

Abstract

The Florida Division of Vocational Rehabilitation (VR) agency implemented an Order of Selection in 2008 due to insufficient resources to serve all eligible customers. The agency had a long waitlist and a backlog of customers waiting to be seen by counselors for employment planning. In response to this situation, DVR used American Recovery and Reinvestment Act (ARRA) funds to establish a call center in 2009, hiring hourly, non-benefitted staff to contact customers on the waitlist. The purpose was to keep customer information current and to determine whether they were still interested in and available for VR services. As a result of the call center, DVR was able over a period of one and a half years to significantly reduce the waitlist and serve customers prioritized as having most significant and significant disabilities without wait.

Background

In 2008, the Florida Division of Vocational Rehabilitation (DVR) implemented an Order of Selection (OOS) in response to not having sufficient resources to serve all individuals with disabilities eligible for rehabilitation services. The agency established three disability priority categories to ensure that those with the most significant disabilities are served on a priority basis. These categories¹ included:

- **CATEGORY 1: MOST SIGNIFICANT DISABILITY (MSD)** – “An individual with a disability, which seriously limits three or more functional capacities in terms of work, requires three or more primary services, services must be provided over an extended period of time (at least 12 months), and it is not likely to be corrected through surgical intervention and/or other treatment modes.” Functional capacities include: mobility, self-care, self-direction, interpersonal skills, work skills, work tolerance.
- **CATEGORY 2: SIGNIFICANT DISABILITY (SD)** – “An individual with a disability, which seriously limits one or two functional capacities in terms of work, requires two or more primary services, and services

must be provided over a period of time (at least six months) or; an individual who receives Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) as a result of disability or blindness.” See MSD category for list of functional capacities.

- **CATEGORY 3: NOT SIGNIFICANTLY DISABLED (NSD)** – “An individual with a disability, which does not seriously limit functional capacity in terms of work and / or services are expected to last less than six months.” See MSD category for list of functional capacities.

In addition to these priority categories, DVR also established a waitlist: Individuals with MSD were served on a priority basis, followed by those with SD and then individuals with less significant disabilities. The number of waitlisted customers increased from 5,628 in August 2008 to 11,145 in September 2009.² According to our key informants, some customers waited almost a year before they received VR services.

Along with this backlog of customers, DVR was facing constraints in hiring counseling staff to handle the increased number of customers on the waitlist. In Florida, the legislature approves a certain number of full-time, benefitted positions within state agencies each year. The state’s political culture is such that new positions are rarely requested or approved, regardless of workload issues. Because of this, DVR was not able to hire more counselors, despite the need.

To address this issue, DVR staff determined that one particular aspect of a counselor’s job— maintaining contact with customers on the waitlist— could be done by someone other than a counselor. DVR determined that it could hire hourly, non-benefitted staff to help with customer contact. According to our key informants, when customers are on the waitlist for an extended period of time, they often move or have a change in circumstances. Tracking them down can be time-consuming and labor-intensive, diverting counselors from tasks such as counseling and guidance, employment planning, and case management.

¹ Florida VR Call Center Procedure Manual: Version 1.1 (May 31, 2010)

² FRC New Orientation Session; DVR Director Presentation (September 20-22, 2009)

DVR revised and clarified the priority category definitions to ensure consistent application by counselors in 2008. The paper-and-pencil intake process was converted to be part of the agency's electronic case-management system in 2009, where the counselor was presented with screens for each functional limitation and asked to enter information and check boxes. The counselor also was asked to anticipate how long the customer would require services and to verify that he or she was a Social Security benefit recipient. Based on the information entered, the computer would categorize the customer as MSD, SD, or NSD.

The agency collected data before and after this change in procedure. At first, the SD category grew the most and the NSD category continued to only contain a small number of individuals. DVR provided training on the priority categories to counselors. Counselors in some areas with fewer active customers on their caseloads became more involved in seeking referrals from individuals with MSD, and the number of individuals placed in this category grew substantially.

To address this backlog of eligible customers who had been assigned a priority category and were waiting for VR services, DVR came up with the idea of establishing a call center and hiring non-counseling staff to contact customers and maintain contact with them while on the waitlist.

Information from the call center about how many customers were called, compared with how many wished to remain on the waitlist, was used by DVR leadership to gauge how much case-service money they would need in order to provide services to customers coming off the waitlist next. Since call-center staff had been in contact with customers before their release from the waitlist and verified their interest and availability, leadership was more confident that those individuals released would soon be at the phase in the VR process where the agency would be providing paid services, such as vocational training and job development. This gave fiscal-management staff a more accurate estimate of how much money would be required for services for each wave of customers released, compared with what would happen if many customers were released from the waitlist with no intentions of participating in VR services.

Purpose, Goal, and Implementation

The purpose of the call-center effort was twofold: a) to reduce counselor time spent on following up with waitlisted customers by shifting this responsibility to call-center staff, and allowing counselors to concentrate on counseling and guidance, employment planning, and case management and

b) to update the contact information of waitlisted customers and determine their interest in and availability for VR services. The goal was to reduce the waitlist and be able to serve customers with the MSD and SD without wait. Keeping the waitlist current with only those customers who were interested in and available for VR services was also helpful to DVR leadership in determining when more customers could be released from the waitlist (based on anticipated need for case-service money). Thus, estimates of customers to be released were more accurate and not artificially inflated by customers who could not be (immediately) engaged.

