

Abstract

The Wisconsin Division of Vocational Rehabilitation (DVR) has been in an Order of Selection since 1994. Developed by a former deputy administrator in 2006, the agency uses a projection tool to effectively manage fiscal and staffing resources to ensure priority-service delivery for individuals with the most significant disabilities (MSD), while also engaging customers with less significant disabilities who are on a waitlist. The agency uses existing data (such as total monthly case-services expenditures, total number of individuals on the waitlist, and total number of individuals activated off the waitlist) to calculate projections that aid DVR in managing its financial and staffing resources. Using this tool has helped the agency to meet its performance goals and to increase its rehabilitation rate for customers with MSD.

Background

The Wisconsin Division of Vocational Rehabilitation (DVR) has been in an Order of Selection (OOS) since 1994. Individuals are placed into one of three priority categories:¹

- **Category 1:** Individuals with the most significant disabilities (MSD) have “a severe mental or physical impairment that limits three or more functional capacities in terms of an employment outcome and whose vocational rehabilitation requires multiple services over an extended period of time.” Functional capacities include: mobility, communication, self-care, self-direction, interpersonal skills, work tolerance, and work skills.
- **Category 2:** Individuals with significant disabilities (SD) have “a severe mental or physical impairment that seriously limits one or more functional capacities in terms of an employment outcome and whose vocational rehabilitation requires multiple services over an extended period of time.” See MSD category for a list of functional capacities.
- **Category 3:** Other eligible individuals “who do not have a disability that seriously limits one or more functional

capacities and do not require multiple services over an extended period of time.” See MSD category for a list of functional capacities.

According to our key informant, individuals with MSD (category 1) are immediately served, so they do not experience a wait period. Individuals with SD (category 2) are placed on a waitlist with a wait time of less than six months. Individuals in category 3 make up approximately three to five percent of DVR’s customer base. Their wait time is “indefinite” and, consequently, they are referred to other providers for services and supports.

According to our key informant interview in July 2011, Social Security beneficiaries comprise 17% of the 16,378 employment plans in DVR’s active caseload. Of the customers with employment plans in place, 5,048 (31%) were individuals with MSD and, of this group, 25% (or 1,265) were Social Security beneficiaries. When reviewing employment outcomes for Federal Fiscal Year (FFY) 2010 and FFY 2011 (first 9 months), of the customers closed with a successful employment outcome, 42% were Social Security Income (SSI) beneficiaries and 46% were Social Security Disability Insurance (SSDI) beneficiaries. Successful employment outcomes for this group (both SSI and SSDI) is used as an indicator of the agency’s ability to successfully serve those with SD.

In 2004, DVR faced difficulty securing a full state-funding match and simultaneously experienced an unanticipated and significant increase in college-tuition rates, a key cost for training services. The impact was insufficient funding for services to new applicants, which resulted in the wait-listing of all new applicants for one to 2+ years, including applicants with MSD. A key informant explained:

Sometimes during a budget cycle you don’t get the funding that you thought you would get and then the next year you get full funding; it can cause budgetary swings and service delivery level swings. We had been through a couple of significant swings in funding affecting our ability to serve individuals.

The budget swings were causing concurrent swings in waitlist length and anticipated wait time. Service delivery

¹ Silverstein, R. (2009). A compendium of state policy frameworks regarding order of selection under Title I of the Rehabilitation Act of 1973, as amended. Boston, MA: University of Massachusetts Boston, Institute for Community Inclusion.

to individuals was also seriously impacted by these budget swings, as explained by a key informant:

We weren't serving anyone for over a year and then all of a sudden we got additional funding because of the public pressure to start serving individuals and that's wonderful and awful at the same time, in that when you get a lot of funding all in sort of a windfall and are expected to move it, you can end up overwhelming your service-delivery system by trying to bring everyone in at once; and / or you face the issue of having a lot of money and not spending it, with the appearance of setting up a lot of additional carryover dollars.

A priority was to move people off the waitlist and start spending money on services. However, a concern was that, if this was not done carefully, then similar issues with insufficient cash flow could occur at the end of the year as in the past.

