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**ISSUE BRIEF**

**Facilitating Provider-Based Transformation through Technology Transfer**

***A Bottom-Up Analysis of the Effects of***

***ODEP’s Employment First Provider Transformation  
Training and Technical Assistance Strategy***

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**Section 1:** **Introduction and Purposes of this Brief**

Since its inception, the US Department of Labor (DOL) Office of Disability Employment Policy (ODEP) has provided national leadership, funding, and training and technical assistance (T/TA) resources to ensure that people with disabilities have opportunities to work in competitive integrated employment (CIE), rather than in non-integrated work programs paying less than the federal minimum wage, or in day activity programs in lieu of working. In 2017, the labor force participation rate of working-age individuals with a disability (IWD) was 32.6%, compared to 76.7% of individuals without disabilities.[[1]](#footnote-1) This disparity indicates there is considerable progress to be made in facilitating access to CIE for IWD.

Recognizing these trenchant disparities, Employment First (EF) efforts have accelerated over the last decade, in step with federal and state policy reforms, legal actions, growing public awareness, and macroeconomic conditions that demand tapping into underrepresented labor pools. Correspondingly, more and more providers are making the leap to prioritize CIE, as well as Customized and Supported Employment. In this context, ODEP recognized the imperative to focus Employment First State Leadership Mentoring Program (EFSLMP) T/TA on provider transformation (PT) and has emphasized a national T/TA strategy to assist providers in transforming their employment services towards CIE.

ODEP’s PT T/TA is provided through a complementary and comprehensive mix of direct, in-person assistance, distance learning methods (e.g., webinars, teleconferences, web-based resource repositories), and guidebooks, toolkits, policy statements, and issue briefs that address the pressing national need to improve CIE outcomes for individuals with disabilities (IWD). A recent report by the National Council on Disability (NCD)—[*From the New Deal to the Real Deal: Joining the Industries of the Future*](https://ncd.gov/sites/default/files/New%20Deal%20to%20Real%20Deal%20FINAL_508.PDF)—highlighted the importance of T/TA in assisting providers using 14(c) certificates[[2]](#footnote-2) that allow payment of subminimum wages to transform their facility-based services to CIE. The report also specifically mentions ODEP’s EFSLMP T/TA as a critical intervention for improving states’ policies and services so as to prioritize CIE over sheltered work. In particular, the report noted how EFSLMP integrates multi-faceted support to address policies, regulations, partnerships, staff capacity building and services design, underscoring the interrelatedness of the factors associated with successful PT.[[3]](#footnote-3)

*In many of the states we visited, federally funded ODEP subject matter experts (SMEs), deployed through EFSLMP, had played critical roles in the transformation and rebalancing of state service delivery systems. In particular, they provided intensive support to states with regard to rebalancing Medicaid rates and rate structures, interagency coordination, training and qualification standards for direct support staff, school transition, and provider transformation. State specific TA entities should rely on the expertise and institutional knowledge of national SMEs that have played an important role in systems change in other states.* (NCD, pp. 132-133)

This issue brief explores the extent to which ODEP’s EFSLMP PT-focused T/TA is congruent with the multi-faceted and evidence-based “Technology Transfer” (TT) approach. TT offers a holistic and mutually reinforcing framework for knowledge transfer that can improve its practical application and sustainability. In particular, we searched for evidence on how the principles of TT are embedded within ODEP PT T/TA, and probe whether or not such T/TA might be strengthened if it incorporated TT.

We obtained interview testimony provided by seven EFSLMP provider agency leaders selected from among the eight states participating in the EFSLMP evaluation.[[4]](#footnote-4) We also sought to learn if and how ODEP T/TA is proving effective in helping transform services from segregated, subminimum wage programs to vehicles for CIE. Finally, we solicited recommendations on how T/TA could more effectively facilitate PT, and on what additional resources would be helpful. After outlining the scope of ODEP’s PT T/TA and providing an overview of TT, we investigate the extent of alignment between PT and TT and offer recommendations regarding how T/TA can harness this model to maximize its impact on CIE.

**Overview of Provider Transformation within EFSLMP**

EFSLMP addresses policy development, systems change, and service improvements that help states create a culture of economic inclusiveness through prioritization of CIE. State-level action is supported through the provision of T/TA from national SMEs, who are subcontractors of ODEP’s contractor Economic Systems (EconSys), deployed across EFSLMP states to support their Employment First (EF) initiatives, and through a range of virtual T/TA options, toolkits and other publications. EFSLMP began in 2012, and since its inception has been deployed by EconSys. In 2012, ODEP selected three mentee states (Iowa, Oregon, and Tennessee) and a mentor state (Washington). All four states received T/TA that allowed them to develop and refine policy. Since then, EFSLMP has evolved and helped many states through complex processes like PT. Acknowledging the significance of providers in facilitating access to CIE, and cognizant of the complexity of PT, ODEP created and furnished a variety of PT-specific T/TA tools.

**Section 2:** **Range and Scope of ODEP’s Provider Transformation T/TA Options for EFSLMP States**

Over the last several years, ODEP directly engaged providers in the intricate, multifaceted PT endeavor through multiple methods, including: laying the groundwork for the process by developing the *Criteria for Performance Excellence in Employment First Provider Transformation[[5]](#footnote-5)*; a PT manual;a PT-focused multiyear webinar series[[6]](#footnote-6); and targeted deployment of SMEs that complemented on-site, hands-on assistance with virtual knowledge-sharing. An additional method included the [*Data and Resources to Inspire a Vision of Employment*](http://drivedisabilityemployment.org/)(DRIVE) website, co-created by Social Dynamics and its partner Altarum Institute and hosted by the national LEAD Center of the National Disability Institute. During 2018, a designated [Provider Transformation Hub](http://drivedisabilityemployment.org/provider-transformation-resources) was added to DRIVE that contains resources organized by the strategic facets encompassing PT. The Hub is available to providers and other interested stakeholders on the DRIVE website.

