

# Provider strategies on ten elements of organizational transformation

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## Abstract.

**BACKGROUND:** Recent national and state-level policy changes have created an imperative for providers to change their organizational structures and service delivery models from providing primarily sheltered work to integrated employment. As a result, many providers have been challenged with how to transform their services in order to make this shift. Findings from a Delphi panel of experts in the field of organizational transformation revealed ten elements necessary for successful change away from segregated work options (Lyons, Timmons, Hall & Leblois, 2018).

**OBJECTIVE:** The current manuscript extends the Delphi results through the implementation of four case studies conducted with providers serving primarily individuals with intellectual and developmental disabilities (IDD) that successfully transformed away from sheltered employment in the last ten years.

**CONCLUSION:** Findings showed a plethora of implementation strategies. This manuscript shares provider transformation approaches according to each of the ten Delphi panel elements. Considerations are offered for others seeking to evolve towards integrated employment supports for individuals with IDD.

Keywords: Integrated employment, transformation, IDD

## 1. Introduction

Recent legislation and regulation governing Medicaid Home and Community-Based Services, the Workforce Innovation and Opportunity Act of 2014, and settlement agreements between states and the U.S. Department of Justice have clarified federal intent to support individuals with intellectual and developmental disabilities to have meaningful employment in their communities. One result of these settlements, regulations, and legislation is the ongoing phasing out of sheltered workshops and the transition to integrated employment. While this has opened up community employment opportunities for thousands of people, providers have faced challenges in adapting their models (Rogan & Rinne, 2011). As

more states come under investigation for potential violations of regulations that emphasize community integration, the need for providers to create an organizational transformation plan is greater than ever.

Community providers are the primary source of employment support for individuals with intellectual and developmental disabilities (IDD) in the United States, with over 8000 providers nationwide (Butterworth et al., 2016). The majority (over 70%) of those served by these providers are people with IDD, and over two thirds of providers offer both work and non-work services (Domin & Butterworth, 2012). Historically, the vast majority of providers predominantly offered sheltered or facility-based employment services with limited community-based or integrated employment options.

Recent national and state-level policy changes, along with a growing dissatisfaction with segregated work and non-work services among individuals with IDD and their family members (Migliore, Mank,

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Grossi, & Rogan, 2007), have created an imperative for organizations to change their organizational structures and service delivery models from primarily sheltered work to community-based work. While certain providers have successfully transformed their services (Brooks-Lane, Hutcheson, & Revell, 2005; Brown, Shiraga, & Kessler, 2006), many have either not begun, or have struggled to do so, despite growing demand for integrated work opportunities (Martinez, 2013).

For many providers, the organizational change process is a challenge. Beyond societal barriers such as low expectations and the belief that people must be “job-ready” before integrated employment, there are issues surrounding funding responsibilities, transportation, confusing definitions of employment models, and lack of training (Rosenthal et al., 2012). Many providers are exhausted from hunting for the same funds that once came so easily in the sheltered workshops (Rogan & Rinne, 2011), indicating that “moving to integrated community services necessitates a complete rethinking of mission, vision, values, and practices” (p. 250).

Research also suggests continued service and philosophical variation within the provider community, making the creation of a unified vision for service delivery difficult (Office of Disability Employment Policy, 2014). Many provider administrators believe that facility-based programs are essential, and many don’t have a formal plan to expand (Inge, et al., 2009). Front-line staff also experience confusion about job development responsibilities, do not feel prepared to engage the mainstream business community, and have little training in providing appropriate supports (Migliore, Butterworth, Nord, & Gelb, 2011; Rosenthal et al., 2012; West & Patton, 2010).

Lack of planning, leadership, and communication was another major barrier. Resistance was also met from stakeholders, including family members, regarding the change process (Rogan & Rinne, 2011). Lastly, several providers reported difficulties placing individuals with IDD in community employment, particularly those individuals who had high support needs (Rogan & Rinne, 2011). Murphy, Easterbrook, Bendetson, and Lieberman (2014) argue that providers continue to allocate resources to program services focused on community outings and socialization rather than employment.

