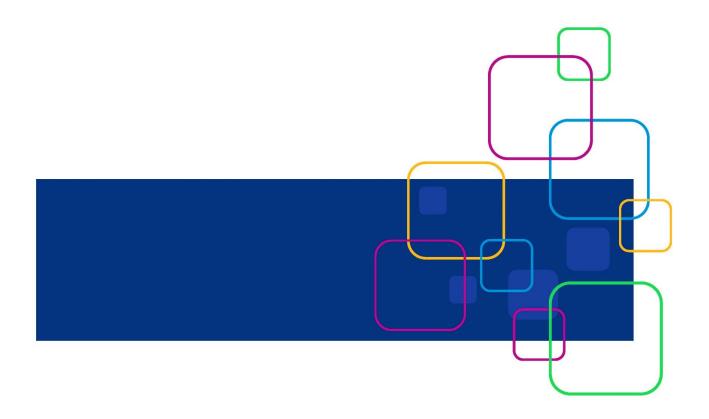
Solutions that Matter



Indiana Vocational Rehabilitation

2021-2022 Employment Provider Capacity Survey Final Report



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INTRODUCTION

The Indiana Bureau of Rehabilitation Services (BRS) understands that Employment Service Providers have faced considerable barriers and challenges in maintaining qualified staff. To provide appropriate resources, BRS wished to better understand the gaps and needs of these providers. On behalf of BRS, Public Consulting Group - Indiana (PCG) facilitated a quarterly Employment Provider Capacity Survey over the past year. Each quarter, there was a 2-week window for submissions. PCG distributed surveys distributed from November 18 through December 9, 2021; February 16 through March 3, 2022; May 24 through June 7, 2022; September 14 through 28, 2022; and December 12 through 27, 2022. This report contains the cumulative analysis of all data collected.

PCG collected and analyzed data over five quarters for the broader context of providers' needs. This report provides insight and clarification into the providers' capacity needs. BRS may use these findings to make data-driven decisions for supporting providers. PCG will share this data with providers to identify statewide agency trends. Providers may also use this report to inform strategic planning, capacity building, or program structures to optimize support for their program participants.

METHODOLOGY

SURVEY METHODOLOGY

PCG collaborated with BRS to develop survey questions to understand employment service providers' capacity over time. PCG used Qualtrics, an accessible survey platform, to distribute the survey online. PCG provided a survey link via email to its listserv and promoted the survey in a weekly email. BRS, IN-APSE, and IN-ARF also distribute the survey. PCG asked one employment services representative at each of their locations to complete the survey. PCG encouraged respondents to share the survey with their colleagues. This method, called snowball sampling, increased the likelihood of responses from employment providers. This sampling method did limit our ability to calculate a response rate because we did not know the number of people who received the survey. The survey did not require answers to individual questions. Thus, the number of responses to each question. The analysis and corresponding data tables list the total number (n) of responses to each question. Following analysis, PCG provides recommendations for BRS' consideration.

METHODOLOGY FOR ANALYSIS

PCG conducted a contingency analysis to determine any patterns in the data results. PCG compiled each quarter's responses, resulting in a maximum number of 266 responses. Not all agencies responded to each question. Therefore, the number (n) of responses vary per question. PCG staff used the online software Jamovi® for the analysis.

RESULTS AND ANALYSIS

PCG aggregated the data collected from December 2021 to December 2022 for a more comprehensive analysis to identify trends. This report is organized into the following subsections: service area, staffing, employment services, and open responses. Appendix A includes additional raw data tables which were compiled for this report.

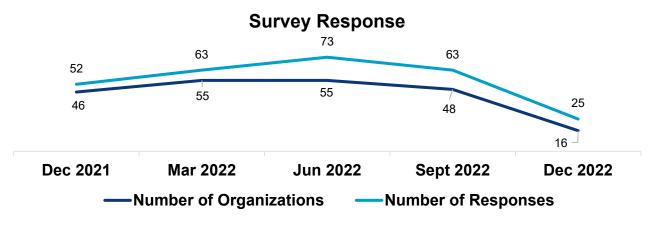
SURVEY RESPONSES

Survey responses fluctuated over the data collection periods. Table 1 and Figure 1 show the number of responses received each quarter from December 2021 to December 2022. The agencies responding to the survey peaked in June 2022 and had the lowest response in the final quarter. There are several potential causes for the low response rate in December 2022. For example, the holiday season could affect staff availability.

| | Dec 2021 | Mar 2022 | Jun 2022 | Sept 2022 | Dec 2022 |
|----------------------------|-------------|-------------|-------------|--------------|-------------|
| Number of Organizations | 46 | 55 | 55 | 48 | 16 |
| Number of Responses | 52 | 63 | 73 | 63 | 25 |

TABLE 1 RESPONDENTS OVER TIME

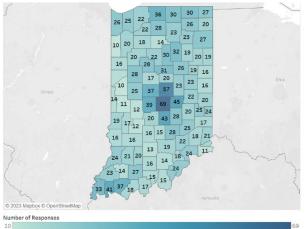
FIGURE 1 SURVEY RESPONSES OVER TIME



SERVICE AREA

Respondents named the counties where their organization provides employment services. Figure 2 displays the number of responses received from providers in each county from December 2021 to 2022. December Overall, the respondents represented employment providers across the entire state with distribution across all of VR's 5 regions. We should note that most respondents indicated that their organizations serve multiple counties across different VR regions. The counties with the most responses included Marion (69), Hamilton (57), Hancock (45), Johnson (43), Vanderburgh (41), and Hendricks (39).





STAFFING

The survey's first series of questions focused on staffing needs. We have summarized the results for each question below.

