

State of Indiana  
Department of Veterans' Affairs

Evaluation of Veterans Benefits and Assistance Operations  
.....  
Future State and Recommendations

December 5, 2014





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## Background

### Goals and Objectives

The Indiana Department of Veterans Affairs (IDVA) engaged Public Consulting Group (PCG) to provide an "Evaluation of Veterans' Benefits and Assistance Operations." Over the past 16 weeks, we have assessed the Department's organizational structure and business operations to identify opportunities for improvement that will drive IDVA towards providing better services to Hoosier veterans. Specifically, our evaluation has focused on enhancing organizational strategy, effectiveness, and operations. In addition, we have explored ways that the Department can utilize performance metrics and apply technology to ensure evidence based continuous improvement of business processes. Throughout this assessment, we have been guided by the following goals established by IDVA at the start of the project:

- **Benefits & Claims.** Increase sign up and participation with Federal VA benefits (currently 43<sup>rd</sup> in the nation).
- **Health Care.** Assist veterans navigate the system to gain access to and utilize VA health benefits as opposed to using spousal benefits.
- **Education and Employment.** Increase the number of post 9/11 veterans receiving education benefits through the GI Bill. Provide access to employment opportunities for veterans, helping to connect them with the needs of employers.
- **Organization.** Leverage an organizational structure that effectively coordinates services for a greater number of veterans
- **Technology.** Utilize technology to eliminate duplication, integrate information from disparate sources, and provide real-time data for performance and program management.

### Challenges

Based on our observations, interviews and data analysis, we documented 21 findings that thwart the Department's efforts in meeting the above goals. These problems are creating inefficiencies that in turn clog the system and create burdens for IDVA staff and the veterans they serve. We have broken these findings into six different categories all of which contribute to inefficient practices and suboptimal outcomes.

#### Exhibit 1. As-Is Analysis Key Findings

Finding Category	#	Finding
Strategy	1	IDVA does not have a formal long-term, performance-driven strategic plan
	2	Current structure creates barriers to efficiently serving the veteran population statewide
	3	IDVA's operations and USDVA's strategic goals are not aligned
	4	IDVA serves an expansive veteran population



<b>Benefit Delivery</b>	5	The State of Indiana is not accredited with USDVA
	6	IDVA does not have Power of Attorney (PoA)
	7	The Department does little in the way of focused outreach or marketing of services
<b>Performance Management</b>	8	IDVA does not consistently track data across programs and veterans
	9	The performance of Directors is not managed or driven by data
	10	The current GDX ranking system is an imperfect driver of performance
<b>Organization/ Staffing</b>	11	Directors are spending a significant amount of time on administrative functions and individual-level service delivery, preventing them from more strategy-focused work and leadership
	12	The number of temporary staff exceeds the number of permanent staff, creating a scenario in which work cannot be sustained if temporary staff positions are lost or vacated
	13	Limited CVSO oversight creates difficulty in management and support as well as inconsistency in service delivery across the state
<b>Coordination</b>	14	There is a lack of coordination between IDVA and the other veterans organizations across the state
	15	The employment needs across the state are great, and IDVA and DWD need to enhance collaboration to meet those needs
	16	Coordination around health needs is needed across the five Veterans Integrated Service Networks (VISNs) to ensure consistent delivery of high quality services
<b>Technology/ Automation</b>	17	IDVA's use of technology is limited
	18	Current business flows are heavily based on the movement of paper
	19	IDVA does not have a central call management routing plan
	20	There is a lack of shared/centralized electronic tracking of services
	21	The Veteran Opportunities Partner (VOP) website lacks search capabilities



## IDVA Future Business Model (Deliverable 8)

### Overview

Below we present IDVA's current state and PCG's proposed vision for the future state of the Department. We have given Indiana our best analysis of what the future state of the Department should look like, however, it is ultimately up to IDVA and other key stakeholders to determine the direction of the Department moving forward. Thus, we continue to propose that prior to pursuing any of the recommendations in the following section, IDVA should first ***undertake the process of developing a strategic plan [Recommendation 1]***. It is our firm belief that IDVA leadership and other key stakeholders need to reflect upon the purpose and focus of the Department with the goal of developing an overarching and long-term strategic plan for IDVA. We are confident that our analysis, the proposed future business model and our recommendations hereafter, shall provide IDVA and key stakeholders with valuable information to aid the Department's strategic planning process.

While PCG can simply provide recommendations for achieving the goals of IDVA, we are not convinced this alone would be sufficient to position the Department to meet the diverse needs of Hoosier veterans. This assessment has led us to the conclusion that there is a need for a true redesign of the Department, starting with a change effort that must be driven from within the organization to ensure ownership and success. Therefore, we are calling for a significant shift in the overall focus of the agency from one that is highly centered on individual-level service delivery to one that utilizes partners and harnesses the expertise of the many other Indiana-based agencies that serve veterans. To achieve its goals of serving *all veterans*, IDVA needs to become a coordinating agency that facilitates veteran service delivery across the entirety of the state.

Throughout this assessment, we have witnessed firsthand the deep passion that IDVA leadership and staff have for serving our veterans. In spite of limited resources, IDVA leadership and staff go the extra mile to address each and every single veteran's concerns with the highest level of customer service. We made similar observations for both in-person and telephone conversations. While the benefits of outstanding individual-level service cannot be overstated, IDVA—even with increased resources (staff and budget)—cannot provide the aforementioned individualized service to each of the 490,000 veterans, 900,000 family members and the almost 3,000 National Guard members which the Department is charged with serving. IDVA does not have all the requisite expertise and resources for such an undertaking. In addition, it is our view that it would not be fiscally responsible to merely scale-up the Department's current service delivery model.

Based on information gathered from IDVA stakeholder sessions, PCG's expertise in business process redesign and organizational efficiency as well as the findings from the ***Best Practices Research and As-Is Analysis*** (Deliverables 2, 4, 5), PCG has developed a future business model for IDVA. The following key goals were taken into account in the development of the future business model:

1. *Expand IDVA's services to a greater share of Indiana's veteran population*
2. *Increase federal revenue drawdown*
3. *Utilize technology to eliminate paper-based processes*



4. *Adhere to budget constraints*
5. *Maximize staff potential*

## Current State

PCG's assessment of IDVA has revealed that the organization needs to ***undertake the process of developing a strategic plan***. We consider the Department's lack of a detailed long-term strategic plan to be a key impediment to optimally serving veterans, and the reason why IDVA does not have any robust business processes for day-to-day operations. Currently, the Department's programs and process are ad hoc, siloed, highly-individualized and in essence compliance-driven. As a result IDVA operates in what can be called a *Regulative Business Model*<sup>1</sup> state. This means that the Department's programs and processes are developed and managed categorically and its day-to-day activities do not properly align with specific measurable long-term goals and vision. Below is a detailed characterization of the *regulative business model*:

- Processes are documented at a high level, primarily for reporting to oversight organizations, and may not be updated regularly.
- Processes are highly individualized, and tend not to be standardized within business units.
- Processes are typically developed and managed within individual business units, typically aligned with discrete funding sources, and on an ad-hoc basis.
- Processes tend to be highly manual.
- Results tend to vary based on the skill of the worker, not the application of established processes and practices.
- Significant additional resources are often needed to complete routine work.
- A significant amount of completed work may not meet timeliness or quality standards of oversight organizations.
- Processes include high levels of unnecessary elapsed time (including unattended work and bottlenecks)—as evidenced by the value stream mapping process.
- IT is used minimally or not at all to automate appropriate business functions.
- IT systems do not facilitate information sharing across business units and are not easily modified to support new or changing business needs.