In 2002, the Institute for Community Inclusion (ICI) and Virginia Commonwealth University collaborated to launch the Training and Technical Assistance for Providers (T-TAP) project (Butter-

worth, Gandolfo, Revell, & Inge, 2007). Results included the identification of six characteristics of successful organizational transformation. ICI researchers recently implemented an iterative Delphi panel process with experts in the organizational transformation process to evaluate the utility of the six previously identified T-TAP elements, identify any potential new characteristics, and rank these elements in their order of importance to the transformation process. Delphi panel findings suggested that successful organizations address ten critical elements: clear and consistent goals, a culture that values inclusion, active and person-centered job placement, strong internal and external communications, reallocation and restructuring of resources, investment in professional development, customer engagement, performance measurement, a holistic approach, and diverse community partnerships (Lyons, Timmons, Hall, & LeBlois, 2019). This research answers the following questions:

1. In thinking about each of the ten Delphi elements, what implementation strategies did they use during their own transformation processes?
2. What transformation strategies would they recommend to others?

## 2. Methods

Four case studies were conducted to examine how the ten elements chosen by the Delphi panel are operationalized in the field. Van Evera (1996) recommends selecting cases with extreme values on the dependent variable, which means studying the most successful examples of that approach to see if it is possible to reach the goals under the best of circumstances. For the purposes of this study, this meant identifying providers who 1) worked primarily with individuals with IDD, 2) had successfully transformed in the last ten years, and 3) now offer integrated employment.

Twenty-eight providers were nominated through input from members of the State Employment Leadership Network (<http://www.selnhub.org/home>), ICI staff professional networks, other content experts identified for a related research effort, and ICI’s mailing lists. The nominations were rated based on the three main criteria above. Additional considerations for selection included geographic location, number of individuals served, innovative transformation practices, and outcome data.

Eight providers were culled from the list of 28, and in-depth screening calls were made to leadership to create an organizational sketch for each potential case study site. During the screening calls, researchers obtained detailed demographics of each provider's client base, as well as background on the organization's strategic planning, stakeholder involvement, funding and communication strategies, and partnerships. Four service providers were chosen for case studies: The Arc of Westchester in Westchester, NY (<https://www.arcwestchester.org>); At Work! in Bellevue, WA (<https://atworkwa.org>); Work Inc. in Boston, MA (<https://www.workinc.org>); and Penn-Mar Human Services in Glen Rock, PA (<http://www.penn-mar.org/>). Key staff at each provider agency created an interview agenda and identified the most appropriate participants for a two-day site visit.

On-site interviews were conducted individually and in small groups over the course of 2–3 days at each provider. Open-ended questions varied slightly based on respondent group, and were focused on gaining information relevant to each of the ten elements resulting from our Delphi panel. Agency leadership (e.g., administrators and board members), front-line staff (e.g., direct support providers and supervisors), external stakeholders (e.g., state agencies, consultants, employers), individuals with IDD, and family members were all included in the interviews.

Questions included a focus on each of the ten elements. For example, interviewees were asked: How did you identify goals and plans for the transformation? How did the culture of your agency shift? What communication strategies did you use to communicate intentions internally and externally? How did the agency reallocate resources and invest in staff? How did you measure outcomes and ensure quality?

A total of 41 people were interviewed across the four sites. Of these 41, 18 held leadership positions, six were middle managers, five were direct support or front-line staff, six were individuals with IDD, two were family members, and four were external stakeholders. Interviews were recorded and audio files were transcribed by an independent transcription agency.

Research staff used elements of comparative and thematic analyses (Glaser & Strauss, 1965). Thematic analysis allowed the researchers to identify and describe patterns that emerged from the data. Transcriptions of the recordings were used for coding and qualitative analysis. A qualitative software

program (Atlas.ti) was used to conceptualize themes, store coded transcripts, and sort data. The researchers simultaneously coded and analyzed the data, often meeting as a team to compare specific passages, improve the team's understanding of the data, and explore the similarities and differences between participant experiences (Charmaz, 2000). Once coding was complete, quotes for each code were bundled into one document. From those lists of quotes associated with each code, themes were identified.