This provided the impetus for senior staff to review their approach to managing financial and staffing resources, which, in turn, led to the development of a projection tool, updated with daily caseload activity and financial data feeds from “dashboard reports” (explained later). The agency also established a reports team to monitor fiscal and staffing resources and to make data-driven decisions regarding waitlist management.

Purpose, Goals, and Implementation

The purpose of the projection tool is to help DVR to more effectively manage fiscal and staffing resources by using historical and current trend data to calculate service-capacity projections. The goal is to continue serving individuals with MSD on a priority basis without any wait time as well as those with SD within six months. Fiscal projections calculated in the projection table are driven by past, current, and forecasted experience around the average employment-plan costs for each month relative to anticipated case-services budget resources. This management tool has enabled the agency to monitor and project current and future fiscal and staffing resources with the goal of continuing to serve individuals with MSD on a priority basis with sufficient funding resources and without any wait time as well as those with SD within a reasonable timeframe.

This section describes the projection tool, how it was developed and implemented, and how it is being used for

resource management. The section is divided into three parts: a) development of the projection tool, b) description of the projection tool and use for resource management, and c) raising counselor awareness of the projection tool.

a) Development of the Projection Tool

In 2005, DVR's Senior Leadership Team (SLT) began to discuss the design of a projection tool in response to the budget and waitlist strains that DVR was experiencing. The SLT consisted of the administrator, the deputy administrator, the bureau director, the assistant bureau director of consumer services, and the bureau director of management services. Unanticipated budget swings were causing the agency to shift from periods of being able to provide services to individuals and remove them from the waitlist to periods of placing customers from all of the priority categories on the waitlist. The budget and caseload-management challenges, which could be described as causing a “rollercoaster effect,” provided the impetus for the deputy administrator, now retired, to develop a tool that would help manage the budget swings and caseload fluctuations.

The former deputy administrator sought input from members of the SLT and the State Rehabilitation Council (SRC) as he developed this tool. Traditionally, fiscal years had been used for budgetary planning, but the group decided to focus on the average life of an employment plan (26–27 months) as a more practical measure. Starting with 2005 base data, the group focused on caseload, budget, and expenditures for the upcoming 12 months, using these data to project two years out. A key informant explained the development process and the agency's approach: “So, it was just really to try to take a different approach that was more customer-based rather than just fiscal year based. We started with it, we could see the benefits right away, and it's just evolved from there.” Since then, the tool has evolved, and the agency is using the tool to project five years into the future.

As mentioned before, DVR created a reports team that consists of the deputy administrator, the bureau director and assistant bureau director of consumer services, two Workforce Development Area (WDA) directors, a VR human-resources staff person, and a budget-department staff person. Team members are charged with updating the projection tool every month with information from real-time data-management dashboard reports. Key informants emphasized that the team approach to updating the projection tool has been key to sustaining the tool and its continued use in agency decision-making and planning. This sharing of responsibility has helped expand the level of expertise and competence among

several staff members who manage the dashboard reports and maintain the tool.

A major evolution of the projection tool involves the dashboard reports—specifically, how the agency has streamlined the way data are entered into the tool. Currently, customized dashboard reports are developed to automatically import agency data into a daily report update. However, staff must still complete some tasks involving certain queries and bringing the data into the tool on a monthly basis. One of the team members trained in how to use the tool must gather approximately a dozen data points and import them into the tool to ensure that it is up to date and accurate. Other major refinements included increasing the budgetary information entered into the tool and taking this information into account for more accurate service-capacity projections.

Description of the Projection Tool and Use for Resource Management

The projection tool consists of three different Excel-based tables that calculate caseload, waitlist, and budget projections, respectively. A fourth table focuses on staff capacity for service delivery. Projections are calculated by formulas within the tables in relation to updated data points entered by the reports team. This allows each table to be updated and adjusted when data change or new data are received. The agency uses each of the tables to manage a different area of resources and needs. This section describes each table and how it is used by the agency.

1. Caseload Projection Table

Information from the caseload projection table is used to manage caseloads at the agency level and to monitor fiscal resources relevant to caseloads, such as monthly caseload expenditures and the average monthly expenses per customer. By tracking data such as the number of customers activated off the waitlist each month and the number of cases with new employment plans or the reduction in employment plans due to case closures, DVR has an accurate representation of counselor caseloads.

