

# **Organizational SnapShot for Statewide Independent Living Councils (SILCs)**

## **Introduction**

The Organizational SnapShot for SILC Strategic Planning© is a step-by-step questionnaire that enables you to take a picture of your SILC as it exists today. Structured within nine management categories, the questions guide you to identify various resources that support the day-to-day operations of your organization. These resources include policies, procedures, programs, finances, equipment, staff and more. It can reveal everything about your organization to obtain as complete a picture as possible.

The Organizational SnapShot is an investment of your time and an investment in the future of your organization. The greater your effort, the greater the payoff for your SILC. It all begins when you and your council members look at the organizational culture (IL philosophy) of your SILC and the elements that create that culture. You begin to examine the administrative management practices and governance of your SILC along with other management practices, including human resources, financial resources and the physical plant. The Organizational SnapShot guides you through programs, consumer involvement and community relations practices as well.

Your responses to the SnapShot questions will generate an overview of policies, resources and programs currently in place for your SILC. The completed SnapShot will identify the critical components of your organization listed in nine management categories and will guide you in critically examining and identifying what your SILC is doing in these areas of operation.

## **Instructions**

To prepare a SnapShot of your organization, respond to the following questions. Consider involving your executive committee and council members in providing information. Your responses to the questions give you an overall picture of your SILC with enough depth and detail to begin strategic planning. As you identify what you currently have in place at your council, you also identify potential areas for planning and development. This list of potentials becomes a list of discussion points for your strategic planning process.

Sharing the SnapShot responses with your council, staff and other stakeholders may reveal additional information. Once everyone has had time to review the completed Organizational SnapShot, schedule a planning session where goals are identified in each of the nine management categories. Examine the urgency and the importance of each goal as it contributes to the vision and mission of the council. Organizing the goals with the greatest importance and urgency become your strategic planning process.

Applying a timeline, assigning appropriate people and resources and anticipating outcomes to the list of prioritized goals adds detail to your strategic plan. This becomes a map to your SILC's future. Once in place, the Organizational SnapShot becomes a benchmark. In five years, when it is time to do it again, the Organizational SnapShot shows where you were and how far your SILC has come. Comparing versions of the SILC SnapShot shows where you were and what your council has accomplished.

The purpose for creating a 5-year strategic plan is to provide organizational continuity beyond the 3-year Statewide Independent Living Planning (SPIL) process. The 5-year SILC strategic plan will give new council members a head start on SILC operation as terms expire for existing council members and it will provide basic content for the next Statewide Plan.

The Rehabilitation Research and Training Center on Independent Living Management is available to assist in applying the Organizational SnapShot to your SILC. Experienced facilitators will work with you and your council to prepare the SnapShot, identify gaps, prioritize goals and develop a vision, mission and strategic plan for the growth of your organization.

Applying the SILC Organizational SnapShot. A recommended series of steps for applying the SnapShot to your council:

1. Begin the SnapShot questionnaire two months prior to the first planning meeting. At this time, the executive director may choose to include board and council staff members in answering the questions, especially directors who are new to a SILC. You may send the SnapShot questionnaire out to be completed with an assigned return date or meet with board and council members and answer the questions.
2. One month prior to your first planning meeting, distribute the completed SnapShot questionnaire to board and council members. Instruct them to review the information and identify potential goals for council development.
3. Hold a planning meeting (more than one meeting may be needed). Schedule plenty of time for discussion.
  - a) Review the nine management categories and identify areas that need development or areas where questions may not be complete. Determine if organizational goals are associated with these needs or unanswered questions.
  - b) List the goals, and for each goal determine:
    - Is the goal consistent with the council vision / mission?
    - How important is the goal to the success of the SILC?
    - How urgent is the need to begin acting on the goal?
  - c) Goals that are rated most important and most urgent have the highest priority. Goals with lesser importance or urgency are lower priority. Taking the highest priority goal first, determine if this is a board goal (one which the board must implement) or a staff goal (one that the SILC staff implements).
  - d) Assign a start date and time interval for completion of each goal. Assign the people who will be responsible for completing the goal and what they are to produce (a report, a policy for adoption or a program for review). Be sure to include the target audience and the anticipated outcome of the goal. This will indicate how the achievement of this goal will be of benefit and its value to the SILC and the State.
4. Record the information for each goal and a completion date on a calendar. Your result will be a long range plan for the development of the SILC.
5. After five years, you will want to retrieve the SILC Organizational SnapShot to review the information you originally recorded. You will be able to add the accomplishments and identify new developmental needs. The SnapShot becomes the historical foundation for regular examination and planning for the SILC.

