

Process Mapping: Maine Division of Vocational Rehabilitation (DVR)



Picture: Portland Office Exterior View

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Executive Summary

The Maine Division of Vocational Rehabilitation (DVR) contracted with Dana Jefferson, Ph.D., ICI UMass Boston and Ed Tos, J.D., Nine Waters Group to review its service delivery process. This review included process mapping and brainstorming in six local Maine DVR offices around the state. The consultants spent six days, at six different locations, meeting for the day with the staff from nine different offices; drawing process maps and identifying the many tasks that are required to provide vocational rehabilitation services to people with disabilities. The business process was detailed, reviewed, evaluated, discussed, and critiqued. Performance related to time, effectiveness, and efficiencies were analyzed. Best practices emerged.

The consultants reviewed documentation and data about the Maine VR program, and employment of people with disabilities in Maine. The most salient circumstance encountered in Maine VR offices was large caseloads, and the amount of work required to provide quality services to all of these clients. Maine VR has less than half the average complement of support staff according to national standards. On the surface, Maine VR has an adequate supply of counselors, but the geographical distances counselors have to travel and the lack of available Community Rehabilitation Providers (CRPs) across the state, impact their effectiveness. More importantly, as many other VR programs in states are adding more business relations and in-house employment specialists, Maine VR is lacking positions available to provide employment specialists for its clients. The lack of adequate levels of support staff requires VR Counselors to perform a large share of administrative support functions, taking time away from their counseling function with clients.

The primary challenge of the Maine VR Program is to modify its plan development process to comply with a new federal mandate that it be completed within 90 days of eligibility determination. Currently the average in Maine is more than twice that length of time. Staff



Picture: Portland Staff Working

report a cumbersome case process that lacks consistency and momentum, hindered by geographical differences across the state. Attention was paid to include all process steps in their appropriate sequence. Staff detailed their process in moving a case forward to closure. That process review indicated the following highlights:

- ❖ Maine DVR staff are fully committed to providing quality services to DVR clients. VR Counselors conduct thorough assessments of their clients. They obtain records,

psychological and educational testing and evaluations, functional evaluations, and community based assessments. They work diligently to develop the correct plan for employment.

- ❖ Given the complexity and challenge of the case processing system, and the short supply of support staff, it takes VR Counselors a considerable amount of time and effort to navigate 4,100 people annually through an assessment of multiple evaluations, to develop an Individual Plan for Employment (IPE), and to provide employment services. Many clients are lost in the process, getting discouraged and losing contact.
- ❖ There is a high level of variation in the way cases are processed across the state and even among counselors in the same office. Some of that variation is expected because of the uniqueness of the geography, individual client needs, provider practices, etc. Better consistency could be achieved through additional staff training, sharing best practices and re-enforcing standard procedures. An adequate number of trained support staff could yield substantial results in improving processing times.
- ❖ The AWARE case management system may not be optimally utilized. There are some system design parameters that limit functionality of record keeping and case processing. The limited number of support staff hinder meeting the many logistical requirements of the VR process. There are teams of counselors, supervisors, and support staff who are utilizing AWARE and functioning efficiently with particular practices and processes to serve their clients. There are best practices around the state that can be replicated and enhanced. Training on key functions to re-enforce skills is warranted as there were staff who lacked electronic functionality. Staff could benefit from a business process committee that worked on process and system issues.
- ❖ The lack of adequate CRP capacity, especially in specific areas of the state, has an impact on service delivery and employment outcomes for Maine VR. Waiting lists for services, like community based assessments, add to already lengthy assessments. The lack of available job supports delays employment opportunities.

Major recommendations included:

- ❖ Use the process maps provided as a tool to develop consensus on best practices and adopt a uniform case processing model incorporating these best practices and innovations to create efficiencies. Use staff feedback to enhance policy and procedure guidance. There were best practices identified through the process mapping process which could be expanded statewide.
- ❖ Once a uniform case processing system is selected, materials should be developed for distribution and training provided to implement, re-enforce, and define best practices statewide.
- ❖ Develop new support staff positions. Hire and train the new staff along with the incumbents to function as a team, enabling VR counselors to perform the counseling functions for which they have been trained.

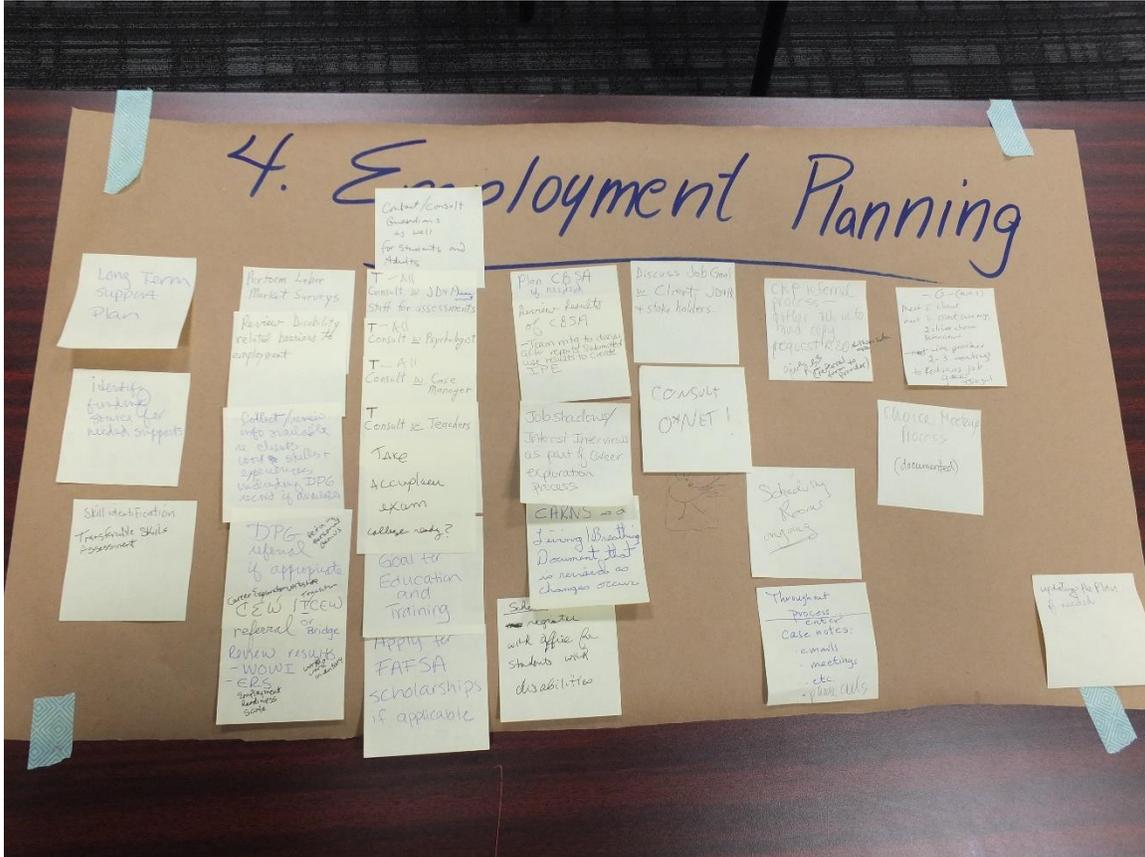
- ❖ Provide procedures, training, and guidance on a revamped process of conducting an assessment and developing an IPE.
- ❖ Develop an “in-house employment specialist” capability via one of the recommended approaches.
- ❖ Review and update cooperative initiatives with stakeholders serving common customers. While services provided by VR and stakeholder/partner agencies are complementary, procedures and activities with clients are not as coordinated as they might be to achieve compatible goals. Regular programmatic dialogue with staff can help to identify and implement strategies to improve performance.

