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Supporting Entry-Level Staff in Managing Behaviors in Children With Autism Spectrum Disorder in a Respite Care Program

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Brittany A. Anderson

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2023

Abstract

Supporting Entry-Level Staff in Managing Behaviors in Children With Autism Spectrum

Disorder in a Respite Care Program

by

Brittany Anderson

MS, Walden University, 2010

BS, Rutgers University, 2005

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

Walden University

November 2023

Abstract

Providing quality support to entry-level staff is crucial for organizational sustainability within a behavioral health program. The focus of this qualitative case study was to explore how management can support entry-level staff in managing the behaviors of children with autism spectrum disorder (ASD) in a respite program. The conceptual framework being utilized for this study is the Baldrige framework. The Baldrige assessed the organization's function, specifically examining the evidence of the organization doing well and reviewing the areas the organization can change or improve. The data sources used in this doctoral study included semi-structured interviews with senior leadership staff of the organization and secondary data, including organization information, website information, mission, vision and values statement, staff orientations, and policy and procedure manual. Findings indicated the need for specialized ASD training, ongoing development for staff, clarified leadership roles, and strategic planning to address Organization X's practice problem. Recommendations based on findings include transitioning to an internship model, strategic planning, introduction of employee surveys, and clearly defining leadership roles. This study may contribute to positive social change by equipping staff with the knowledge and skills to effectively manage behaviors in individuals with ASD, which can reduce the stigmatization often associated with neurodiverse conditions. A strong respite program can serve as a basis for advocating changes in policies and regulations related to respite care and support for individuals with ASD. Further, it can influence policymakers to allocate resources and develop guidelines that promote best practices in care.

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Dedication

This study is dedicated to all my lost loved ones who would be here cheering me on. Mom, Harry, Sonny, thank you for always rooting for me and believing in my ability to succeed. Dr. Frederica Hendricks-Noble, thank you for being the best cheerleader and telling me to enjoy my accomplishments and to rest during the process. Thank you all for getting me here and passing the torch to my wonderful support system that is here with me now. May you all continue to rest in peace and power. This study is also dedicated to anyone who has experienced loss while writing a capstone, dissertation, or thesis. The grief road is not easy while completing a large project; do not give up! Keep going, pause if you need but do not stop.

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To my husband, Wesley, you have been a pillar in every sense of the word during this process. You literally are the solid object in my life that supports me while building. From making dinner the entire month of September to being my barometer and telling me to slow down, you have been a pivotal part of completing this study; I rested my way through this process because of you. Thank you, I love you. Thank you to my amazing family and friends, who always encourage me to move forward! Aunt Irma, Uncle Tony, Aunt Janie, all of my supportive cousins, Heather, Mecole, Charlie, Eleith, and everyone supportive during this time, thank you! Thank you, Dr. Cherry Sawyerr, my chair, and Dr. Mark Acuri, my co-chair. You all have been invested in my success since day one of this project. You all have consistently pushed me to be the best doctoral writer. Thank you for your advocacy and support. Your attentiveness and dedication to student success have been apparent in this process. You all are appreciated greatly.

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Section 1a: The Behavioral Health Organization

Introduction

Organization X is a mental health agency offering multiple therapy options for clients with intellectual and developmental disabilities (IDDs). These clients are mostly children with autism spectrum disorder (ASD) and their caregivers. The organization is in a small suburban town with a population of approximately 11,000 in a northeastern U.S. state. Organization X was founded in 2013 and started in-home services for individuals with IDDs in 2014. Service offerings include an in-home counseling program, individual support, behavioral assistance, and family support services, including respite care. Specific to the study's focus, Organization X's respite program for children with ASD offers several options, including an after-school program with structured services from 4 p.m.–7 p.m. Monday through Friday and a weekend program that runs Saturdays from 10 a.m.–4 p.m.

The Department of Children and Families in the state where Organization X is located administers the Children's System of Care, the state's public behavioral health system. Under the children's system of care, there is an online platform called the hub system of care to link children and families to specialized behavioral health services. The hub system of care is a Medicaid platform that connects children and families with services. The hub system of care determines eligibility for respite services through Family Support Services (FSS). The FSS is a coordinated system of public and private support, services, and resources designed to improve the quality of life for those with intellectual and developmental disabilities (Hub System of Care website, 2019). Social

security benefits or insurance can free pay for respite services, depending on eligibility. Families can also self-pay for the program. The program is primarily staffed by entry-level employees, defined for this study as individuals who have obtained a high school diploma or equivalent with at least three months of general experience working with children. Experience working with the ASD population is not required for these positions.

According to its website, Organization X's mission, vision, and values are at the core of its operations. The organization's mission is to create opportunities for independence, skill mastery, and environments that increase personal and professional growth. Its vision is to enhance the lives of young people with IDD's by being a resource for these youth and their families. The organization's values include its commitment to teaching new skills to individuals with IDD's. Further, according to an orientation presentation by the organization's chief executive officer (CEO)/clinical director (CD), Organization X values inclusion, treating others with dignity and respect, and creating inventive programming that honors the abilities of those with special needs.

Organization X is dedicated to working with people with IDD's, focusing on children with ASD. According to the CEO/CD, for the organization to provide the best services, it needs to serve only this population and nothing more. She believes that solely focusing on this population builds mastery and trust in the community. Focusing on people with IDD's is a core competency for Organization X as it gives the organization an advantage over other mental health organizations focusing on multiple populations.

The CEO/CD is dedicated to prioritizing learning about the population with IDD's. This dedication reflects her desire to increase her knowledge about the population and

ensure that Organization X's other leadership and staff know the necessary skills to serve the organization's population. Knowing people with ASD links to positive outcomes, and this knowledge can increase service quality from direct care professionals working with the population (Ha et al., 2021).

Practice Problem

The specific practice problem addressed in this study was how Organization X's leaders could better support entry-level respite care staff when managing challenging behaviors in children with ASD. Entry-level staff in this program, who have no prior experience in working with people with ASD, have expressed their frustration with the basic daily operational tasks necessary to provide respite care to these children, which reflect running a set structure (a specific daily schedule that the entry-level staff need to follow), engaging children in the structure, and pivoting the structure when there is a crisis. Daily operational tasks include managing aggressive, defiant, and dangerous behaviors in a challenging environment. Organization X's leaders also expressed the desire for staff to become more confident in managing daily operations and knowing how to pivot from the set structure when needed.

Working with people who regularly display aggressive, dangerous, and defiant behaviors requires specialized training (Clarke & Fung, 2022). Specialized staff training for people who work with autism increases knowledge on topics related to the condition, builds more confidence in the ability to provide care, and helps to provide more opportunities to screen for specific behaviors related to the disorder (Clarke & Fung, 2022). Entry-level staff have the most interactions with Organization X's target

population daily. Staff observe problematic behaviors in real time and, therefore, have the advantage of knowing the needs of the individuals. For instance, if the staff observes motor skill issues, they may discuss them with the CD and recommend occupational therapy.

Specialized training for healthcare professionals is imperative to the referral process. The more knowledge healthcare professionals have about a specific population, the better the referral rate to the appropriate partnering professionals (Bordini et al., 2014). Therefore, training helps entry-level staff gain more knowledge about the population and helps them obtain knowledge about auxiliary resources that may benefit these children both while in the respite program and after.

Communication between entry-level staff and management was also important to the practice problem. In the preliminary interview, the CEO/CD reported that staff can contact management anytime regarding questions or issues. Staff can also debrief issues with Youth Counselor I (the daily shift leader) that occur in their shift the day before their next shift. Still, there is no formal feedback process as there are no staff evaluations, so staff cannot receive feedback about their performance. Entry-level staff working in the respite program also have access to the site leader, who works alongside them; however, the CEO/CD still receives numerous direct calls from staff, which disrupts her daily role in the organization. While staff can communicate with organization leaders in many ways, there still seems to be a disconnect in how information about managing behaviors in children with ASD is conveyed from organization leaders to entry-level staff.

The following research questions guided the study:

- What do Organization X's leaders perceive as contributing to the lack of confidence in entry-level staff working with children in the ASD respite program?
- How can Organization X's leadership help entry-level staff better understand daily operations tasks necessary to provide quality respite care for children with ASD and their families?
- How can Organization X's leaders help entry-level staff become more confident in managing daily operations in the respite care program and knowing how to pivot from this structure when needed?
- How can Organization X's leaders communicate feedback to entry-level staff regarding how entry-level staff are managing the behaviors of children with ASD?

Purpose

This qualitative case study explored how Organization X's leaders can better support entry-level respite care staff when managing challenging behaviors in children with ASD. The goal was to understand the assistance needed from Organization X's leaders to support entry-level staff providing respite care for children with ASD and their families. Findings from this study could be used to explore ways Organization X's leaders can provide more resources for staff. This assistance could include hands-on interactions, including confidence-building activities, more training, more use of resources in the community, and more assessment on how management defines and views support. Exploring how management can support entry-level staff can contribute to the program's sustainability.

The Baldrige framework (National Institute of Standards & Technology [NIST], 2021) was the conceptual framework employed in the study. The Baldrige framework identifies and assesses a behavioral health organization's areas component that could be changed or improved. The framework includes seven criteria for assessing organizational effectiveness: leadership, strategy, customers, measurement, analysis, knowledge management, workforce, operations, and results (NIST, 2021). The Baldrige framework can help an organization focus on success by improving communication, productivity, effectiveness, and achievement of strategic organizational goals (NIST, 2021). A key focus of the study was on the management actions Organization X's leaders employed to sustain the organization, improve performance, and manage its knowledge assets to build an effective and supportive work environment for all employees.

The main information source for this study included semi-structured interviews with Organization X's leadership and observations of virtual staff meetings. Other sources of evidence included secondary data such as strategic plans, marketing materials, employee exit interviews, and Organization X's website. Customer feedback from surveys, employee/intern evaluations, board meeting minutes, leadership training/leadership development, fiscal plans, and grant/funding/RFP information were also requested from Organization X's leadership for review.

Significance

Supporting entry-level staff in managing challenging behavior in the children in the respite program is important for ensuring the quality of services Organization X provides to its key audience. Expanding the leaders' understanding of entry-level staff

needs and how they can better support these staff members can increase the staff's confidence and motivation to do their jobs and increase the leadership's trust that they can do their jobs. Motivation increases morale and work performance and supports professional growth (Brooks, 2015). Brooks (2015) also stated that transformational leadership builds trust as motivation from leaders leads to good relationships between leaders and staff. Whether Organization X's leaders employ a specific management style or style is unknown; however, how management leads can affect overall communications and the relationship between organization leaders and entry-level staff.

Findings from this study could benefit Organization X by offering insights into how greater support from the organization's leaders might enhance the quality of services provided to the children and families participating in respite services. Training for entry-level staff is one type of support that management can provide. Specifically, evidence-based training can improve the trajectory of the child's development and address the family's needs in the home setting (Stahmer et al., 2019). Further, if there is increased support from Organization X's leaders, entry-level staff may feel more equipped to manage disruptive behaviors in the program, which can result in more effective delivery service.

Lastly, to target positive social change, staff receiving support from management is critical; if staff are supported, it creates a culture of effective programming that the community views as a competent program. Therefore, stakeholders will trust this program as a primary referral source for respite care services, more children with ASD can be served in the community, and these children will be equipped with the skills they

need to function in society. The organization aims to equip ASD children to function in society, which speaks directly to the program's vision, mission, and values. Additionally, better-trained staff could contribute to positive social change because they will be better equipped to meet the organization's mission, vision, and values while working with ASD children. Trauma-informed mental health care can improve working environments and job satisfaction and reduce stress levels among staff as they better understand the individuals they are working with (Sweeney et al., 2018). Again, specialized training gives Organization X a competitive advantage as it will be known for using specialized treatment to work with its population; further, having better-trained staff could increase referrals and overall success rates of the organization's population.

Summary

Organization X provides multiple services for people with ASD. The organization's respite program for youth with ASD was the specific project focus. Entry-level staff in this program often have little to no experience working with this population and have expressed frustration with managing behaviors in these youth. The staff have also identified their lack of understanding of daily operational tasks, including managing aggressive, defiant, and dangerous behaviors. Organization X's leaders also expressed the desire for staff to become more comfortable managing daily operations in challenging environments.

This study explored how Organization X's leaders can better support entry-level respite care staff when managing challenging behaviors in children with ASD. The Baldrige framework guided the investigation of Organization X and how the practice

problem was addressed. Section 1b is an organizational profile of Organization X. The discussion in this section also includes details on the organization's clients and population served, its mission, vision, and values, and the organization's background and context, all of which inform the need for conducting this study.

Section 1b: Organizational Profile

Introduction

The study addressed the problem of how Organization X's leaders can better support entry-level staff in managing challenging behaviors in the children with ASD in the organization's respite program. The research questions that guided this study are as follows:

- What do Organization X's leaders perceive as contributing to the lack of confidence in entry-level staff working with children in the ASD respite program?
- How can Organization X's leadership help entry-level staff better understand daily operations tasks necessary to provide quality respite care for children with ASD and their families?
- How can Organization X's leaders help entry-level staff become more confident in managing daily operations in the respite care program and knowing how to pivot from this structure when needed?
- How can Organization X's leaders communicate feedback to entry-level staff regarding how entry-level staff are managing the behaviors of children with ASD?

This section is a detailed overview of the organization and key factors of significance. The overview provides more details on why Organization X needs this study. One key component of the Baldrige framework is viewing the organization as a

system (NIST, 2021). Part of that system is the organization profile, as it highlights organizational operations.

Organizational Profile and Key Factors

Organization X is a counseling agency that provides multiple services, including in-home counseling, behavioral assistant services, and respite care services for people with IDD and their families. This study's specific focus is the respite care service for children with ASD. The organization was founded in 2013. In-home services for individuals with IDD began in 2014. The respite program is in a rented space in an office building. During the preliminary interview, the CEO/CD mentioned purchasing a building for the respite program and other family-supportive services.

According to the CEO/CD, solely focusing on services for individuals with IDD reflects the organization's mission to provide the best services by being attentive to a specific population. The CEO/CD and other leadership team members are dedicated to learning about the population they serve. Focusing on this population builds mastery, and the community can trust the services offered as they have a very specific focus. Providing services for people with IDD is a core competency for Organization X.

According to its website, Organization X views itself as an inclusion influencer for people with IDD. The organization's mission focuses on creating opportunities for independence, mastery, and growth. The organization would like people with IDD to learn new skills in the program that they can use at home, in their relationships, and in their community. Organization X's leaders also value their relationships with this

population's families as there are new skills that the families can learn to increase functioning levels for people with IDD in the home setting.

