Case Studies

The No Queue For You (NOQ4U) Project: A Multifaceted, Coordinated Effort to Eliminate the Waitlist
Maine Division of Vocational Rehabilitation

Vocational Rehabilitation Research & Training Center

Abstract

In February 2009, the Maine Division of Vocational Rehabilitation began to closely examine all agency practices. The purpose was to identify and address existing inefficiencies with the goal of eliminating the waitlist that had been in place since 2001 and moving out of an Order of Selection policy. To implement this effort, called the No Queue For You (NOQ4U) project, the agency formed a steering committee and assigned each member a focus area of the vocational rehabilitation (VR) process, including entering the program, developing and accomplishing an employment plan, and exiting the program. Additional focus areas included staff communication, staff training, and technology and data support to sub-committees. This practice represents a successful effort in eliminating the agency's waitlist while still maintaining a focus on serving customers with the most significant disabilities.

Background

The Maine Division of Vocational Rehabilitation (DVR) has operated under an Order of Selection (OOS) policy in the past, and went back under this policy in 2001. The agency has been maintaining three priority categories, but as of October 2010 there was no waitlist for any of the categories. The three categories are:[1]

- **Category 1:** Most Significantly Disabled (MSD), defined as an individual who has a serious limitation in terms of an employment outcome in four or more functional capacity areas (e.g., mobility, work tolerance, communication, self-care, interpersonal skills, self-direction, or work skills) and whose vocational rehabilitation can be expected to require multiple (i.e., two or more) vocational rehabilitation services; and whose vocational rehabilitation can be expected to require an extended period of time.
- **Category 2:** Significantly Disabled (SD), defined as an individual who has a serious limitation in terms of an employment outcome in at least two or three functional capacity areas (listed above) and whose vocational rehabilitation can be expected to require multiple (i.e., two or more) vocational rehabilitation services; and whose vocational rehabilitation can be expected to require an extended period of time.
- **Category 3:** Disabled (D), defined as an individual who has a serious limitation in terms of an employment outcome in at least one functional capacity area (listed above) and whose vocational rehabilitation is not expected to require multiple vocational rehabilitation services; and whose vocational rehabilitation is not expected to require an extended period of time.

In the fall of 2008, when the wait time was at 25 weeks (just over 6 months) for individuals in category 1 (MSD), while other categories were unable to be served, the VR director at the time set the goal to eliminate the waitlist — an effort that was referred to as "No Queue For You (NOQ4U)." The agency formed a steering committee and assigned a staff person in charge of quality assurance for all VR agencies in Maine (General VR, Division for the Blind, Division for the Deaf/Hard of Hearing) to lead the planning for this effort. This initiative was in response to feedback on VR services from several sources, including the Rehabilitation Services Administration (RSA), the State Rehabilitation Council (SRC), the Office of Program Evaluation and Government Administration (OPEGA), consumer groups, and staff, with the consensus being that VR customers had to wait too long for rehabilitation services.[2]

DVR had tried to eliminate the waitlist in the past, with limited success. In 2005, the waitlist for DVR had reached a high of 53 weeks (just over 12 months) for all categories. Staff (e.g., counselors and supervisors) put in a system-wide effort and were able to reduce the wait time to under six months in

1   Silverstein, Robert. (2008). A description and analysis of the federal and selected state policy frameworks regarding order of selection under Title I of the Rehabilitation Act. Boston, MA: University of Massachusetts Boston, Institute for Community Inclusion.

2   Maine Bureau of Rehabilitation Services. (2009). Entering project plan. Augusta, ME: Maine Department of Labor: Bureau of Rehabilitation Services. Obtained from key informants.

2006.[3] As part of this effort, managers worked closely with a counselor advisory

group to monitor caseloads and expenditures on a monthly basis, and released individuals from the waitlist accordingly. However, one of our key informants said that following this effort the division "hit a ceiling," and was unable to reduce the wait time any further. Time on the waitlist soon went back up to six months, and DVR was concerned that it might continue to increase.