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Background

The Maine Division of Vocational Rehabilitation (DVR) is concerned about the length of time it takes for clients to receive vocational rehabilitation services especially with the recent enactment of the Workforce Innovation and Opportunity Act (WIOA). To address this issue, leadership determined that process mapping would help in analyzing what parts of the system could be improved both in individual VR offices and for the statewide system.



Picture: Sample Process Map

Maine DVR is part of the Department of Labor in Maine and its offices are co-located with Maine’s Workforce Centers. Maine has a population of over a million people across a broad expanse of beautiful natural resources. Maine has a strong economy with some geographic and seasonal variations. Workforce participation is somewhat higher than the national average. Thirteen percent of Maine’s workforce has one or more disabilities, while eighteen percent of Maine’s population are people with disabilities. These statistics are within the normal national range. In 2011, the Maine unemployment rate for people with disabilities was seventeen (17%) percent compared to six percent for those with no disability. Again, this fits with national averages.

The Maine VR program is a successful program that receives in excess of 4000 applications annually, and achieves more than 1000 successful employment outcomes annually. Maine

meets existing Federal performance measures, standards, and indicators. Maine VR has been working with federal partners and stakeholders to reduce the length of time necessary to develop an IPE and provide employment services. Some success has been achieved as average length of time in the service phase has been reduced to some degree. The goal of mapping and evaluating the process is to identify and integrate best practices and efficiencies to achieve the required timeliness and maintain the quality of determinations.

Methodology

The project began with a series of phone calls to define the scope of the project. It was determined that process mapping would be conducted in six Maine VR offices after an onsite background meeting with leadership. The DVR Director shared this process with staff in meetings across the state as well as in an email to staff.

The process mapping site visits were held as follows:

June 15, 2015	Portland
June 16, 2015	Lewiston
June 17, 2015	Augusta
June 18, 2015	Rockland
June 19, 2015	Bangor
June 22, 2015	Houlton

Other offices were included in the process by attending a session in their region. The information obtained from each office is provided in detail under each topic heading.

Prior to the site visits, the following documentation was reviewed:

- RSA Monitoring Report 2011. Maine General VR
- RSA Annual Review Report 2013. Maine General
- RSA Reports. Maine Report Card.; RSA 113; RSA 2; 911 Summary Data; RSA Website
- Maine 2013 Consumer Guide. Maine Dept. of Labor
- Snapshot 2012. Maine workers with Disabilities. Maine Dept. of Labor
- Maine DVR Policy Manual and Procedural Directives
- Statistics Describing DVR Program Participants 2009-2013. Ruth Pease
- Maine State Plan for 2015
- CARE Annual Report
- US Compendium Report 2012- Maine Persons with Disabilities. US Census Bureau
- Maine VR AWARE Reports

Dot Exercise

As an ice-breaker, and to obtain a broad perspective, each office was asked to identify descriptors succinctly communicating the Maine VR Case Process (e.g., customer-friendly, bureaucratic, etc.). All attendees were presented the opportunity to supply a word or extremely short description that best represented how they personally saw the Maine VR case process (to include but not limited to the automated case management system). All words were recorded on a flip chart. Then individuals were given colored dots where the green dot represented their first choice, the orange dot represented their second choice, and the pink dot represented their third choice. Individuals put those dots next to their choices on the flip chart. Each green dot was recorded as three points, the orange dot as two points, and the pink dot as one point. The findings section presents the statewide chart which includes each item receiving at least 6 points across the state.

Process Mapping

Process mapping was conducted on the dates and sites listed above. All or most of the staff participated in this group exercise in available conference rooms. For the larger offices, the staff was first asked to break down the VR service delivery system, from referral to closure/post-employment into sections like chapter titles in a book. The staff were divided into teams so that a variety of job titles were represented as much as possible in each small team. The number of teams matched the number of “chapter headings” identified, and a team was assigned to each section as the mapping began. Individuals were given a stack of post-it notes and asked to work with their team to provide as much detail about their “chapter” as possible on the post-it notes. Each post-it note was to reflect one process step. Teams rotated to each section, so that everyone had time reviewing each stage of the process. Post-it notes were then placed, in sequence as much as possible, on blank brown paper. As the offices decreased in size, the number of teams, and corresponding chapter titles were reduced. In the smallest office, all worked on the entire service delivery process as a team. No matter the size, each individual had a chance to review and add information to each chapter. At the conclusion of the process mapping, everyone had a final chance to review the day’s results. The results of these maps are included in the findings section. Further details about this process are found in Appendix A.