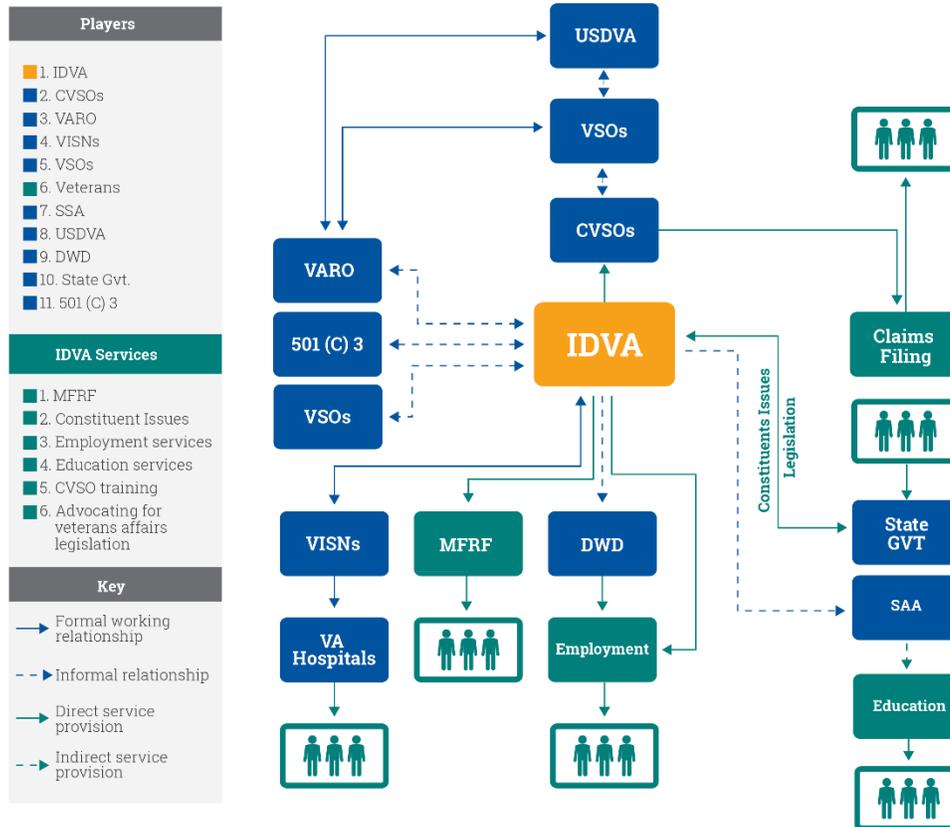
**Exhibit 2** below, provides a visual representation of IDVA's current state. This graphic illustrates that IDVA provides individual-level service to an unknown but small number of veterans. We have also found that while IDVA communicates with other veterans organizations in the state, the Department has a small number of working relationships. A working relationship is always guided by a formalized agreement to work jointly towards a set of measurable goals and objectives that have clearly defined value-add to a client—Hoosier veterans. The federal VA's model of veteran service delivery recognizes that ***"no single office, organization, or agency owns the expertise and resources to deliver all of the benefits and services, and resources necessary to meet the needs and expectations of every veterans."***<sup>2</sup> The future state of IDVA should align with the federal VA's model and move from an organization that seeks to provide all veteran's needs to providing the structure for a coordinated service delivery system.

<sup>1</sup> [http://www.aphsa.org/content/dam/aphsa/pdfs/NWI/Business-Model\\_Sept2013.pdf](http://www.aphsa.org/content/dam/aphsa/pdfs/NWI/Business-Model_Sept2013.pdf)

<sup>2</sup> <http://www.va.gov/op3/docs/StrategicPlanning/VA2014-2020strategicPlan.PDF>



**Exhibit 2: IDVA Current State**



**Future State**

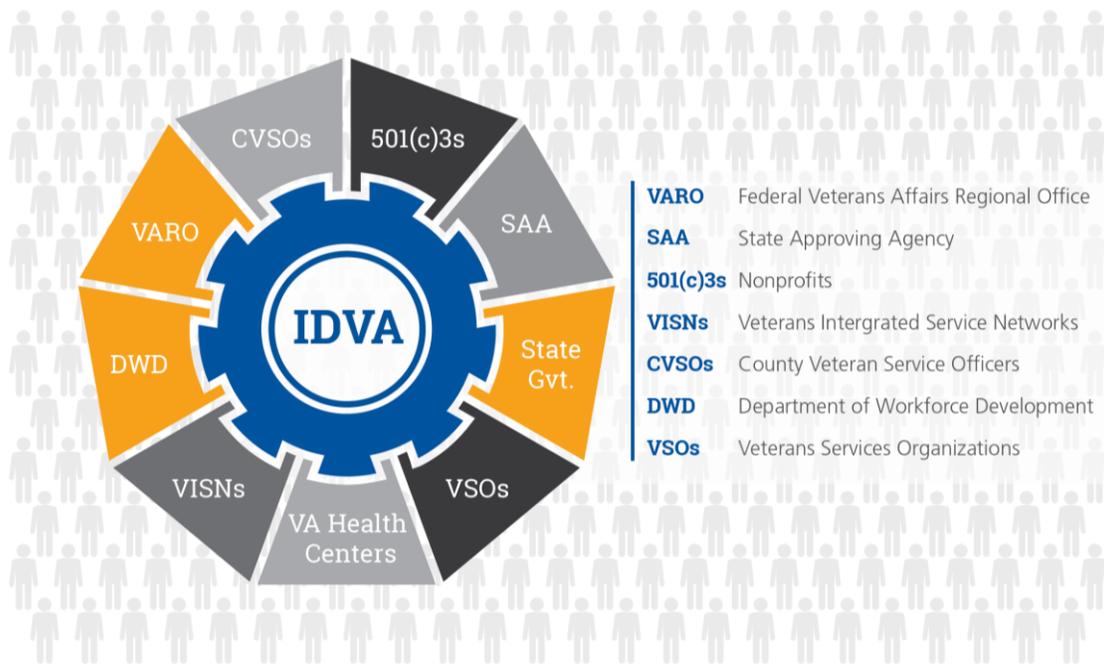
State veterans agencies must navigate an increasingly complex web of state and federal eligibility and regulatory processes in their delivery of services. IDVA’s future state should expand the agency’s focus to addressing the multidimensional challenges of today’s veterans. We would like to reiterate however, that it is IDVA’s sole duty not only to decide what the Department’s future state should look like, but also own and lead this change effort. PCG is confident that if IDVA leadership expands the agency’s focus—as the Future State recommends—it shall better position the Department to navigate the aforementioned complex web. Further, IDVA shall more easily serve a larger and more diverse veteran population with very specialized and varied needs, from health benefits and financial assistance to disability, employment, and education services. In addition, the future state will aid the Department in creating the required opportunities to generate long-term individual and community success, subsequently achieving IDVA’s mission:



*To assist Hoosier veterans, service personnel and their dependents and/or survivors in obtaining any veteran benefit due them under the laws of the State of Indiana and the United States.*

In the future state, IDVA's culture, managerial, and operational processes should focus on cross-agency collaboration so as to allow for multiple programs and stakeholders that are necessary to generate long-term individual and community success. In addition, in the future state, IDVA should have formal outcomes-based working relationships with other agencies providing veteran services in the State of Indiana. While IDVA can continue providing direct individualized services to veterans, the Department should primarily function as a coordinating agency that facilitates veterans' programs across the state, thus forming a system of benefits and services for veterans, service members and dependents. This coordinated system shall bring all partner agencies together as a network of organizations working to achieve the same goals and vision of serving the "whole veteran"—by providing all the necessary wrap around services. See **Exhibit 3** for a visual representation of IDVA's future state.

**Exhibit 3. IDVA Future State: Coordinating Agency**



In the future state model, IDVA is the single state veterans' services coordinating agency. IDVA works with organizations serving veterans across the state including County Veterans Service Officers (CVSOs), non-profits/501(c)3s, the state Veterans' Homes, federal Regional Health and Benefits Administration and other state agencies serving veterans. To move from the IDVA's current state to PCG's proposed future state, the Department needs to undergo paradigm shifts (detailed hereafter) which will shift the agency



from the current *Regulative Business Model* to a *Generative Business Model*<sup>3</sup>. A generative business model is multi-dimensional outcome-driven, disruptive, and global. Below is a detailed characterization of a generative business model:

- Disruptive processes are regularly tested, implemented, and scaled.
- Processes facilitate access to services addressing multi-dimensional client needs.
- Actively identifies external supporting agencies, based on client needs, and engages them in program development and revision.
- IT systems are continually improved in order to support process innovation.
- Policies are developed to address broader needs including and outside of the business units.
- Historical and predictive analytics are used to identify opportunities for streamlining, in anticipation of client needs.
- Staff are recruited, hired, and rewarded based on the changing/future needs of the organization.