To focus these T/TA activities explicitly on addressing PT, states can apply to participate as a “Core” T/TA state, a “Vision Quest” (VQ) state, or to receive ODEP’s T/TA through both vehicles. Core states receive intensive T/TA from an SME around a specific topic or topics, including provider transformation. VQ states receive assistance from an SME with a specific focus on developing or aligning particular state policies and services that the state has selected. Within PT, rate/reimbursement restructuring is an apt focus, as is capacity building in best practice employment strategies such as Discovery and Customized Employment. In addition, all states and their providers are eligible to join the Employment First Community of Practice (CoP), a virtual knowledge exchange that encourages dialogue among EFSLMP states and provides access to T/TA resources and webinars. All fifty states and the territories, including their disability provider agencies, can participate in ODEP-sponsored webinars or CoP calls.

**Section 3: Overview of Technology Transfer**

**Background:** This section outlines Technology Transfer (TT) and addresses correlations between ODEP’s approach to providing T/TA supporting PT and the principles of TT. TT is best described below, excerpted from the Addiction and Technology Transfer (ATTC) website:

*Technology transfer begins during the development of a new technology, continues through its dissemination, and extends into its early implementation. This process requires multiple stakeholders and resources, and involves activities related to translation and adoption. Technology transfer is designed to accelerate the diffusion of an innovation.[[7]](#footnote-7)*

TT was developed by the Addiction Technology Transfer Network (ATTC), funded through the Substance Abuse and Mental Health Services Administration. It is a proven method for delivering knowledge situated in present-day problems, but geared towards identifying and addressing future challenges faced by all those involved. It is a dynamic approach that also can be adapted to plan and evaluate the effectiveness of T/TA by assessing whether or not a particular T/TA intervention (e.g., a webinar or SME site visit consultation) incorporates each TT principle.

The TT model is excerpted below from the ATTC Network website:

**Figure 1: Technology Transfer Model**

[Technology transfer process chart:  Flowchart demonstrating the cycle of technology transfer through a project lifecycle.  Circles indicating stages are arranged in order with triangles indicating actions between them: the progression is development stage, translation, dissemination stage, adoption, and implementation stage. A circle of arrows indicates that the cycle runs in both directions – from development through implementation and back again. The center of the flowchart is highlighted as representing “Technology transfer,” while “dissemination and implementation” are shaded with a larger area indicating “diffusion.”
](http://www.nattc.org/files/Tech_transfer.avi)

TT was selected as an evaluative framework because, like provider transformation, it is a “*multidimensional process that intentionally promotes the use of an innovation.*”[[8]](#footnote-8) Other models exist for assessing the effectiveness of T/TA in improving trainee knowledge, including the Four-Level Kirkpatrick model.[[9]](#footnote-9) Additionally, research such as studies by Burke-Smalley and Hutchins (2008) and Kontoghiorghes (2004) support consideration of external and systemic influences on the ability of trainees to absorb, use, and disseminate knowledge. We chose TT as the lens for exploring PT T/TA because it pays explicit attention to how individual, organizational, and system characteristics can shape knowledge transfer, translation, adoption, and implementation. For example, TT principles apply well as standards for measuring knowledge transfer among diverse EFSLMP stakeholders embedded in disparate state, policy, and group contexts (e.g., policymakers and board leaders). As we found, PT T/TA must appreciate the unique cultures, resources, knowledge, and discourses that comprise providers’ and states’ operational environments. Finally, the TT model is appropriate because it was developed specifically for gauging the effects of knowledge transfer on improving the lives of people with disabilities, particularly those with substance abuse and other co-occurring disorders.

Following is a description of each TT principle and associated processes:

| **TT Principles** | **TT Processes** |
| --- | --- |
| ***Development*** | Creating and initially evaluating an innovation. An innovation can be an idea, technology, treatment, or method. |
| ***Translation*** | Explaining the essential elements and relevance of an innovation, then packaging it to facilitate dissemination. |
| ***Dissemination*** | Promoting awareness of an innovation with the goal of facilitating adoption and implementation. Dissemination strategies include raising awareness, building knowledge, and distributing materials. |
| ***Adoption*** | The process of deciding whether to use an innovation. Adoption may or may not lead to implementation. |
| ***Implementation*** | Incorporating an innovation into routine practice. Implementation ideally includes a range of strategies designed to address individual, organizational, and systemic characteristics (e.g., skills training, administrative buy-in, and policy changes). |
| ***Bi-directionality*** | The diffusion of an innovation is meant to be represented as a bi-directional, iterative process. Practices are shaped by their actual use in real-world settings, changes are made as necessary and then evaluated through research. In this way, evidence-based practices also become practice-based evidence. |

For this issue brief, we collected data from provider organizations participating in EFSLMP to ascertain the extent to which the ODEP-sponsored T/TA they received aligns with the principles and processes of the TT approach. T/TA can often be superficial, topic-specific, and lacking sufficient substance, alignment, and impact for its knowledge to become embedded and broadly used after grant’s end. Acknowledging this common shortcoming, we sought to understand how ODEP’s multi-modal approach to state systems and provider agency transformation exhibits congruence with the systemic as well as individually-focused TT principles. We also considered whether or not, based upon available evidence, ODEP’s PT T/TA offerings might be strengthened if they were informed by TT principles.

The next section analyzes interview data from the lens of the extent of alignment of ODEP T/TA principles with those of TT.

**Section 4: EFSLMP Provider Perspectives on ODEP-Sponsored Provider Transformation T/TA Options and Relevance to Technology Transfer**

**Methodology:** To complete this brief, provider agency representatives from eight EFSLMP evaluation sample states were invited by their respective State Leads to attend a brief conference call. Seven interviewees ultimately participated and represented agencies at various stages of PT. They were asked questions pertaining to the following aspects:

* Their agency’s stage of transformation, including successes and challenges;
* Their experiences with the various ODEP PT T/TA offerings and products;
* Recommendations for additional topics or T/TA pertinent to their PT.

