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Evaluating a Community Rehabilitation Program Using a Participatory Framework for Improvement of Supported Employment Services

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The purpose is to share the findings of a participatory evaluation process for improvement of community rehabilitation provider supported employment services. Records were reviewed, interviews were administered, and direct observations were completed across six evaluation phases. The iterative process (a) included the participation of community rehabilitation provider personnel, consumers with disabilities, and employers; (b) allowed for the layering of findings; (c) and provided opportunities for criteria check points. Areas of strength were respect for consumers with disabilities, value of community employment, high levels of satisfaction, and staff flexibility and openness to change. Areas for improvements were identified in services quality and public relations. The use of a participatory process engaged the participants which increased the contextual relevance and utility. Targeted training was recommended to develop employment services competencies, implement effective supported employment practices, and communicate values.

Keywords: disability; inclusion; evaluation; employment; personnel training

In the United States, working-aged people with disabilities (i.e., 16 to 65 years old) are more than two times less likely to be employed when compared to their peers without disabilities (Butterworth et al., 2014; Hasazi et al., 1985; Newman et al., 2011; U. S. DOL-BLS, 2021). Employment is defined as full-time or part-time work at minimum wage or higher, with wages and benefits similar to those provided to people without disabilities performing the same work, and fully integrated with co-workers without disabilities. Supported employment is competitive integrated employment (Hoff, 2014; Rehabilitation Act of 1973 as amended in Workforce Innovation and Opportunity Act, [WIOA], 2014). Receiving supported employment services has been associated with many benefits such as increased employment rates, higher earned wages, more hours worked, greater likelihood of having employment benefits, improved well-being, and increased self-determination skills (Beyer et al., 2010; Jahoda et al., 2008; Rusch, 1993; Wehmeyer & Bolding, 2001). An economically sound practice (Cimera, 2008, 2009, 2010), individuals with a variety of disability types have benefited from supported employment services (e.g., Campbell et al., 2011; Ottomanelli et al., 2012; Wehman et al., 2005) including transition-age youth and students with intellectual and developmental disabilities (Wehman et al., 2014).

Community rehabilitation providers (CRPs) are central in supporting people with intellectual and developmental disabilities to work in competitive integrated employment by providing supported employment services such as assessment, job development, and on-the-job support (e.g., job coaching, facilitating natural workplace supports, etc.) among other types of services (Butterworth, Hiersteiner,

et al., 2015; Holloway et al., 2008). CRPs are also serving transition-age individuals with disabilities and their families by providing community resources and options, assisting with vocational goals, facilitating benefits planning, and sharing legal information (Oertle, Trach, & Plotner, 2013). These professionals need to be well-informed of, trained in, and have the confidence to use evidence-based practices for assessment, job development, and support so that the services provided are of quality because of the direct and indirect influences CRPs have on improving integrated employment outcomes (Holloway et al., 2008; Kaseroff et al., 2015; Migliore et al., 2011; Pfaller et al., 2016).

When the service priority is integrated employment, outcomes are better (Hall et al., 2007), but segregated employment services continue to grow (Inge et al., 2009). Therefore, the quality of supported employment programs (SEPs) varies, and the benefits have not been fully maximized for the consumers of CRPs who are job seekers with disabilities and employers seeking employees. In fact, considerable differences in supported employment outcomes have been found, not only across agencies, but within an agency, too. For instance, Drake, Bond, & Rapp (2006), found that some CRP employment specialists assisted "less than 25% of their clients to obtain competitive employment while others [employment specialists] in the same program [CRP] had success with greater than 75% of their clients" (p. 316). The inconsistencies have been linked to a variety of challenges such as high turnover rates, limited professional development and training opportunities, underdeveloped leadership and mentoring, and conflicted agency visions and foundation operations (Holloway et al., 2008; Oertle & Plotner, 2015; Plotner & Trach, 2010). This article concerns the findings of a participatory evaluation process for the improvement of CRP supported employment services. This six-phase evaluation was conducted over an eight-month period in a small urban community in a Midwestern state and concerned the CRP's primary interest to evaluate the extent quality standards were being applied for improvements.

Evaluation Context and Theoretical Framework

Context

Founded in 1955, the CRP, a private non-profit organization provided both employment services and non-work services (i.e., residential services, life skills developmental training, therapeutic supports for children) for people with intellectual and developmental disabilities and their families. In 1995, the CRP closed the sheltered workshop program (i.e., facility-based work), and began the SEP. The CRP was located in a Midwestern state that had enacted the Employment First Initiative (Niemiec, Lavin, & Owens, 2009). Reinforcing the Rehabilitation Act requirements, the priority of the Employment First initiative is the competitive, integrated employment of people with disabilities at the same rates as their peers without disabilities. States with Employment First Initiatives have committed to the use of research-based employment practices that facilitate the inclusion of people with disabilities in their communities (Jorgense- Smith et al., 2011; Niemiec et al., 2009). The CRP mission was to provide meaningful supports for a lifetime of inclusion and a community of acceptance of all. The CRP envisioned their supports as a "bridge to the community," and operated under core values that included promoting abilities, treating people with dignity and respect, and promoting continuous quality improvement, diversity, and community partnership (SEP Brochure). The Program was described as:

Assisting individuals with developmental disabilities to find and maintain viable community employment . . . specialized training and supports, as needed, to assist the employee in achieving success. The CRP staff help the individual they support to develop and perform the duties associated with the job as well as assist in the development of long lasting natural supports with the employers and co-workers. While these supports are not time-limited in scope, the desired outcome is to be able to reduce or fade the supports as the individuals become more independent. The vision of the SEP encourages individuals to be as independent as possible in their workplace. The hope is that over time, individuals become tax-paying citizens, and contribute to their cost of living, while becoming integral members of their community (SEP Brochure).