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<sup>3</sup> [http://www.aphsa.org/content/dam/aphsa/pdfs/NWI/Business-Model\\_Sept2013.pdf](http://www.aphsa.org/content/dam/aphsa/pdfs/NWI/Business-Model_Sept2013.pdf)



## Paradigm Shifts

Below is a detailed description of the key paradigm shifts that need to happen as the Department works towards the future state.

Area	Today's Paradigm	Future Paradigm
<b>Management Vision</b>	IDVA operates as a small organization serving a limited number of veterans. A uniform vision does not exist. Instead, there is a set of goals created as a reaction to immediate service delivery needs.	IDVA operates with budget and staffing appropriate for a state agency serving the state's population of veterans. A clear, vision, mission, goals and a strategic plan—that is updated regularly—are in place to guide the Department's programs, management and staff in achieving their desired outcomes.
<b>Operating Budget</b>	IDVA has a very limited budget without solid metrics or clearly defined assumptions to properly advocate, support and maintain appropriate funding levels for the agency.	IDVA has a clear vision and strategic plan for achieving that vision. Performance measures, which align with the strategic plan, are used to advocate for and maintain an appropriate Departmental operating budget.
<b>Organizational Structure &amp; Staffing</b>	Indiana currently employs 1 State FTE per 61,297 veterans. This ratio is five times more than any of the high performing states in our best practices research. This high veteran to staff ratio combined with IDVA's individualized service model creates unmanageable workloads. As a result the Department can only feasibly serve a limited number of veterans.	An appropriate number and level of staff are hired in alignment with a concise vision and strategic plan that outlines performance measures for the Department and management staff. Staff hired into Departmental roles will support Directors at appropriate levels with appropriate skills and the state will see marked improvement in outcomes from their investment.
<b>Service Delivery</b>	Directors perform service delivery work at the level of direct contact with individual veterans on a daily basis taking up a large amount of their time. Thus, they are limited in their ability to address strategic-level needs of their Departments and for IDVA as a whole.	Directors are freed up from daily service delivery and are engaged in strategic planning, relationship building and problem solving to meet Departmental performance and veteran outcomes. Their work is focused on propelling the agency forward in meeting its mission, vision and goals.



### Future State Performance Measures

PCG has proposed that IDVA, as part of their future state/new business model, include for consideration the following performance measures which we believe will align with any updated strategic plan. The future state includes the following high-level objectives for performance measures:

- Quantifiable using internal or external agency data collection methods.
- Achievable in the short and long-term.
- Assigned to IDVA staff who are responsible for meeting the goal.
- Mapped to specific agency strategic goals and outcomes to clients.

The performance measures that will demonstrate the success of the future model include:

Performance Measures	
<b>Federal benefit dollars</b>	This is the total benefit dollar amounts that come into Indiana for Hoosier veterans; this should be measured, analyzed, and reported on monthly.
<b>Federal benefit dollars per veteran</b>	This is the calculation of benefit dollars per veteran that are received. This currently stands at \$2,230; IDVA should be measuring and reporting this monthly and striving to exceed \$3,000.
<b>Percentage of fully developed claims</b>	This is the percentage of claims that go to the VA Regional Office as fully developed, meaning they are complete with all required information. This number should be calculated and reported out to CVSOs and stakeholders monthly.
<b>Total veterans served</b>	This is the total number of veterans who receive services through IDVA. This number should identify veterans who receive services from all partners under which IDVA provides support, collaboration, and or with whom IDVA has a working relationship. IDVA should strive to meet the needs of all 500,000+ veterans and their families across the state.
<b>Veterans accessing VA health services</b>	This is a measure of the number of veterans who access VA health services across Indiana.
<b>Automated processes</b>	This is a temporary measure that IDVA should use as it strives to automate processes. PCG identified paper and manual-based processes as part of the As-Is analysis. IDVA should monitor this to ensure they are focused on streamlining any new work streams as the Department starts change efforts.



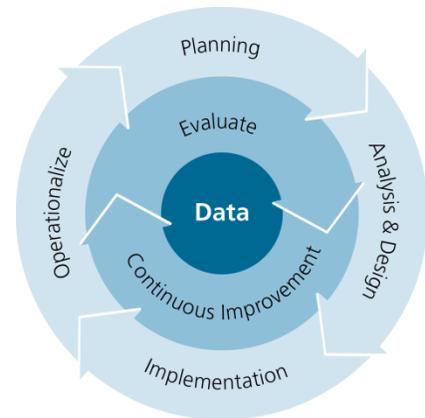
<b>Veterans receiving multiple services/benefits</b>	One of the benefits of increasing collaboration, investing in case management systems, and/or tying together services more holistically is an increase in one-stop shopping for veterans. This measure looks at the number of veterans who receive multiple services through IDVA.
<b>Successful partnership goals met</b>	While partnerships are often hard to measure, we suggest that when IDVA undertakes a partnership, they meet to discuss common goals and develop a workplan with objectives and initiatives that are leading indicators and can show concrete successes of the partnership.
<b>Employment</b>	Veteran employment should be a joint measure reported quarterly/bi-annually by IDVA and DWD. Employment measures should include: total veterans employed, employment retention rates, and wage data.
<b>CVSO accreditation/training completion rates</b>	This should include CVSO accreditation rate and training completion percentages.
<b>Claims filing locations and outcomes</b>	IDVA should track, as they are able using VetraSpec, the Stakeholder Enterprise Portal (SEP), and other sources the percentage of claims that come from state/CVSO staff versus VSOs and the outcomes associated with those claims. This will give IDVA trend data on how well they are performing relative to other VSOs and the Department's targets.



## Recommendations

### Introduction

Successful implementation of a new IDVA business model—and the improvements to service delivery and efficiencies to be gained from it—will rely on the selection of many of the projects that follow. These recommendations include the implementation of centralized case management and document imaging; full, ongoing engagement of community partner organizations; enhancements to call functionality; and the addition of staff as well as key changes to existing job roles and responsibilities. While efficiencies are likely to be gained from each of the independent recommendations below, the optimal business model starts with a new strategic direction for the agency and relies on each of these systems and processes to work together to support continuity of business operations.



While PCG can provide recommendations for achieving the goals of IDVA, we see a need for a true redesign of the organization starting with a change effort that must be driven from within the organization to be successful. As stated in the prior section, we believe these recommendations, if implemented, shall significantly improve IDVA's veteran service delivery. However, IDVA has the responsibility to create buy-in amongst other stakeholders in the course of implementation. Recognizing the need to develop recommendations that are independent of what may come as part of the strategic planning process, we have provided IDVA with a complete breadth of recommendations based on best practices research and our experience. Where possible, we have presented options within the recommendations that are dependent on priority and funding. We believe IDVA should consider pursuing each of the recommendations below if it is to meet the goals of this project. Nonetheless, IDVA should view each of these recommendations in a holistic manner—as PCG envisioned them—the Department cannot simply embark on one recommendation in total isolation of the others, as this will have limited impact.

### Recommendations Key

The recommendations are organized by timeframe (short, medium, and long-term). Note that the short-term recommendations have already been presented to IDVA in Deliverable 6 (Quick Hits) and vetted by the Department and key project stakeholders. Each recommendation includes a narrative that will provide a description of the task, the category or categories of the findings that the recommendation addresses, as well as a *recommendation score* that is determined by a set of decision criteria.

### Decision Criteria

Key factors when considering each recommendation include cost, ease of implementation, performance measures, key risks, dependencies, overall feasibility, and impact on clients. PCG created a recommendation scoring method to provide IDVA with key measures for decision-making purposes that



weighs each recommendation against these criteria. A description of each criterion and the accompanying symbol and rating scale for each is found below.

