New York Systems Change and Inclusive Opportunities Network (NY SCION) Disability Resource Coordinator (DRC) Quarterly Report

Please identify only those activities performed during the reporting period.

 **Date Submitted:** Click or tap here to enter text.

**Reporting Period:** Click or tap here to enter text.

**Prepared by:** Click or tap here to enter text.

**LWDB :**  Click or tap here to enter text.

 **SECTION ONE – NARRATIVE SUMMARY OF ACTIVITIES**

*For categories 1-10 below, please summarize key activities and outcomes that address each topic.* ***Please only discuss activities that occurred during the quarter.*** *In addition, please:*

* Use your implementation plan as the basis for your reporting.
* If you are building on successes/events that took place in previous quarters, please include a brief status in your narrative to demonstrate progress made or challenges identified.
* Focus on activities and outcomes of activities that address systems change.
* Identify any new or innovative strategies undertaken or implemented.

*If there is nothing to report, that should be specified.*

# Partnerships and Collaborations

New partnerships and/or collaborations. Specify the total number of new partnerships established during the previous quarter. Include any new workgroup (*e.g., Employment Resource Teams, or WIOA Disability Standing Committee*) or collaborative activities here.

Click or tap here to enter text.

# Career Pathways

Career exploration and career pathways best practices (*e.g., creation of micro-credential programs in partnership with community colleges, development of accessible curriculum*). Include any training or work experience programs that have been created and/or expanded. Include the number of work experience placements that have led to unsubsidized employment.

Click or tap here to enter text.

# Service Delivery

Linking customers to partners and community resources through Integrated Resource Teams (IRTs). Please focus on activities that support occupational skills training, or those that support or lead to unsubsidized employment goals. Specify the total number of IRT meetings during the quarter that assisted customers with disabilities.

Click or tap here to enter text.

Customer employment outcomes that occurred during the quarter resulting from IRTs.

Click or tap here to enter text.

Customer training completed other than occupational skill training (*e.g., disability disclosure, Work Incentive Seminar Events (*[*WISE*](https://choosework.ssa.gov/wise/)*), Americans with Disabilities Act, accommodations*). List number of trainings, as well as who facilitated and the audience that attended.

Click or tap here to enter text.

Staff capacity building (*e.g., staff training facilitated by DRC/providers, DRC professional development, NY SCION One-Stop Operating System (OSOS) Custom Tab training*). Please include training topics, who provided the training, a general description of the types of staff who received the training (*e.g., partner staff, front line staff, employment counselors*), and number trained.

Click or tap here to enter text.

Benefits advisement (*i.e., social security administration and other public benefits*) and work incentive counseling. Please include the number of participants to whom you are currently providing these services and a broad summary of those services (*e.g., beneficiaries using impairment related work expenses, opening ABLE accounts, participating in the Medicaid Buy-In Program*).

Click or tap here to enter text.

Promotion, marketing, and other activities related to the Ticket to Work Program.

Click or tap here to enter text.

# Challenges/Barriers

Describe any challenges or delays encountered during the reporting period and actions or plans to resolve them. Only describe significant challenges that may impede project progress.

Click or tap here to enter text.

# Next Steps

Describe any upcoming activities that will support and build upon the goals in your implementation plan.

Click or tap here to enter text.

SECTION TWO – SUSTAINABILITY

For questions 1-3 below, please focus on how the activities above have led to sustainable systems change. You should use your implementation plan as a guide.

1. Based on your implementation plan and milestones/outcomes achieved this quarter, describe how you have assessed and/or evaluated progress toward intended goals. Further, describe how you have evaluated achievement of intended goals.

Click or tap here to enter text.

Please describe any project outcomes and goals from your implementation plan that have been changed.

Click or tap here to enter text.

Please describe any leveraged funding (e.g., grants, public/private funding) that has been secured, and include the number of funding sources and the total funds awarded or received.

Click or tap here to enter text.

# SECTION THREE – SUCCESS STORY[[1]](#footnote-2)

*Please only provide exceptional examples of systems level change to policy and practice. If there is nothing to report, that should be stated.*

*Style reminders:*

* *Do not use case notes.*
* *Keep paragraphs short – no more than 5-6 sentences.*
* *Keep story to no more than two pages.*
* *Stick to the facts.*
* *Avoid using passive voice (e.g., “Trainings were provided.”). Use active voice (e.g., “X partner provided Y trainings to Z participants.”) and be clear about who is doing the action in every sentence.*
* *Include direct quotes if they strengthen the story.*
* *Limit use of acronyms. If you use acronyms, spell them out on first mention.*
* *Use plain language.*
* *Avoid jargon. Keep messages simple and concise.*
* *Avoid broad, sweeping statements (e.g., “A significant amount of money was saved”).*
1. Success Story Title:

Click or tap here to enter text.

Problem Overview:

Click or tap here to enter text.

*Self-Check – Have you:*

* *Described the problem being addressed and why it’s important?*
* *Used data to frame the problem?*
* *Specified the affected population(s)?*

Program and/or Activity Description:

Click or tap here to enter text.

*Self-Check – Have you:*

* *Identified who was involved, including your partners?*
* *Described the program/activity that was implemented, including where and when it took place and how it addressed the problem?*
* *Identified the target audience of the program/activity?*
* *Described how the progress of the program/activity is evaluated?*
* *Stated how the grant contributed to the program/activity?*

Program and/or Activity Outcomes:

Click or tap here to enter text.

*Self-Check – Have you:*

* *Identified the short-term or intermediate outcomes that demonstrate how the program/activity addressed the problem (e.g., change in policy, use of curriculum, change in school-level practices, establishment of additional funding, etc.)?*
* *Provided a conclusion to the success story that avoids using broad, sweeping statements?*
1. This template was adapted from Data Across Sectors for Health (DASH) – Multi-sector community health initiatives. [↑](#footnote-ref-2)