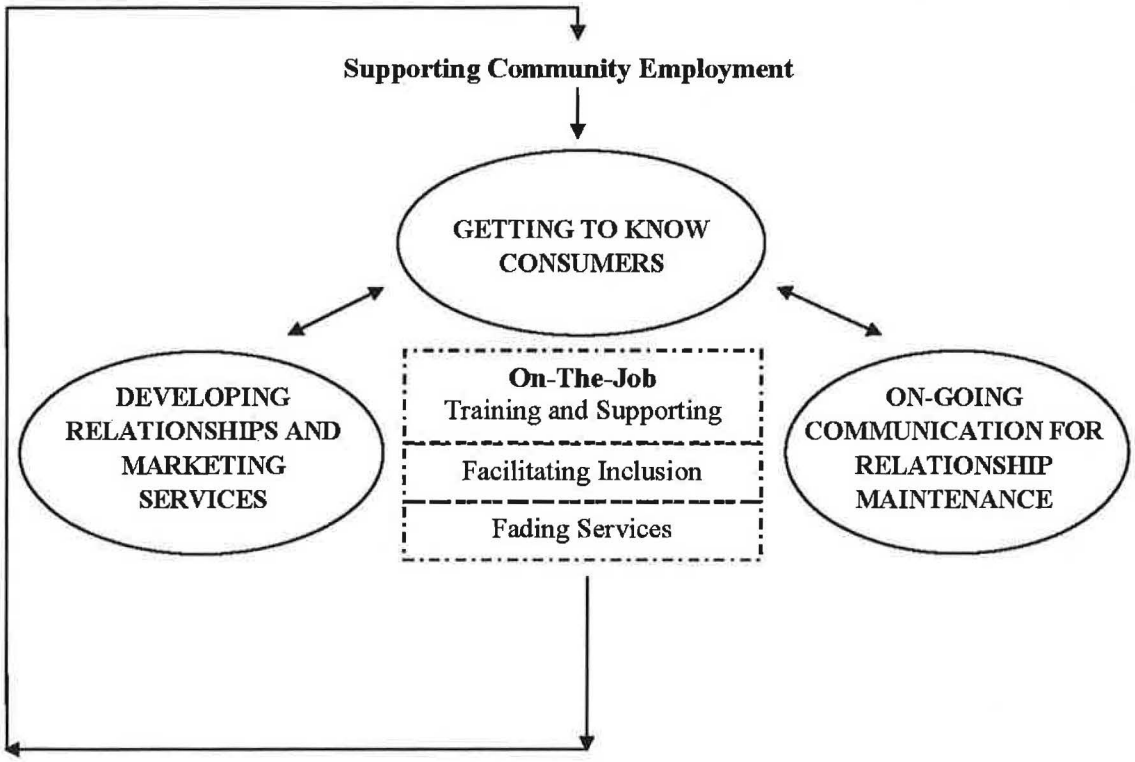
Framework

This evaluation was conducted under two major assumptions. First, a participatory evaluation was ideal as the best practice for CRPs (Grandisson et al., 2016). Second, the most appropriate means for establishing quality criteria for evaluative comparisons was best practices set in context, especially for the purposes of improvement (Grandisson et al., 2016). Using the participatory evaluation approach strengthened the validity and increased the utility of the findings by having flexibility, responsiveness, and engagement among the central components (Grandisson et al., 2016; Patton, 2008; Rogers, Singhal, & Quinlan, 2004). The CRP participation was key to the feasibility as a major goal was to evaluate the quality and make recommendations for improvement set in context. Using the quality criteria for comparisons, the data were examined to reveal to what extent the staff were delivering quality services to their consumers with disabilities and the community employers, and whether or not these services were delivered using the most effective practices. The program quality indicators were generated prior to data collection (see Figure 1).

Using appropriate documentation is necessary throughout the process for cohesive and effective service delivery. Judgments of program quality were made relative to the current practices, the stated mission, vision, and program objectives compared to the SEP principles (see Table 23.1 in Plotner & Oertle, 2011) and field best practice standards, (Brooks-Lane, Hutcheson, & Revell, 2005; DiLeo, & Langton, 1996; Lavin, 2000; Luecking et al., 2004; Lukyanova et al., 2015), and the Association of Community Rehabilitation Educators (ACRE) employment services competencies (see ACRE, 2013

Figure 1

Standards-Based Supported Employment Program Model.



and Ford, 2008). Comparisons between these indicators and the data were made to assess the quality and make recommendations for improvements.

Evaluation Design

This participatory evaluation was conducted over an eight-month period, across six evaluation phases. A project plan was crafted and used to manage activities across the multiple phases. Records were reviewed, interviews were done, and direct observations were completed.

Participatory and Iterative Process

The information gained in each phase of the evaluation guided the next. Using an iterative process, the data were used to connect information and generate knowledge across phases (Creswell & Plano Clark, 2011). By design, this iterative process (a) included the participation of CRP personnel (administrators, staff) and affiliates (consumers, employers) throughout; (b) allowed for the layering of findings; (c) and provided opportunities for criteria check points. A visual representation of the participatory evaluation process, iterations, and possible future evaluation activities for continuous improvement are displayed in Figure 2.

The CEO, team leader and SEP coordinator assisted in developing the evaluation questions, plan, and design through on-going discussions, by reviewing drafts, agreeing to the final plan (see Table 1 for evaluation matrix). With the CEO's approval, the team leader and coordinator participated in data collection by facilitating access to the data sources (files, people, sites), reporting the evaluation findings by disseminating the results in their communications (newsletters, meetings), and in action planning and implementation. The participatory process included open dialogue among the evaluators and the CEO, team leader, and coordinator at planned milestones, and members' checks at planned points in the data analyses (see Figure 2 and Table 1). The levels of participation throughout the process were between representative and transformative (Guijit, 2014). However, the analytic process was led by the evaluators in partnership with participants. Participation was incorporated throughout, but this evaluation process was not consensus driven. As noted by Van Wezemael et al., "the fact that the participatory method is not consensus driven might be a bigger problem in policymaking than in this setting, since consensus might not be needed to enhance mutual understanding but is more required for policymaking purposes" (p. 130).