Purpose, Goals, and Implementation

The purpose of the effort was to examine practices that were not efficient and/or central to DVR's mission, bring the focus back to best practices, train staff on these principles and support them in their work, and engage key state-level partners in an effort to coordinate services and funding. The agency looked at all VR practices, from application/eligibility to development of the employment plan to closure. The primary and immediate goal was to reduce the waitlist and serve all eligible customers (from every category) without delay. As described by the agency, the vision for the future of DVR is to provide people with disabilities who want to work the services needed for employment in a timely manner.[4]

In early 2009, a steering committee was formed to drive the effort to eliminate the waitlist. The committee was composed of staff from various functional areas within the agency, including counselors and central-office/administrative staff. It also included representation from the State Rehabilitation Council (SRC), staff from the Division for the Deaf and Hard of Hearing, and staff from the Division for the Blind and Visually Impaired.

The project had several components, including: (a) establish sub-committees to examine current VR agency practices and to recommend actions, (b) manage priorities and introduce changes to support project success, (c) use stimulus funds to hire temporary staff to assist with customers released from the waitlist, (d) offer career-exploration workshops to VR customers, (e) modify/change the priority categorization, and (f) implement a new electronic case-management system. The following section includes a more detailed discussion of these components and how they contributed to the elimination of the waitlist.

A. Establish Sub-Committees to Examine Current VR Agency Practices and to Recommend Actions

In February 2009, the steering committee established six sub-committees. Each sub-committee was headed by a member of the steering committee and charged with the task of examining agency practices during particular stages of vocational rehabilitation. The following stages were the focus: 1) entering the VR program, 2) developing an employment plan, 3) accomplishing the employment plan, 4) exiting the VR program (case closure), and 5) providing technology and data support to other sub-committees. The sixth sub-committee specifically focused on transition-age youth customers.

The sub-committees were largely composed of volunteers based on interest, but the steering committee made sure that each subcommittee had representation from individuals with different roles and perspectives (e.g., counselors, community providers, etc.) and recruitment was done where needed. As the project developed, sub-committees had to coordinate to ensure that they were not taking on the same tasks in areas of overlap.

Each sub-committee was asked to summarize its findings in a report to the steering committee. Reports were to include information about organizations and stakeholders (e.g., staff, customers, referral sources) who were affected or impacted by the work of the sub-committee, potential risks to the work of the sub-committee and suggested strategies for risk prevention, costs (both direct costs and staff time), and measurement indicators, including targets and expected duration. Additionally, sub-committees were responsible for helping to implement the changes after recommendations and plans had been approved by the steering committee. The agency estimated that investigating practices and implementing changes would cost about $3.5 million and would require almost 85,000 hours of staff time.[5]

These sub-committees were temporary to the life of the project, and included 7–18 staff each. The following describes the goals and scope of each committee.

1) Entering the VR Program[6]
This sub-committee was charged with reviewing how

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3   No Queue For You (NOQ4U) Elimination of the DVR waitlist project definition. Augusta, ME: Maine Department of Labor: Bureau of Rehabilitation Services. Obtained from key informants.

4   Ibid.

5   Maine Bureau of Rehabilitation Services (2009). No Queue For You (NOQ4U) Elimination of the DVR waitlist project definition. Augusta, ME: Maine Department of Labor: Bureau of Rehabilitation Services. Obtained from key informants.

6   Maine Bureau of Rehabilitation Services (2009). Entering project plan. Augusta, ME: Maine Department of Labor: Bureau of Rehabilitation Services. Obtained from key informants.

residents of Maine with disabilities enter the VR system, how eligibility determinations and OOS categorizations are made, how work readiness is determined, how trial work experiences are used as an assessment tool, and the potential utility of the extended evaluation status.[7] Sub-committee members were also asked to look at the processes for information and referral; communication strategies/messages to staff, potential customers, and referral sources; orientation procedures; and customer recidivism. These aspects were identified as important to the overall goal (eliminating the waitlist) because it was thought that if the agency could improve how customers entered the VR program, then those who were "work-ready" could be served more quickly and more appropriately.