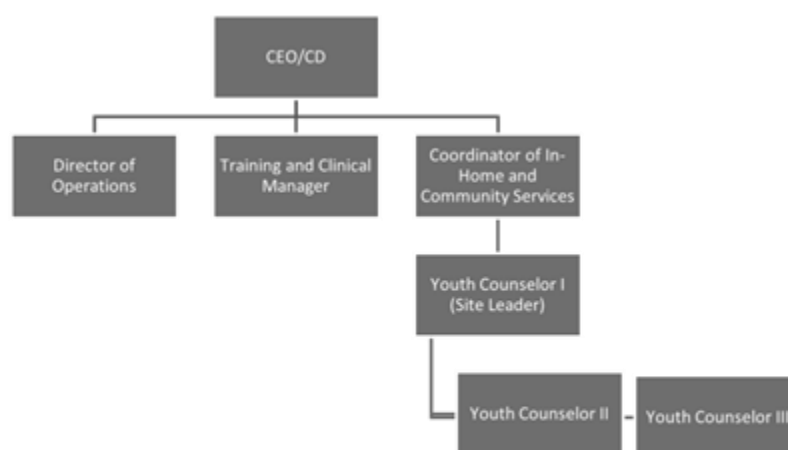
Organization X's vision focuses on increasing opportunities for the population it serves. These opportunities include enhancing activities of daily living, experiencing different settings in the community (i.e., the park, the grocery store, the post office), and learning professional skills. Organization X strongly values inclusion and creating opportunities to thrive for the population it serves. Therefore, by the end of 2023, Organization X wants to introduce Division of Developmental Disabilities (DDD) day programs. DDD is a division of the state's Department of Human Services that assures those with developmental disabilities have access to quality resources and support. Some of those resources and supports include assistive technology, behavioral support, day programming, various employment options, therapies, and transportation. Specifically, Organization X wants to collaborate with the DDD division to provide employment training and other day programming to benefit the respite program's children. In addition, these day programs will teach the population life skills, occupational skills, and communication skills.

Organization X does not have a board of directors. Rather, the CEO/CD and director of operations work closely together to oversee the organization's overall operations, including policies, procedures, and staff orientations. Organization X's structure is shown in Figure 1. The organization chart shows that Organization X is led by a CEO/CD. Three senior-level positions report to her: the director of operations, the training and clinical manager, and the in-home and community services coordinator. The

site leader, who holds the title of Youth Counselor I (not shown on the organizational chart), reports to the coordinator of in-home and community services and is responsible for leading and managing the overall delivery of the afterschool and weekend respite program. This individual also oversees all staff holding Youth Counselor II and Youth Counselor III positions.

Figure 1

Organization Chart



Organization X's entry-level staff are designated as Youth Counselor IIs. These staff have at least a high school diploma and at least three months of experience working with children but typically no experience working with children with ASD. They directly support children in the respite program and facilitate life skills and social skills groups. Youth Counselor III is a position held by a master's degree-level intern in the counseling field. This individual works with the Youth Counselor IIs and is directly supervised each

shift by the site leader. Responsibilities for Youth Counselor III include leading some of the clinical training for staff and planning for children in the respite program.

The CEO/CD owns the organization. She started it in 2013, and by 2014, the organization was offering intensive in-home services to the IDD population and their families. As the organization grew and the needs of the community grew, the organization opened its respite program in 2018, serving ages 3-21 and their families six days a week. The owner values and wanted to offer solutions for the community, which is the reason she created the organization.

The owner created a team of leaders and created the entire structure of the organization, as well as designed all the programming and job descriptions. The senior leaders within the organization include the CEO, the Clinical Director, the Director of Operations, the Training and Clinical Support Manager, the Service Coordinator, and the Site Leader of the respite program. The senior leadership team meets monthly and on an as-needed basis based on issues reported by direct care staff in the respite program.

Organizational Background and Context

Organization X is a mental health agency dedicated to providing mental health services to the IDD population. The services provided include in-home counseling services, behavioral assistance services, and a respite program comprised mostly of children with ASD. The organization's mission and vision is to ensure independence, mastery of skills, and personal growth for the children and families it works with.

Organization X wants to increase the opportunities for children with ASD in the respite program. As previously stated, autism diagnoses in the state are increasing,

reflecting a diagnosis rate 8% higher than the national average (Organization X Policy and Procedure Manual, 2022). The CEO/CD wants to continue creating programming that will focus on skill training, personal growth, and professional growth of children with ASD. Part of creating effective programming is ensuring that internal systems are in place, including how Organization X's leaders support entry-level staff. Hence, they are able to successfully manage the behaviors of the children with ASD in the respite program.

Entry-level staff retention is an issue for Organization X's leaders. During a preliminary interview with the CEO/CD, she stated that COVID-19 significantly affected the respite program, causing it to close in 2020, as most of the services offered at the Organization were completed virtually. Unlike the other therapeutic services, which were able to remain active via telehealth, the respite program is a hands-on, structured program that cannot be delivered virtually.

In 2021, when the CEO/CD reopened the respite program, many of the entry-level staff had left for other employment, and the Youth Counselor III, the master's degree-level intern, left due to graduating. According to the CEO/CD, the pre-COVID-19 entry-level staff was a cohesive team that understood how to run the program without much guidance from leadership. The CEO/CD described these staff as true leaders who would have been great mentors for the current entry-level staff. She believes that if these staff were still in place, the current staff would have a better understanding of how to manage the behaviors of the children they work with within the respite program.

As shown in the organizational chart, the CEO/CD has a dual role in the organization. She is the founder of the organization, the CEO, and the CD. The CEO/CD, director of operations, clinical training manager, and service coordinator are roles for the entire program offerings, not only the respite program. Therefore, these leaders operate in their roles for all services offered in the organization.

Vision and Values

Leadership, along with any other new staff starting the organization as a new hire, receives an orientation that reviews the mission, vision, and values. The mission of the organization is on the organization's website; however, the vision and values sections are not. The mission, vision, and values document is given and reviewed during the onboarding process and is an internal document. The CEO created the vision of the organization, which focuses on being a substantial resource for individuals and families with intellectual and developmental disabilities (Organization X Orientation Presentation, n.d.). Depending on the level of care the children and families have experienced, the organization wants to ensure a smooth transition from one level of care to the other, whether it is a more intensive level of care or a less intensive level of care. The program values teaching skills and empowering the population to master skills. Organization X wants to introduce DDD day program services that will teach the respite population prevocational skills (Organization X, Orientation Presentation, n.d.). The organization has a strong desire for this population to thrive and build mastery within and outside of the organization.

The organization seeks to offer professional and valuable services to young people with intellectual and developmental disabilities. According to the overview of the mission, vision, and values document, the organization wants to project a positive company image. Organizational leadership also believes that it is important to be familiar with the mission, vision, and values of the agency to maintain this image.

All leaders and staff have an orientation during onboarding to review the mission, vision, and values statement. The mission of the organization is on the website for the public to review, yet the vision and value statement is only an internal document. Therefore, if the public wants to review the vision and values statement, they are not able to do so via the website. Leadership and staff are aware of mission, vision, and values, and the leaders display personal actions that reflect their commitment to those values. Specifically, the CEO/CD values giving staff resources for the respite population so that entry-level staff feel comfortable sharing those resources with parents. For example, one part of the organization's orientation is the discussion of wrap-around services. Wrap-around service is a state term used to describe resources available to children and families that have mental, emotional, or behavioral issues. These services provide specialized support depending on the level of care needed for the child and family. Every leader interviewed for this study reported that wrap-around services are reviewed with staff so they are able to inform the parents of the different types of support they can receive. All leaders interviewed for this study also reported that entry-level staff have been successful in informing parents of these wrap-around services.

Organization X's goal is to help individuals with intellectual and developmental delays master new skills, grow personally and professionally, and connect with those in the community who will partner in the abovementioned efforts. Regarding governance, the organization has many relationships and partnerships. They are partnered with the Children's System of Care (CSOC). The CSOC provides services surrounding developmental and intellectual disabilities, mental and behavioral health, substance abuse treatment, and out-of-home placements. CSOC is responsible for coordinating services and creating partnerships for parents, families, service providers, and care managers. The hub system of care is the contracted system administration for CSOC. The hub system of care is the first point of entry for all youth and families receiving services. There are multiple system partners, including case management agencies local to the county, a crisis mobile response partner in the local area, the Department of Child and Family Services in the state, and a family support organization (FSO) where families that are struggling in the home can receive assistance. Therefore, when a child is referred to the organization, there are multiple stakeholders involved in the process.

The organization is engaged with partnerships at the beginning of the referral process, during the client's stay in the program, and after the referral process when the client is transitioned during the wraparound service process. Wraparound is the concept that all service providers are expected to practice when working with CSOC-involved youth and families. The wraparound service should include strength-based, sustainable, culturally competent, and client/family-centered. Therefore, regarding governance responsibility, the organization adheres to the CSOC care system to ensure the

organization is collaborating with all partners involved in the client's treatment. Further, wraparound services are the societal responsibility to ensure the client has the proper aftercare services once discharged from the program.

Communication

Organization X's leadership team typically communicates via meetings and email. Meetings with leadership are held once a week and virtually as the CEO/CD closed down the administrative building due to COVID-19; the only on-site building the organization has is the respite program center. Leadership meetings discuss updates regarding the children's system of care, clinical programming, and staff issues. The CEO/CD has frequent meetings with the Director of Operations regarding creating systems for the program. The Clinical Training Manager meets with staff once a month and provides supervision for issues arising with the children in the program; the entry-level staff for the respite program are invited to this meeting. However, the meeting is not mandatory for them. This meeting is also a shared meeting with in-home staff/clinicians. The site leader is the leader who works directly with the entry-level staff in the respite program. Each day before the shift starts, the site leader has a pre-shift meeting to ask entry-level staff if there are any issues or concerns prior to starting the day.

Regulatory Environment

The Department of Children and Families in the state where Organization X is located administers the Children's System of Care, which is the state's public behavioral health system. Under the children's system of care, there is an online platform where children and families can be linked to specialized behavioral health services called the

hub system of care. The hub system of care is a Medicaid platform that connects children and families with services. In the case of respite services, the hub system of care will determine if a family is eligible for Family Support Services (FSS) through an application process. In the online hub system, the online system will automatically connect the child and family to the most appropriate service. Suppose they are connected to FSS for respite care. In that case, it is determined if the family will be using disability benefits personal insurance or if the state will pay for those respite services. The eligibility process is on a case-by-case basis.

Therefore, the organization is regulated by the children's system of care through the online hub system. The online hub system of care is the state's public behavioral health system. It serves youth under age 21 with emotional and mental health care needs, substance use challenges, and/or intellectual/developmental disabilities and their families. The hub system of care provides community-based, culturally competent services and support based on the needs of the youth and family.

The hub system of care offers a wide range of services for children and youth with intellectual and developmental disabilities. These services include community-based services, in-home services, out-of-home residential services, and family support services (including respite programs). Family Support Services are intended to help support uncompensated caregivers for individuals who are eligible for developmental disability services and living in their own homes.

A regulatory requirement the organization operates under is the FSS guidelines for eligibility of services, including respite care services. The following guidelines for

eligibility include the child must be determined eligible for intellectual/developmental services through the state's system of care before they can apply for FSS, the child must live in a community with a family member or an uncompensated caregiver, and if there are benefits the child receives such as social security or insurance, those must be accessed before accessing FSS resources (Hub System of Care website, 2019). Regarding payment for services, either the state can pay for the service, or the families can use benefits such as social security or insurance. Eligibility is determined on a case-by-case basis. Further, eligibility is not guaranteed, and some families may not qualify, nor may some families not seek FSS services through the hub system yet still need a respite option for their family. The organization does have options for those who do not qualify to receive services. That option is an out-of-pocket cost to the family for respite care.

Clients, Customers, and Stakeholders

Organization X's clients/customers are individuals with IDD. Most are children with ASD and their parents or caregivers. The organization's stakeholders include all of its leadership and its youth counselors. External stakeholders include the Children and Family Services Department in the state where Organization X is located, which administers the state's public behavioral health system for children. As part of this system, there is an online platform where children and families can be linked to specialized behavioral health services at no cost to the families. When families inquire about services, they are matched with a case management organization based on their county. The county case manager contacts the family, assesses the family's needs, and creates a plan to connect the child and family to the appropriate level of service. Based on

the case manager's assessment, the online platform will automatically connect the child and family to the most appropriate service.

Another external stakeholder is the FSS, which determines eligibility for respite services for families through the online platform. FSS is a section of the state's hub system. The hub system of care is another stakeholder. Lastly, other stakeholders are the referral services the organization works with, including case management services in the county. Friends and family of clients who make direct referrals to the organization are also external stakeholders.

Competitive Environment

Organization X competes with other mental health services in the county where it is located. However, most of these organizations have different service offerings than Organization X, including outpatient counseling services such as individual, family, and group therapy, partial hospital programs, or intensive outpatient programs. Two area programs work with children with ASD; however, one is culturally specific for Jewish children and families. This program offers an after-school program for those with ASD; however, it is not a therapeutic respite program. The other program is a local YMCA that is connected to a prominent hospital within the county. Together, the YMCA and that hospital offer an after-school program for children with special needs only three times per week, inclusive of two weekdays and one weekend day.

There is another popular agency that is in multiple counties across the state that has crisis intervention for children with ASD, yet no respite services. Finally, there is an agency that provides comparable services to Organization X. That agency is also located

throughout multiple counties in the state. They offer disability services, including crisis stabilization and assessment, in-home behavioral support, in-home clinical and therapeutic services, group homes, special education, and respite services. Respite care services are available to provide relief to relatives and caregivers of disabled individuals who need time to care for their personal needs. These are similar services that Organization X offers.

Organization Strategic Context

Operations

In the preliminary interview with the CEO/CD, she reported that there are challenges among entry-level staff to manage the behaviors of the ASD population in the respite program. In addition, she informed me that staff do not always follow the structure for the day. That may be due to a crisis that occurs, or the staff decide on their own that they want to do something different for the day. She reported that entry-level staff in the respite program have trouble with transitioning during a crisis, and then the ASD children do not receive the proper skills for the day.

Another issue is the program's census. During the winter and spring months, the respite program is less busy, which means that there is low enrollment of ASD children. However, in the summer months, the respite program shifts to an all-day summer program with the same daily structure and more activities in the community. Some of those children continue in the respite program through the fall and attend during the normal operating hours. There are more staff and more children during the summer and fall months, which means the program does well financially.

