Service Standards

Vocational Rehabilitation Services

Purpose

Vocational rehabilitation services support individuals with disabilities in achieving and maintaining increased community integration, social inclusion, self-determination, independence and self-efficacy, and improved quality of life through the realization of their vocational goals.

Definition

Vocational Rehabilitation Services (VOC) provide individualized coordination of counseling, career planning, training, support services, and job placement to help individuals with disabilities achieve their employment and life goals.

The VOC Standards cover a range of programs that support individuals with disabilities in preparing for, obtaining, and maintaining employment that matches their vocational goals including skill development training, vocational evaluation, work adjustment, job development and placement, supported employment, and work services.

Interpretation: *Throughout this document the term "individual" is defined to include the service recipient. In instances where the individual cannot make their own decisions, sign documents, or is otherwise limited in their ability to provide informed consent, the term "individual" may be understood to also include an advocate or legal guardian, as in "...the individual, their advocate, or legal guardian..."*

"Team" is defined to include the individual's family, friends and other natural supports, circle of support, support/service broker, service coordinator, advocate/legal guardian, or others chosen by the individual. It is essential that members of the person's team are chosen by the individual to the extent possible and appropriate.

Note: *Supported Employment programs will complete VOC 1, VOC 2, VOC 3, VOC 4, VOC 8, VOC 9, and VOC 11.*

Note: *Please see the VOC Reference List for the research that informed the development of these standards.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Vocational Rehabilitation Services

VOC 1: Person-Centered Logic Model

Purpose

Vocational rehabilitation services support individuals with disabilities in achieving and maintaining increased community integration, social inclusion, self-determination, independence and self-efficacy, and improved quality of life through the realization of their vocational goals.

The organization implements a program logic model that describes how resources and program activities will support the achievement of positive outcomes.

Note: *Please see the Logic Model Template for additional guidance on this standard.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,
- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one outcome has been identified for all of its programs.

3 Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,
- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,
- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs.

Table of Evidence

Self Study Evidence

• Program logic model that includes a list of outcomes being measured	
• See program description completed during intake	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel

VOC 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e., inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e., the size and scope of services delivered);
e. desired outcomes (i.e., the changes you expect to see in persons served); and
f. expected long-term impact on the organization, community, and/or system.

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the program logic model includes, but is not limited to: characteristics of the service population; needs assessments and periodic reassessments; and the best available evidence of service effectiveness.*

VOC 1.02

The logic model identifies at least two desired outcomes appropriate to the program or service population.

Interpretation: *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

Vocational Rehabilitation Services

VOC 2: Personnel

Purpose

Vocational rehabilitation services support individuals with disabilities in achieving and maintaining increased community integration, social inclusion, self-determination, independence and self-efficacy, and improved quality of life through the realization of their vocational goals.

Program personnel have the competency and support needed to provide services and meet the needs of persons served.

Interpretation: *Competency can be demonstrated through education, training, or experience, including lived experience. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications and, as a result, the integrity of the service may be compromised; or
- Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards.

Table of Evidence

Self Study Evidence

• Procedures or other documentation relevant to continuity of care and case assignment	
• List of program personnel that includes: 1. Title 2. Name 3. Employee, volunteer, or independent contractor 4. Degree or other qualifications 5. Time in current position • See organizational chart submitted during application	

Site Visit Evidence

- Sample job descriptions from across relevant job categories
- Documentation tracking staff completion of required trainings and/or competencies
- Training curricula
- Caseload size requirements set by policy, regulation, or contract, when applicable
- Documentation of current caseload size per worker

On-Site Activities

- Interviews may include:
    1. Program director
    2. Relevant personnel
- Review personnel files

VOC 2.01

All direct service personnel are trained on, or demonstrate competency in:

a. ethical and equitable decision-making
b. identifying informal support networks;
c. making appropriate referrals;
d. understanding laws governing how paid employment may affect eligibility for disability and other benefits;
e. accessing appropriate trainings and programs in the community;
f. workplace socialization and job placement strategies for individuals with disabilities and special needs;
g. understanding the diversity of employment and rehabilitation approaches;
h. working as a member of an interdisciplinary team; and
i. common barriers to inclusion, integration, and self-determination for persons served.