Deliverables from this sub-committee were to propose any procedural or rule changes and provide recommendations regarding referral, intake, orientation, eligibility, work readiness, trial work, and OOS. Measurement indicators and improvement targets were related to increased standardization and accurate application of the priority categories, a decreased number of customers on the waitlist in categories 1 and 2 (MSD and SD), decreased wait time, and an increased number of customers who participate in extended evaluation prior to eligibility determination.

2) Developing an Employment Plan[8]

This sub-committee was charged with examining issues related to customer readiness to participate in the development of vocational goals and service plans aimed at obtaining a desired job. This included counselor practices and available tools and tracking systems that might improve the process.

Committee members were asked to look at the process of notification of customers that they were off the waitlist, rehabilitation needs (rationale for the plan and services), transition caseloads and vocational planning, situational assessments, trial work plans, diagnostic tools/purchasing of services, career-exploration workshops, time-in-planning status, assistive technology as part of the assessment, addressing current cases in the planning status (status 10), assessing customer motivation, assessing/identifying funding sources for long-term support, and computer support for case management of cases in status 10. These

issues were identified as important because in the two years prior to the development of this sub-committee, DVR received feedback from RSA and state-level monitors that an improvement was needed in the specificity of employment goals in plans and greater documentation of purchased services that were specific to the vocational goal.

Deliverables from this sub-committee included: create a plan to eliminate long-term cases in the planning status (status 10), eliminate the use of the OOS/ waitlist status, identify training needs for staff regarding assessment and IPE writing, and develop a sustainable casework process that can be used consistently across the state to complete assessments and write IPEs. Measurement indicators and improvement targets were related to increasing the specificity of employment goals in plans, reducing the time customers spend waiting for a plan (i.e., increasing timeliness of services), and the elimination of the OOS/ waitlist status.

3) Accomplishing the Employment Plan[9]

This sub-committee was charged with examining issues related to service provision necessary for customers to reach their vocational goals. Areas of focus included services[10] provided directly by the agency, as well as those purchased from vendors/community rehabilitation providers (CRPs). The sub-committee examined the process for purchasing services as well as the relationship between DVR and the providers of what are called "comparable benefits."[11]

Sub-committee members were asked to look at the process of vocational counseling and guidance, post-secondary training, CRP services, self-employment services, purchasing of technologies and goods and support services, service spending trends, length of time of cases, caseload size, territories, caseload specialties, employer/business relationships, partnerships with career services, comparable benefits, and technologies to support field office staff working

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[7] Extended evaluation is a VR status used to assess work skills/work tolerance to determine eligibility and likelihood to benefit from VR services. Extended evaluation may include trial work.

[8] Maine Bureau of Rehabilitation Services. (2009). Plan development project plan. Augusta, ME: Maine Department of Labor: Bureau of Rehabilitation Services. Obtained from key informants.

[9] Maine Bureau of Rehabilitation Services. (2009). Plan accomplished project plan. Augusta, ME: Maine Department of Labor: Bureau of Rehabilitation Services. Obtained from key informants.

[10] Services included: vocational counseling and guidance, job development/job placement, job coaching, on-the-job training, training/education, tools and equipment, information/referral, physical/mental restoration, home/vehicle modifications, rehabilitation technology, interpreters, occupational licenses, self-employment assistance, and ongoing supports/supported employment.

[11] When writing employment plans, VR counselors are required to seek out "comparable benefits," which are other sources of services specified in the customer's Individual Plan for Employment. For example, if an individual needs a durable medical device in order to work, the VR counselor will often assist the customer to try to get medical insurance (public or private) to pay for all or part of that device.

out of base offices. These issues were important to the overall goal of eliminating the waitlist because of the potential to identify areas of cost savings and increases in efficiency so that a greater number of customers could be served at once.