As the average employment plan is funded for 26–27 months, projections made from this table allow the agency to better manage current caseloads and to anticipate the ability to fund customers by managing waitlist releases and subsequently changes in caseload size. Even a small change in service cost can have a significant impact on the agency's resources. Our key informant described a situation where, because of an unanticipated increase in college-tuition rates, DVR had a much larger than anticipated cost of services for customers receiving college-tuition support. The agency used the

projection table to determine the impact of this increase in tuition rates on the average monthly service cost and on the overall budget. This information helped DVR to better plan for this change in rates that could have caused a budget problem later in the year if it had gone unnoticed.

2. Waitlist Projection Table

The purpose of the waitlist projection table is to help DVR maintain no wait for individuals with MSD (category 1) and a six-month or less waiting period for individuals with SD (category 2). This is achieved by using the table to track data, such as the number of customers activated off the waitlist and the number of individuals in each of the three priority categories. DVR uses the table to track the number of individuals on the waitlist at the end of each month and the estimated amount of wait time for customers.

By managing current waitlist data, the agency can closely track fluctuations from month to month and anticipate changes in the size of the waitlist and wait times. Projections also indicate potential problem areas that may arise (e.g., wait time increases beyond an acceptable number of months), allowing staff to address those problems early and effectively.

3. Budget Projection Table

The budget table is used to better manage fiscal resources by tracking data, such as the average cost of employment plans and the amount of funds to be carried over into the following fiscal year to pay for employment plan obligations. By tracking these data, DVR can combine the carry-over amount with the projected budget for the following fiscal year. According to our key informant, this table also allows DVR to ensure that the budget is sufficient to provide customer services over the average employment-plan period of 26–27 months.

The continual updates to the tool allow for observations of changes in trends. For example, changes in inflation in service costs can be included in the projections and taken into account in future years. This prevents DVR from being surprised by cost increases, such as tuition rates, as they sometimes were before they implemented this strategy.

4. Staffing Projection Table

A key agency resource necessary to provide services is staff. As explained by key informants, even if DVR has enough money to serve customers, there still must be staff available to establish employment plans and authorize plan expenditures. Prior to the projection table, there was a lack of consistency in the way that vacancies were approved and filled. Before the staffing projection table was developed, the agency used state population figures as a staffing indicator. However, the SLT determined that there were other data points that could be

added in order to get a more accurate picture of needs.

Information from the staffing table is used to examine staff capacity and to allocate field staff accordingly. Data used to calculate staffing projections include: agency-level caseload data (number of individuals by type of VR status and workforce area, number of individuals on the waitlist / not on the waitlist / with employment plans by type of VR status and workforce area); county-level caseload data (number of open cases, individuals served, individuals with employment plans) including counselor-customer ratios; and county-level data on geographic area, total population, working-age (16–64) population, and number of workforce areas.

Two agency staff members (WDA directors) used staffing projections to prioritize vacancies when getting approval to hire new staff. Using the data, they identified the target number of staff, vacancies, and the percentage of staff working in each workforce area. In order to be able to hire staff, DVR has to get permission from the state's human resources (HR) department. Key informants explained that, due to the projection data, they have been able to justify their need for a position in a particular area and to show that they have evidence for prioritizing particular areas of the state in their hiring needs. This has allowed for a quicker turnaround from the time DVR identifies the staffing need to when the agency gets permission from the state's HR department to post the position.

c) Raising Counselor Awareness of the Projection Tool

DVR uses a management-information system called the “dashboard reporting system” that is accessible to all staff and incorporates all of the DVR data for the combined program broken down, as well as the caseload, waitlist, budget, and staffing projection tables. Dashboard reports are reviewed in team meetings and new staff trainings to familiarize staff with their use. These reports are also reviewed in workforce area meetings and at a local and state level to track DVR service-area performance and Wisconsin's overall performance on Rehabilitation Services Administration (RSA) measures. Individual counselors also use these reports to track their case-management functions, performance (individual and by workforce area), and fiscal information. By making these data / projections available and accessible to counselors, DVR intends to raise staff awareness of the overall needs of the agency and how counselors can contribute individually to making the DVR program more effective.