VOC 2.02

When staff with lived experience provide peer support, the organization:

a. clearly defines their roles and responsibilities;
b. includes peer support staff as equal partners on the interdisciplinary team;

c. helps other program personnel understand the position and its purpose at the program;
d. establishes guidelines for recruitment and selection;
e. ensures peer support staff are trained to perform their roles and responsibilities;
f. provides ongoing support and supervision to address any issues that occur, including helping peer support staff manage personal triggers that may arise on the job; and
g. facilitates opportunities for peer support staff to connect and consult with others performing similar roles.

NA: The organization does not utilize peer support staff.

Examples: *Staff with lived experience who provide peer support can play an important role in engaging, empowering, supporting, and advocating for persons served. When they are viewed and included as full partners who have input into program decisions, peer support staff can help organizations ensure their culture and practices prioritize the experience and involvement of persons served and their support networks.*

Organizations may also use other terms to describe peer support staff such as peer/family partners, peer support specialists, youth advocates, family advocates, family mentors, and/or family liaisons.

VOC 2.03

Supervisors are qualified by:

a. an advanced degree in social work or a comparable human service field;
b. an advanced degree in vocational rehabilitation or vocational counseling;
c. a bachelor's degree in a human service field and two years' experience in the vocational rehabilitation field; and/or
d. national or state certification, licensure, or registration in the vocational rehabilitation field.

VOC 2.04

A supervisor is available to provide case consultation at all times services are provided.

VOC 2.05

The organization minimizes the number of workers assigned to persons served over the course of their contact with the organization by:

a. assigning a worker at intake or early in the contact; and
b. avoiding the arbitrary or indiscriminate reassignment of direct service personnel.

VOC 2.06

Employee workloads support the achievement of desired outcomes and are regularly reviewed.

Examples: *Factors that may be considered when determining employee workloads include, but are not limited to: the qualifications, competencies, and experience of the worker, including the level of supervision needed; the work and time required to accomplish assigned tasks and job responsibilities; and service volume, accounting for assessed level of needs of persons served.*

Vocational Rehabilitation Services

VOC 3: Intake and Assessment

Purpose

Vocational rehabilitation services support individuals with disabilities in achieving and maintaining increased community integration, social inclusion, self-determination, independence and self-efficacy, and improved quality of life through the realization of their vocational goals.

The organization's intake and assessment practices ensure that persons served receive prompt and responsive access to appropriate services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- In a few rare instances, urgent needs were not prioritized; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized;
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Screening and intake procedures	
*	• Assessment procedures	
*	• Copy of assessment tool(s)	

Site Visit Evidence

*	• Community resource and referral list

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

VOC 3.01

Individuals are screened and informed about:

a. how well their request matches the organization's services; and
b. what services will be available and when.

NA: Another organization is responsible for screening applicants, as defined in a contract.

VOC 3.02

Prompt, responsive, intake practices:

a. gather information necessary to identify service needs and determine when a more intensive service is necessary;
b. give priority to urgent needs and critical situations;
c. support timely initiation of services; and
d. provide placement on a waiting list, or referral to appropriate resources, when individuals cannot be served or cannot be served promptly.

VOC 3.03

Persons served participate in an individualized, culturally and linguistically responsive vocational assessment that is:

a. completed within established timeframes;
b. appropriately tailored to meet the age and abilities of the individual;
c. inclusive of interviews, discussion, individual observation, and other appropriate techniques needed to properly assess individual needs and functional level;
d. comprehensive and inclusive of all areas that could impact service participation and achievement of agreed-upon goals; and
e. updated as needed based on the needs of persons served.

Interpretation: *All organizations are expected to work with the individual to complete a vocational assessment that informs the vocational plan, regardless of the vocational rehabilitation services they provide.*

VOC 3.04

The vocational assessment should include:

a. identification of the individual's disability;
b. vocational interests, preferences, and goals;
c. vocational history, work experience, and relevant training or formal qualifications;
d. skills and aptitudes;
e. the need for accommodations or assistive technology;
f. level of functioning;
g. relevant health, social, and behavioral factors;
h. the need for support services;
i. available community resources; and
j. individual strengths and resources.