We dissected whether or not answers to our questions could substantiate or imply an alignment between each TT principle and ODEP PT T/TA. Below, we offer how the intent and delivery of ODEP PT T/TA theoretically aligns with TT principles, and then analyze the extent to which data from interviews support this model.

**T/TA Principle #1: Development**

*Innovation* is a core component of the Development principle. We found that evidence for innovation stemmed from two EF sources. Foremost, PT is an innovation for most providers, which has long supported sheltered, sub-minimum wage programs. Moreover, we heard that the comprehensiveness of ODEP’s T/TA was innovative in cultivating the attitudinal shifts, relationships, and processes necessary for PT, laying the foundation for translating the evidence-based practices of CIE; and in building upon states’ familiarity with the various ODEP tools and resources relevant to a state and its particular nuances. Although providers did not specifically use the term “innovation,” it was apparent that ODEP T/TA’s shift towards PT—even when an agency had already taken steps in that direction—were innovative developments that accelerated the planning and implementation of PT. Iterative development of ODEP T/TA, fueled by feedback from state and provider leaders, has also honed this innovation.

Interviews revealed that some states had already made progress in PT before they started to receive ODEP-sponsored T/TA, while others were in the earliest stages when they started to participate in T/TA. Regardless, T/TA’s assistance in PT planning efforts have been instrumental to the acceleration of PT. An Iowa provider explained:

*[EFSLMP] was helpful in moving this forward and getting us on track. We knew [PT] was coming. I felt like we were ahead of the game a little bit. And the TA couldn’t have had better timing because in some ways we were already headed that way, and that just helped propel us.*

An Ohio provider underlined “the introductory” webinars, including “Reorganizing Staff for Transformative Change,” as useful for planning.

The availability and use of ODEP-sponsored tools and resources in a sequential way that takes into account ‘where an agency is at’ along their transformation pathway are proving effective, as this Tennessee provider relayed:

*I think we’ve been doing this since April of 2017. One of the biggest things was the self-analysis tool for our agency. It showed how much work we needed to do. That was something for us. Then, as we updated the performance assessment, we found some ways* (to engage leadership) *that we need to work on because the leadership wasn’t as open to change. This was the ODEP tool. It was useful to help us organize things so that we know what was needed.*

The Utah-based activity center staff told us that it had been around for about sixty years. A few years ago, the EFSLMP State Lead put out a request for providers who might want to become involved in the EF movement. Staff and leadership thought it was a good idea and still do. With a shift in focus to community employment, they decided that it would help them to find out how to change some services to be more community focused. By becoming involved with EFSLMP, the agency received help with guidelines and best practices; their prior efforts were akin to reinventing the wheel. They had been facility-based, and there was pushback from parents, families, and staff who were not sure about making changes. Another hurdle was state funding supporting PT. Despite these challenges, they feel that now they are making progress because of ODEP T/TA:

*We’ve had successes. We’ve had about 15 individuals doing community access…. We also have about 14 we’ve transitioned from facility to community employment. It gave us the chance to work with people we wouldn’t have thought could be in community employment.*

SMEs were also very influential in the planning stages of ODEP’s PT model. In Iowa, an interviewee explained that SMEs “set the stage” through a “provider analysis”; helped with developing a new mission, values, and strategic plan; and assisted in navigating internal leadership changes. EFSLMP SMEs led a provider through a “process mapping exercise” to determine how existing processes needed to be transformed and to sketch the mechanics of future operations. Additionally, SMEs led large group discussions with board and executive leadership members, which was pivotal to their understanding “that this was something happening beyond just our local region.” In Michigan, an SME’s program design of “a solid and meaningful Pre-employment Transition Services program” was cited as “the reason we’re seeing such rapid growth in this program.”

Individual webinars and manual modules are also crucial to planning for PT. For instance, an Ohio provider harnessed the “Making it Happen” module “quite a lot when we were working with staff to talk to them about what the program would look like and how we were organizing things. And getting some of their ideas and buy-in.” This provider’s CEO also benefitted from the “Funding” module “to understand what new revenue streams we were getting into, and what some additional options could be.”

**T/TA Principle #2: Translation**

ODEP PT T/TA helps to translate concepts and practices in ways that facilitate dissemination among diverse stakeholders. An important feature of effective T/TA is that it does not rely on a cookie-cutter approach, but translates knowledge appropriate to stakeholders’ interests, priorities, and operational requirements.

Data we collected confirms that honoring this TT principle is integral to nurturing rapport critical to efficacious T/TA, especially assistance from SMEs. Interviewees remarked that some SMEs “really click well,” such as by being “strong…compassionate…and direct.” An Ohio provider stated that, though all three SMEs it engaged with were from out of state, “they really seemed to grasp what we were dealing with.”

Conversely, in Michigan, one SME “didn’t click” with provider staff. This barrier was in part due to a perceived lack of cultural competence, as the SME hailed from a different geographical and cultural background. A provider suggested staff “didn’t believe [the SME] understood the issues here.” In this case, divergent backgrounds exacerbated a disconnect in terms of aligning T/TA with a provider’s place on the continuum of PT. One provider cautioned:

*Remember that the audience you’re speaking to isn’t at the same level yet as SMEs, and they need to be very, very cautious about what they say and how they say it until people are a little further down the road. Otherwise people are just going to say they don’t understand.*

The provider added that SMEs have to walk a fine line to “help me get to the point where all of a sudden I realize I can’t make change unless I think about doing that, then I’m OK.” Another interviewee indicated that an SME spoke of tapping into community resources not as prevalent in the provider’s region as they were in the SME’s location, which resulted in “a little bit of lack of buy-in with our staff.”