Societal Responsibilities

Part of Organization X's mission and vision is to create opportunities for independence and skill development for the ASD population. In addition, the organization wants to create real-life scenarios for ASD clients to integrate and thrive in their communities fully. The organization has no strategic plan; however, the CEO/CD would like to create and focus on the following goals:

- Work on vocational skills with the children in the respite program.
- Create more therapeutic groups as part of the respite program's daily structure.
- Create a space for children with ASD to practice daily life activities such as doing laundry, ordering food at a restaurant, and increasing professional skills.

Workforce and Health Care Services

As mentioned previously, COVID-19 was a huge challenge for Organization X. There were entry-level staff in place in the respite program who knew the program and led the program successfully. Once COVID-19 occurred, many of those entry-level staff pursued other jobs and never returned or graduated from their master's program (Youth Counselor III). The respite program was closed for most of 2020, and when it reopened in 2021, the organization had to hire new staff. Unfortunately, the respite program lost senior entry-level staff who knew how to run the program successfully, and the new entry-level staff did not have guidance from those senior staff. Therefore, it was difficult for the organization to return to that level of functioning of the respite program.

An advantage to the workforce and health care for Organization X is they are near local colleges and universities. There are multiple colleges within the county, and the universities outside of the county are only within a 10–20 mile radius. The proximity to these colleges and universities gives Organization X access to the counseling and social work departments. Access to these two departments gives Organization X access to hire those with experience in the field and to hire master-level students for internships.

Summary

Organization X provides respite services to individuals with ASD, specifically youth with autism and their families. The strength of the organization is that it can serve a very specific population that communities are seeking. Having a specific specialization can increase competency in that area amongst staff and draw clients from the community that need those specific services. The Baldrige framework describes the customer category as how the organization engages the client and listens to the voice of the client (NIST, 2021). Outside of focusing on the customer, the organization provides training and support, yet those training courses are not mandatory for entry-level staff. The second part of this section explored Organization X's background, leadership, knowledge management, and overall structure. Further examination of the organization's leadership and strategy will give more insight into the practice problem. Lastly, Section 2 provides the current literature related to the practice problem.

Section 2: Background and Approach—Leadership Strategy and Assessment

Introduction

The concern that prompted the study was how management supports entry-level staff working in a respite program for children with ASD and their families. The study's focus was on exploring how management can better support entry-level staff in managing the behaviors of children with ASD in the facility's respite care program. The research questions that guided the study are as follows:

- What do Organization X's leaders perceive as the factors contributing to the lack of confidence in entry-level staff working with children in the ASD respite program?
- How can Organization X's leadership help entry-level staff better understand daily operations tasks necessary to provide quality respite care for children with ASD and their families?
- How can Organization X's leaders help entry-level staff become more confident in managing daily operations in the respite care program and in knowing how to pivot from this structure when the need arises?
- How can Organization X's leaders communicate feedback to entry-level staff regarding how entry-level staff are managing the behaviors of children with ASD?

Section 2 is an in-depth exploration of the organization's leadership strategy, clients/population served, workforce and operations, and analytical strategy. It includes a discussion of the supporting literature for this study, which focuses on training needs for

direct care workers, the impact of leadership on employee engagement, the issues and needs of children with ASD, and staff/manager communication. Additionally, sources of evidence from the organization are reviewed to support the organization's practice problem, leadership strategy, clients/population served at the organization, workforce and operations, and the organization's analytical strategy.

Supporting Literature

Conducting a literature review reinforces the foundation of knowledge, which allows the researcher to build a substantial case for conducting a study (Machi & McEvoy, 2022). The articles from the literature review supported the study as they reflected its significance. The reviewed articles were scholarly, peer-reviewed, and were current, ranging from 2017 to 2022.

Databases used to identify literature for this review included EBSCOHost, ProQuest Central, PsycArticles, ProQuest Science Journals, PsycINFO, PubMed, and Google Scholar. The keywords included *management AND direct care staff support, developmentally delayed children, ASD population, ASD needs training AND direct care staff, children's behavior AND mental health agency, training AND development AND mental health workers, entry-level staff AND training, leadership AND entry-level staff support, staff managing behavior, and training AND new programs*. The existing literature on the practice problem's relevance encompasses needs and issues among the ASD population, training needs for direct care workers, leadership's impact on employee engagement, and staff/manager communications.

Training Needs for Direct Care Workers

Konnert et al. (2019) explored direct care staff's knowledge, attitudes, and experiences of caring for individuals with mental health issues from the perspectives of direct care staff and administrative staff. Administrative staff reported that direct care staff have challenges, including personalizing difficult client behavior, lack of knowledge on how to manage behaviors, and challenges with managing their own emotions. Creating outlets for consistent training can remedy these issues (Konnert et al., 2019).

Weise and Trollor (2018) assessed mental health workers' preparedness to work with people with IDD. Study participants reported that these individuals deserved proper care and services; however, the participants also reported lacking knowledge and training for this specific population (Weise & Trollor, 2018). Thus, a program that works with a specific population will benefit from specific training regarding the diagnosis and comorbidities of the population they work with (Weise & Trollor, 2018). Similarly, Ackerman and Sheaffer (2018) found that training staff improved the quality of respite care services and improved overall caregiver well-being. In a 2014 study, Geiger and O'Neal reported that direct care workers wanted training at least one time per year in multiple areas, including managing challenging behavior, keeping individuals safe, and understanding the complex needs of the individual they are working with.

Lastly, Materne and Holmefur (2022) discussed the importance of residential care staff for adults with profound intellectual and multiple disabilities. Their findings highlighted how these staff are the key to providing quality health care for these individuals, as they are often the only source of social interaction and support for them.

Materne and Holmefur (2022) also emphasized the importance of providing adequate training and resources to ensure that staff maintain the expected quality of care.

Leadership and Employee Engagement

Organizational leaders create and set the tone for workplace culture. Fleury et al. (2017) examined 79 mental health workers and their work performance, reporting that organizational culture strongly influenced how the workers performed. Based on their findings, Fleury et al. (201&) recommended using organizational values to inform work performance expectations. Creating a culture of prioritizing employee well-being can also lead to better employee engagement. Focusing on employee well-being not only increases engagement, it increases the quality of care toward the population they work with as well (Jacobs et al., 2018).

Patnaik and Dubey (2019) explored the concept of leadership exchange (LMX) theory and how it relates to employee performance, organization commitment, empowerment, and job satisfaction. LMX is defined as the quality of the exchange relationship between employees and their superiors, that is, the two-way relationship between leaders and followers (Patnaik & Dubey, 2019). The study provided evidence that LMX theory is positively connected to employee engagement and the employee's intent to stay with the organization.

Being intentional about leadership style can also be effective for employee engagement. Being intentional means that if leaders focus on a particular leadership style, it can affect how employees engage with leadership, how employees engage with their jobs, and how employees engage with the consumers. Faraz et al. (2019) affirmed that

servant leadership positively influences employee innovation. Yagil and Oren (2021) examined the relationship between servant leadership, employee engagement, and employee outcomes. Specifically, they found that when employees have high levels of autonomy and proactivity, then servant leadership is present and positively related to employee engagement, job satisfaction, and organizational commitment. On the other hand, when employees have low levels of autonomy and proactivity, servant leadership is not associated with employee engagement, job satisfaction, or organizational commitment. When creativity is a part of the organization's culture, leadership can yield employee engagement (Yagil & Oren, 2021).

There are creative techniques that leadership can use to engage staff in professional development. Newcomb et al. (2019) explained how a gamified model of professional development was implemented among 130 entry-level staff, with the purpose of redesigning employee activities to resemble the environmental events used in game design. Gamification also helps entry-level staff develop consistent behaviors (Newcomb et al., 2019). Newcomb et al.'s findings illustrated that direct care staff increased skill acquisition by implementing the gamification model.

ASD Issues/Needs

There is a substantial body of research on the issues and needs of people with ASD, much of it focusing on behavioral problems and social skill issues. The studies reviewed offered interventions that are new and creative and have been shown to be effective for these individuals. Further, the studies were similar in reporting the

importance of children with ASD having assistance from a parent, teacher, or health care worker.

Yu-Chi (2023) examined how an emotional awareness curriculum can help children with ASD regulate their emotions. In this study, this particular curriculum was used to assist children with ASD as they moved through the different stages of emotional distress. Yu-Chi noted that children with ASD struggle both behaviorally and emotionally, supporting the examination of an intervention that improved how these children regulate their emotions.

Further, Alwahbi (2023) explored how joint activity routines, or JARs, can assist social behavior in children with ASD. In this study, a JAR was implemented to help a 10-year-old student with ASD improve his social skills. The routine was created to help the student acclimate to the group setting by including step-by-step activities in the group to assist with participation. Study findings showed that using a JAR improved the child's behavior and allowed him to be part of the group activity with other peers.

Many children with ASD also have other diagnoses that need to be considered when training entry-level staff members. Hence, they are not just focused on managing ASD behaviors in the respite program. Van Steensel and Heeman (2017) specifically discussed children with ASD who have co-occurring anxiety disorders, noting that anxiety rates for children with ASD were elevated. Further, results showed that high-functioning adolescents with ASD may be at risk for developing anxiety disorders (van Steensel & Heeman, 2017).

Neumeyer et al. (2019) also explored associations between ASD in children and co-occurring medical conditions, noting that these medical issues can cause behavioral and emotional disruption. Some of the co-occurring medical issues mentioned in the study were sleep issues, gastrointestinal issues, speech issues, epilepsy, pica, and eczema, all of which can affect behavioral issues (Neumeyer et al., 2019). Therefore, the needs of children with ASD go beyond ASD, which is something staff in a respite program need to be aware of to prepare and address these needs properly.

Staff/Manager Communication

Communication is vital for organizational sustainability. Effective communication can greatly influence employee performance (Kalogiannidis, 2020). The key to effective communication is how organization leaders share information with all staff (Kalogiannidis, 2020). A culture of communication can positively influence staff to employ positive communication behavior without prompting from management (Kang & Sung, 2017).

Bobbette et al. (2021) examined the organizational attributes of interprofessional primary care for adults with IDD. Through multiple case studies, the researchers found that successful interprofessional primary care for adults with IDD required high levels of collaboration, communication, and coordination among healthcare providers. Therefore, communication is extremely important among all staff working with individuals with IDD; this also includes how staff and managers engage with the population in the program.

Talman et al. (2019) examined the conceptions of participation held by staff and managers working with adults with profound intellectual disabilities. Data gathered from interviews and focus groups indicated that staff and managers had different views on what participation should look like and how it should be realized. Talman et al. highlighted the importance of understanding the views of both staff and managers to create meaningful and successful participation opportunities for adults with profound intellectual disabilities.

Transparent communication between leaders and staff must exist so they can share information regarding the population they are working with (Yue et al., 2019). Martin et al. (2021) explored how healthcare organizations handle complaints from staff and clients, illustrating that healthcare organizations fall short of responding to these concerns. Further, the study implied that healthcare organizations' lack of response to concerns and complaints can lead to organizational failure (Martin et al., 2021). If transparent communication is practiced amongst leadership toward staff, complaints from staff can be an opportunity for growth and gaining trust. Creating transparent communication increases trust between leadership and staff, which positively influences staff to change (Yue et al., 2019).

Sources of Evidence

The primary sources of evidence for the study were responses to semi-structured interviews with Organization X's senior leadership. Secondary sources included organization information such as staff job descriptions; quality assurance documents; website information; employee reviews; the organization's mission, vision, and values

statement; meeting agendas; respite program leadership orientation; respite program orientation for all staff; respite program design; policy and procedure manual that outlines standards for the organization as a whole and the respite program; and the service plan template for the respite population. The initial interview with the BHL established the practice problem, as well as the overall study purpose. Collecting this evidence was an appropriate way to address the practice problem as it provided insights into how leaders lead, the culture of leading in the organization, how entry-level staff responded to leadership, and what specific interventions were needed for entry-level staff to feel more confident in managing behaviors in the children with ASD in the respite program.

Leadership Strategy and Assessment

The Baldrige framework discussed the topic of senior leadership, specifically how leaders lead within an organization. The category of leadership focuses on how the leader's actions helped sustain the organization, the governance systems of the organization, how the organization fulfilled legal and ethical responsibilities, and how the organization contributed to society (NIST, 2021). In conducting the interviews with the senior leaders of the organization, they were able to give insight into how the vision was created, their legal and ethical behaviors, how they communicated and engaged the entire workforce, and how the organization lived out the mission daily.

The Baldrige highlighted leaders encouraging open and two-way communication (NIST, 2021). In Organization X, one value the CEO/CD has is informing all staff to reach out directly to their direct supervisor if there is a need outside of their monthly

meetings. This is stated verbally in meetings and sent as reminders via email. According to all the leaders interviewed, when there is an issue with direct care staff, all leaders become involved in the issue to resolve it. Additionally, the leaders interviewed reported that entry-level staff reach out often when they have an issue within the respite program.

Mission and Organization Performance

Organization X has built-in systems to create an environment for success. One of the systems mentioned is having monthly leadership staff meetings, as well as the site leader having daily meetings with the entry-level staff before each shift starts. Baldrige discusses how organizations should create an environment to achieve their mission and create a culture within the environment (NIST, 2021). The mission of the organization includes creating independence and mastery for individuals with intellectual and developmental disabilities. The mission also states the organization's commitment to that population's personal and professional growth (Organization X Orientation Presentation, n.d.).

One way that the organization communicates the importance of personal growth for the respite program is by creating a service plan for each child. The service plan outlines the reason the child is in the program as well as the goals for the child. There is also a section for special requirements or accommodations such as eating, hygiene, toileting, or community safety. The service plan is created by the Youth Counselor III (clinical master level intern), reviewed by Youth Counselor I and II, and signed by the parent or guardian. Furthermore, regarding the culture of the organization, each leader interviewed reported that autonomy is encouraged, yet support is always provided.

Regarding mission and organizational performance, Baldrige highlighted improving organizational performance and setting expectations for organizational performance (NIST, 2021). One way that the organization attempts to improve performance is by using a document called the quality assurance call form. This form is completed by the parents of the children within the program; either the service coordinator or the site leader makes these calls quarterly to the parents. Once completed, the forms are sent directly to the CEO/CD and the Director of Operations. The results are discussed with the leadership team and staff. The expectations for work performance are laid out in the onboarding orientation for staff. The job description of every staff member within the organization is reviewed during orientation. In addition, the leadership has an open-door policy about staff coming to them to ask more about their position if there are any misunderstandings or issues regarding their job description. The site leader also reiterates the expectations for entry-level staff on their first shift in the pre-shift meeting.