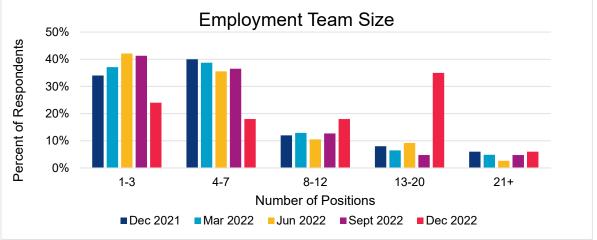
How many positions are on your employment services team?

Over the last year, most respondents reported having less than seven employment staff (see Figure 3 Employment Team Size). This fact remained consistent throughout data collection until December 2022. In December 2022, the largest number of respondents represented employment teams between 13-20. This difference may be explained by the difference in survey response numbers: the December 2022 response rate was 33-35% less than in other quarters.

| Number of | Dec2021 % | Mar2022 % | June2022 % | Sep2022 % | Dec 2022 % |
|--------------|--------------|--------------|---------------|--------------|---------------|
| Positions | number | Number | Number | Number | Number |
| 1-3 | 34% | 37% | 42% | 41% | 24% |
| 1-5 | (n=17) | (n=23) | (n=32) | (n=26) | (n=4) |
| 4-7 | 40% | 39% | 36% | 37% | 18% |
| 4-7 | (n=20) | (n=24) | (n=27) | (n=23) | (n=3) |
| 8-12 | 12% | 13% | 11% | 13% | 18% |
| 0-12 | (n=6) | (n=8) | (n=8) | (n=8) | (n=3) |
| 13-20 | 8% | 6% | 9% | 5% | 35% |
| 13-20 | (n=4) | (n=4) | (n=7) | (n=3) | (n=6) |
| 21+ | 6% | 5% | 3% | 5% | 6% |
| 217 | (n=3) | (n=3) | (n=2) | (n=3) | (n=1) |
| Total | 100% | 100% | 100% | 100% | 100% |
| Total | (n=50) | (n=62) | (n=76) | (n=63) | (n=17) |

TABLE 2 EMPLOYMENT TEAM SIZE OVER TIME

FIGURE 2 EMPLOYMENT TEAM SIZE OVER TIME



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

BRS has remained concerned about the staffing shortages affecting service delivery. The cumulative results shown in Figure 4 tracks the greatest number of unfilled positions reported each quarter. The vacancies appear consistent over the five quarters. However, most providers responding to the survey had less than seven employment staff, so even one unfilled position may pose a significant challenge.

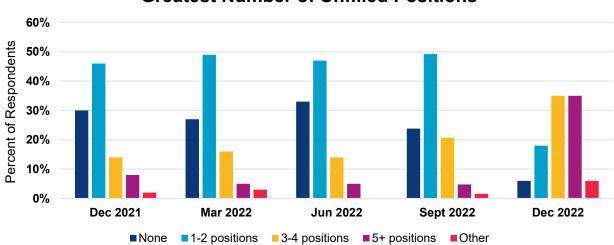


FIGURE 3 GREATEST NUMBER OF UNFILLED POSITIONS OVER TIME

Greatest Number of Unfilled Positions

How does the number of job openings compare by agency size?

PCG compared the responding agencies' number of employment specialists to their total number of job openings reported per quarter from December 2021-December 2022. Most respondents (76.7%) indicated their agency had two or fewer job openings per quarter (see Table 3).

| Number of Employment Specialists | 0 (n=75/28%) | 1-2 (n=129/48%) | 3-4 (n=46/17%) | 5+ (n=16/6%) |
|--|-----------------|--------------------|-------------------|-----------------|
| 1-3 | 47 | 51 | 4 | 0 |
| 4-7 | 24 | 53 | 17 | 3 |
| 8-12 | 2 | 20 | 9 | 2 |
| 13-20 | 1 | 5 | 11 | 7 |
| 21+ | 1 | 0 | 5 | 4 |

TABLE 3 NUMBER OF JOB OPENINGS BY AGENCY SIZE

When comparing the number of employment specialist vacancies, the size of the agency cannot predict the number of openings it will have in a quarter. Most frequently, agencies had 1-2 openings per quarter. We should note 1-2 openings per quarter equates to a 50-100% turnover of staff per quarter for agencies with four or fewer employees and 14-40% turnover for those with 5-7 employees.

EMPLOYMENT SERVICES

The employment service questions identified the length of time from referral to the first billable employment service, not including intake. These questions provide insight into the maximum length of time VR participants had to wait to receive services.

On average, how long does it take from receipt of a referral from VR for program participants to receive their first billable employment service? (does not include intake)

Surveys in March, June, September, and December 2022 supplied insight into the average length of time for participants to receive employment-related services. Figure 5 shows the cumulative average length of time to services reported during each quarter. The results indicated that over 82% of participants received their first billable services within eight weeks of referral.

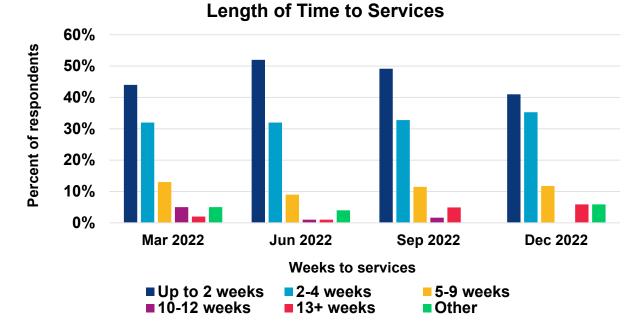


FIGURE 4 LENGTH OF TIME TO SERVICES

How does the number of job openings impact the average length of time from referral to billable service?

PCG sought to determine if job vacancies delay services for the average participant. PCG used the compiled 2022 results to compare the average length of time from referral to billable employment services to the number of openings during a quarter. As shown in Table 4 and Figure 6, on average, regardless of the number of job openings, 48% of respondents achieved billable hours within two weeks of referral. By four weeks, 83% of providers averaged serving participants within four weeks of referral, regardless of job openings.