Deliverables from this sub-committee included: recommendations for areas of change to the process of providing services to customers as well as recognition of what is currently working well; proposals for best practices, guidance memos, and procedural directives where warranted; and training recommendations. Measurement indicators included: reducing costs for job development and placement services by 10%, reducing the time in active status for individuals deemed "job-ready" by 10%, decreasing active caseload size by 20%, increasing the rehabilitation rate for the agency, and decreasing the average time to closure for those who are deemed "employment-ready" by 10%.

4) Exiting the VR Program (Case Closure)[12]

This sub-committee was charged with examining issues related to how customers exit the VR program. Sub-committee members were asked to look at customer recidivism, how cases are identified to be closed, the process of closing cases (including documentation, communication with customers, case record notes, case management tools, staff training), defining successful/unsuccessful closures, criteria for employment (self-employment, community employment), and long-term support.

Deliverables from this sub-committee included: delineating best practices for case closure, identifying and training staff involved in case closure (including counselors, supervisors, rehabilitation technicians, and office support staff), recommending changes to case reviews related to closure (including the case closure checklist), and creating procedural directives. Measurement indicators included: a 20% increase in successful closures, a reduction in the number of customers re-applying after closure (recidivism), reduced time in status, and lower case costs of services (as evidenced on individual cases, caseloads, regions, and statewide).

5) Providing Technology and Data Support[13]

This sub-committee was created to support the technology needs of all the other sub-committees as they conducted their

investigations and implemented the recommended actions. Support was provided for both communication and data. The sub-committee was also responsible for implementing a new electronic case-management system (explained later). As opposed to the other sub-committees that were formed to address an aspect of VR services, this group was created to react to other committee needs and provide data and technical support.

In terms of communication support, one major role of the sub-committee was to create and maintain project websites where all sub-committees could communicate with agency staff and each other, including consulting on accessibility and technology options for these websites. A newsletter was posted every two months to keep staff and stakeholders informed of the project's progress.[14] Additional responsibilities were to obtain DVR data upon request, convert documents to accessible formats, identify and implement the next generation of the electronic case-management system, and maintain the current electronic case-management system during the transition period. The agency is currently in the process of converting their case files to a new electronic system, and this sub-committee is heavily involved with that continued effort.

Deliverables for this sub-committee included: building the webpages to support the organizational change effort, and identifying and implementing an electronic case-management system to replace the current one. Measurement indicators for this committee included: timeliness of meeting requests for data and milestones. This is an area where no previous data existed, so improvement targets were not available at the time of the key informant interviews.

6) Focus on Transition Youth[15]

This sub-committee was created to look at the work submitted by the other sub-committees and determine if the recommendations need to be modified for service delivery to transition-age youth. The sub-committee was asked to look at the process youth go through to enter VR (information and referral, consistent messages to staff/ referring agencies/ potential customers regarding agency purpose, work readiness, orientation, etc.), plan development (career exploration, time in planning status, addressing current cases in status 10 (e.g., customer is eligible, but has not developed an employment plan), long-term support funding),

[12]   Maine Bureau of Rehabilitation Services. (2009). Entering the vocational rehabilitation system project plan. Augusta, ME: Maine Department of Labor: Bureau of Rehabilitation Services. Obtained from key informant.

[13]   Maine Bureau of Rehabilitation Services. (2009). No Queue For You (NOQ4U) technology and data support project plan. Augusta, ME: Maine Department of Labor: Bureau of Rehabilitation Services. Obtained from key informant.

[14]   Communication with key informant (2/19/11).

[15]   Maine Bureau of Rehabilitation Services (2009). No Queue For You (NOQ4U) for transition project plan. Augusta, ME: Maine Department of Labor: Bureau of Rehabilitation Services. Obtained from key informant.

plan implementation (including services, especially college training), and exiting the VR system.