A Pennsylvania provider said that it was historically focused on providing work in sheltered workshops. With the advent of ODEP T/TA, the provider prioritized CIE and is making progress in downsizing its workshop. Acquiring knowledge of PT methods and translating them to meet their own conditions was valuable.

*With you (ODEP/EFSLMP) all being willing to share information and methods, it helped us in doing transformation.*

One provider from Tennessee offered that using the State Transformation Activity Record (S.T.A.R.)[[10]](#footnote-10) self-analysis tool helped to translate generic concepts with relevance to their own circumstances. It showed them how much work they needed to do in order to achieve PT, and helped them better align action steps to the goals of PT. They have about 500 employees, and a $1.5-million workshop that did work for several businesses. Thus, they were strongly invested in the workshop model. As they updated the performance assessment with coaching and guidance from their SME, they were able to identify areas they needed to work on and approach strategically because the leadership was not as open to change. As they were developing new plans and began hearing from their SME, they also saw things were changing on a national basis and how states were moving to end workshops to be more community oriented. These realizations, as well as having access to ODEP tools like S.T.A.R. and the PT manual, contributed to making the case for PT with agency leadership and constituents, and to understanding the gaps and needs that they had to fill.

*This was the ODEP tool. It was useful to help us organize things so we know what was needed.*

**T/TA Principle #3: Dissemination**

Effective TT is based upon reinforcement and raising awareness to set the stage for applying principles into practice. In addition to ODEP’s dissemination activities, EFSLMP states receive T/TA that can help them develop their own in-state cadre of SMEs and/or dissemination materials, including their own EF web portals, conferences, stakeholder meetings, and knowledge-sharing products.

As a provider asserted, PT requires “quite a lot of communications.” Correspondingly, PT-related stakeholder education is enhanced by ODEP via dissemination through various venues. A Missouri provider commented that their agency derived great value from ODEP website posts, Technical Briefs, Success Story videos, Fact Sheets and other virtually-accessible resources:

*What is unique and important about the ODEP resources [is they are] broad-based. It’s not hard to understand; it’s user-friendly. You have experts weighing in [and] resources people can use.*

PT webinars are essential to dissemination. Provider leaders reported absorbing each session’s “very practical” information, including instructive resources and examples. Executive leadership and staff like Employment Services managers also attended webinars. Interviewees were grateful to be able to access webinar recordings and materials after their delivery. Further, one interviewee thinks the sequencing and scaffolding of webinars helps with “covering the basics for organizations that still haven’t taken very many steps forward yet,” while providing “more in-depth” material in the second series. However, one interviewee stated that webinars are presented to such a vast audience; “so many people across so many different states with so many different funding systems, streams, and processes—that it’s very hard for that information to be specific enough to be beneficial.”

Dissemination has been expedited by SMEs’ effective, timely communication. An Ohio provider appreciated how all three of its SMEs provided “really strong communications before and after their site visits.” Moreover, SMEs “were very responsive and receptive to where we were at as an organization and what we felt like we needed the most from them during our time together.” This comment underscores the significance of T/TA aligning with what providers feel they need at the time of intervention. SMEs and the Ohio provider would also share information they came across, as appropriate. A Michigan provider echoed these sentiments, expressing how an SME was supportive in talking through PT plan revisions: “She’s been great about calling periodically and checking in, and offering support or suggestions where we need them.”

Providers have also disseminated PT knowledge locally. In Iowa, a provider conducted focus groups to answer questions and present all options with respect to new services. In Michigan, stakeholders who support PT are utilized as “cheerleaders” to help with dissemination. In Ohio, a provider collaborated with partners through county boards to broadcast about PT.

**T/TA Principle #4: Adoption**

Adoption represents the vital process through which an entity decides whether to use an innovation. This stage may or may not be followed by implementation, and influences the extent of implementation. T/TA is decisive during this phase.

Broad stakeholder buy-in is fundamental to adopting innovation. ODEP’s T/TA was explicitly credited with increasing buy-in through providing spaces for conversation between advocates and providers:

*ODEP gave us the platform to do that. It really was that TA and everything that gave us the common ground where we could stop treating each other like the enemy and start listening to what the concerns were and then how to work around those concerns.*

ODEP T/TA, in particular SME hands-on assistance, was also lauded for its opportune timing in accelerating PT and helping providers through the planning and mechanics of PT. In Ohio, one SME was “incredibly, incredibly helpful” to grooming buy-in among executive leadership, buoyed by the SME’s own experience ushering his organization through a “full transformation—it seemed to really help our leadership to embrace that idea a little bit more and to see it as a real possibility.” Likewise, this interviewee uses the manual to engage staff or board members regarding PT.

Providers have facilitated adoption by enacting PT over several years; “moving in gradual steps” was helpful. One Ohio provider furnished “an interim option” through downsizing its facility and delivering adult day services out of a hub facility. Clients are “not part of that small group, walls-free model yet, but it is very different than what they were experiencing back in sheltered employment. We’ve had some folks who have been a little more comfortable with that.”

As a Michigan provider transitioned to foreground CIE, it was preoccupied with finding thirty hours of work in the community for clients to match the thirty hours that were spent in segregated settings at subminimum wages. Based on SME guidance, the provider instead focused on providing community-based support, training, and part-time employment at higher wages. As these employees earn higher wages than they did before and gain more experience in CIE, it is expected their opportunities to work longer hours and earn even higher wages will also increase. Notwithstanding these adaptations, a lack of buy-in among certain stakeholders frustrates adoption of PT, even with the presence of T/TA and a strategic plan. A significant number of long-term clients were “angry” or “reluctant” about PT changes. Even after considerable education about new options, many still want “something like the old model.”

**T/TA Principle #5: Implementation**

Evidence for PT implementation occurs when agency management and staff implement PT and ascribe their progress to utilizing T/TA training and PT-related products. In essence, ODEP T/TA in its various forms contributes to the adoption of PT principles and practices into the agency’s routine ways of doing business.