TABLE 4 COMPARISON OF JOB OPENINGS AND AVERAGE TIME FROM REFERRAL TO BILLABLE EMPLOYMENT SERVICE

| Number openings/3 mo. | Up to 2 weeks | 2-4 weeks | 5-9 weeks | 10-12 weeks | 13 or more weeks |
|--------------------------|---------------------|--------------|--------------|----------------|------------------------|
| 0 Openings | 32 | 17 | 5 | 3 | 0 |
| 1-2 Openings | 52 | 37 | 10 | 1 | 2 |
| 3-4 Openings | 15 | 12 | 7 | 1 | 3 |
| 5 Openings | 3 | 6 | 2 | 0 | 1 |
| Total | 102 | 72 | 24 | 5 | 6 |

Time Referral to Billable Employment Services

(n=209)

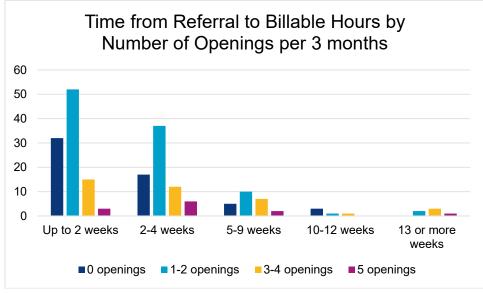


FIGURE 5 JOB OPENINGS COMPARED TO AVERAGE TIME TO BILLABLE ES

A group of employment supervisors and managers reviewed and interpreted these results. The managers believed the results align with VR expectations to meet with participants within two weeks of referral. The managers suggested if we looked at the length of time between participants' first appointment and second appointment, data would show a greater length of time between meetings.

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

This question is not asking for an average but inquiring about an outlier from the typical participant experience. Figure 7 shows that the reported longest time to services fluctuated from quarter to quarter. All quarters show the trend that the longest time to serve a client is within 2-4 weeks of referral: March 2022 (51% longest time 4 weeks), June 2022 (51%), September 2022 (72%), and December 2022 (50%).

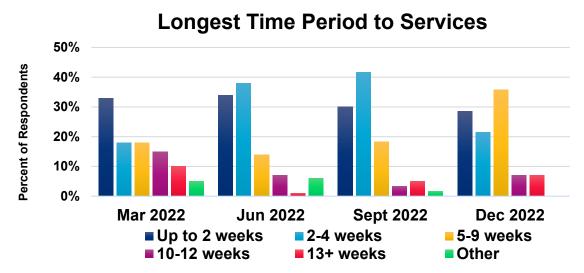


FIGURE 6 LONGEST PERIOD TO SERVICE OVER TIME

December 2022 results do not align with the previous quarters. As previously noted in the report, the December 2022 participation rate was 33-35% lower than other quarters with only fourteen (14) individuals responding to this question. Therefore, the percentage comparison appears to show a drastic change the

numbers are very low and cannot be compared equivalently to the other quarters. For example, in December 2022, the greatest number of respondents (36%/n=5) said that 5-9 weeks was the longest it has taken from the date of referral to the first employment service. Twenty-nine percent (29%/n=4) of respondents indicated the longest it has taken to go from the referral to the first employment service for all program participants was 'Up to 2 weeks'.

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

Respondents ranked the causes for participants' delay in receiving services. **TABLE 5** and **FIGURE 8** show the accumulated results from December 2021-December 2022. Overwhelmingly, 85% of providers said the number one cause in delays in services getting started was the inability to reach participants. Fewer respondents said a lack of staff and a high caseload was the cause of delayed services. This would indicate that agencies see the lack of participant participation as having a greater impact than staffing issues.

| Delay/Ranking | 1 | 2 | 3 | 4 | 5 | 6 |
|------------------------------|-----|-----|-----|-----|-----|-----|
| Cannot reach the participant | 85% | 8% | 8% | 0% | 0% | 0% |
| Barrier to transportation | 7% | 43% | 14% | 14% | 14% | 7% |
| Documentation/Paperwork | 7% | 8% | 38% | 31% | 15% | 0% |
| High caseload | 15% | 8% | 15% | 38% | 23% | 0% |
| We do not have enough staff | 15% | 15% | 8% | 8% | 31% | 23% |
| Other (tell us more) | 0% | 25% | 13% | 0% | 13% | 50% |

TABLE 5 DELAYS IN SERVICES



Greatest number of responses

Second greatest number of responses

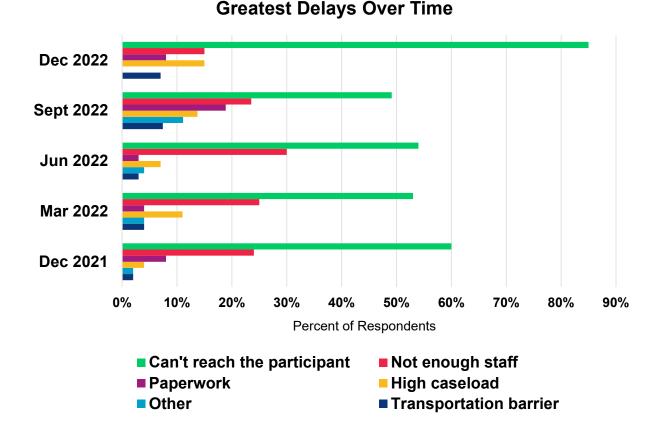


FIGURE 7 GREATEST CAUSE OF DELAYS OVER TIME

The employment managers and supervisors shared that after the first meeting two weeks after referral they have difficulty locating participants. They indicated a change in phone numbers, individuals moving, or not answering their calls all contributed to the difficulties in setting appointments with participants.

What is the average caseload size for one employment specialist or job coach (1 FTE)?