### 3. Findings

#### 3.1. Clear and consistent goals

Providers worked to make an explicit commitment to increasing integrated employment. All the four providers developed goals that were measurable, flexible to the needs of individuals, compelling and easy to grasp, and specific to an established time frame. One senior leader noted that during strategic planning, his organization “debated long and hard about what [their] core mission is,” noting that “everything has to be mission-centered.” Although it was not an easy debate, at the end, they decided that everything they did had “to support an employment opportunity for the individual.” Developing a clear and consistent vision creates a platform for an organization to debate and align its core mission and establish a future plan with measurable goals and time frames. Such plans enable organizations to take incremental steps while remaining focused on the longer-term goal of total workshop closure:

*[This process] helped focus us and strategize how we're really going to meet our objectives moving forward. And that's kind of how we've made so much progress is really being intentional about our actions as we move forward and not just taking it year by year kind of thing . . . We were very intentional and committed and set goals and had a very clear plan.*

The process of developing strategic plans and goals took several forms. One provider hired a consultant to guide the strategic planning process. Such a consultant may work in collaboration with an internal cross-functional strategic planning team, but they also bring their own skills and perspective. Two providers formed cross-functional teams or task forces comprised of a range of internal stakeholders. Teams allowed for multiple points of view, while also creating a sense of cohesion and unification to

achieve the goals collectively, and a shared responsibility for the plan's implementation. They promoted intra-agency learning, reduced fragmentation, and a holistic approach.

### 3.2. *An agency culture that supports inclusion*

Providers indicated that transformation was evolutionary, requiring a shift in the agency culture into one that supports full inclusion so that daily practices and decisions are in line with the organization's core beliefs. By creating a culture that values new ideas, nurtures staff, is adaptable, and continually evolves, interviewees noted that staff felt ownership over the transformation. Providers noted that, while having a mission statement about inclusion is important, if agency culture isn't aligned with those values, the mission statement is meaningless. Providers needed to build the agency culture around a new vision, mission, policies, and practices.

As part of the shifting culture, some providers redesigned former workshops into office space "to express the values" of integrated employment. Over time, providers moved from a philosophy of providing care and safety, to supporting and promoting increasing independence, community contribution, and social inclusion:

*... while safety is important, it is not the be-all, end-all. And what's important is helping people meet their dreams and their goals for their lives, creating independence, social networks, citizenship, and all of that really important stuff. And that staff's role is to support, not to take care of people.*

Interviewees noted that agency cultures that are built on strong philosophical beliefs around inclusion are far more likely to make progress than those that are transforming because of mandates. Providers should set their vision and create their culture because they believe in it. This takes strong leadership who will ensure that policy and practice decisions match the organization's core values, goals remain clear and consistent, and forward momentum continues despite occasional setbacks.

Effective agency leadership cultivates a mission-focused staff through stimulating trust, teamwork, and high expectations. Providers noted that everyone should feel that they have a role in evolving and improving the agency, and should share an investment in the new culture. As many staff have grown accustomed to the workshop model, they will need to

be engaged in the new vision and subsequent cultural shift.

### 3.3. *Active, person-centered job placement*

Active, person-centered job placement prioritized the placement of individuals into integrated employment, one person at a time, and helped providers not to feel overwhelmed. All four providers reported using a deliberate placement plan that identified priority individuals from the workshop that would be influential to others and create a positive snowball effect. One provider started with the individuals who expressed the most interest or enthusiasm, while another prioritized individuals who are seen as leaders in the workshop and can encourage others who are cautious. Although persistence is required, momentum is created as individuals are placed, one job seeker at a time.

Person-centered discovery was essential to uncover each individual's interests, skills, and passions. This process included family members, friends, neighbors, and anyone else requested by the job seeker. Providers also used exploration opportunities to help people develop employment-related interests and skills. This included workplace tours, where different job roles and responsibilities are identified, or volunteer positions that aligned with each person's preferences. Such opportunities enabled providers and families to understand job accommodation and support needs. These exploration opportunities were also used to build human and social capital whereby individuals learned both job-search skills and soft skills that are critical for employment as well as expanding social connections. Providers applied best practices in job development, including networking, job creation and job carving, work trials, and post-hire follow-up, to increase the likelihood of effective matches and success after hire.