For example, according to our key informant, one data point from the dashboard reports indicates the amount of funds that have been encumbered but not expended at the end of each month. One way that this occurs is if purchase orders are

issued to providers encumbering the funds, and services are not rendered or invoices for services are not received on time. In these instances, DVR funds may remain obligated for long periods of time for services that may or may not be delivered. Now that staff have access to this financial information, they are aware of the necessity to closely track purchase orders, services rendered or not rendered, and payments for customer services rendered to ensure the full and timely accounting of all funds, as well as the monthly determination of how many customers may be activated off the waitlist based on available funds.

Staff have also become more aware of the agency's performance due to the use of this projection tool. Each local team develops its own strategic goals related to agency performance indicators and tracks and monitors team progress toward these goals on the dashboard reports. This aspect of the tool shows staff how their work contributes to agency performance in a very tangible way, and our key informants emphasized that counselors do check their individual and team progress and performance data, particularly near the end of the fiscal year. A key informant said:

We tried to go from being just a service-delivery agency to an outcome-oriented agency where you say, how is what I'm spending this money on for this person actually forwarding the person to a job--not just serving the person but how are they getting to a job and re-focusing our efforts on that outcome that we're aiming for. So they [staff] could understand that their decisions do impact whether people come off the waitlist or not, how long they may wait [...].

While the dashboard reports are easy to access and to understand, DVR plans to more formally train counselors and other staff on how to use the reports and the projection-table data.

Results

a) Agency Level and Performance

The projection tool allows DVR management to track budget, staff, and funding resources. DVR is no longer struggling with budget swings and wide variances in waitlist size and wait time, and has been able to serve individuals with MSD with no wait and individuals with SD with less than a six-month wait for the past five years. A key informant stated that since the agency started using the tool, “We have met and exceeded key performance goals, we've had the highest-percent rehabilitation rate increase in 10 years, staff morale has increased, and we've been able to manage effectively through

challenging human and fiscal resource environments.” The informant added that the agency has also passed several state fiscal audits and successfully completed a recent monitoring review by RSA. A key aspect of DVR’s successful use of the tool has been the team approach, and the continued investment of time updating the data and monitoring the information to apply to decision-making and planning.

Examining data from the projection tool over time provides further evidence of sustainable resource and customer-service management. The caseload table showed an increase from 9,074 average daily cases with employment plans in July 2005 to 16,371 in July 2011.² It also showed an increase in the number of customers with SD activated off the waitlist from 258 in June 2009 to a high of 1,159 in August 2009, with 651 waitlist releases issued in June 2011.³ Waitlist release decisions were managed based on the number of monthly customers with MSD and fiscal and staffing resource information.

The waitlist table showed the longer-term effects of using the projection tool to manage and stabilize both waitlist size and wait time. By managing monthly waitlist releases using a forecasting methodology, the waitlist had 4,869 individuals on it in June of FY 2009 increasing to a high of 6,518 in January and, with managed fluctuations, stood at 4,602 in June of FY 2011.⁴ This stabilization compares to the waitlist high of 13,692 in July of 2004 when individuals with MSD were waitlisted for a year and the number of waitlisted customers exceed the number of individuals with employment plans for the first and only time in the agency’s history. The projection tool was designed and implemented in early 2006 as a result of the agency’s experience in 2005.

DVR uses a dashboard report entitled “DVR Caseload and Rehabilitation Outcomes” to demonstrate to the legislature the VR program’s return on investment, as measured in employment earnings compared to funds invested in employment services. Agency staff collected data on successful outcomes and associated service costs and used the projection tool to calculate a 200% return on program investment against estimated earnings in the first year of employment in FFY 2010.

b.) Staff Level

From a human-resource management perspective, use of the tool has positively impacted staff morale, as well as achieving agency performance goals. As the agency moved towards

being more data-driven, staff were provided with different information and exposed to a new management strategy, as explained by a key informant:

We are real adamant as far as that the more open you are with your data, the better the whole agency can be managed because then everybody themselves can be a manager and have the same information. [...] And it kind of gets back to what you measure; it sends the message of this is what’s important to the organization and if you’re measuring employment outcome data, you’re measuring success rate, things like that. The staff will then focus on that and they attend to it as opposed to just going through the motions and serving consumers without knowing what the impact is in terms of outcomes and meeting RSA’s performance and expectations.

