, it is important that

the PE:QA specialist has access to vertical (top-down, bottom-up) and horizontal feedback loops in order to facilitate the transfer of PE:QA information and protect from the threat of information silo effects. This approach has a high degree of organization and role specificity but may be challenged by barriers to the transfer of information across levels. In this example, the Program Evaluation and Planning specialist has diverse PE:QA responsibilities, such as PE:QA process development, QA manual development, case file reviews, consumer satisfaction development, and PE:QA documentation and reporting.

Example 3: Figure 6 (page 87) is an example of a **matrix** management approach to PE:QA structure and personnel. Within this organization, the program evaluation and quality assurance responsibilities are shared across the administrative and management personnel, with individuals serving on multiple committees based on need, abilities, experience and responsibilities. This approach facilitates greater information transfer through cross-sharing among members on multiple committees. It may be challenged by confusion of individual roles, difficulty in organization and oversight, and competing responsibilities. In this example the PE:QA specialist's main duties are case file reviews, review feedback and training as well as serving on the System and Procedures Improvement committee.

Vocational Rehabilitation Program Evaluation as a Profession

Over the past 35 years, program evaluation and quality assurance systems have taken on an increasingly important and greater role for continuous improvement in state Vocational Rehabilitation agencies. Accordingly, the role of the PE:QA Specialist has grown in its prevalence throughout agencies, its scope of evaluation of program activities, its defined responsibilities and the expertise needed to fulfill this role effectively.

Most recently, the call for greater accountability through federally funded programs has led agencies to move from a compliance-based to a results-focused and continuous improvement approach to program evaluation and quality assurance. It has also led state agencies to define pathways, procedures, and specific statewide standards of performance as a way of defining quality for their particular state agency. Also, attention has shifted to knowledge translation in an attempt to implement evidence based practices based on recent research. (Leahy, Thielsen, Millington, Austin, Fleming, 2009) With the seemingly increased pace and breadth of changes in program evaluation and quality assurance systems, A.P. Jarrell's comment from more than 40 years ago seems more relevant today than



Figure 4: Horizontal Structure

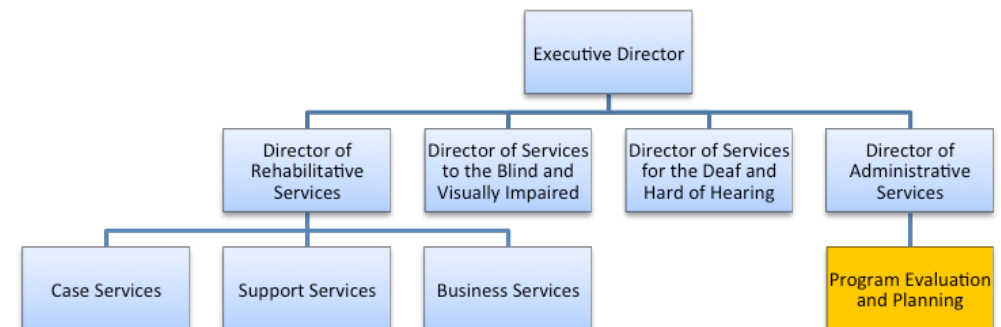


Figure 5: Hierarchical Structure

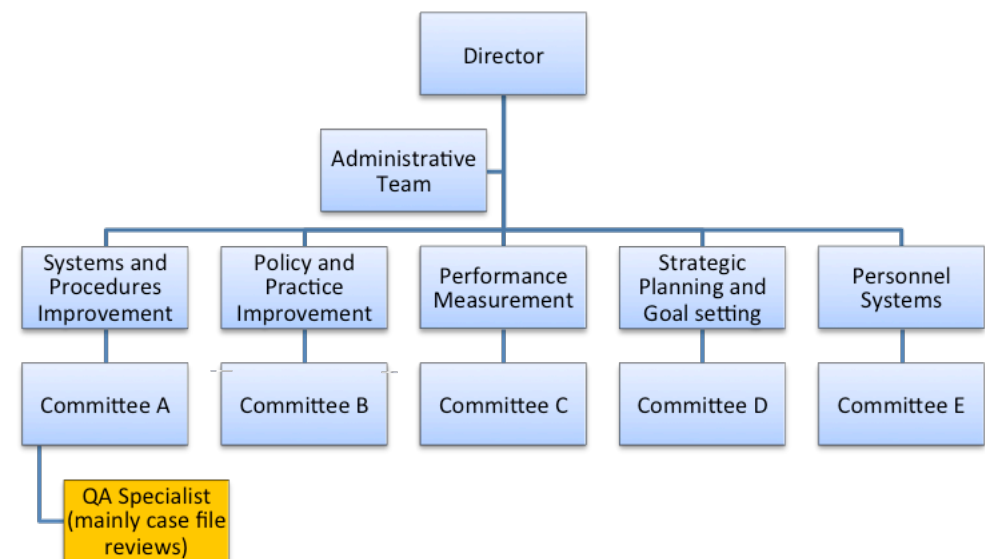


Figure 6: Matrix Structure

back then, “The future growth and development of rehabilitation is largely a function of your capacity and my capacity to change.” (Jerrell, 1966)

Each state vocational rehabilitation agency participates, to one degree or another, in program evaluation and quality assurance functions and activities. Many state agencies have at least one designated employee devoted primarily to working in these areas. With some federal regulatory mandates and allocated financial and personnel resources for program evaluation and quality assurance, does this constitute a profession?

Over the history of different occupations, several prominent definitions of characteristics of professions have emerged. Ernest Greenwood, a social worker, stated, “All professions seem to possess: (1) systematic theory, (2) authority, (3) community sanction, (4) ethical codes and (5) a culture. (Greenwood, 1957)

Myron Lubbell (1978) later elaborated on each of these 5 characteristics of a profession.

1. **Systematic theory** - Professionals have a knowledge set that is based on abstract principles, more so than operational procedures, and thus must pursue an extensive formal education.
2. **Authority** - Professionals have significant control over the nature and extent of the services that they render, because they serve clients who are generally unable to judge the quality of those services.
3. **Community sanction** - Professionals are subject to licensure or certification that delineates varying degrees of occupational jurisdiction in accordance with criteria over which they have considerable influence.
4. **Ethical codes** - Professionals adhere to standards of behavior that are explicit, systematic, binding, and public service oriented; prescribe colleague relations that are cooperative, equalitarian, and supportive; and are enforced by their associations.
5. **Culture** - Professionals have a career orientation that leads them to high personal involvement in their work and satisfaction with not only monetary rewards, but also symbols such as titles and awards.

What is the current status of Vocational Rehabilitation program evaluation in these five areas?

1. **Systematic theory.** As with many small and relatively new professions, Vocational Rehabilitation program evaluation has relied on theoretical underpinnings from larger and more developed professions to inform its practice. The professions of education, health care, program evaluation (other than VR),

psychology and industrial manufacturing have contributed in this manner. Several articles in the 2009 Special Issue of the Journal of Rehabilitation Administration on Quality Assurance describe the development of program evaluation and quality assurance in VR by using theories from these different professions. What remains to be seen is if there will be more extensive development of theories and models from within VR to inform the practice of program evaluation and quality assurance. As for education specific to VR program evaluation, CORE approved Rehabilitation Counselor Education graduate programs require program evaluation to be part of the curriculum. Most recently, several programs have considered the possibility of offering a Rehabilitation Counselor graduate degree which would offer an additional emphasis to include 5 or 6 additional courses in Program Evaluation.