Better Customer Service

Maine VR is concerned with making improvements to services and processes for the betterment of its clients. Staff members involved in these processes are well-positioned to understand what improvements could be made to enable better customer service. Individual staff members were given two separate post-it notes on which they could provide two separate recommendations for specific things that could improve their ability to serve customers. The statewide results, items mentioned more than once, are included in the findings section.

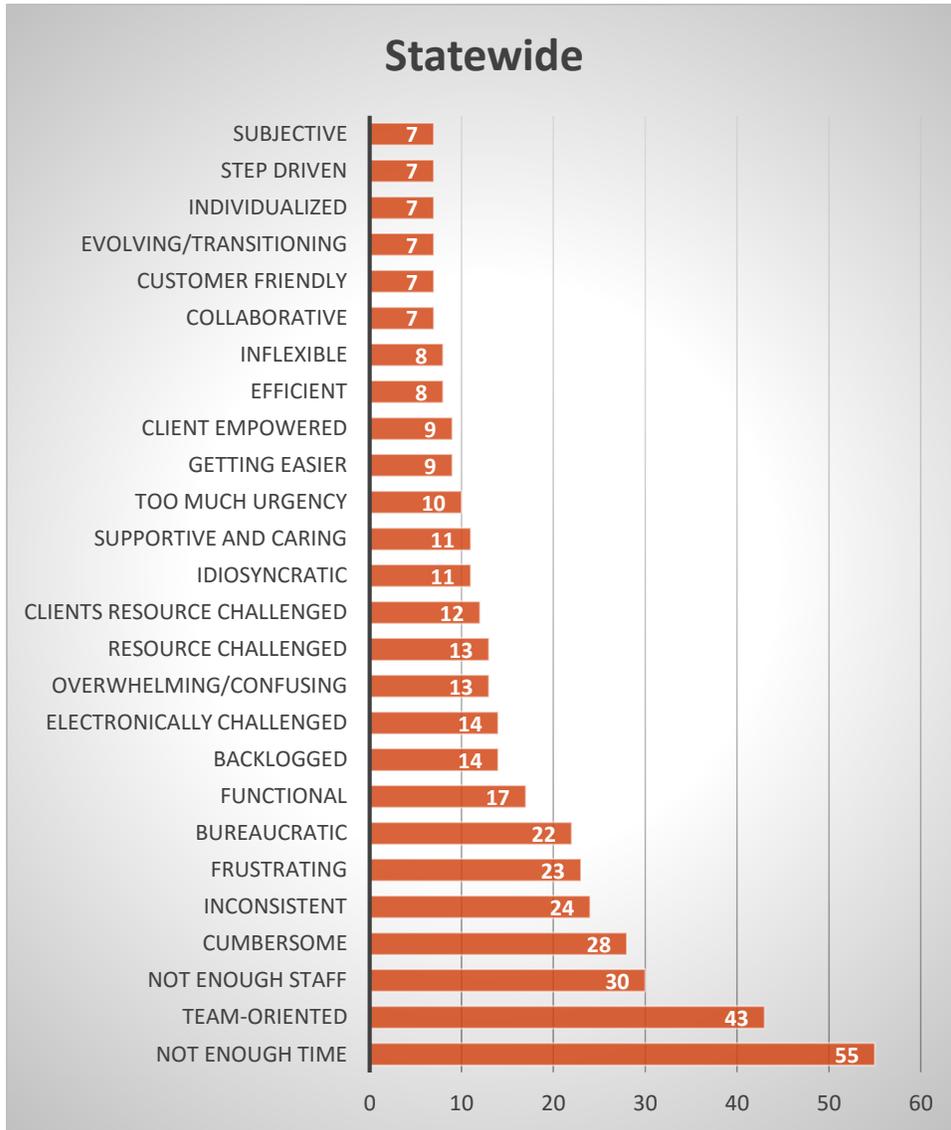
In addition to brainstorming the results of the process maps with staff, a call was held with Client Assistance Program (CAP) staff to obtain their perspective on the Maine VR service delivery process.

The raw data from the site visits was typed and submitted confidentially, and under separate cover, to the DVR Director.

Findings

DOT EXERCISE

The first set of findings relate to the overall statewide description given of the Maine VR case processing system:



Graph: Statewide Dot Exercise

PROCESS MAPPING

The second set of findings were the process maps for each office and for the transition program. Because of the size of these files, they are provided separately.

Better Customer Service

The third set of findings were for staff recommendations on potential improvements.