Starting in March 2022, this question provided insight into the caseloads of employment specialists. We compiled the results from March, June, September, and December 2022. Figure 9 shows the average caseload reported in 2022. This figure shows that the number of respondents with caseloads 21-25 and 25+ remained consistent over the year. However, the percentage of respondents with caseload sizes of 16-20 and 11-15 fluctuated across quarters.

Respondents most frequently reported caseload sizes of 16-20 throughout the four quarters.

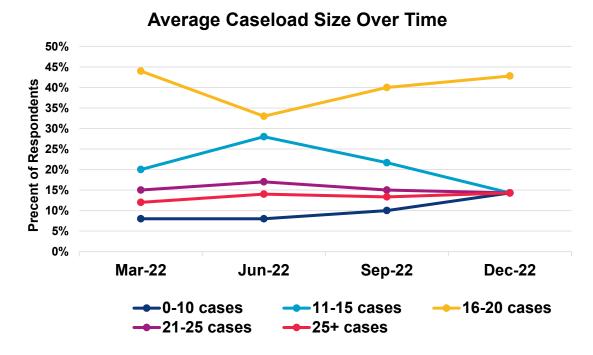


FIGURE 8 AVERAGE CASELOAD SIZE OVER TIME

How does the caseload size impact the longest length of time from referral to billable employment service?

PCG compared 204 total responses to identify any trends between the caseload size and the longest length of time from referral to billable employment services. Most respondents (64.7%) indicated referrals received billable services within 4 weeks of referral. Another 17.6% of referrals were received billable services by 9 weeks from referral. Therefore, by 9 weeks after their referral, 82.3% of referrals had received a billable service. This data showed no trend between the caseload size compared to the greatest length of time from referral to employment service.

| Caseload size | 0-2 weeks | 2-4 weeks | 5-9 weeks | 10-12 weeks | 13+ weeks | Other | Total |
|------------------|---------------|---------------|---------------|----------------|--------------|-------------|-------|
| 0-10 | 7 | 3 | 5 | 2 | 1 | 1 | 19 |
| 11-15 | 15 | 17 | 5 | 7 | 2 | 1 | 47 |
| 16-20 | 25 | 27 | 12 | 6 | 5 | 4 | 79 |
| 21-25 | 9 | 10 | 7 | 2 | 3 | 1 | 32 |
| 25+ | 10 | 9 | 7 | 0 | 0 | 1 | 27 |
| Total | 66 (32.3%) | 66 (32.3%) | 36 (17.6%) | 17 (8.3%) | 11 (5.4%) | 8 (3.9%) | 204 |

TABLE 6 LONGEST TIME FROM REFERRAL TO EMPLOYMENT SERVICE (N=204)

There are three limitations to consider. First, we do not know if the agencies were actively receiving referrals which could positively skew the data. A second limitation is we do not know the caseload composition. For example, are the larger caseloads a mixture of follow-along, job placement, and supported employment – so all cases would not require the same amount of attention? Or all the caseloads comprised of all supported employment clients? The caseload composition is a crucial factor that may influence results. The

third limitation is that we only have respondent data to draw conclusions. When reviewing this chart, BRS should also consider at what point do participants become disengaged in the VR process.

The employment supervisors and directors reviewed this data and discussed caseload composition. One supervisor discussed her approach to assigning caseloads by the billable hours per month an employment specialist had as opposed to the number of clients. This supervisor stated this gave her a better perspective of the ability of staff to manage the caseload than the numbers of participants.

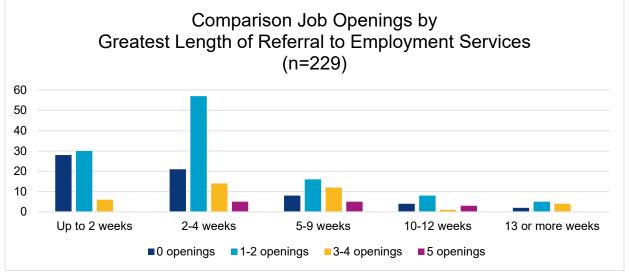
Do agencies with the most job openings take longer for participants to get from the point of referral to employment services?

Table 7 shows 28% of participants received services within 2 weeks regardless of job openings. Almost half of respondents (42%) indicated the longest length of time to receive services was 2-4 weeks, regardless of the number of job openings. There does not appear to be a trend between the number of job openings and the longest length of time from a participant's referral to employment services. We should note this question only asked the length of time to the first meeting, but the length of time to additional services and correlation with vacancies is unknown.

| Number of Job Openings Per Quarter/Longest Referral | Up to 2 weeks | 2-4 weeks | 5-9 weeks | 10-12 weeks | 13 + weeks | Total |
|---|------------------|-----------|--------------|----------------|---------------|-------|
| 0 openings | 28 | 21 | 8 | 4 | 2 | 63 |
| 1-2 openings | 30 | 57 | 16 | 8 | 5 | 116 |
| 3-4 openings | 6 | 14 | 12 | 1 | 4 | 37 |
| 5 openings | 0 | 5 | 5 | 3 | 0 | 13 |
| Total | 64 | 97 | 41 | 16 | 11 | 229 |

TABLE 7 COMPARISON OF NUMBER OF JOB OPENINGS TO GREATEST LENGTH OF SERVICES





One limitation of this analysis is it is unknown if the agencies responding were actively accepting Vocational Rehabiliation referrals. If an agency was limiting accepting referrals or had stopped accepting referrals, data could be positively skewed.