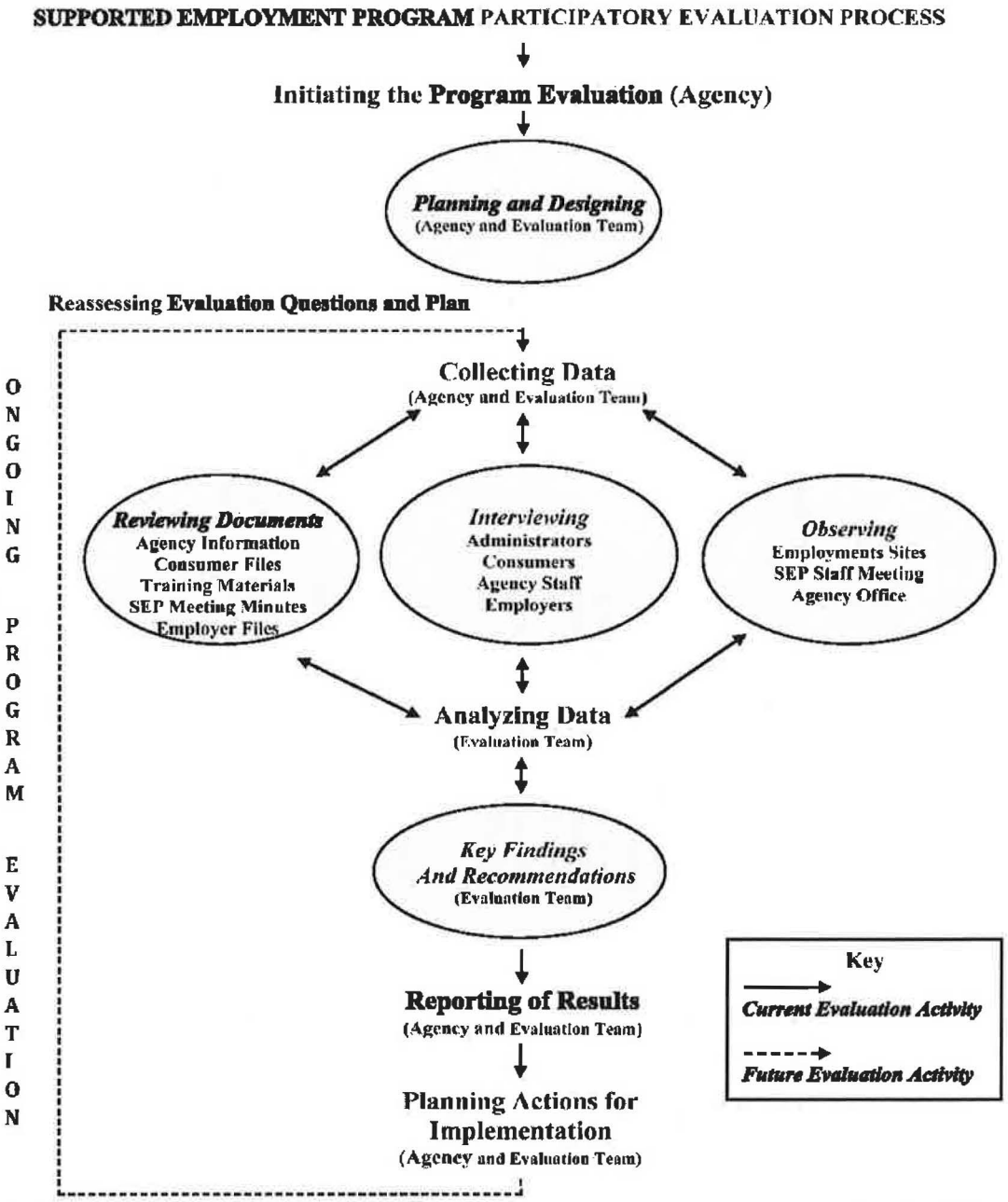
Participants

The staff consisted of one director/team leader, one program coordinator, and 20 direct services professionals. The team leader oversaw all aspects of the program and provided quality checks to ensure that billing hours were correct. The coordinator was the liaison for state's office of rehabilitation services, which was one of the funding sources. Also, the coordinator assisted in supervision. All 20 staff were responsible for job coaching (e.g., providing on-the-job training) and recording billing hours. Of the 20 staff, all but four performed job development tasks (i.e., identifying community employment opportunities) along with their job coaching duties. Forty employed people with disabilities were using CRP SEP services with 27 employers. All support services at the employment sites were provided individually by staff, and some of the supports had been in place for as long as seven years. There were an additional 20 people with disabilities seeking employment, of which all but three were accessing developmental training services as pre-employment activities. According to the CEO, over the past five years the SEP had been losing, on average, $66,000 per year. The evaluation participants were the team leader, coordinator, and financial director, along with randomly selected SEP staff, day training staff, consumers with disabilities, and employers. To protect participants' identity, limited aggregate demographic data are presented.

Figure 2

Flowchart of the Participatory Evaluation Process

Flowchart of the Participatory Evaluation Process.



This is a visual representation of the participatory process and iterations performed during this supported employment program (SEP) evaluation as well as a loop for continuous improvement. Parties responsible for each activity are indicated in parentheses: Agency = CEO, SEP team leader, and SEP coordinator; Evaluation Team = Dr. Oertle

Table 1

Evaluation Matrix

Focus	Evaluation Question	Sub-component	Instrument	Data we have	Data needed
Services Quality	Are quality services being provided to the customers? Are the services state of the art?	Is professional development provided to employees? How do services compare to other successful community rehabilitation providers (best practices)? Are services individualized and person-centered (lifelong goals and future planning)? How are vocational assessments conducted and utilized?	Document content analysis Interview protocol Observation protocol	Outcome data Strategic planning goals and progress in meeting these goals	Interviews with consumers, employers and staff Site Observations Employee files and professional development plans Employee policies and training information Consumer files, assessments, work history, supports, PCP
Customer Satisfaction	Are needs being met? How are needs anticipated and understood?	What kind of satisfaction data collection have been done and how are these data utilized? What improvements are feasible?	Document content analysis Interview protocol Observation protocol	Outcome data Customer satisfaction surveys	Interviews with consumers, employers and staff
Public Relations Community Presence and Marketing	Do staff develop new and maintain existing relationships within the community and with employers?	What are employers' expectations for relationships with the staff? What actions are being taken to maintain relationships? How many new community contacts have been attained (goals)?	Interview protocol Observation protocol	Current work sites Strategic planning goals and information about meeting these goals.	Frequency of contact and method of maintenance Interviews with consumers, employers, and staff Site observations