2. **Authority.** By and large, PE: QA Specialists do have significant control over the nature and extent over their work. As with all program evaluators, there is variance in how much influence they have in helping to develop plans for implementation of program evaluation results.
3. **Community Sanction.** Except for the CORE credentialing for program evaluation to be part of Rehabilitation Counselor Education graduate programs, there is no universally agreed upon standard, licensure, or certification for PE: QA Specialist at this time.
4. **Ethical Codes.** From the broader profession of program evaluation there are ethical guidelines that can give direction to PE: QA Specialists. The first and most comprehensive are the Guiding Principles for Evaluators of the American Evaluation Association, which can be viewed at <http://www.eval.org/Publications/GuidingPrinciples.asp>. The second document that provides more general direction in this area is the Standards for Evaluation that was developed by the Joint Committee on Standards for Evaluation. A summary of these standards are at <http://www.eval.org/evaluationdocuments/progeval.html>. Although discussions between evaluators about ethics specific to Vocational Rehabilitation do occur regularly at conferences and in other settings, at this stage, there are no formalized ethical standards for VR program evaluation and quality assurance activities. (Patton, 2008)
5. **Culture.** Through the work of regional TACE centers, the writing of this IRI, the research work from academic institutions and NIDRR contracted researchers, education through recognized experts and networking through the National Clearinghouse of

Rehabilitation Training Materials and communities of practice such as the Summit Group, a culture for PE: QA Specialists and the improvement of VR program evaluation and quality assurance is beginning to emerge. Further involvement and participation will expand the opportunities for growth, learning, improvement and a higher standard of practice in this profession.

Competencies and CORE Standards

Before discussing the requirements for competent practice in program evaluation, we need to offer perspective on the relevance of curricula shaped by the Council on Rehabilitation Education (CORE). Section C.8 of the CORE Accreditation standards includes knowledge domain requirements for research and program evaluation which contain the following knowledge areas: review of clinical rehabilitation literature, library research skills, basic statistics, research methods, outcome-based research, and ethical, legal and cultural issues related to research and evaluation. The research component of this section requires that students demonstrate the ability to articulate current knowledge of the field, analyze research articles, apply research literature to practice, and conduct literature reviews on a given topic or case problem. Though heavily weighted toward the research domain, this section also includes typical program evaluation skills by requiring demonstration of the ability to use data to support professional opinion and testimony, to perform outcome analysis, to conduct consumer satisfaction studies, to implement meaningful program evaluation, to choose appropriate interventions, and to plan assessments. CORE also notes the need to demonstrate skills in ethical, legal, and cultural issues related to research and evaluation.

CORE has maintained close scrutiny over the knowledge domains and adjusts its response to accreditation standards based on changes in professional practice. CORE will consider adoption of a new Revised Standards which is expected to include changes to the Research and Program Evaluation Section. The proposed changes introduce a new knowledge area entitled “Effectiveness of rehabilitation counseling services” which must be evidenced by “developing and implementing meaningful program evaluation” and “provide a rationale for the importance of research activities and the improvement of rehabilitation services.” It is also proposed that the revised version will require knowledge of psychometric concepts in addition to basic statistics. This is particularly important to the design of new evaluation instruments and the appraisal of existing rehabilitation research and evaluation data. The CORE standards

stress a comprehensive curriculum which incorporates research and program evaluation competencies as well as the articulation of knowledge of the field of Vocational Rehabilitation contributing to well-rounded and well-balanced rehabilitation professionals. Though recognized, the CORE program evaluation content is still minimal and likely insufficient for the demands of modern VR agencies. For more information about the curricula requirement of CORE, please visit their website at <http://www.core-rehab.org/>.

In program evaluation literature, a taxonomy of essential program evaluation competencies was developed to establish guidelines for examining the knowledge, skills, and dispositions of people who perform evaluation functions and to identify areas for growth that would most likely advance both personal development and organizational aims (Stevahn, King, Ghere, & Minnema, 2005). These competencies are best viewed as skill-based activities (King, Stevahn, Ghere, & Minnema, 2001; Ghere, 2006) rather than as pressured expectations for VR evaluators who may feel isolated among colleagues performing very different functions in the VR office.

King, Stevahn, Ghere, and Minnema (2001) determined through empirical research program evaluation competencies that represented the unique roles and work performed across diverse situations. These competencies were reduced and revised into six essential categories (Stevahn, King, Ghere, & Minnema, 2005), including professional practice, systematic inquiry, situational analysis, project management, reflective practice, and interpersonal competence. According to Stevahn, King, Ghere, and Minnema (2005):

***Professional practice** competencies focus on fundamental norms and values underlying evaluation practice, such as adhering to evaluation standards and ethics. **Systematic inquiry** competencies focus on the more technical aspects of evaluation practice, such as design, data collection, analysis, interpretation, and reporting. **Situational analysis** competencies focus on analyzing and attending to the unique interests, issues, and contextual circumstances pertaining to any given evaluation. **Project management** competencies focus on the nuts and bolts of conducting an evaluation, such as budgeting, coordinating resources, and supervising procedures. **Reflective practice** competencies focus on one’s awareness of evaluation expertise and needs for growth, including knowing oneself as an evaluator, assessing personal needs for enhanced practice, and engaging in professional development toward that goal.*

Interpersonal competence competencies focus on the people skills used in conducting evaluation studies, such as communication, negotiation, conflict, collaboration, and cross-cultural skills. (p. 52)

As evaluators within VR programs embrace these competencies, it is likely that evaluation as an effective means of creating outcomes to meet performance indicators can strengthen. As comfort in performing evaluation tasks increases, the need for expending resources on external evaluation activities can decrease, thus creating resources for professional development and forming a continuous cycle of evaluation professionalism within VR programs.

The identification of self as a professional who completes skill-based activities that improve the effectiveness of the organization can assist in enhancing interest and motivation toward performing competent work. While it may be overwhelming to be held to standards of excellence in work performance, one's professional identity can be upheld and maintained by professional development standards.

Six Self-Identified Competencies of Vocational Rehabilitation Program Evaluators

On June 4, 2010, an email request was sent through the Summit Group email listserv asking members to respond to the following question. "What are the 5 main competencies (knowledge, skills, and abilities) that Vocational Rehabilitation Program Evaluators need to be effective?" From 24 responses, six themes emerged as main competencies for program evaluation/quality assurance specialists as identified by their peers. Many respondents included multiple statements that fell into one theme.

Results:

1. Knowledge of the State-Federal Vocational Rehabilitation System

The majority of respondents felt that knowledge of the state-federal vocational rehabilitation system is an essential competency in VR Program Evaluation. This competency area includes knowledge of: federal and state laws and regulations, agency goals and mission, stakeholder interests as well as the needs and unique circumstances of each agency. 27 responses fell within this theme.

2. Data Analysis and Interpretation

The majority of respondents felt that data analysis and interpretation is an essential competency in VR Program

Evaluation. This competency area includes knowledge about quantitative, qualitative and mixed statistical methods as well as the ability to analyze and interpret data from a variety of sources. The ability to differentiate meaningful data from significant data was also emphasized within this theme. 27 responses fell within data analysis and interpretation.

3. Interpersonal Skills, Effective Communication and Translation

Twenty-two responses fell under the theme of interpersonal skills, effective communication and translation in VR Program Evaluation. This competency area includes skills to promote teamwork and resolve conflicts while operating within a political framework. The ability to effectively translate program evaluation principles and findings to all members of an agency is also found in this theme.