This section describes how DVR implemented the call-center effort:

1. Hiring call-center staff
2. Call-center staff tasks and training on the procedure manual
3. Educating field staff
4. Implementing the call center
5. Managing the differential impact of releasing customers from the waitlist

DVR's Bureau of Partnerships and Communication oversaw and managed the implementation of this effort. The Bureau is responsible for a number of VR support functions (such as communications, legislative functions, ombudsman, vendor certification), as well as ancillary services not related to VR field services (such as independent living services).³

1. Hiring Call-Center Staff

DVR used funds from the American Recovery and Reinvestment Act (ARRA) to hire staff for the call-center positions. While full-time, benefitted positions could not be created, the agency was able to hire staff under "other personal services," who were paid hourly and did not receive benefits. Some staff were hired from within the agency, i.e. extra hours were offered to staff who voluntarily applied. This was usually staff from a select exempt category, for example, administrators, ombudsmen, and contract managers, who would not violate wage and hour laws. Other call-center staff were hired externally (hourly positions). Call-center staff were hired for both day and evening / weekend hours in order to call and receive calls from customers who were not available during business hours. The flexible work schedule of the call-center staff was important to increase the likelihood of staff being able to reach customers who were not home during the day, or to be there when customers returned calls. Total hires included three full-time staff (40 hours per week) who worked

³ Key informant communication (October 26, 2010).

during the day, and three part-time staff (20–30 hours per week) who worked nights and / or weekends.

2. Call-Center Staff Tasks and Training on The Procedure Manual

DVR developed a manual – Florida Call Center Procedure Manual⁴– to guide the implementation of this effort. The manual specified the tasks of call-center staff. This included: a) contacting customers on the waitlist, b) updating customer contact information, c) determining customer interest in and availability for VR services, d) calling customers who would soon be released from the waitlist to update them on their status, and e) assisting DVR fiscal staff with the confirmation of invoices from employment-service providers for the services they had provided to VR customers. The manual also contained protocols for researching customer contact information and making calls (including scripts), as well as templates for letters to be sent to customers on the waitlist. Protocols, scripts, and templates were refined throughout this effort with input from DVR staff including field office managers to ensure that the communication and language were clear and accurate. Additionally, process charts and procedures (explained later) were used to ensure that the agency followed required timelines and appeal rights of customers. The call-center director trained each staff one-on-one upon hire; staff also received a copy of the manual for reference purposes. In addition, call-center staff convened each morning (or late in the day, as evening staff began their tasks) to discuss any new events, changes, or issues. The pre-service and ongoing training and manual ensured consistency of practice, and allowed for refinements of call center procedures as the call center staff gained experience.

3. Educating Field Staff

Prior to establishing the call center, Bureau staff presented the concept to Division leadership and field supervisors at a statewide VR supervisor meeting in July 2009. The call center was not the focal point of the meeting, but the timing was fortuitous. Field supervisors had the opportunity to hear about it and provide input on the implementation of the call center. It was assumed that supervisors would take relevant information back to field staff, but this information transfer did not occur in all offices. More instruction directly to field staff, via mass e-mails, conference calls, and / or web-based instruction, would have been helpful. In a relatively short time, all staff understood what the call center was about, but in the beginning, some counselors were confused and apprehensive. Particular concerns were raised when counseling staff

noticed that call-center staff were adding case notes and communicating with customers on their caseloads. This initial concern was relieved when counselors realized how helpful the call center was to their caseload management. Counselors could also indicate if they did not wish for a particular customer to be contacted by call-center staff.

4. Implementing the Call Center

DVR staff began working on the call center in June 2009, with the call center being operational in August 2009. Call-center staff called customers on the waitlist, starting with customers with MSD and according to their application date, followed by customers with SD and then NSD.

Call-center staff used different protocols depending on the task (listed previously). They followed process charts for each call, according to the situation of the customer and his or her response (e.g., if the customer is still interested – next action; if the customer is not interested – next action). They also followed a script for each call as closely as possible, so as not to inadvertently present an unclear message to a customer or take on the role of a counselor. Maintaining this consistency among call-center staff in their customer communication was a high priority and as staff (particularly those without a VR background) used the manual, protocols, process charts and scripts, they quickly became comfortable with their role and parameters.

Call-center staff developed and followed research protocols for locating customers if contact information was not up to date. The manual contained instructions (including pictures, diagrams, and etiquette) for making TTY calls (for individuals who are deaf or hard of hearing) and relay calls, and for using videophones (for customers who utilize American Sign Language). The manual also included detailed procedures for common issues, such as Social Security benefit amount discrepancies, instances where a customer has had recent contact with a counselor, or cases that could not be closed due to outstanding authorizations for services.