Note. PCP = Person-Centered Planning

Consumers with Disabilities

Ten working-age adult consumers with disabilities participated, of which five were employed and five were seeking employment. The primary disability category for all of the consumers was developmental disability; however, five (50%) had secondary disabilities ranging from sensory impairments (e.g., hard of hearing) to physical disabilities (e.g., cerebral palsy). All of the consumers used verbal communication as their primary mode for daily communications supplemented with hand gestures including variations of American Sign Language and Signed English. The employed consumers worked in manufacturing, law, hospitality, tourism, human services, education, food resources, and government. Consumers in DT were receiving daily living skills training (e.g., self-care, travel training) and employment skills training (e.g., building resumes, practicing interviewing, searching for jobs) in preparation for supported employment.

The five consumers with disabilities who were employed in the community (employed consumers) were randomly selected for participation (5/40; 13%). Once permissions were granted, relevant documents such as the consumers' vocational folder were collected, analyzed, and descriptions were written. Next, interviews with the employed consumers were conducted, in which four of the five consumers elected to have a staff present to assist as needed. The questions asked assisted evaluators in gathering information to understand consumers' perceptions on the quality of the services. Of particular interest were data about consumers' substantive concerns, interests, and diversity of experiences for improved consumer satisfaction. Employment site observations were completed to observe services being delivered and deepen understanding of what was in the documentation and interview data. In addition, five job-seeking consumers with disabilities were randomly selected for interviews (5/20; 25%). These interviews were informative in understanding how the job assistance and development services were provided.

CRP Staff

All of the staff participated by supporting the review of pertinent documents (e.g., CRP, SEP, and training materials) and allowing observations and interviews. The entire SEP staff were observed during staff meetings and CRP agency visits (also see data collection). A total of 12 staff interviews were conducted. The interviews were conducted with four administrative staff (team leader, program coordinator, financial director, and CEO) along with five randomly selected staff (5/20; 25%) and three-day training staff members, who were selected by the team leader. In addition, five staff were observed working with consumers at supported employment sites. The majority of the staff and their supervisors had completed some postsecondary level coursework, many in special education. Staff reported regularly completing continuing education requirements. However, the majority of training was presented by senior staff on the job.

Employers

Five employers of consumers with disabilities being served by the SEP were selected for interviews (5/27; 19%). Interviews were conducted to determine the level of satisfaction by these employers in the areas of relationships, marketing, and services. Employer interviews were also to explore potential ways in which the CRP could improve these relationships and satisfaction. These employers were owners and/or supervisors who were responsible for hiring and firing. Employers were from businesses in hospitality, tourism, and human services.

Data Collection

To address the evaluation questions and subcomponents, data were collected and analyzed for improvement in services quality, customer satisfaction, and public relations (i.e., community presence and marketing). Presented in Table 1 are the questions, subcomponents, instruments, and target data for each improvement focus area. Data were gathered using methods for triangulation, holism, and expansion purposes (Caracelli, & Greene, 1997; Greene, 2007). Triangulation provided a means for cross verification

from more than two sources to increase validity. Holism, also called complementarity, was a data collection approach used for understanding complex phenomena where a simple "yes" or a simple "no" is impossible, such as the phenomenon that is linked to activities as complex and multifaceted as supported employment. Collecting data for expansion assisted with increasing the reach and extensiveness of program evaluation (Caracelli, & Greene, 1997; Greene, 2007). Observations, document analysis, and interviews provided triangulation to strengthen the validity (Whittemore, Chase, & Mandle, 2001). Observation and document analysis provided additional perspectives concerning quality that could not be investigated through interviewing alone (Greene, 2007).

Documents

A wide range of documents were reviewed. These documents included the CRP mission and vision statements and history, program brochures, the CRP SEP employee training files and professional development plans, CRP employee policies and training information, day training instructional materials, and current employer files. Consumer vocational files were reviewed too, such as assessments, work history, supports, progress notes, and person-centered plans (PCP). From this documentation, the policies and procedures, job development efforts, individualized support plans, and consumer outcomes, data were gathered.

Interviews

Recruitment of interviewees was initiated by the CRP administrators who promoted the evaluation as important for improvement, provided the lists for selection, and made introductions for feasibility. The staff were randomly selected, and consumers were drawn from a coded list of SEP service recipients. The list was coded by the team leader to conceal the consumers' identity until the sample was selected and consent to participate was granted. Current employers were drawn from a provided list as well. The semi-structured interviews were guided using pre-constructed and piloted questions aligned with the criteria (see Figure 1) and matrix (see Table 1). The interview guides were reviewed by the CEO, team leader, and coordinator as well as piloted with one employed consumer, one staff, and one employer prior to use. Adjustments were made to the questions for simplification and clarification based on the feedback received.

The interview guide had an informed consent process with an explanation about the evaluation, opening background questions, and closing questions. Additional questions, spurred during the interview, were asked as needed. Interviews were conducted and recorded on paper by two evaluators. Interviews ranged from 20 to 40 minutes in length. Variations in the questions depended on the interviewee. For instance, the guides used with consumers, SEP staff, and employers included questions regarding public relations, services, and customer satisfaction. The financial director was asked questions specific to funding. As mentioned, four of the five employed consumers were supported by staff during their interviews, as needed, to respond. The support provided to these consumers was used to clarify and increase understanding especially when hand gestures were used in supplementing verbal communication. These interviews assisted evaluators in understanding the substantive concerns, interests, and diversity of experiences.