4. Judgments and Recommendations

Seventeen responses referred to the ability to make judgments and generate recommendations as an essential competency in program evaluation. Respondents included the ability to differentiate practical solutions from ideal standards while implementing quality assurance solutions as a component of this competency.

5. Report Writing and Presentation

Nine responses indicated the importance of report writing and presentation as a competency in program evaluation. This competency includes the ability to generate technical reports and presentations that are understandable by peers in the field.

6. Objectivity

Nine responses reinforced the need to remain objective as a competency in program evaluation. This competency includes remaining aware of personal biases and beliefs while conducting evaluations and conducting evaluations in an ethical manner.

Note: For information on methods, more detailed results and examples provided by state program evaluators, see Appendix B.

Strategies for Professional Development

Professional development strategies can range from independent learning through academic course work and attendance at workshops to approaches that offer guidance and feedback, such as technical assistance, mentoring, communities of practice, coaching, reflective supervision, and consultation. Through employees' ongoing and active participation

in these strategies, state VR agencies can prepare professionals for the future and plan for succession in key positions. The sustainability of these approaches in maximizing the effectiveness of professional development is apparent when administrative support is evident and long-term support is provided. Outcome data on training, development, and succession planning show that these practices work. (Klingner, 2004). When providing professional development opportunities, organizations desire to create an informed personnel who can effectively share and manage knowledge to improve practice; the goal is to move personnel beyond recall of information to understanding that information at a personal level (Hagstrom, 2006; Strang, 2010).

As program evaluation and quality assurance in VR needs to be an organization-wide theme, all individuals in the organization should have training and understanding of their role in quality assurance and specific program evaluation activities. All staff within VR programs should acquaint themselves with how their individual role within the agency is affected by and can influence standards for professional development of program evaluation and quality assurance specialists.

A complete discussion of strategies for professional development may be found in Appendix C.

Succession Planning for Program Evaluators

As the State VR agencies attempt to refine and specify their PE:QA systems, it would be advisable to incorporate recruitment and succession planning to fill any current or future vacancies. Thinking in terms of filling future duties and functions rather than the replacement of individuals may be more appropriate for these evolving systems. The recruitment of PE:QA specialists may occur from internal or external sources with experience and skill priorities which are weighted toward public VR or PE:QA competencies. It may be helpful to employ promising practices to improve the number and level of individuals who may enter this field in the future. The 33rd Institute on Rehabilitation Issue gives strategies for effective recruitment which may be adapted to PE:QA specialists: (1) collaborate with college/university training programs; (2) educate graduate students regarding benefits of PE:QA within VR agencies; (3) provide paid internships; (4) seek applicants from related fields; and (5) provide increased salaries (Dew, Alan, & Tomlinson, 2008).

With any specialty knowledge area, departures can cause an immediate reduction in capacity and loss of institutional knowledge. In an emerging

niche like PE:QA, specialists must have consistency of purpose and the time to develop necessary knowledge and skills in order to competently perform this function. If these positions are transient, the personnel cannot attain the proper proficiency and experience, weakening the entire PE:QA system. But as staff progress in their careers and as organizations prepare for retirement or position advancements, it would be helpful to use the above strategies and get staff involved with others in the profession in order to effectively plan for human resource succession. The goal should be specialists who are well-balanced and well-rounded in both the public VR system and PE:QA competencies.

Where to Get Training

Each of the professional development strategies described in Appendix C offers a unique opportunity for individuals to acquire knowledge and transform their identity as a rehabilitation professional. Individuals need to sense growth and development from within the organization, thus succession planning remains a critical focus within VR programs. For specific information on where to find and receive training, please refer to the list of possible training opportunities below:

TACE Centers and Technical Assistance Network

In 2005, RSA underwent a restructuring resulting in the dissolving of the regional offices and decrease in federal staff. These regional offices and personnel previously provided oversight and technical assistance guidance to State VR agencies. RSA has responded by building technical assistance capacity from a variety of sources into a Technical Assistance (TA) Network fronted by the regional TACE Centers.

In 2008, the RCEPs were dissolved in favor of the Technical Assistance and Continuing Education (TACE) Centers with a new emphasis toward providing technical assistance to State VR agencies and their partners. The TACE Centers are charged with responding to technical assistance and continuing education needs derived from State VR agency needs assessments, monitoring reports, RSA feedback, and independent partner needs assessment. It is important to note that the TACE Center projects are new and will certainly continue to evolve with input from the State VR agencies, partners, RSA and TACE directors.

The TA Network currently includes the ten regional TACE Centers as well as select National Institute on Disability and Rehabilitation Research (NIDRR) grants, select Rehabilitation Research and Training Centers (RRTC's), the National Clearinghouse of Rehabilitation

Training Materials and the National TA Center (NTAC). RSA is increasingly adding new TA resources to the TA Network as evidenced by the funding of the RRTC on VR Program Management, the VR Rehabilitation Research and Training Center, the Centers for Independent Living Community-Based Training and Technical Assistance Project and the TVR CIRCLE technical assistance and training for American Indian Vocational Rehabilitation Service project. If your PE:QA personnel have TA or CE needs which are not being met and may be assisted by the TACE Centers, it is essential that you communicate these needs to your agency's leadership and training staff. These needs can then be communicated to the TACE Centers during their formal needs assessment processes. Once needs have been communicated they will be prioritized with input from your VR agency leadership, TACE Center Staff and RSA. Finally, work plan activities will be developed and delivered to address agreed upon needs and objectives.

The Evaluator's Institute

This training institute offers 33 courses through wide ranging topics that include foundational courses in evaluation practice (logic models, theories of change, design, methods, etc.); evaluation methods and theories; analytical approaches (measurement, qualitative, quantitative, mixed methods, meta-analysis, etc.); culture and diversity, financial and cost benefit; working with stakeholders, implementation and internal evaluation and ethical considerations. More information can be viewed at <http://tei.gwu.edu/index.htm>.

The Summit Group

Training specific to Vocational Rehabilitation Program Evaluation is offered through four different sources at this time. First, there are bi-monthly webinars that are hosted through the National Clearinghouse of Rehabilitation Training Materials (NCRTM) Program Evaluation website. The link to archived webinars and announcements for upcoming webinars is <http://ncrtm.org/course/view.php?id=100>. Second, there are tools and resources at this link to do independent study according to specific interest (consumer satisfaction surveys, comprehensive statewide needs assessment, economic impact studies and state vocational rehabilitation quality assurance manuals). Each year in September the Summit on Vocational Rehabilitation Program Evaluation is held. 2011 marks the fourth year of this annual event. Finally, the Summit Group facilitates reading groups that are six

months in length. The current on-line discussion forum related to the latest reading groups can be found on the NCRTM program evaluation website. To be added to the email list serve and receive announcements of on-going training opportunities, send your name and email address to mtshoemaker@utah.gov.

The Performance Institute

This training facility was called, "the leading think tank in performance management" on the federal Office of Management and Budget's website: <http://www.whitehouse.gov/omb/expectmore/>. They offer six different tracks, but the track that is most relevant to the VR Program Evaluator is the Performance Management Track. More details can be found at <http://www.performanceweb.org/training/>.

American Society of Quality (ASQ)

The society hosts a learning institute. They offer an Introduction to Quality Management course which covers quality management concepts and tools and introduces the Baldrige model for excellence. ASQ membership offers as benefits a monthly magazine, access to an e-section of the site and ASQ's on-line library of quality assurance materials. They have an on-line catalogue of their course offerings as well as information about conferences and other events. <http://www.asq.org/learninginstitute/index.html>.

