

Indiana Vocational Rehabilitation

Quarterly Employment Provider Capacity Survey

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PUBLIC
CONSULTING GROUP

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INTRODUCTION

BRS understands that Employment Service Providers have faced considerable barriers and challenges to maintaining qualified staff to provide employment services. To plan and determine appropriate resources, BRS wishes to better understand gaps and needs. On behalf of the Indiana Bureau of Rehabilitation Services (BRS), Public Consulting Group facilitated the first Quarterly Employment Provider Capacity Survey. Each quarter, there will be a 2-week window for submissions. PCG will collect and analyze data over time to provide additional information and greater context to the needs of providers.

The following results will be used to better understand the capacity needs of providers across the State. Ultimately, this information can be used to make decisions on how to support providers and how to optimize supports for program participants. The aggregated information will be available to providers on a regular basis to share information and trends and can be used by providers to inform strategic planning and capacity building.

SURVEY METHOD

PCG collaborated with BRS to develop survey questions to better understand employment service providers' capacity over time. PCG used Qualtrics, an accessible survey platform, to distribute the survey online from November 18, 2021, through December 9, 2021. PCG provided a survey link via email to its listserv. Other partners, including BRS, INAPSE, and INARF also distributed this survey. PCG asked the survey to be completed by a representative of each location of an Employment Services Program. The survey provided the opportunity for respondents to share the survey with their colleagues as well. This method, called snowball sampling, increases the likelihood of responses from individuals in the field. One limitation of this sampling method is that it is not possible to calculate a response rate. Forty-six (46) organizations submitted fifty-two (52) total entries for different locations.

The survey did not require answers to individual questions and the number of responses varies by question. Subsequently, each table lists the total number of responses to that question. These results are described and analyzed in the following text. Following the analysis, PCG provides recommendations to for BRS consideration.

RESULTS AND ANALYSIS

Results and analysis from the survey are organized in the following sections: service area, staffing, employment services, and open responses. Analysis is provided by question for each question asked in the survey. Based on this analysis, recommendations are provided for BRS' consideration.

TABLE 1 EMPLOYMENT TEAM SIZE

Number of Positions	%	Count
1-3	34%	17
4-7	40%	20
8-12	12%	6
13-20	8%	4
21+	6%	3
Total	100%	50

2. Please identify the greatest number of unfilled positions you have had at a given time over the last 3 months.

Fifty (50) individuals responded to the question. The majority of respondents (46%) indicated they had 1-2 vacancies on their team. The next highest group (30%) indicated they did not have any vacancies in the last three months. The respondent who indicated 'Other', stated their only employment specialist was off for surgery for a time period. Table 2 represents all answers.

TABLE 2 GREATEST NUMBER OF UNFILLED POSITIONS

Number of Unfilled Positions	%	Count
+5	8%	4
3-4	14%	7
1-2	46%	23
None	30%	15
Other (please tell us)	2%	1
Total	100%	50

Table 3 further analyzes this information by the size of the program. Trends indicate that the larger the program, the more openings there are. However, it is notable that two openings in a program with 4-7 individuals may have the same impact, or greater, on caseloads as having four individuals missing on a 20-person team. Results also indicated that all programs report openings, regardless of the size of the organization.

TABLE 3 OPEN POSITIONS BY SIZE OF PROGRAM

Program size (n)	Number of Open Positions			
	0	1-2	3-4	5+
1-3 (17)	7	8	1	
4-7 (20)	8	11	1	
8-12 (6)		4	1	1
13-20 (4)			2	2
21+ (3)			21	1

EMPLOYMENT SERVICES

The next questions ask about the length of time from referral to first employment service.

