# Chapter 13

# Moving from Segregation to Integration

# Organizational Change Strategies and Outcomes

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Sheltered facilities and day activity centers that serve adults with disabilities represent an outdated model of service delivery that congregates and segregates people. Under the rubric of "needs," "treatment," and/or "rehabilitation," people assigned to sheltered facilities become what Glasser (1978) termed prisoners of benevolence because they are deprived of the right to pursue meaningful work opportunities of their choice (Murphy & Rogan, 1995). Segregated facilities have proliferated as the primary day service option for adults with disabilities since the 1960s (Butterworth, Gilmore, Kiernan, & Schalock, 1999; McGaughey, Kiernan, McNally, Gilmore, & Keith, 1996), and access to integrated work in the community continues to be limited (Wehman, Revell, & Brooke, 2003; Yamaki & Fujiura, 2002).

Workshops and day activity centers claim to address three major needs—shelter, vocational readiness, and choice—but people are denied access to typical quality-of-life outcomes when they are sheltered from experiencing typical lifestyles. People do not need to get ready for the real world in artificial, simulated settings. True choice involves knowing one's options and gaining experiences on which to make informed

choices. Sheltered facilities, in reality, offer few choices.

It is estimated that 75% of individuals served in rehabilitation programs are either in sheltered workshops or segregated nonwork day programs, and only 23% are in supported or competitive employment (Braddock, Hemp, & Rizzolo, 2004; McGaughey, Kiernan, McNally, Gilmore, & Keith, 1994; Metzel, Boeltzig, Butterworth, & Gilmore, 2004). The weight of federal and state funding remains largely devoted to segregated services, and, unfortunately, the number of individuals in facility-based programs has risen since the 1990s (Braddock et al., 2004; Butterworth, Gilmore, Kiernan, & Schalock, 1998; Dreilinger, Gilmore, & Butterworth, 2001). Only 37% of community

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rehabilitation organizations that provided both sheltered and segregated work reported downsizing their segregated programs (West, Revell, & Wehman, 1998).

# MOVEMENT TOWARD THE COMMUNITY

Americans are fortunate to have strong disability-related legislation that promotes and protects the civil rights of individuals with disabilities. For example, the Rehabilitation Act Amendments of 1998 (part of the Workforce Investment Act [WIA] of 1998 [PL 105-220]) stipulate that the intended outcome of vocational rehabilitation (VR) services is employment and includes the term *presumption of benefit*. This term means that all individuals can benefit from VR services unless the state unit can demonstrate by clear and convincing evidence that an individual is incapable of benefiting in terms of an employment outcome due to the severity of the disability of the individual (Section 102). Because VR is mandated to serve people with the most significant disabilities, people with high support needs should not experience difficulty gaining access to this funding source.

The Individuals with Disabilities Education Act (IDEA) of 1990 (PL 101-476) and its subsequent reauthorizations have promoted inclusive education for youth with disabilities. These former students and their families now want similar inclusive services in the adult world. They want to make the transition to meaningful, typical, integrated adult lifestyles, including postsecondary education and/or employment, com-

munity living, and social relationships and activities of their choice.

There has been an amazing array of employment-related legislation in the United States, including the Americans with Disabilities Act of 1990 (PL 101-336), the WIA (including amendments to the Rehabilitation Act), and the Ticket to Work and Work Incentives Improvement Act of 1999 (PL 106-170), all highlighting access, choice, community-based services, and employment. In January 2001, the Rehabilitation Services Administration made a very significant policy shift that affected state VR agencies. The decision stated that facility-based services could no longer be deemed a satisfactory employment outcome for VR. Instead, only integrated jobs in the community would meet their new criteria for an employment outcome (State Vocational Rehabilitation Services, 2001; Wehman et al., 2003). Many states have taken this federal directive to heart and are working to translate the spirit and intent of the law into practice. For example, Vermont no longer has state-funded sheltered workshops. Washington state has recently adopted a policy that all day services must be employment focused if they wish to receive state funding. Tennessee and Florida have set targets for reduction of numbers in sheltered facilities and concurrent increases in the percentage of people in integrated employment.

The Supreme Court's Olmstead decision mandated that services be provided in the most integrated setting. This decision has major implications for day services because segregated facilities cannot be considered the most integrated setting. Finally, the movement toward the community has been influenced by the growing voice of self-advocates. Self-advocates and other advocates have been promoting self-determination, including choice and control of services and funding (Nerny, 2000), and have often by-

passed the traditional, entrenched service system.

There is no doubt that funding drives services, and a variety of approaches to tweak and reconstruct the way that dollars flow for services have emerged. Recent approaches include results-based funding, which focuses on specific desired outcomes; personal budgets (person-centered funding), which involve putting resources in the hands of people with disabilities to purchase desired services and supports (Novak,

Mank, Revell, & O'Brien, 1999; O'Brien, Ford, & Malloy, 2005; Wehman & Revell, 2002); and Medicaid waivers, which offer more flexibility and individualization in services than traditional Medicaid funding.

Many community rehabilitation programs have responded positively to federal and state initiatives to provide integrated employment services. As a result, since the 1980s nearly 140,000 people previously considered unemployable are now working and earning more money than people in other vocational options (Wehman, Revell, & Kregel, 1998). Research has shown that quality-of-life outcomes are better for those in supported employment compared with their counterparts in segregated day services (McCaughrin, Ellis, Rusch, & Heal, 1993; Rogan, Grossi, et al., 2001; Wehman et al., 1998). People in competitive employment earn more than four times as much as individuals in sheltered employment (Butterworth, Sullivan, & Smith, 2001). Earnings in competitive employment remain consistently 250%–300% higher than those in sheltered employment, even when accounting for severity of disability (Butterworth, Gilmore, & Kiernan, 2000). Individuals in competitive employment worked a mean of 32 hours per week at the time of VR case closure, compared with a mean of 26 hours per week for those in sheltered employment.

A growing number of organizations have completely shifted from facility-based to community-based services and supports. These organizations have demonstrated that the provision of "services without walls" is not only possible but also results in better outcomes for individuals, the organization itself, and the community.