Performance Improvement Systems

Organization X does not have yearly staff evaluations. They do not conduct staff surveys. The organization does have a weekly administrative meeting among the management team to review progress, concerns, and barriers for staff. They utilize key performance indicator (KPI) reports that are reported weekly. The KPI reports track profitability for Organization X. Lastly, they have a quality assurance (QA form) that is for the parents of the children in the respite program. The parents are contacted by phone three times per treatment service to rate their experience with the organization.

Clients/Population Served

The clients served in the respite population are those with intellectual and developmental delays, ages ranging from 3-21. The CEO/CD confirmed that most of the clients served in the program have a primary diagnosis of autism spectrum disorder (ASD). The respite program offers after-school and evening group treatment options for participants to develop basic and instrumental activities of daily living, engage in social activities, and receive therapeutic support (Organization X Website, 2023). The clients that come to the program are either sought out or call the program directly.

The search process for clients starts with the site leader or the site coordinator going to the state's system of care website. On that website, there is a list of children who are eligible for respite services that the organization can reach out to directly. The service coordinator or the site leader will then retrieve the contact information from the website and write the information onto their intake form. They have an intake form that they created internally to assess the children coming into the program and ensure they are the appropriate fit for their 3:1 ratio. Once they review the information with the leadership team, they will determine if the child is a right fit for the program. To assess appropriateness, the team looks for the child's ability to be prompted. For example, a child should be able to respond to the prompt of wiping themselves after using the bathroom when asked by staff. If they are unable to respond to the prompts, then the organization considers them not to be a good fit for the program ratio. If the child is accepted into the program, the child and family are invited to spend a day in the program before they start to confirm if this environment is appropriate. After completing the mock

day, the child starts the program within one or two days. The program can also receive calls directly from the community or receive calls from the state's system of care service, giving a referral to the program.

The organization engages clients in services by providing daily structure for the children in the program. Unfortunately, due to the program census being low, many of the leaders reported during the interview that entry-level staff do not follow the structure. In addition to the structure provided for the day, the children also have individual service plans and safety plans to follow in their charts. The children's parents or guardians review the service and safety plans to ensure they are engaged in the services being provided.

Workforce and Operations

Part of the workforce engagement and operations of the organization is having an organizational culture that matches the vision and values of the organization (NIST, 2021). A few leaders of the organization who were interviewed had similar definitions of the organization's culture. They replied that the organization's culture is working independently, yet there is ongoing assistance as needed. The staff are encouraged by leaders to ask questions, know their voices can be heard, and express ideas when there are gaps in the program. Creativity is extremely valued by the CEO/CD, as evidenced by her desire to fully function solely as the CEO of the agency. Hence, she is able to be more creative and implement more programming.

Furthermore, the clinical training manager has started to create more clinical programming as the CEO desires the respite program to be more clinical. Reinhardt et al.

(2005) defined respite care as a service that provides a caregiver with temporary, intermittent, and substitute support services. Its goal is to provide the caregiver with relief from the daily responsibility of attending to individuals with disabilities and to enable the caregiver to attend to a more normalized routine and responsibilities. The program has clinical components, including a service plan with treatment goals. The CEO/CD wants to increase the clinical aspect of the program by adding therapeutic groups and vocational /life skill groups and have the respite program open all day during the week to run these specific programs. The organization meets the requirements of running a respite program; however, there is a strong desire from the CEO/CD to make the program more clinical.

Organization X has multiple partnerships. One of the organization's partners includes the landlord of the building they are leasing for the services being rendered to the community. They are partnering with parents on a regular basis to learn the children's behavior to increase more adaptive behaviors in the respite and home setting. The organization is partnered with the state's Children's System of Care (CSOC), which is a Medicaid system that offers support for children and their families with mental health, behavioral health, emotional health, and developmental health. This Medicaid system of care allows families to have access to services in the community without coming out of pocket for the cost of care. The Medicaid system is partnered with case management organizations (CMOs); there are CMO offices in every county in the state. The organization has a partnership with their county's CMO office. The organization receives direct referrals from the Medicaid system of care and the CMO office in their county. The organization also has a partnership with the state's Division of Developmental

Disabilities (DDD) to have vocational skill training at the respite program. However, this partnership has not officially started, nor have the skill training groups started. Despite these partnerships, there are still certain aspects of programming that are not developed, as some of the leadership have reported that there is a lack of entry-level staff applying skills on a regular basis within the program. This is the barrier to implementing more clinical programming and operating as a clinical respite program.

Analytical Strategy

The purpose of using an analytic strategy in qualitative research is to provide direction and find out what are the most important pieces of information relevant to the research question (Sale, 2022). The following strategy will be employed in the study.

Procedure

Approval from Walden University's institutional review board was granted prior to data collection. Informed consent was provided to all BHLs who were interviewed for this study, and they were asked to return signed copies prior to their interviews. Informed consent was also given to Organization X to obtain access to information within the organization.

Participants

Study participants included Organization X's senior leaders who worked directly with entry-level staff in the respite program. The leaders participated in individual semistructured interviews lasting 30 minutes to one hour. The purpose of the interviews was to gather information about the respite program, including obtaining professional experience from leaders within the respite program. The interviews were conducted via

Zoom platform with cameras off. Participants were given written and verbal consent to be interviewed and signed consent forms for the interviews. The researcher transcribed all the interviews. The data analysis also included other documents from the organization. The data were reviewed, categorized, and coded, and then themes were identified. Lastly, the results of the study were prepared and will be presented formally to Organization X.

Ethical Considerations

Ethical considerations for this study included confidentiality, conflict of interest, and maintaining the privacy of all individuals involved. It was essential to protect the information of Organization X along with their partnering organizations. It is imperative to protect identifying information during data collection and further analysis of the organization. The CEO/CD was informed that the organization's name would be removed from the study along with supporting documents used in tables or appendixes. I also followed all ethical guidelines from Walden University.

Summary

Section 2 of this case study reviewed the literature related to the organization's practice problem. The leadership strategy and the clients served within the organization were discussed. Section 3 provides an analysis of the organization along with a thorough review of knowledge management.

Section 3: Measurement, Analysis, and Knowledge Management Components of the Organization

Introduction

The purpose of the study was to explore how Organization X's leaders support entry-level staff in its respite program for children with ASD and their families. Specifically, how does leadership support entry-level staff in managing the behaviors of children with intellectual/developmental disorders in the respite setting? In a preliminary interview, the CEO/CD reported staff managing behaviors in the respite program is an issue and is receptive to finding solutions in how to support entry-level staff. Notably, the CEO/CD stated that she would like entry-level staff to increase their confidence in managing difficult behaviors in the respite program. Throughout this study, the purpose is to examine specific elements that contribute to how Organization X currently supports entry-level staff. To further explore those elements, the following research questions were developed:

- What do Organization X's leaders perceive as the factors contributing to the lack of confidence in entry-level staff working with children in the ASD respite program?
- How can Organization X's leadership help entry-level staff better understand daily operations tasks necessary to provide quality respite care for children with ASD and their families?

- How can Organization X's leaders help entry-level staff become more confident in managing daily operations in the respite care program and in knowing how to pivot from this structure when the need arises?
- How can Organization X's leaders communicate feedback to entry-level staff regarding how entry-level staff are managing the behaviors of children with ASD?

In Section 3, I analyze Organization X by assessing how its leaders build an effective, supportive workforce environment, as well as how the organization ensures effective management of operations. I also address how the organization measures, analyzes and then improves organizational performance as measurement, analysis, and knowledge management are essential to tracking daily performance and overall organization performance (NIST, 2021). Finally, I evaluate how the organization manages its organizational knowledge assets, information, and information technology infrastructure.

Organization X was founded in 2013. It began offering in-home services for children and families living with IDD in 2014. The organization has developed many programs for this specific population, has a reputation in the community for working with this population, and has many referrals from outside agencies for their program overall, including the respite program. However, in-home counseling services are the most popular service provided. According to Organization X's CEO/CD, creating the respite program was a way to give back to the community by providing a place where children can come to learn skills and parents can obtain a much-needed break. At this time, there

is not a strategic plan in place for the organization; however, there are goals for the organization that include utilizing the space every day of the week, creating vocational/life skills groups, having smooth programming running throughout the day, push for kids to come to the program more often, and increase marketing techniques. To properly assess the sustainability of the respite program, the way the organization builds an effective and supportive workforce environment must be assessed. Furthermore, there must be an assessment of how staff are engaged to achieve a high-performing work environment, as well as how the organization manages and improves key services and work processes. Finally, there must be an assessment of how the organization ensures effective management of operations.

Workforce Profile

Organization X has a wide array of positions, which reflect the organization's different programming levels. The CEO/CD holds a master's degree in social work and a clinical social work license. She has over 20 years of experience in the field.

Organization X's website includes a section titled "Join Us," which lists employment opportunities with the organization. At the time of this proposal, the organization was hiring individuals for the following positions: (a) In-home clinicians who are licensed clinical social workers, licensed professional counselors, licensed marriage and family therapists, licensed social workers, or licensed addiction counselors; no years of experience requirement; (b) individual support services and technicians requiring a minimum of one year of experience and a bachelor's degree in social work or related fields; and an (c) individual support services coordinator.

There were no employment listings for the entry-level respite program position on the website at the time of this proposal. The website also stated that Organization X offers clinical supervision for those seeking licensure, field placements and internships, job advancement, and new opportunities, specifically to learn about the ASD population and competitive pay. Organization X does have intellectual property, specifically, the structure leadership created for the respite program, along with some created programming for the respite program staff. Nothing is trademarked or copyrighted. There is no HR department or billing department, but they do have an outside billing service that submits claims on their behalf. Most of the HR/onboarding of staff is completed by the CEO/CD, director of operations, and service coordinator.

Suppliers and Partners

Organization X's suppliers include vendors on Amazon, who supply sensory toys used in the respite care program. Another key supplier is a retailer in Organization X's region that is dedicated to creating and selling toys and therapeutic products for children with sensory disorders. The organization uses this store often to purchase toys and other products that would best fit the needs of the population. On a basic day-to-day level, the organization's suppliers include an electronic health records (EHR) system, partnerships with electronic stores for equipment, and a clearinghouse for billing. The organization has a business relationship with Best Buy, which is where company laptops are purchased. They use Verizon One Talk for their phone operating system, EZClaim for their EHR system, and Trizetto for their billing system.

The partners in the organization include the landlord of the building they are leasing for the services being rendered. They are also partnering with parents on a regular basis to learn the children's behavior to increase more adaptive behaviors in the respite and home setting. The organization is partnered with the state's Department of Children and Families as well as the hub system of care, which is a Medicaid system that offers support for children and their families with mental health, behavioral health, emotional health, and developmental health. The hub system of care allows families to have access to services in the community without paying out of pocket for care. The hub system of care is partnered with case management organizations (CMOs); there are CMO offices in every county in the state. The organization has a partnership with their county's CMO office. The organization receives direct referrals from the hub system of care and the CMO office in their county, as well as direct referrals from the community.

Organization X has partnered with a local recreation center to offer community events for local children with developmental disabilities. They have also offered free public training and workshops at community locations and family support organizations, as well as free community fun-day events. Additionally, they have been the community resource development grant recipient for the county they reside in and a neighboring county. They have offered sponsored activities for youth within those counties under those grants. Organization X is currently a 3-year grant recipient of Peer Grouping through the Health & Human Services Department of the county they reside in. Also, the organization has partnered with a food pantry and religious organization to offer parent training and youth activities free of charge. Overall, Organization X partners with several

agencies that offer similar services to enhance all programs. Lastly, Organization X is a part of a sub-committee of a council that informs the state about local needs; they create policies and standards for this council.

Workforce Environment

When reviewing an organization's workforce environment, one of the key elements is assessing capability and capacity (NIST, 2021). The direct care staff employed in the organization's respite program are entry-level staff. As defined early on, entry-level staff are those who have obtained a high school diploma or equivalent with under one year of experience, specifically at least three months of experience in the field. The CEO reports that the program is forced to reduce the credentialing of the staff for the respite program because the state only reimburses \$27 an hour for each child who attends the program. Therefore, staff can do their jobs yet do not have prior skills, competencies, or knowledge they are starting within the program. When hiring entry-level staff, the organization is looking for more character and personality traits as they understand hiring someone who has no prior knowledge or skills is a possibility. Therefore, the organization looks for staff who are patient, motivated, ready to learn, approachable, energetic, have good communication skills, are calm, and can redirect. The organization also looks for people who have worked with kids in any capacity.

Organization X recruits staff from a hiring website. The CEO/CD and Service Coordinator review the applications received, and the CEO/CD has the Service Coordinator reach out to the applicant for an interview. During the preliminary interview, the CEO/CD asks questions about the applicant's resume and gives practical scenarios of

what could happen in the respite program. The purpose of discussing the scenarios in the interview is so the applicant has an opportunity to discuss how they would manage that situation. The CEO/CD reports that giving these scenarios helps in hiring applicants who have the basic personal skills to manage behaviors in the program. After being hired, the recruits begin an orientation process that is mandatory to attend.

The initial and mandatory orientation has a substantial focus on effective communication and crisis management. These are two topics that are important to the organization, especially in the respite program. The orientation reviews how effective communication should be between other staff, with youth in the program, with parents, with leaders, and with clinical interns. For youth counselors, the orientation outlines effective communication between staff, including avoiding gossip, speaking positively, identifying strengths, addressing issues directly, and setting clear expectations (Organization X Orientation Presentation, n.d.). Effective communication toward the youth in the program is described as providing simple and clear prompts, creating a visual schedule, creating a daily check-in chart, creating a behavior reward system, and working with the clinical intern to create individual strategies for each child in the program (Organization X Orientation Presentation, n.d.). Effective communication with parents is described as sending weekly reports via email or newsletter, sending daily report cards to parents, scheduling one-on-one meetings with the parents to discuss the child's progress, and translating written communication to parents in their desired language (Organization X Orientation Presentation, n.d.). Effective communication with leaders is described as reporting issues to leaders, asking questions if there is a lack of

understanding, and following through with creating and maintaining the work schedule. Effective communication with the clinical interns is described as collaborating to create individualized plans for the child in the program and collaborating to create a safety/crisis plan for the child in the program (Organization X Orientation Presentation, n.d.). The orientation focuses on crisis management, specifically giving information on how to manage crises that arise in the program. Those tools mentioned in the orientation include separating the audience from the person in crisis, staying calm/being a solid object, following the crisis plan, removing objects that may be unsafe to the child and staff, offering support, and calling 911 if there is physical violence regarding the use of a weapon (Organization X Orientation Presentation, n.d.).