Both webinars and the PT 1.0 manual have been conducive to implementing PT, particularly in the provision of ad hoc targeted assistance. An Iowa provider highlighted the value of Webinar #4 from the 1.0 series; “Individualized Planning and Services” in helping to become “a lot more person-centered” and to plan service redesign. The Michigan provider valued webinars that explicitly addressed “transformation of service to be community-based,” as they aligned with the provider’s needs at the time.

Regarding the Provider Transformation manual, a Michigan provider leader uses it “when I’m just stuck or I can’t navigate something, or when somebody from another agency asks me a question, I might go to that manual for some resources that they could consider that would help them.” An Iowa provider leveraged module 6—“Reorganizing Staff for Transformative Change”—“to create our curriculum, our staff training and hiring; [it] has been very helpful in creating new job descriptions and relevant training.”

Providers highlighted other examples of implementing PT:

* In Iowa, a provider’s five-year PT process culminated in closing a sheltered workshop in spring 2017. The provider is making all services community-based, and has cultivated robust relationships with communities and employers. Over these five years, the provider has found 277 jobs for 231 clients.
* In Ohio, a provider likewise discontinued sheltered work in spring 2017. It has transitioned to a small group model, where adult day service and vocational habilitation activities with a job or community coach happen “walls-free” and without a hub. Clients have engaged VR, waiver career planning, and Discovery services to secure “community jobs” with additional supports from the provider. Beyond overwhelmingly positive feedback from such clients, it has been fruitful for clients to “see that possible progression” and “how the different services connect to each other.” This data evidences how IWD are participating in the adoption and implementation of PT.
* A Michigan provider’s Skill-building program is now supervised by its Employment division instead of its Services division, to facilitate entry into CIE. This provider still holds a 14(c) certificate, but is no longer conducting intake for such work. Instead, IWD are receiving minimum wage and employers are asked to hire them directly. They are no longer relied on to staff the provider’s manufacturing business, which is being spun off as a separate entity. Instead, IWD spend the vast majority of time in community or classroom activities leading to CIE. The provider now has several Association of Community Rehabilitation Educators *(*ACRE)-certified trainers, and is training all direct services staff in Discovery. Finally, the provider sold one facility and is converting and leasing another to shift funds into services geared toward CIE.

This data showcases the range of changes embedded in PT for various stakeholders.

**T/TA Principle #6: Bi-Directionality**

After adoption occurs and the stage is set for implementation, an innovation is further refined through iterative and symbiotic cross-fertilization between T/TA providers and the field. Accordingly, ODEP T/TA has the potential to facilitate the exchange of ideas, products, and peer-peer learning within and across EFSLMP states. Bi-directionality can also be achieved throughout the T/TA process as EFSLMPs provide examples and insights back to SMEs and ODEP about the use of knowledge in practical, real-world situations.

Respondents discussed benefits of participation in ODEP-sponsored EFSLMP CoP dialogues. A Pennsylvania provider relayed that exchanging information and perspectives on challenges and successes through CoP calls was helpful in their own agency’s transformation:

Bi-directionality and a multiplier effect were also exhibited in that once buy-in and awareness were cultivated among certain stakeholders, positive momentum for PT ensued. For example, in Michigan, providers were observed independently sharing knowledge gained from T/TA with peers:

*You can really see them build off each other, but they have to have the tools and the information*.

Similarly, an Ohio provider discussed meeting other agencies undergoing PT at conferences and using those peers as “resources.” In Ohio, where county boards are integral to PT, advocates have harnessed examples from counties “moving forward a little more aggressively to kind of help out in the counties where things are moving a little more slowly.”

Another interviewee suggested enhancing bi-directionality through more efficient mechanisms to get rapid feedback and resources from peer participants in webinars. Rather than having to go through an SME or ODEP to follow up on a resource or strategy mentioned by a provider audience member during a webinar or call, this provider prefers to develop their own connections by having “easy ways to access contacts of other organizations, documents, or something I could look at that would help me understand more clearly what they’re talking about.” For instance, building off the webinar that explored conversion to community-based day services, this interviewee proposed that “a list of 5-6 providers who had done it and navigated it and would be willing to respond to an e-mail or spend a few minutes on the phone with me, that would have been really, really helpful.” An Iowa interviewee agreed that greater access to resources of other providers undertaking PT would be advantageous.

Future analyses of ODEP-sponsored T/TA may confirm our assumption that ODEP has been responsive to recommendations from the field by implementing improvements in the ways it makes T/TA available. A recent example is the creation of the previously described Provider Transformation Hub, which was created as a way to organize and make more accessible all of the PT-related tools and resources that are being produced.

**Section 5:** **Summary and Recommendations**

**Weighted Preferences for ODEP T/TA Forms**

Direct SME T/TA was the highest regarded form of PT assistance. Providers cherish access to experts who understand the challenges their agency faces, as well as state-specific operating environments and cultures. Such an SME provides a source of relevant, consistent, and personalized support that positively influences development towards PT by facilitating targeted agency self-assessments and timely, aligned adoption of new methods focused on CIE.

Webinars and the PT manual were absorbed and valued, specifically for topical aid when confronting particular aspects of PT. Interviewees had significantly less exposure to web-based T/TA. Provider leaders we spoke with were largely unfamiliar with the DRIVE and ODEP EFSLMP websites, or used them infrequently. At the same time, these stakeholders expressed interest in visiting these platforms more. As both DRIVE and the PT Hub become more widely known and used, it is likely more providers will highlight the utility of these tools in supporting their PT efforts.

