

Abstract

In Fiscal Year 2001, the Washington Division of Vocational Rehabilitation (DVR) did not have adequate funds to serve all eligible customers, and was thus required to implement an Order of Selection (OOS) policy. At this point, potential customers were waiting up to three months to apply for rehabilitation services. DVR used a variety of management practices to implement the OOS policy, including: a) reducing the cost of purchased services, b) counselor training on priority category implementation, c) releasing names from the waitlist and processing cases, d) counselor training on caseload management and service policies, e) revision of the customer referral process, and f) customer workshops on employment readiness. Implemented under new DVR leadership, these practices resulted in changes that allowed the agency to reduce the waitlist and end the OOS policy in 2008.

Background

In November 2000, the Washington Division of Vocational Rehabilitation (DVR) was required to go into an Order of Selection (OOS) due to inadequate funds to serve all eligible customers.¹ To prepare for this change, DVR management contacted other states that were already in an OOS to learn more about their policies, procedures, and experiences.

Oregon was one of these states. A team of DVR staff spent a week with staff from the Oregon Vocational Rehabilitation Services Department (VRS). Since Oregon VRS already had experience operating under an OOS, Washington DVR was able to learn basic processes and adapt forms, policies, and procedures from the Oregon experience.

As part of the OOS policy, DVR developed definitions for priority categories: most significantly disabled, significantly disabled, and not significantly disabled.²

Category 1, most significantly disabled (MSD), includes individuals who need more than two services over at least 12 months and whose impairments seriously limit them in four or more functional areas or in terms of an employment outcome. These functional areas include: mobility, communication, self-care, cognition and learning, interpersonal, work tolerance, and work skills.

Category 2, significantly disabled (SD), includes individuals who require more than two services over at least 12 months and whose impairments seriously limit them in fewer than four functional areas, or in terms of an employment outcome.

Category 3 includes individuals with disabilities who do not meet the criteria for categories 1 or 2.

The implementation of the OOS policy took place within the context of several related issues. These included: a) the challenge of effectively communicating the new policy, b) a backlog of applicants and changing customer demographics, c) issues with staffing qualifications and shortages, and d) a decreasing rehabilitation rate and increasing costs of purchased services.

A. Challenge of effectively communicating the new policy

Communication with customers, staff, and other interested parties was critical while moving into and then out of an OOS. Customers, partners, and state-level politicians expressed concern and in some cases anger over the new policy. To address these reactions, DVR sent a letter to all customers on the waitlist, held open public meetings, and communicated with referring agencies, the State Rehabilitation Council, provider agencies, and politicians. The agency incorporated staff and customer feedback (largely through customer-satisfaction surveys) into its planning efforts and evaluation of progress as it implemented the new OOS policy.

B. Backlog of applicants and changing customer demographics

Once shifted to an OOS, DVR's first priority was to reduce the wait time for individuals wanting to apply for rehabilitation services. With no resources to spend on services, counselors

¹ Washington General's Successful Implementation of Order of Selection (March 31, 2008).

² Washington State Legislature. Washington Administrative Code (WAC), Chapters 338–891: Vocational Rehabilitation Services for Individuals with Disabilities.

were unable to develop new employment plans or provide paid services (such as assistance with job training, education, or finding a job) to additional customers. Thus, counselors mainly focused on processing applications, and evaluating customers for eligibility and priority category according to the new policy.

At its longest in 2006–2007, DVR's waitlist consisted of 14,274 eligible customers.³ According to a key informant, approximately 60% to 70% of the individuals on the waitlist had developmental disabilities and/or mental illness with significant barriers to employment, and were most likely in priority category 1 (MSD). A key informant commented that as the new policy took effect and service providers and the disability community had a better understanding of who could be served, customers began to “self-select” and only those with MSD applied for services. Many VR partners reinforced this by only referring individuals for services who they thought would meet the MSD criteria.

C. Issues with staffing qualifications and shortages

The new OOS policy and resulting shift in customer demographics led to a change in caseload composition, which presented a new challenge to counselors. Prior to the OOS, counselor caseloads were more diverse in terms of customers' severity of disability. The influx of customers with MSD coincided with a new Comprehensive System of Personnel Development⁴ that required approximately one half to two thirds of DVR's counseling staff to obtain a master's degree. Additionally, several staff members were eligible for retirement and chose to retire. This led to higher-than-typical turnover rates between 2001 and 2005. To address the change in customer demographics combined with the need to hire new staff, DVR focused on recruiting counselors who had more experience in working with people with MSD.