1. Does the number of openings increase the length of time from referral to billable service?

This question's purpose was to identify any trend between the longest time from referral to billable hours based on the number of job openings within an agency. The contingency results are on Table 8. With 209 responses, 49% (n=102) of agency respondents reported the greatest length of time from referral to billable services was up to 2 weeks; another 34% (n=24)of agency respondents report the greatest length of time was four weeks. Therefore, by four weeks, 83% of agencies would have achieved billable services. By the end of the 9th week, 95% of referrals reached billable hours.

| JOB OPENINGS | | | | | |
|---|------------------|--------------|--------------|----------------|---------------------|
| Number openings/Time Referral to Billable ES | Up to 2 weeks | 2-4 weeks | 5-9 weeks | 10-12 weeks | 13 or more weeks |
| 0 openings | 32 | 17 | 5 | 3 | 0 |
| 1-2 openings | 52 | 37 | 10 | 1 | 2 |
| 3-4 openings | 15 | 12 | 7 | 1 | 3 |
| 5 openings | 3 | 6 | 2 | 0 | 1 |
| Total | 102 | 72 | 24 | 5 | 6 |

TABLE 8 NUMBER OF JOB OPENINGS PER QUARTER TO TIME OF REFERRAL AND BILLABLE TIME COMPARED TO JOB OPENINGS

The same limitations exist for these results as the others in this report. First, we are uncertain what is happening in agencies that did not respond to the survey. Second, we do not know if all the agencies responding limited the number of referrals they received from VR. Both limitations could cause a positive skew in our results.

We are interested in learning more about successful recruitment and retention practices. Does your organization engage in any of the following activities? Please select all that apply.

Agencies have implemented multiple strategies to successfully recruit and retain staff. In December 2022, respondents most frequently identified flexible scheduling (23%), raising wages(19%), and employee recognition (19%) as ways to recruit and retain staff. Figure 11 displays the recruitment and retention practices reported in each quarter. One respondent reported weekly mileage reimbursement as a recruitment and retention strategy.

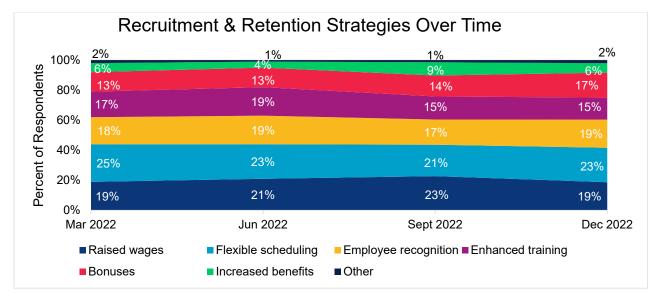


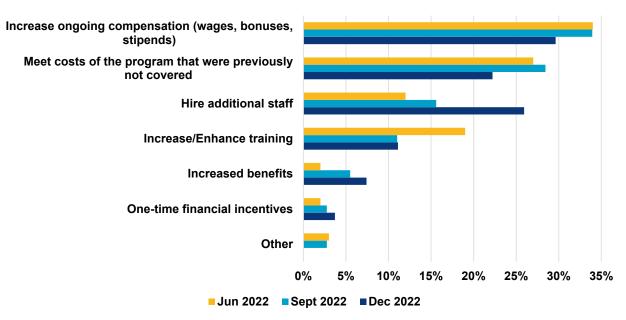
FIGURE 11 SUCCESSFUL RECRUITMENT AND RETENTION PRACTICES

On April 1, 2022, VR rates for employment services increased. How has your organization planned on using these funds? Please select all that apply.

As indicated in this question, BRS raised rates on April 1st. Respondents indicated how their organizations used the additional funds by selecting possible options. This survey question was introduced in the June 2022 cycle, leaving only three survey cycles of data for comparison. Providers' most commonly used funds to increase ongoing compensation including wages, bonuses and stipends. The second largest group of respondents indicated the increase in rate was used to meet costs of the program that were not previously covered. Figure 13 shows the differences in reported strategies between the three cycles.

Providers most commonly use funds to increase ongoing compensation for their staff.

FIGURE 10 STRATEGIES FOR USING FUNDS



Strategies for Using Funds

OPEN RESPONSES

Respondents answered open-ended questions which supplemented the information collected through the capacity survey. These collected responses are presented below.

What would have the greatest impact on improving your team's capacity?

PCG added this question to the December 2022 survey based on the recommendations from the September 2022 survey. Thirteen individuals responded. Table 10 displays the responses received. The predominant theme was raising staff wages by increasing reimbursement rates. Interestingly, two people responded that being fully staffed would improve staff capacity. However, our data did not support that theory, at least in terms of timeline to initial service. The

correlation with being fully staffed and staff capacity is unknown for subsequent meetings but could perhaps have a stronger correlation for ongoing service provision.

TABLE 9 GREATEST IMPACT ON IMPROVING THE CAPACITY

| What would have the greatest impact on improving the capacity of your team? |
|---|
| Time |
| Having qualified applicants apply for our open positions to grow our te.am |
| Higher rates |
| Increased rates would allow for wages that would be more closely aligned with the type of candidate needed to be successful in this role. |
| VR should increase rates by 5% annually, with 3% going to staff, 2% going to overhead |
| Being fully staffed |
| Increased referrals. |
| N/A |
| Deaf/Blind Awareness by BRS staff |
| Higher wages but this is proving impossible as we are starting to see a compression issue between hourly and salaried employees. It is also hard to raise the wages of ECs when we are having a massive DSP crisis. |
| Experience - length of service |
| Increased wages and training |

Salary

Is there anything else you would like to share regarding your organization's capacity?

Eight individuals responded to this question. Half of the individuals (4) indicated there was nothing else they wanted to share; 25% indicated staff shortage; and 25% indicated the need for referrals. Table 11 displays the responses received.

TABLE 10 OTHER CAPACITY COMMENTS

Is there anything else you would like to share regarding your organization's capacity?

No

We have a large employment team now and are looking to grow

No

We have stopped accepting new referrals at this time due to the shortage of staff

Our team is rocking it right now! More referrals are needed in all program areas!

N/A

We lost an entire team in one county because everyone left for better pay elsewhere No

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

Seven individuals responded and are shown in Table 12 Data Requests. There was no uniform theme to identify between these items.