The purpose of the orientation is to provide basic information about the standards of being a staff member in the respite program. The other components of the orientation include reviewing the mission/vision/values of the organization, leadership/management, creating schedules, creating structure in a group setting, First Aid/CPR, rewards/token economy system, management of the environment, progress notes, mandated reporting procedure, and Health Insurance Portability and Protection Act (HIPPA) compliance. There is also an additional orientation on how to run groups. Prior to the orientation, the staff is given the contract to sign, and the CEO/CD and the Director of Operations go over expectations with the staff member. The staff then completes the orientations with the CEO/CD and the Director of Operations; one of the orientations also includes information about the entire organization and the services provided, including the external stakeholders of the organization. Finally, on the initial day of work, the staff are

given more expectations from the Service Coordinator and the shift leader for that day; the staff are encouraged to ask questions during that time as well.

There is strong support for entry-level staff upon hire. Valuing staff means a commitment to their development, engagement, and well-being (NIST, 2021). The interview process reviews scenarios that highlight the staff's skills and characteristics. According to Organization X's mission, vision, and values statement, the orientation emphasizes one of the organization's core values, which is everyone connecting with Organization X and having the opportunity to develop and learn new skills by providing crisis management resources as well as additional crisis scenarios to enhance behavioral management skills for entry-level staff.

Workforce Engagement

Organization X engages its staff in a few ways to achieve a high-performance work environment. One of the ways is by creating a culture of communication and creativity. The CEO is adamant about supporting the creativity of the staff and values the ability to create new programming and implement new programming. In addition, the CEO is open to receiving creative ideas from the staff directly if it enhances programming. Another part of the organization's culture is communicating needs. The CEO believes in autonomy; however, he reiterates to staff that if they have questions or concerns, they can also reach out directly.

Another key finding regarding how the organization engages staff to achieve a high-performance work environment is by offering supervision for staff. There is standard supervision for non-clinical staff where the staff discuss with the Clinical

Manager issues that arise with the developmentally delayed population. They also discuss extreme cases and ways to manage difficult behaviors with the population served.

As mentioned previously, there is a plethora of engagement that the organization employs during the orientation process. For all staff, the CEO/CD created a video that includes orientation materials inclusive of the job descriptions, daily routines, and responsibilities, as well as other job descriptions within the agency. The orientation also includes generic scenarios of how to manage certain behaviors that may come up in the respite program. There is a segment in the orientation that includes de-escalation techniques for staff to adhere to if needed. In addition to the orientation, the CEO/CD also reviews the policy and procedure manual with staff. It is a brief overview of major policies and procedures for staff to know. Finally, prior to the new staff starting, they do a walk-through of the program and a general rundown of what the workday will look like; the new staff is told that they can reach out to anyone on the leadership team if they have any questions or concerns.

In addition, the organization engages the workforce through meetings and training. Most of the staff are independent contractors and not employees; however, the CEO/CD is looking to switch contractors to employee status. There are monthly trainings that are not mandatory for certain staff members, and there are some trainings that are mandatory for all staff. For the staff in the respite program, there is a meeting called the weekly round-up where they discuss clinical issues that occurred during the week; this meeting addresses any questions staff may have had regarding the population in the program.

Operations

Organization X designs, manages, and improves its key services and work processes through internal and external processes. Some internal processes include meetings and training. One consistent meeting the staff have is a pre-shift meeting. This pre-shift meeting is held before every shift with the entry-level staff and shift leader for the day. This meeting gives entry-level staff an opportunity to ask questions and express concerns. The leaders interviewed for this study reported that during this meeting, the entry-level staff always brought up concerns and issues from previous shifts.

Every Monday, the entry-level staff have a meeting called the clinical round-up. This meeting occurs weekly. This is an opportunity for staff to discuss issues with the population they are working with and to get clinical explanations regarding the behaviors displayed. This meeting includes staff and the clinical intern. However, there has not been a clinical intern for months at the respite program due to the clinical intern graduating. The clinical training manager meets with entry-level staff monthly to review cases. There are no formal trainings that have been given to entry-level staff on a consistent basis. The CEO/CD and the Clinical Training Manager have discussed creating more consistent training for entry-level staff, specifically starting more training in March 2023. In addition, the Clinical Training Manager does most of the clinical training for the in-home counseling services the organization provides; in-home counseling is the most popular service offered within the organization.

The organization is a partner with the state's children's system of care (CSOC), where there are certain standards the organization must follow regarding operations.

CSOC provides services surrounding developmental and intellectual disabilities, mental and behavioral health, substance abuse treatment, and out-of-home placements. CSOC is responsible for coordinating services and creating partnerships for parents, families, service providers, and care managers (Organization X Orientation Presentation, n.d.). The hub system of care is the contracted systems administrator for CSOC. The hub system of care utilizes the statewide electronic health record (CYBER) to register, authorize, and coordinate services for youth who are experiencing emotional and behavioral challenges or who are developmentally and intellectually delayed. The hub system of care is the first point of entry for all youth and families receiving services (Organization X Orientation Presentation, n.d.). The hub system of care gives the guidelines for those who are eligible for respite services. To be eligible for respite services, a family must apply for Developmental Disability Eligibility. Once they are approved, they qualify to apply for an FSS, which provides a wide array of services within the state, including respite services. Requirements for developmental disability eligibility include (Organization X Orientation Presentation, n.d.) the following:

- A parent or legal guardian must be a resident of the state.
- The parent or legal guardian must be a citizen or permanent resident within the US.
- A child has to be diagnosed with a mental illness or physical impairment and a developmental disability; the developmental disability might consist of an intellectual disability.

- A child has functional limitations in at least 3 of the following areas: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency.
- Evaluations and assessments from psychologists, neuropsychologists, psychiatrists, speech therapists, occupational therapists, physical therapists, or another licensed practitioner need to be provided.
- A child study team has evaluated a child.

The organization must follow these guidelines for children entering the respite program. The state's hub system of care also outlines on its website the importance of ethical services being provided, explains HIPPA laws, explains its responsibility as a department, general privacy rules, health information rights, as well as information on where to report a problem (Organization X Orientation Presentation, n.d.). These are the guidelines and procedures that Organization X adopts, follows, and presents to their staff for general knowledge regarding how the entire organization operates.

In the Baldrige framework, operations are defined as how the organization designs, manages and improves key healthcare services and work processes (NIST, 2021). In exploring the practice problem for this case study, the research questions were used to assess the design, management, and improvement of the health care service being provided. To answer those questions, staff support, leadership style, and behavior management have to be examined. The research questions that guided this study are as follows:

- What do Organization X's leaders perceive as contributing to the lack of confidence in entry-level staff working with children in the ASD respite program?
- How can Organization X's leadership help entry-level staff better understand daily operations tasks necessary to provide quality respite care for children with ASD and their families?
- How can Organization X's leaders help entry-level staff become more confident in managing daily operations in the respite care program and knowing how to pivot from this structure when needed?
- How can Organization X's leaders communicate feedback to entry-level staff regarding how entry-level staff are managing the behaviors of children with ASD?

In addition to the above research questions, other questions contributed more insight into the practice problem. These were separated into different categories, including respite program population and behaviors, training, staff and leadership, work performance, and hiring, and are included in Appendix A.

Knowledge Management

Knowledge management is critical for improving performance and competitiveness (NIST, 2021). Furthermore, knowledge management is a key factor in organizational success; knowledge management can analyze the data needed for the sustainability of an organization, specifically enhancing the strategy of the organization (NIST, 2021). One way the organization gains knowledge is through client surveys. The

organization created a quality assurance form that has closed-ended questions as well as a scale to rate additional questions. Organization X has utilized key performance indicator (KPI) reports that are reported weekly. Finally, families are contacted three times per treatment service to rate their experience with the organization.

When asked about how information was collected from staff, there is nothing formal established. There are no staff surveys nor yearly evaluations from staff. There is no formal way that staff inform of their experience within the program, nor is there a performance evaluation that gives the leadership information on what the staff needs to improve. Staff complaints and issues are brought up informally in meetings. When the leadership was asked how staff know when they are doing well and how staff know they need to improve, the leadership informed that there is no formal process, yet staff are praised in staff meetings if they do something well. If there is an area for improvement, the leadership will inform staff outside of meetings in a one-on-one meeting. Organization X does have intellectual property, specifically, the structure leadership created for the respite program, along with some created programming for the respite program staff. Nothing is trademarked or copyrighted.

Summary

Section 3 was a review of Organization X's analysis of the organization and knowledge management of the organization. The areas addressed in Section 3 responded to the research questions asked. The current operations of the organization give insight into how leadership is supporting entry-level staff in managing the behaviors of the

respite population. The data collected in Section 3 gives insight into the results and continued analysis of the research.

Section 4: Results—Analysis, Implications, and Preparation of Findings

Introduction

Organization X is a mental health agency offering multiple therapy options for clients with intellectual and developmental disabilities (IDDs). These clients are mostly children with autism spectrum disorder (ASD) and their caregivers. Organization X also offers a respite program for ASD children after school during the week and a weekend program. The specific practice problem addressed in this study is how Organization X's leaders can better support entry-level respite care staff when managing challenging behaviors in children with ASD.

Entry-level staff in this program who have no prior experience in working with people with ASD have expressed their frustration with the basic daily operational tasks necessary to provide respite care to these children, which reflect running a set structure (a specific daily schedule that the entry-level staff need to follow), engaging children in the structure, and pivoting the structure when there is a crisis. Daily operational tasks include managing aggressive, defiant, and dangerous behaviors in a challenging environment. Organization X's leaders also expressed the desire for staff to become more confident in managing daily operations and knowing how to pivot from the set structure when needed. The following research questions guided the study:

- What do Organization X's leaders perceive as contributing to the lack of confidence in entry-level staff working with children in the ASD respite program?

- How can Organization X's leadership help entry-level staff better understand daily operations tasks necessary to provide quality respite care for children with ASD and their families?
- How can Organization X's leaders help entry-level staff become more confident in managing daily operations in the respite care program and knowing how to pivot from this structure when needed?
- How can Organization X's leaders communicate feedback to entry-level staff regarding how entry-level staff are managing the behaviors of children with ASD?

The study's primary evidence source was semi-structured interviews with Organization X's senior leadership. There were four senior leaders interviewed, identified in this section as Participant 1(P1), Participant 2 (P2), Participant 3 (P3) and Participant 4 (P4). Secondary sources retrieved were organization information such as staff job descriptions; quality assurance documents; website information; employee reviews; the organization's mission, vision, and values statement; meeting agendas; respite program leadership orientation; respite program orientation for all staff; respite program design; policy and procedure manual that outlines standards for the organization as a whole and the respite program; and the service plan template for respite population.

Analysis and Coding

The data collected were analyzed thematically using NVivo software. The major themes expressed across all four interviews included leadership communication, quality training, program development, and client behaviors. Significant themes were expressed

responsible for the program's daily activities, while the structure is the framework created for staff to follow. Lastly, the word *engagement* points to the importance of actively involving the clients being served within the program and how the program prioritizes engagement from the clients and staff running the program. The words in the word cloud suggest a program emphasizing children, ratios, and staff. Specifically, the program relieves parents of children with ASD while providing structure from staff with clinical support.

Leadership Communication

All participants reported the process of onboarding new staff members to the organization, specifically entry-level staff members. Each participant knew how Organization X conducted interviews, collected personal documents for working, and when initial orientations were scheduled, as there are multiple orientations for onboarding the entry-level staff member. Participants 1 through 4 identified different ways of communicating with entry-level staff. An orientation gives an overview of the organization and a review of its mission, vision, and values. Participant 1 and Participant 4 mentioned an orientation is given to entry-level staff on how to run groups and communication training that discusses behavioral management in the respite setting. Participant 1 and Participant 4 also noted specific topics that the orientation covered, including HIPAA and Medicaid compliance. Participant 2 and Participant 3 did not give details about the different topics within the orientation; however, Participant 3 reported that if there were to be any questions regarding the onboarding process, the staff member

could reach out directly to any of the leadership staff for an overview of the orientations and general questions.

There is a chain of command system that entry-level staff are to follow; however, in reviewing the policy manual, there is nothing written about who entry-level staff should report to directly. It is unknown if the leadership staff verbally conveys this at any time during the orientation. Participant 1 and Participant 2 reported that the entry-level staff should report to the coordinator of community programming; Participant 2 reported that the entry-level staff should report all clinical issues to the community programming coordinator, yet a clinical training manager manages the program's clinical aspects. It is not specified in the policy manual to whom in leadership the entry-level staff should report. All participants reported that entry-level staff (Youth Counselor II) should report directly to Youth Counselor 1 when real-time issues occur during the respite program day.

Participant 4 gave more in-depth insight into leadership communication. Participant 4 reported that Youth Counselor I and Youth Counselor II reach out "a lot" to the community programming coordinator. Youth Counselors I and II reach out to the CEO/clinical director when there are significant issues. Participant 4 reported that the community programming coordinator is at the respite program daily with the entry-level staff. Participant 4 has observed that the community programming coordinator has good interactions with the entry-level staff, and it seems hard to set limits due to the closeness between that leadership member and the entry-level staff.

All participants reported different struggles from entry-level staff. Participant 1 and Participant 3 offered insight from a clinical perspective, saying that if the entry-level staff do not have experience working with ASD clients, they may be unable to understand the child's needs. Participant 3 added that another common struggle with entry-level staff is not understanding how to engage the children in the daily structure offered. Participant 2 reported that a common issue amongst entry-level staff is not being present with the children in the program, specifically when they are on their cell phones during a respite program day. Not using cell phones during respite program hours may be considered common sense; however, it is not outlined in the policy manual for entry-level staff not to have their phones turned on while working in the respite program.

The children in the respite program have individual service plans created by Youth Counselor III (a clinical intern). Participant 4 had consistent feedback with Participant 3 that entry-level staff does not follow the structured schedule with the children in the program. Additionally, Participant 4 informed that the entry-level staff do not implement the service plans for the children in the program, nor do they manage the children's behaviors well.

There is no formal space for leadership staff to inform entry-level staff of what they are doing well and what areas they need to improve. Participant 1 reported that staff meetings were not consistent. At a time when they were consistent, there was constant communication, and the entry-level staff would receive feedback in those meetings. Participant 2 reported that there are pre-shift meetings where entry-level staff can discuss concerns and receive feedback. Yet, there is no official forum that reviews strengths and

areas of improvement. Participant 3 reported that positive feedback is given informally in a meeting, not formally. Lastly, Participant 4 was also aligned with the other participants in reporting that there was no formal setting to give feedback to staff. However, there is always some form of communication where verbal feedback is given informally. If there are challenges, Participant 4 reported that the entry-level staff should inform the coordinator of community programming.