Observations

Over the eight-month evaluation period, there were ten CRP agency visits in which observations of the work culture were made (e.g., interactions among CRP staff, contact with consumers, postings on corkboard/walls). In addition, five CRP SEP staff meetings were attended in which, among other items, written evaluation reports were presented. During the presentations, the evaluation process and progress were openly discussed at pre-planned milestones (see Figure 2). Observations of the staff reactions and interactions were recorded. Furthermore, observations were made during informal conservations regarding the evaluation that manifested as part of the participatory evaluation process and due to the evaluator presence at the agency and employment sites. Notes were taken by the two evaluators simultaneously. Discussions happened as soon as possible following the observa-

tions, and again at evaluator meetings, to use reflection and dialogue for clarity and depth (Greene, 2007).

The five employed consumers were observed working at a hotel, grocery store, beauty salon and spa, city building, and gas station while being supported by staff. Consumers' duties included cleaning and waste removal, serving customers, stocking, filing, and recycling. The employment sites were selected based on the findings of the interview information and document analysis in the previous evaluation stage. These observations were approximately 30 minutes in length at various times that were best for the consumer and employer. These observations were used by evaluators to deepen understanding of the practices and enhance the data sets of the documents and interviews.

Data Analysis

Across the six iterative phases, different analytic procedures were used for the various types of data. Content analysis was used for the secondary data such as the CRP SEP documents and consumers' records. In using content analysis, the data were systematically analyzed, and characteristics or trends were objectively identified to assist in answering the key evaluation questions. Interview data were organized into sets of information to reveal common patterns, recurring themes, and inconsistencies. Then, focused discussions were completed. Using this procedure, explanations or answers to the key evaluation questions could be explored through a process of induction and deduction to make inferential representational generalizations (Lewis & Ritchie, 2003; McMillion & Schaumacker, 1998). Following the completion of the observations, the notes were coded. Then, the evaluators discussed their observations and notes which included making comparisons to reveal common patterns, recurring themes, and inconsistencies (McMillion & Schaumacker, 1998). As described, data were discussed with the SEP staff and consumers with disabilities at four preplanned evaluation checkpoints in which understanding and validity were strengthened through this members' check process (Brantlinger et al., 2005; Stake, 1995). The observations from the employment sites and the CRP agency were dissected and synthesized with the document analysis and interviews to triangulate the information gathered (Caracelli & Greene, 1997; Greene, 2007). The process, activities, and findings were further scrutinized for quality as described next.

Data Quality

The program evaluation standards established by the U.S. Joint Committee on Standards for Educational Evaluation (JCSEE) (Yarbrough et al., 2011) were used as the criteria to guide this evaluation, and by which to judge the quality in the meta-evaluation of this evaluation process. Following JCSEE's standards, the planning process, evaluation questions, sampling rationale, methods of collecting data, data analysis, interpretation, and conclusions drawn were openly discussed including disclosing the program evaluation standards to the CRP staff for their reference. Internal and external reviews were conducted to assess the comprehensiveness of activities using the JCSEE's standards as a meta-evaluation checklist across the evaluation phases (Yarbrough et al., 2011).

In the internal review, a meta-evaluation checklist was used in self-assessments to double check that each criterion was met before moving on to the next evaluation phase (Stufflebeam, 1999). The external review consisted of members' checks (described previously), peer debriefing, and audits. Before beginning each the next phase, a debriefing with a trained evaluator (peer) was performed in which the activities, standards, and findings were discussed. The evaluators constructed a written report following each debriefing which was shared with, and verified by, the peer. Further, procedural audits were conducted by two doctoral-level specialists, one in program evaluation and one in supported employment. Edits to materials (e.g., reports) and modifications to process (e.g., how the reports were delivered) were made as needed. Credibility, integrity, thoroughness, and congruence were established using this process of internal and external review along with the multi-phased data analysis which increased data quality and strengthened the validity (Whittemore et al., 2001).

Evaluation Results

Multiple findings were produced in this evaluation, in both strength and growth areas. The main objective of this evaluation was to identify areas of growth in services quality, customer satisfaction, and public relations for program improvement. Therefore, the strengths are briefly presented as the contextual foundation for the remainder of the paper which is focused on areas of growth and recommendations for improvements.

Limitations

Specific to this evaluation, participation of a single CRP limits the generalization of the findings. Furthermore, there are inherit limitations in using a participatory process that should be considered in applications too. Most pertinent here is the concern that the process "creates artificial settings" (Van Wezemael et al., 2012, p. 129). These artificial settings were created by the process, procedures, and evaluation activities. Simply, involvement may impact participants' objectivity. Monitoring and controlling the threats to objectivity were possible through the mixed methods design and on-going scrutiny of data quality. Despite the limitations, these results broaden the reach of and add to the existing community rehabilitation provider program evaluation and supported employment program knowledge base. Setting these results within the larger body of supported employment and evaluation literature strengthens the generalizability.

Strengths

Areas of strength were respect for consumers, value of community employment, high levels of satisfaction, and staff flexibility and openness to change. Evidence supporting the respect for consumers and value of community employment were observed across settings and conveyed during interviews. These findings were aligned with the community rehabilitation provider's mission and vision as well as with the U.S. state and federal legislative foundations (e.g., Employment First Initiative; Rehabilitation Act and its amendments). Examples were the common use of people-first language, informed decision- and choice-making processes, and community-based employment. Furthermore, consumers had high levels of satisfaction as evidenced in observations and interviews. In fact, during interviews, all of the consumers expressed their satisfaction with the community rehabilitation provider, their staff, and the services provided. These findings were consistent with the satisfaction inquiries the community rehabilitation provider had previously done and of past research (e.g., Butterworth, Hiersteiner et al., 2015). Finally, staff flexibility and openness to change were evident too. For instance, drawing from their expressed desire for supported employment program improvement, staff actively and openly participated in the evaluation process by giving approval for file reviews, being available for interviews and observations of work experiences, and providing their feedback throughout. Furthermore, staff were noticeably eager to learn new knowledge and skills. The staff demonstrated this willingness by asking questions, requesting more resources, and seeking information about available trainings. These strengths provide a foundation for addressing the areas of needed improvements which was the focus of this evaluation.