Deliverables included: recommendations about the process of entering the VR system (e.g., providing consistent information to referring agencies and potential customers; orientation materials, referral procedures and timing, and training to counselors), process of plan development (e.g., use of career-exploration workshops and other career-development tools, protocols for time in employment planning status and plan development, and procedures for identifying and securing long-term funding), and plan implementation recommendations (e.g., how youth customer services are viewed as compared to adult services in terms of case length, and equipment for transition counselors who work off-site more often than other counselors). Measurement indicators included: a standard that employment plans for students be written by the time the student leaves the school setting, active participation of students in career-exploration workshops and contact with their vocational counselor regarding these experiences, and an enhanced process of caseload management to ensure eligibility for long-term support when needed.

b) Managing Priorities and Introducing Changes to Support Project Success

A major task inherent in the success of implementing the changes associated with the project was communication. Key informants noted that it was important to initiate and maintain two-way communication with both internal staff and key external service partners (e.g., the SRC, legislature, other state-level adult disability service agencies). Several strategies were used to facilitate information sharing and opportunity to give feedback both internally and externally.

One key strategy was that each sub-committee posted its meeting minutes and project plans on an internally managed intranet. Staff were able to access this website to see any updates and learn of upcoming changes to their daily work. Additionally, the agency began distributing a newsletter to VR counselors and agency staff, as well as the commissioner of the state Department of Labor (VR's parent agency), the SRC, legislators, and the state developmental disability and mental health agencies. A third method was the use of "fireside" (during winter months) and "poolside" (during summer months) chats where the bureau director led discussion among agency staff regarding the status of the project and then during a second hour the discussion was opened up to individuals external to the agency who were interested in participating. The language used to describe the project was kept to common terms that everyone would understand to give updates, and also to provide a forum for attendees to give feedback.

The work of the sub-committees had a major impact on the way DVR functioned following their recommendations of changes. However, a challenge inherent in receiving these recommendations was determining how to implement and prioritize the changes. Aside from the deliverables of each sub-committee, the process that the groups went through to develop recommendations was useful to agency leadership in terms of implementation.

The director attended many of the project team meetings and was therefore privy to some of the "hashing out" of issues associated with the recommendations and understood the viewpoints of staff in different positions (e.g., counselors, clerical staff, supervisors, and regional mangers). Prior to implementing the recommended changes and actions, the agency organized an all-day event. The day was planned as a celebration of the hard work and accomplishment of the project staff, and also served as an opportunity for staff from the sub-committees to present their recommendations.

At this point, staff involved in the project provided feedback on the recommendations and then how the agency should move forward, including how to inform all staff. From these discussions, the steering committee planned how to implement the changes, including informing managers and supervisors and then informing and training local office staff. Agency management used a plan-do-check-act (PDCA) method to prioritize and implement changes. The agency also has a counselor advisory group that the steering committee used to get feedback on proposed changes.

Some of the most prominent examples of the strategies associated with the project are described below, including how the temporary staff were used, the career-exploration workshops offered to VR customers, the changed process of determining priority categories for customers, and the development and implementation of the new electronic case-management system.

c) Use Stimulus Funds to Hire Temporary Staff to Assist with Customers Released from the Waitlist

In spring 2009, DVR decided to use American Reinvestment and Recovery Act (ARRA) funds to hire 16 temporary rehabilitation assistants to assist with contacting customers from the waitlist or vacant caseloads (individuals who had been out of contact for a long time). Staff in these positions started contacting customers in active status and as they were

released from the waitlist to ascertain whether the person was ready and available to engage in VR services. If the customer said yes, he or she was invited in for an appointment. If a customer was unsure, or thought that he or she was not ready to engage in services at that time, then staff discussed options for closing their case with the hope (as a result of the work being done) that the person could re-apply with no waitlist in the future.

The agency had an ambitious goal for the project: to eliminate the waitlist by October 1, 2010. The temporary staff were viewed as an essential element of meeting that goal. These staff were dispersed throughout the state, based on office needs (e.g., ratio of counseling staff to clerical staff, ratio of supervisors to counselors, etc.). Local managers were able to use them in a variety of capacities, as long as their first priority was to help with tasks directed at eliminating the waitlist.