D. Decreasing rehabilitation rate and increasing costs of purchased services

In 2005, DVR experienced a change in leadership. Faced with

some significant agency-wide issues, the new DVR director implemented several management practices, making the elimination of the waitlist a top priority.⁵ One issue concerned a steadily decreasing adjusted rehabilitation rate⁶ (from 56% in 2001 to 46% in 2005).⁷ Another issue related to the increase in the average cost of purchased services over the life of a case (from approximately \$3,000 in FY1999 to \$8,500 in FY2006),⁸ which was nearly twice the national average.

The success of these practices leading to an end of the OOS policy was linked to the new leadership. The new director served as the impetus for making major changes that allowed the agency to more effectively use its case-service dollars and improve case flow. A key informant stated, “[Her] leadership was a key ingredient, because nobody in DVR at that time believed that we would ever get out of Order of Selection. Having her come in with a brand new vision, I think that really was the key ingredient.” Key informants shared that even during the interview for the director position, this individual made it clear that, if hired, the priority was going to be to end the OOS. Once this person assumed the director position and learned enough about how the agency functioned, she brought together the leadership team (composed of senior leadership, managers, and supervisors) and initiated discussions and planning to end the OOS.

Purpose, Goals, and Implementation

While in an OOS, DVR employed several management practices to reduce the waitlist and eventually to get out of the OOS. These practices included: a) reducing the cost of purchased services and developing enhanced methods of fiscal tracking, b) counselor training on priority category implementation, c) releasing customers from the waitlist and processing cases, d) counselor training on caseload management and service policies, e) revision of the customer referral process, and f) customer workshops on employment readiness. The overall purpose was to increase the agency's ability to serve customers quickly and in a cost-efficient way so that the largest number of customers could receive services.

³ Washington General's Successful Implementation of Order of Selection (March 31, 2008).

⁴ Comprehensive System of Personnel Development (CSPD) refers to the 1998 amendments to the Rehabilitation Act that required state VR agencies to employ “qualified staff.” This meant that they had to meet state-approved certification or licensure requirements that apply to the profession or discipline of the professionals providing rehabilitation services. In most states, this is ‘Certified Rehabilitation Counselor (CRC)-eligible,’ which requires the counselor to either have a master's degree in rehabilitation counseling or a master's degree in closely related counseling discipline accompanied by additional coursework in counseling theory and the impact of disability (25th IRI, 1999).

⁵ Washington General's Successful Implementation of Order of Selection (March 31, 2008).

⁶ Adjusted rehabilitation rate is a Rehabilitation Services Administration performance indicator. The rate is calculated by dividing the number of successfully closed cases by the sum of total customers closed with a successful rehabilitation outcome and those closed after service provision but without an employment outcome.

⁷ Washington General's Successful Implementation of Order of Selection (March 31, 2008).

⁸ Washington General's Successful Implementation of Order of Selection (March 31, 2008).

The primary goal was the reduction and eventual elimination of the waitlist.

A. Reducing the cost of purchased services and developing enhanced methods of fiscal tracking

Fiscal management was a major part of the management strategy and had a significant impact on releasing customers from the long waitlist. The new DVR director looked at how much money the agency was spending on purchased service contracts and discovered that the contract fees with Community Rehabilitation Providers (CRPs) were much higher than the agency could afford. If these fees continued, this would result in the agency spending all of its case service money before the end of the fiscal year.