TABLE 11 DATA REQUESTS

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

No

The average wage for ECs, the average wage for supervisors, and mileage reimbursement rates

On-going retention and pay strategies. i.e., how to get ECs continuous increases if doing a good job.

N/A

What training by individuals with disabilities providers engaged in for cultural & awareness understanding of individual needs

The pros and cons of various bonus programs

None - need more staff and applicants

RECOMMENDATIONS

Pervasively reported capacity problems prompted BRS to gather data and understand what employment service provider capacity looked like over time. Cumulative data collected over the last year points to several opportunities to increase the flow and access to quality services across Indiana. PCG provides the following recommendations based on the capacity survey results collected over five quarters from December 2021 to December 2022.

- Participant Disengagement Employment providers have indicated that the primary cause of delayed services is the inability to locate participants. Their challenge may result from the participant's lack of engagement during the employment process. Participants' lack of engagement and/or dropout rates may be at different process points depending on their demographics, social economic status, disability, or geographic location. PCG recommends further research to identify and understand causes for participant disengagement with former and current VR participants, VR counselors, and providers. This data could be gathered as a part of BRS' next Comprehensive Statewide Needs Assessment Cycle.
- 2. Leveraging Existing Training and Resources With consistent and ongoing staff turnover, employment providers must spend considerable effort training and supporting inexperienced staff to provide quality employment services. Based on the analysis presented in this report, small agencies may experience 50-100% turnover in one year. The cost and effort related to constantly onboarding new staff could pose considerable resource challenges to program leadership. Further, inadequate training and support can result in a higher turnover rate.

Through Level Up Indiana: Employment Specialist Initiative, BRS funds several levels of foundational training, coaching, and resources to support both employment specialists and their leaders in receiving

and employing successful practices. In addition to offering the training, BRS and PCG understands that allocating staff time to training can be challenging with overextended staff. To address this concern, PCG recommends exploring ways to remove barriers for employment service providers to attend training that increases the competency, and in turn retention, of employment specialists.

APPENDIX A

Appendix A contains data tables corresponding to the survey questions analyzed in the report.

| Number of Positions | Dec 2021 % Number | March 2022 % Number | June 2022 % Number | Sep 2022 % Number | Dec 2022 % Number |
|---------------------------|----------------------------|------------------------------|-----------------------------|----------------------------|----------------------------|
| 1-3 | 34% | 37% | 42% | 41% | 24% |
| | (n=17) | (n=23) | (n=32) | (n=26) | (n=4) |
| 4-7 | 40% | 39% | 36% | 37% | 18% |
| | (n=20) | (n=24) | (n=27) | (n=23) | (n=3) |
| 8-12 | 12% | 13% | 11% | 13% | 18% |
| | (n=6) | (n=8) | (n=8) | (n=8) | (n=3) |
| 13-20 | 8% | 6% | 9% | 5% | 35% |
| | (n=4) | (n=4) | (n=7) | (n=3) | (n=6) |
| 21+ | 6% | 5% | 3% | 5% | 6% |
| | (n=3) | (n=3) | (n=2) | (n=3) | (n=1) |
| Total | 100% | 100% | 100% | 100% | 100% |
| | (n=50) | (n=62) | (n=76) | (n=63) | (n=17) |

TABLE 12 EMPLOYMENT TEAM SIZE

TABLE 13 GREATEST NUMBER OF UNFILLED POSITIONS OVER TIME

| Number of Unfilled Positions | Dec 2021 % Number | Mar 2022 % Number | June 2022 % Number | Sep 2022 % Number | Dec 2022 % Number |
|---------------------------------------|-------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|
| None | 30% | 27% | 33% | 24% | 6% |
| | (n=15) | (n=17) | (n=25) | (n=15) | (n=1) |
| 1-2 | 46% | 49% | 47% | 49% | 18% |
| | (n=23) | (n=31) | (n=36) | (n=31) | (n=3) |
| 3-4 | 14% | 16% | 14% | 21% | 35% |
| | (n=7) | (n=10) | (n=11) | (n=13) | (n=6) |
| 5+ | 8% | 5% | 5% | 5% | 35% |
| | (n=4) | (n=3) | (n=4) | (n=3) | (n=6) |
| Other (please tell us) | 2% (n=1) | 3% (n=2) | 0% | 2% (n=1) | 6% (n=1) |
| Total | 100% | 100% | 100% | 100% | 100% |
| | (n=50) | (n=63) | (n=76) | (n=63) | (n=17) |

TABLE 14 LENGTH OF TIME TO SERVICES

| Length of Time to Services | Mar 2022 % number | June 2022 % number | Sep 2022 % number | Dec 2022 % number |
|----------------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|
| Up to 2 | 44% | 52% | 49% | 41% |
| | (n=28) | (n=39) | (n=30) | (n=7) |
| 2-4 | 32% | 32% | 33% | 35% |
| | (n=20) | (n=24) | (n=22) | (n=6) |
| 5-9 | 13% | 9 | 11% | 12% |

| Length of Time to Services | Mar 2022 % number | June 2022 % number | Sep 2022 % number | Dec 2022 % number |
|----------------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|
| | (n=8) | (n=7) | (n=7) | (n=2) |
| 10-12 | 5% (n=3) | 1% (n=1) | 2% (n=1) | 0% |
| 13 or more | 2% (n=1) | 1% (n=1) | 5% (n=3) | 6% (n=1) |
| Other | 5% (n=3) | 4% (n=3) | 0% | 6% (n=1) |
| Total | 100% (n=63) | 100% (n=75) | 100% (n=61) | 100% (n=17) |