American Evaluation Association (AEA)

This association offers numerous training opportunities. Besides sponsoring a national conference, they offer webinars, a summer institute, on-line thought leader discussions and EVALTALK, an on-line blog. Association membership is required for some, but not all of these activities. <http://www.eval.org/>.

Credentialing

A credential entitles one to confidence, credit or authority. (American Heritage dictionary, 1985) There are three generally accepted forms of credentialing: licensure, certification and registration. Within the profession of VR counseling there exist components of each of these, including such certifications as Certified Rehabilitation Counselor (CRC), Certified Case Manager (CCM) and Certified Disability Management Specialist (CDMS). At this time there is no form of credentialing that is specific to program evaluation and quality assurance functions within VR agencies.

There are several of forms of credentialing from the broader fields of program evaluation and quality assurance that may be of benefit. The American Society of Quality (ASQ) offers a wide array of different certifications. <http://www.asq.org/certification/index.html> ASQ has been offering certification examinations since 1968. Each ASQ certification has specific prerequisite requirements which include a combination of years of work experience, professional degrees and leadership experience. Recertification is required on a periodic basis for some higher level certifications, and recertification can be accomplished through continuing education which provides recertification units or sitting for the examination again. <http://www.asq.org/pdf/certification/certification-handbook.pdf>

Choosing the certification path that is right for you can be a difficult process. There is no required order in pursuing ASQ certifications. ASQ does however offer a “Recommended ASQ Certification Order by Career Track” guide <http://www.asq.org/pdf/certification/cert-career-tracks.pdf>

Not all ASQ certifications are relevant to PE:QA specialists in Vocational Rehabilitation. One logical path to pursue would be CQIA (Quality Improvement Associate), CQPA (Quality Process Analyst), CQT (Quality Technician), CQA (Quality Auditor) culminating in the terminal CMQ/OE certification (Manager of Quality/Organizational Excellence). The Body of Knowledge for each of these exams builds on the Body of Knowledge required in prior certifications. Additional information on each of these certifications including prerequisite requirements and areas covered by the exams can be found at: <http://www.asq.org/certification/right-for-you.html>

The Performance Institute, a training center in Arlington, Virginia offers a more in-depth certification process which requires extensive study and a capstone project. The Government Performance Manager Certification is the certification most closely aligned with program evaluation and quality assurance. <http://www.performanceweb.org/services/certification/> The Evaluator’s Institute at George Washington University in Washington D.C. offers a spectrum of certifications from beginner to more advanced levels of learning. <http://tei.gwu.edu/certificate.htm>

The Summit Group

The Summit Group is a community of practice of state Vocational Rehabilitation PE:QA specialists and those committed to excellence in program evaluation and quality assurance in state VR agencies. It began in June 2007 with interstate teleconference calls from Utah’s State Program Planning and Evaluation Specialist. These calls were encouraged and

endorsed by the agency leadership. After one hour teleconference calls with 11 different states’ VR PE:QA specialists, three themes emerged which helped to initiate the Summit Group.

1. When asked how these PE:QA specialists developed new processes or program evaluation tools, the most common response was they were doing what their predecessors had done or they were developing these within their own state where they may or may not have the expertise to do so effectively.
2. PE:QA specialists in these conversations identified little or no resources outside of their state agencies that were being used for technical training or continuing education related to program evaluation and quality assurance.
3. All PE:QA specialists agreed that there would be some value in getting together and meeting as a group to learn from experts and to discuss common areas of interest and concern. The basic premise that was established was that VR PE:QA specialists can be more effective in their roles if they are working together with their counterparts from different states.

Based on this information, Michael Shoemaker proposed to Don Uchida in October 2007, that the Utah State Office of Rehabilitation host the 1st Summit on Vocational Rehabilitation Program Evaluation. The Summit Planning Committee was formed in December 2007, with participants from six states: Susan Foard, Warren Granfor, Cheryl Wescott Wetsch, Carol Feuerbacher, Brian Hickman, Bertha Villegas-Kinney, Dr. Scott Sabella and Michael Shoemaker. The 1st Summit was held in Salt Lake City, Utah, in September 2008, with 47 attendees from 26 different states.

At the completion of the 1st Summit, two committees emerged. The first was given the task to plan the 2nd Summit. The second was charged with building an on-line site that would be the home for Summit Group activities. Dr. Michael Millington, director of the National Clearinghouse of Rehabilitation Training Material (NCRTM), worked with the committee to develop the Summit Group site at <http://ncrtm.org/course/view.php?id=100>. One feature of the site is the Summit QA Resource Section. It contains 34 consumer satisfaction surveys from VR agencies with a thematic analysis, comprehensive statewide needs assessment reports from eight states, quality assurance manuals and economic impact studies. The Resource Section also houses Proceedings and Materials for each of the Summits. In May 2009, the NCRTM Program Evaluation Committee began to host bi-monthly webinars on current topics of identified interest. These are archived on the site. Dr. Darlene Groomes of Oakland University facilitates the Summit Reading Groups, which are held monthly by

teleconference or on-line chat. Through this section of the site, reading group members make comments, respond to discussion questions, and communicate regarding the book that they are reading for a period of six months. (Millington, 2009)

Another form of communication used by the Summit Group is a free email list serve. Once individuals are added to the email list serve they are considered Summit Group members. Announcements for webinars and Summit events, questions posed from other Summit Group members and invitations to participate in additional activities are sent through the list serve. Anyone can request to be added to the list serve by sending their name and email address to mtshoemaker@utah.gov. Currently, there are 175 Summit Group members from 42 states, Puerto Rico and the Northern Mariana Islands. Approximately 75% of members are State VR PE:QA specialists and the remainder are educators and former presenters.

The Summit Group continues to explore innovative ways to improve the practice of PE:QA in Vocational Rehabilitation. One suggestion includes the establishment of Summit Group led research teams which would include VR PE:QA specialists, Academic Researchers, VR Middle Managers and VR Counselors. Another suggestion is developing a section of the NCRTM Program Evaluation website for the latest quality research based on specific grading criterion. Feedback and input on how to improve Summit Group activities is always invited and can be emailed to Dr. Scott Sabella at scott.sabella@unco.edu.

The following testimonial by Susan Foard (Hawaii VR Assistant Administrator) aptly illustrates the enthusiasm and productivity associated with this group.

If you need a boost of energy, a pat on the back or just a good laugh, join the Summit Group. As an administrator of VR services, I wanted to identify which of our VR processes were still effective and which processes needed to be revisited to address the changing environment of our clients. The Summit Group is comprised of voluntary VR professionals from diverse backgrounds who shared their practices in evaluation of their VR programs. For me, discussion is much more enjoyable and lasting than simply reading evaluation articles. I am currently using what I gained from the group in my assessment of the validity and reliability of our Needs Assessment. We all laughed at the mistakes we shared, we recognized each other successes and we implemented what we thought would best fit our agencies.

Carol Feuerbacher the Colorado DVR Policy and Quality Assurance Specialist also offers her perspective on the benefits of joining the Summit Group.

Being an active participant in the Summit group has been a wonderful and rewarding opportunity for me. The group has helped me to learn about program evaluation, network with other professionals and provide me with ideas to implement into our quality assurance for case file reviews. I've been involved in the Summit since its inception. It was perfect timing since I was fairly new to my position in quality assurance. For me, the Summit group has provided a network of experts. I've made many contacts and can call one of those program evaluation specialists if I have questions or want to run ideas by someone who understands the process. The Summit group has been invaluable to me in my professional growth in the field of program evaluation.