Criteria	Definition	Rating Scale
Timeframe	The estimated time for full completion or implementation of the recommendation.	<p>● = Short-term; fewer than 6 months</p> <p>◐ = Medium-term; 6 months to 1 year</p> <p>○ = Long-term; over 1 years</p>
Cost	The estimated cost of full implementation of the recommendation including personnel, procurement of resources (i.e. software, equipment).	<p>● = Low cost; \$0-\$10,000 or fewer than 100 total hours of five staff</p> <p>◐ = Medium cost; \$10,001-\$30,000 or 200-300 total hours of five staff</p> <p>○ = High cost;\$40,000 plus, and over 300 total hours of five staff and/or hiring of new staff</p>
Performance Measures	The successful ability of IDVA to track the outcomes of full implementation of the recommendation and its progress towards IDVA's goals and mission. This includes the estimated time after full implementation for which results and outcomes can be seen and measured by IDVA staff and clients.	<p>● = Easy; there are already metrics known or tracked against which to compare and assess impact of implementation</p> <p>◐ = Moderate; there are some metrics known or tracked or a way to establish them to allow for some assessment of implementation impact</p> <p>○ = Difficult; outcomes and results are not measurable until a considerable time after full implementation or there are no systems to easily measure them</p>
Key Risks and Dependencies	The number and level of anticipated risks or dependencies that have an impact on the objective of the implemented recommendation.	<p>● = Low risk; risks are already known and can easily be addressed to ensure high/positive impact on implementation</p> <p>◐ = Moderate risk; some risks are known, others are not; some idea of how these can be addressed to avoid impact on implementation</p> <p>○ = High risk; many risks with potential for many dependencies; must address to avoid impact on implementation</p>
Feasibility	Our projected ability for IDVA or project stakeholders to implement recommendation taking into account factors such as political environment, legal, economic, technological, scheduling and other factors.	<p>● = Easy; the effort required on one or more factors is simple to address</p> <p>◐ = Moderate; requires some action on one or more factors of varying complexity</p> <p>○ = Difficult; requires significant or complicated action on multiple factors, i.e. legislation, etc.</p>



Impact on Client	This measures the impact on the client and answers the question: will the client see and impact and quantifies the positive effect.	<p>● = High; highly visible change and high effect(s)</p> <p>◐ = Moderate; moderate visible changes and effect(s)</p> <p>○ = Low; no or low visible changes and effect(s)</p>
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When approaching the recommendations we aimed to find recommendations that met the goals of the project, the above criteria, and provided significant value to the Department and the veterans you serve. It is worth noting, however, that cost was also a major consideration for these recommendations. The state should strongly consider investing additional resources in the Department in order to significantly improve outcomes in the areas of federal benefits, employment/education, and health care. **Exhibit 4** from the findings, provides a basis for understanding how IDVA funding and staffing levels compare to other states.

**Exhibit 4: Spending per state**

State	Veteran Population (2013 GDX)	Operating Budget* (FY13)—in millions	Veterans' Affairs Full-time Staff**	Veterans per State FTE	Dollars spent per veteran
Texas	1,667,740	\$31.17	380 <sup>^</sup>	4,389	\$ 18.69
North Carolina	769,384	\$6.60	67	11,483	\$ 8.58
Tennessee	521,267	\$4.70	54	9,653	\$ 9.02
Missouri	497,874	\$7.95	N/A	N/A	\$ 15.97
<b>Indiana</b>	<b>490,379</b>	<b>\$1.80</b>	<b>8</b>	<b>61,297</b>	<b>\$ 3.67</b>
Alabama	414,963	\$12.20	N/A	N/A	\$ 29.40
Oregon	322,355	\$5.86	29	11,116	\$ 18.18
Nebraska	138,773	\$1.14	14	9,912	\$ 8.21
Maine <sup>†</sup>	127,694	\$2.60	31	4,119	\$ 20.36

<sup>^</sup>Estimate of Texas positions from agency org-chart | <sup>†</sup>Maine data includes veterans home and veterans' cemetery  
 \*Does not include veterans' homes expenditures | \*\*Does not include county veteran service officers (CVSOs) and veterans cemetery staff

**Recommendation Score**

We vetted many options to come up with the best 24 recommendations for IDVA. Each of these recommendations has a calculated, overall *recommendation score* shown using a bar line. These scores are not intended to portray one recommendation as better than another, but to simply show how each one fares when you consider it against the six criteria. Each criterion is ranked on a 3 point scale with 3 being the most favorable. The highest score a recommendation can receive is 18 (3 points for each of the 6 criteria). For the purposes of providing a snapshot of PCG's assessment of the recommendation, each of the criteria is weighted equally.

#	Recommendations	Recommendation Score	Timeframe: implement	Cost	Performance measures	Key Risks & Dependencies	Feasibility	Impact on clients
1	Recommendation description	18	●	●	●	●	●	●
2	Recommendation description	14	◐	●	◐	◐	◐	◐
3	Recommendation description	11	○	●	●	○	○	◐



## Short-Term Recommendations

The following section includes a short summary of the nine recommendations that PCG believes IDVA should implement in the short-term (as defined in-depth in Deliverable 6: Quick Hits). The timeframe is classified by the ability to implement the tasks in 30 days and no more than 90 days. These quick hits are identified as low cost, low risk, low dependencies, high customer impact, short implementation timeframe, and high feasibility with the exception of two with higher risks and dependencies and two with only a moderate impact on clients (noted with an asterisk \*).

#	Recommendations	Recommendation Score	Timeframe: implement	Cost	Performance measures	Key Risks & Dependencies	Feasibility	Impact on clients
1	Undertake the process of developing a strategic plan.	18	●	●	●	●	●	●
2	Develop a performance framework and performance goals for Directors.	18	●	●	●	●	●	●
3	Develop Standard Operating Procedures (SOPs) for each of the major work streams in the Department.*	17	●	●	●	●	●	●
4	Obtain accreditation from the US Department of Veterans Affairs.	18	●	●	●	●	●	●
5	Obtain State Power of Attorney.*	17	●	●	●	●	●	●
6	Develop strategic partnerships.*	17	●	●	●	●	●	●
7	Outline an outreach strategy and plan for maximizing the available external public relations time.	18	●	●	●	●	●	●
8	Establish a new approach, including Interactive Voice Response (IVR), for call handling and triage.	18	●	●	●	●	●	●
9	Implement document indexing within the current document storage system.*	17	●	●	●	●	●	●

**Recommendation 1: Undertake the process of developing a strategic plan.** A strategic planning process will: 1) enable IDVA leadership and Directors to clearly define the purpose of the Department; 2) establish realistic goals and objectives consistent with the mission and a clear, outcome-driven vision; 3) create a defined timeframe within the Department's capacity for implementation; and 4) develop a sense of collective ownership and work towards achieving that vision.

**Recommendation 2: Develop a performance framework and performance goals for Directors.** IDVA should develop a comprehensive framework for measuring the Department's performance as well as that of its leadership and Directors.<sup>4</sup>

**Recommendation 3: Develop Standard Operating Procedures (SOPs) for each of the major work streams in the Department.** The Directors should use the current value stream maps to create more detailed SOPs that can be used in their absence to document the status quo as well as to inform and/or train additional staff.

**Recommendation 4: Obtain accreditation from the US Department of Veterans Affairs.** Following the steps required by USDVA (laid out in deliverable 6), IDVA should obtain accreditation to better assist veterans—by **letter to the Secretary of Veterans Affairs**.

**Recommendation 5: Obtain State Power of Attorney.** IDVA should follow the steps required by USDVA (laid out in deliverable 6) affairs to gain authority to prepare, present, and prosecute claims before an agency of origin or the Board of Veterans' Appeals.

<sup>4</sup> <http://in.gov/spd/2394.htm>



**Recommendation 6: Develop strategic partnerships.** IDVA should find ways of establishing ongoing working relationships, beginning with several key partners including the Veterans Affairs Regional Office (VARO) and the Indiana Department of Workforce Development (DWD).

**Recommendation 7: Outline an outreach strategy and plan for maximizing the available external public relations time.** It is our recommendation that, with the addition of a one-fifth time position dedicated to public relations and marketing, IDVA develop an **outreach work plan/ communications plan** that includes all the activities related to the Department's efforts.

**Recommendation 8: Establish a new approach, including Interactive Voice Response (IVR), for call handling and triage.** IDVA should create an IVR response system for call triaging, directing and assisting veterans through the use of touch tones. The IVR system should answer a number of basic questions and enable proper routing of clients, information, and tasks. In addition, we recommend that the office assistant and interns be thoroughly trained on how to answer common questions in order to reduce the volume of calls transferred to Directors.