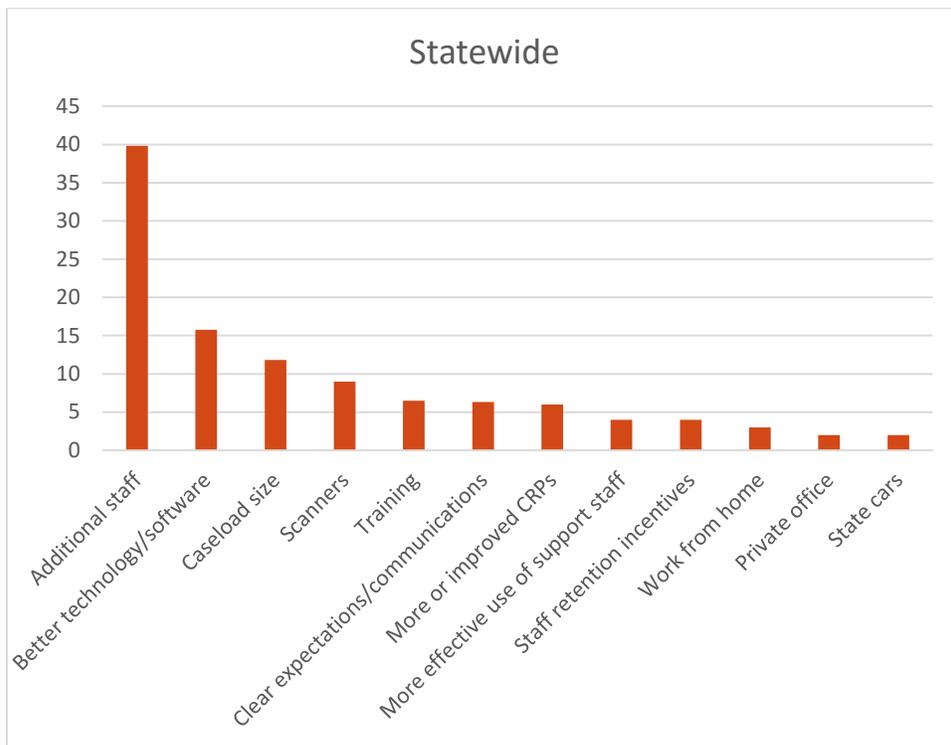


Chart: Statewide Better Customer Service

Other Feedback

Two individuals working for Client Assistance Program (CAP) were interviewed. The CAP individuals reported a positive working relationship with Maine VR. They were able to discuss and resolve issues to meet client needs. The customer concerns they mentioned/encountered included the lack of service options in the northern region; counselors tied up doing non-counselor activities; an over reliance on medical documentation; and a lengthy timeline for completion of assessments. These comments were consistent with observations and discussions from the process mapping exercise.

Analysis of Findings

The authors of this report were impressed by the commitment to vocational rehabilitation and VR clients along with the sense of excellence exhibited by the vast majority of Maine DVR staff. These same staff, when asked to succinctly describe the case processing system within which they work gave some responses of concern. All responses receiving at least twenty votes were:

- Not enough time
- Team-oriented (all responses from one office)
- Not enough staff
- Cumbersome
- Inconsistent
- Frustrating
- Bureaucratic

Most of these themes also appeared throughout the process mapping and discussion portion of the on-site visits.

The dot exercise provided a glimpse into the attitudes of staff towards the case processing system. Collectively it is the day to day activities of the entire staff, processing 4,100 applicants annually that comprise the case processing system. If leadership is inclined to change this process, it is helpful to know how invested staff is to the status quo. Are they resistant or receptive to changing the way things are done? Are they weary or wary of change? The results suggest that staff is critical of the current system. They used terms like sluggish; cumbersome; inconsistent; frustrating. The good news is this suggests openness to new efficiencies that can help improve the system. It can also provide some direction in making the improvements; what needs fixing, what causes frustration, etc.

The drawing of the process maps was more complicated than expected because of the variation not only among types of caseloads (transition, mental health, etc.) as would be expected, but variation among offices and among individual counselors within the same office. Some of this variation appeared to be a response to challenges within an individual office (number and type of available staff, availability of local jobs, CRPs in the community, etc.).

Other parts of this variation appears to derive from several conflicts in philosophy among staff. For example, there is a stated preference for independence and individualization among the counselors while there is also frustration at the inconsistencies found within and among offices. Another example is the desire to have available results from a series of comprehensive assessments in order to develop the “perfect” IPE; which conflicts with the need to speed up the development of IPEs and keep clients engaged throughout the process.

Thus, in some respects the detailed findings of the process mapping itself may be less significant than just the overall determination of the amount of variation and suspected reasons for the variation.

An issue present throughout the six days of dialogue is the lack of support staff assistance available to VR Counselors. This results in delays and a slowdown of the VR process which can be problematic for clients. According to RSA Data Table 19, Maine's support staff of 23 is 19% of the total VR staff. This is less than half the national average of 41%. Moving towards a paperless system changed the nature of support staff functions but has not reduced or eliminated such functions. When counselors are required to perform substantial amounts of administrative tasks, they have less time to perform important counselor activities. Several items came up as part of the process mapping discussions that may or may not be included on the maps, but are provided here as possible items to be addressed. All potential solutions are included in the recommendations portion of this report corresponding to the numbered issues listed below:

1. The number and variety of "release of information" forms which adds both complexity and time to the process and can back-up the service delivery process.
2. The need for better coordination and training with referral sources such as city and county General Assistance programs.
3. It is time consuming to find vendors or add them in the state's purchasing system.
4. There were variations in how frequently and how long Career Exploration Workshops (CEW) were scheduled and conducted. There may be a need to review and provide further training on the use of the CEW.
5. There are a lack of CRPs in certain parts of the state, as well as reported problems with communications; lack of feedback during the first Milestone time period; insufficient information in CRP reports, inadequately trained staff, and CRPs changing client goals without counselor input.
6. There was a need for more training on the AWARE case management system. Some of the common struggles mentioned were;
 - the lack of a flag when a new application is entered;
 - difficulty in updating or making additions to or changes in CARNs;
 - the inability to use a template IPE to initiate a plan;
 - "ugly" letters;
 - extra steps involved when going from Word to AWARE to Word;
 - lack of enough generic employment goals available to select in system; and
 - lack of consistent use of AWARE in terms of staff knowing where to put things in the system.
7. Counselors spend valuable time having to schedule appointments and rooms (especially for employees without private offices), writing and mailing letters, dealing with no shows, having to put together their own release and other packets, etc.
8. There is a question of when to refer to on-site versus online client orientation.
9. Communication with staff about ongoing projects such as the strategy for going paperless.
10. Applications may be date stamped by the office when/where received, even if that is not the office where eligibility will be determined; or they lack signature and need to be returned to the applicant- adding time to the already tight timeframe.

11. There is not a consistent tracking system currently being utilized across the agency or among counselors.
12. It was suggested that the alphabetical distribution of cases may not always work for new and particularly for repeat clients either from the perspective of fresh eyes for the repeat client and equalization of caseloads (understanding that some cases are inherently more challenging than others).
13. There was a reported lack of providers for neuropsychological evaluations.
14. The formula for mileage reimbursement (“gas vouchers”) is time consuming, and one time vouchers/authorizations are cumbersome.
15. The application packet and application process may change and be inconsistent. The application form itself does not have a place for referral contact information which may be needed.
16. Help is needed with coordination of Long Term Supports (LTS); and payment for mental health clients is low.
17. Soft skills assessments need to be more numerous.
18. Employment supports available on childhood Medicaid program.
19. Clarity required on what really requires a live signature.
20. The lack of available technologies which could increase productivity.