Organization X has two different job titles for one position. On the organizational chart updated in 2022, the coordinator of community programming position is present. However, that position is also known as service coordinator. The service coordinator job description was last updated in 2021. It is unknown if some specific duties or responsibilities were added or removed from the service coordinator position. There were no updated job descriptions for the community programming coordinator and no tasks that seemed to be related to the respite program. By reading the service coordinator job description, this position seemed more connected to Organization X's in-home counseling service (see Appendix B).

Quality Training

Organization X offers multiple trainings. There is a specific orientation for the respite program leaders and the respite program. The respite program orientation topics include leadership/management basics, effective communication with youth/youth counselors/parents/clinical interns/peer leaders, creating schedules, creating groups in a structured setting, crisis management, first aid/CPR, visual schedules, rewards/social

economy, management of the environment, progress notes, mandated reporting and HIPAA.

However, most of the training offered is for the in-home counseling side of the business and not for entry-level staff in the respite program. Participant 1 explained that there were mandatory training sessions for the in-home counseling staff in the program, Yet those trainings are not mandatory but optional for respite program staff. Participant 1 and Participant 3 reported that one monthly meeting acts as a supervision meeting (not a formal training for the entry-level staff). Participant 4 mentioned that the respite care staff should meet weekly with the clinical training manager; all the other participants did not mention this weekly meeting. Participant 1 reported that there are fewer formal trainings for the respite program and that the organization is working on creating more formal training for the respite care staff.

Organization X uses orientation and training interchangeably. This is evidenced by all participants reporting that training occurs during orientation. Participant 1 detailed new staff training, including safety training, HIPPA compliance, Medicaid compliance, documentation, understanding wrap-around services, maintaining a safe environment, and addressing crises. Though Participant 1 reported the aforementioned as “training,” these are presented as topics in the new staff orientation for all Organization X (Organization X Orientation Presentation, 2021). All participants reported safety training, CPR training, and HIPAA compliance training. However, nothing in the policy manual informed me that these components were identified as formal training.

Participant 2 reported she attended a meeting to discuss what to do in a crisis and that during the initial orientation, the CEO/clinical director reviewed scenarios of the most common crises. Participant 2 reported that the orientation included a de-escalation segment. Participant 3 reported that the clinical training manager offered training to the respite staff, including HIPPA compliance and progress notes; P3 did not mention any other training. Participant 4 reported that the program has orientation, including how to run a group and communication training.

All participants had different answers for the training offered, and the training mentioned included topics in the orientation document. No separate documents displayed the specific training components for the respite program staff. Participant 1 and Participant 4 reported there was no formal training for the respite program staff. Participant 4 informed that instead of consistent training, there should be a weekly meeting with respite staff to review issues; Participant 4 was unsure if there was such a meeting but did not have much confidence that it would occur weekly. Participant 1 reported that the organization is working on creating more formal training for the respite program staff.

Participant 2 also informed there was no training regarding working directly with the children in the program; Participant 3 explained there were no policies and procedures that outlined how to manage a crisis. However, the topic was discussed informally in meetings. Participant 2 added that respite staff learned as they received experience working in the program and talked about the advantage of having staff working on the organization's in-home side. This was advantageous to the respite

program as the clinical skills of that staff member assisted with running the program smoothly. The staff from the in-home part of the program had mandatory clinical training with the clinical training manager so the respite staff could learn how to deal with behavioral issues among the children when they arose in the program.

Participant 2 reported that two new staff in the program struggled due to not having prior experience working with the ASD population. Participant 2 continued that the new staff had many questions but learned by observing other staff. There were no trainings in the respite program that discussed the ASD population nor other co-occurring mental health issues that could be present for the children in the respite program. For example, a child with ASD could also have ADHD or anxiety, and Organization X has no training to review this with the respite staff members. Lastly, Participant 1 reported that there is no training to teach respite staff how to approach the ASD population nor a training that reviews how the respite staff can support the needs of an ASD client.

Program Development

Participant 2 and Participant 4 discussed the desire for the program to be more than a respite program and to be more inclusive of clinical components. Participant 2 mentioned that part of program development meant to increase the consistency of what is already required in the program. For example, Participant 2 reported that there should be more consistency with staff creating schedules, engaging the parents more, collaborating with parents regarding what they want for their children in the program, and more reports for the parents regarding the child's day in the program. Participant 2 also suggested that staff needed to work on being more invested in the program. Participant 4 also believed

that the program was not on the professional level of a clinical program due to the loss of past leaders with the knowledge and skills to run the program. These past leaders worked pre-COVID-19, obtained other jobs during the shutdown, and did not return after Organization X reopened.

Participant 4, a high-ranking leader in Organization X's leadership team, discussed the program's trajectory, mentioning specific goals of increasing programming within the respite program, including groups that practiced vocational and life skills. Participant 4 also mentioned increasing marketing so that other parents and stakeholders in the community will continue to see the value of the respite program. The goal is to duplicate the program and enter other counties within the state. Despite the organization's goals, Organization X does not have a strategic or business plan. The organization does not have an annual report that would track the organization's activities and performance along with future goals for the organization.

The CEO and founder of the organization is also the clinical director in the organization. Participant 4 reported that the CEO operating as a clinical director is stunting her growth. As the CEO, she cannot be a true visionary for the business. Other dual roles include the service coordinator and the clinical training manager. The service coordinator and the clinical training manager also have dual roles on the in-home side of the organization. No specific respite program job responsibilities are listed on the job descriptions for each role; the job description is very clear on the responsibilities for the in-home program, not the respite program.

Client Problematic Behavior/Client Engagement/Structure Issues

When asked about client behaviors in the program, Participants 1, 2, and 3 reported that the most problematic behavior in the program was physical aggression from a child. Participant 2 reported a specific situation in which a child was defiant and put hands on the staff and hit two staff members; one of the staff became very fearful of being in the youth counselor position. Participant 3 reported a specific aggressive behavior of a child throwing objects at the site leader in the program. Participant 4 reported sensory-seeking behaviors, including flapping hands, pacing the room, physical aggression toward staff, and throwing objects.

The leadership team responds immediately when the respite program has physically aggressive behaviors. Participant 3 reported that when the incident of the child throwing objects at the staff occurred, the entry-level staff went to the site leader for support, the site leader went to the service coordinator for support, the service coordinator went to the CEO/clinical director and the clinical training manager for more resolve. After the incident of aggression, the leadership team met with respite staff to debrief the incident. Participant 3 reported that de-escalation techniques are common knowledge due to staff reviewing the orientation. Yet, there were no written step-by-step procedures to manage physically aggressive behaviors. Participant 3 said, however, that all staff had the contact info of the leadership team to contact them if there were any concerns or issues in the respite program.

Some structure issues arise when managing problematic behaviors in the respite program. Participant 1 reported that when there are problematic behaviors, the respite

staff reviews those behaviors in a brief meeting the next day. However, these meetings are held to debrief the issues from the previous day; thus, the staff continues to struggle with managing the same problematic behaviors. Participant 2 reported that no written policy outlines the procedure for de-escalating a client when crises happen in the respite program. Participant 2 reported that staff tried to switch rooms to give the other staff a break during de-escalation. The staff also tried to take the other children outside to isolate the crisis from inside.

All participants reported that the site leader (Youth Counselor 1) is responsible for creating the schedule for the day, yet the site leader does not always stick to that schedule. Participant 2 explained that the schedule is not implemented on some days, and there are days the schedule is tweaked. Participant 2 reported that the schedule often changes due to the lack of children in the program that day. At the time of the interviews, the respite program only had three active participants; one child came once per week, and two children (twin siblings) came about three or four times a week. Participants 2, 3, and 4 reported feeling frustrated with the schedule not being implemented by leadership. Participant 4 reported that the small number of children participating did not mean that there should not be any structure for that day.

Staff Knowledge and Staff Expectations

There seem to be deficits in referring to what respite staff knows about the position. Participant 1 discussed the different positions that are in the respite program: Youth Counselor 1 (site leader), Youth Counselor 2 (direct care staff/entry-level staff member), and Youth Counselor 3 (clinical intern). Participant 1 shared that Youth

Counselor 1 does not have the clinical knowledge to create treatment plans for the children in the program, Youth Counselor 2 lacks a lot of guidance, and Youth Counselor 2 does not take a lot of initiative. Lastly, Youth Counselor 3 needs a lot of support to know what to do and is not comfortable or independent in the role. The Youth Counselor 3 role was vacant at the time of the interviews.

Participant 3 had a similar report regarding the lack of knowledge from the respite staff and informed that Youth Counselor 1 does not incorporate the clinical work or engage the entry-level staff. Youth Counselor 2 had issues following the lead of Youth Counselor 1. Youth Counselor 3 had issues completing treatment plans on time for the children in the program.

There are certain characteristics the leadership team is looking for in a respite care staff member. Participant 1 reported that leadership seeks someone ready to learn, has previously worked with children, and is motivated and excited about doing the job. Participant 2 reported that the leadership team is looking for someone who is approachable, patient, has some experience with children, and is energetic. Participant 3 reported that the leadership is looking for someone with high energy who has previously worked with kids and is open to training to improve skills. Lastly, Participant 4 reported that the leadership team is looking for someone who can redirect children, maintain a calm demeanor, have good communication skills, and handle and review situations in the respite program. The common characteristics that the leadership team is looking for include someone willing to learn, someone who has worked with children before, and someone that has energetic.

At the time of the interviews, respite staff had no expectations to attend clinical training. The respite staff were invited to attend supervision, yet it was not mandatory. However, the respite staff must attend a weekly staff meeting and pre-shift meetings before starting the respite program day. All participants reported that pre-shift meetings sometimes do not occur daily. Most mandatory trainings within the program are specifically for the in-home counseling staff and the respite program staff.

Program Knowledge and Program Values

All participants have general knowledge regarding the type of disorders represented in the respite population, the ratios, and the average age of the children in the respite program. All participants knew there were mostly ASD children in the respite program, some with co-occurring diagnoses such as anxiety, depression, or ADHD. The ratio is three children to one staff member, and the population age ranges from 8 years old to 20 years old. Participants 2, 3, and 4 reported that there have been some ASD children in the program who also have a Down syndrome diagnosis. Participant 4 also reported ASD children with cerebral palsy. The orientation presentation for new staff does not include the co-occurring diagnoses or comorbidities the ASD child could have in the respite program.

Organization X values learning, independence, and creativity. Participants 1 and 4 voiced that staff are encouraged to work independently yet support those who need to express themselves when a specific problem arises. Creativity is also encouraged by all of the leadership team. Participant 4 also informed that the staff they had at the time of the interviews were creative people, yet there were no mentors to follow. In addition,

Participant 4 concluded that all of the leadership staff are creative; however, the site coordinator is a visionary who wants to create more and has difficulty following structure. The site coordinator is the direct support leader for the respite staff members.

Analysis, Results, and Implications

Evaluation of BHO

Organization X's program and services were analyzed through interviews with most of the leadership team, website reviews, orientations for new hires, and the policy and procedure manual. The organization is a for-profit agency managed by the CEO/clinical director, who works closely with the director of operations to run the organization. There is no board of directors. Organization X is committed to working with youth and families with intellectual and developmental disabilities. Specifically, the respite program focuses on the ASD population. Organization X offers multiple programs, including in-home counseling services, biopsychosocial needs assessments, individual support services, behavioral assistance, and a respite care program. Organization X is contracted and regulated by the state's children's care system under the family support service programs. The state's children's care system created the basic guidelines and expectations for utilization.

The state's family support service is a comprehensive public and private support, resources, and aid network. Their primary aim is to improve the overall quality of life for individuals with intellectual or developmental disabilities and their families. These services encompass various forms of assistance, including respite care. Families interested in respite care services have eligibility requirements, and they must apply with

the state's designated number for a 20-minute application process. If a family is approved, Organization X will go into the state's children's care system and contact the family directly to start the intake process. The CEO/clinical director and the service coordinator review the intake and determine if the child is a good fit based on the program's criteria. Once the intake occurs, the family is invited to the respite program to view the space and experience the program's structure.

Organization X does not have a quality assurance (QA) department but has QA procedures in place. A QA form is conducted by a staff member who does not work directly with the parent/guardian. The staff contacts the parent/guardian to ask questions in real-time regarding the services their children receive in the program and if they are satisfied with that service. Families are contacted three times per treatment service to rate their experience with the program. The families are the only stakeholders that receive the QA form; the children in the program are not given the QA form.

The success of daily operations is measured by a few things based on leadership interviews. The program's structure is important, and the respite staff must adhere to a daily schedule. It is important for leadership that the respite staff knows how to manage a crisis during program hours and engage the children. Program attendance and the number of children within the program are an important part of the daily operations. Leadership reported that the respite program is not doing as well financially as the in-home counseling component of the organization (personal communication, March 2023).

Client-Focused Results

Organization X has established a framework for their work with the intellectual/developmental disability population and their families. The organization is dedicated to working with this population and has created programming to increase the livelihood and success of those with intellectual and developmental disabilities. The mission and vision of the organization focus on only serving this population. Internal and external stakeholders know who and why the organization serves them. Organization X has a clear and concise system of accepting children with ASD into their program. They have detailed criteria of what they are looking for in a client for the respite program, a clear intake process, and a clear onboarding process for children and their families. Organization X also has a good program framework, including a structure that direct care respite staff can follow and a treatment plan for each client in the program.

Although Organization X has a good program framework, the leadership team reported they are challenged with maintaining a higher census outside of the summertime and lacking structure during program hours. At the time of the interviews with the leadership, the program census was low. The respite program census significantly increases in the summertime. However, the leadership reports that the program is slow outside of the summer months. Though there was a low census during the interviews, the program structure was a struggle for direct care respite staff. Leadership reported that sometimes, staff did not create a schedule or a specific structure for the day. They also did not follow the children's treatment plan. Alwabhi (2023) discussed that having a routine with activities can improve children's behavior and increase social skills.

The families of the children in the program are given QA forms to rate their experience. Data for those QA forms were not available for review. These QA forms track how these stakeholders review the program and ask specific questions, including if the parent is involved in the treatment plan, if the parent is contacted when something significant happens, and if parents feel involved in their child's treatment and care. The QA forms help determine how parents, an external stakeholder, view the program. The parents are contacted by phone three times per treatment service to rate their experience with the organization. These reviews give insight into what the program needs to focus on and the strengths and areas of improvement. Caropreso et al. (2020) explained that quality assurance can improve access and treatment outcomes for vulnerable populations. Further, reviewing the results of QA forms can pinpoint areas that staff can improve in and, specifically, what leadership can implement to support staff in doing their job well.