## Organizational SnapShot for SILC Strategic Planning©

Name of the Council: \_\_\_\_\_

Name of Person Completing: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### MANAGEMENT CATEGORIES

#### ORGANIZATIONAL CULTURE (IL PHILOSOPHY)

##### A. History

In two paragraphs, describe the formation of your council, the persons involved, when, where, how and why it started.

Provide significant activities, milestones and events that highlight your council's evolution to the current year.

##### B. Council Statements and Policies:

Check the statements that you have and attach a copy.

- |                           |              |                 |
|---------------------------|--------------|-----------------|
| 1. Vision                 | Attached [ ] | Do Not Have [ ] |
| 2. Mission                | Attached [ ] | Do Not Have [ ] |
| 3. Current 5 Year Plan    | Attached [ ] | Do Not Have [ ] |
| 4. Equal Access Statement | Attached [ ] | Do Not Have [ ] |

##### C. Service Philosophy (if different from your Vision / Mission)

Describe the guidelines that define your council's philosophical approach to programming.

##### D. Independent Living Criteria:

Please check those that you have in place.

\_\_\_\_ 50% + 1 of council members are people with disabilities?

\_\_\_\_ 50% + 1 of council staff people with disabilities?

\_\_\_\_ 50% + 1 of council management are people with disabilities?

**Section 1**

**E. IL Philosophy Training: (please check the following)**

IL Philosophy and History training is given to:

- 1. New Staff (orientation) YES [ ]
- 2. Council Members YES [ ]
- 3. Participating Agency/Organization representatives YES [ ]
- 4. Other (please specify)\_\_\_\_\_

**F. Council Orientation**

Please attach or describe the following:

- 1. Staff Orientation Process Attached [ ] Do Not Have [ ]
- 2. Council Orientation Process Attached [ ] Do Not Have [ ]
- 3. Volunteer Orientation Process Attached [ ] Do Not Have [ ]

**G. Mandatory Training**

- 1. List mandatory training topics for your council / staff. Attached [ ] Do Not Have [ ]

## **ADMINISTRATIVE MANAGEMENT**

### **A. Management Structure**

Describe the management structure of the council. Identify management levels and reporting relationships and a brief description of manager responsibilities (not the job description).

### **B. Formal Communication Process**

Explain how the council members and administrative staff communicate with each other (meetings, memos, e-mail).

### **C. Organizational Structure**

Attach a copy of your council's current organizational chart. (Indicate positions only)

### **D. Job Titles and Descriptions**

Identify all administrative staff job titles and briefly describe the responsibilities of each position.

### **E. Emergency Conditions**

1. Describe your emergency closing procedures.
2. Attach your emergency response plan (emergency community evacuation response)
3. Attach your emergency and fire evacuation plan for your center staff.
4. Attach your disaster response/recovery plan. (if separate from your emergency & fire evacuation plan)

## PHYSICAL PLANT MANAGEMENT

### A. Site Information

- Identify your SILC's location (street address and section of the city or town, access to public transportation).
- Provide a sketch or description of your office floor plan - (one floor or two, number of exits, accessibility).
- How many people are working at the facility (paid and volunteer), in how many offices and work areas (spaces). Give a clear picture.
- Identify other sites where services are provided or council staff work and the number of people working there. (Insert addresses)

### B. Phone System

Describe your phone system and include special features.

### C. Computer System

Describe your computer system (PC or Mac, operating systems, age, networked, features, standard software).

List the type of computer stations, primary users, e-mail capability, network connections and type of Internet access.

### D. Space Amenities

List the number of offices in each facility and the number of staff assigned to that office space.

Identify other spaces (libraries, kitchens, training rooms, storage and janitorial space, lavatories (number, type and accessibility), conference and / or meeting rooms (type and accessible features like video, audio loop).

Describe what these other spaces are used for (staff only use, volunteer and consumer use, community use) and the approximate size of the space.

### E. Facility Problems

Identify any problems with the facility heating/cooling systems, parking lot, plumbing, electrical issues, accessibility, transit access, etc.

### F. Space Utilization

Identify any problems with crowding of staff, lack of privacy and other specific needs as it relates to space in the facility.

### Section 3

#### **G. Rent / Own**

Indicate how your administrative office space is provided. Identify if the SILC owns or rents the facility, the time left on the mortgage or lease plus the amount paid monthly and/or yearly. Repeat this information for additional physical locations.