Interpretation: *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA Accreditation's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

Examples: *Workplace accommodations can include, but are not limited to: accessible parking, public transportation stops close to the program site, elevators, reduced work hours or more frequent breaks, specially designed workstations, enlarged print, special lighting, or text-based telecommunications equipment.*

Vocational Rehabilitation Services

VOC 4: Vocational Planning and Monitoring

Purpose

Vocational rehabilitation services support individuals with disabilities in achieving and maintaining increased community integration, social inclusion, self-determination, independence and self-efficacy, and improved quality of life through the realization of their vocational goals.

Individuals are the primary decision-makers in the development and ongoing review of a vocational plan that is the basis for the delivery of appropriate services and support.

Interpretation: *Generally, all decisions are made with the informed consent of the individual. While informed consent is not necessarily written, the fact that consent was given should be noted in the individual's case record.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- With few exceptions, staff work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc.; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Case reviews are not being done consistently; or
- Vocational planning is done without the full participation of persons served; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Individual staff members work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc.; but this is the exception.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

* • Vocational planning and monitoring procedures	
* • Procedures for referring individuals for services	

Site Visit Evidence

* • Community resource and referral list

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

VOC 4.01

An assessment-based vocational plan is developed promptly with the full participation of the individual, and their team when appropriate, and includes:

a. agreed upon vocational goals, desired outcomes, and timeframes for achieving them;
b. barriers to employment and methods for minimizing their impact;
c. services and support to be provided, and by whom;
d. possibilities for identifying, maintaining, and strengthening natural supports and other informal social networks; and
e. documentation of the individual's or team's participation in service planning.

VOC 4.02

The organization works in active partnership with individuals, and their team as appropriate, to:

a. assume a service coordination role, as appropriate, when the need has been identified and no other organization has assumed that responsibility;
b. ensure that they receive appropriate advocacy support;
c. assist with access to the full array of services to which they are eligible; and
d. mediate barriers to services within the service delivery system.

Examples: *Some methods that organizations can use to facilitate regular contact among partnering service providers include but are not limited to: virtual networking; email/phone; co-location; satellite locations or roving vans; and referral or formal contracting.*

VOC 4.03

The organization documents in the case record that it has advised the individual about how paid employment may affect eligibility for disability and other benefits and documents efforts made to ensure the individual understands explanations.

VOC 4.04

The worker and a supervisor, or a clinical, service, or peer team, review the case quarterly, or more frequently depending on the needs of persons served, to assess:

a. vocational plan implementation;
b. progress toward achieving agreed upon goals and desired outcomes; and
c. the continuing appropriateness of the agreed upon vocational goals.

Interpretation: *When experienced workers are conducting reviews of their own cases, the worker's supervisor must review a sample of the worker's evaluations as per the requirements of the standard.*

VOC 4.05

The worker, individual, and their team when appropriate:

a. review progress toward achievement of agreed-upon vocational goals and desired outcomes;
b. assess their ongoing satisfaction with the vocational plan; and
c. revise vocational goals and plans when indicated.

Vocational Rehabilitation Services

VOC 5: Skill-Development Training

Purpose

Vocational rehabilitation services support individuals with disabilities in achieving and maintaining increased community integration, social inclusion, self-determination, independence and self-efficacy, and improved quality of life through the realization of their vocational goals.

The organization works with community employers to design and deliver training programs that help persons served acquire the knowledge and skills necessary to achieve their vocational goals.

NA: The organization does not provide skill-development training services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Course descriptions for each training course	

Site Visit Evidence

*

- Skill-development training curriculum
- Sample of training course materials
- Training schedule for the previous 12 months

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served
- Review case records

VOC 5.01

Skill-development training is tailored to meet the individual's vocational objectives, and courses are modified, as necessary, to accommodate the skills, functional level, and learning styles of persons served.

VOC 5.02

Skill-development training addresses:

a. job search and networking skills;
b. job expectations;
c. job maintenance skills;
d. time management;
e. money management;
f. how to use public transportation;
g. work-related interpersonal skills, including anger management and conflict resolution; and
h. other work practices, such as payroll deductions, union dues, and insurance.