The process of organizational change, sometimes referred to as *conversion*, is complex. Among its many challenging facets, organizational change involves a period of operating dual systems (the old and the new) simultaneously; changing staff attitudes and skills; marketing a new organizational image; partnering with businesses; shifting fiscal structures and priorities; and assisting people with disabilities to develop self-determination and employment and career opportunities and to pursue their dreams. Researchers have begun to discover why some organizations have chosen to undertake the changeover process, why only some succeed, what barriers organizations encounter, what strategies are most successful in helping them make the change, and what outcomes they achieve.

Murphy and Rogan (1995) described the experiences of four organizations that had completed the conversion process. Although each of the four organizations experienced unique barriers to changeover, common barriers included the following:

- Funding issues—It was difficult to operate dual programs and services (facility
  based and community based) within the organization's funding structures and
  funding streams. That is, funding may have been tied to programs, not people, and
  therefore could not follow individuals and be used for community services. For
  some organizations, uniform funding amounts (e.g., per diem rates) were not
  based on the amount of support each person needed and did not cover true costs.
- Lack of staff competence—Staff members who had worked in the facility were often
  averse to leaving it to work in the community with businesses and did not have the
  attitudes and skills to successfully assist individuals to get and keep employment.
- Organizational structures and personnel roles that impeded a focus on employment and
  community services—Typically, direct-services staff were at the bottom of the organizational hierarchy with little decision-making power about the individuals they
  served. Their job descriptions offered little guidance in terms of roles and expectations for providing community employment opportunities.

- Negative attitudes among various stakeholders—Every stakeholder group, including
  funding agencies, staff members, parents, and the individuals in the facility, had
  people who were opposed to closing the "shop." These individuals worked hard to
  impede progress toward organizational change, both covertly and overtly.
- Lack of transportation—People were transported to and from the facility, but it was
  often difficult to gain access to typical forms of transportation to and from community jobs.
- Difficulty finding quality jobs, especially for people with the most significant disabilities—
  The process of assisting individuals with high support needs to get and keep employment required knowledge and skills that were fairly sophisticated. Many organizations have struggled with each and every aspect of this process.

This study identified multiple strategies considered key to the success of organizational change efforts. Organizations reported the importance of articulating a clear vision; involving key stakeholders from the start; using individualized, personcentered planning approaches; hiring and training quality staff; securing high-quality jobs; terminating facility admissions; gaining access to external consultants to help guide the change; working to flatten the organizational structure with most staff providing direct services; changing the agency's image through marketing; building business partnerships; divesting in buildings and equipment; and pursuing flexible funding and alternative sources of funds. Each of these factors will be discussed in depth in later sections of this chapter.

Albin, Rhodes, and Mank (1994) studied the changeover process and consequent outcomes of eight organizations that had either converted or were in the conversion process. The decisions to change were primarily driven by values. A major barrier was associated with the difficulty in trying to operate the old and the new programs at the same time. Finding adequate resources and working through conflicting values also presented challenges. The majority of respondents said that trying to negotiate contradicting policies was a barrier, as well as the lack of staff with the needed skills. Negative attitudes regarding the abilities of the people being served, as well as the inadequacies of the funding systems, were also stated as primary obstacles to changeover.

In-depth case studies of six organizations that have undertaken organizational change revealed similar themes to previous studies (Butterworth & Fesko, 1998). For these organizations, the changeover process led to confusion about roles and responsibilities. Some staff said that it was difficult to determine how to move from "taking care of" individuals with disabilities to supporting them to become more self-determined. Facilitating inclusion at work and in the community was also mentioned as an ongoing challenge for staff. More recently, the Institute for Community Inclusion completed a national study of 10 organizations, including six that successfully closed a facility-based program and four that were in the process of organizational change (Butterworth, Fesko, & Ma, 2000). Data from this study support research from other studies, indicating that internal factors (e.g., beliefs, organizational values) have the greatest impact on the development of integrated employment services. Among the six organizations that "converted," the following themes or organizational characteristics were consistent across each:

- Openness to risk taking
- · Services driven by shared values

- · Ongoing process of self-evaluation
- · Linkages to external resources
- · Holistic focus on the needs of individuals with disabilities
- Central roles for direct-services staff in developing organizational goals and making decisions that affect individuals with disabilities
- · Emphasis on continuous improvement

Among numerous factors these organizations attributed to their success, all reported leadership as the single most important element. Other successful strategies included shared decision making, funding that provided an incentive to make the change, connecting with others undergoing changeover, adopting and abiding by a vision of community, and listening to and acting on the desires of people with disabilities and their families. Additional discussion of these strategies is presented later in the chapter.

It has been very interesting and informative to track organizational change efforts in order to understand who is doing what, where, and how. There are hundreds of organizations that have either fully shifted to totally community-based services or are at various stages of the changeover process. A great deal has been learned from these organizations that have pursued their vision, demonstrated success, and set a course for others to follow (Center on Disability and Employment, 2005). The purpose of this chapter is to summarize information about the organizational change process gleaned from multiple organizations throughout the country. Information about a national study of organizational change is provided. Also highlighted are outcomes of this challenging but rewarding change process and future directions.

# NATIONAL STUDY OF ORGANIZATIONAL CHANGE

In an effort to better understand the scope and nature of organizational change efforts from sheltered facilities to community-based services, a national study was conducted (Rogan, Held, & Rinne, 2001) that focused on 41 organizations in 25 states. Of these organizations, 12 no longer ran facility-based services, whereas 13 were at various stages of change.

The survey gathered information about whom these organizations served, their staffing patterns, and the process that they undertook to make change happen. Key questions for investigation included why they undertook the process and what the catalyst was for this change. It was very instructive to learn that it was primarily those in leadership positions within each organization who drove the changeover process—the CEO, executive director, or top-level management personnel. Although this is not necessarily a surprise, it is still significant in that it points to the fact that future changeover efforts will likely be internally versus externally driven and will rely on the passion and commitment of top-level management to promote and sustain the change.

# **Barriers to Organizational Change**

What were some of the major barriers to organizational change? What seemed to be getting in the way, both before the organization undertook the changeover process and as it proceeded through the change process? Interestingly, the highest rated impediment

was negative attitudes among stakeholders. In other words, many staff, family members, board members, and business personnel held negative beliefs and attitudes about the employability of people with disabilities. Funding was rated as the second greatest barrier, followed by regulations that impeded integrated services. These factors are common, given the current funding orientation toward segregated day services and the outdated regulations related to traditional system services. Other barriers include a lack of expertise (because there is no road map for organizational change), lack of leadership, transportation issues, lack of personal care services, and safety net issues (i.e., the plan for what people will do if and when they lose their job). Organizations reported overcoming these barriers in the following ways.