#### **H. Security Systems**

1. Identify your security system for your facility (alarm system for unauthorized entry and fire/emergency).
2. Identify your security system for your computer network and data storage (anti-virus, firewall, user restrictions)
3. Identify your security system for confidential records (how is confidential information (records) stored, checked out, tracked and returned.)

## GOVERNANCE / BOARD AFFAIRS

### A. Council Membership

1. Identify the total number of council members.
2. Council Disability Representation. (Does the cross disability of your council membership represent the cross disability of the State?)

Using the table provided, list the number and percentage of council members in each disability type and the percentage of disability types served by IL centers in the State.

|                  | # of council members by disability | % of council members by disability | % disabilities served by state centers (SILC 704 data) |
|------------------|------------------------------------|------------------------------------|--|
| physical         |                                    |                                    |  |
| visual           |                                    |                                    |  |
| hearing          |                                    |                                    |  |
| mental emotional |                                    |                                    |  |
| cognitive        |                                    |                                    |  |
| multiple         |                                    |                                    |  |
| non-disabled     |                                    |                                    | N/A  |

3. Board Membership Race / Ethnicity Representation. (Does the racial and ethnic diversity of the council membership represent the racial and ethnic diversity of the State?)

Using the table provided, list the number and percentages of council members in each racial/ethnic group and the data from the US Census for your State.

|   | # of council members by race/ethnicity | % of council members by race/ethnicity | US Census data of state % race/ethnicity |
|---|--|--|--|
| American Indian or Alaska Native          |  |  |  |
| Asian                                     |  |  |  |
| Black or African American                 |  |  |  |
| Hispanic or Latino                        |  |  |  |
| Native Hawaiian or Other Pacific Islander |  |  |  |
| White                                     |  |  |  |
|   |  |  |  |

#### **Section 4**

4. List the number of ex-officio, non-voting members and their state agency affiliation.
5. Identify the number of Native American (121) project representatives on the council (if applicable).
6. List the number of parents or guardians of individuals with disabilities on the council.
7. Identify the number of disability rights advocates and individual advocates on the council.
8. Identify the number of representatives from private businesses on the council.
9. Identify the number of representatives from organizations that provide services for individuals with disabilities on the council.
10. Identify the number of representatives from other human service organizations on the council.
11. Identify the percentage of council members that represent independent living centers.

#### **B. Independent Living Center Representation**

Describe the way the statewide network of CIL directors selects independent living representatives to the council.

#### **C. Council Meetings**

1. Identify the frequency of full council meetings.
2. Identify the frequency of the executive committee meetings.
3. Identify where the council meets and describe the process that is involved in conducting these meetings (sample agenda, rules of order, communicating the date and location).
4. Identify the costs of each meeting as it relates to:
  - a) meeting room
  - b) meals
  - c) lodging
  - d) travel
  - e) accommodations (assistive listening devices, interpreters, Braille, real time captioning, and etc.)
  - f) mailing costs

#### **D. Officers**

List officers of the council with a description of their responsibilities (job description or statement of duties from by-laws - President, Vice President, Treasurer, Secretary).

#### **Section 4**

##### **E. Committees**

List the committees of the council and describe their duties and responsibilities (Executive and Standing Committees).

- a) List the names of ad-hoc committees and task forces and describe their purpose and composition.
- b) List the names of consumer advisory committees and describe their purpose and composition.

##### **F. By-Laws**

List the sections of the By-Laws of the council; only include the sections and titles, not the details.

##### **G. G. Public Meeting Policy**

Insert a copy of the “Open Public Meeting Policy” for the State.

## FINANCIAL MANAGEMENT

### A. Fiscal (See the Sample SILC Budget on the last page)

1. What is the council’s annual budget amount?
2. Revenue Sources and Amounts

In the table below, list each funding source in the category and the amount.

| Funding Categories    | Sources (if more than one) | Amounts |
|-----------------------|----------------------------|---------|
| Federal               |                            |         |
| State                 |                            |         |
| Local (county / city) |                            |         |
| Grants                |                            |         |
| Contracts             |                            |         |
| Fundraising           |                            |         |
| Fee for Programs      |                            |         |
| Memberships           |                            |         |
| Other*                |                            |         |

\*Other Sources - Amount of funds in trusts, endowments, etc.