Self Study Questions for Chapter 5

1. An organizational element that serves to enrich work practice, support research, and maintain competent personnel is known as:
 - a. position augmentation
 - b. professional development
 - c. higher education
 - d. certification renewal
2. Program evaluation competencies are best viewed as _____ rather than as pressured expectations for VR evaluators who may feel isolated among colleagues who perform very different functions in the VR office.
 - a. skill based activities
 - b. renewal expectations
 - c. non-pressured expectations
 - d. personal domains
3. (T/F) Reflective practice competencies focus on one's awareness of evaluation expertise and needs for growth, including knowing oneself as an evaluator, assessing personal needs for enhanced practice, and engaging in professional development toward that goal.
4. Time, face-to-face contact, flexibility, good communication, honesty, reasonable expectations, mutual respect, and short- and long-term professional development planning are criteria for successful _____.
 - a. reflective practice
 - b. independent study
 - c. mentoring
 - d. developmental evaluation
5. Three essential elements of reflective supervision are:
 - a. presents, interruptive behavior, and superiority
 - b. regularity, collaboration, reflection
 - c. power, self-knowledge, action
 - d. critical thinking, corrective action, reflective ethics
6. (T/F) At this time, the PE:QA Profession is a long standing and advanced profession.
7. _____ are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly.
 - a. Learning networks
 - b. Cooperative Learning Groups
 - c. Additive Work Groups
 - d. Communities of practice
8. (T/F) The two basic features of communities of practice are that they are highly dynamic and socially interactive.
9. Which of the follow is not one of the identified 6 Self-Identified Competencies of Vocational Rehabilitation Program Evaluators?
 - a. Objectivity
 - b. Knowledge of the State-Federal Vocational Rehabilitation System
 - c. Critical Thinking Skills
 - d. Interpersonal Skills, Effective Communication and Translation
10. According to the document, what does being well-balanced and well-rounded help the PE:QA specialist do?
 - a. learn quickly
 - b. be adaptable
 - c. adhere to regulations
 - d. synthesize results
11. The following are examples of common organizational structures except for:
 - a. hierarchical
 - b. matrix
 - c. horizontal
 - d. spherical
12. (T/F) According to the document, the CORE standards include the necessary competencies for PE:QA specialists.
13. All of the following succession planning strategies were recommended in the document except:
 - a. recruiting from other successful state VR agency programs
 - b. collaboration with college/university training programs
 - c. providing paid internships
 - d. seeking applicants from related fields

Chapter 6: Recommendations

During the writing of this document, the Primary Study Group identified common themes, evaluated current practices and reviewed the literature that currently exists in the field of program evaluation/quality assurance as it relates to Vocational Rehabilitation. Based on a review of articles, discussions among Primary Study Group members and feedback from many professionals in the field, the group makes the following recommendations in the hope that they serve to provide guidance for informing change in policy and practice.

At the national level

We recommend:

- that NIDRR take a leading role in facilitating research that can help guide performance management within public VR systems.
- that RSA adopt standardized performance management systems for continuous improvement models emphasizing proactive rather than reactive and/or punitive monitoring processes.
- the development of a more inclusive process to develop national standards and indicators that are part of an overall performance management system.
- that RSA develop a comprehensive performance management system that allows state agencies to upload RSA-911 files to an RSA website which would then generate data quality reports, performance reports and allow the state agency staff to drill down into individual participant records to analyze all performance trends. This approach will most efficiently provide all agencies with access to full performance analysis functionality and ensure that all performance data are calculated correctly.

At the state agency level

We recommend:

- that state agencies consider the use of tools contained in this document to improve quality assurance systems.
- that state agencies promote the understanding of QA practices to personnel across all levels and sectors of the organization so that each staff person recognizes responsibility for their performance and QA.
- that state agencies develop performance management systems that use continuous improvement models.
- that state agencies give greater attention to program evaluation and quality assurance processes within Vocational Rehabilitation that include a consumer focus and input from external stakeholders.
- that these performance management processes include systematic channels for evaluation results to inform planning and policy development at a state level.
- that state agencies allocate resources to improve performance management systems including the recognition of the importance of the role and function of the PE:QA specialist within the state organizational structure.
- that resources be allocated to support PE:QA staff to actively participate in the PE Summit Group.
- the development of training curriculum which is grounded in VR to be utilized by state agencies for new PE:QA personnel.

Within rehabilitation education, professional development and professional organizations

We recommend:

- that professional organizations within the field of Vocational Rehabilitation consider divisions specific to PE:QA.
- that all Vocational Rehabilitation educational programs consider the development of program evaluation and quality assurance curricula. In addition, we support the development of programs which include program evaluation as a specialty track or emphasis.
- that the TACE Centers and other continuing education partners develop training curricula grounded in the field of Vocational Rehabilitation for new PE:QA personnel.
- that authors/educators add to the professional literature base on performance management within the field of Vocational Rehabilitation.

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Appendix A: Glossary

Chapter 1

Performance management: A system that a VR agency uses to establish its mission, set goals, implement service programs and develop measures to ensure continuous quality improvement.

Program evaluation: A systematic approach an organization uses to acquiring data associated with measures, analyzing the data, and reporting results so that appropriate decisions can be made about program policy and practice directions.

Quality assurance: A continuous process that occurs when an agency systematically takes constructive actions based on the ongoing flow of information that provides signals as to how well it is performing.

Strategic plan: A document that identifies and is clearly directed at meeting the needs of all stakeholders, most prominently, people with disabilities who seek services to advance their employment opportunities.

Goals: These are described by clearly stated objectives that have measurable outcomes and timelines that set dates for when measures of progress regarding outcome achievement are taken. The objectives should clearly state who has the responsibility for achieving them.

Measures: These are captured from a variety of sources and must reflect performance on at least one of the outcomes and objectives of the agency. Measures can also capture performance on intermediate objectives that are necessary for the eventual achievement of the outcome. Measures can reflect actual counts of events, such as successful closures, or qualitative data, such as service satisfaction expressed by agency consumers.

Administrative records: These are data routinely collected from ongoing operational activities, such as those captured by Case Management Information Systems.

Data validation: Methods, including edit programs, which identify data outliers and incorrect entries. These procedures assure that the data are correct and that the knowledge gained from analyzing the data is trustworthy.

Continuous quality improvement/development: Starting with the strategic plan, a quality assurance process is initiated that results in regularly reported benchmarks. These benchmarks are used to assess how well an agency is meeting its goals and to provide direction for modifying the strategic plan and its goals and objectives.

Focus group: A group selected for its relevance to an evaluation that is engaged by a trained facilitator on a topic of concern to the evaluation.

Chapter 2

Intended use: Evaluations should be judged by their utility within an organization and how people apply evaluation findings.

Situational analysis: Every evaluation situation is unique. A successful evaluation emerges from the special characteristics and conditions of a particular situation. Evaluators and intended users negotiate the desired uses and adapt the design to financial, political, timing, and methodological constraints and opportunities (Patton, 2008, p. 199).

Developmental evaluation: An evaluation that intends to respond to changed conditions and understandings by asking questions, applying logic, and gathering real-time data to guide the new initiative or organization development. Instead of viewing the evaluation as traditionally summative, when using evaluation for response to changes in procedures or guidelines, the evaluator can view improvement efforts as innovative and adaptive.