#### Negative Attitudes

Negative attitudes among various stakeholders were addressed by providing a great deal of information, training, and opportunities for discussion, including parent-toparent, customer-to-customer, and staff meetings. A "one person at a time" approach was suggested in order to address the unique interests and needs of each individual. A key question for hesitant family members and workshop participants was, "What would it take to make you feel comfortable?" For example, if a parent was reluctant to let his or her adult son or daughter ride the city bus, then this question might lead to plans for providing systematic instruction, gradually fading support, and building in natural supports and contingency plans.

Demonstrating success and showcasing success stories (e.g., in newsletters and the local media) also helped to shift attitudes. Person-centered planning approaches (e.g., PATH, Personal Futures Planning) helped families and individuals design desired services and supports, thereby easing fears. Agency staff worked first with individuals who wanted out and with supportive families. These individuals, in turn, influenced the next wave of people who were interested in community employment. Individuals with disabilities were invited to participate in job clubs, job shadowing, job tryouts, volunteer work, and other community activities in order to gain experience,

ease their fears, and assist with decision making.

#### Funding Issues

Strategies for addressing funding issues included developing better working relationships with funding agencies and policy makers in order to negotiate appropriate funding for desired outcomes and demonstrating success as a provider agency. For many, it meant negotiating alternative funding mechanisms (e.g., block funding, hourly rates), diversifying funding sources (e.g., VR, Medicaid waiver, Title XX, Workforce Development, Temporary Assistance for Needy Families [TANF], grants), seeking "bridge" funding (e.g., from the state Developmental Disabilities Council, grants, fundraising), cutting expenses (e.g., selling, leasing, or renting the facility and equipment), and redirecting excess earnings to community-based services.

#### Incompatible Regulations

Changing state regulations involved ongoing discussions with policymakers and legislators. Partnering with other agencies with similar interests was also helpful in building a stronger voice and lobbying effort. Some organizations were able to negotiate waivers of, or changes to, problematic regulations.

#### Lack of Expertise

Training, attending conferences, becoming members in professional organizations, and networking with other agencies were all used to build expertise within these organizations. For some, experience in the field, along with "figuring it out as you go," proved helpful. Finally, hiring staff with desired skills and increasing participatory management were successful strategies.

#### Lack of Leadership

To address a lack of leadership, organizations hired new leaders, brought in expert consultants, and formed change-management teams to guide changeover activities. These teams were comprised of representatives of major stakeholder groups and were charged with guiding the changeover process and communicating with their respective constituents in order to have a continuous feedback loop. Agencies also partnered with and/or visited organizations that were further along in the changeover process. To support staff development and collaboration, some agencies reorganized staff into teams and provided cross-training in order to learn about one another's areas of expertise. This strategy proved to build leadership within the staff ranks by moving more decision-making power to the "front lines."

#### Transportation Issues

Transportation barriers were addressed via local and state efforts. Organizations became involved with their local transit authority and/or state transportation coalition to advocate for flexible and inexpensive options. Several organizations joined with aging coalitions and other community groups that needed affordable and accessible transportation to develop a van service. Still others became creative by using Social Security Work Incentives (i.e., Plan for Achieving Self-Support, Impairment-Related Work Expense).

The key point here is that despite many and varied barriers, these organizations found a way to work around or through them and make positive changes. A critical strategy was to articulate the mission, vision, and values of the organization early in the changeover process. Key questions for discussion with staff and other stakeholders included:

- What is our purpose? What services will we provide?
- Who are our primary and secondary customers?
- What outcomes do we want to achieve?
- What is the best process or path to get there?
- · How will we measure success?

#### Role Redefinition

Another strategy that organizations used included flattening the organizational structure in order to increase the number of positions that focus on helping people get and keep jobs. Many agencies redefined some of the position descriptions to more effectively deliver community-based services and achieve desired outcomes. For example,

the position description of an employment specialist might include 1) overall organizational expectations (e.g., receptivity to change, teamwork, commitment to the organization's vision, efficiency/accountability, customer service); 2) specific job duties (e.g., person-centered assessment and planning, job development, training and support, advocacy); and 3) enhanced job functions (nonessentials) that add value to themselves, their team, and the organization.

Teamwork was identified as a critical element in the changeover process. Staff were being redeployed from traditional roles and practices to new expectations. They ventured out into the community, often working alone and having to make more decisions on their own. Staff interacted with the business community, which for most was new and somewhat intimidating. Some organizations restructured staff into teams so that they could support and learn from each other and capitalize on the expertise of the various team members.

# Person-Centered Planning

As agencies began to expand integrated employment services, they indicated that person-centered planning approaches were a critical element of all individualized services. Regardless of the version of person-centered planning used, the objective was to learn about the person's interests, dreams, and needs. From that knowledge came the development of an individualized plan for their daily activities and the types of supports each person might need.

#### Results

What were the outcomes that these organizations achieved? The majority (90.5%) of people with disabilities were reported to be happier. People experienced growth in their self-esteem and their feelings of self-worth. People repeatedly talked about the increase in their wages, their greater independence, and the relationships that they had built in the community. In all of its various shapes and forms, people were saying, "I like it better here in the community." Very few expressed an interest in returning to the sheltered facility.

Staff and organizations reported better-quality services. They felt more focused on a unified vision and outcome. They felt that they were more streamlined, more directive in what they wanted to accomplish, and better aligned in their practices. About 70% of the staff said that they had better community/employer relations because they now had to be out in, and of, the community. Staff members joined their local Chamber of Commerce and other business organizations. They developed business relationships and partnerships. Although not all staff members thought the changeover process was a good thing for them personally (especially those who quit or were asked to leave), the majority of staff did come away feeling a sense of satisfaction and accomplishment, feeling a strong purpose and direction in their work, and being very excited about the many positive and varied changes in people's lives of which they were a part.