3. Accounting System
  - a) Name the type of accounting system used by your council.
  - b) Where is the accounting done and by whom (cost of the outside service if applicable)?
  - c) If the council’s accounting is done internally, describe what accounting procedures are done (payroll, paying bills, billing grants and funding sources), by whom and using what kind of accounting program (computer or manual bookkeeping, date of publication or purchase).
  - d) How many pay periods per year?
4. Contracts and Service Expenses
  - a) List all contracts that the council has with other service providers and organizations and or individuals and the annual amounts for each.
  - b) List all service contracts; describe the service provided and the annual cost (equipment service contracts, maintenance service contracts).
5. Insurance

List the various types of insurance your council carries, what they cover, the level of coverage and annual premium amounts.

## Section 5

### **B. Fund Raising**

1. What is the total gross income from all fund raising events?
2. Events and Activities  
Describe each event and identify the amount raised.
3. Person in Charge  
Identify the person in charge for each event. Indicate whether they are a staff person or volunteer, list their title and a brief description of their duties.

### **C. Council Fiscal Policies**

1. Describe the reimbursement process for council members.
2. Identify which council members can release funds.
3. Identify which council members must authorize checks and the number of signatures required.

## HUMAN RESOURCE MANAGEMENT

### A. Staff

- 1. Total number of council staff \_\_\_\_\_
- a) Number of staff members with disabilities \_\_\_\_\_

### B. Departments

- 1. Names of departments and what they do.
- 2. Number of staff in each department (list the number of staff in the department starting with).
  - \_\_\_\_\_ the number of supervisors
  - \_\_\_\_\_ the number of administration staff
  - \_\_\_\_\_ the number of service staff
  - \_\_\_\_\_ the number of other personnel involved (volunteers, maintenance, etc.)

### C. Recognition / Morale Activities

Programs or activities that recognize or support staff.

List any programs that recognize council staff for their work (including volunteer staff) or support staff morale (quality service recognition awards, staff entertainment committee, employee assistance programs, etc.).

### D. Personnel Manual (Policy and Procedure)

Attach the table of contents from the council's policy and procedures manual. Include the section titles and sub-titles of the personnel policies, not their descriptions.

Indicate whether your policy and procedure manual contains the following policies:

- |                             |              |                 |
|-----------------------------|--------------|-----------------|
| a) EEO Affirmative Action   | Attached [ ] | Do Not Have [ ] |
| b) Drug Free Workplace      | Attached [ ] | Do Not Have [ ] |
| c) Sexual Harassment        | Attached [ ] | Do Not Have [ ] |
| d) Maternity Leave          | Attached [ ] | Do Not Have [ ] |
| e) Paternity Leave          | Attached [ ] | Do Not Have [ ] |
| f) Family Medical Leave     | Attached [ ] | Do Not Have [ ] |
| g) Bereavement Leave        | Attached [ ] | Do Not Have [ ] |
| h) Leave Without Pay        | Attached [ ] | Do Not Have [ ] |
| i) Smoke / Scent Free       | Attached [ ] | Do Not Have [ ] |
| j) Reasonable Accommodation | Attached [ ] | Do Not Have [ ] |

## **PROGRAMS and SERVICES**

### **A. List all the programs and services conducted by the council.**

Identify the number of paid staff responsible for delivering the program and give a brief description of each program.

### **B. Performance Standards / Quality Assurance**

Describe any type of quality assurance process that is used to measure performance or the quality of program delivery.

### **C. Describe all regularly scheduled training activities provided by the SILC to the statewide independent living network.**

### **D. State Plan Process**

1. Describe the process used in the development of the Statewide Plan for Independent Living (SPIL) including the steps and timeline, include beginning and ending dates.
  - a) Appointment of State Plan committee
  - b) Plan development hearings / forums – public input
  - c) First draft of plan completed and presented to council
  - d) Public hearings on draft of plan
  - e) Re-write of plan if applicable
  - f) Final approval by SILC members
  - g) Submission to Governor or DSU
  - h) Submission to RSA regional and central offices
2. Describe how the council monitors the progress of the State Plan.