To fill these positions, the agency recruited individuals with clerical backgrounds and experience working with people with disabilities. They were interested in finding staff with excellent organizational, problem-solving, and interpersonal skills (e.g., contacting customers by phone, scheduling appointments, keeping track of case files). The agency had hiring plans for these positions, so that across the state there was consistency among hiring managers on desired applicants and interview questions. At least partially due to a slow economy, the agency received an overwhelming response to the postings and had approximately 130 applicants for 16 positions, providing an excellent pool of highly qualified applicants.

There has been some turnover within these positions, with some of the ARRA employees taking on counselor positions with DVR or other positions within the state Department of Labor, knowing that the ARRA-funded positions were scheduled to end in September 2011. The knowledge that the positions were temporary required that offices be strategic in how they used the extra help, so that they did not become permanently reliant on the temporary staff.

Other roles for the temporary staff included supporting counselors and running the career-exploration workshops, and they also engaged with the customers coming into the office off the waitlist and from vacant caseloads. Temporary staff contacted customers and kept records on whether the customers re-engaged as a result. This information was collected by the temporary staff and the data was maintained by a management analyst who was also hired on temporary funds. The analyst was housed in the central administrative office, and was dedicated to tracking and reporting the results of the waitlist project, including efforts to contact customers, the revised OOS tool, and the career-exploration workshops. The result was an increase in customers on caseloads who were actively engaged and participating in services and a decrease in customers who were not progressing or were out of contact with the agency. In addition, the agency was able to make progress in contacting people on the waitlist while at the same time continuing to take applications from new customers.

Key informants acknowledged that they benefitted from the stimulus money as a temporary source of funding for additional staff as the waitlist release effort took place. The NOQ4U project was being planned at the time that ARRA money was becoming available. Otherwise, the agency would have had to find another mechanism for eliminating the waitlist that did not include the hiring of temporary staff.

d) Offer Career-Exploration Workshops to VR Customers

As stated earlier, one sub-committee specifically focused on the process of developing employment plans with customers. Even prior to the work of the sub-committees, there was a project team developing career-exploration workshops to assist customers in considering and identifying their job goals and current level of work readiness. The sub-committee work was focused on the implementation of the workshops statewide, and consideration of how the roll-out of the workshops related to other changes in practice being asked of staff.

When considering how to reduce the waitlist, DVR staff consulted other states that had successfully dealt with the same issue. Staff with the Washington state DVR shared their tools, including the career-exploration workshops that they used with customers coming off of the waitlist. One of our key informants said that a staff person in northern Maine had recently moved from a counselor position in the state of Washington, and the agency used this person to set up a model of a five-day workshop. DVR also contracted with an outside source to develop a curriculum. Additional tools used in the workshop included the Employment Readiness Scale and the World of Work Inventory, which the agency purchased and trained staff to use. These tools are also being used in Washington state DVR. Maine DVR is in the process of customizing the career-exploration workshop for transition-age youth, to be piloted and used within school systems. Alterations are being made to workshop duration (to fit within a 45-minute class period) and content (reading

level, pictorial depictions for non-readers, etc.).

The initiative to provide a career-exploration service to customers came from the desire to provide more comprehensive vocational counseling and guidance during employment plan development. A key informant explained that in some cases, counselors were progressing to the plan with customers without a full understanding of skills, functional limitations, and interests, and there was a need to "get back to the basics of voc rehab." The workshops provided a framework to ensure that these issues were explored with customers prior to implementing the plan, and to help inform the comprehensive assessment that takes place from application to plan development.