Lastly, about a third of the organizations reported being more cost efficient in their services as a result of the organizational change process (Butterworth, Ghiloni, Revell, & Brooks-Lane, 2004). This outcome was achieved through streamlining (e.g., eliminating some mid-management positions), shrewdness about the way that they al-

located their dollars (e.g., focusing on expenditures directly related to employment outcomes), unloading sunk costs (e.g., selling, leasing, or renting their building and equipment), and acquiring additional sources of revenue (e.g., grants, funding for serving new populations, fundraising). Despite a more effective and efficient use of public dollars, however, it is important that organizational change is not sold solely on the basis of cost savings.

# MAKING A PARADIGM SHIFT: FROM FACILITIES TO THE COMMUNITY

As stated previously, it is essential that organizations examine and establish their mission, vision, and values as they undertake the organizational change process. This section highlights some of the principles and practices that have been established as guideposts for service delivery among exemplary provider agencies.

# Zero Rejection

Zero rejection reflects a principle that no one will be rejected for services for having disabilities that are too severe. In other words, the burden for proving that a person can work should fall on the agency, rather than the individual with disabilities. Zero rejection also implies that individuals do not need to get ready for living and working in the community by being in a segregated facility. In reality, organizations that welcome people with the most significant disabilities also served individuals with less intense support needs out of necessity, due to funding constraints. It is important for such organizations to avoid the pitfall of serving all of the "easy" people first and never quite getting to those who present significant challenges.

# Individualized Planning

Individualized planning and services designed around each and every person reflects a "one person at a time" approach. Group enclaves and work crews violate this principle. John O'Brien (1989) provided a wonderful framework for guiding lifestyle planning with each person. He described five accomplishments essential to quality of life: 1) community presence (being in typical community settings shared by others without disabilities); 2) choice (having ample opportunities to experience decision making about one's life); 3) community participation (being part of a growing number of personal relationships that can occur through regular presence in everyday settings); 4) respect (having a valued place among a network of people and valued roles in daily life); and 5) competence (having the opportunity to engage in activities that are meaningful in order to build useful skills and experiences). If providers adhere closely to this framework, it is more likely that people will achieve meaningful lives that are designed to meet the needs and interests of each person.

Individualized, person-centered planning addresses not only work tasks at a particular workplace, but also the work environment, the nature of supports therein, and how to facilitate and support personal relationships. Community rehabilitation programs have been negligent in supporting old and new friendships when people leave

sheltered facilities. As a result, people in community jobs sometimes lament the fact that they miss their friends in the sheltered workshop. It is important to be very thoughtful and purposeful about supporting people to maintain friendships and build new relationships in the community. Regular social activities need to be built into people's daily and weekly schedules so that the necessary supports are available.

# **Appropriate Supports**

Appropriate supports are the backbone of community integration and success. Too often people lose their jobs because the type and degree of needed support was lacking. It is an art to balance too much versus too little support for each individual in the community. The principle "as little as possible, as much as necessary" is relevant to guiding decisions about individual supports. A great deal has been learned about the importance of abiding by typical workplace features and facilitating natural supports in the workplace (Mank, Cioffi & Yovanoff, 1997, 1999; Rogan, Banks, & Howard, 2000, 2003). Thus, support should come from "natural" sources (the people, processes, and environmental features that are present in various community settings) as much as possible, with human services personnel acting to supplement and complement these supports.

# Organizational Responsiveness

Traditionally, organizations have offered programs into which people must fit, whether individuals needed or wanted the services and activities. Organizational responsiveness requires that service providers be flexible versus rigid and be able to adapt and accommodate the needs of each person to the maximum extent possible (Butterworth & Fesko, 2004).

#### **Cost Effectiveness**

Whereas traditional facility-based programs have been funded ad infinitum without any attention to benefits and outcomes, community-based services have been closely scrutinized, especially during times of fiscal constraints. It is essential that organizations be responsible with the public dollars at their disposal by focusing on cost-effectiveness and desired outcomes. Results-based funding can serve to focus the organization on cost-effective and outcome-based services, but it must allow for individualization and must cover costs for people with high support needs.

It is clear that organizational change is a complex process that affects all aspects of an organization. It does not entail a band-aid tweaking of one aspect of the organization. It requires major surgery because all aspects of the organization are interrelated. It does not mean tacking on supported employment to an organization's continuum of services. It requires addressing the following hard questions simultaneously: How will we involve our various stakeholders from the beginning? How will we accommodate staff who may have been with the organization for many years as well as hire new talent for our future direction? How do we shift our organization's image in the community from a "special" place where people with disabilities go to a viable source of employees for the business community?

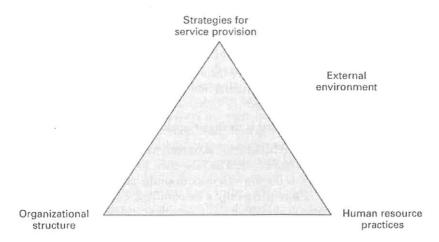


Figure 13.1. Organizational change triangle. (From Rogan, P., Held, M., & Rinne, S. [2001]. Organizational change from sheltered to integrated employment for adults with disabilities. In P. Wehman [Ed.], Supported employment in business: Expanding the capacity of workers with disabilities [p. 199]. St. Augustine, FL: Training Resource Network; reprinted by permission.)

#### FRAMEWORK FOR ORGANIZATIONAL CHANGE

Key elements of the changeover process are represented in the organization change triangle depicted in Figure 13.1. Each corner of the triangle represents a major area needing attention during changeover: human resource practices, the organizational structure, and strategies for service provision. Organizations do not operate in isolation. They influence and are influenced by an external environment that includes the board of directors, funders, businesses, families, community members, and other stakeholders and organizations.

One point of the triangle represents the services that agencies currently provide and those they are moving toward—from facility-based to individualized and integrated employment and community supports. Another point of the triangle represents human resource practices. How should staff be recruited, hired, oriented, trained, and supported? The third corner of the triangle represents the organizational structure. How are staff roles and responsibilities aligned with the mission, vision, and values of the organization? How does the current flow chart, or organizational hierarchy, support or impede a focus on integrated employment and community supports? These aspects of the changeover process are often viewed as the most difficult and controversial, and yet are very exciting as the basis for organizational transformation.