VOC 5.03

Training schedules are flexible including evening hours and, when possible, virtual learning opportunities, and individually paced instruction.

Example: *Individually paced instruction allows students to skip over material they are familiar with or to move slowly through material that is more difficult. When individually paced instruction is offered through a computer-based program, it is often more effective to provide this type of instruction in a classroom-style setting where a teacher or trainer is still available if the student has questions.*

VOC 5.04

The organization reviews each of its skill-development training courses every two years with input from local businesses, and makes modifications as necessary, to ensure that training programs:

a. reflect current employment trends and local labor market conditions; and
b. meet the needs of local employers.

VOC 5.05

Each training course has a written course description including the curriculum, location, and meeting time of training sessions.

VOC 5.06

Persons served are offered skill-development training courses in integrated settings, either directly or by referral, as appropriate to their individualized employment objectives.

Vocational Rehabilitation Services

VOC 6: Vocational Evaluation Services

Purpose

Vocational rehabilitation services support individuals with disabilities in achieving and maintaining increased community integration, social inclusion, self-determination, independence and self-efficacy, and improved quality of life through the realization of their vocational goals.

The organization uses a structured vocational evaluation process to help individuals identify viable employment options and set their vocational direction.

NA: The organization does not provide vocational evaluation services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Vocational evaluation procedures	

* • Copy of evaluation tool(s)	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

VOC 6.01

Individuals participate in an individualized, comprehensive vocational evaluation that:

a. uses a combination of interviews and standardized and evidence-based assessment tools and methods;
b. is inclusive and culturally relevant;
c. addresses all aspects of a person's vocational needs, including physical, cognitive, and emotional factors that could impact vocational goals and outcomes; and
d. is updated as needed to identify and address ongoing challenges and/or changes in life circumstances, needs, or vocational goals.

Note: *Implementation of VOC 6.01 may overlap with implementation of VOC 3.03 when Vocational Evaluation Services are provided.*

VOC 6.02

The vocational evaluation identifies the person's:

a. work history, goals, challenges, and values;
b. physical and cognitive abilities;
c. skills, aptitudes, and areas for growth; and
d. accommodations and resources needed to achieve vocational goals.

Note: *Implementation of VOC 6.02 may overlap with implementation of VOC 3.04 when Vocational Evaluation Services are provided.*

VOC 6.03

The organization uses the results of the vocational evaluation to develop real or simulated work experiences that:

a. are limited in scope and duration;
b. provide an opportunity for the individual to explore vocational options;
c. include necessary accommodation when applicable; and
d. test specific skills and work-related behaviors in an environment that closely matches the competitive work environment.

Examples: *Skills and work-related behaviors that can be tested in the real or simulated work environment can include the person's ability to work as a member of a team, dependability, punctuality, attention to detail, initiative, and perseverance.*

VOC 6.04

Results of the vocational evaluation and work experience:

a. are provided to persons served in an easy-to-read format, using straightforward language;
b. include clear recommendations for next steps that consider the results of the evaluation and work experience, the person's interests and goals, and local labor market conditions; and
c. are discussed at a meeting with the person so they can provide input or make changes to next steps.

Vocational Rehabilitation Services

VOC 7: Work Adjustment Services

Purpose

Vocational rehabilitation services support individuals with disabilities in achieving and maintaining increased community integration, social inclusion, self-determination, independence and self-efficacy, and improved quality of life through the realization of their vocational goals.

The organization provides supervised employment opportunities and on-the-job training to assist the individual in developing basic work skills, attitudes, and habits and bolstering their confidence in workplace settings.

NA: The organization does not provide work adjustment services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Work adjustment planning procedures	

*	• Job matching procedures	
*	• Ongoing monitoring procedures	

Site Visit Evidence

*	• Training curricula, as applicable

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

VOC 7.01

The individual participates in the development of an individualized, written work adjustment plan that specifies:

a. measurable objectives and specific outcomes;
b. the work environment in which the individual is likely to succeed;
c. barriers to achieving work-related goals; and
d. personnel responsible for helping the individual to achieve the goals of the plan.