### 3.4. *A strong internal and external communications plan*

Providers agreed that organizations must communicate clear, authentic expectations to all stakeholders who will be impacted by the transformation to create investment. Internally, this included all levels of staff, individuals with IDD, and their families. One staff member noted that "transformation of our organization is almost always on that agenda" at staff meetings. Externally, organizations marketed their new service philosophy throughout the community.

Providers emphasized the importance of communicating about the intended transformation as early as possible, even if the leadership does not have all the answers. One provider pointed out that staff need to understand changes in their roles and responsibilities, noting that direct support staff in particular have a lot of insight to add to the planning and implementation process. This transparency and honesty was critical because while providers agreed that having confidence in the organization's vision is important, leadership should not hesitate to admit what they don't know. Providers held regular meetings to keep stakeholders updated, answering questions honestly.

Another communication strategy was the identification of a champion, or someone influential who could assist in getting their peers on board. Champions "became kind of like our cheerleaders" and helped to "make sure that the buy-in starts from the bottom up," explained an agency leader. For some providers, champions emerged naturally as participants shared successes. Others were intentionally identified.

Various communication modes were described for facilitating the transformation process. Providers used written communication that clearly explained their agency's philosophical shift. The message was woven into all of agencies' procedures, including staff orientation, staff training, newsletters, email and regular mail correspondence, board reports, and social media. Many interviewees suggested creating a campaign of thoughtfully constructed marketing materials including emails, a revised brochure, and refreshed website text. One provider's new vision was "Experience, Educate and Explore," which they "put on posters with our own people on the pictures," positively framing their campaign and creating a unifying effort through a common language.

### 3.5. *Reallocated and restructured resources*

Providers agreed that financial preparation and creativity in reallocating and restructuring resources were essential in creating alignment with the organization's new mission. Many noted that successful transformation calls for making changes to how the organization funds services, and how it directs its staff to budget their time and energy. This requires an ongoing investment in realigning all fiscal, material, and staff resources.

Almost all providers agreed that fully committing to organizational transformation involved embracing some risk. They recommended undertaking active

budget analysis throughout the process so that the risk is calculated, and financial expectations are set. Most providers had to critically examine costs per hour, costs per staff, revenue needed to break even, and any hidden costs. Providers underscored the importance of mitigating risk and preparing for some level of anticipated financial loss. This required a robust budgeting and planning process:

*When we were first initially confronted with this philosophical paradigm shift... we had to look at how the contracts were going to be reallocated ... We looked at every contract, every program ... We looked at the FTEs, we look at the resources required, and costs associated ... And then the appropriate allocation.*

Providers examined their budgets to identify how and where funding was not aligned with the mission. As one respondent noted, "if there's no mission, there's no margin." For example, a provider found they had financial capital tied up in buildings and in money-losing workshops. They "reduced square footage by 60% ... by going from a very large center in [a city] to a much smaller one." They used the freed-up resources to create job developer positions and invest in staff training. Interviewees explained that they needed to diversify their funding sources to supplement transitional costs. All of the providers explored fundraising initiatives, including grants and private foundations, as well as state and local revenue sources, such as community development funds. One provider obtained \$100,000 through their city, which they used to hire employment consultants at the beginning of the transformation.

### 3.6. *Ongoing professional development*

Providers agreed that an engaged and educated workforce is key to providing sustained, high-quality job development and coaching supports. Frequent training, continuing education, conference participation, and mentoring are critical to maintain core competencies and implement best practices. Organizations supported employees at all levels to meaningfully contribute their ideas and energy to the mission. Professional development encouraged this to happen, as staff increased their skills and investment.

Although there is an associated cost, one agency leader said that he looked "at training more as an investment than as an expense, and it is part of our culture." He further noted that "investment

in direct support professionals is the key ingredient to this field's future. And until that's done, every provider is going to continue to spin their wheels with people in, people out." Those interviewed recommended that providers should invest in professional development before moving individuals out of the workshop as "a huge part of helping make the shift is the trainings ... is making sure staff really have those tools." Providers acknowledged that investing in professional development increased staff confidence with their new responsibilities and changing roles.