Current literature provides extensive information about strategies for job development, training, and supports. This information will not be discussed here. The following section focuses on two major components of the framework for change: organizational structure (or restructuring) and human resource practices.

#### **Organizational Restructuring**

Organizational restructuring involves staff roles and responsibilities and the general organization of the agency. Consider these questions:

- 1. What are the roles of staff members? What are their job descriptions? Do the job descriptions delineate specific responsibilities that support integrated employment and community integration?
- 2. How are staff organized? What are their lines of authority and decision-making powers? What does the organizational flow chart look like? How do staff collaborate to better serve individuals?
- 3. How are staff classified? What is their status within the organization?

Many traditional community rehabilitation programs have an organizational structure similar to that depicted in Figure 13.2. The flow chart looks like a pyramid, with the CEO or executive director at the top—farthest from the clientele, yet with the most decision-making power. There is typically a fiscal officer, a human resource person, possibly a marketing position, and often a vice president and tiers of managerial staff. Underneath the formal leadership and mid-management positions are frontline workers assigned to various programs: residential, sheltered work, day activity, supported employment, and so forth. People who receive services are often served in programs that are segmented, with little alignment and coordination. As a result, programs slice individuals into different parts and pieces of their day and their lives, with different staff for each piece, who rarely communicate with each other. In some organizations, there are up to 20 different job descriptions (Rogan, Held, et al., 2001).

Restructuring often involves flattening the organizational structure by taking a hard look at management positions and other extraneous roles that have little or no connection to the provision of community-based services. Discussions about eliminating or revising people's jobs can cause anxiety and anger and can be highly controversial. It is extremely important to be very thoughtful about who is needed in what roles and at what pace the role changes will occur. There will be fallout during the restructuring process. Staff will leave. In some cases, more than half of the facility staff have left or been asked to leave during the changeover process (Fesko & Butterworth, 1999; Hutcheson, 2003).

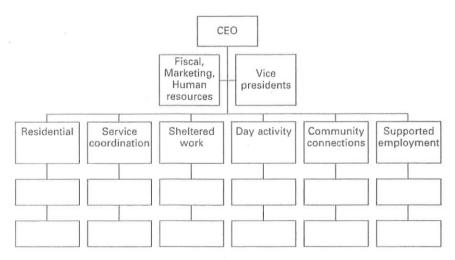


Figure 13.2. Traditional organizational structures. (Source: Unpublished document by Susan Rinne and Michelle Howard Herbein, 1996.)

As organizations begin to move away from facility-based services toward individualized services designed around each person, it makes sense to align staff with people instead of programs (Inge & Targett, 2004). Many organizations have endeavored to move most staff to direct-service positions and to develop a more generic job description that better describes the community support role of staff. The effort to expand staff roles from specialists to generalists, known as *broad banding*, allows them to learn and share the job duties of others for more holistic service delivery. An example of a generic "employment specialist" job description might include the following components: roles and responsibilities (including teamwork), performance expectations (e.g., number of job placements per month, membership in community/business organizations), percentage of time people might spend in various job-related activities (e.g., time in the community versus time at the office), and professional developmental expectations (in order to communicate that ongoing skill development is required) along with undertaking leadership roles and responsibilities.

What is the rationale behind a generalist job description? A generalist provides the array of supports needed by the individual, whatever they are and whenever they may be needed. In supported employment, a generalist is involved in all aspects of the job development process. This staff member would get to know the individual seeking employment and services, make contact with community businesses, and assist in the training and support of that individual over time. Some agencies that provide both day and residential services use "community support specialist" positions that support an individual in any aspect of the day or night. This approach promotes continuity and seamless services. It helps staff get to know the whole person. Staff become well rounded in their skills and experiences and ultimately more valuable and flexible. This approach, however, requires a great deal of investment in staff training, and not all staff are able to develop the array of desired skills. Each organization must decide what works best for them based on their current staff's experience, expertise, and interests (Gandolfo, Butterworth, Lavin, & Elwood, 2004). Some organizations not only use a generalist job description but also have some staff on each team who focus primarily on job development. This approach has served to reduce the bottleneck of people waiting for jobs.

In addition to changing job descriptions, many organizations have used a team approach to service delivery. Figure 13.3 depicts an interim, or Phase One, strategy for organizational restructuring. In this chart, staff have moved into teams but continue to carry their specialist roles and responsibilities. That is, initially, staff positions on the team may include someone from the sheltered workshop, residential services, supported-employment services, and community-participation program. This interim phase allows staff to begin working together to serve a set group of individuals, to begin to share information about their various roles and responsibilities, and to gradually move toward more generic roles and responsibilities (i.e., supporting individuals in employment and community living). Phase Two (Figure 13.4) shows an organizational structure comprised of generalist staff who all share the same job description (in this example, a Community Resource Consultant) and who work in teams.

Staff caseloads have often been assigned according to disability labels and levels. For example, staff may be assigned to a program that serves a particular population, such as people with the highest support needs, people with behavioral issues, people with physical or psychiatric disabilities, or people who are older. Many agencies that provide community-based services have shifted to a totally different approach to assigning caseloads based on personal relationships and geographic location. In other

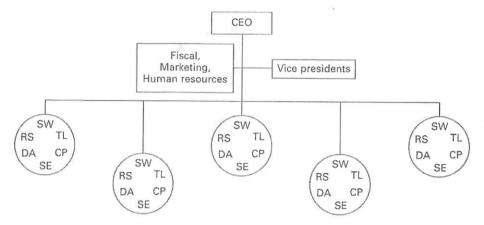


Figure 13.3. Phase One—Deprogramming. (Source: Unpublished document by Susan Rinne and Michelle Howard Herbein, 1996.) (Key: CP, community participation staff; DA, day activity staff; RS, residential staff; SE, supported employment staff; SW, sheltered workshop staff; TL, team leader.)

words, individuals and staff members who know and like each other may be connected. Ideally, individuals are given a choice of their support provider. Another dimension to consider is where staff live in relation to the individual receiving services. Staff who are from the same community as a service recipient are more likely to be familiar with local businesses and have established networks of contact people, making them more effective at job development and community connections and more efficient in terms of drive time.