Note: *Implementation of VOC 7.01 may overlap with implementation of VOC 4.01 when Work Adjustment Services are provided.*

VOC 7.02

The individual is matched with a job that aligns with their skills, interests, and abilities and that meets the objectives of the work adjustment plan.

VOC 7.03

The organization offers a gradual introduction to work and the workplace setting based on the needs and vocational goals of the individual.

Examples: *Gradually introducing someone to work settings can include starting with simulated work experiences and then moving into real-world placements or positions, or offering supported employment or job coaching for individuals who may need more intensive support while adjusting to their position.*

VOC 7.04

Individuals develop the skills, behaviors, and habits necessary to be successful in the workplace including:

a. the technical skills needed for their position;
b. time management skills;
c. problem-solving skills;
d. workplace habits including dependability, punctuality, attention to detail, initiative, and perseverance;
e. stress management and coping strategies;
f. psychomotor skills; and
g. interpersonal and workplace communication skills.

Examples: *Interpersonal and workplace communication skills can include how to build and maintain positive professional relationships with coworkers, supervisors, and customers and how to resolve interpersonal conflicts in the workplace and work as part of a team.*

VOC 7.05

The organization reinforces new skills outside of the workplace setting by:

a. involving families or caregivers in services and incorporating their ideas, informal supports, and natural resources into interventions where appropriate; and/or

b. providing information to families or caregivers on how to embed learned strategies into daily interactions in natural settings.

VOC 7.06

The organization conducts ongoing monitoring of the individual's progress and ensures each person receives regular feedback to celebrate achievements, support the ongoing development of needed skills, and address emerging challenges.

Vocational Rehabilitation Services

VOC 8: Job Development and Placement Services

Purpose

Vocational rehabilitation services support individuals with disabilities in achieving and maintaining increased community integration, social inclusion, self-determination, independence and self-efficacy, and improved quality of life through the realization of their vocational goals.

The organization helps the individual find and retain employment appropriate to their vocational objectives, skills, capabilities, and preferences; and assists employers when individuals require special accommodations.

NA: The organization does not provide job development and placement services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for providing post-employment follow-up	

Site Visit Evidence

*

- Examples of local labor market information made available to persons served
- Informational materials or other information provided to employers

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served
    4. Employers

- Review case records

VOC 8.01

The organization partners with local employers who can demonstrate opportunities for career advancement.

VOC 8.02

The organization provides the individual with:

a. current information about the local labor market, consistent with their interests and abilities;
b. information about various job options or professions;
c. assistance in developing a job search strategy; and
d. education on networking, interview, and negotiation techniques.

VOC 8.03

The organization provides post-employment follow-up services to improve job retention by:

a. regularly assessing the appropriateness of the placement;
b. providing ongoing evaluation of employee satisfaction;
c. offering the individual short- or long-term support services, as necessary; and
d. exploring opportunities for career development and advancement.

VOC 8.04

The organization documents in the case record:

a. information about the individual's job;
b. relevant information about the employer;
c. initial follow-up within three months of job placement; and
d. post-employment contacts.

Examples: *Details about the placement can include, but is not limited to, the supervisor's name, date of hire, or salary.*

VOC 8.05

The organization establishes and maintains relationships with employers, and services to employers include:

a. education about disabilities, job accommodations, and the possibilities for, and benefits of, employing individuals with disabilities;
b. assistance with developing employment opportunities for individuals with disabilities;
c. identification of and assistance with addressing physical and attitudinal employment barriers; and
d. on-site job analysis.

Vocational Rehabilitation Services

VOC 9: Supported Employment Services

Purpose

Vocational rehabilitation services support individuals with disabilities in achieving and maintaining increased community integration, social inclusion, self-determination, independence and self-efficacy, and improved quality of life through the realization of their vocational goals.

The organization facilitates the integration of individuals with severe disabilities into the competitive labor market through job coaching, real-world work environments, and ongoing support services.