Those interviewed identified gaps in capacity among all levels of staff prior to the transformation using training needs assessments, and tailored professional development accordingly. They used a combination of training methods including online, classroom, and informal trainings. Some providers brought trainers and consultants into the organization, while others sent staff to conferences or did a combination of both. Organizations experimented to see what was most effective and inspiring for their staff. Combining formal training opportunities with mentoring and small-group options helped build a professional development infrastructure and allowed staff to practice competencies on the job. Reputable accredited programs for professional credentialing, such as the Association of Community Rehabilitation Educators (ACRE), were also accessed to ensure that staff had the set of skills and tools they needed.

### 3.7. Customer focus and engagement

Making strong, vital connections with job seekers with disabilities and their families was essential for transformation. One provider engaged with individuals and families one-on-one or in small groups as this changed the dynamic. Rather than confronting a large group of people who were mostly uncomfortable with the transformation, they started with the most receptive families. Similarly, providers combined both formal and informal strategies to keep individuals and families involved and inspired. Formal strategies included print or online newsletters, social media, and email. Informal strategies included gatherings, such as barbeques, picnics, and regular "office hours" at a local coffee shop. Providers observed that a key advantage of the informal efforts was building family-to-family connections and trust. Such forums provided opportunities for providers to address family concerns and fears, and allowed

providers to set up plans to reassure them, keep them informed, and ensure transparency.

In addition to engaging individuals and families, providers engaged employers in their transformation. One provider hosted an annual employer breakfast to celebrate employers that had hired individuals with IDD. They also used the breakfast to engage new employers, legislators, and community leaders. They found it was more effective for employers to be their "salespeople" in sharing with other employers about successful experiences integrating people with disabilities into their workforce:

*We do an employer's breakfast once a year where we give out awards and celebrations. And we have a film. We always have stories. The stories are around how that business made more money because that person was there. And we bring employers up to tell that story. We don't tell that story. We're not the salespeople. We open doors up as much as possible, but the person that really oftentimes sells it is ... one of our employers.*

Providers also built relationships with the business community through staff and board participation in local/county business associations, acting as powerful connectors. Providers engaged with employers about the positive effects of hiring people with IDD on their bottom line. They researched how to improve an employer's efficiency and profitability, underscoring the value a job seeker would add, and selling employee skill sets that met a business need.

### 3.8. Performance measurement, quality assurance, and program oversight

Those interviewed underscored the importance of establishing a clear framework for implementing and measuring administrative, management, and program strategies over defined periods of time. Providers noted that this helped them determine the impact of their work and progress towards their goals. While all the providers interviewed participated in data collection, approaches differed in terms of uses of data, types of data collected, and data input structures. Many of the providers used data for decision making, to demonstrate success, to create buy-in, to track performance, and to create benchmarks to remain accountable to their goals.

Types of data collected included both process and outcome measures that ranged from simple measures (number of people employed) to more complex ones (amount of time each individual spent doing various

activities in the community). Providers recommended starting the data collection process at the onset to allow the organization to make the best strategic decisions. How data was collected varied, but overall, providers agreed that each organization should determine their data needs and identify tools to track what is important to their mission. All the providers emphasized the importance of sharing data with all of their stakeholders to promote engagement and buy-in:

*We share that information as a way to help people get on board with the idea that employment is possible for people. We use that information to help potential, different funders understand what is possible in terms of employment and to show success . . . We use that information and share it with our board, so they are up to speed on where things are headed.*

### 3.9. A holistic approach

Providers considered the whole person with wrap-around life supports and used a career planning process that involved parents, friends, and staff. At the individual level, a holistic approach enhanced the career planning process with a broader set of resources and perspectives, as well as a deeper, more well-rounded understanding of the job seeker, thus enabling a seamless blending of employment and the rest of one's community life from the beginning. As such, employment plans should relate to the other community engagement activities, including opportunities to socialize and build relationships. Therefore, it is fundamental to engage everyone the individual knows, while making sure he or she remains at the center of the process.

Another way that providers ensured a holistic approach in promoting integrated employment was the use of non-work day supports for skills building and job finding. Providers used the supports provided in their day program to more intentionally build skills, explore interests, and develop a clear plan for integrated employment. This involved making concerted efforts to create opportunities for individuals to volunteer and build both hard and soft skills.