As stated, Organization X is dedicated to serving the intellectual/developmental population, specifically the ASD population, in the respite program. Therefore, staff must have common and in-depth knowledge about the population. At this time, entry-level staff hired for the program do not have prior knowledge about the ASD population. Further, entry-level staff are not required to have prior knowledge about the ASD population. In addition, there are co-occurring diagnoses that can be attached to the ASD client upon entering the program. Having a co-occurring disorder with ASD has a strong impact on the individual, and there is a need for tailored interventions and support to address those co-occurring disorders in this specific population (van Steensel & Heeman,

2017). Therefore, it is important to not only be acquainted with the ASD diagnosis but also comprehend and understand the other diagnoses associated with the population.

Workforce-Focused Results

In the interview with the CEO/clinical director, she reported that the organization did not have employee surveys for the respite program, and therefore, entry-level staff's thoughts about their job and how they are supported on their jobs are unknown. Two employee reviews were found on the job site Indeed (2021). The employees mentioned that there are flexible hours, the work is rewarding, the owner is supportive, and the agency supports creativity. Whether these reviews were from the in-home counseling employees or the respite program employees is unknown.

Although no employee surveys gave formal information about how employees felt about their jobs and how they were supported, there were many staff meetings to address concerns. There are daily shift meetings before the beginning of the shift in which the site leader will debrief the previous shift and ask if there are concerns to discuss. Although the staff have weekly and daily meetings to discuss issues within the program, there seems to be a disconnect.

According to leadership interviews, staff continue to be confused about what they should do when a crisis arises in the respite program that derails structure. The structure is not followed, nor are there always schedules created. Leadership also reported that the CEO receives calls when an issue is not the protocol. If there is a direct care staff issue, staff should reach out to the service coordinator. Daily shift meetings are not recorded formally to analyze the progression of issues or if the same issues arise every shift. A

better system should include employee surveys to record how entry-level staff are learning and applying skills.

Leadership is aware of the lack of training for entry-level staff. The organization offers some training, yet no clinical training is offered to the respite care staff. Clinical training is important for entry-level staff as they work with a population with a diagnosis and perhaps a co-occurring diagnosis. The leadership team reported that entry-level staff do not have prior knowledge of the ASD population. Further, there is no consistent clinical training for entry-level staff in the respite program. No ongoing behavior training teaches entry-level staff how to manage the behaviors of the ASD population in the program.

The impact of COVID-19 must be mentioned, as leadership interviews reported how the pandemic affected the respite program. Before the pandemic, the organization had two office buildings and a respite program facility. Unfortunately, both buildings closed down, and only the respite program facility remained open, though children were not coming into the program. The organization shifted to working remotely for the in-home counseling side. However, due to the hands-on work in the respite program, no children were coming into the program.

The CEO reported that the organization lost key leaders during COVID-19. Once the respite program reopened, many of the previous leaders either graduated, moved on to another job, or did not return to Organization X. The CEO reported that the group of leaders present pre-pandemic were pillars of the program and the current respite staff would have benefited from learning from those leaders.

In addition, Organization X also had to rebuild the respite program post-COVID. The organization's in-home counseling program continued as a mobile organization to maintain in-home counseling clients via telehealth. This was not an option for the respite program. Therefore, it seemed that the respite program had to be restarted and revived after the pandemic with little to no influence from those who ran it before it closed.

Leadership and Governance

The CEO/clinical director runs organization X. She is the program's founder, initially starting with in-home counseling services. She reported that although she is the founder and CEO of the program, she works closely with the director of operations. The organization's in-home and respite programs are regulated by the state's children's system of care (CSOC). CSOC coordinates services and creates partnerships for parents, families, service providers, and care managers.

One component of the program observed is the leadership team's dual roles. The founder of the organization is also the CEO and clinical director. The clinical training manager and the service coordinator work on the in-home counseling side of the business and the respite program. Therefore, they are essentially working in two roles for the organization. In the service coordinator's job description, no specific tasks or responsibilities were listed for the respite care program, which may affect how involved senior leaders are in supporting entry-level staff.

Financial and Marketplace Performance

The CEO/clinical director of the organization informed of the amount the organization is paid per child in the respite program. The program is reimbursed \$27 per

child for 20 hours per week. The CEO/clinical director also reported that they do not market in the community. However, they have a contract with the Children's System of Care (CSOC). This CSOC partnership yields referrals in their system administrator, leading to direct referrals to the respite program. The organization is also very intentional about partnering with other organizations that work with the same population, ASD children, yet there is no set marketing plan.

The pay from the state is a low reimbursement rate, and the CEO has reported that the respite program does not make much money. The respite program has an after-school and weekend program. During the summer, the respite program has a summer program where they are reimbursed more than the after-school and weekend programs because the children are in the summer program most of the day. The organization is a mental health agency that offers in-home counseling. This is the main source of income for the organization; the respite program is not one of the main sources of income. Due to not making as much in the respite program, the organization can only afford to hire entry-level staff members. Those with greater experience and knowledge of the population would need to be paid more.

Social Change

There are several important social change implications in this study. Improved Services for Individuals with ASD can inform leadership in respite programs, leading to the development of more effective strategies and training for staff. This can ultimately improve services for individuals with ASD, enhancing their overall quality of life.

Enhancing staff training and professional development can fill the need for specialized training and ongoing professional development for entry-level staff. This can lead to increased competence and job satisfaction among staff members. Leadership implementing supportive measures can reduce burnout and turnover rates among entry-level staff. This benefits the staff and ensures more consistent and reliable care for individuals with ASD.

Leadership that supports staff in managing the behaviors of individuals with ASD can contribute to their successful community inclusion. This can foster greater acceptance and understanding of ASD within the broader community. A strong respite program can serve as a basis for advocating changes in policies and regulations related to respite care and support for individuals with ASD. It can influence policymakers to allocate resources and develop guidelines that promote best practices in care.

Equipping staff with the knowledge and skills to effectively manage behaviors in individuals with ASD can reduce the stigmatization often associated with neurodiverse conditions. Lastly, leadership support for staff can empower families of individuals with ASD, as they can have greater confidence in the care provided by respite programs. This can lead to better outcomes for families and individuals with ASD.

Strengths and Limitations of the Study

Strengths

One key strength of the study was the design. The open-ended interviews showed an understanding of the subjects being explored. The design explored the social, cultural, and environmental factors that influenced the topic, providing a holistic perspective. The

flexibility of using a qualitative study allowed for exploring unexpected themes and issues that may have arisen during the study. It was important to prioritize the voices and perspectives of the participants in the study so they could express their beliefs and opinions in their own words, which provided an authentic representation of their experiences as individual leaders in the respite program. Lastly, another strength was ethical considerations. A qualitative study often emphasizes ethical considerations, such as informed consent and participant well-being. It allowed the researcher to build rapport and trust with participants.

Limitations

One limitation of the study is generalizability. Organization X is a smaller business with few leaders on the leadership team. Therefore, the findings are context-specific and may not be easily generalizable to larger populations. Qualitative studies often involve small, non-random samples, making it challenging to make broad claims about a larger population. Another limitation included not being able to view certain documents in the organization. Some documents did not exist, including an annual report, a strategic plan, employee surveys, clinical training for entry-level staff working in the respite program, etc. Other documents I could not view included the QA forms given to parents, the KPI report, fiscal year information regarding the amount the respite program made over the past few years, and not being able to interview direct care staff to find out their experience working in the respite program.

Summary

Section 4 of this study discussed findings, analysis, results, and implications. There was also a mention of positive social change implications as well as the strengths and limitations of the study. Section 5 will explore recommendations based on the findings, results, and analysis from Section 4. Section 5 will also include recommendations for future studies and how this study will be distributed to Organization X.

Section 5: Recommendations and Conclusions

According to Organization X's leadership team, the absence of staff knowledge, quality training, clarification of leadership roles, and program issues can jeopardize the health and existence of the respite program. Organization X has multiple recommendations to consider to maintain a viable program that will continue to enrich the lives of children with ASD and their families. This section will provide recommendations for Organization X to address the practice problem as informed in the findings, results, and analysis section, Section 4.

Staff Knowledge/Training

It is not required for entry-level staff members to have prior knowledge about children with ASD upon being hired for the respite program. Unfortunately, the program does not have the revenue to hire those with an advanced education level due to the low reimbursement from the state. Therefore, entry-level staff do not understand ASD, how to interact with ASD children, what interventions are best for ASD children, and how to manage common behaviors for children with ASD.

Offering entry-level staff training can increase their knowledge about the ASD population. There is an orientation for new hires that reviews the program and common behavioral scenarios among the children in the program; however, outside of that one-time orientation, no specific training further addresses ongoing issues in the program. Although a clinical training manager in the program provides consistent training, this training is specifically for the in-home counseling part of the program. Those trainings are not mandatory for the respite care staff members. For entry-level staff, weekly

training should focus on the ASD population. Brookman-Fraze et al. (2019) reported that when specific training was used with consistent consultation, there was a decrease in parents reporting problematic behavior in the home from the ASD child.

Training should also occur before the entry-level staff start date at the program. This will allow the entry-level staff to start working with some knowledge. Below is a list of trainings that can be offered.

- autism awareness and understanding
- communication strategies
- sensory awareness and regulation
- social skills training
- crisis intervention and de-escalation
- cultural competency
- collaboration and teamwork
- safety protocols
- legal and ethical considerations
- family-centered care
- trauma-informed care
- co-occurring disorders for children

Some training can be offered before the entry-level staff starts the program, and training can be offered regularly every week. The training that can be offered before the entry-level staff starts includes autism awareness and understanding, crisis intervention and de-escalation, cultural competency, collaborations and teamwork, safety protocols,

and legal and ethical considerations. According to the data analysis, the above topics are the knowledge that leadership recognizes as lacking from the entry-level staff members. Cultural competency and legal and ethical considerations are also general training pieces that should be offered to entry-level staff. Cultural competence improves staff knowledge skills, attitudes, and beliefs (Jongen et al., 2018). Ethical and legal training allows the staff to view clients served through a valuable lens where complex and adaptive problems can be approached (Bedzow & Wynia, 2020).

Initial Training

Below are the initial trainings that can be conducted for entry-level staff before starting the respite program. These trainings can be conducted simultaneously with the orientations presented to the entry-level staff. The goal of these trainings is to give the entry-level staff a decent amount of information needed before starting the respite program.

Autism Awareness and Understanding

This would be basic training on autism spectrum disorders, including the core characteristics, common behaviors, and sensory sensitivities. This helps staff understand the unique needs of children with ASD. This will also give staff a general understanding of the ASD diagnosis and how it shows up in the specific population in the respite program.

Crisis Intervention and De-escalation

Entry-level staff lacks knowledge of autism and crisis intervention. Staff should be trained in de-escalation techniques to safely manage crises and ensure the well-being

of children and themselves. The training would assist in knowing the warning signs of a crisis, how to intervene safely, and how to isolate the crisis when other children in the program are present.

Cultural Competency

Training on cultural sensitivity and understanding how cultural factors may influence perceptions and practices related to autism can enhance the quality of care provided. Cultural competency is essential because it recognizes that ASD presents differently in various populations. Understanding these variations helps professionals provide more accurate assessments and interventions.

Collaboration and Teamwork

This training emphasizes the importance of collaboration among staff, families, and other professionals involved in the child's care. Training on effective teamwork and communication is valuable. Communication can be a main point of discussion that can be specific to the respite program. This training will allow Organization X to explain how leadership communicates with staff, along with the expectations of staff communicating with the leadership.

Safety Protocols

This training will ensure staff are trained in safety protocols for working with children with ASD. The strategies include preventing elopement (wandering) and ensuring a secure environment, especially when there is a crisis and other children in the program are present. This training will allow Organization X to provide information on

what to do when a crisis occurs, who needs to be contacted, and how the safety issue needs to be documented for auditing purposes.

Legal and Ethical Considerations

This training will familiarize staff with legal and ethical considerations regarding privacy, confidentiality, and the rights of individuals with disabilities. Organization X has a segment in their orientation that covers HIPPA and protecting the rights of children and families. This training will allow Organization X to go more in-depth regarding ethics.

Continuous Training

Below are trainings that can occur while the entry-level staff work in the respite program. These trainings can be provided monthly on a rolling schedule. Therefore, if entry-level staff need a refresher on the training, they can attend these training sessions. A weekly supervision meeting should be implemented to discuss issues in real time, and leadership can provide resources for the staff to review.

Communication Strategies

Training on effective communication techniques is crucial for the ASD child. Some communication strategies include visual support augmentative and alternative communication (AAC) devices. These strategies can facilitate verbal and non-verbal communication with children on the spectrum. This training allows Organization X to discuss the program communication strategies and techniques that have worked for the children in the respite program.

Sensory Awareness and Regulation

Understanding sensory sensitivities and providing strategies for sensory regulation is crucial. Staff should learn to recognize sensory triggers and help children manage sensory overload. This will assist in potentially decreasing the number of crises that occur in the respite program.

Social Skills Training

Techniques for teaching and reinforcing social skills and social communication are vital for helping children with ASD build relationships and interact with peers. This training provides staff with the knowledge to assist the child in increasing social interactions with others. It also allows staff to inform parents to model and teach this behavior in the home setting.

Family-Centered Care

Consider training on involving families as partners in the care process, and include strategies for effective communication and collaboration with parents and caregivers. Family engagement is vital to the child's success in the respite program. This training will provide techniques for entry-level staff to engage with parents and guardians.

Trauma-Informed Care

Consider training on trauma-informed care principles to help staff understand and respond to the potential trauma experiences of children with ASD. Staff needs to understand and provide care through the lens of being trauma-informed. This allows the entry-level staff to engage with the ASD child with dignity, respect, and intention.

Co-Occurring Disorders for ASD Children

Understanding that the ASD child may have other diagnoses and comorbidities is vital to the care provided by the entry-level staff. They could develop training that will explain the most common co-occurring disorders of ASD children and will allow staff to understand the ASD child holistically. This will benefit the ASD child and their families, as staff will learn to be mindful of the entire scope of treatment.

Orientation and training are used interchangeably. The leadership team must distinguish between orientation and training. Orientation is a more general and introductory process to familiarize new employees with the organization. At the same time, training is a focused and ongoing process designed to develop specific skills and competencies for a particular job or role. Both are important components of employee onboarding and development, each serving distinct purposes in the employee's journey within the organization.

In conclusion, proper training can affect the overall flow and function of the respite program. Further, training will increase positive contributions to the organization from the staff and increase overall job performance (Gbemi-Ogunleye et al., 2020). Whether clinical, procedural, or program training for basic program knowledge, this training will assist entry-level staff in running the daily respite program shift. They will have the language and knowledge from training to implement strategies. Therefore, the structure can start on time, and the schedule for the day will be met. Suppose training is recorded via video or found in a training manual. In that case, entry-level staff will have a

tangible resource to refer to, which can potentially decrease calls to leadership and keep the milieu structure running until the end of the program.