Chapter 3

Vendor: Any payee who supplies services or products. These often refer to Community Rehabilitation Programs (CRPs) or other entities that provide services for state VR agency consumers.

Vendor profile: A record (or database) of the current state VR agency vendors which includes important descriptive information but not necessarily evaluative information.

Community Rehabilitation Program (CRP): A program that provides vocational rehabilitation services to individuals with disabilities for the purpose of maximizing employment.

Chapter 4

Purview: The scope of somebody's knowledge.

Baseline measures: A standard of value to which other similar things are compared.

Metrics: A quantitative measure of a variable such as a personal characteristic or event that is used to assess performance.

Creaming: The practice of accepting clients who require few services or less costly services and will quickly achieve employment outcomes.

Systemic: Affecting an entire body or organization.

Reliability: The degree of consistency in measuring a variable that an instrument possesses. An instrument should measure the same way each time it is used under the same condition with the same subjects.

Performance measure: A metric that informs staff what they are accountable for.

Case Mix Adjustment: A statistical procedure that accounts for consumer characteristics in calculating expected rates for achieving placement outcomes or any other outcomes measured by the VR system.

Variation: The natural degree of difference occurring when measuring characteristics or events.

Data fields: The records usually represented by columns in a database or spreadsheet.

Outcome measure: A measure that is taken to compare actual performance to expected performance.

Interim progress measure: A measure that is used to determine the extent to which an outcome is being achieved prior to the final point in time when the outcome will actually be measured. Sometimes referred to as an intermediate objective.

Process measures: A measure of an activity to assess the extent to which it is completed or if it is being completed to some established standard.

Data element: The specification of the unit used to actual measure or describe a variable, such as a characteristic or event.

Chapter 5

Professional development: The advancement of knowledge, skills, abilities, and judgment through a wide variety of learning opportunities.

PE:QA Specialist: Personnel whose primary responsibilities are dedicated to program evaluation or quality assurance roles.

Horizontal organization: A flat organization with one or very few levels of hierarchy between leadership and subordinates.

Hierarchical organization: A typically highly organized pyramidal structure with direct chains of command from leadership through varying levels of subordinates.

Matrix management approach: An organizational structure where individuals may serve multiple roles and report to multiple supervisors depending on the project.

Independent study: Actions taken by an individual to learn and enhance knowledge in a particular field that are not part of one's day-to-day work experiences or training initiatives. To study independently, one seeks available opportunities within the home or in the local community that will enhance both personal and professional development.

Profession: An occupation or career that requires extensive study, mastery of specialized knowledge and application of skill to provide a service or produce a product.

Mentoring: A developmental partnership where one person shares knowledge, skills, information and experiential expertise or insight to foster the personal and professional growth of someone else.

Communities of practice: Groups formed by people with a specific interest, concern or activity who learn to do things better by regular interaction.

Council on Rehabilitation Education (CORE): The accrediting body for Rehabilitation Counselor Education graduate programs and undergraduate programs in Rehabilitation and Disability Studies.

National Institute on Disability and Rehabilitation Research (NIDRR): This institute sponsors, provides leadership and supports research related to the rehabilitation of individuals with disabilities. It is one of the three components of the Office of Special Education and Rehabilitative Services.

Rehabilitation Research and Training Centers (RRTCs): Funded by NIDRR, these centers focus on advanced and targeted research in such areas as improved rehabilitation methodology, service delivery systems and social and economic independence of people with disabilities.

Interpersonal competence: The possession of the people skills used in conducting evaluation, such as communication, negotiation, conflict, collaboration, and cross-cultural skills.

Appendix B: Six Self-Identified Competencies of Vocational Rehabilitation Program Evaluators

	Self-Identified Competencies	Related CORE Outcomes (2010)*	Related Evaluator Competencies (2005)**
#1	Knowledge of the State-Federal Vocational Rehabilitation System	none	3.1, 3.3, 3.4, 3.6, 3.10
#2	Data Analysis and Interpretation	C.8.1, C.8.2	2.2, 2.3, 2.4, 2.13, 2.14
#3	Interpersonal Skills, Effective Communication and Translation	none	3.4, 3.5, 3.7, 3.11, 6.2, 6.3, 6.4, 6.5
#4	Judgments and Recommendations	C.8.3	2.15, 2.16
#5	Report Writing and Presentation	none	1.6, 2.18, 3.4, 6.1
#6	Objectivity	none	5.1, 5.2

*Council on Rehabilitation Education Curriculum Research and Program Evaluation Student Learning Outcomes <http://www.core-rehab.org/>

**Stevahn, L., King, J. A., Ghery, G., Minnema, J. (2005). Establishing essential competencies for program evaluators. *American Journal of Evaluation*, 26, 43-59.

Methods Brief

On June 4, 2010 an email request was sent through the Summit Group email listserv asking members to respond to the following question. "What are the 5 main competencies (knowledge, skills, and abilities) that Vocational Rehabilitation Program Evaluators need to be effective?" The email was sent to all 127 listserv subscribers. 3 of these emails were returned undeliverable and 4 returned an automatic out of office email where the person did not later respond. From the remaining 120, there were 24 respondents from 22 different states. From these 24 responses themes were constructed through the use of content analysis. Content analysis is a qualitative research data analysis technique which uses analytic induction to reduce data to relevant themes "the process involves the simultaneous coding of raw data and construction of categories that capture relevant characteristics of the document's content" (Merriam, 1998, p.160).

Triangulation was achieved through the analysis of multiple data sources and agreement of themes by multiple investigators. Triangulation "is a procedure used to establish the fact that the criterion of validity has been met" (Schwandt, 2001, p. 257).

From these 24 responses six themes emerged as main competencies for program evaluation/quality assurance specialist as identified by their peers. Many respondents included multiple statements that fell into one theme.

Detailed Results

1: Knowledge of the State-Federal Vocational Rehabilitation System:

The majority of respondents felt that knowledge of the state-federal vocational rehabilitation system is an essential competency in VR Program Evaluation. This competency area includes knowledge of: federal and state laws and regulations, agency goals and mission, stakeholder interests as well as the needs and unique circumstances of each agency. 27 responses fell within this theme.

Related CORE Curriculum Research and Program Evaluation Student Learning Outcomes: none

Responses within this theme include but are not limited to the following standards from (Stevahn et al., 2005):

- 3.1 Describes the program
- 3.3 Identifies the interests of relevant stakeholders
- 3.4 Serves the information needs of intended users
- 3.6 Examines the organizational context of the evaluation
- 3.10 Respects the uniqueness of the evaluation site and client

“A program evaluator must have an extensive knowledge of VR, including law, procedures, policies, state plan, and ethics, in order to perpetuate the mission of VR through Program Evaluation in a way that is helpful and ethical.”

“Knowledge of federal and state laws, regulations, and guidelines governing the administration, funding, and delivery of vocational rehabilitation service programs.”

“Understanding of the program, why things are done the way they currently are done, what the constraints are imposed by federal and state law. Specifically what do the law and regulations require vs. what have people been doing forever and just assume it has to be carried on in that way.”

“Ability to understand that “one size fits all” does not fit into human service delivery systems (For example, (1) what works in downtown Charlotte, NC, may not work in Perquimans County, NC, and outcomes may or may not be comparable, or (2) measurement of a small number or small percentage of success when working with persons with the most significant disabilities cannot always be compared with other success rates of other populations to determine effectiveness)”

2: Data Analysis and Interpretation:

The majority of respondents felt that data analysis and interpretation is an essential competency in VR Program Evaluation. This competency area includes knowledge about quantitative, qualitative and mixed statistical methods as well as the ability to analyze and interpret data from a variety of sources. The ability to differentiate meaningful data from significant data was also emphasized within this theme. 27 responses fell within data analysis and interpretation.