At the time (2005–2006), DVR was the state VR agency with the highest average cost of purchased services per employment outcome in the country.⁹ This was mainly due to the high cost of the CRP contracts. In response, the director revised the CRP contracts and reduced funding by approximately 40%.¹⁰ Contracts were discontinued with vendors and programs that were not contributing to employment outcomes. Financial responsibility for the clubhouses (a model of mental-health service provision) was transferred over to the state mental health agency.¹¹ This resulted in an increase in the agency's case-service budget, from \$19 million in FY2005 to \$24 million in FY2008 after the adjustments.¹²

The process of revising the CRP contracts had to be done carefully. In order to facilitate this process, the director and other senior agency staff explained the rationale for the change in contracts to both VR staff and vendors and trained them accordingly. As explained by a key informant,

She [the director] was making herself readily available as a lightning rod for the conversation; she wasn't pushing it off on anybody else. She was being very clear about the nature of why we were doing what we were doing, and that our options in how we were dealing with this stuff were very limited, but she was also pretty clear about her vision that, while they [CRPs] were going to be getting less per customer, in the long run we'd be able to be getting more customers and a more consistent flow of business.

During the time when DVR was in an OOS and not able to serve new customers, the CRPs were negatively impacted by the inconsistent business that VR generated for them. The possibility of increased stability if the contracts were renegotiated was attractive to the CRPs.

A major change associated with the new contracts was the shift from bundled services for customers to a more individualized approach, where counselors would refer for specific services based on individual customer needs. As explained by a key informant:

It represented a change of working together to move from one service to the next and making sure that it was an appropriate situation, that the customer needed that next service if we agreed to purchase it from a CRP. Also, the expectations were more clearly associated with a service and not with an outcome of a bundle of services.

Vendors were paid a flat fee for the service outcome (with activity fees built in for specific steps such as job applications, employment proposals, job interviews, etc.). This required the VR counselor and CRP staff to work together on service planning in order to increase the likelihood of customer success.

Agency staff acknowledged that their relationships with CRPs were strained through these revisions in payment contracts. However, key informants still classified their relationships with providers as positive. They emphasized that the contract revisions required vendors to estimate their costs of providing services, which was not something they had to do in the past. DVR has included some payment points (e.g., payments at referral or customer assessment) in contracts to help mitigate the risks to the CRPs associated with outcome-based payments.

The agency also examined and revised its spending policies to help ensure that the agency would be more financially secure in the future. A significant change involved the policy on use of comparable benefits. As explained by a key informant:

One [change] that I recall was ensuring that customers utilize financial aid for the cost of [training] attendance prior to even considering whether DVR can assist with those costs. Even though this always has been the policy, many VR Counselors had become lax in following it. Now VRCs are much more consistent in making sure that every customer applies for financial aid before DVR agrees to pay any school costs.

Along with the reduction in cost of CRP contracts and the

⁹ Information provided by key informant.

¹⁰ Information provided by key informant.

¹¹ Washington General's Successful Implementation of Order of Selection (March 31, 2008).

¹² Washington General's Successful Implementation of Order of Selection (March 31, 2008).

review of spending policies, the agency also revised its system of fiscal tracking. As explained by a key informant:

We discovered that we didn't have easy access to a lot of the hard data that we really wanted to make good decisions, especially hard data of how many people come in through the door, how much money is being encumbered every month, and how much is being spent. And so, over the eight years we continuously developed a more refined management-information system so that we really could easily craft month-to-month who we are serving and how are we spending and that system continues today.

Another change the agency made to improve its tracking was to decrease the length of authorization for services from one year to 90 days. The problem, as explained by a key informant, was that counselors could authorize (and encumber funds) for services, and then if the customer did not receive the services, the agency would not have to pay for them. However, the money was not available for use by other customers because it had been earmarked. Reducing the length of time that services could be authorized to 90 days helped the agency have a more accurate record of what funds were available versus those that had already been spent on services.

The agency has also been tracking its authorization cancellation rate to get a better calculation of the percentage of authorizations that will need to be paid versus those that will be cancelled. This allows for an even more precise fiscal tracking. DVR staff who were working on revising the case-management system met with supervisors to get input on how to present data so that everyone would understand it and be able to use it.

B. Counselor training on priority category implementation

When the OOS policy was first instated, DVR faced the problem of some counselors prioritizing most of their customers as category 1 (MSD). To address this problem, the agency implemented comprehensive counselor training on assessment, eligibility, and priority category assignment, with management staff conducting case reviews to check for any inconsistencies. Based on data from the case-management system, the agency identified patterns and changes in trends of priority category assignments that would need to be resolved (for instance, if a counselor was overusing category 1). This allowed for more targeted training and supervision to be applied on an individual counselor basis.