**Recommendation 9: Implement document indexing within the current document storage system.** As a precursor to looking at document management products—or case management software—IDVA should first organize and store existing data and files in a way such that they are easily stored under a common system.



## Medium-Term Recommendations

The following section includes 10 recommendations that PCG believes IDVA should implement within a “medium-term” timeframe, which we defined as 6 months to 1 year.

#	Recommendations	Recommendation Score	Timeframe: implement	Cost	Performance measures	Key Risks & Dependencies	Feasibility	Impact on clients
10	Align organizational chart, roles and staffing to strategic plan	16	●	●	●	●	●	●
11a	Hire an additional part-time staff member who can serve as the national accreditation Training Coordinator.		●	○	●	●	●	●
11b	Contract out training and accreditation using performance-based contracting.	16	●	●	●	●	●	●
12	Improve VISN coordination to increase overall health outcomes	16	●	●	●	●	●	●
13	Appoint/hire staff person to administer the Military Family Relief Fund.	16	●	●	●	●	●	●
14	Continue improvement of the IDVA website, focusing additional efforts on Veterans Opportunity Partners (VOP).	15	●	●	●	●	●	●
15	Develop a performance management system and structure for the CVSOs.	15	●	●	●	●	●	●
16	Co-locate IDVA staff at the VA medical facilities to assist veterans and increase benefit dollars.	13	●	○	●	●	○	●
17	Develop a long-term communications and marketing effort.	13	●	○	●	●	●	●
18	Enhance partnership with Indiana Family and Social Services Administration (FSSA) for PARIS matching (ID veterans).	12	●	●	●	●	●	●

**Recommendation 10: Align organizational chart, roles, and staffing to new strategic plan.** IDVA should re-align agency operations following a strategic planning process and development of clear agency mission and goals. Note that the strategic plan and/or adopting any of the recommendations that follow around staffing could call for new roles that may also mean a complete overhaul of staff job descriptions. A new organizational chart including roles, staffing, and job descriptions should be developed. Job descriptions should clearly outline responsibilities as well as performance goals and metrics for their work. This is important as it documents the changes to the Department, giving staff a clear idea of their responsibilities and expectations, and assigning output and outcome measures to each staff and work-stream. This makes performance trackable and gives staff direction for effort. Similar to the short-term Recommendation 2, in order to development performance goals for directors, new roles or staff performance goals should be **SMART**—Specific, Measurable, Achievable, Relevant and Timely. In addition, IDVA should create accompanying business flow for the new service model.

Another point of discussion during the strategic planning process regards IDVA’s current focus on providing services to not only veterans but also National Guard members (**Finding 4**). It is worth considering if IDVA’s response to the large presence of the National Guard may be stretching the Department’s focus away from the written scope of the mission of the agency when resources become unavailable; or if the focus of the agency just needs to be clarified. If, after the strategic planning process, IDVA resolves to continue to serve the more expansive definition of Hoosier veteran, then IDVA should propose legislation to codify the definition of Hoosier veteran to include Reservists and National Guard Members.

Criteria	Rating	Description
Timeframe	●	Up to 6 months.



Criteria	Rating	Description
Cost	●	Fewer than 20 hours per staff involved in process; if new legislation is needed, that would elongate the timetable, but the latter would not necessarily be time-sensitive.
Performance Measures	●	Completion would result in new organizational chart, staffing plan, job descriptions, performance metrics, and business flows which align with the strategic plan.
Key Risks and Dependencies	◐	This work is dependent on the development and finalization of the strategic plan.
Feasibility	●	Highly feasible. Only requires IDVA staff resources.
Impact on Clients	●	Clearly defined roles and job responsibilities for IDVA staff will allow the agency to more easily direct clients to the appropriate resources. In addition, narrowing the focus of IDVA staff responsibilities will allow for specialization and in-depth knowledge in the topic area.



**Recommendation 11: Contract out or appoint/hire full time staff for on-going CVSO training and accreditation.** As part of the accreditation process established by the National Association of County Veterans Service Organizations (NACVSO), accredited CVSOs are required to attend annual training conference CEU, TRIP or accreditation course, or attend continuing education to maintain their status. Continuing education requires 16 hours of classroom instruction for each accredited CVSO each year. As described in the **Findings 11 and 12**, IDVA's directors already have wide breadth of work in their scope. This year being the first year that CVSOs have been required to be accredited, IDVA has not yet established concrete plans regarding NACVSO on-going accreditation training requirements but have considered conducting training in-house. PCG recommends that IDVA consider two options and clearly weigh the cost and benefits of each. Both options would add resources to IDVA and remove the responsibility of conducting training from the Director of Training and Service whose focus should be to provide on-going support to CVSOs and promotion of best practices and collaboration across CVSOs in the state.

**Recommendation 11a: Hire an additional part-time staff member who can serve as the national accreditation Training Coordinator.** The Training Coordinator would have the responsibility of organizing and conducting NACVSO trainings for CVSOs across the state as well as training on systems such as VetraSpec and other duties that IDVA may want to assign to CVSOs in the future. The benefit of this option is that it allows IDVA to take full control of the on-going training requirements. There is, however, a high-cost associated with hiring a new staff member, and IDVA would need to either hire a part time staff person or find other duties as trainings would not constitute a full-time effort. The Training Coordinator would report to the Director of Training and Service and serve as the central point of contact for submission of CEU credits.

Criteria	Rating	Description
Timeframe	●	6 months-1 year.
Cost	○	Full time staff salary.
Performance Measures	●	Full time staff can be held to performance standards to ensure high quality training.
Key Risks and Dependencies	●	Low risk and dependencies.
Feasibility	●	Highly feasible given IDVA's experience with implementation of a similar process in 2014 for accreditation training.
Impact on Clients	●	Increased training for CVSOs should yield direct impact on veterans through increased knowledge and understanding of the benefits application processes and services.

**Recommendation 11b: Contract out training and accreditation using performance-based contracting.** IDVA should select an organization based on the quality of training, cost, and ability to provide training to CVSOs from the myriad of options of recognized agencies or organizations that currently provide CEU training, both on a contract-basis (such as NACVSO) or in-house (VSOs). This would include in-person and/or web-based. In addition to these agencies, IDVA should consider other organizations with considerable expertise and track record of successfully conducting training who can clearly demonstrate that it can quickly learn and deliver on the training requirements of CVSOs. The Director of Training and Service can then serve as the resource for providing information on trainings, the central point of contact for submission of CEU credits and the performance-based contract manager. Contracting out services will



allow IDVA to call on assistance only when needed and hold contractors to performance-based payment standards, such as timely completion rates, quality assessment scores, and others. In addition, contracting out training services will allow the Director of Training and Service the time to focus on management, mentorship, and oversight of CVSOs, an area of improvement recognized by IDVA through PCG's assessment process.

Criteria	Rating	Description
Timeframe	●	6 months-1 year.
Cost	●	Contract costs, a contract should be obtainable for significantly less than the cost of 1 FTE.
Performance Measures	●	Performance standards can be clearly written to include training outcomes (percentage of training completed timely, test scores, etc.) to ensure high quality training.
Key Risks and Dependencies	●	Low risk and dependencies.
Feasibility	●	Highly feasible given IDVA's experience with implementation of a similar process in 2014 for accreditation training.
Impact on Clients	●	Increased training for CVSOs will have direct impact on veterans through increased knowledge and understanding of benefits application processes and services.



**Recommendation 12: Improve VISN coordination to increase overall health outcomes.** IDVA is currently in the process of developing a stronger relationship with the five VISNs that provide healthcare service to veterans in Indiana, a goal that would allow veterans to more easily navigate the VA health care system and help ensure consistency in healthcare service delivery across the state—improving outcomes for veterans. The progress towards this recommendation directly addresses **Finding 16** regarding VISN coordination. As a first step, IDVA should create a plan that would include an on-going communication plan for periodic, consistent communication between the five VISNs and with IDVA, key objectives and goals for the partnership, and performance measures and timeframes for measuring progress towards goals (including increased collaboration, improved referral processes, and the sharing of best practices).

In addition to working across the five VISNs to develop a plan for improving service delivery, we recommend that IDVA consider restricting the workload of the Director of Care to focus on coordination of all health care benefits and services for veterans, including this responsibility of coordination with VISNs. Given the current political and financial landscape of veterans' healthcare at both the state and federal level, health care coordination should be a high priority for IDVA.