Providers acknowledged that using a holistic approach also had implications at the organizational level. It required creating a more integrated model of service delivery that made the goal of integrated employment every staff person's business. For example, one provider got residential staff involved in the discovery and exploration process and trained them to

provide job-coaching supports. Breaking down silos fostered efficiency and a shared sense of responsibility and created opportunities for cross-departmental quality improvement and greater understanding of staff people's roles. Broader collaboration helped staff make the most of everyone's resources. One administrator discussed his effort to build a culture where all staff are informal job developers:

*. . . the message that we attempted and have continued to send through the organization is that we are all job developers. We are all networked to our social folks that we know, businesses, family, all of those type of things. And so while we have job developers here who that is their primary role, there's a culture here of folks that aren't really in the employment arena helping folks find jobs . . .*

### 3.10. Multiple and diverse community partnerships

Interviewees spoke of the importance of developing community partnerships to leverage resources. Providers developed partnerships with school districts, state agencies, colleges and universities, local business councils, employers, social service agencies, other providers, and disability-specific employment systems such as vocational rehabilitation. These partnerships provided a range of resources including new funding opportunities, new jobs, expanded opportunities for exploration and discovery, volunteering and internships, and community membership. One provider said these partnerships provided their job seekers a "safe place to fail" as they developed skills. Partnerships facilitated the sharing of ideas, and created a larger, invested coalition.

Providers developed partnerships based on existing relationships of their staff, including senior and middle managers, direct care staff, and the board, and leveraged these relationships to further the employment agenda. Some of the providers also used their own families to expand their connections, noting that, the more diverse the professional contacts, the better. One provider in a populated city established a new position solely responsible for creating partnerships. Providers noted that describing their transformation effort to pre-existing partners engaged them in the idea of integrated employment, and sometimes re-defined their relationship.

## 4. Discussion

Results of the case study research with four providers uncovered a plethora of innovative implementation strategies worthy of replication. Across these strategies, three key themes emerged: 1) offering clear and consistent messaging to all stakeholders, 2) leveraging day supports, and 3) delivering best practices in job development.

### 4.1. Offering clear and consistent messaging to all stakeholders

Each of the four providers made an unwavering commitment to increasing integrated employment. They committed to a culture with a shared belief that integrated employment should be the preferred outcome, and that opportunities for employment should be available to everyone interested in working (Boeltzig-Brown, 2017; Institute for Community Inclusion, 2016). They set incremental and measurable goals that were reflective of their core mission, each with established time frames. Their efforts were consistent with others who have successfully transformed away from sheltered settings: establishing multi-level commitment, developing and implementing a comprehensive strategic plan, and engaging all stakeholders (Lulinski, Timmons, & LeBlois, 2017).

These providers used their message to guide their daily practices and create a paradigm shift in their agency culture. Using their new vision as the core of their messaging, these providers recognized the importance of transparency and the reality that they needed to reassure stakeholders who were resistant. Through consistent and clear explanation of their new organizational goals, they could engage a broad range of stakeholders both internally (individuals, families, front-line staff) and externally (employers, community collaborators) in a way that created momentum and built a coalition of invested partners. These providers not only focused on making strong connections with individuals and their families, but also with employers. While families may resist engagement out of fear for the safety of their family member, they are often against sheltering their family member once having experienced the change to community employment (Dague, 2012). Engaging the individual and the family builds trust and their investment in the job development process, while building relationships with employers creates career opportunities.

### 4.2. Leveraging day supports

Another theme across the findings is the use of day supports to meet the transformation goals around employment (Sulewski et al., 2017). All of the providers leveraged their day supports for skill building, career exploration, and discovery while simultaneously helping each individual search for integrated employment. In many cases, the providers used their “multiple and diverse” community partnerships to ensure that the broadest and most enriching resources were made available to individuals. They adopted a holistic perspective, rather than seeing employment and day supports as separate services. This included consideration of day supports as leading to or complementing employment (Timmons & Sulewski, 2016) and focusing their organizational change processes holistically across both employment and day supports. New research is working to define and measure high-quality day supports and characteristics of services that support individuals to be full participants in their community. These efforts seek to understand how supports for community life engagement can, in turn, support employment outcomes (Sulewski, et al., 2017).