**Provider Recommendations for T/TA Improvement**

Interviewees also offered constructive criticism and recommendations for ways that ODEP T/TA could support their PT. Substantively, providers can benefit from additional assistance in the intensive messaging involved in PT. A Michigan provider leader elaborated:

*We have to re-message to our community what our organization does and why…. We’re social workers; we’re not marketing people. We actually have hired a marketing firm to help us do that, but I think for other organizations—and we were very lucky we stumbled into some resources that allowed us to do that—but without those resources we would still be struggling with that. So I think it would be very helpful to give some tangible ways to talk to our communities about inclusion, the value of diversity, why everyone should be included, and how they as a community can help us achieve those goals.*

*Our entity is based in the community where 15 years ago we had a state institution for people with disabilities here. So the community’s perception of people with disabilities is not consistent with what we believe their role should be as a community, and that level of independence, and them being just neighbors and friends. For us that’s a big deal—but that stands out to me as a missing piece.*

An Ohio interviewee concurred that help with branding, including “a little more support around how to talk to people and families who are nervous about these changes”—could be instrumental to securing greater buy-in. The Ohio provider also relayed a desire for more aid in facilitating integrated, community-based opportunities that are not paid employment, particularly for seniors. This population is not as interested in employment, but wants to engage their community beyond a sheltered environment. Help with “building those community partnerships and helping people to form meaningful connections in their neighborhood” would be valuable. This interviewee also indicated it would be beneficial to receive more information about changes in state policy.

An Iowa provider advanced the suggestion that videos of an SME conducting PT processes like Discovery—including group Discovery and a home visit—would be fruitful fodder for staff training because “you need to see it” in addition to hearing about PT. Moreover, this interviewee advocated for “special trainings where you can get certified or learn how to be a facilitator” of Discovery.

Providers could also benefit from additional guidance about financing. With some facing lower numbers of clients and all engaging new service models, there are financial barriers for agencies that were reliant upon workshop revenues and reimbursements for day and sheltered employment services. For some providers, transitioning from a model that can pay well for sheltered employment services to a CIE-based system where alternative funding must be sought can be challenging. Nonetheless, in the spirit of EF, providers are not letting these obstacles stop them from undertaking activities like community-based vocational exploration:

*[Funders] pay us at a [client to staff] ratio that’s too much to effectively go into the community, but we’re doing it anyway. Because we believe if we can demonstrate the effectiveness, then that conversation about the dollars becomes more valued to them, if they can see the outcomes first.*

Another stated challenge, which could benefit from additional T/TA, is building capacity to more effectively implement customized employment and Discovery.

**How Does the Provision of ODEP PT T/TA Align with Technology Transfer Principles?**

We found that ODEP’s T/TA has much in common with TT principles. Provider insights suggest that ODEP T/TA’s multi-method, coordinated approach to T/TA holds promise for creating an environment of mutual, collaborative learning that encourages creativity and leads to improved thought and action in the processes of PT and T/TA.

ODEP PT T/TA has been carefully *developed* to help navigate diverse providers through the various stages and processes of PT. This has included gathering much feedback from the field, including through formal evaluation. ODEP has also employed various tools and strategies to *translate* the fundamental elements and relevance of PT to heterogeneous providers. In-person SME tutelage has been critical to distilling knowledge in ways that resonate with providers and their staff, with careful consideration for a provider’s capacities, culture, strengths, and limitations. This translation has set the stage for national, regional, and local *dissemination* about PT with various stakeholder groups, including boards, executive leadership, staff, families, and IWD. Development, translation, and dissemination have helped secure buy-in and promoted widespread *adoption* of PT among various stakeholders, including those who were heretofore resistant. Adoption has led to numerous PT *implementation* activities by all parties involved, effectively realizing the universal benefits envisaged by CIE. Finally, provider inclusion throughout this process has inculcated an environment of *bi-directionality* whereby theory and T/TA is strengthened by feedback, lessons, best practices, and success stories from the field.

**An Intentional Technology Transfer Approach to PT T/TA Could Lend to More Efficient and Sustainable Provider Transformation**

Notwithstanding this coherence between ODEP PT T/TA and TT, the TT model offers a framework for further T/TA enhancement that could facilitate more efficient and sustainable PT. When planning or evaluating T/TA, ODEP and its SMEs can gauge the extent to which methods, tools, and delivery align with TT principles. For example, if each webinar, CoP call, or SME site visit consultation were assessed not only anecdotally but according to a set of criteria such as presented by TT, then a stronger empirical case may be made for continuing or expanding PT T/TA.

Such deliberate introspection can help anticipate and troubleshoot issues with PT translation, adoption, and implementation that providers mentioned. When crafting a T/TA plan around PT, an agency and its state’s culture and policy context should be studied. Tools and T/TA delivery, including the language they use, should be mindful of where an agency lies along the continuum of PT and what local resources may or may not be available to advance the process. Furthermore, a T/TA plan should have sufficient information to anticipate obstacles to adoption and implementation, including which stakeholder groups may need more persuasion and what their concerns are. As multiple interviewees indicated, providers’ absorption and utilization of T/TA can also be maximized if there are readily available channels that enable efficient bi-directionality among providers and between providers and their communities. Enhancing T/TA on topics such as messaging can also help providers engage their communities in their own bi-directional feedback loops.

In addition, the TT model can encourage a more cohesive T/TA and PT process. We did not specifically ask respondents if they knew about or were in a position to compare TT to ODEP T/TA. Nonetheless, as TT implies mutual reinforcement across principles, we analyzed data for whether or not there was such alignment across ODEP T/TA’s substance and delivery. We did not find abundant evidence of interviewees referencing mutually reinforcing T/TA. For instance, while providers appreciate all the webinars and manual modules, they seemed more likely to engage certain ones as needed rather than seeing them as part of an integrated whole. This is in part due to their limited time and resources, and their targeted needs, but there is likely still value in making a concerted effort to link T/TA methods.

As such, we suggest more intentional efforts at signaling and connecting the interrelatedness of ODEP’s T/TA components. For example, T/TA plans and SMEs can reference resources, information, and data on ODEP’s website or DRIVE to better integrate these tools. Potentially, DRIVE’s PT hub could be a venue for fostering more symbiotic interaction among providers, and between providers and SMEs.