NA: The organization does not provide supported employment services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

No Self Study Evidence

Site Visit Evidence

*

- Examples of job descriptions
- Skills training curricula

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served
    4. Employers

- Review case records

VOC 9.01

The organization and the individual negotiate a customized employment arrangement with the employer that:

a. is in the competitive labor market;
b. has a competitive wage;
c. is tailored to the individual's functional level, interest, skills, and employment goals; and
d. includes ongoing, two-way communication between the organization and the employer to address any challenges.

Examples: *Customized employment arrangements can include, but are not limited to, job carving, job sharing, self-employment, and developing a new job description to address unmet business needs.*

VOC 9.02

Personnel provide ongoing support and direct supervision to the individual, both on and off the job site, as indicated in the vocational plan.

VOC 9.03

The organization supports the individual's workplace effectiveness by offering pre-employment and on-the-job training on:

a. the technical skills needed for their position;
b. how to use public transportation;
c. interpersonal and workplace communication skills;
d. problem-solving skills;
e. self-advocacy and self-determination; and
f. stress management and coping strategies.

VOC 9.04

Job placement and ongoing support promote opportunities for career exploration, job expansion, and advancement, as indicated in the vocational plan.

Vocational Rehabilitation Services

VOC 10: Work Services

Purpose

Vocational rehabilitation services support individuals with disabilities in achieving and maintaining increased community integration, social inclusion, self-determination, independence and self-efficacy, and improved quality of life through the realization of their vocational goals.

The organization provides a structured work environment, training program, and financial compensation to maintain the individual's level of functioning or to facilitate movement toward community employment.

NA: The organization does not provide work services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Procedures for evaluating performance and progress towards competitive employment	

Site Visit Evidence

*

- Copy of informational handbook provided to persons served

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served

- Review case records

VOC 10.01

Work assignments:

a. consider the individual's vocational goals;
b. prioritize the individual's choice and self-determination;
c. address any special needs, including the need for accommodation; and
d. ensure ethical practices that prevent the exploitation of persons served.

VOC 10.02

The organization prepares and distributes a handbook to persons served that meets the written and oral communication needs of individuals and addresses:

a. work conditions, compensation practices, and fringe benefits;
b. workplace rules and regulations;
c. grievance and appeal procedures; and
d. the process persons served follow to achieve community employment.

VOC 10.03

The organization develops a system for evaluating the employee's work performance and progress toward competitive employment.

Vocational Rehabilitation Services

VOC 11: Case Closing and Aftercare

Purpose

Vocational rehabilitation services support individuals with disabilities in achieving and maintaining increased community integration, social inclusion, self-determination, independence and self-efficacy, and improved quality of life through the realization of their vocational goals.

The organization works with the individual, and their team when appropriate, to plan for case closing and, when possible, to develop aftercare plans.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, the organization terminated services inappropriately; or
- Active participation of persons served occurs to a considerable extent; or
- A formal case closing evaluation is not consistently provided to the public authority per the requirements of the standard.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Case closing procedures	

* • Aftercare planning and follow-up procedures	

Site Visit Evidence

* • Relevant portions of contract with public authority, as applicable

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

VOC 11.01

Planning for case closing:

a. is a clearly defined process that includes the assignment of staff responsibility;
b. begins at intake; and
c. involves the worker, the individual, and others, as appropriate to the needs and wishes of the individual.

VOC 11.02

Upon case closing, the organization notifies any collaborating service providers, as appropriate.

VOC 11.03

If an individual has to leave the program unexpectedly, the organization makes every effort to identify other service options and link the person with appropriate services.
Interpretation: *The organization must determine on a case-by-case basis its responsibility to continue providing services to individuals whose third-party benefits are denied or have ended and who are in critical situations.*

VOC 11.04

When appropriate, the organization works with persons served and their team to:

a. develop an aftercare plan, sufficiently in advance of case closing, that identifies short- and long-term needs and goals and facilitates the initiation or continuation of needed supports and services; or
b. conduct a formal case closing evaluation, including an assessment of unmet needs, when the organization has a contract with a public authority that does not include aftercare planning or follow-up.

VOC 11.05

The organization follows up on the aftercare plan, as appropriate, when possible, and with the permission of persons served.

NA: The organization has a contract with a public authority that prohibits or does not include aftercare planning or follow-up.