An electronic tickler system determined what follow-up needed to be done (e.g., which customers, which category, last contact / next contact, etc.). The tickler system was integrated with the Division's case-management system. Call-center staff documented each action, entering key words that the system then used to populate routing sheets with customer names and case numbers for the next action. Sheets were generated each morning and distributed to call-center staff, who then took the next indicated action (e.g., make call #2; research; send closure letter).

⁴ Florida VR Call-Center Procedure Manual: Version 1.1 (May 31, 2010)

Because call-center staff activities were integrated into the case-management system, counselors were notified when call-center staff contacted a customer on their caseload. Call-center staff could also access case notes to see if customers, who had been contacted by the call center for possible case closure, had been in touch with their counselor, indicating that they were still interested in and available for VR services. Despite messages asking that customers to return calls to call-center staff (at a toll-free number established for the purpose), some contacted their counselors instead. As long as the counselors captured this information in their case notes, communication flowed smoothly between call-center staff and counselors in the field.

Call-center staff mostly worked on updating information, but in some instances referred customers to the ombudsman's office (an internal, impartial office that provides information and referral services, and helps customers resolve service needs or file complaints⁵), and to other community resources for more information about options and follow-up. Call-center staff were also able (and instructed in the manual on how) to close cases when it was determined through calling that closure was appropriate (for example, the customer requested closure, staff learned that the customer had died, etc.). In the event of cases closed in error (for example, the customer had a delayed response to calls and a written notice of closure but did want their case open), the counselor could get the case re-opened and the customer would go back to their previous place on the waitlist.

As the waitlist contact was winding down (February 2010), call-center staff assumed an additional responsibility – verifying customers' achievement of employment-related benchmarks for which contracted employment-service providers had submitted an invoice to DVR. For example, if the agency had been billed for providing job-development services because the customer had obtained a position, call-center staff verified that the person had the position and was satisfied with it. According to our key informants, the use of call-center staff for employment verification is temporary. As of Fall 2011, DVR was in the process of shifting provider invoicing online through an electronic invoice system application (AREBA) into the agency's case-management system. When this electronic system is in full operation (key informants estimate October 2011), invoicing communication between the agency, providers, and counselors will all occur electronically.

5. Managing the Differential Impact of Releasing Customers From the Waitlist

Key informants talked about the differential impact of releasing customers from the waitlist on VR offices across the state. Customers were released from the waitlist based on application date and priority category. It was not possible to manage customers according to the office or part of the state in which they would receive service. As a result, offices in some areas of the state (e.g., urban areas such as Miami) were overwhelmed with released customers, whereas offices in other areas (e.g., rural areas like Pensacola) were in need of customers. As the agency refined the process of releasing names from the waitlist, they began to analyze the next 1,000 names to see the impact on individual offices and be able to inform staff of estimated figures. To address the issues of low caseloads and to increase demand, VR offices in areas such as Pensacola increased their outreach and recruitment efforts, specifically targeting individuals with MSD. DVR provided additional staffing support for those VR offices whose customer demand had increased due to the call center. Specifically, the agency gave each of those offices the option to hire one temporary rehabilitation technician (staff who can assist with aspects of cases but not develop employment plans). According to our key informants, rehabilitation technicians were critical in compiling information that counselors would use to develop employment plans with customers, maintaining customer contacts, and scheduling customers.

Results

As a result of the call center, DVR was able to significantly reduce the waitlist and to release customers with MSD and SD (but not NSD) from the waitlist. Since then, individuals with MSD and SD are being served without wait. The only customers who remain on the waitlist as of spring 2011 are those with NSD. Individuals left on the waitlist are more evenly distributed across application times, and contact responsibilities have been returned to the field staff (counselors). The agency was able to provide some data that supports their effectiveness with individuals with MSD and SD. For example, the number of employment plans developed in FY2010 greatly increased, from 8,779 in FY2009 to 18,211.⁶ Additionally, our key informants noted that among customers closed with an employment outcome in FY 2010, 97% of these individuals had a significant disability. This figure was up from percentages in the 70s in previous years.

⁵ Florida DVR - Office of the Ombudsman website. Retrieved from: <http://www.rehabworks.org/index.cfm>

⁶ FRC New Orientation Session; DVR Director Presentation (September 20-22, 2009).

At the counselor level, having call-center staff contact customers on the waitlist prior to their release was helpful because once customers had been released, they were easy to contact and were ready to engage in VR services. Counselors did not have to spend a lot of time trying to locate individuals or contacting individuals who were no longer interested in or available for services.

At the agency level, the activities of the call center gave DVR leadership more confidence that caseloads were not artificially inflated when customers were released from the waitlist, thus providing a better estimate of how much case-service money and counselor time would be needed to handle the influx of customers. In addition, knowing that customers coming off the waitlist would be active, DVR leadership had the ability to plan for releasing the next wave of customers based on available financial and counselor resources. States that do not contact waitlisted customers have a very different situation, where counselors have to try to locate customers who may have moved, talk to customers who may or may not be interested in and available for VR services, and spend a lot of time closing the cases of those who cannot be located, are not interested, or not available for VR services.

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