### 4.3. Delivering best practices in job development

The providers in this research study committed to delivering the highest quality job development supports as they moved individuals out of sheltered employment. This is especially promising as research suggests that employment specialists inconsistently use established promising practices, including spending time with individuals in community settings, working with families, and negotiating jobs with employers (Migliore, Butterworth, Nord, Cox & Gelb, 2012; Migliore, Hall, Butterworth & Winsor, 2010).

Providers maintained a robust commitment to a combination of staff training options, and followed up such training with mentoring and supervision. This is beneficial because staff also experience confusion about job development responsibilities, do not feel prepared to engage the mainstream business community, and have little training in providing appropriate supports to individuals with IDD in community settings (Migliore et al., 2012; Rosenthal et al., 2012; West & Patton, 2010). An investment in staff training with an emphasis on job development and other effective practices including customized employment can prove fruitful as individuals move out of sheltered

workshops (Harvey, Henderson, & Wilson, 2016; Migliore et al., 2011). Training was also seen as an investment, resulting in increased staff engagement and buy-in to the transformation.

Providers emphasized the importance of finding jobs for one person at a time, using a placement plan for each job seeker, and offering individualized, comprehensive discovery activities that lead to job offers. Because employment consultants do not always implement best practices and have limited opportunity for training, researchers have begun to articulate and translate the latest practices into clearer, more easily communicated elements. These practices include building trust, getting to know the job seeker, addressing supports planning, finding tasks or jobs, and providing supports after hire, all in the context of identifying the best job match (Butterworth, Migliore, Bose, Lyons, & Nye-Lengerman, 2017). Maintaining an emphasis on best practices, while strategically identifying individuals in the workshop who created momentum for the change process, facilitated a successful transformation.

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## Conflict of interest

None to report.

## References

- Boeltzig-Brown, H. (2017). *KFI: Flexible scheduling and creative staffing*. Promising Practices in Community Life Engagement, Guidepost #1: Individualize Supports for Each Person. Boston, MA: University of Massachusetts Boston, Institute for Community Inclusion.
- Brooks-Lane, N., Hutcherson, S., & Revell, G. (2005). Supporting consumer directed employment outcomes. *Journal of Vocational Rehabilitation*, 23(2), 123-134.
- Brown, L., Shiraga, B., & Kessler, K. (2006). The quest for ordinary lives: The integrated post-school vocational functioning of 50 workers with significant disabilities. *Research and Practice for Persons with Severe Disabilities*, 31, 93-121.
- Butterworth, J., Gandolfo, C., Revell, W. G., & Inge, K. J. (2007). *Community rehabilitation programs and organizational change: A mentor guide to increase customized employment outcomes. Training and Technical Assistance for Providers*. Retrieved from [www.t-tap.org/documents/mentor-guide.pdf](http://www.t-tap.org/documents/mentor-guide.pdf).
- Butterworth, J., Migliore, A., Bose, J., Lyons, O., Nye-Lengerman, K. (2017). *Assisting job seekers with intellectual and developmental disabilities: A guide for employment consultants. Bringing Employment First to Scale*. Boston, MA: University of Massachusetts Boston, Institute for Community Inclusion.
- Butterworth, J., Smith, F. A., Winsor, J., Ciulla Timmons, J., Migliore, A., & Domin, D. (2016). *StateData: The national report on employment services and outcomes*. Boston, MA: University of Massachusetts Boston, Institute for Community Inclusion.
- Charmaz, K. (2000). Constructivist and objectivist grounded theory. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 509-535). Thousand Oaks, CA: SAGE Publishing.
- Dague, B. (2012). Sheltered employment, sheltered lives: Family perspectives of conversion to community-based employment. *Journal of Vocational Rehabilitation*, 37, 1-11.
- Domin, D., & Butterworth, J. (2012). *The 2010-2011 national survey of community rehabilitation providers. Report 1: Overview of services, trends and provider characteristics*. Research to Practice Brief. Boston, MA: University of Massachusetts Boston, Institute for Community Inclusion.
- Glaser, B. G., & Strauss, A. L. (1965). *Awareness of dying*. Chicago, IL: Aldine Publishing.
- Harvey, S., Henderson, L., & Wilson, J. (2016). *Guide for Provider Transformation to an Employment First Service Model*. Retrieved from <http://www.tennessee-works.org/wp-content/uploads/Guide-for-Provider-Transformation-to-an-Employment-First-Service-Model.pdf>
- Institute for Community Inclusion. (2016). *New England business associates (MA): Everyone is job-ready*. Community Rehabilitation Provider (CRP) Promising Practices. Boston, MA: University of Massachusetts Boston, Institute for Community Inclusion.
- Inge, K. J., Wehman, P., Revell, G., Erickson, D., Butterworth, J., & Gilmore, D. S. (2009). Survey results from a national survey of community rehabilitation providers holding special wage certificates. *Journal of Vocational Rehabilitation*, 30(2), 67-85.
- Lulinski, A., Timmons, J., & LeBlais, S. (2017). *From sheltered work to competitive integrated employment: Lessons from the field*. Bringing Employment First to Scale. Boston, MA: University of Massachusetts Boston, Institute for Community Inclusion.
- Lyons, O., Timmons, J., Hall, A., & LeBlais, S. (2018). The essential characteristics of successful organizational transformation: Findings from a Delphi panel of experts. *Journal of Vocational Rehabilitation*, 49, 205-216.
- Martinez, K. (2013). Integrated employment, EmploymentFirst, and U.S. federal policy. *Journal of Vocational Rehabilitation*, 38, 165-168.
- Migliore, A., Butterworth, J., Nord, D., Cox, M., & Gelb, A. (2012). Implementation of job development practices. *Intellectual and Developmental Disabilities*, 50(3), 207-218.