Holistic incorporation of TT principles is crucial because gaps in application of any TT principle can hamstring a provider’s experience with T/TA, and frustrate the PT process. This circumstance could cost valuable rapport, time, and resources. As a provider suggested, T/TA recipients may essentially reject T/TA and its valuable information if they feel their culture or positionality on the continuum of PT is not well-understood. While a T/TA plan can be otherwise well-aligned and highly valuable for a provider, its elements can essentially be lost in translation. Similarly, if one stakeholder group is not ready for adoption, implementation can be challenging. A lack of adequate bi-directionality can mean that providers and their communities do not fully buy in to PT, which could jeopardize its sustainability.

In summary, there may be synergistic value in using TT as a template for implementing future EFSLMP T/TA. This approach could benefit ODEP T/TA, its SMEs and evaluators, and providers and their communities. While other models of assessing T/TA and its impact upon knowledge transfer and diffusion should still be considered, TT has particular advantages for the unique processes and contexts of PT and other EF systems change.

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**APPENDIX I**

**Provider Transformation T/TA Issue Brief Questions**

**(Questions for State Lead-recommended Provider Agency Staff)**

Social Dynamics has been asked by ODEP to gather information on how their range of Provider Transformation (PT) T/TA resources are being used to improve Competitive Integrated Employment (CIE) outcomes. I have a few questions I’d like to ask you about how you and your provider agency team are using the knowledge you gained from the direct T/TA, webinars, Provider Transformation Manual, and ODEP’s other web-based resources to improve your agency’s employment services supporting PT.

* Before we begin, can you briefly tell me about the current state of transformation in your agency?
  + What aspects of your PT progress are you most pleased with and why?
  + What have been the most significant challenges?
  + What were some ‘breakthrough moments,’ and what led to them?
* In terms of ODEP’s T/TA resources, let’s start with just focusing on the Provider Transformation Webinars. You received a list of those webinars in advance of this call. Of those that you and/or members of your team attended, which ones stand out as providing the most actionable information and why? Were there any that did not seem particularly useful? If so, why were they not useful?
* Based upon your experience using Webinar training to implement PT so far, what other Webinar topics would you recommend in order to strengthen your future efforts, and why?
* Let’s refer to the webinars that you attended. Is there anything about the format(s), follow up, etc. that could make the webinar(s) a more useful and PT tool?
* Next, let’s talk about the PT Manual. How often do you use it, and in what ways?
* As you know-the Provider Transformation Manual is organized according to a range of 7 criteria. They include guidance on *Leadership*, *Strategic Planning*, *Customer Focus*, *Workforce Focus*, *Operations Focus*, *Results*, and *Measurement and Evaluation*. What criteria and its guidance do you use most often and in what ways? Are there any additional areas that the manual should address?
* ODEP is designing a PT repository. What resources would be helpful to you?
* Next, we’ll talk about the direct T/TA you receive from one or more of ODEP’s Subject Matter Experts. What types of T/TA did you receive and over what period of time?
* How has any of the direct T/TA helped you in implementing PT, with some specific examples?
* What should ODEP know about how direct T/TA could be improved? This could be topics covered, choice of SMEs, frequency, methods, or any other way that direct T/TA could accelerate your PT efforts.
* Last, but not least, ODEP posts Technical Briefs, Success Story videos, Fact Sheets and other resources (including on the DRIVE website). Which of these have been helpful to your agency in implementing PT? How so?
* Who is most likely to use these ODEP website resources and can you give us some examples of how they were used?
* What other types of resources should ODEP consider adding to its website and why?
* What other forms of T/TA should ODEP provide to strengthen your PT capacity? Let’s look at that in two ways-first, improving your agency’s policies supporting PT. And next, improving your agency’s capacity to implement CIE.

**Thanks!**

**APPENDIX II**

**1.0/2.0 Provider Transformation Webinar Series**

1. **Webinar #1: Leadership and Setting the Tone for Change:** The Provider Transformation Manual’s first module and webinar explore the necessity for strong leadership in the transformation process and the many forms that leadership can take. <http://drivedisabilityemployment.org/employment-first-resources/1.0-webinar-1-leadership-and-setting-the-tone-for-change>
2. **Webinar #2: Strategic Planning:** This webinar session explored the means by which a SWOT (strengths, weaknesses, opportunities, and threats) analysis can be applied to the process of provider transformation to better and more thoroughly plan for the full implementation of the transformation process. <http://drivedisabilityemployment.org/employment-first-resources/1.0-webinar-2-strategic-planning>
3. **Webinar #3: Making it Happen: Operations and Funding Focus:** This webinar addresses the implementation, funding, and sustaining of an Employment First plan. Topics covered include: how to find an appropriate model; designing a successful pilot program; and strategic planning. <http://drivedisabilityemployment.org/employment-first-resources/1.0-webinar-3-making-it-happen-operations-and-funding-focus>
4. **Webinar #4: Individualized Planning and Services; Customer Focus:** This webinar covers making a goal of employment part of the intake and planning process for consumers. Learning about the job seeker is a vital of the discovery process that can help discern what supports and services can be helpful, including customized, supported, or self-employment, internships, and such things as job coaching. <http://drivedisabilityemployment.org/employment-first-resources/1.0-webinar-4-individualized-planning-and-services-customer-focus>

**1.0 Webinar #5: Reorganization Staff for Change; Workforce Focus:** This webinar focuses on the shift from a care to a services model. Among the topics covered are:

* Harmonizing staff development and team development
* Staff development strategies for sustainability
* Components of staff development
* Competency based training and national certification
* Staff Recruitment and Retention

<http://drivedisabilityemployment.org/employment-first-resources/1.0-webinar-5-reorganization-staff-for-change-workforce-focus>