During the waitlist release effort, customers were offered the workshop when they came off the waitlist and came to an office to meet with their counselor. The curriculum for the workshops has been refined over the last three years, and the agency has some preliminary data showing reduced time and case cost with participation. The focus on career exploration helps ensure that customer expectations are consistent with the purpose of VR and remain centered on employment. The agency seeks customer feedback on the workshops, and receives mostly positive comments. An informant said that even some of the customers who are reluctant and somewhat resistant to the workshops in the end give very positive feedback about their experience.

e) Modify/Change the Priority Categorization

Another change that impacted the waitlist and ensured priority access for individuals with MSD was the process that the agency used to place customers into priority categories. A tool was developed, as a result of the work of the Entering the VR System sub-committee and a recommendation made by the RSA monitoring team, and was implemented in January 2010. This tool is modeled after the one used in Washington DVR, with some state-specific modifications. Feedback from the field has been that the tool is clearer and more user-friendly than the previous materials. This is largely because it walks counselors through the definitions, describes serious limitations in detail, and gives examples in each functional area. Additional materials include questions to ask customers during interviews and examples that differentiate substantial limitations from limitations that would not meet the definition.

The previous system for categorizing resulted in most people (about 90%) being put in category 1 (MSD). The new tool, which lays out more specific criteria for each category and increases the number of required functional limitations

to four from the original two, has resulted in a decrease in customers categorized in category 1 to approximately 45%. According to our key informants, approximately 25–30% of customers are now placed in category 2 (SD), and the remaining 25–30% in category 3.[16] DVR staff feel that this breakdown of customers is more accurate.

In contrast to some other states, DVR did not go back and re-categorize anyone prior to the implementation of this new policy. To check for quality and standardization of application of the new policy, the quality-assurance unit looks at data and the distribution of customers being placed in each category. In addition, regional managers and office supervisors complete case reviews of the paper forms where counselors document and explain functional limitations, and that information is reported back.

Our key informants noted that the success of this policy was largely due to the high level of cooperation from staff, and credits that to the fact that the idea came from the staff involved with the committee, which included employees from different job roles within the agency. It was also clear that this policy was part of a larger project to eliminate the waitlist, and since agency staff wants to achieve this goal and be able to serve everyone, they were more willing to make changes to their individual caseloads that reflected the new policies.

f) Implement a New Electronic Case-Management System

Our key informants stated that DVR recently put out a Request for Proposals (RFP) to hire a vendor to replace their electronic case-management system. This is the result of the work of the technology and data support sub-committee. The current system is approximately 15 years old and was described by one of our key informants as "homegrown." DVR also contacted Washington DVR to discuss its case-management system and experiences with upgrading and using it to support the case-management functions of staff.

DVR has chosen to purchase the electronic case management system AWARE, developed by Alliance Enterprises. The new system will allow counselors and staff to see data in real time, including their progress towards performance goals and tasks that are due, sort their caseload by referral source (e.g., school system for transition counselors), and perform other functions that they are unable to do with the current system, which is a hybrid between electronic and paper-based system. A particularly important new feature given Maine's geography and population distribution is remote access, which was

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[16] Information obtained from key informants.

requested by many counselors.[17] A major improvement associated with the new system is anticipated to be greater ease in ensuring data quality (i.e., monitoring accuracy of information entered) as well as creating and sharing data reports, which were both limitations of the old system.

Results

Due to the coordinated effort, Maine DVR was able to eliminate its waitlist and serve customers in all categories starting in October 2010. Major milestones were accomplished in April 2010 (waitlist was eliminated for all customers in category 1) and June 2010 (waitlist was eliminated for customers in category 2).[18] Additionally, several procedural directives and documents now exist for use by field staff in order to improve and standardize service delivery. These include: referral/application/intake materials, trial work/extended evaluation materials, OOS certification (including functional limitations indicators and significance of disability guides), student brochures, communication tools, and checklists for both successful and unsuccessful closures. DVR is also working on a new case-management system that will allow staff to monitor their own caseloads more effectively and to progress towards performance goals.

Other benefits of the work of the steering committee included participation in a major cost-saving initiative involving purchasing of hearing aids. DVR recently joined in a three-state contract (MI, ME, and MN) to purchase hearing aids directly from the manufacturer. This change (implemented in October 2010) is expected to save the agency 50–70% of the cost of purchasing hearing aids across the state. (Previously, the agency spent approximately $500–600K a year for hearing aids.) All public agencies in Maine (including Department of Health and Human Services and Medicaid vendors) will purchase hearing aids this way. Audiologists across the state, who were previously the vendors for purchase, will now provide services related to dispensing and fitting the hearing aids. The agency is looking to make a similar change in how it purchases eyeglasses.[19] These significant reductions to the cost of purchased services are important in keeping the agency from having to start a new waitlist because of limited financial resources.