## **Human Resource Practices**

In addition to restructuring, the organizational change process requires revisions to human resource practices, including staff recruitment, hiring, orientation, training, support, feedback systems, and pay and compensation. Let's start with recruitment and hiring. After organizations have reviewed and revised their job descriptions, as

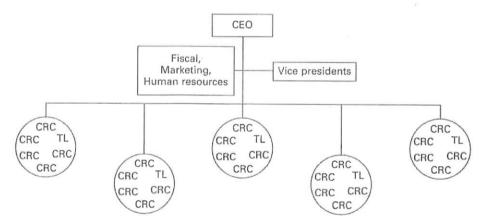


Figure 13.4. Phase Two—Deprogramming. (Source: Unpublished document by Susan Rinne and Michelle Howard Herbein, 1996.) (Key: CRC, community resource consultant; TL, team leader.)

discussed previously, they are in a better position to articulate the roles and expectations for veteran and new staff. Some agencies have required all existing staff in their facility to reapply for the new job description. This process of redeployment allows management to better understand the attitudes and skills that staff members bring to their new roles and allows staff to better understand the nature and extent of their role change.

When recruiting and hiring new staff, it is important to examine the organization's strengths and needs for expertise. Hiring for the future involves looking ahead and projecting the staffing needs. It is not easy to find people who have needed experiences and expertise. Many organizations look for desired attitudes and people skills, knowing that they can develop desired employment-related skills. Some organizations have elevated the status and pay for community-support positions in order to attract and keep quality personnel and to reinforce the significance of these positions to the organization (Murphy, Rogan, Handley, Kincaid, & Royce-Davis, 2002).

Once staff assume their new roles, it is important to invest heavily in their learning. Staff need to be oriented to the mission and values of the organization. They need "classroom" time as well as job shadowing time with a mentor in the community. An inventory can be used to identify the skills people already have in their repertoire. Such a tool can help staff shape an individual professional development plan.

If staff will be assuming new roles, then some cross-training is probably necessary. As indicated in Figure 13.3, people may initially keep their specialized roles on their team, but through cross-training, they may eventually move into generalist roles. Training and support must be ongoing and "just on time," as staff are required to demonstrate new competencies.

Organizations that establish a learning culture expect support staff to continually grow and develop professionally. It is also helpful to bring in external expertise and consultants to provide both incidental and ongoing training for staff. For example, an agency interested in pursuing self-employment opportunities might invite a nationally

recognized expert to provide training and ongoing consultation.

Another important aspect of human resource practices involves feedback systems. In other words, how will staff be evaluated? Too often organizations use a once-peryear, one-way annual review by the supervisor to the staff, a practice that has proven to be largely ineffective. Some organizations are being thoughtful about the way that staff can take charge of the evaluation process. Each staff member can be actively involved in soliciting and utilizing feedback from those with whom he or she interacts most directly. For example, staff may solicit feedback from individuals with disabilities, employers, parents, and other team members on a regular basis. They can also conduct a self-evaluation. This approach, known as a 360-degree evaluation, allows staff to identify areas of strengths and needs and to develop specific professional development and career growth plans with their supervisor. Ideally, staff are rewarded or compensated for acquiring some of the additional skills because they add value to the agency. It is a win-win situation for the organization and the individual. In addition to self-evaluation and career plans, agencies should implement a system for team evaluations. It is important for team members to reflect on how well they are working together to achieve desired goals and outcomes.

Next, rewards and compensation are discussed. In the current climate of tight budgets, many organizations struggle to pay staff respectable salaries. This situation, in part, results in high staff turnover. How do agencies attract and keep good workers? First, agencies need to pay attention to the salary and benefits schedule of their fellow

agencies and should try to offer a higher pay rate and better benefits package. One organization reported reducing its staff turnover from 70% to less than 40% when it offered a better benefits package than its competitors did (Rinne, personal communication, May 2005). Although a decent salary is important, there are other ways that organizations can help staff feel valued and recognized for their efforts. In addition to longevity on the job, staff performance should be a key factor in determining raises and perks. As mentioned previously, staff should be compensated for the "added value" they have acquired in terms of skills, leadership roles, and other responsibilities.

What are some other rewards that staff appreciate in addition to salary? Some people relish the opportunity to increase their status or leadership roles within an organization. It is difficult to establish a lot of career pathways within a flat organization, but roles such as team leaders or mentors can be established. Others appreciate being recognized for their contributions. Even the most simple recognition, such as being selected employee of the month, pictured on the "wall of fame," or featured in agency newsletters, goes a long way. Others appreciate receiving funding to attend conferences or taking courses toward college degrees. Job flexibility and time off are also rewards for good performance. Some organizations provide a cash bonus for such things as job placements and longevity on the job. The key is to help staff feel valued within the organization.

## **GETTING STARTED IN THE CHANGE PROCESS**

The importance of getting stakeholder involvement and buy-in from the start was mentioned previously. This is a key beginning point in the changeover process. Undertaking a *stakeholder analysis* is one way that organizations can better understand stakeholder attitudes toward community services and how best to pull stakeholders into the change process. This simple process involves finding answers to the following questions:

- · Who are your primary constituents?
- What do they think about a shift to community services? Who is supportive, and who is resistant?
- What influence do they have on the change process?
- · How can they be proactively involved in changeover efforts?
- What information do they have that might facilitate the change process?
- What information might they need to better understand the vision, direction, and challenges?

It is important to consider the array of people who provide support to individuals in the facility, including family members, residential services providers, and service coordinators. A stakeholder analysis is used as a first step to build stakeholder buy-in. As mentioned previously, it is critical to get people to commit to and feel a sense of ownership about the change process. Some organizations actually send stakeholders to visit one or more organizations that have "converted." This helps people see, feel, and hopefully understand what it is all about. They can see the impact that the change

process has had on individual lives, talk to those involved, and begin to envision the possibilities for those they love and support.

Various *strategic planning* tools have been used to help organizations document where they are, where they want to be, and how to get there. PATH (Parent, Unger, & Inge, 1997; Pearpoint, O'Brien, & Forest, 1993) is one such tool that has been used effectively to pull stakeholders together to envision and plan for a desired future. PATH is a visual tool that uses graphics to depict the focus person's dreams and goals. The planning process involves the following steps:

- 1. Identify the vision and dream of the pathfinder.
- 2. Set goals for a specific time frame—anywhere from 6 months to 5 years.
- Look at what is in place now.
- 4. Determine who should be enrolled to work toward the goals set in Step 2.
- 5. Identify the things that get in the way of achieving desired goals.
- 6. What needs to be done for the team to remain strong and focused on achieving their goals?
- 7. Envision time traveling to the future and seeing what you have achieved in a shorter time frame (i.e., a few months to a year).
- 8. Identify the first things you need to accomplish the future you envisioned in Step 7.