## **CONSUMER INVOLVEMENT**

### **A. Identify the number of consumers and describe their participation in:**

1. Council program planning
2. Council program implementation
3. Council program evaluations

### **B. Consumer Satisfaction**

1. Describe the process the council uses to obtain consumer satisfaction feedback of the State Plan (SPIL).

## COMMUNITY RELATIONS

### A. Public Relations

1. List all state events that the council does each year with a brief description of each.
2. List the council's ongoing activities related to media (activities related to maintaining media connection).
3. List the ways the council disseminates information:
  - a) newsletters - annually, quarterly, monthly
  - b) brochures and flyers - purpose, formats and language
  - c) annual report
  - d) radio/TV (programs, public program announcements, ads)
  - e) web site – (listserve, e-mail alerts)
  - f) telephone alert network or broadcast fax list
4. Identify all organization involvement including committees or councils (memberships, presentations and meeting frequency).
5. Identify the type and name of external meetings staff participate in.
6. Identify any consumer watchdog groups the council follows or is associated with.

### B. Community Change

1. List the council's community change activities.
2. Identify the number of council members involved with systems change and describe their function (advocacy, education, etc.).
3. Identify regularly scheduled systems change activities (scheduled each year).
4. Identify the topic of all special education or advocacy activities conducted in the past year.
5. Describe all demonstration or training programs for the public conducted in the past year.
6. List any technical assistance the council offers that is not considered a program for the state or centers.

### C. Outreach

1. Describe the council's outreach efforts to un-served and underserved populations in the state (how are populations identified, what activities are provided, to what target group).

Using the tables below, identify the underserved and unserved populations in the State.

Table 1 – Unserved and underserved minority populations.

**Section 9**

Column 1 – Using 704 report data from the statewide network of CILs, indicate the % of consumers receiving service in each disability type.

Column 2 – Using US Census data, identify the racial and ethnic distribution % of residents in your service area.

Column 3 – Using 704 data from the statewide network of CILs, indicate the % of consumers receiving services in each racial and ethnic group.

| <b>Disability type served by IL programs %</b> | <b>Census data for State race/ethnicity %</b> | <b>Race/ethnicity served from 704 reports %</b> |
|--|---|---|
| physical %                                     | American Indian or Alaska Native              | American Indian r Alaska Native                 |
| visual %                                       | Asian   | Asian   |
| hearing %                                      | Black or African American                     | Black or African American                       |
| mental/emotional %                             | Hispanic or Latino                            | Hispanic or Latino                              |
| cognitive %                                    | Native Hawaiian or Pacific Islander           | Native Hawaiian or Pacific Islander             |
| multiple %                                     | White   | White   |
| unknown %                                      |   |   |

2. Using the table, identify the outreach data for un-served and underserved age and gender populations in your state.

Age and Gender service - Do services to consumers reflect the distribution of age and gender in your state?

Table 2. – Unserved and underserved by age and gender

Row 1 – Using US Census data, identify the gender and age distribution % of residents in your state.

Row 2 - Using 704 report data from the statewide network of IL centers, indicate the % of consumers receiving service in each gender and age group.

|                             | Gender |        | Age     |        |         |         |           |
|-----------------------------|--------|--------|---------|--------|---------|---------|-----------|
|                             | male   | female | under 6 | 6 – 17 | 18 – 22 | 23 – 64 | 65 & over |
| Census data for State in %  |        |        |         |        |         |         |           |
| % demographic data from 704 |        |        |         |        |         |         |           |

## SnapShot Sample SILC Budget

|                        |  |                             |  |
|------------------------|--|-----------------------------|--|
| <b>Proposed Budget</b> |  | <b>For the Year 00 / 00</b> |  |
|                        |  |                             |  |

| <b>Revenue</b>              | <b>Amt.</b> | <b>Expenses</b>            | <b>Amt.</b> |
|-----------------------------|-------------|----------------------------|-------------|
| Federal Part B              |             | Salaries & Fringe Benefits |             |
| State Funding               |             | Administrative Overhead    |             |
| County Departmental Funding |             | Utilities                  |             |
| Local – City / Town Funding |             | Program Supplies           |             |
| Fee for Service             |             | Equipment                  |             |
| Interest                    |             | Printing                   |             |
| Investment Income           |             | Postage                    |             |
| Grant Funding               |             | Contractual                |             |
|                             |             | Council Meetings           |             |
|                             |             | SPIIL Expenses             |             |
|                             |             | Memberships                |             |
| Other                       |             | Travel                     |             |
|                             |             | Staff Training             |             |
|                             |             | Charges and Fees           |             |
|                             |             | Insurances                 |             |
|                             |             | Maintenance                |             |
|                             |             | Legal & Audit              |             |
|                             |             | Rent or Mortgage           |             |
|                             |             |                            |             |
| <b>Total Revenue</b>        |             | <b>Total Expense</b>       |             |
|                             |             | Revenue less Expenses      |             |

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