DVR also revisited its priority category definitions and tweaked them due to concern that they were too strict. Once

the new director started (in 2004–2005), policy staff looked over the definitions and revised them, and then the agency re-evaluated everyone on the waitlist and reclassified people as needed. During this revision, some individuals who were previously category 2 (SD) became category 1 (MSD). This process of checking and revising contributed to creating balance within the priority category definitions.

C. Releasing customers from the waitlist and processing cases

Once DVR's case-service budget had increased, the agency started releasing approximately 1,000 customers per month from the waitlist—a high-volume release rate. Staff were confident that, although the waitlist consisted of over 14,000 customers, this included individuals who would not be reachable or would no longer be interested in services after waiting as long as five or six years.

Customers from category 1 (MSD) were released in order of application date. According to our key informant, of the 1,000 names released per month, initially only about 400–500 customers were interested in services and ready to develop an employment plan. The agency continued with the plan of releasing 1,000 cases per month until everyone had been released. This process took approximately one year, with the final names being released in February of 2008.¹³

According to key informants, once the agency began to release names from the waitlist they immediately realized the importance of maintaining contact with customers while on the waitlist. Due to the lengthy wait, many of the customers had been out of contact with agency staff for a long time, and once released did not respond to any form of contact. Keeping an up-to-date and accurate waitlist was a major lesson learned through this process.

When the waitlist was down to about 12,000 individuals, DVR staff sent a newsletter on informed choice from the central office. This newsletter also served as an inquiry of interest in services. Many of the newsletters came back undeliverable or with information that the recipient had moved out of state. This served as an unintentional way to find out if customers were available for services.

Another factor that helped with the large releases was that supervisors were given the names of the customers to be released beforehand, and could support staff in reaching

¹³ Rutledge (September 26, 2008). *Opportunities for Successful Administration of an Order of Selection in a State Agency for Vocational Rehabilitation*. Washington Division of Vocational Rehabilitation: Olympia, WA.

out to these customers to find out if they were available and interested in services. Based on their responses, supervisors could estimate how many customers from their office were going to be coming in to meet with counselors. Then they could adjust caseloads accordingly to ensure that the people would be distributed across staff according to availability.

A final action that supervisors took to support staff during the waitlist release was aimed at new counselors who only had experience with a small caseload (e.g., those who had only worked for DVR under the OOS). These counselors received mentoring from staff who had experience with larger caseloads.

Another concern as DVR released customers from the waitlist was that, due to volume and staff capacity, there would be a second wait for individuals to see a counselor and develop an employment plan. This concern was particularly salient because a few months after the last names were released from the waitlist and the OOS was ended, the agency experienced a hiring freeze (August 2008).

As a temporary measure, some DVR staff moved around the state to assist in some of the offices with the highest volume. The hiring freeze created stress on staff capacity, but the agency maintained a priority of getting customers from eligibility to plan in 120 days. IT staff helped create a case-management report showing wait times and the length of time customers were spending between eligibility and plan. As explained by a key informant, a major focus during that time was to work with customers to determine if their cases should be closed or if they were ready to move into employment plans.

Looking closely at all individuals being served by DVR, and maintaining the emphasis on closing inactive cases, also helped the waitlist release effort. As explained by a key informant:

It allowed more people to come off the waitlist. When we're looking at how many people we're serving and if half of those people we're not really serving, it makes a big difference on how much you actually release, and I think that helped increase that release and make us get out of the Order of Selection a lot quicker.

D. Counselor training on caseload management and service policies

During the policy review of spending practices and when DVR staff analyzed time in service data, agency staff noted that DVR had several cases where customers had been engaged in long-term plans without progress with very high service costs. A key informant explained the adjusted approach to these types of cases:

A lot of those [customers] were folks who needed long-term supports, who weren't able to access mental-health services and other services that they required to actually remove the barriers to employment that DVR could not. And so, we hung on to those folks. So it was really about modifying some policy and supporting staff and making some of those tough decisions [regarding case closure].

The agency's IT team provided electronic mechanisms for tracking and analyzing how service money is spent, case movement, and outcomes. Staff continue to use this information to assist with case management and decision-making.