Targets for Improvements

Building from the areas of strength, targets for improvements in service quality and public relations were identified. The central activities were consumer training for employment preparation in the day training program, and once employed, on-the-job training to learn the job tasks along with on-going support through job coaching services. Training and on-going supports to consumers maintained the program objective of community employment. However, without fading services, the individualized model of services delivery was unsustainable and created an over-dependence on the agency-based support services. These untenable practices were evident in the reported revenue losses, the observed practices, and expressed strain of the staff and the frustrations of employers. In making comparisons with the best practices displayed in Figure 1, the differences were clearly evident. Next are the de-

scriptions and quotes for each area of need which were identified as misaligned employment preparation, misdirected employment services, and underdeveloped community relationships.

Misaligned Employment Preparation

Consumers with disabilities were preparing for community employment by participation in the day training program where consumers worked to develop prevocational skills as a "prerequisite to supported employment" (day training program literature and staff interviews). A written objective of day training was to "increase the percentage of people moving from day training to work opportunities in the supported employment program" and, according to the day training Fact Sheet, training activities occurred in the community. However, the alignment of day training activities to the achievement of the employment objective was unclear based on reviewing the training materials, the related consumer documentation, and completing the interviews with consumers and staff. The training was being delivered in the agency in a segregated facility-based adult daycare setting. The training materials were primarily focused on functional life skills such as self-care. For example, instruction on cooking and kitchen safety were taught in the agency breakroom. Some training was offered on basic work-related skills such as job searching and resume building. Nevertheless, this instruction appeared inadequate to meet the primary program objective of supporting community employment. For instance, in one situation, a consumer, who was participating in job development, had been searching for a job for three years. Reviewing the files, this consumer had been working on a resume and looking in the newspaper for jobs for the entirety of these three years. The employment goal for this person had not changed, yet over this period of time, the same activities continued. No additional activities were noted or any changes in activities had been made in serving this consumer.

Preparation for social engagement in the workplace appeared absent too. Staff stated that they did not interfere if social communication took place. However, staff did not actively assist consumers to develop relationships with their co-workers, stating that, "If the person wants a friendly relationship with a co-worker at work, I step back and I am a fly on the wall." Unfortunately, the unintended consequences appeared to be increased consumer dependence on the staff and further social isolation. These findings conflicted with the supported employment program objectives of increasing social skills and job skills that lead to independence.

According to the information contained in the supported employment program documents, fading of on-the-job supports had not occurred in the last year, and fading agency support services was not built into the employed consumers' plans. Job coaching appeared to be accepted as the primary approach to supported employment with no other obvious supports being utilized or developed (e.g., natural; customized). Staff had written job descriptions that explained their duties in job coaching and job developing. But, during the span of the evaluation, the staff were primarily involved in job coaching while fading supports did not occur, and developing jobs was virtually non-existent. Limited staff training could be part of the explanation. As one staff stated, "We call our activities job development, we just have a caseload, but have not been trained on how to do job development. But I do not think it [job development] is really all that hard to do." Another staff added, "When people ask me how they are going to learn [the job] when no one is there? I reply, how do you think I learned? A lot of trial and error." These evaluation findings may be explained further within the written program information itself. For instance, the supported employment program brochure included this statement, "Job coaches often . . . perform the duties associated with the job." Additional supported employment program marketing literature included, "supported employment program workers help the individual . . . perform the duties associated with the job . . . " These statements and the staff's actions conflicted with supported employment program principles and standards (Ford, 2008; Plotner & Oertle, 2011), the community rehabilitation provider's mission, vision, and definition of supported employment, all of which used language that emphasizes building and using supports to increase consumer independence.

Similar to Rusch and Braddock (2004), this CRP appeared to be operating a " . . . dual system of service delivery . . . sheltered and integrated . . . " (p. 240). The CRPs' operations were misaligned with the vision, mission, and program objectives of preparing and supporting consumers in integrated employment and fading services. The shift from segregated facility-based to integrated community-based services is com-

plex because segregation has "long-standing legacies of local support" (p. 239). Therefore, the misalignment and dual programming are to be "expected" since segregated operations such as day training/programming have received more funding, research, and training than has integrated community-based practices (Rusch & Braddock, 2004, p. 240).

Misdirected Employment Services

The staff expressed uncertainty about their impact and appeared to be experiencing confusion in their roles and responsibilities. As a result, services were misdirected with limited quality to achieve program objectives. As summed up by one staff, "Sometimes we (staff) don't know if we are providing quality services in the supported employment program."

Neither staff nor employers were able to explain the expectations or roles of each other. Generally, staff appeared to believe that some employers had unrealistic expectations with too much focus on the "two for one" model (i.e., having staff working alongside the supported employee at the worksite). The staff stated that some employers did not believe job coaching services should ever be faded since the supported employee would never be able to do the job independently. Another perception expressed by staff was that some employers were disrespectful toward consumers so staff would act as a buffer between the consumer and employer.