Plans should be shared widely and displayed prominently within the agency. In addition, strategic plans must be revisited and revised on a regular basis to keep momentum and progress moving ahead. The strategic planning process can be used to continually energize team members as they celebrate accomplishments and realize that positive changes are taking place.

Forming a *change-management team* comprised of key stakeholders has proven very beneficial. Such a group meets regularly to plan, raise questions and issues, and evaluate progress. This team should constantly communicate with "the ranks" by soliciting issues and questions and sharing information in order to ensure that the change process is fully transparent. Thus, a change management team can be used as a sounding board throughout the changeover process in which the voices of all constituents can be heard. Such teams have facilitated stakeholder buy-in and have instilled confidence and positive attitudes both inside and outside of the organization.

It is essential that agencies *demonstrate* success early in the organizational change process in order to help people, especially those who are resistant, to *see* what it looks like. Agencies should *do it right the first time* by using a "one person at a time" approach. For example, organizations should try to avoid enclaves and work crews as a fast way to move people into the community. There will always be compromises, which should be recognized as such and minimized.

Finally, agencies must find ways to *celebrate* their successes. The change process can be exhausting and exhilarating. There will likely be barriers and setbacks. Some will tire of the constant change and uncertainty. Thus, stepping back periodically to celebrate successes will-ultimately boost morale and a sense of accomplishment. There are many ways to celebrate individually, in teams, as an organization, and as a community when good things have been accomplished.

#### CONCLUSION

Although every organization is unique, common themes have emerged from the changeover efforts of many agencies. This chapter has identified common barriers and strategies for organizational change. All of the organizations that have been studied feel that their changeover process was the right thing to do. They had to balance the tension between moving too fast and moving too slow. In order to evaluate progress and develop future directions, many organizations have utilized external expertise to "hold a mirror" up to their agency. External expertise can offer fresh eyes and new perspectives and can play the "heavy" as needed. Sustaining quality community-based services and supports can be as challenging as the changeover process, so organizations must continue to learn and change.

In the end, it's about leadership. The leaders within the organization must have a "fire in their belly" about the necessity of change. They must truly believe it is the right thing to do. Leaders must be willing to take risks and make a commitment to follow through, even when the changeover process is rough and lasts years. A great deal of gratitude is owed to those leaders who have stepped forward when others maintained the status quo and who have demonstrated success while others have settled for mediocrity. As the saying goes, "Those who say it can't be done should get out of the way of those who are doing it!"

### REFERENCES

Albin, J.M., Rhodes, L., & Mank, D. (1994). Changeover to community employment: The problem of realigning organizational culture, resources, and community roles. Journal of The Association for Persons with Severe Handicaps, 19(2), 105-115.

Americans with Disabilities Act (ADA) of 1990, PL 101-336, 42 U.S.C §§ 12101 et seq. Braddock, D., Hemp, R., & Rizzolo, M. (2004). State of the states in developmental disabili-

ties: 2004. Mental Retardation, 42(5), 356-370.

Butterworth, J., & Fesko, S. (1998). Conversion to integrated employment: Case studies of organizational change. Boston: Children's Hospital Boston, Institute for Community Inclusion.

Butterworth, J., & Fesko, S. (2004). Successful organizational change. Richmond: Virginia Commonwealth University, Training and Technical Assistance for Providers. Available on-line at http://www.t-tap.org/strategies/factsheet/successchange.htm

Butterworth, J., Fesko, S., & Ma, V. (2000). Because it was the right thing to do: Changeover from facility based services to community employment. *Journal of Vocational Rehabilitation*,

14(1), 23-35.

Butterworth, J., Ghiloni, C., Revell, G., & Brooks-Lane, N. (2004). Creating a diversified funding base. Richmond: Virginia Commonwealth University, Training and Technical Assistance for Providers. Available on-line at http://www.t-tap.org/strategies/factsheet/diversifiedfunding.

Butterworth, J., Gilmore, D., & Kiernan, W. (2000, August). Trends and issues in sheltered employment services. Briefing paper submitted to the National Institute on Disability and Rehabilitation Research for the Government Accountability Office study of sheltered workshops, Children's Hospital Boston, Institute for Community Inclusion.

Butterworth, J., Gilmore, D., Kiernan, W., & Schalock, R. (1998). Day and employment services in developmental disabilities: State and national trends. Boston: Children's Hospital Boston, In-

stitute on Community Inclusion.

Butterworth, J., Gilmore, D., Kiernan, W., & Schalock, R. (1999). State trends in employment services for people with developmental disabilities: Multiyear comparisons based on state MR/DD agency and vocational rehabilitation (RSA) data. Boston: Children's Hospital Boston, Institute for Community Inclusion.

Butterworth, J., Sullivan, J., & Smith, C. (2001). The impact of organizational change on individual outcomes: Transition from facility-based services to integrated employment. Boston: Children's Hospital Boston, Institute for Community Inclusion.

Center on Disability and Employment. (2005). Organizational change mentoring. Knoxville: Uni-

versity of Tennessee, College of Education, Health, and Human Services.

Dreilinger, D., Gilmore, D., & Butterworth, J. (2001). National day and employment service trends in MR/DD agencies. Boston: Children's Hospital Boston, Institute for Community Inclusion. Fesko, S., & Butterworth, J. (1999). Conversion to integrated employment: Case studies of organizational change. Boston: Children's Hospital Boston, Institute for Community Inclusion.

Gandolfo, C., Butterworth, J., Lavin, D., & Elwood, L. (2004). Staff development. Richmond: Virginia Commonwealth University, Training and Technical Assistance for Providers. Available on-line at http://www.t-tap.org/strategies/factsheet/staffdev.htm

Glasser, I. (1978). Prisoners of benevolence. In W. Gaylin, I. Glasser, S. Marcus, & D. Roth-

man (Eds.), Doing good: The limits of benevolence (pp. 97–170). New York: Pantheon Books. Hutcheson, S. (2003, March 10). Dispelling the myths of conversion [Web cast]. Richmond: Virginia Commonwealth University, Training and Technical Assistance for Providers.