In response, DVR implemented a series of counselor trainings on assessing readiness of customers for employment. This was done to produce leaner caseloads composed of customers who were engaged and ready to progress towards employment. Many counselors had customers on their caseloads who had been there for up to five years, but had not made much progress towards employment. Counselors had been keeping these cases open, so a training priority became case management and the importance of maintaining case flow for all DVR customers.

Specifically, the agency trained counselors on caseload management and employment-plan development using a combination of formal training and individual supervision. Training topics focused on motivational interviewing, strengths-based training, caseload management, eligibility determination, and employment-plan development.¹⁴

Key informants explained that the agency revamped its training system and model in order to get back to basics. Staff reviewed all training to ensure that it aligned with current policy, "because some of the hold-up in our system was that we weren't very consistent in how we were applying policy to our customers." New training topics were introduced, such as "Rehabilitation Law." This training made a clear connection between legislation, regulations, and the service manual, so that staff could see where policies came from and why they were important.

E. Revision of the customer referral process

Prior to the OOS policy, the agency was inundated with referrals from other human-services agencies within Washington as a reaction to other systems facing funding shortages. Other service partners began mandating referrals

¹⁴ Washington General's Successful Implementation of Order of Selection (March 31, 2008).

to DVR when they were unable to provide services. This became apparent when speaking with waitlisted customers. Many of them shared that the reason they applied for services, even if they were not interested in employment, was that other service providers encouraged them to do so. The agency found that its success rate with individuals who came through these channels and were not ready to engage with services was very low (key informants estimated approximately 4%).

More recently, state legislation mandated that DVR, community service organizations, workforce development programs, Temporary Assistance for Needy Families, General Assistance Unemployment (GAU), and other organizations work together to create an electronic tool to be used for referral purposes. DVR staff worked on a self-referral tool that they previously implemented with GAU customers. The tool helps potential customers and referral sources determine if DVR is the appropriate place to apply for services. This tool has reduced the number of GAU referrals by a significant portion (key informants estimated approximately 12,000) in the 9 months that it has been used.

Key informants explained that the reason the revision to the referral process was so important was that many of the customers referred to DVR were not interested in or ready to engage with employment services. However, since they were eligible for services, they took up staff time and resources while they went through the steps of determining that they would not ultimately seek employment. By adding the agency's emphasis on employment to the referral tool, the determination of whether the referral is appropriate can be done prior to application rather than after. This saves staff time and effort, and allocates service dollars only to customers who are seeking employment.

F. Customer workshops on employment readiness

In 2006–2007, DVR began offering workshops to customers coming off the waitlist to determine readiness to work and employment goals. Due to the long list, many individuals had been encouraged to apply for DVR services if they thought they would ever want to go to work, so that they would at least be in line for services. However, counselors were finding that many customers on the waitlist were ambivalent about work or were only interested in non-work-related services. The workshops were designed to solve this problem by ensuring that everyone on the waitlist was indeed interested in working and was active in services.

The workshops were advertised to counselors through emails, testimonials, and a training newsletter. The workshops were

called Workstrides, and started with a pilot in June 2006. They were originally funded by a Medicaid Infrastructure Grant. There were initially five VR office locations around the state where DVR offered these workshops to customers. At the highest volume, the number of VR office locations rose to between nine and 11; as of 2011 the number was approximately six sites statewide.

The Workstrides workshops are based on the “dependable strengths model” and are designed to assist customers in identifying their values, strengths, vocational interests, and how they will overcome barriers to employment. As explained by a key informant:

The philosophy was that if you really assisted people in becoming more empowered [and] more informed and to assist them in understanding and navigating the system that they would move through the system more efficiently and more effectively and with a sense of confidence and engagement and focus and collaboration with the DVR staff that would allow them to be more successful.

The model of providing the workshops has changed over time, according to staff availability to facilitate and feasibility of customers being able to complete the program. DVR has approximately 60 staff trained to provide the workshops. However, DVR has had to significantly reduce the number of workshops offered because they were so staff-intensive. According to a key informant, it took two to three staff dedicated to the workshop for approximately six days over a two-to-three-week period to deliver each workshop.

However, the service is still valued by the agency. To continue providing this service, DVR has been developing a contract that will be offered to other organizations to provide the workshop to VR customers. Under this plan, DVR would be able to purchase a combination of days of Workstrides along with varying levels of involvement from vendor staff in supplementing the workshop with one-on-one support for customers through personalized consultation.