3. *On average, it takes program participants more than two weeks from date of referral to receive their first employment service.*

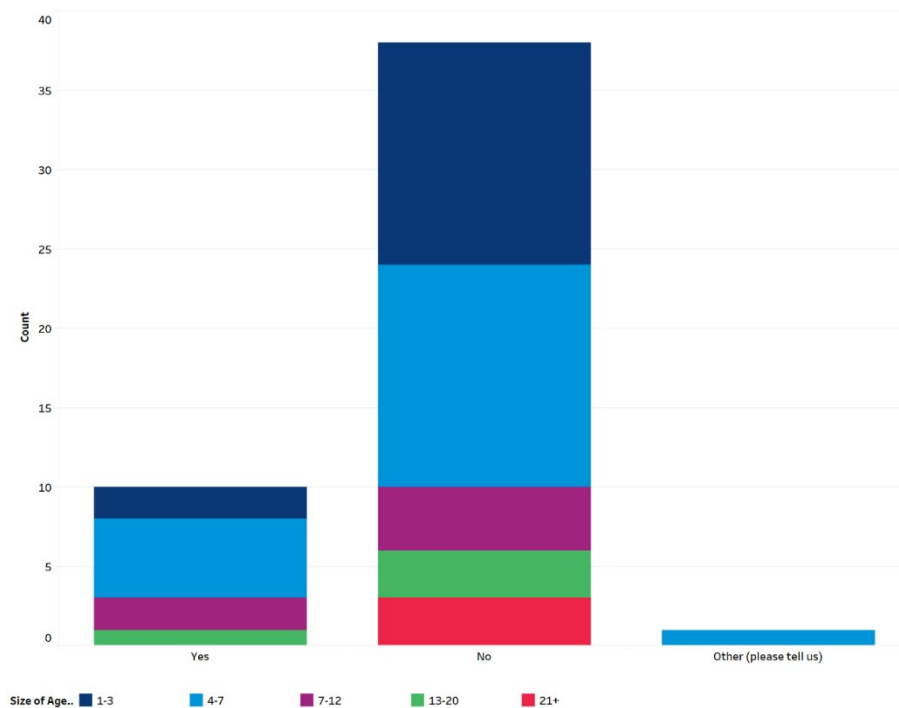
Fifty-one (51) individuals responded to the question. Over three-fourths of respondents answered 'No' to the question. Table 4 represent all the responses. One respondent answered 'Other' and stated that it 'Depends how quick the client is able to meet with us for their service'.

TABLE 4 REFERRAL TO FIRST EMPLOYMENT SERVICE

Answer	%	Count
Yes	22%	11
No	76%	39
Other	2%	1
Total	100%	51

Figure 3 examines the size of the program with the average length of time it takes from referral to first employment service in. Results indicate that respondents representing different sizes of providers take longer than two weeks. While no respondents representing teams greater than 20 responded with 'yes', this is also the smallest group of respondents.

FIGURE 3 LENGTH OF TIME BY PROVIDER SIZE



4. You indicated it usually takes more than two weeks from date of referral to the first employment service. Please indicate how many weeks, on average, it takes.

Eleven (11) respondents indicated that ‘it usually takes more than two weeks from date of referral to the first employment service’. The majority (72.73%) of the respondents indicated that it takes 2-4 weeks on average from referral to the first employment service. The respondent who chose ‘Other’ stated it took 1-2 weeks on average. Full responses can be seen in Table 5 below.

TABLE 5 AVERAGE WEEKS FROM REFERRAL TO FIRST EMPLOYMENT SERVICE

Average Weeks	%	Count
2-4	73%	8
5-9	9%	1
10-12	0%	0
13	9%	1
Other	9%	1

5. In the last three months, what is the longest it has taken to go from the date of referral to first employment service for all program participants?

Fifty-one (51) individuals responded to the question. The majority (62.75%) of respondents indicated that it takes 2-4 weeks ‘from the date of referral to first employment service for all program participants’. Eleven (11) individuals responded ‘Other’, and their responses can be found in [Appendix 1](#). Table 6 represents all responses.

