

Development & Implementation Group Meeting Agenda
Wednesday, February 24, 2010

1. Team Goals

Mark

Discussed the Standards and Indicator reports and Quarterly Reports. The number of Quarterly Reports has been pared down based on feedback from OD's. The reports that will continue to be developed are:

- Quarterly Federal Standards and Indicators
- Quarterly Outcomes
- Quarterly Transition Measures
- Quarterly Survey information
- Quarterly Hourly Wage Comparison
- SOC Successful Outcomes by Team (changed to end of year only)
- SOC Successful Outcomes State Totals (changed to end of year only)
- NAICS Successful Outcomes by Team (changed to end of year only with a 3 yr comparison)
- NAICS Successful Outcomes State Totals (changed to end of year only with a 3 yr comparison)

2. Paying for mental health agreement outcomes on consumers being served more than one time in the same year.

King & Cathy

How many successful outcomes can a provider claim in a year? Do we allow providers to work with the same consumer and claim more than one outcome for that consumer in an agreement year? Decided: Providers can claim more than one outcome for a consumer in a project year.

3. Changes in process as a result of organizational changes

Mark & Don

Changes to client appeal procedure because we no longer have AA's. Current process any determination that an individual disagrees with or eligibility decision it goes to OD, who meets with individual, and then it goes to the AA for final determination with the AA letter.

Don suggested that we just remove the AA and the OD be the final determination. The concern is that if the OD is the staff person who actually worked with the consumer or participated in the decision. In that case another OD must review the case and make the decision and write the letter, not a certified letter.

4. CAP Report:

Vicki

No issues reported. Debra - when changing policies keep in mind how it will affect consumers.

5. Client names for SRC's Consumer Input Subcommittee

Vicki

The client services committee of the SRC is in the process of setting up this committee. This committee would be involved in reviewing changes to policy or processes or to a form. May also ask them questions about policies, for instance would you like VR have evening hours? Need three names to Vicki by March 12. The OD must also have talked to the consumer and make sure they want to do this. They would need to understand that they would be asked for their input and that they would need to respond quickly to the requests made. They can be people we have closed successfully and unsuccessfully.

It was asked that each team nominate a consumer to be on the committee, also look at someone from the Youth Leadership group, and possibly a parent. The committee will not meet in person, as the contacts will be done via email or through their preferred means of communication.

6. Assessing & Training of New Staff

Pat

Pat distributed the current process, which references AA's. Two changes that were suggested: #5 of the process, how the PD reports back to the OD, it can either be in writing or in person, the OD would determine which method they would prefer; new #7 of the process add that at 1 year the OD has consulted with the PD about the staff member performance.

Office Directors would like to work more closely with the Program Directors to determine what they are going to be working with new staff on. Program Directors are to share a list of things they are going to work on with new staff and a timeframe for them to occur with the Office Director. The PD will meet with the OD before meeting with the new staff to determine what expectations each have and what information will be shared with new staff.

When PD's review the new staff member's portfolio they will sign off on areas that have been covered, even when it's new staff training.

Keri asked the OD's if she should copy the emails she sends to staff when staff have asked her to consult on a case, yes, the OD's would like to be cc'd on these type of communications.

7. Health Care Industry Partnerships

Jan Husen-Stortenbecker reported on the partnership with Madonna. Madonna started in 2006 with the day rehab program, intense re-entry program. She does preliminary work with the consumer and when they are ready to leave to go home she refers to the VR office in their location and sends the information she has to that VR office.

Jim Coyle and Judy Vohland reported on Project Search. Two sites started last fall. On the team is a Hospital person, VR staff, school rep, job coach, DD, ATP, and SVI. The students will be involved in three rotations during the school year. The attend one hour of school in the morning then go to the worksite, and later in the day go back to school, where they debrief and do journaling of the day.

Areas: (1) Environmental work site: cleaning, sterilization, wound care, (2) Kitchen: dishwashing, stocking, shelving, (3) Maintenance: painting, buffing, move to outdoors when weather is better, (4) Patient records (filing and data entry). The students will rotate into all sites unless because of their ability level they can't.

Must pass all the hiring criteria the hospital has, background screen, shots, and hospital orientation. At the end of each assessment a report is given. Starting to plan the placement piece, one has been placed at Good Samaritan Hospital in Kearney, VR has committed to assisting with placement even with the DD eligible students. The expectation is that the student will perform which is a bit different than some other DD work sites. The hospital staff has responded very positively. They all have a mentor on staff and eat lunch with their mentor and the mentor's coworkers.

Bernie indicated Project Search in Norfolk won't be starting until next fall 2010.

Bernie reported on the Occupational Rehab Program with Faith Regional Hospital in Norfolk. They want to purchase and put in place a process where they can do a capacity evaluation, return to work program, with individuals referred to them for assessment to see if they can return to work. In early planning stage.

Melanee reported on the Alegent Project - Cindy Wagner and Anne Christensen are the leads. Have meet with OT's and PT's. Meet with patients who are being released that may go back to work and also employees of Alegent who are getting ready to go back to work.

Margy reported on the Palliative Care Project - It started three years ago as a program through the Infrastruce Grant Ticket to Work. Intent is to look at people in chronic pain and can they get back to work. They want to serve people receiving social security but the pilot found that most people aren't on social security. Started in Lincoln and now in Omaha. The intent with the pilot was with the correct set of services can people go back go work and what will it take to go back to work? They have found that in a number of cases they can be successful and helpful. What they have also found is that the person in chronic pain have had so many failures that it's hard to convince them to look at going back to work. The other problem is sustainability, because it's not a billable medical service. The people who provide the service are the hospice staff. About 46% of the people get back to work.

Janet distributed a draft "Partnership" document to be used to document all the partnerships that VR has. This form would be completed for each partnership and posted on VRIS so that all staff know what partnerships we have, what they are for, and how to access them for consumers who may be interested in them.

8. VR consumer data

Margy

Presented data on who was served in 2009 in the Employment Program, looked at Primary disability only. Used it in the Leadership Council, will do it by team and also add secondary disability.

9. Marketing and outreach

Mark

The leadership Council is looking at this topic. The first meeting we were getting information to the group so that they have a base to start from. Marketing and outreach are two different things. Marketing is the message, and then what materials need to be developed around the message? The leadership council will be looking at developing a consistent marketing message. As a result it may slow some things down like materials, as we want to develop the message first before deciding what type of materials will be developed. Individual teams will not be developing their own marketing materials. VR needs to have a consistent message and consistent marketing materials.

Outreach is different and OD's and teams don't have to stop doing that, continue to use materials that we have already in your outreach.

10. Criteria to evaluate programs and partnerships

Mark

What should we be looking at in these agreements to evaluate their success? Things to consider: number of outcomes projected and number of outcomes achieved, cost per outcome, quality of outcome - # of hours worked, benefits, staff time, additional cost to VR (staff time that's not part of the actual direct cost), are other dollars leveraged, not just VR money? Does it fit within one of our goal areas of consumers we want to serve? What resources are partners putting in (it may not be what we need or expected)? By year three we should be able to evaluate the project, the first couple of years may be too soon.

A committee will be developed to look at these criteria.