When looking at the items most requested by staff for customer service improvements, the majority of staff desired either adding additional staff or reducing caseloads (of which adding staff is one possible solution). The other top four items were additional scanners and better technology/software. The last item included everything from electronic signature pads to making changes within the AWARE system. These items were consistent with both the dot exercise and the process mapping.

Recommendations

Best Practices

The first set of suggested recommendations originate directly from best practices already utilized by some Maine offices and/or counselors. The best practices below could prove helpful if adopted across the state:

- A transition counselor has developed a relationship with local schools where the schools ensure she is scheduled as part of the IEP process promoting collaboration and deterring duplication of effort.
- To speed up the process, some staff start the Comprehensive Assessment of Rehabilitation Needs (CARNS) and/or discuss work goals during intake.
- Rooms were blocked ahead of time to facilitate easier and faster client scheduling.
- Some counselors blocked out appointment times on Outlook and gave access to support staff, who could take a referral phone call and give them an appointment time in the initial phone contact, substantially reducing the time.
- Literacy volunteers were utilized to help clients who needed assistance with filling out the application thus saving staff time.
- Major changes entered in AWARE were titled in a manner to make case notes easier to sort and use.
- Support staff put appointment date and times in the intake letter.
- When the application was sent to the wrong office, it was faxed before being mailed.
- Support staff handled appointments, reminders, follow-up with no shows, room reservations, and coordinated authorizations which freed up counselor time for more counselor related duties.
- A counselor made sure that a client's employer had his business card so that he could be contacted if issues arose instead of the employer only contacting the CRP.
- One office mentioned including intake, application, and releases in the first appointment after referral.

Follow-up from Analysis Section

1. The number and variety of releases which adds both complexity and time to the process and can back-up the service delivery process.
 - ✓ Work collaboratively with other state agencies and providers to define an efficient release and provision of medical records system.
2. The need for better coordination and training with referral sources such as city and county General Assistance (GA) programs.
 - ✓ Case managers from other agencies could be trained on VR eligibility requirements and services.
 - ✓ GA referrals may be better served for assessment and immediate job placement assistance using the one-stop system.

- ✓ GA referrals could be handled by a specialty counselor, who can develop specific strategies and processes to address the specific needs of this population.
3. It is time consuming to find vendors or add them in the state's purchasing system.
 - ✓ Develop a vendor search tool by type of vendor and location of vendor.
 - ✓ Provide a centralized staff resource to add vendors to the system.
 4. There were variations in how frequently and how long Career Exploration Workshops (CEW) were scheduled and conducted. There may be a need to review and provide additional training on the use of the CEW.
 - ✓ Further training on the use and content of the CEW would be helpful.
 - ✓ While the entire CEW process is standardized currently, there is a need for additional training for staff to inform them about this.
 - ✓ Consider the establishment of client support groups arising out of the CEW.
 - ✓ Consider dividing the CEW into CEW assessment and CEW job readiness. Give each part a distinct name and establish clear timeframes for clients to attend within the VR process. Job readiness can be provided as an IPE service after a job goal is established. Each part would be no more than two days. This would help to shorten assessment time, and not every CEW client requires job readiness training.
 - ✓ Consider offering more frequent CEW sessions which may mean committing more staff resources to this process.
 5. There are a lack of CRPs in certain parts of the state, as well as reported problems with communications; lack of feedback during the first Milestone time period; insufficient information in CRP reports, inadequately trained staff, and CRPs changing client goals without counselor input.
 - ✓ See system-wide recommendations.
 6. There was a need for more training on the AWARE case management system. Some of the common struggles mentioned were: the lack of a flag when a new application is entered; difficulty in making CARN changes; the lack of templates for IPE cloning; "ugly" letters; extra steps involved when going from Word to AWARE to Word; lack of enough generic goals available to select in system; and lack of consistent use of AWARE in terms of staff knowing where to put things in the system.
 - ✓ Provide training to staff on existing processes and available avenues for suggested improvements to the AWARE system.
 - ✓ Talk to other states with AWARE to see how the above desired technical requirements may have been handled by other states.
 - ✓ Develop a task force to make AWARE letters more functional for counselors so the letters will be utilized rather than having separate strategies for letters.
 - ✓ Participate in national user group calls and share information.

7. Counselors spend valuable time having to schedule appointments and rooms (especially for employees without private offices), dealing with no shows, and having to put together their own release and other packets, etc.
 - ✓ Consider increasing the number of support staff and charge them with these responsibilities.
8. There is a question of when to refer to on-site versus online client orientation.
 - ✓ See system-wide recommendations.
9. Communication with staff about ongoing projects such as the strategy for going paperless.
 - ✓ Include this in the change management process described in the section on system-wide recommendations.
10. Applications may be date stamped by the office where they are received even if that is not the office where service will be provided adding time to the already tight timeframe.
 - ✓ Recommend to staff that applications are date stamped when they reach the appropriate office.
 - ✓ Recommend that applications sent to the wrong office be faxed to correct office the same day.
11. There is not a consistent tracking system currently being utilized across the agency or among counselors.
 - ✓ See what tracking options may be available in the AWARE system and/or create a consistent tracking procedure utilizing Outlook.
12. It was suggested that the alphabetical distribution of cases may not always work for new and particularly for repeat clients either from the perspective of fresh eyes for the repeat client and equalization of caseloads (understanding that some cases are inherently more challenging than others).
 - ✓ Consider case distribution systems utilized in other states.
 - ✓ Re-distribute some cases when large discrepancies arise.
13. There was a reported lack of providers for neuropsychological and similar evaluations.
 - ✓ Develop a protocol where neuropsychological evaluations are only requested as needed.
 - ✓ Consider using available psychological resources to answer a few questions utilizing a paper review of available records to free up time for clients needing a full work-up.
14. The formula for mileage reimbursement (“gas vouchers”) is time consuming, and one time vouchers/authorizations are cumbersome.
 - ✓ See if the state is willing to allow alternative methods such as gas cards.
 - ✓ Consider monthly reimbursement process for gas purchases.