Staff and employers agreed that job coaching services were vital in assisting consumers to learn and develop the skills necessary to do the job. Employers added that staff *"often acted as messengers"* between the employers, the consumer, and the agency by relaying information (e.g., request for time off, changes in schedule and duties, change in job coach). However, staff appeared to negatively impact the level of workplace integration experienced by their consumers with disabilities. Similar to past research (e.g., Gilson & Carter, 2016; Mautz, Storey, & Certo, 2001) when staff translated what was necessary to do the job into their practices, staff contributed to disability stigma and interfered in the social connections among coworkers. For example, the staff routinely practiced overprotection, stating that, "We probably can do this job better, we do have a tendency to overprotect and coddle people" and "I think often job coaches are afraid to let go, afraid to give them [the consumers] an opportunity to fail." Similarly, staff would complete the tasks that the consumer had trouble with or could not do, stating, "I am not going to leave the job site with something undone, so I sometimes just do the job." At all but one employment site, staff were observed doing the tasks for the consumers rather than supporting consumers to do the tasks or developing the natural supports available in the environment (e.g., working with co-workers). In other situations, the consumer and staff were observed sharing the job tasks and, as one staff described, "We [consumer and staff] work as an efficient team." Rosenthal (1995) described this closed feedback loop as a self-fulfilling prophecy process in which beliefs and behaviors are reinforced by the influences of expectations. These evaluation findings were similar to past research where staff were "frequently successful" but lacked the necessary skills to work with employers noting that the majority of community rehabilitation provider staff ". . . have little understanding of employment techniques" (Holloway et al., 2008, p.106).

An important exception was observed at one supported employment site. In this situation, the staff was not actively supporting the consumer on the job. Staff had assisted the consumer with the initial workplace orientation and training, but the direct support had been reduced to random check-ins every few months. Workplace integration was observed in which the employed consumer was working alongside co-workers rather than staff. Workplace banter between the consumer, co-workers, and business patrons was also observed.

Underdeveloped Community Relationships

Although 40 consumers were employed with 27 employers, staff were experiencing difficulties in maintaining existing relationships, building new community relationships, and developing opportunities for employment. Evidence of efforts to build and maintain relationships was extremely limited at all levels of leadership (i.e., staff, supported employment program coordinator, supported employment program director, and agency administrators). Despite the dedication to and the supported em-

ployment program objective of integrated community-based employment, the program leaders had no written plan for building the necessary relationships to meet the objective. Furthermore, no specific leader was responsible for job development operations.

Existing community relationships were one-dimensional, event driven, and problem-based rather than collaborative, reciprocal, and on-going (see Plotner & Oertle, 2011). The staff seemed aware of the problems, stating, "Unfortunately, our relationships in the community, especially, with employers are not that positive." "We tend to be too reactive and not proactive." and "We need to broaden our services more to be outside of our box." The negative impacts were communicated by employers, with one saying, "In the last 10 years, we have not been approached by staff about any new jobs." Another employer noted wanting more information, but that there was little communication, "I don't talk to agency folks often, substitution type questions mainly; I would like to know more about agency." The disconnections among staff and employers were further revealed when the employment site contact list was discovered to be outdated with contact persons no longer with the companies.

The staff and employers agreed that the majority of the communication was problem-based. The greatest negative impact of the break-down in relationships was consumer job loss, demonstrated by this staff's statement, "Employers have my number, but don't call until it is too late – they [the consumer] already lost the job or are close to losing it." The infrequent communication with employers appeared to reinforce a fearful, and at times even hostile, attitude among staff toward employers. When asked about working with the employer, one staff said, "I work for community rehabilitation provider not for them [the employer]." According to staff, relationships with employers were often the hardest part of their jobs. Some staff avoided connect with employers altogether because of fear, stating, "I assume the employers are satisfied if I don't hear about anything. If an employer comes up to me I worry because I figure we have a problem."

No obvious evidence was found of staff's efforts to develop or maintain relationships with employers or to collaborate. Employers expressed feelings of lack of appreciation by staff and exclusion from activities to support the consumer's development. Employers added that other employment opportunities might be considered if the relationship was better. Overall, employers appeared to want more proactive communication with the staff, saying, "Let me determine if you are bothering me, don't assume you are." The disconnections and lack of relationships were apparent even with the more satisfied employers. For example, one employer, who felt good about the relationship, had limited information about the services. This employer could not name anyone at the agency and noted that the staff had never approached them about additional employment possibilities.

The depth of the undeveloped community relationships was initially surprising given the number of employed consumers and the supported employment program objective to "educate business community to the services and advantages of employing people with disabilities." But, with no specific leadership or training for job development, the gap between implementing effective practices and meeting desired outcomes appeared to be widening. The detachment from responsibility and action for building and maintaining relationships with the community (i.e., current and potential employers) was observed with all personnel no matter their role or level.

Discussion and Recommendations

Parallel to past findings (e.g., Rusch & Braddock, 2004), this community rehabilitation provider was operating dual segregated and integrated systems. Also, as Friedman and Rizzolo (2017) described, "Despite being a valuable source of supported employment services . . . the services were far from standardized [with] wide variability across services" minimizing the quality and sustainability (p.114). Messages reinforcing the segregated/integrated duality were found in the agency and program materials and were perpetuated in the staff's varying behaviors. Marked by few employment training opportunities, staff were offered internal, on-the-job training with little formal continuing education in current vocational rehabilitation practices. Using this approach, misinformation was

passed among staff, and some necessary skills were completely overlooked (e.g., fading services; facilitating natural supports).

Employment Preparation and Services for Supported Employment

Employment preparation that comprises educating consumers, staff, employers, and coworkers is key. Furthermore, staff are principal in the delivery of supported employment services because, as described by the employers in this evaluation, staff act as a conduit and messenger. In this supportive role, staff must be able to convey values, nurture connections, develop natural supports, and build and maintain relationships (Plotner & Oertle, 2011). To deliver these multifaceted services effectively requires community rehabilitation providers to develop a level of educated sophistication (Holloway et al., 2008) that includes effective, proactive communication. Limited and problem-based communication often leads to misunderstandings and missed opportunities as evidenced in this evaluation. For instance, the desire to strengthen communication was noted by all of the evaluation participants. However, employers expressed a desire for more frequent, systematic, and collaborative communication with the community rehabilitation provider while the staff avoided communication with employers. Yet, within the community rehabilitation provider, staff expressed a desire for more frequent, proactive, and routine internal communication among staff and leadership.