DVR has developed the training curriculum and will pay for training the contractors. The Region 10 Technical Assistance and Continuing Education (TACE) center trains the contractors in providing the workshop and evaluates the Workstrides program, which includes a fidelity assessment. DVR plans to track customers who receive Workstrides and associated services. This will provide the agency with evidence of the effectiveness of this approach. Data to be collected are indicators of length of case, customer satisfaction, and closure status (e.g., employed at closure or not).

One benefit of the workshops, as observed by key informants, has been a more collaborative relationship between staff and customers:

They [staff] had reported and continue to report that it allowed them to get back in touch with the passion of their work and allowed them to feel more engaged with the customer moving through the system and so it really was a win-win during a very difficult time to keep things and people moving through the system successfully.

Results

As a result of these changes, DVR was able to reduce and finally eliminate the waitlist. Key informants noted that while the increase in case service money was critical in being able to begin releasing names from the waitlist, there was an overall change in leadership style and agency focus that has changed the way DVR runs. As explained by a key informant, “It was really about touching on every aspect of this organization, whether it’s quality assurance, personnel issues, to performance, to tracking technology, and really not leaving anything untouched and making sure that it’s healthy.”

Once the waitlist was eliminated and customers in all priority categories could be served, the agency continued to make progress in meeting performance indicators, serving people with MSD (category 1), and using data-driven management tools to monitor performance. It has been these changes in policies, procedures, and priorities that have allowed DVR to maintain agency function without an OOS.

A. Reduction and eventual elimination of waitlist, and improvement of performance indicators

DVR succeeded in eliminating the waitlist, with the final names released in February 2008. In 2009, the agency moved out of the OOS. At the close of FY2008, DVR noted measurable increases in productivity. In comparison with Federal Fiscal Year (FFY) 2007, applications for services increased by 31%, eligibility determinations increased by 22%, plan development increased by almost 47%, successful rehabilitations increased by 21%, and the rehabilitation rate continues to increase (it reached 61% in 2008).¹⁵

Key informants shared that the process of changing how counselors approached caseload management and the shift in emphasis to maintaining active cases did not immediately improve the agency’s performance. In fact, there was a period

where agency leadership had to change its philosophy on managing performance.

Previously, in an effort to maintain performance expectations on key indicators set by the Rehabilitation Services Administration, staff were sensitive to the impact of their patterns of case closure and developing employment plans on agency performance. For example, during specified times, staff would either not close cases of customers who were inactive but had received services or alter their patterns of plan initiation based on how that would impact a figure (e.g., rehabilitation rate). This was creating difficulty in managing performance and knowing where to put resources (such as prioritizing vacancies or efforts to create new positions).

DVR senior staff determined that it was necessary to take a year or two to clean out caseloads despite the consequences to performance outcomes, and now the agency is seeing its performance outcomes increase with greater confidence that issues are not being masked as they were before.

B. Continued emphasis on customers with MSD

According to a key informant, despite the fact that the agency is again serving all eligible customers and is not restricted to MSD (category 1), approximately 70% to 80% of customers served over the past eight to nine years have been customers with MSD. Approximately 70% of individuals closed into competitive employment are those with MSD. Washington is no longer in an OOS, but still collects data on MSD customers. According to recent estimates obtained from a key informant, approximately 50% of current customers have MSD, 40% have SD (category 2), and the remaining 10% are eligible, but do not have a significant disability (category 3)¹⁶

C. Use of data-driven management tools and strategies

DVR, through its case-management system, tracks counselor outcomes and the proportion of caseloads comprised of customers with MSD. The agency also pays attention to indicators of case movement, for example, how long it takes for a customer to move into an employment plan. In 2005, the agency began using a tracking system called “Government, Management, Accountability, and Progress” (GMAP).¹⁷ This system allows DVR to look at information on performance data and improvements over time. GMAP was introduced by the governor and the secretary, and is designed

¹⁶ Information provided by key informant.

¹⁷ Rutledge (September 26, 2008). Opportunities for Successful Administration of an Order of Selection in a State Agency for Vocational Rehabilitation. Washington Division of Vocational Rehabilitation: Olympia, WA.