TABLE 15 LONGEST TIME PERIOD TO SERVICE

| TABLE 15 LONGES | | | | | |
|-----------------|----------|----------|-----------|----------|----------|
| Longest | Dec 2021 | Mar 2022 | June 2022 | Sep 2022 | Dec 2022 |
| Time Period | % | % | % | % | % |
| to Service | Number | number | number | number | number |
| Up to 2 | N/A* | 33% | 34% | 30% | 29% |
| weeks | IN/A | (n=20) | (n=24) | (n=18) | (n=4) |
| 2-4 weeks | 63% | 18% | 38% | 42% | 21% |
| 2-4 weeks | (n=32) | (n=11) | (n=27) | (n=25) | (n=3) |
| E O weeke | 16% | 18% | 14% | 18% | 36% |
| 5-9 weeks | (n=8) | (n=11) | (n=10) | (n=11) | (n=5) |
| 10-12 weeks | N/A* | 15% | 7% | 3% | 7% |
| 10-12 weeks | IN/A | (n=9) | (n=5) | (n=2) | (n=1) |
| 13 or more | N/A* | 10% | 1% | 5% | 7% |
| weeks | IN/A | (n=6) | (n=1) | (n=3) | (n=1) |
| Other (tell us | 21% | 5% | 6% | 2% | 0% |
| more) | (n=11) | (n=3) | (n=4) | (n=1) | U70 |
| Total | 100% | 100% | 100% | 100% | 100% |
| Total | (n=51) | (n=60) | (n=71) | (n=60) | (n=14) |

*N/A indicates a field unavailable in previous surveys

TABLE 16 AVERAGE CASELOAD SIZE

| Average Caseload Size | Mar 2022 % Number | June 2022 % Number | Sep 2022 % Number | Dec 2022 % Number |
|--------------------------|----------------------------|-----------------------------|----------------------------|----------------------------|
| | 8% | 8% | 10% | 14% |
| 0-10 cases | (n=5) | (n=6) | (n=6) | (n=2) |
| | 20% | 28% | 22% | 14% |
| 11-15 cases | (n=12) | (n=20) | (n=13) | (n=2) |
| | 44% | 33% | 40% | 43% |
| 16-20 cases | (n=26) | (n=24) | (n=24) | (n=6) |

| | 15% | 17% | 15% | 14% |
|-------------|--------|--------|--------|--------|
| 21-25 cases | (n=9) | (n=12) | (n=9) | (n=2) |
| | 12% | 14% | 13% | 14% |
| 25+ cases | (n=7) | (n=10) | (n=8) | (n=2) |
| | 100% | 100% | 100% | 100% |
| Total | (n=59) | (n=72) | (n=60) | (n=14) |

TABLE 17 SUCCESSFUL RECRUITMENT AND RETENTION PRACTICES

| Successful | Mar | June | Sept | Dec |
|--------------------|-------------|---------|---------|-------------|
| Recruitment and | 2022 | 2022 | 2022 | 2022 |
| Retention | % | % | % | % |
| Practices | Number | Number | Number | Number |
| We have raised | 19% | 21% | 23% | 19% |
| wages | (n=37) | (n=52) | (n=49) | (n=9) |
| Bonuses | 13% | 13% | 14% | 17% |
| Donuses | (n=24) | (n=32) | (n=30) | (n=8) |
| Increased benefits | 2 21 | 40/ | 001 | 201 |
| (PTO, healthcare, | 6% | 4% | 9% | 6% |
| retirement, etc.) | (n=12) | (n=10) | (n=19) | (n=3) |
| . , | 0.50/ | | 0.4.04 | |
| Flexible | 25% | 23% | 21% | 23% |
| scheduling | (n=47) | (n=57) | (n=45) | (n=11) |
| Employee | 18% | 19% | 17% | 19% |
| recognition | (n=35) | (n=47) | (n=36) | (n=9) |
| Enhanced/revised | 17% | 19% | 15% | 15% |
| training | (n=32) | (n=46) | (n=33) | (n=7) |
| opportunities | (11-52) | (11-40) | (11-55) | $(\Pi = I)$ |
| Other (tell us | 2% | 1% | 1% | 2% |
| more) | (n=3) | (n=3) | (n=3) | (n=1) |
| Total | 100% | 100% | 100% | 100% |
| TULAI | (n=190) | (n=247) | (n=215) | (n=48) |

TABLE 18 OTHER RECRUITMENT AND RETENTION PRACTICES

Other Responses

Mileage reimbursement weekly

TABLE 20 USE OF VR RATE INCREASE BY AGENCY NUMBER OF EMPLOYMENT SPECIALISTS

| | 1-3 ES | 4-7 ES | 8-12 ES | 13-20 ES | 21+ ES |
|---|-----------|-----------|------------|-------------|-----------|
| Hire additional employment staff | 1 | 1 | 0 | 0 | 0 |
| Hire additional employment staff, Increase or enhance training Hire additional employment staff, Increase or enhance training, and Meet costs of the program that were previously | 1 | 1 | 0 | 0 | 0 |
| not covered. | 0 | 1 | 0 | 0 | 0 |
| Hire additional employment staff, Meet costs of the program that were previously not covered. | 1 | 1 | 0 | 2 | 0 |

| | 1-3 ES | 4-7 ES | 8-12 ES | 13-20 ES | 21+ ES |
|---|-----------|-----------|------------|-------------|-----------|
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms. | 9 | 6 | 4 | 1 | 1 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Hire additional employment staff | 0 | 2 | 1 | 3 | 0 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Hire additional employment staff, Increase or enhance training | 3 | 2 | 2 | 3 | 0 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Hire additional employment staff, Increase or enhance training, and Meet costs of the program that were previously not covered. | 1 | 0 | 2 | 0 | 1 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Hire additional employment staff, Meet costs of the program that were previously not covered. | 1 | 3 | 0 | 0 | 0 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Hire additional employment staff, Other (please specify) | 0 | 1 | 0 | 0 | 0 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Increase or enhance training | 6 | 3 | 1 | 0 | 1 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Increase or enhance training, and meet costs of the program that were previously not covered. | 1 | 1 | 0 | 0 | 0 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Increased benefits of employment staff (PTO, healthcare, retirement, etc.) | 1 | 0 | 0 | 0 | 0 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Increased benefits of employment staff (PTO, healthcare, retirement, etc.), Hire additional employment staff | 0 | 1 | 0 | 0 | 0 |