Criteria	Rating	Description
Timeframe	●	About 6 months; requires buy-in and long-term commitment from 5 VISNs.
Cost	●	20-40 hours of staff time with heavy investment in initial planning and less on-going maintenance dependent on long-term coordination plan.
Performance Measures	●	A single plan for coordination of VA health care across the state with clearly defined and measurable goals for success.
Key Risks and Dependencies	●	Although IDVA is currently working towards developing the relationship with each VISN, there is moderate risk of the lack of long-term commitment from the VISNs to implement a plan. Since IDVA does not have direct regulatory oversight or even funding connections, IDVA will need to clearly articulate the need and benefit to VISNs for a strong collaboration plan in serving veterans long-term.
Feasibility	●	Highly feasible. Coordination and referral of health services for veterans is a vital part of the mission of IDVA.
Impact on Clients	●	High impact on clients; increased collaboration should be widely visible to veterans seeking and currently receiving health care services.



**Recommendation 13: Appoint/hire staff person to administer the Military Family Relief Fund.** As the largest state-funded veterans benefit program, the Military Family Relief Fund (MFRF) is one of IDVA's primary administrative responsibilities. The MFRF is a program whose day-to-day administration does not need to be conducted by a Director level position. The process of determining eligibility is fairly simple and straightforward, and we recommend IDVA appoint an administrative or eligibility specialist-level to conduct benefit determination, under the Director of Training and Service. The MFRF staff person would work with the current Director of Training and Service to determine (and document) consistent processes for determining eligibility and processing benefits as well clear standard operating procedures so that when there is a need for work study staff to provide assistance, the processes can be easily followed. This staff would not need to dedicate 100 percent of their time to the MFRF and should have a significant portion of his/her day dedicated to assisting with intake phone calls. During the workload analysis, we noted that about 6-8 applications are reviewed and approved on daily basis. PCG concludes that this is not enough work to justify a full workload of MFRF applications even with an increased application rate. Moving administration of this program to a new staff member would add value in three primary ways to the Department:

1. It would free-up time of the current Program Coordinator for healthcare to focus on an expanded role as the Director of Care—coordination of health-related issues across the state.
2. It would greatly impact veterans, the results of which will be twofold; veterans' MFRF applications will be processed more expeditiously and IDVA will focus on coordinating healthcare services, which the Department isn't not able to focus significant time to at the moment.
3. It will add an additional position whose time spent not on MFRF applications can be spent assisting with incoming phone calls to relieve Directors of that burden.

Criteria	Rating	Description
Timeframe	●	Between 6-9 months to appoint position, shorter if interns/work study/temp staff can be reallocated.
Cost	●	Cost is somewhat high, but entirely dependent on how IDVA procures this position.
Performance Measures	●	Easily measured by timeliness and accuracy of benefit delivery.
Key Risks and Dependencies	●	The dependencies are in procuring a partial or full position to serve in this function.
Feasibility	●	Moderately feasible. See above.
Impact on Clients	●	This change has the ability to impact health care clients and well as MFRF clients, who are currently vying for visibility and assistance from one, single staff person.



**Recommendation 14: Continue improvement of the IDVA website, focusing additional efforts on Veterans Opportunity Partners (VOP).** IDVA website, and specifically including the VOP section was identified both by IDVA staff and PCG's survey and focus groups as not being user-friendly. Participants described the website as being overly cluttered and not optimized for mobile usage. The VOP section lacks both overall visibility as well as the capability for veterans to easily search for employment opportunities. PCG found that public awareness of the VOP site is low; only 2 respondents of the employer survey were familiar with the VOP website; 5.4%<sup>5</sup> (served by IDVA) had used the website, and 57.9% of veterans<sup>6</sup> (not served by IDVA) were not at all familiar with the VOP website. To increase traffic, time spent on pages, and improve the linking of veterans to veteran-friendly businesses, we recommend IDVA make website modifications that include optimization for mobile technologies, employ a more user-friendly layout, and add searching or grouping by criteria for employment. A few search criteria that would provide increased functionality include:

- Search by business name
- Industry
- Job type
- Education/experience requirements
- Available openings
- Number of positions available

In addition to improving functionality and visibility, PCG also recommends consistent tracking of VOP website traffic and hits to gather data on usage and inform IDVA of the success of these changes and the need for potential future changes. Marketing the VOP program should be integrated into IDVA's larger long-term marketing and outreach plan (see **Recommendation 17**).

Criteria	Rating	Description
Timeframe	●	3-6 month. Integration of the VOP program into the strategic outreach and marketing plan, gathering specifications for improvements to the website, and working with Office of Information Technology (OIT) to make changes will require an investment in time from various staff.
Cost	●	Any complex specifications and improvements to the website such as these have the potential to be somewhat costly, given that IDVA has exhausted what they can do for no cost.
Performance Measures	●	Since website changes require clearly defined specifications, completion results can be clearly measured. IDVA should track unique visitors, time spent on VOP pages, returning visitors, and page clicks.
Key Risks and Dependencies	●	Low risks. The only risk is a lack of dedicated funding to assist with the website changes.
Feasibility	●	Highly feasible. IDVA already receives services from OIT.
Impact on Clients	●	High impact. Increased functionality will help users, both veterans and employers benefit from the information posted and give them easier access to employers and job openings.

<sup>5</sup> 8 out of 147 of respondents that indicated they have received benefits or services from IDVA selected the "Employer Services - Veteran Opportunity Partner (IDVA Website)" when asked "Which services have you received or used at or through the IDVA?"

<sup>6</sup> 91 out of 157 respondents that indicated they have not received benefits or services from IDVA selected "Not at all" familiar with "Employer Services - Veteran Opportunity Partner (IDVA Website)."



**Recommendation 15: Develop a performance management system and structure for CVSOs. Finding 13**

asserts that limited CVS0 oversight creates difficulty in management and support as well as inconsistency in service delivery across the state. With a new state wide benefit claims technology available through VetraSpec, IDVA can begin to develop a performance management system for CVS0s. Measuring and sharing performance openly and consistently has the opportunity to greatly boost CVS0 performance as they have: (1) a clear understanding of expectations for their performance, and (2) the opportunity to see their own performance next to goals as well as the performance of their peers. Measurement should cover data elements such as:

- Total monthly claims submitted
- Percentage of fully developed claims
- Total dollar amount of claims submitted
- Timeliness of claims submission
- Outcomes of claims submitted (in terms of approval rates and dollars/veteran)

IDVA should set these performance targets in VetraSpec and share performance at the end of the each month. The Department should celebrate the best performers—recognizing the geographic differences across the state—and support the low performers to get better by identifying their barriers to success. In addition, the Department, through the Director of Training and Service, should periodically share performance measures of both high performing and underperforming CVS0s with their respective county commissioners. Data-driven performance measures will create understanding as well as healthy competition among CVS0s that will ultimately increase CVS0 productivity. For underperforming CVS0s, IDVA will have reliable data to understand issues and/or present to county commissioners should the need arise for a CVS0 to be replaced for poor performance. IDVA can, at this point, only ask so much of CVS0 staff when they don't have clear expectations, measures of performance, or understand the significance of pieces of their work. ***As both the Department and CVS0s integrate data, performance, and CQI into their processes, tasks and workload and expectations can be (continually) reevaluated.***

Criteria	Rating	Description
Timeframe	●	6-9 months
Cost	●	Low cost –fewer than 20 hours of Director hours per month.
Performance Measures	●	Measuring CVS0 performance will help ensure IDVA is consistently meet its monthly performance objectives that are dependent on CVS0 performance
Key Risks and Dependencies	○	Low. This is dependent on how quickly VetraSpec is rolled out to all CVS0s and the willingness of county commissioners to work with IDVA to address performance.
Feasibility	○	Moderate. IDVA runs the risk of having push back from CVS0s and county commissioners regarding CVS0 performance.
Impact on Clients	●	High. More veterans will receive benefit claims assistance and from competent and motivated CVS0s.



