Melmark

Mission First. *Every Individual, Every Day.*®

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ARTICLE: Leadership and Management Practices in Human Services Organizations EnvisionSMART™: A Melmark Model of Administration and Operation

> *While there is research support for OBM within human services organizations (Gravina et al., 2019), many settings are in need of program-building strategies and steps to begin the process of organizational development. Other settings may have some elements of OBM at the earliest stages but require direction to fully implement a systems model. Further, some settings embrace OBM with the desire for elaboration, refinement, and innovation of already existing operations.*
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Research

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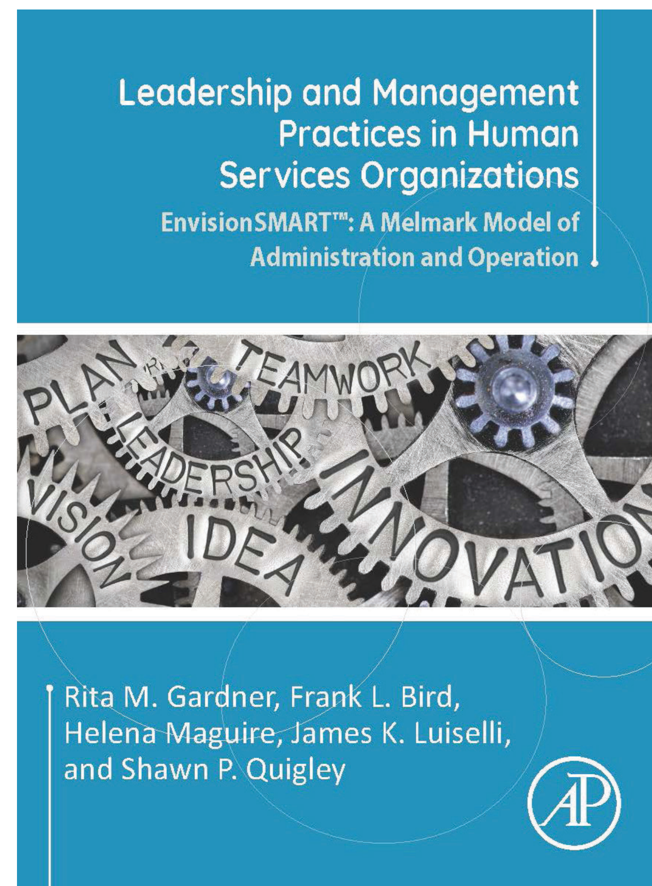

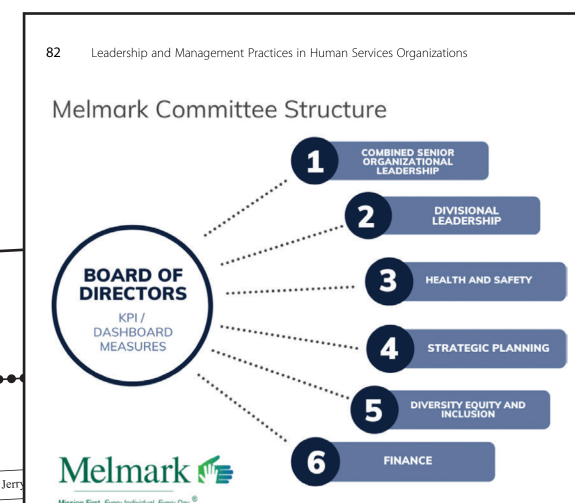

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Melmark Committee Structure

Figure 5.3 Melmark Committee structure.

(e.g., patterns of physical restraint utilization) and to the Finance Committee for analysis of costs associated with medical care and worker compensation claims.

Some examples of the range of KPIs monitored within committees include educational and clinical service outcomes of children and adults attending day and residential program settings. The percentage of children and adults reported as progressing on their service plans is reviewed per quarter and for a full year based on metrics applied to each service plan goal. A second KPI that reflects progress is the percentage of children and adults who have reduced service hours delivered on a high-intensity 1:1 ratio—this measure typically correlates with them being able to function more independently during group activities and shared experiences with peers. Further, we pay particular attention to utilization of restrictive programming categorized by environmental modifications and specific behavioral intervention procedures. As one example, there is a detailed review of the number and percentage of children and adults who required emergency physical restraint each month, the types of restraint, restraint duration, and restraint-associated injuries to recipients and care providers.