- Migliore, A., Butterworth, J., Nord, D., & Gelb, A. (2011). *Improving job development through training and mentorship*. Research to Practice Brief, Issue No. 51. Boston, MA: University of Massachusetts Boston, Institute for Community Inclusion.
- Migliore, A., Hall, A., Butterworth, J., & Winsor, J. (2010). Job development: What do employment specialists really do? StateData: The National Report on Employment Services and Outcomes: A study on job development practices. *Research and Practice for Persons with Severe Disabilities*, 35(1-2), 15-23.
- Migliore, A., Mank, D., Grossi, T., Rogan, P. (2007). Integrated employment or sheltered workshops: Preferences of adults with intellectual disabilities, their families, and staff. *Journal of Vocational Rehabilitation*, 26(1), 5-19.
- Murphy, S., Easterbrook, E., Bendetson, S., & Lieberman, S. (2014). TransCen, Inc.'s WorkLink program: A new day for day services. *Journal of Vocational Rehabilitation*, 40, 125-130.
- Office of Disability Employment Policy. (2014). *Evaluation of the employment first state leadership mentoring program*. Unpublished raw data.
- Rogan, P. & Rinne, S. (2011). National call for organizational change from sheltered to integrated employment. *Intellectual and Developmental Disabilities*, 49(4), 248-260.
- Rosenthal, D. A., Hiatt, E. K., Anderson, C. A., Brooks, J., Hartman, E. C., Wilson, M. T., & Fujikawa, M. (2012). Facilitators and barriers to integrated employment: Results of focus group analysis. *Journal of Vocational Rehabilitation*, 36(2), 73-86.
- Sulewski, J. S., Timmons, J. C., Lyons, O., Lucas, J., Vogt, T., & Bachmeyer, K. (2017). Organizational transformation to integrated employment and community life engagement. *Journal of Vocational Rehabilitation*, 46, 313-320.
- Timmons, J. C., & Sulewski, J. S. (2016). *High-quality community life engagement supports: Four guideposts for success*. Boston, MA: University of Massachusetts Boston, Institute for Community Inclusion.
- Van Evera, S. (1996). *Memo 2: What are case studies? How should they be performed?* Cambridge, MA: Massachusetts Institute of Technology.
- West, E. A., & Patton, H. A. (2010). Case report: Positive behavior support and supported employment for adults with severe disability. *Journal of Vocational Rehabilitation*, 35(2), 104-111.