**Recommendation 16: Co-locate IDVA staff at the VA medical facilities to assist veterans and increase benefit dollars.** VA healthcare costs account for more than half of VA expenditures to the state<sup>7</sup> and are one of the few places in the state where veterans and their family members assemble. A dedicated staff member, even if it is just one who rotates between facilities or is stationed at Roudebush, could serve the dual role of providing knowledge about IDVA services to medical staff as well as assisting veterans with the federal benefit process. This staff person(s) would focus on providing veterans with wrap-around services by referring eligible veterans to other benefits and services outside of medical care. The staff would also increase coordination between IDVA and the medical facilities in the state by establishing a single point of contact with dedicated attention to veteran's medical needs.

The new staff's responsibilities would include working directly with veterans at VA medical facilities to provide information to potentially eligible veterans on other benefits and services, assist with the process of applying for federal benefits, provide information to VA medical staff about statewide services, and coordinate with the Director of Care on statewide health care needs including strategic efforts toward veterans' mental health.

Criteria	Rating	Description
Timeframe	<input checked="" type="radio"/>	6 months-1 year. Define job responsibilities, submit budget request for new position, recruit, hire staff
Cost	<input type="radio"/>	High. Staff salary and benefit for at least one new staff.
Performance Measures	<input checked="" type="radio"/>	Easily measured. New staff's job responsibilities to include clear performance measures including claims submitted, referrals made, relationship indicators related to VA Medical Facilities leadership, and office hours in Medical facilities to meet with veterans on other benefits and services.
Key Risks and Dependencies	<input type="radio"/>	High risk and dependency. Ability to hire new staff is highly dependent on budget approval. Office space and relationships are dependent on medical facilities.
Feasibility	<input checked="" type="radio"/>	Moderate feasibility. IDVA has a strong case for the need to hire a new staff for this position. Currently, only one staff members is dedicated to VA health care and the individual splits their time between a health focus and other benefit and services delivery.
Impact on Clients	<input checked="" type="radio"/>	High. Additional staff who focuses on connecting a large pool of veterans with federal (and health) benefits can greatly, positively impact the dollars that flow into the state.

<sup>7</sup> [2013 GDx](#)



**Recommendation 17: Develop a long-term communications and marketing effort.** As a subsequent step to **Recommendation 7**, IDVA should develop a long-term plan that includes marketing and outreach steps that align with the organization's updated focus, per the new strategic plan. IDVA cannot meet their mission of serving veterans unless they can reach veterans across the state to share information about the services veterans need. A well-defined communications and marketing strategy will allow IDVA to set measurable goals and standards for reaching Hoosier veterans, service members and dependents, as well as internal partners and stakeholders.

The communications and marketing effort should consider the following steps/components:

1. **Defining the target audiences.** The Department cannot, first, improve their outreach unless it is able to name and quantify those who are or need to be reached. PCG recommends developing an outreach plan that includes a clear definition of IDVA's target audiences with segmented marketing messages by audience.
2. **Improving current communications.** IDVA should consider improvements to their current outreach and communication methods to more effectively reach veteran populations. Different strategies and outlets should be used for different veteran populations. Communication methods for improvement include the 1-844 hotline, the website, social media outlets including Facebook and Twitter, radio and television spots, flyers distributed and posted in other organizations serving veterans.
3. **Identifying partners agencies and opportunities whom IDVA can support.** For IDVA to move towards an organization that serves as the center for a coordinated veterans' services model in the state, the outreach and marketing plan should include steps and goals for consistency in messaging with other organizations so that veterans outreach and messaging across the state is cohesive.
4. **Setting clear measurable goals with a clear roadmap.** IDVA should request increased support from the current one-fifth time position dedicated to public relations or allocate other additional internal resources to ensure communications experts apply best practices. In developing a long-term marketing and outreach plan, IDVA should work with the public relations representative or (for example) a marketing consultant to take the following steps:
  - Define the target audiences (customers)
  - Identify outreach and marketing message for each customer (to inform or engage)
  - Identify other organizations that currently have better reach with the audience
  - Identify the best method of communication for each audience
  - Develop performance measures and method of data collection to determine success of outreach
5. **Expanding on outreach efforts.** There are a number of ways IDVA could expand on current outreach efforts. Two considerations are listed below:
  - **State-wide resource portal.** While IDVA currently has a telephone service center, the 1-844 hotline, it is not staffed consistently. We believe IDVA should consider other ways to get information out to veterans that are less resource-intensive, while the Department works to consider whether they want to staff-up the hotline. This can include resource



guides, enhancements to the website to list partners and services and/or other methods of outreach to share information about how veterans across Indiana can access the services they need.

- **Annual veterans' symposium.** This would allow IDVA to establish the agency as the central authority in the state for coordinating services to Hoosier veterans. IDVA should consider a symposium that would gather all major players in the veterans' services community in the state, including small to large organizations from non-profits, to other state agencies, the federal VA, universities, women-veterans organizations, veteran-owned businesses, veteran-friendly businesses. A symposium would provide a formal forum for IDVA to create a space for collaboration, sharing and learning. The forum should result in increased referrals of veterans to IDVA and CVSOs as well as increased collaboration and referrals between organizations serving veterans across the state.

Criteria	Rating	Description
Timeframe	●	6 months-1 year. Approval for funding for increased support from the current one-fifth time position dedicated to public relations or consider hiring an outside marketing consultant may take time. However, IDVA can begin developing outreach goals immediately and redirect the current public relations representative or marketing consultant toward a more strategic approach.
Cost	○	High. Between \$20,000-\$50,000/year (increased public relations staff time) or \$150,000 (for one-time, contractor cost). Plus the cost of IDVA leadership time.
Performance Measures	●	A well-developed plan is measurable and establishes short and long-term goals. IDVA and the facilitator will need to determine the best methods for measuring outreach. Although some measures such as website hits and social media followers are easily quantified, the impact of a paper advertisement is more difficult to measure
Key Risks and Dependencies	●	Moderate risk for securing funding for a facilitator. However, IDVA leadership research best practices and use outreach and marketing plan templates available publicly.
Feasibility	●	Highly feasible. Outreach to veterans is the core function of the agency. The GDV measures this via total VA expenditures. Outside support for the development of a comprehensive outreach plan should be high.
Impact on Clients	●	High impact. A comprehensive plan with best practices for outreach to veterans will clearly articulate IDVA's message. In addition targeted outreach efforts will increase awareness about the GI bill and other educational benefits and spur more eligible veterans to apply, thus increasing the utilization rate.



**Recommendation 18: Enhance partnership with Indiana Family and Social Services Administration (FSSA) for PARIS matching (ID veterans).** IDVA has an MOU with FSSA under which the agency provides monthly data regarding veterans receiving state-sponsored benefits such as Medicaid, SNAP, and/or TANF. However, no one has yet to act on this data to transfer eligible veterans from state benefits onto the more comprehensive federal benefits. Identifying veterans receiving state benefits who are also eligible for federal or state veterans' benefits or services, and moving them to the latter, would increase service delivery to veterans and decrease the reliance on state family and social services. For example, in Washington State, the Veterans Benefit Entitlement Enhancement Project has been able to create over \$6.1 million in monetary savings to the state in FY10 by identifying eligible veterans through PARIS.<sup>8</sup> PARIS "matching" to identify veterans not currently receiving benefits, would both greatly impact the number of eligible, deserving veterans who receive benefits as well as provide the state clear, sizable cost savings. Therefore, we recommend that IDVA and FSSA work together to develop a process and address resources that could be dedicated to the PARIS matching program.

Criteria	Rating	Description
Timeframe	●	6 months- 1 year to establish relationship with FSSA, analyze PARIS data, and create and implement new processes to ID veterans.
Cost	●	Moderate. IDVA and FSSA staff time; however the return to the state could significantly offset any costs.
Performance Measures	●	Moderate. Cost savings and number of veterans served.
Key Risks and Dependencies	●	Moderate. Dependent on FSSA and PARIS data.
Feasibility	●	Moderate. See above.
Impact on Clients	●	High. Veterans who transition from Medicaid to VA care and assistance can eliminate pharmacy co-pays, have long-term care paid for, have spouses or children who can be eligible for VA care, and assure completion of annual benefit review.

<sup>8</sup> <http://www.acf.hhs.gov/programs/paris/success-story/washington>



## Long-Term Recommendations

The following section includes six recommendations that PCG believes IDVA should implement long-term, many of these stretching out to a year or more.