Related CORE Curriculum Research and Program Evaluation Student Learning Outcomes:

C.8.1 Basis statistics and psychometric concepts

C.8.1.a understand research methodology and relevant statistics.

C.8.2 Basic research methods

C.8.2.a. interpret quantitative and qualitative research articles in rehabilitation and related fields.

C.8.2.b apply research literature to practice (e.g., to choose appropriate interventions, to plan assessments)

Responses within this theme include but are not limited to the following standards from (Stevahn et al., 2005):

2.2 Knowledgeable about quantitative methods

2.3 Knowledgeable about qualitative methods

2.4 Knowledgeable about mixed methods

2.13 Analyzes data

2.14 Interprets data

“The person should be comfortable with both quantitative and qualitative data collection methodologies and their accurate interpretation.”

“The ability to understand and identify when data is incongruent (doesn't make sense relative to other data or is inconsistent with what you “know” to be true) in order to know when additional information is needed because:

- a. The problem being uncovered is one that was totally unanticipated, or
- b. There is a problem with the survey or other data instrument.”

“The ability look at an array of information and data and identify what information is significant and meaningful to your program and what is not.”

“Since people /counseling knowledge doesn't always translate into an understanding of “numbers”, if the person is coming to the job from a counselor or field position, they may need some training/mentoring in the interpretation and analysis of data. “

3: Interpersonal Skills, Effective Communication and Translation

22 responses fell under the theme of interpersonal skills, effective communication and translation in VR Program Evaluation. This competency area includes skills to promote teamwork and resolve conflicts while operating within a political framework. The ability to effectively translate program evaluation principles and findings to all members of an agency is also found in this theme.

Related CORE Curriculum Research and Program Evaluation Student Learning Outcomes: none

Responses within this theme include but are not limited to the following standards from (Stevahn et al., 2005):

3.4 Serves the information needs of intended users

3.5 Addresses conflicts

3.7 Analyzes the political considerations relevant to the evaluation

3.11 Remains open to input from others

6.2 Uses verbal/listening communication skills

6.3 Uses negotiation skills

6.4 Uses conflict resolution skills

6.5 Facilitates constructive interpersonal interaction (teamwork, group facilitation, processing)

“The ability to explain evaluation processes, data, and results/conclusions in a way that it can be understood by others.”

“The person should be able to explain quantitative findings in managerial terms so managers can make data driven decision.”

“Strong interpersonal skills to be able to work and communicate effectively with widely diverse groups of individuals, including the ability to stay committed to the integrity of the program evaluation process when challenged by “political” or other interests that may attempt to sway or influence findings or recommendations.”

“The skill of being able to communicate, negotiate and arbitrate agreements and sometimes compromise with the majority of stakeholders for the benefit of the program.”

4: Judgments and Recommendations

Seventeen responses referred to the ability to make judgments and generate recommendations as an essential competency in program evaluation. Respondents included the ability to differentiate practical solutions from

ideal standards while implementing quality assurance solutions as a component of this competency.

Related CORE Curriculum Research and Program Evaluation Student Learning Outcomes: none

C.8.3 Effectiveness of rehabilitation counseling services.

C.8.3.a develop and implement meaningful program evaluation

C.8.3.b provide a rationale for the importance of research activities and the improvement of rehabilitation services

Responses within this theme include but are not limited to the following standards from (Stevahn et al., 2005):

2.15 Makes judgments

2.16 Develops recommendations

“Understanding differences between sensible compromises from ideal practices and inadequate attention to high standards and best practices”

“Ability to translate intellectual findings into operational recommendations for performance improvement”

“Ability to incorporate academia and research data with functional and operational outcomes to determine predictions and recommendations in evaluations.”

“Ability to make decisions, recommendations and solve problems based upon data gathered. “

5: Report Writing and Presentation

Nine responses indicated the importance of report writing and presentation as a competency in program evaluation. This competency includes the ability to generate technical reports and presentations that are understandable by peers in the field.

Related CORE Curriculum Research and Program Evaluation Student

Learning Outcomes: none

Responses within this theme include but are not limited to the following standards from (Stevahn et al., 2005):

1.6 Contributes to the knowledge base of evaluation

2.18 Reports evaluation procedures and results

3.4 Serves the information needs of intended users

6.1 Uses written communication skills

“Skill in writing for understanding by others in the field.”

“The ability to report their findings clearly.”

“Design and production of technical reports, including table design, charts, graphs, and other information displays.”

“Ability to communicate both in writing and in person assessment outcomes and potential recommendations in a manner that (1) facilitates change in a positive manner, and (2) provides guidance to measure the effectiveness of the change. “

6: Objectivity

Nine responses reinforced the need to remain objective as a competency in program evaluation. This competency includes remaining aware of personal biases and beliefs while conducting evaluations and conducting evaluations in an ethical manner.

Related CORE Curriculum Research and Program Evaluation Student Learning Outcomes: none

Includes but is not limited to the following standards from (Stevahn et al., 2005)

5.1 Aware of self as an evaluator (knowledge, skills, dispositions)

5.2 Reflects on personal evaluation practice (competencies and areas for growth)

“Willingness to step away from what you “know” to be “true!” (the willingness to learn/accept new findings, to appreciate surprises... either positive or negative..., and to examine former beliefs.)”

“Conducting program evaluation in an ethical, honest, and statistically valid manner; but also being savvy of potential biases that could influence findings or recommendations.”

“Willingness to admit being wrong. Confidence to act when correct.”

“To identify ethical dilemmas and their potential ramifications and then to have the moral and ethical will to act upon your individual conclusions.
“

Appendix C: Strategies for Professional Development

Mentoring

The idea of mentoring often conveys a relationship in which a qualified person helps a less experienced individual by objectively providing guidance in the work setting (Schlee, 2000). Ideally, organizations could view a mentor as one who helps a person to develop professionally in circumstances free of limits natural to a supervisory relationship. Equally, the mentee could be viewed as one bringing forth new ideas or priorities into the organization (Kelly, 2000).

In VR programs, it is helpful when a more experienced, actively involved person can impart wisdom about the technical and political arenas of work performance. Having someone to check in with after completing a data pull or after observing a case file review process has great value, including enhanced motivation, higher goal achievement, and permanence in the position. Tyler, Blalock, and Clarke (2000) found in their study on mentoring for grant writing in higher education that understanding early on the general motives, scope of responsibilities, and goals for the relationship yielded a mutually supportive environment and successful outcomes. Haack (2006) asserted that after one circuit through each of an organization’s system with the support of a mentor, the more likely a novice can become self-reliant and ultimately grow into a leadership role. As novice PE:QA specialists become aware of proper channels and current methods and procedures for how things get done in their organization, more time can be spent on informed and effective work practices.

To set up an effective mentoring relationship, administrators and staff have to see its value. Necessary criteria for a successful mentoring program are: time, face-to-face contact, flexibility, good communication, honesty, reasonable expectations, mutual respect, and short- and long-term professional development planning (Haack, 2006). Moreover, DeMille (2010) asserts that quality mentors help students learn how to see their internal potential and how to study and practice in ways that greatly increase the flow of learning.

Communities of practice

Communities of practice are groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly. They may come together through purposeful planning or as an incidental participation. They come about through social interaction and learning, but not all social learning constitutes a community of practice.