DVR has been able to use the tool to assist in hiring and prioritizing which positions need to be filled first. This prevents any one workforce area from becoming disproportionately understaffed. This level of data-driven decision-making has been helpful to present to state officials, who control when jobs are posted and filled, and to ensure that the best interests of the agency as a whole are served in hiring.

c) Customer Level

A key impact of the tool has been the increased level of information available on the waitlist. Previously, counselors could not give a clear picture of how long a potential customer might have to wait for services. As a result of the tool, counselors can give an accurate estimate of how long it will be. This makes a difference in retention of customers through the wait time to receive services, as well as in satisfaction. In fact, since the implementation of the tool, an increase of 35% in satisfaction ratings was observed in an external survey.⁵

For customers with MSD, a major benefit of the agency’s ability to eliminate the wait time in this category has been observed in their retention data. As explained by a key informant:

If individuals with MSD [...] have to wait a year for service, [...] our response rate for people who have been waitlisted like that is 20 to 40%, actually still there, wanting to go to work and engage with us. We know that when they have no wait [...], the rate of response and employment plan development can be in the 80s and 90s percent.

For customers in all categories, decreased wait times and accurate information about when services will be available

² Wisconsin Division of Vocational Rehabilitation Annual Projection Table. Copy obtained from key informant.

³ Ibid.

⁴ Ibid.

⁵ Key informant communication, July 20, 2011.

have had a positive impact on customer retention and satisfaction.

Another important impact of the projections has been noted in the way counselors respond to customers. In the past, the Client Assistance Program fielded complaints that customers would be told that the agency could not afford particular services since it was almost out of money. With the projection tool in place, there is less of a fear about resources, and all parties have greater levels of access to fiscal information. As a result, counselors are more transparent in their communication with customers and there is a more service-oriented process of deciding whether requested services are necessary or not.

Another outcome of the tool has been the more accurate information the agency has on the needs of and services for individuals with MSD. The agency has learned over time that “There’s some perception that as a group, people with MSD are more expensive than other groups. But that’s not necessarily true. Whatever it costs to serve them and get them to the employment outcome, if you don’t have the resources set aside for them and prioritized for them, then they might not get well served.” This knowledge has altered DVR’s overall approach and decision-making in ways that benefit its MSD customers. A key informant explained:

The most significant impact for the most significant disability consumers is that we are committed to kind of living the letter and spirit of the law to give them priority; to make sure that there is no wait, and using the projection tool helps us do that.

d) External Partners

An additional result of the data-driven approach was highlighted by a key informant from outside the agency. This individual is involved with both the State Rehabilitation Council (SRC) and the Client Assistance Program, and noted that the agency’s increased emphasis on using data to make decisions has influenced the way that the SRC uses data and engages in advocacy. As a result of participating in the evolution of the tool and the agency data-sharing, the SRC asks for particular reports and data points from the agency as well as external disability-advocacy groups when discussing groups and their specific needs. Our key informant noted an increase in credibility with state government officials and agency partners based on the SRC’s shift in advocacy efforts to include evidence. As stated by our key informant,

Before we used data to drive our council recommendations, we were approached by advocates for people who are blind or those with mental illness, each group telling us they receive less effective services than other disability groups. Our council would respond with suggestions for DVR, but without a baseline, we couldn’t measure the impact. Since we’ve been using the performance data, we can share the information with these groups and respond to concerns that are supported by the numbers. This happened following a presentation by a regional epilepsy organization. The outcome data supported their concerns.

As a key partner, the SRC has been able to become a more effective advocate for services both with and on behalf of the agency.

Future Directions

DVR plans to continue to fine-tune the projection tool and to develop training materials to increase staff understanding and use of its content. Further, the projection tool may have potential for applicability to other state VR agencies. The former deputy administrator has presented the projection tool at meetings of the Council of State Administrators of Vocational Rehabilitation and the National Rehabilitation Leadership Institute as well as to the Florida State Rehabilitation Council.

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