Without appropriate preparation, like the consumers in this evaluation, people with intellectual and developmental disabilities will continue to face barriers to workplace engagement and integration because little time is being spent in the community developing self-determination skills and facilitating social connections (Rusch & Braddock, 2004). Furthermore, the lack of intentionally planned training placed staff in the position of working beyond their knowledge, skills, and abilities. In this situation, staff made critical decisions independently based on their personal values of "good" and/or "right." These mismatched situations are prime environments for producing inconsistent services delivery and highly frustrated staff as observed in this evaluation and in prior research (Friedman & Rizzolo, 2017; Holloway et al. 2008).

Community Rehabilitation Provider Training Necessities

In-service training has been rated as high priority (Kaseroff et al., 2015), and the need is highlighted by the loss of earmarked funding from the U.S. Rehabilitation Services Administration for the Community Rehabilitation Provider Rehabilitation Continuing Education Programs. The Rehabilitation Continuing Education Programs had provided widely available, state-of-the-art training and responsive technical assistance. The training and technical assistance was offered in a variety of modes (e.g., tele-conference, webinar, in-person) at no to little cost (Trach et al., 2008). Despite the loss of the U.S. Rehabilitation Continuing Education Programs, the focus on community rehabilitation provider training and professional development (e.g., curriculum certification; employment services specialist certificates) has continued through groups such as Association for Community Rehabilitation Education, Association of People Supporting Employment First, and the U.S. federally funded National Technical Assistance Centers. Curriculum and additional training materials, developed by the Rehabilitation Continuing Education Programs along with other sources, are accessible through the Rehabilitation Services Administration National Clearinghouse of Rehabilitation Training Materials. These on-going training efforts offer a variety of options and comprehensive content in rehabilitation and supported employment services among other areas that are aligned with the competitive integrated employment priority found in the U.S. law such as the Rehabilitation Act and at the state level efforts such as Employment First Initiatives (Jorgensen-Smith et al., 2011; Niemiec et al., 2009). The extent and level of impact of these training efforts is currently unknown but is being investigated and expanded upon by work of the federally funded National Technical Assistance centers such as WINTAC.

On-going training is clearly needed to keep staff knowledgeable of effectiveness, skilled in services delivery, and able to implement supported employment practices with awareness of the impact on consumer outcomes (Butterworth, Hiesteiner, et al., 2015; Ford, 2008; Holloway et al., 2008; Kaseroff et

al., 2015; Rusch, 1993). Reflected in the literature (Holloway et al., 2008) and expressed by the leadership in this evaluation, the cost of training and staff time away from the job had been barriers to participation in training. Yet the longer-term costs were to the consumers with disabilities served by undertrained staff. One immediate strategy that leaders can use to overcome the barriers to training participation (i.e., funding; staff time) is to prioritize the top needs. The priorities for training can be built from the strengths such as those areas found by Holloway et al. (2008) and in this evaluation: respect for consumers, value of community employment, high levels of satisfaction, and staff flexibility and openness to change. These strengths are aligned with value-driven rehabilitation practices (Plotner & Trach, 2010) for a solid foundation from which to invest in staff continuing education. The investment in training is a likely strategy for improvement because when provided more training staff have increased confidence in their use of evidence-based practices to make improvements (Pfaller et al., 2016). There is a lack of training at all levels as Wehman et al. (2018) observed, "Supervisors and direct service staff do not know how to conduct meaningful field assessments for competitive employment, employer engagement skills are weak, and systematic instruction is often lacking . . . " (p. 10). Based these findings, targeted training is needed for communicating effectively, marketing and developing jobs, using community-based, situational assessments, and delivering and fading services of quality which continue to be areas of high priority (Wehman et al., 2002).

Also, activities must be monitored for progress toward outcomes and evaluated for improvements. In reviewing documents in this evaluation, the consumers' vocational files were inconsistent, incomplete, and consisted of vague statements. The files had gaps in information including vocational histories, progress reports, and support needs. For example, there were inconsistent recordings of progress, and vocational assessment and job development information were missing. The need for attention to the documentation appears to be rooted in the belief that information was being recorded as a means of compliance (for funders, laws) rather than to be communicative and informative (for monitoring and evaluating progress and impact). When asked about documentation, one staff shared, "I don't look at the [consumer] files very often. I usually just try to get to know the person by working with them or ask one of the job coaches that have worked with them what they need." The minimization of the documentation was inconsistent with the written program plan to use assessment and documentation to monitor progress. One strategy to strengthen documentation utility is to train staff on the use of self-assessment tools for the purposes of monitoring progress contextualized to the environment and community (Grandisson et al., 2016). Some examples, used independently or in combination, are the Figure 1 flowchart and Table 1 matrix, the quality indicators checklist, "Quality Indicators for Competitive Employment Outcomes" (Brooke et al., 2009), and the SEP principles (Plotner & Oertle, 2011).

Conclusions

The use of scientific inquiry juxtaposed with applicable practices is a central part of the rehabilitation field (Rumrill & Bellini, 2018). Supported by the evaluation findings, when CRPs participate in the use of scientific inquiry, staff are likely to actively engage in a paradigm of continuous improvements (Grandisson et al., 2016). Using planned participation in program evaluation with regular progress checks points can encourage supervisors and staff to use continuous improvement practices. Targeted training and continuous improvement practices can be used to improve the quality of services delivery. Community-based outcomes are achievable when staff strategically use of data, training, services, and funding catalyzed by value-based leadership (Butterworth, Smith, et al., 2015; Hall et al., 2007).

Reinforcing previous research, the use of a participatory evaluation process engaged the CRP staff (Grandisson et al., 2016). This engagement not only made the evaluation feasible, but the staff participation was between representative and transformative (Guijit, 2014) which increased the utility (Patton, 2008; Rogers et al., 2004). Engagement and utilization are critically important considering the involvement of and challenges faced by community rehabilitation providers in supporting people with intellectual and developmental disabilities to work in their communities (Butterworth,

Hiersteiner, et al., 2015; Holloway et al., 2008). As demonstrated in this evaluation, the goal of paid integrated community-based employment cannot be fully accomplished without training to (a) develop competencies, (b) use field standards of practice, and (c) communicate values. Using participatory practices, the priorities identified provide responsive and immediate training targets for improvements.

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