(Wenger 2006)

There are three crucial characteristics to communities of practice. They are the domain, the community and the practice.

1. The Domain: A community of practice is defined by a shared domain of interests. It implies commitment to the domain and a shared competence that distinguishes members of the community from others. For example, Vocational Rehabilitation Counselors are part of the same domain. They have similar sets of interests such as how to effectively assist people with disabilities in finding employment and how to refer for treatment of services to remediate the effects of disabilities so clients can expand their opportunities for employment. They have a similar commitment which is to assist people with disabilities to prepare for and obtain employment and increase their independence. And they have shared competencies that set them apart from other professionals. These may include being able to identify common impediments to employment from many different disability types and the skills to negotiate an Individualized Plan for Employment which is both feasible and reflects informed choice.

2. The Community: A community of practice has members that interact and learn together. A website in itself is not a community of practice. In the pursuit of their practice, members build relationships of trust, participate in joint activities and discussions, help each other and share information. Legitimate peripheral participation and knowledge creation are two fundamental and interrelated activities of communities of practice. Legitimate peripheral participation refers to the process of learning through interaction, discussion and listening to those with expertise in practice that moves a person involved in the community of practice from being a newcomer to an old timer. (Lave & Wenger, 1991) Knowledge creation is the process that results in new knowledge, or organizes current knowledge in new ways such as inventing techniques to use with existing knowledge. (Stuhlman, 2010) Through participation in the community, a professional develops their expertise, skill, and professional identity. Through knowledge creation, the community increases its usefulness and relevance to the professional.

3. The Practice: A community of practice is made up of practitioners who use their knowledge. They develop a shared repertoire of resources, experiences, stories, tools, and ways of addressing problems as a shared practice. This takes substantial time and

sustained interaction to develop. (Wenger 2006)

Communities of practice develop through many different activities. Some examples are problem solving, sharing experience, answering requests for information, discussing developments of new areas of knowledge or innovation, identifying tools and assets, coordinating specific work groups and documenting projects. The two basic features of communities of practice are that they are highly dynamic and socially interactive.

Independent learning opportunities

Consistent and diligent independent study is a critical part of a sound foundation for a disciplined and principled practice of program evaluation and quality assurance. It is often the difference between a PE: QA Specialist just going it alone based on intuition versus practicing their profession based on up to date, relevant, and quality research. The two greatest challenges for practitioners can be to make regular time for rigorous and meaningful independent study and to not give up if tasks of a higher priority emerge. However, over time those that do routine independent study realize that a significant independent learning process does lead to better practice and ultimately to better quality assurance systems.

In beginning an independent learning program there are three recommended guiding principles. First, read classics not textbooks. Original sources contain living words that connect the reader with learning. Second, inspire, not require. Find some aspect of your work that you will study out of your love of learning. Third, seek simplicity, not complexity. Some learning aspects are complex by nature and some are made complex by design of writers. (DeMille, 2006)

Reflective supervision

Organizations that move toward relationship-based practice find it important to integrate some form of reflective practice into their programs (Gilkerson, 2004). Reflection refers to the ongoing process of critically examining past and current practice to facilitate the development of future performance (Wesley & Buysse, 2001). According to Jones and Cookson (2001), the application of reflective practice has resulted in new learning and improved performance in paramedic practices where scenarios and case studies with focused dialogue achieve positive learning outcomes. Bringing the practice of reflection into a supervisory relationship can strengthen professional development of all staff, and in particular, PE:QA specialists who carry out tasks that represent the entire agency.

Gilkerson (2004) recommends three essential elements of reflective

supervision: regularity, meaning that the supervisor is present and fully available without interruption; collaboration, where power is shared with the understanding that the relationship is asymmetrically tipped toward the supervisor; and reflection, a question-asking activity from both parties that elicits self-knowledge and critical thinking. It seems important in vocational rehabilitation programs, as evaluation and quality assurance standards are strengthening, that experienced staff collaboratively monitor staff who perform evaluation functions. It is through one's willingness to construct knowledge about their practice through reflection with others that broadens interest, commitment, and possibilities for change (Gordon, 2008; Wesley & Buysse, 2001).

Coaching

The benefit of adding coaching as a professional development strategy in vocational rehabilitation (VR) is that it provides the individual with guided practice in the actual work setting. When coupled with professional development that offers group practice-based strategies, where individuals sharpen their thinking and problem-solving skills outside of the work setting, coaching can be an effective strategy (Driscoll, 2008). Research from Neuman and Cunningham (2008) who studied different types of professional development among early childhood educators found that coaching produced higher quality practices than professional development alone. Furthermore, their study implicated that by engaging in practice and reflecting on that practice with a more experienced colleague, new strategies for teaching and supports for learning were incorporated into their daily routines. In vocational rehabilitation settings, having a coach to assist in observing and suggesting ways of improving evaluation practices may bring order and consistency to the work that needs to be accomplished.

Appendix D: Program Evaluation and Quality Assurance Classics

In September 2009, 20 Summit Group Members responded to an email list serve request for classics that they have found useful in their work. The following list was created based on their responses. Although some of these are textbooks, they are also tools that PE: QA Specialist indicated that they go back to again and again as they accomplish their work.

Program Evaluation and Quality Assurance Classics

1. Sylvia, R.D. & Sylvia K.M. (2004). *Planning and Evaluation for the Public Manager*, Third Edition, Prospect Heights, IL: Waveland Press.
2. Rossi, P.H., Lipsey, M.W. & Freeman, H.E. (2003). *Evaluation, A Systematic Approach*, Seventh Edition, Thousand Oaks, CA: Sage Publications, Inc.
3. de Vaus, D. (2001). *Research Design in Social Research*, Thousand Oaks, CA: Sage Publications, Inc.
4. Wiltz, K.L. (2000). *Proceedings of the Teton Summit for Program Evaluation in Nonformal Environmental Education*. (This can be found by Googling Teton Summit on Program Evaluation.)
5. Deming, W.E. (2000). *Out of Crisis*, Boston, Massachusetts: The MIT Press.
6. Patton, M.Q. (2008). *Utilization-Focused Evaluation*, Fourth Edition, Thousand Oaks, CA: Sage Publications, Inc.
7. Dillman, D.A., Smyth, J.D. & Christian, L.M. (2008). *Internet, Mail and Mixed-Mode Surveys: The Tailored Design Method*, Hoboken, New Jersey: John Wiley & Sons, Inc.
8. Morgan, D.A. & Krueger, R.A. (1997). *The Focus Group Kit, Volumes 1-6 [Box Set]*, Thousand Oaks, CA: Sage Publications, Inc.
9. Online handbooks and texts are located at the American Evaluation Association's website at: <http://www.eval.org/Resources/onlinehbt.txt>.
10. Walton, M. (1988). *The Deming Management Method*, New York, NY: The Berkley Publishing Group.
11. Ouchi, W. (1993). *Theory Z: How American Companies Can Meet the Japanese Challenge*, New York, NY: Avon Books.
12. Levin, H.M. & McEwan, P.J. (2000). *Cost Effectiveness Analysis: Methods and Applications*, Second Edition, Thousand Oaks, CA: Sage Publications, Inc.

13. Galloway, D. (1994). *Mapping Work Processes*, Milwaukee, WI: American Society of Quality Press.
14. Wholey, J.F., Hatry, H.P. & Newcomer, K.E. (2004). *Handbook of Practical Program Evaluation*, Wiley, John & Sons Inc., Somerset, N.J.