| | 1-3 ES | 4-7 ES | 8-12 ES | 13-20 ES | 21+ ES |
|---|---------------|-----------|------------|-------------|-----------|
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Increased benefits of employment staff (PTO, healthcare, retirement, etc.), Hire additional employment staff, Increase or enhance training Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Increased benefits of employment staff (PTO, healthcare, retirement, etc.), Hire additional employment staff, Increase or enhance training, and Meet costs of the program that were | <u>1</u> 0 | 0 | 0 | 0 | 0 |
| previously not covered. Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Increased benefits of employment staff (PTO, healthcare, retirement, etc.), Hire additional employment staff, Other (please specify) | 0 | 1 | 0 | 0 | 0 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Increased benefits of employment staff (PTO, healthcare, retirement, etc.), Meet costs of the program that were previously not covered. | 1 | 1 | 0 | 0 | 0 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Meet costs of the program that were previously not covered. | 8 | 7 | 1 | 2 | 0 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., One-time financial incentives | 0 | 3 | 0 | 0 | 0 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., One-time financial incentives, Hire additional employment staff, Increase or enhance training | 0 | 0 | 1 | 0 | 0 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms. One-time financial incentives, Increased benefits of employment staff (PTO, healthcare, retirement, etc.), Hire additional employment staff, Increase or enhance training | 0 | 1 | 0 | 0 | 0 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., One-time financial incentives, Meet costs of the program that were previously not covered. | 1 | 0 | 0 | 0 | 0 |

| | 1-3 ES | 4-7 ES | 8-12 ES | 13-20 ES | 21+ ES |
|--|-----------|-----------|------------|-------------|-----------|
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Other (please specify) | 0 | 1 | 0 | 0 | 0 |
| Increase or enhance training | 0 | 1 | 0 | 0 | 0 |
| Increase or enhance training, Meet costs of the program that were previously not covered. | 3 | 0 | 1 | 1 | 0 |
| Increased benefits of employment staff (PTO, healthcare, retirement, etc.) | 1 | 1 | 0 | 0 | 0 |
| Meet costs of the program that were previously not covered. | 16 | 7 | 3 | 2 | 2 |
| One-time financial incentives, Meet costs of the program that were previously not covered. | 1 | 0 | 0 | 0 | 0 |
| Other (please specify) | 1 | 2 | 1 | 0 | 0 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Increased benefits of employment staff (PTO, healthcare, retirement, etc.), Hire additional employment staff, Increase or enhance training, and Meet costs of the program that were previously not covered. | 0 | 0 | 0 | 1 | 1 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Increased benefits of employment staff (PTO, healthcare, retirement, etc.), Hire additional employment staff, Other (please specify) | 0 | 1 | 0 | 0 | 0 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Increased benefits of employment staff (PTO, healthcare, retirement, etc.), Meet costs of the program that were previously not covered. | 1 | 1 | 0 | 0 | 0 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Meet costs of the program that were previously not covered. | 8 | 7 | 1 | 2 | 0 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., One-time financial incentives | 0 | 3 | 0 | 0 | 0 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., One-time financial incentives, Hire additional employment staff, Increase or enhance training | 0 | 0 | 1 | 0 | 0 |

| | 1-3 ES | 4-7 ES | 8-12 ES | 13-20 ES | 21+ ES |
|--|-----------|-----------|------------|-------------|-----------|
| | | | | | |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms. One-time financial incentives, Increased benefits of employment staff (PTO, healthcare, retirement, etc.), Hire additional employment staff, Increase or enhance training | 0 | 1 | 0 | 0 | 0 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., One-time financial incentives, Meet costs of the program that were previously not covered. | 1 | 0 | 0 | 0 | 0 |
| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms., Other (please specify) | 0 | 1 | 0 | 0 | 0 |
| Increase or enhance training | 0 | 1 | 0 | 0 | 0 |
| Increase or enhance training, Meet costs of the program that were previously not covered. | 3 | 0 | 1 | 1 | 0 |
| Increased benefits of employment staff (PTO, healthcare, retirement, etc.) | 1 | 1 | 0 | 0 | 0 |
| Meet costs of the program that were previously not covered. | 16 | 7 | 3 | 2 | 2 |
| One-time financial incentives, Meet costs of the program that were previously not covered. | 1 | 0 | 0 | 0 | 0 |
| Other (please specify) | 1 | 2 | 1 | 0 | 0 |
| Total | 58 | 48 | 17 | 15 | 6 |

TABLE 21 STRATEGIES FOR USING FUNDS

| Increase ongoing compensation of employment staff through wages, bonuses, stipends, or other financial mechanisms. | 34% (n=47) | 34% (n=37) | 30% (n=8) |
|---|---------------|---------------|--------------|
| One-time financial incentives | 2% (n=3) | 3% (n=3) | 4% (n=1) |
| Increased benefits of employment | `2% ´ | `6% ´ | `7% ´ |
| staff (PTO, healthcare, retirement, etc.) | (n=3) | (n=6) | (n=2) |
| Hire additional employment staff | 12% (n=17) | 16% (n=17) | 26% (n=7) |
| Increase or enhance training | 19% | 11% | 11% |

| | (n=26) | (n=12) | (n=3) |
|-------------------------------------|---------|---------|--------|
| Meet costs of the program that were | 27% | 28% | 22% |
| previously not covered. | (n=37) | (n=31) | (n=6) |
| Other (please specify) | 3% | 3% | 0% |
| | (n=4) | (n=3) | |
| Total | 100% | 100% | 100% |
| | (n=137) | (n=109) | (n=27) |