15. The application packet and application process may change and may be inconsistent. The application form itself does not have a place for referral contact information which may be needed.
 - ✓ See system-wide recommendations.

16. Help is needed with coordination of Long Term Supports (LTS); and payment for mental health clients is low.
 - ✓ These issues should be addressed when negotiating the MOUs required under WIOA.
 - ✓ Training clients to be mental health job coaches, with the \$25 per hour payment, as a self-employment goal is a possibility.
 - ✓ Training may be required on this topic.

17. Employment supports available on childhood Medicaid services for youth.
 - ✓ This issue should be addressed when negotiating the MOUs required under WIOA.

18. Clarity required on what really requires a live signature.
 - ✓ Include answer in proposed updated policy manual/case processing guide per system-wide recommendations.

19. The lack of available technologies which could increase productivity.
 - ✓ Using tools like FaceTime, Skype, and or videophones could assist where there are dominant transportation issues, especially where local libraries/career centers, etc. could assist with providing private space and computers if the client does not have internet service.
 - ✓ New dictation tools that can integrate with the case note section of the AWARE system.
 - ✓ Explore available technologies and other solutions for areas where cell phones and the Internet are typically difficult to utilize.
 - ✓ Consider iPhones, laptops, and Wifi's/hotspots for all counselors needing them.

System-wide Recommendations

Change Management/Organizational Development: The primary result of the onsite visits, as discussed in the analysis section was the amount of variation in the case processing system and the contradictory philosophies which may contribute to the substantial delay in completing assessments and the inordinate number of case closures prior to IPE development. In order to address both issues, it is strongly recommended that leadership implement a professional and coordinated change management/organizational development effort that moves beyond the issuance of directives to consistently drive the needed changes from both a top down and bottom up approach. An integrated policy/case processing guide could help to promote consistency and implement best practices. The change management effort should be based on

a detailed action plan that includes a plan to best utilize available vacancies and resources. This culture change should include the following points:

- ❖ While striving for perfection when creating plans for clients is admirable, it adds additional time to the process and takes a toll on VR professionals through increased stress and even learned helplessness. Clarification should be provided as to what constitutes a “real” plan without having to create “double” the amount of plans.
- ❖ The older medical model should be integrated with a more client employment focused model.
- ❖ Newer employees and older employees have differing valuable perspectives on the VR process which should be shared and discussed.
- ❖ Creating a process where everyone’s rights are respected while those not ready for employment can self-select out of the VR process.
- ❖ Clear delineation of job responsibilities so that each job classification is spending the majority of its time on the most relevant job tasks.
- ❖ Team considerations so that the client has a clear back-up person to contact in the absence of his/her VR Counselor.
- ❖ Clear communication about when standardization is appropriate and required and when deviations from the standard process make sense. This includes communicating that standardization of processes does not and should not preclude all clients being treated as individuals and VR Counselors using their professional judgment on specific cases.

Reducing Assessment time: In working with staff to create process maps, and having discussions about the process of taking a referral through the IPE process, there were not major structural barriers identified which would prevent Maine VR from moving towards a 60 day eligibility and 90 day IPE development process. The major contributors to the current “six plus” month time span from eligibility to IPE are:

- **Down-time.** Through reviewing process steps, a number of places where simple efficiencies could substantially shorten the time were discovered. For example, when eligibility is established, a letter is sent to client, informing them they are eligible and requesting that they call to schedule an appointment. No action is taken until the client calls, and then a meeting is scheduled with the counselor for next steps. Even without a reduction of the amount of assessment activities, time savings could be achieved by using more coordinated and efficient process steps, such as scheduling the next appointment before the client leaves office; scheduling a client intake appointment at orientation; using ticklers to follow-up on records requests, etc.; scheduling CEW, job shadows, CBSA, sooner, etc. One potential working rule would be to always schedule the next contact at each contact to both speed up the system and to maintain client engagement. Not only does this serve to shorten time between activities, it keeps clients engaged because they always know what is next rather than waiting to hear from VR after each meeting or activity.

- Over-assessment.** The authors observed that there are a number of assessment activities performed after eligibility to gather information prior to plan development. The extended time involved is one indication of the over-assessment phenomenon. The amount of service dollars spent on “assessment” services, as well as “diagnosis and treatment of impairments” is also an indicator. Statewide, these two categories comprise about 24% of service costs (in Bangor, these expenditures exceed 40%, in Presque Isle, 50%). In one office there was a discussion of the WIOA requirement of an IPE within 90 days of eligibility determination, and one counselor remarked that she did not want to commit to an employment goal until she was “certain” it was the correct one. Evidence-based decision making has a better chance of success when developing an IPE, but getting key information and acting on it in a timely manner is the best course of action. In addition to the previously recommended change management strategy, it is recommended that staff be provided guidance and training on what assessments have the best cost, time, and information benefits for different types of clients.
- Wait times for CRP availability.** There are often wait times to access Community-Based Situational Assessments, which delays access to the information counselors and clients require to develop job goals and IPE services. Availability of timely CRP services is a broader issue, delaying rehabilitation in multiple places in the process. Strategies to work with CRP’s to increase resources where needed could assist in this area or developing alternative strategies when waiting times for CBSA are too long.

Some other system-wide issues include the lack of trained CRP staff, insufficient feedback in Milestone 1, job developers doing job coaching, and deflecting clients from goal to fit available jobs. To address these concerns, it is recommended that monthly/quarterly vendor meetings with CRPs, central office staff, regional managers, and case work supervisors be held to address issues. Note: This could be a call, an over the internet meeting, or a combination of methods where geography is an issue. Also, meeting locations could be rotated.