TABLE 6 LENGTH FROM REFERRAL TO FIRST EMPLOYMENT SERVICE

Average Weeks	%	Count
2-4	63%	32
5-6	10%	5
7-9	6%	3
Other	22%	11

Highlights of the ‘Other’ responses include:

- Average response was 5-10 days
- One respondent stated 6 months
- One respondent stated the requirement of within 2 weeks

6. What delays services getting started? Please rank the below from the greatest impact in delays to the least.

Fifty (50) individuals ranked their perceptions of the greatest impact in delays from greatest to least, with 1 being the greatest delay. Table 77 summarizes responses by ranking for each delay. Most respondents (60%) identified not being able to reach the participant as the greatest delay. The second largest group (24%) felt that not having enough staff had the greatest impact. Transportation (28%) and high caseloads (26%) were the highest ranked two delay. While thirteen (13) individuals indicated ‘Other’, additional information was not provided.

TABLE 7 GREATEST DELAYS

Delay	Ranking					
	1	2	3	4	5	6
We do not have enough staff	24%	10%	10%	26%	26%	4%
Cannot reach the participant	60%	14%	22%	4%	0%	0%
Barrier to transportation	2%	28%	20%	28%	18%	4%
Documentation/paperwork	8%	16%	32%	12%	30%	2%
High caseload	4%	26%	14%	22%	24%	10%
Other (tell us more)	2%	6%	2%	8%	2%	80%



OPEN RESPONSES

The survey prompted respondents to answer an open-ended question to enhance the insight and information collected through this needs assessment. Responses to these questions have been reviewed and analyzed.

7. *Is there anything else you would like to share regarding the capacity of your organization?*

Twenty-eight (28) individuals responded to the question. Across responses, the following themes emerged:

- Reimbursement rates make it hard to pay a higher wage
- Providers are growing and can handle a larger staff and number of participants
- Turnover and hiring appropriate staff make it hard to have a full staff

“We have a sufficient number of positions within the department, but lack of appropriate candidates or ability to retain newer staff is main issue. Most leave due to demands of the job or pay.”

All responses to this question are in [Appendix 2](#).

8. *What other information would you like us to gather from providers that could help with planning and capacity building?*

Twenty-one (21) individuals responded to the question. Requested information included:

- True cost of staff, average coach wage, average specialist wage, and fringe benefits
- Wage ranges and incentives used for staff retention
- Average number of individuals assigned to caseloads
- Number of referrals and closures

All responses to this question may be found in [Appendix 3](#).

RECOMMENDATIONS

PCG provides the following recommendations based on results and analysis of survey data.

1. Continue Gathering Data

PCG recommends the continued deployment of the quarterly survey to gather additional data. By gathering additional data points over time, more in depth analysis can be conducted that can support organizations, and BRS, in making data-based decisions that support the capacity of providers.

2. Digging Deeper

The majority of respondents provide an employment service within two weeks of a referral. However, additional information can clarify what successful practices look like. PCG recommends further exploration of the sequence of effective practices to document and disseminate it across the state.

3. Additional Data Measures

In addition to the clarification identified above, PCG recommends that BRS explore the following requested data elements identified by providers:

- True cost of staff, average coach wage, average specialist wage, and fringe benefits
- Wage ranges and incentives used for staff retention
- Average number of individuals assigned to caseloads
- Number of referrals and closures

CONCLUSION

In the first deployment of this capacity survey, 46 respondents serving all counties across Indiana provided information about their capacity, examining multiple factors such as staffing as well as other barriers to timely service delivery. As the process continues, PCG has provided a set of recommendations to refine the process to maximize the impact and usability of the evaluation process.