Individuals with Disabilities Education Act (IDEA) of 1990, PL 101-476, 20 U.S.C. §§ 1400 et seq. Inge, K., & Targett, P. (2004). Changing staff roles. Richmond: Virginia Commonwealth University, Training and Technical Assistance for Providers. Available on-line at http://www.t-tap. org/strategies/factsheet/changingstaffroles.html

Mank, D., Cioffi, A., & Yovanoff, P. (1997). Analysis of the typicalness of supported employment jobs, natural supports, and wage and integration outcomes. Mental Retardation, 35(3),

185-197.

Mank, D., Cioffi, A., & Yovanoff, P. (1999). Impact of coworker involvement with supported employees on wage and integration outcomes. Mental Retardation, 37(5), 383-394. McCaughrin, W., Ellis, W., Rusch, F., & Heal, L. (1993). Cost-effectiveness of supported em-

ployment. Mental Retardation, 31(1), 41-48.

McGaughey, M.J., Kiernan, W.E., McNally, L.C., Gilmore, D.S., & Keith, G.R. (1994). Beyond the workshop: National perspectives on integrated employment. Boston: Children's Hospital Boston, Institute for Community Inclusion.

McGaughey, M.J., Kiernan, W.E., McNally, L.C., Gilmore, D.S., & Keith, G.R. (1996). Beyond the workshop: National trends in integrated and segregated day and employment ser-

vices. Journal of The Association for Persons with Severe Handicaps, 20(4), 270-285.

Metzel, D., Boeltzig, H., Butterworth, J., & Gilmore, D. (2004). The national survey of community rebabilitation providers, FY 2002-2003, Report 1: Overview of services and provider characteristics. Boston: Children's Hospital Boston, Institute for Community Inclusion.

Murphy, S.T., & Rogan, P.M. (1995). Closing the shop: Conversion from sheltered to integrated work. Baltimore: Paul H. Brookes Publishing Co.

Murphy, S., Rogan, P., Handley, M., Kincaid, C., & Royce-Davis, J. (2002). People's situations and perspectives eight years after workshop conversion. Mental Retardation, 40, 30-40. Nerny, T. (2000). Tools of self-determination: Communicating self-determination: Freedom, authority,

support, and responsibility. Ann Arbor, MI: Center for Self-Determination.

Novak, J., Mank, D., Revell, G., & O'Brien, D. (1999). Paying for success: Results-based approaches to funding supported employment. In G. Revell, K. Inge, D. Mank, & P. Wehman (Eds.), The impact of supported employment for people with significant disabilities: Preliminary findings from the National Supported Employment Consortium. Richmond: Virginia Commonwealth University Rehabilitation Research and Training Center on Workplace Supports and Job

O'Brien, D., Ford, L., & Malloy, J. (2005). Person-centered funding. Using vouchers and personal budgets to support recovery and employment for people with psychiatric disabilities. Journal of Vocational Rebabilitation, 23(2), 71-79.

O'Brien, J. (1989). What's worth working for? Leadership for better quality human services. Syracuse,

NY: Center on Human Policy.

Parent, W., Unger, D., & Inge, K. (1997). Customer profile. In V. Brooke, K. Inge, A. Armstrong, & P. Wehman (Eds.), Supported employment handbook: A customer-driven approach for persons with significant disabilities. Richmond: Virginia Commonwealth University Rehabilitation Research and Training Center on Workplace Supports and Job Retention.

Pearpoint, J., O'Brien, J., & Forest, M. (1993). PATH: A workbook for planning positive personal futures. Toronto: Inclusion Press

Rogan, P., Banks, B., & Howard, M. (2000). Workplace supports in practice: As little as possible, as much as necessary. Focus on Autism and Other Developmental Disabilities, 15(1), 2-11. Rogan, P., Banks, B., & Howard, M. (2003). Supported employment and workplace supports:

A qualitative study. Journal of Vocational Rehabilitation, 19(1), 5–18 Rogan, P., Grossi, T., Mank, D., Haynes, D., Thomas, F., & Majd, C. (2001). Changes in wages, hours, benefits, and integration outcomes of former sheltered workshop participants who are in supported employment. Report for the President's Task Force on the Employment of Adults with Disabilities, Indiana University, Institute on Disability and Community, Bloomington.

Rogan, P., Held, M., & Rinne, S. (2001). Organizational change from sheltered to integrated employment for adults with disabilities. In P. Wehman (Ed.), Supported employment in business: Expanding the capacity of workers with disabilities (pp. 195-214). St. Augustine, FL: Training

Resource Network.

State Vocational Rehabilitation Services Program: Final Rule, 66(14) Fed. Reg. 7,249-7,258 (January 22, 2001) (to be codified at 34 C.F.R. pt. 361).

Ticket to Work and Work Incentives Improvement Act of 1999, PL 106-170, 42 U.S.C. §§ 1305

et seg.

Wehman, P., & Revell, G. (2002). Lessons learned from the provision and funding of employment services for the MR/DD population: Implications for assessing the adequacy of the SSA Ticket to Work. In S. Bell & K. Rupp (Eds.), Paying for results in a vocational rehabilitation: Will provider incentives work for Ticket to Work? (pp. 355–393). Washington, DC: Urban Institute. Wehman, P., Revell, G., & Brooke, V. (2003). Competitive employment: Has it become the first

choice yet? Fournal of Disability Policy Studies, 14(3), 163-173.

Wehman, P., Revell, G., & Kregel, J. (1998). Supported employment: A decade of rapid growth and impact. American Rebabilitation, 24(1), 31-43.

West, M., Revell, G., & Wehman, P. (1998). Conversion from segregated services to supported employment: A continuing challenge to the VR service system. Education and Training in Mental Retardation and Developmental Disabilities, 33(3), 239-247.

Workforce Investment Act (WIA) of 1998, PL 105-220, 29 U.S.C. §§ 2801 et seq.

Yamaki, K., & Fujiura, G.T. (2002). Employment and income status of adults with developmental disabilities living in the community. Mental Retardation, 40(2), 132-141.