- Staffing Issues.** Currently, there are reportedly about 65 VRC II’s and 13 VRC I’s statewide. The support staff ratio (on paper) is four counselors for every support staff. Currently, in some offices, support staff are assisting five or six counselors. According to RSA data, Maine DVR support staff to counselor ratio is nearly half the national average for general agencies. VR Counselors in Maine are required to perform a substantial amount of administrative functions, which substantially limits the amount of time they have to perform valuable counselor functions. The VR program is planning to become truly paperless in how their work is processed, however at this point, the efforts to adopt a “paperless” environment has not seemed to substantially reduce the required administrative functions required to process a VR case. The task of scheduling appointments and meetings is challenging in some offices, due to limited access to meeting rooms. This issue was identified as a challenge in staff conversations, and

echoed in the interview with CAP representatives who reported their experience with VR Counselors performing many administrative tasks as part of their duties.

Many administrative or logistical functions keep a VR case moving forward. Substantial time delays or gaps in activities in cases can be attributed to lack of administrative support. Counselors prioritize counselor functions, and perform administrative functions when necessary to move a case forward. Staff reported a rush to get things done at the last minute rather than in an orderly process, which seems to be a result of VR Counselors lacking adequate support. A satisfactory number of well-trained support staff keep cases moving forward at an efficient pace. Appointments are scheduled more timely; authorizations get to providers when needed; information is entered into the system; records and reports are obtained, received and scanned; routine client inquiries are handled without the need to wait for a VRC to have time to return phone inquiries.

While it may take some retraining for counselors currently used to doing their own support functions, it is recommended that more support staff be hired. It also appears that some counselor caseloads may need to be redistributed.

Process Changes:

1. When a referral calls:
 - a. Orientations scheduled every two weeks
 - b. Counselors have available appointment times in Outlook calendars and blocked room times are available;
 - c. Complete a referral form- ½ page form w/name, address, phone, email, disability, assistance requested and capture referral source information if applicable (on-line is preferable);
 - d. Referral is offered an appointment for orientation or intake within 2 weeks;
 - e. A confirming letter or email is sent to client
2. At orientation, (for those who attend an in-person group orientation) referral is given
 - a. application package with application, health checklist, consumer guide, and medical release, and
 - b. Intake appointment with a VR counselor within 2-3 weeks.
3. At intake,
 - a. Application is completed, signed, and accepted, starting 60 day clock
 - b. Applicant is given a follow-up appointment within 30 days
 - i. For CEW, or
 - ii. Psych/med/FCE evaluation, or
 - iii. WOWi, SDS, Career Scope
 - c. Health history is completed and documentation request is initiated,
4. Assessment (if required – can and should be documented in a plan)
 - a. Appointment scheduled for planning meeting within 30 days of assessment activity

- b. O-net is used by client to examine information about potential employment goals
 - c. Use of form to record assessment decisions- get away from medical model to diagnose. Use assessment to identify outcome
5. IPE
- a. Use more generic employment goals
 - b. Use signature pads offsite where printing is not available

In-house Employment Specialist: As part of the mapping process, each office was asked to identify the major stages of the rehabilitation process. As a group, the staff identified key parts of the process, which were then condensed and reduced to about five, sometimes more, sometimes less. In one office, the term employment was never used to identify any part of the process. When this observation was made, the VR Counselors stated that employment was something the CRP's did. In another office, staff were questioned about the concept of "job ready". They were asked whether this was an identified step in the process and how they knew when it happened. Again, this was identified as a CRP function, to know when a consumer was job ready. These are two examples, but are indicative of a general trend. It appears that Maine VR Counselors are removed from the job placement process. Moving towards the new paradigm of WIOA, VR Counselors would benefit from having a more immediate relationship with employers, the job market, and having a closer relationship to the client's job search process.

Maine's experience with statewide job developers was discussed at an initial meeting with leadership. There is currently one position statewide that is responsible for job development, and there had been up to two Business Relations positions statewide in the past. There were obstacles to DVR creating new or additional positions as employment specialists. Meeting with VR staff, we met several staff who had extensive prior experience as job development and placement staff. There was one such individual we met in the northern region. One strategy to move towards in-house job development and placement staff is to utilize existing VR Counselors in this role as allowed in the job description. In the northern region, caseloads are smaller than in other parts of the state. It could be feasible to have a VR Counselor take on an exclusive caseload of "job ready" clients who were in job search.

The "placement counselor" could have a caseload of 50 plus job ready individuals, performing exclusively job development and placement activities. This counselor would be part of the office "team", and would meet with counselors and clients to share progress and keep them engaged in the process. The placement counselor could address staff in regular staff meetings, updating them on job search activities for specific clients, the local job market, what employers were out there, what they were looking for, etc.

This strategy could be piloted in several offices where a staff member had the requisite skills, experience, and willingness to fill this role. The success of this pilot could result in savings related to CRP placement costs, and motivate other offices to replicate the change.

Policy Manual/ Case Processing Guide: A concern that has been raised is that direction and guidance from “above” is inconsistent, conflicting, and changing. A “what are we doing this week” attitude is not uncommon. Often there were discussions in offices about which up-to-date information was operational. It is recommended to update the policy manual/casework documentation guide focused on helping everyone do their job better. The manual/guide should be available online, integrated with the use of the AWARE system, and considered a base for training new counselors.

Training: There were several areas where staff felt that training was necessary including:

- Training on documentation: What is really needed? How far back does it need to go? How are results to be interpreted?
- Training on the most efficient use of the AWARE system especially for frequently used tasks.
- Training on how to use other available technologies such as using scanners, signature pads, Outlook to schedule appointments, rooms, etc.
- Training on case processing, i.e., reinforcing best practices.

Non-standardized Situations: There are at least two special populations where the recommended standard process should be altered to fast track the case. One population is repeat clients where essential information about the client has not changed. The other population may be those that require only two services such as counseling and guidance and help with hearing aids. It is possible that referral to services provided by partners in the career centers may also help these (fast tracked) individuals to more quickly find employment.