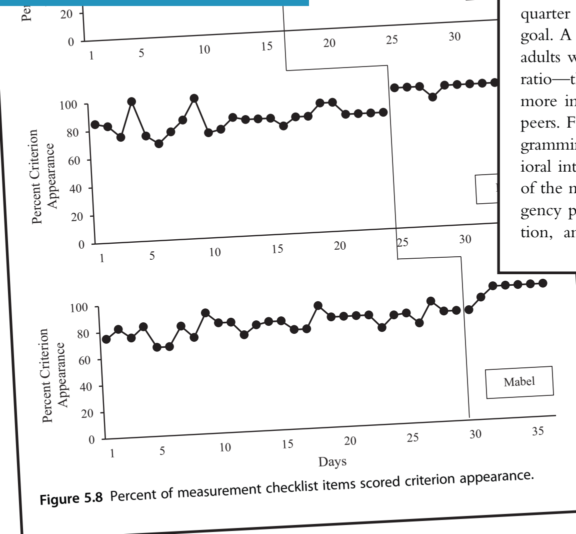
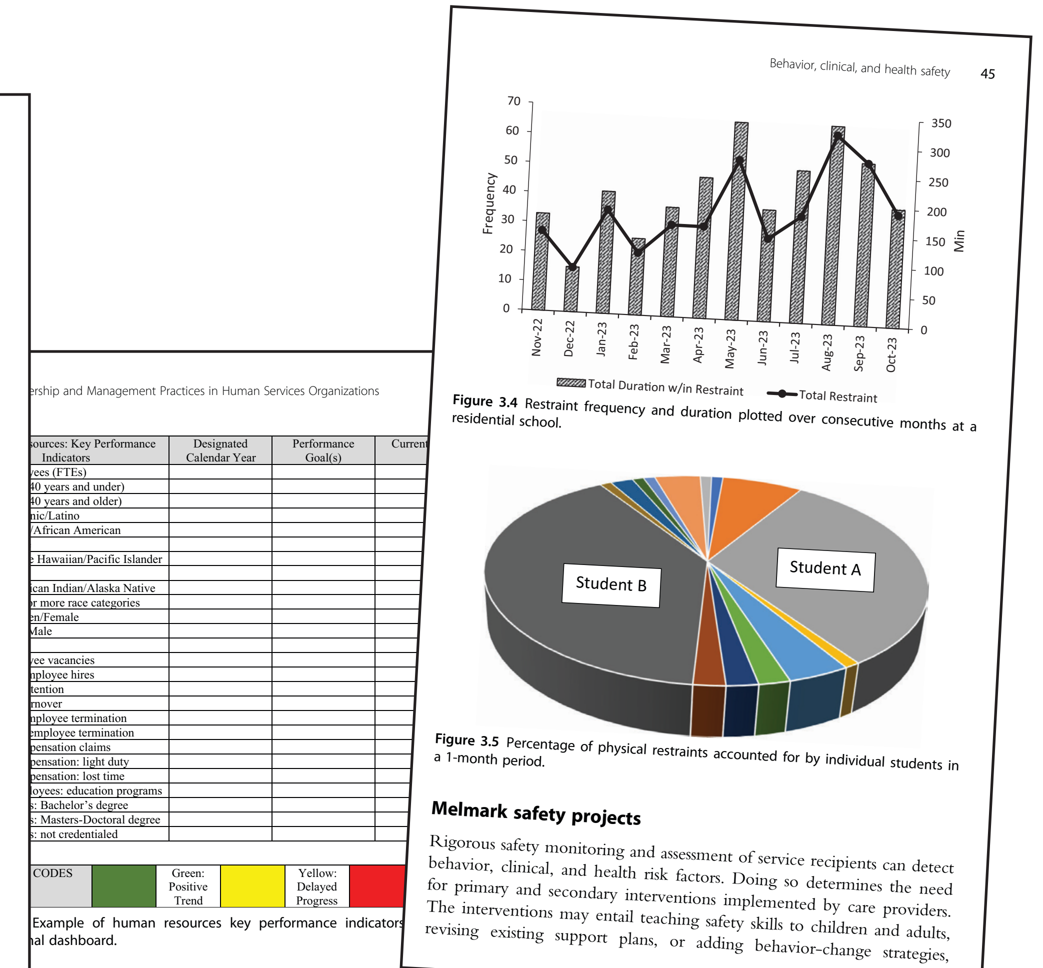


Figure 5.8 Percent of measurement checklist items scored criterion appearance.



Behavior, clinical, and health safety 45

Figure 3.4 Restraint frequency and duration plotted over consecutive months at a residential school.

Figure 3.5 Percentage of physical restraints accounted for by individual students in a 1-month period.

Melmark safety projects

Rigorous safety monitoring and assessment of service recipients can detect behavior, clinical, and health risk factors. Doing so determines the need for primary and secondary interventions implemented by care providers. The interventions may entail teaching safety skills to children and adults, revising existing support plans, or adding behavior-change strategies,

> *In summary, human services organizations are advised to adopt a "research lens" towards compatible practice objectives. Apropos to the preceding recommendations, Codd (2016) advised that building a practice-based research repertoire demands frequent and repeated reinforcement that can be contacted from selecting easy-to-solve problems, planning for large intervention effects, and emphasizing "what matters."*
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Serving individuals diagnosed with Autism Spectrum Disorders (ASD), Pervasive Developmental Disorders (PDD), Acquired Brain Injury, Neurological Diseases and Disorders, Dual Diagnoses and Severe Challenging Behaviors