¹⁵ Rutledge (September 26, 2008). Opportunities for Successful Administration of an Order of Selection in a State Agency for Vocational Rehabilitation. Washington Division of Vocational Rehabilitation: Olympia, WA.

to increase accountability in all state government agencies in Washington.

In 2007, DVR started to use an updated “Performance Dashboard” system, and counselors can now track agency progress towards performance goals through the agency’s intranet. Data at the unit/office level is also available.¹⁸ IT staff have made data more user friendly through the dashboard system. This has included visual representations of data (e.g., charts) so that the information is easily interpretable. As explained by a key informant:

If it’s easy to read and it’s somewhat fun to look at, you’re going to be more engaged with the information that you’re looking at. So, instead of handing somebody a spreadsheet with a lot of tables and columns, we can hand people virtually several pages of information in an easier-to-read format and allow them to have an opportunity to take a lot of different looks or views at the information we were providing.

One advantage that key informants emphasized is that DVR uses an internally owned and managed electronic case-management system, and the agency has the ability to customize how data are collected, managed, and reported out.

Even though DVR is no longer in an OOS, they continue to use these management practices. Counselors still assign a priority category to customers when determining eligibility. The agency still does case reviews to check for consistency in priority category assignment, and finds that overall there is a high level of consistency across the state. Staff have been meeting with key referral partners to inform them that the state is no longer in an OOS and, once again, is able to serve all eligible customers. These may include customers from substance-abuse treatment centers, welfare-to-work programs, and service providers for people who are Deaf or hard of hearing.¹⁹

D. Stakeholder communication and relationships

When the agency was ending the OOS, the director led a marketing campaign including the governor, news outlets, revamping of written materials/brochures, and the creation of videos to be distributed on DVDs and the Internet (e.g., YouTube) to inform external partners and potential customers that DVR was able to provide services again. Additional efforts to communicate with key partners included: increasing DVR

presence at the State Rehabilitation Council’s public forums, and creating events such as the “Say Hey” event designed to connect employers, people with disabilities, and service professionals to discuss methods of increasing employment expectations for the disability community (e.g., jobs with better wages, more hours).

A key informant reported that relationships with all key partners who were engaged with DVR prior to the OOS have been reinstated; however, this process took about two years of work on the part of DVR staff. Many of the partners were aware that DVR was no longer in an OOS, but did not believe that the agency would be able to stay out of an OOS. It has taken this long for the partners to become more confident in DVR’s stability. Key informants expressed that relationships with some disability populations are still impacted by the OOS, as evidenced by customer demographics. For example, injured workers and individuals who are Deaf or have hearing impairments represent relatively fewer of the agency’s customers now, compared with prior to OOS.

When asked about the next few years, a key informant felt “both optimistic and concerned.” Once the OOS ended, the agency anticipated that it would take time to build up caseloads and referral sources to pre-OOS levels. The informant felt that this had been accomplished at the end of FY2010. As of that time, DVR was serving about 13,000 people per month. According to agency projections in full-time staff and case-service budget, this is a good balance with available resources. Two years ago, when the OOS had just ended, the agency was serving between 11,000 and 12,000 people per month, which they knew was below capacity.

After reflecting on the whole experience, from going into and then coming out of an OOS, one key informant had this to say:

Because we have managed, we’re serving thousands more people, we’re spending less money, we’re more efficient, we’re more effective, we’re more of a cohesive team, we’re more committed to the rehab process, and then we’ve embedded a motivational interviewing model throughout our system that is not only from a counseling method approach, but also a team collaborative approach that probably has saved our bacon in the last couple years of being able to deal with the stress and the push-pull of working in state government.

Informants stressed that the process of responding to the fiscal crisis and going into and then out of OOS took a comprehensive and coordinated effort over a number of years. Major changes in leadership, policy, and management

¹⁸ Rutledge (September 26, 2008). Opportunities for Successful Administration of an Order of Selection in a State Agency for Vocational Rehabilitation. Washington Division of Vocational Rehabilitation: Olympia, WA.

¹⁹ Washington General’s Successful Implementation of Order of Selection (March 31, 2008).

practices were implemented and as a result, the agency is more efficient and effective moving forward. DVR continues to utilize these practices as they plan for future service provision.

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