Other Ideas:

- When clients lose their jobs close to the 90 day mark, they should go back to Milestone 2 instead of Milestone 1.
- Consider an alliance with the Bureau of Employment Services wherein VR funds one of their positions.
- Use more motivational interviewing since its intensity may help to get to goal faster.
- When feasible, work with staff to schedule leave according to seasonal variations in individual offices.
- Since the “Meet and Greets” are time-consuming and CRPs are often no shows, consider creating short CRP videos to enable client choice without the time and effort of in-person meetings. Consider doing the “Meet and Greets” in cohorts for transition clients.
- Prepare a series of online cheat sheets such as core versus support services and who requires which release forms (if standard release not possible).
- Update an available online client handbook including a checklist of options for clients.

- Consider the *Johnson and Johnson* model wherein the Club House hires an employment specialist to provide mental health and employment services. These clients should have presumed eligibility and a template IPE for supported employment could be developed.
- Consider using vacant positions to create staff devoted to Counselor of the Day (COD), client orientations and/or CEWs.
- Consider instructing all staff to update their voicemail and “out of office” messages routinely.

APPENDIX A: Handout Utilized for Process Mapping Exercise

QUESTIONS TO CONSIDER

Note: If something on your post-it note only applies to Transition or Supported Employment or another special category of client begin your comments with either “T” for Transition, “SE” for Supported Employment or “O” for other.

Note: If your item is a decision-point (for example, if yes, then Y happens and if no then Z happens, then start your comment with a “No” or “Yes” to indicate this is what happens if depending on the answer to the previous step.

Note: If a step is only done by specific job classifications, please add that classification to the post-it note.

Possible Questions to be answered or considered when developing your post-it notes:

Referral

- ◆ What are the primary reasons for that customer to come to your door?
- ◆ What is the goal for people who refer themselves for services?
- ◆ What are the main sources of referrals?
- ◆ What third parties are referring and why?
- ◆ What is the most frequent method of self-referral?
- ◆ What is the process to take a referral?
- ◆ What are the specific steps in the referral process?
- ◆ Who takes the referral?
- ◆ Does/Can anyone take a referral?
- ◆ During the initial contact, are any additional steps taken with individual?
- ◆ Describe how you process a referral once the information is accepted?
- ◆ Are physical forms or letters prepared, sent, etc.?
- ◆ Who does data entry into the AWARE system and when
- ◆ When are clients or potential clients called or emailed?
- ◆ What lists or controls are utilized in any of the processes?
- ◆ What is the next step after the referral is processed?
- ◆ What is the signal to initiate the next step?
- ◆ What policies or procedures regulate how the referral is processed?

Application & Eligibility

- ◆ What is the signal/trigger to initiate the application process?

- ◆ What are the steps in the application to eligibility process?
- ◆ Is there a standard procedure for your office, does each counselor/assistant team create their own process steps?
- ◆ How is the intake appointment scheduled (by whom and by what medium such as phone mail, email, etc.)?
- ◆ How far out is the intake appointment scheduled?
- ◆ What happens if client does not show for intake?
- ◆ What are the steps to process the application?
- ◆ Who is responsible for each step?
- ◆ What is the signal to initiate the next step?
- ◆ How do the Counselor and Assistant process the application?
- ◆ What documentation is required to establish eligibility?
- ◆ What is the process if the counselor decides an individual is eligible?
- ◆ What is the process if the counselor decides an individual is not eligible?
- ◆ What is the process if the counselor cannot decide if an individual is eligible?

Assessment

- ◆ Are there career exploration workshops and how and when are they used?
- ◆ What is the purpose of an assessment?
- ◆ What are all the benefits that VR gets from the assessment?
- ◆ What are the benefits to the client for the assessment?
- ◆ What steps are taken to complete an assessment and IPE?
- ◆ Who is responsible for each step?
- ◆ How long does this step take? Why?
- ◆ What is the signal/trigger to initiate the next step?
- ◆ What role does AWARE play in this process?
- ◆ What is the process to schedule, complete, and receive feedback from comprehensive assessment workshop- CEW?
- ◆ What is the coordination between Counselor and Assistant when processing the assessment and IPE?
- ◆ What information/documentation is required to complete the assessment?

IPE

- ◆ How is the IPE developed?
- ◆ How often does the counselor and client meet to develop IPE?
- ◆ When/how does the client sign the IPE?
- ◆ What steps are required but not productive in developing the IPE?
- ◆ What steps are productive but not required in developing the IPE?

- ◆ How do you keep the client engaged during the assessment/IPE process?
- ◆ What process steps take place after an IPE is completed and signed?
- ◆ Who is responsible for each step?
- ◆ How long does this step take? Why?
- ◆ What is the signal/trigger to initiate the next step?
- ◆ What role does AWARE play in this process?

In-service

- ◆ Are there waiting times to initiate certain services? (For example, does a specific vendor have a 2 week waiting period for evaluation?)
- ◆ How is service implementation monitored?
- ◆ How often is counselor or assistant in contact with client during services phase?
- ◆ How often is plan review conducted?
- ◆ What happens if client fails to follow through with their responsibilities?
- ◆ What happens once client is job ready?
- ◆ What are the steps in the placement process and who does each step?
- ◆ What is the trigger for the next step?
- ◆ What happens when placement does not occur after 60, 90, 120 days?
- ◆ What happen if employment goal changes during placement process?
- ◆ How and when does closure occur when:
 - Cannot locate client or client fails to cooperate
 - Client is unable to complete IPE process-not employment ready
 - Client becomes employed with IPE goal
 - Client becomes employed with another type of job
- ◆ What is the process when someone exits the system?

Discussion Questions

- ◆ Why do eligible individual customers leave the program before receiving services?
- ◆ Why do customers who are receiving services, leave the program before employment?
- ◆ Are these customers returning at a later date?
- ◆ Is there anything that can be done to keep customers engaged?
- ◆ Does DVR check employment status of clients who no longer stay in contact? (WATCH system; UI records)
- ◆ What causes SSI/SSDI people to leave and when does this happen?

- ◆ What determines when client is job ready?
- ◆ What choices does client/counselor have for placement services?