Clarification of Leadership Roles

The CEO/clinical director and two other individuals in leadership positions operate in a dual role. The CEO/clinical director has a clinical and training manager on staff. This person can function as the clinical director of the respite program, as she is licensed and has experience in the counseling field. Changing the clinical and training manager to the clinical director role will allow the CEO to function as the program's CEO. A CEO typically provides strategic leadership, sets organizational goals, and oversees overall operations and performance, including financial management. This will be difficult to achieve if the CEO is undertaking the above responsibilities and the responsibilities of someone clinically responsible for everyone in the program providing services. The inability to function in one role can lead to burnout and job dissatisfaction.

The service coordinator has two job titles; on the organization chart, the Service Coordinator is also called the Coordinator of In-Home and Community Services. There needs to be one title for this position. Furthermore, The Service Coordinator and the Clinical Training Manager work on the in-home and respite sides of the organization. While the two positions are at the same organization, the positions still need to have two separate job responsibilities so those leaders know how to function in each role. If there are clarifications of roles, this could prevent future burnout, loss of focus, and job dissatisfaction.

Below are examples of the job responsibilities of the clinical training manager at the respite program:

- Developing training programs: design, develop, and update training programs for staff to ensure they have the necessary skills and knowledge to work effectively with individuals in the respite program. Create a curriculum that covers a range of topics, specifically about ASD.
- Needs assessment: Conduct ongoing assessments to identify staff training needs, considering the specific population served and any emerging best practices or research.
- Individualized training plans: Develop individualized training plans for staff based on their roles, experience, and specific needs. Provide tailored training to address unique challenges or cases.
- Compliance and regulations: Ensure that all training programs and materials comply with relevant regulations and standards, including those related to the care of individuals with developmental disorders.
- Monitoring and evaluation: Assess the effectiveness of training programs through evaluations, feedback, and performance assessments. Make necessary adjustments to improve training outcomes.
- Recordkeeping and documentation: Maintain staff training and certification records, ensuring compliance with organizational and regulatory requirements.

A clinical training manager in a respite program plays a critical role in shaping the competence and skills of the staff, ultimately contributing to the well-being and positive

outcomes of individuals in the program. They should stay informed about the latest research and best practices in intellectual and developmental disorders and adapt training programs as needed. Below are examples of the job responsibilities of the Service coordinator in the respite program:

- Behavior management: Train staff in evidence-based behavior management techniques and strategies, emphasizing positive behavior support and de-escalation techniques.
- Mentoring and support: Provide ongoing mentoring, coaching, and support to staff to reinforce learning and assist them in applying training concepts in their work.
- Crisis preparedness: Develop and deliver crisis intervention and de-escalation training to ensure staff can handle challenging situations safely.
- Service coordination: Coordinate the delivery of services, ensuring that all necessary supports are in place and services are delivered according to the care plan.
- Quality assurance: Ensure services meet standards and align with the organization's policies and regulations.
- Regular updates: Keep individuals and families informed about service changes, schedules, and other relevant information.

A service coordinator in a respite program is critical for coordinating and facilitating services to support individuals with various needs, including those requiring respite care.

This role involves working closely with individuals, families, staff, and external agencies to ensure that services are delivered effectively and that the needs of individuals are met.

Program Issues

Strategic Plan

Organization X does not have a strategic plan. For the sustainability of the respite program, it may be beneficial to create a strategic plan. Strategic planning is a systematic process that entails evaluating an organization's requirements, external factors, customer considerations, internal strengths, and weaknesses, aiming to determine the organization's mission, objectives, and strategies (Akbar et al., 2020).

The CEO/clinical director has very specific goals for the organization. She reported in the preliminary interviews her desire to increase vocational skills within the program and partner with the state to include job training in the respite program. The organization has a long-term goal to purchase a small business that the ASD children in the program can be a part of. The purpose of this is to increase job skills and life skills. Table 1 is a basic strategic plan template for the organization to use. The strategic plan should be updated yearly and communicated with staff during end-of-year or beginning-of-year meetings.

Table 1*Strategic Plan*

Sections	Contents
Executive Summary	Purpose of the plan and the key focus of the plan.
Mission, vision, values	Mission statement, vision statement, core values
Environment scan	SWOT analysis, strengths, weaknesses, opportunities, threats,
Strategic goals	Goal 1, Objective 1, Goal 2, Objective 2
Key performance indicators	KPI 1/Target, KP2/Target
Resource allocation	Budget allocation, human resources
Risk assessment	List potential risks
Stakeholder engagement	Communication plan, stakeholder engagement

Employee Engagement

Organization X does not perform surveys or yearly evaluations. The organization has a way to measure how families rate the program based on the marked improvement of their children. However, there are no assessments for employees. Employee engagement has been defined as the emotional, physical, and mental attachment that an employee has to their work responsibilities (Haryanto et al., 2023). Organization X cannot monitor and assess this in an informal meeting setting; this does not give the full scope of how the entry-level staff engages in their job. Specifically, an employee engagement survey gives insight into how the entry-level staff member is enrolling as a staff member within the respite program.

Employee surveys inventory how a staff member is becoming acclimated to a position and their strengths and limitations. Including employee surveys shows employees that their employer is concerned about their well-being and job satisfaction. Perhaps a lack of employee surveys can cause staff disengagement. Disengagement refers to a person's simultaneous withdrawal and defensive behavior where they distance

themselves emotionally and physically, resulting in a lack of connection, absence of physical and emotional presence, and incomplete engagement in their roles and responsibilities (Bharath & Sreedevi, 2021).

Another aspect of employee engagement is creating opportunities to bond and build trust. One way to do this is through staff outings. These outings could be in-person lunches, holiday celebrations, or even celebrating staff birthdays or other special occasions.

Low Reimbursement

The reimbursement rates for the respite program are low. Unfortunately, the state has set the reimbursement amount for ASD children in a respite program. Therefore, it is unknown if the state will change the rates for the program anytime soon. Currently, the organization is paid \$27 per child, billed at 20 hours per week. Thus, the amount made per child in the respite program is \$540 a week. The CEO/clinical director desires to implement more activities and, overall, more programming for the respite program. Therefore, to repurpose money and create more revenue for that part of the program, Organization X should make their respite program an internship program.

Master-level interns can run the respite program. The CEO/clinical director desires to create more clinical programming for the respite program. Therefore, master-level interns who are concentrating in the field of counseling, social work, or psychology can be a part of the respite care team. The respite program will then be run by those well-informed in the field and practicing to earn hours toward licensure. An internship typically lasts for one to two years. Therefore, the turnover for the program will not be

high. At the end of the year, the previous interns were working. They can take a week to train the incoming interns to run the respite program. This will give the CEO/Clinical Director what she wants regarding leaders teaching leaders in the program and passing down learned knowledge from experience from one intern cohort to another.

The interns receive education in the school setting and experience in the respite program setting. Therefore, the interns are coming into the program with prior knowledge of populations with mental health needs; this is different from the entry-level staff with no prior experience or even knowledge of the mental health needs of children. The interns will still need training to acclimate to the program and learn more about the ASD population. Yet, their baseline of knowledge would already be in the counseling, social work, or psychology field.

The master-level interns can fill the Youth Counselor 1, 2, and 3 roles. Youth Counselor 1 is the site leader responsible for creating the schedule for the day. Youth Counselor 2 works directly with the ASD children in the program. Youth Counselor 3 is already a master-level intern providing clinical skills, including creating treatment plans. More responsibilities can be added to Youth Counselor 3, including more group therapy and longer individual therapy sessions.

If Organization X focuses on hiring three interns at once, this can be an internship cohort where each intern can operate as Youth Counselor 1, 2, or 3 based on the day. For example, Intern 1 can be Youth Counselor 1 on Monday, while Intern 2 and 3 can operate as Youth Counselor 2 and 3 on Monday. On Tuesday, Intern 1 can be Youth Counselor 2, while Intern 2 and 3 can be Youth Counselor 1 and 3. This gives them the opportunity to

function in different roles throughout the week. They can increase their knowledge and contribute to each role significantly.

Below is an implementation plan to transition the respite program to an intern respite program.

Table 2

Implementation Plan

Task	Assigned to	Responsible Party	Phase	Estimated Start	Estimated Finish
1. Contact schools with master-level social workers, counseling, and psychology programs in the local area and beyond.	Service Coordinator	Director Operations/CEO	1	Week 1	Week 2
2. Create a memo of understanding (MOU) with those schools	Clinical Director	Service Coordinator, Director Of Operations and CEO	2	Week 2	Week 4
3. Recruit interns from schools with MOUs.	Service Coordinator	Director of Operations and CEO	3	Week 4	Week 6
4. Schedule interviews with potential interns.	Service Coordinator/Clinical Director	Director of Operations and CEO	4	Week 6	Week7
5. Choose three candidates for the program.	Service Coordinator/Clinical Director	CEO/clinical director	5	Week 7	Week 8
6. Provide one-week orientation and training for master-level interns	Service Coordinator/Clinical Director	CEO/Clinical Director	6	Week 8	Week 9
7. Meet and greet/training with previous intern cohort/start program	Service Coordinator	Service Coordinator/Clinical Director	6	Week 8	Week 9

Phase 1 of the program consists of the service coordinator building relationships with local universities. There are a few universities in the local area and multiple universities in the surrounding area. The service coordinator will contact the internship coordinators for the master's program at that specific school, give information about the respite program, and explain the program's needs. The organization has worked with virtual universities. They can also include virtual universities in their outreach.

If schools are interested in partnering with Organization X, then Phase 2 will be creating an MOU. An MOU contract will give the organization instructions on the school's guidelines for working together. The Internship Coordinator will sign the MOU at the school and the Clinical Director.

Phase 3 consists of recruiting for interns. It would be suggested for the organization to start their recruitment process in late spring or early summer. Organization X is most profitable with the respite program during the summertime. Therefore, starting the recruitment process in the spring can yield start dates for internships in the Fall, the season after the most profitable season in the program. Once candidates are chosen, the Service Coordinator and Clinical Director will interview candidates to ensure the right fit for the program.

Phase 4 includes scheduling candidate interviews for the program. Once candidates are chosen, the service coordinator and clinical director will interview candidates to ensure the right fit for the program. In Phase 5, the service coordinator and the clinical director will choose three interns for the Fall semester. They must ensure they have candidates committed to completing their internship experience in a year.

Phase 6 consists of orientations, training, and meet and greets. The orientations will consist of the interns learning about the internal organization and the daily operations, rules, and regulations of the overall program, including the respite program. The interns will also participate in training relevant to working with the ASD population, ethical considerations, crisis de-escalation techniques, safety protocols, etc. The orientations and training will be for one week. The clinical director, service coordinator, director of operations, and CEO will be part of this training. If interns from a previous year are available, they will do a one-day training with the new cohort to review their year in the respite program and what they learned. The previous cohort will be a vital part of the orientations and training.

Future Studies

Although researchers have explored this topic, there is little research on how leadership style can effectively support staff to manage behaviors in a mental health-focused program. The research does point to a positive relationship between training and staff support. Yet the relationship between leadership styles and staff support remains unclear.

Strength-based leadership can help employees identify, utilize, and develop their strengths (Wang et al., 2023). Therefore, learning a specific leadership style can assist in developing an employee's strengths; this is vital for an entry-level staff member with no prior knowledge or experience of the ASD population.

Developing a specific leadership style implies leadership training. Furthermore, leadership style should be learned to engage staff members. Thus, leaders learning their

leadership style is important as they must understand how their style can influence staff. Suppose the leadership style is not advantageous to the growth and development of staff members. In that case, the organization needs to review what leadership style can best support those in entry-level staff positions.

Dissemination of Study to Organization X Leader

There will be a well-organized presentation given to the organization using PowerPoint. The PowerPoint will include the study's findings and clear recommendations for the organization. Lastly, there will be time for the organization to present their questions.

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Appendix A: Interview Questions

Respite Program Population and Behaviors

1. What are the different types of intellectual/developmental disorders represented in the respite program population? What is the staff ratio per child in the respite program? What is the average age of the children in the respite program?
2. What are the different levels of functioning for the children in the program based on their diagnosis? How are children categorized based on their level of functioning? Are the children divided based on their level of functioning? Please explain. If not, how are children divided for the program?
3. What are the typical behaviors entry-level staff describe as problematic amongst the children in the program? What behaviors do they report to be the most problematic?
4. What is the proper protocol when staff have an issue with managing the behaviors of the children in the program?
5. What does the intake process look like?

Training

6. What are the specific pieces of training offered to entry-level staff? How often is training given to entry-level staff? Please list all the training offered and what it covers (i.e., Safety, Clinical, behavioral)
7. What aspects of training do you think have been most successful? In what ways?
8. When staff are trained, are they able to successfully implement what they have learned in their daily work? After training, has staff performance improved or stayed stagnant?
9. What type of issues are youth counselors 1, 2, and 3 having? What type of issues do entry-level staff express to leadership?

Staff and Leadership

10. How often are entry-level staff reaching out to leadership about issues from the children in the respite program? How involved is leadership in decision making with entry-level staff regarding respite program issues?
11. Who do entry-level staff report to, and how often? Describe the interactions between leadership and entry-level staff members.
12. Is there anything written for staff to follow in case of behavioral issues with children?
13. Are there weekly meetings for staff to attend
14. ? If so, what are those meetings? What is discussed in those meetings?

Work Performance

15. Overall, what do you believe entry-level staff struggle with the most?
16. What are the expectations of entry-level staff? How are those expectations communicated?

17. How are entry-level staff informed they are doing well? How are entry-level staff informed they have areas to improve in?
18. Discuss the culture of your agency surrounding work performance.

Hiring

19. What is the process of hiring entry-level staff? When someone applies, what are the key characteristics you are looking for?

Appendix B: Service Coordinator Job Description

Overview: The service coordinator manages and assigns all service requests through Organization X. The service coordinator projects a positive company image by developing and maintaining relationships with referring agencies, service recipients, and service providers.

Responsibilities:

- Manage phone calls and emails
- Receive and coordinate all service requests
- Assign and manage all pending and active service reports
- Track service utilization
- Track and oversee quality assurance
- Maintain the referral management tracking system
- Provide CYBER technical support and compliance training to service providers
- Maintain active client lists
- Maintain provider profiles and county staffing lists
- Participation in administrative meetings
- Facilitate meetings, as required
- Basic clerical tasks, as needed
- Other tasks, as assigned