APPENDIX 1

In the last three months, what is the longest it has taken to go from the date of referral to first employment service for all program participants? Other (tell us more) - Text
some may only take 1-1.5 weeks
We were required to meet with a client within 2 weeks or the VR office would pull the referral and send them to another provider.
10 days
Longer wait time due to staff shortage
six months
1-2 weeks
generally between 7-10 days
5 days
5 days
Usually 1 if the participant answers engagement attempt and doesn't no show/cancel

APPENDIX 2

Is there anything else you would like to share regarding the capacity of your organization?
The difficulty of covering surrounding counties when we aren't reimbursed for travel time and only mileage by VR. We pay our staff .42 per mile to travel but are reimbursed .39. We have to pay hourly for staff to drive to surrounding counties but aren't reimbursed for travel time. We actually lose money for this service
We have added 4 new Employment Specialist positions and 7 new Job Coach positions to the team. We have significantly raised the starting hourly wage and significantly raised the wages of current team members.
no
We have had some struggles but are trying to get back on track.
Our network is large enough to cover and manage 8 counties effectively and efficiently.
growing still
No
No
no
We have the capacity to manage and supervise a large employment staff (18 -20). The ability to recruit, hire and retain staff is the # 1 barrier to increasing our capacity to serve more and eliminate our wait list. Our starting pay for EC's is competitive or better than most providers. However, it is still low and a barrier to finding and retaining quality staff. The current rates are not sufficient to allow us to pay more. Despite this fact, we recently raised our starting pay by \$2,000 annually and did a salary increase for existing staff in an effort to prevent more EC's from leaving the organization.
We have a sufficient number of positions within the department, but lack of appropriate candidates or ability to retain newer staff is main issue. Most leave due to demands of the job or pay.
We are very small startup and growing while trying to prepare for first CARF survey.
Our organization is taking steps to reduce burnout among employment specialists by limiting the caseload for each specialist to no more than 15 and transferring participants between specialists after one year of service.
We are considering expanding our employment services to other counties.
We continue to work on paying our employment service staff higher so we can ensure consistency and quality of service.
Turnover hurts at times
None
It is hard to know when you will get an influx of participants, you never know when and informed choice will turn into a participant, or you get a participant out of the blue
the reimbursement rates for services are not conducive to paying staff enough money to hire and retain participants.
It takes time for hiring and training of qualified personnel who are professionals and then in the job market, obtaining individuals with a passion at a low rate of pay and decent benefits is challenging.
We are adding an additional staff member. Pay seems to be an issue, we pay \$14.50 per hour.

Is there anything else you would like to share regarding the capacity of your organization?
As we have expanded, our waitlist has decreased
We have capacity and need more client referrals
Lots of interviews scheduled, but no one hardly shows up. Of offers made, low wage is noted as the reason offers aren't accepted.
Capacity is affected by our ability to hire people, but it does not delay us from serving people.
Current reimbursement rates limit ability to grow staff to lower caseloads
We tend to serve traditional individuals. We are gaining knowledge in MH. We are weak in staff with criminal background strength.
NA

APPENDIX 3

What other information would you like us to gather from providers that could help with planning and capacity building?
Understanding unique communication needs of consumers (e.g. Deafblind)
Wage ranges and incentives used for staff retention
none
breakdown of dept., do EC's do everything or is there specialization (Discovery, Trainers, BIN Liaison)
None
No
No
Average number of individuals assigned to caseloads. Number of referrals and closures.
We would like to participate in transition services in our area. We would like to participate in expansion grant funding.
Information on how other agencies structure workload. Do they work from a "cradle to grave" perspective where one ES provides all services or do they divide services, e.g. one ES does Discovery while another does Job Search/placement, etc.
NA
Better collaboration with local VR office. They seem to avoid the manual and engage in their own rules on how things should be done.
none
None
NA
I would like us to have a job board for individuals through VR and for the paperwork to be minimized.
What is the optimal case load size for Employment Consultants to have?
Data Sharing in Discovery Cohort is tracking (or attempting to) true cost of staff, average coach wage, average specialist wage, and fringe benefits.
VR needs to pay higher rates to equal the raise in wages we have had to make for anyone to consider us as potential employers.
The VR paperwork is too much and overwhelming for staff. The biggest complaint I receive is that "I want to work with people, not do paperwork all the time" I have started have applicants look at the paperwork requirements pre hire and have lost two good candidates because they did not want to do all of the paperwork.
NA