An additional benefit of the initiative mentioned by our key informants was the improved working relationship between DVR and its partners, most notably, the Developmental Disability and Mental Health agencies. The emphasis on communication during the project period helped reinforce these relationships and promote the message that collaboration is needed in order to continue to assist people with disabilities in Maine to achieve independence and community integration.

As a result of the project and these improved communication strategies, partners have a greater understanding of the role of VR as well as what other agencies can do to support their customers in work. Our key informants noted that this is a great improvement from the past, where any work-related need of an individual with a disability was considered the responsibility of the VR agency. Now case managers are getting involved in work support, and funding under MaineCare[20] is considered for employment-related expenses. From developmental services, approximately 3,000–4,000 people are receiving waivers for long-term employment supports.[21]

With respect to Maine's provider agencies, the elimination of the waitlist was very positive. Providers gave feedback throughout the project, and having a CRP representative on the steering committee helped identify issues that were relevant to providers and had to be considered when implementing changes. One example was the career-exploration workshops and how they were explained to providers so that they did not feel that a potential service of theirs was being threatened.

Some outcomes of the project relevant to maintaining good working relationships with providers include a series of trainings provided through the Region 1 RSA Technical Assistance and Continuing Education (TACE) Center. These trainings focus on technical writing, and are aimed at improving the quality of referrals and requests for assessments and reports from the CRPs. Upcoming agency work that also concerns providers includes the recommendation to look at the agency CRP service budget and outcomes. A committee was formed in early fall 2011 including representation from CRPs (approximately six

[17]   Communication with key informants.

[18]   Maine Bureau of Vocational Rehabilitation Services (2010, June). No Queue For You (NOQ4U) eliminate the waitlist newsletter. Augusta, ME: Maine Department of Labor: Bureau of Rehabilitation Services. Obtained from key informants.

[19]   Information obtained from communication with key informants.

[20]   MaineCare is the public insurance program run by the Maine Department of Health and Human Services. MaineCare administers health-care financing and benefits. Source: Maine Department of Health and Human Services. (2008). MaineCare member handbook. Retrieved from http://www.maine.gov/dhhs/oms/

[21]   Information obtained from key informants.

representatives) and VR staff (six to eight representatives) to focus on how to improve CRP relations, outcomes, and services.

Key informants acknowledged that this initiative required a lot of cooperation from all DVR staff, and would not have been successful without their buy-in. Communication was key to project success. Even though there were a lot of difficult changes to policy and procedure over a relatively short time frame, staff and key partners had the opportunity to comment and give feedback all the way through. The facilitative and transparent leadership style was likely a large part of the project's success. A key informant summed up the difficult change process:

> *The change was happening and it was hurting, but there was a light at the end of the tunnel. We had a reason, we were going towards a goal and we were measuring how we were getting there. So it did take a while and there was a lot of skepticism. And, you know, thinking, "Oh, this is more change, it's just another one of those things that you just do and what you've got to accomplish." And I think there was some skepticism out there, but I think people really did buy into it because people did have a change to—they saw it was headed in a good direction and actually accomplishing something and they were having input.*

Another characteristic of the Maine agency that supported the project's success was the personal relationships between staff in different areas of the state. A key informant noted, "We're not a very large agency, so that probably made it easier too. You pick up the phone and […] send a quick e-mail and get a quick response to your question. […] We don't have to go through a lot of layers."

Additional upcoming projects related to this initiative include modifying the career-exploration workshops for individuals with developmental and intellectual disabilities, as well as use of community rehabilitation providers to increase employment outcomes. At this point, the agency is focusing on continued development and implementation of the electronic case-management system, as well as preventing the need for a new waitlist.

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