**1.0 Webinar #6: How Are We Doing? Measuring Results and Beyond:** Addressing the topic of organizational assessment, this webinar covers:

* The Why of assessment
* The general evaluation cycle
* What to measure: The macro and micro
* Collecting information
* Supporting your workforce to collect data
* Analyzing and using the data
* Sharing the stories and celebrating

<http://drivedisabilityemployment.org/employment-first-resources/1.0-webinar-6-how-are-we-doing-measuring-results-and-beyond>

**2.0 Webinar #1: Redesigning Your Organization:** This webinar covers the historic and current mission, goals, and paradigms of support for the employment of persons with disabilities. The speakers then cover transitioning to future support programs with Employment First, Competitive Integrated Employment, and the Workforce Innovation and Opportunity Act of 2014 (WIOA). <http://drivedisabilityemployment.org/employment-first-resources/2.0-webinar-1-redesigning-your-organization-board-ceo-cfo-middle-management-front-line-staff-employers-stakeholders>

**2.0 Webinar #2: Staff Development, Recruitment, and Restructuring:** **"How To" Examples of Effective Restructuring; Where to Focus Attention on Transformation:** This webinar has information on shifting from care to support services, the process of change in an organization that is needed to facilitate this shift, and staffing issues including recruitment, development, and training. <http://drivedisabilityemployment.org/employment-first-resources/2.0-webinar-2-staff-development-recruitment-and-restructuring-how-to-examples-of-effective-restructuring-where-to-focus>

**2.0 Webinar #3: Staff Training Specifics: Developing Internal Trainers, Meaningful Day Integration, Best Practices, Transportation Solutions, Sample Job Descriptions/Work Day Schedules:** The objectives of Webinar #3 include:

* Building internal staff training capacity for best practice in employment and meaningful community integration
* Shifting staff responsibilities from caretaking to connecting
* Developing effective job descriptions
* Questions that lead to quality outcomes
* Scheduling community-based supports
* Staff work day schedules
* Transportation solutions
* Rural perspectives on service delivery

<http://drivedisabilityemployment.org/employment-first-resources/2.0-webinar-3-staff-training-specifics-developing-internal-trainers-meaningful-day-integration-best-practices>

**2.0 Webinar #4: Stakeholder Engagement: How to Listen; Considering Real Choices; Working Effectively with Families, Self-Advocates, Employers, Policymakers, and Advocacy Organizations:** This webinar addresses such questions as:

* Why engage stakeholders?
* Engage in what?
* Who to engage?
* How to engage them with strategies for working with each stakeholder group.
* How to assess stakeholder satisfaction.

<http://drivedisabilityemployment.org/employment-first-resources/2.0-webinar-4-stakeholder-engagement-how-to-listen-considering-real-choices-working-effectively-with-families-self>

1. **Webinar #5: The Importance of Effective Advocacy for Better Policy: Collaboration, Coalitions, Communities of Practice, and Capacity Building at the Local Level [Leadership, Strategic Planning]:** It covers:

* Understanding the advantages of collaboration and how to identify collaborators;
* Understanding how to identify and analyze public policy that promotes or prohibits transformation and collaborate to create system’s change through policy;
* Learning to build a collaboration to try/implement best practices, and;
* Hearing ways others have collaborated on best practices and impacting policies. <http://drivedisabilityemployment.org/employment-first-resources/2.0-webinar-5-the-importance-of-effective-advocacy-for-better-policy-collaboration-coalitions-communities-of-practice-and>

**2.0 Webinar #6: Funding Diversification: Local, State, Federal Examples + How to Advocate for it; Phasing Out Reliance on Facility-Based Contracts:** This webinar explores how strategic planning lays the groundwork for creating a financial model that propels and sustains transformation. It also addresses sustaining organization through creative funding and advocacy.

<http://drivedisabilityemployment.org/employment-first-resources/2.0-webinar-6-funding-diversification-local-state-federal-examples-how-to-advocate-for-it-phasing-out-reliance-on-facility>

1. Bureau of Labor Statistics. (2018). “Persons with a Disability: Labor Force Characteristics Summary.” [↑](#footnote-ref-1)
2. Since 1938, section 14(c) of the Fair Labor Standards Act has authorized employers that receive a certificate from Wage and Hour Division to pay less than the federal minimum wage to workers who have disabilities. [↑](#footnote-ref-2)
3. The SMEs are subcontractors of EconSys, who work on behalf of the EFSLMP Initiative, and are not direct employees of ODEP. [↑](#footnote-ref-3)
4. Each program year, a sample of EFSLMP states participate in a process and summative evaluation of progress and challenges associated with EFSLMP T/TA and systems change implementation. [↑](#footnote-ref-4)
5. The Criteria for Performance Excellence align with Malcolm Baldridge Model’s Criteria for Performance Excellence, administered by the National Institute of Standards and Technology. [↑](#footnote-ref-5)
6. There is a 1.0 and 2.0 Provider Transformation webinar series. The 1.0 series provides foundational knowledge for providers seeking guidance on how to align organizational leadership, planning, funding, services, staffing and evaluation with EF principles. The 2.0 series builds upon this foundation and is designed for providers who have already begun PT. [↑](#footnote-ref-6)
7. Retrieved from <https://attcnetwork.org/centers/global-attc/attc-network-technology-transfer-model> [↑](#footnote-ref-7)
8. <http://www.nattc.org/about/techtransfer.aspx> [↑](#footnote-ref-8)
9. <https://www.mindtools.com/pages/article/kirkpatrick.htm> [↑](#footnote-ref-9)
10. The State Transformation Activity Record is a state self-assessment tool to assist with identifying and supporting a state’s progress in EF systems change efforts. ODEP identified ten critical areas to increase CIE, based on recommendations put forth in the Advisory Committee on Increasing Competitive Integrated Employment for Individuals with Disabilities Final Report. [↑](#footnote-ref-10)