#	Recommendations	Recommendation Score	Timeframe: implement	Cost	Performance measures	Key Risks & Dependencies	Feasibility	Impact on clients
19a	Bring responsibility for all veteran employment (and therefore, LVERs and DVOPs) under IDVA.	11	○	●	●	○	●	●
19b	Responsibility for veterans' employment goes to DWD, with IDVA providing wrap-around services to veterans.	13	●	●	●	●	●	○
19c	IDVA assumes the role of Veteran Employment coordination.	14	●	●	●	●	●	●
20	Adopt a regional model for management and service delivery	11	○	○	●	●	●	●
21	Develop an internal IDVA strategy for partnership development that focuses on long-term strategies and meeting the greater needs of the veteran population.	11	○	●	●	○	●	●
22a	Purchase an integrated case management system (ICM).	11	●	○	●	○	●	●
22b	Customize VetraSpec for IDVA.	15	●	●	●	●	●	●
23	Co-locate central office state staff who serve veterans.	11	○	●	●	○	○	●
24	Create and Nurture an Environment of Continuous Quality Improvement (CQI).	13	●	●	●	●	●	●

**Recommendation 19: Restructure veteran employment service delivery model to increase total veteran benefit.** At present, employment services for veterans, though with some micro-level differences, are provided by both IDVA and DWD (as detailed in [Finding 15](#)). Indiana should work to eliminate the areas of duplication while working to enhance the total employment services provided to Indiana veterans and assist with reducing the post-9/11 veteran unemployment rate which currently stands just shy of 17%. There are two ways that we recommend Indiana consider to pursue the goal of *providing access to employment opportunities for veterans, helping to connect them with the needs of employers* while reducing the overlap of services with DWD. First, and foremost, however, IDVA and DWD need to develop a strong, positive, working relationship (per [Recommendation 6](#)) that is built on good communication, regardless of the recommendation chosen below.

**Recommendation 19a: Bring responsibility for all veteran employment (and therefore, LVERs and DVOPs) under IDVA.** Much like the structure in Texas, states, through legislation, can bring the LVERs and DVOPs under a Department separate from workforce. Texas saw the ranking among states of the rate of veterans entering the workforce grow from 35<sup>th</sup> to 18<sup>th</sup> in the year the positions moved to the veterans agency; in fact, that rate has kept climbing, topping out at 6<sup>th</sup> in the nation in 2009 before falling back off slightly. In 2009, the Texas Veterans Commission assisted 47,556 veterans enter employment. If Indiana wanted to pursue this change, it should give IDVA full control over veteran employment and the outcomes associated with LVER and DVOP staff. This change offers the possibility to greatly improve employment outcomes, by giving veteran employment the same specialized focus that has occurred in Texas. Given, however, that a vast majority of Indiana residents look to DWD and One-Stops as the primary place to find employment assistance, if Indiana was to pursue this recommendation, it would be imperative to continue to house staff at this location. To implement this, there are several significant steps the state would need to take to make this change happen, including legislation.



Criteria	Rating	Description
Timeframe	<input type="radio"/>	At least a year; IDVA would need to work with policy staff and legislators to propose legislation.
Cost	<input checked="" type="radio"/>	Moderate. There is a moderate cost associated with this recommendation which includes the significant staff time it would take to make the change, the management infrastructure that would have to be developed to provide supervision and the increase in overhead such as travel needed to provide support to out-posted staff.
Performance Measures	<input checked="" type="radio"/>	Moderate. While we do not have access to current DWD outcomes, we would recommend seeking those to measure the success of this change. Measures would include % veterans employed, % veterans retaining employment at 90/180 days, average starting wage, and others.
Key Risks and Dependencies	<input type="radio"/>	High. There are legislative changes that would be required to move these staff from DWD to IDVA. There would also need to be discussion at the federal level to get specific clarification on how staffing costs can/will be allocated.
Feasibility	<input checked="" type="radio"/>	Feasibility is somewhat lower with this recommendation than with others.
Impact on Clients	<input checked="" type="radio"/>	The impact on clients is somewhat unknown at this time, but there is the potential to significantly impact employment outcomes. Housing veteran employment solely through IDVA could greatly enhance the ability to provide additional veteran-related and wrap-around services.

**Recommendation 19b: Responsibility for veterans' employment goes to DWD, with IDVA proving wrap-around services to veterans.** Other than Texas, a vast majority of states have the LVER and DVOP staff co-located at One-Stops and functioning under the Workforce or Labor Departments at the state level. This coordinates employment functionality across the whole of the state and allows for the sharing of common resources and knowledge. If Indiana were to pursue this recommendation that would mean that DWD becomes the agency responsible for all functions related to veteran employment. For IDVA, this change would free up a Director-level staff person at IDVA to:

1. Focus on how to “wrap around” other veterans services to those being provided employment services by DWD staff,
2. Help provide high-level leadership and coordination to both agencies as well as the State Approving Agency (SAA) in the other area of her focus (Education)
3. Provide support in another area of IDVA going forward.

Should IDVA want to pursue this opportunity, we would recommend continuing to utilize the eight (8) National Guard positions to serve NG members while those staff are available through June. In addition, it is worth noting that –while outside of the scope of this project–if Indiana moves



ahead with Recommendation 19b, we would suggest ensuring DWD fills all vacant LVER and DVOP positions.

Criteria	Rating	Description
Timeframe	●	9 months. IDVA should allow National Guard funding and positions to finish out work in June 2015. All employment functions would be transferred by then.
Cost	●	Low. Cost for this would be very minimal. In fact, IDVA would regain one whole position to redirect to other Director-level priorities for the department.
Performance Measures	①	Moderate. Performance would have to be tracked and reported by DWD. Successful implementation will entail DWD consistently meeting veteran employment targets that are jointly set in close collaboration with IDVA.
Key Risks and Dependencies	①	Moderate. This recommendation is wholly dependent on DWD's ability to meet the monthly veteran employment targets.
Feasibility	①	Moderate. Given the expertise, skill and experience IDVA has with veteran employment, there may be a transition period needed for services to move complete to DWD – by both Departments
Impact on Clients	①	The potential impact on clients is hoped to be low initially, then high overall. It should be both Departments desire to make this transition feel as seamless and be as well-communicated as possible to veterans, so that there feels like virtually no impact. In the long run, however, the performance measures that the state holds DWD to will hopefully show a positive impact on veteran employment.

**Recommendation 19c: IDVA assumes the role of Veteran Employment coordination.** For veteran employment, it is our recommendation that IDVA pivot from direct service provision—with a limited number of resources—to utilize its skills, position, and knowledge to serve as the coordinating agency for veteran employment across the state. IDVA would manage the relationships and joint efforts of those agencies that provide employment services to veterans across Indiana, including of DWD, non-profits, the National Guard, and other partners such as educational institutions who provide employment services to our military and veterans as well as for-profit organizations Indiana deems valid.

As a first order of business, and in tandem with Recommendation 6, IDVA and DWD should formalize their relationship with an MOA that includes shared performance measures. This action should also be repeated with other partners in the employment spectrum, such as the National



Guard and larger employment groups. Leading up to June, when the funding runs out for the National Guard positions, the Department should work closely with National Guard leadership to develop an employment strategy for these service members that the National Guard then owns. IDVA will assume the role of overall Indiana veteran employment project sponsor and coordinator, making over-arching and long-term strategic plans for all veterans' employment agencies and using the MOAs to coordinate and manage those partners.

For IDVA, the move toward coordination and away from direct service provision, would provide additional focus and time for the Director of Employment and Education to conduct environmental scans of Indiana employment sectors and needs. As a part of this process IDVA should gather information including data about the economy, employer needs, information from relevant government agencies, federal and state legislative changes, and demographic factors of the population being served. This effort will put IDVA in the position to be the one, central agency that focuses on the higher level employment needs of veterans and coordinates partners accordingly. In addition, this positions IDVA to support and provide "wrap around" services to those veterans being provided employment services.

Criteria	Rating	Description
Timeframe	①	3-9 months.
Cost	●	Low. Cost for this is extremely limited, as it will take some staff hours to get MOAs developed and communication channels developed, but long-term should save staff time.
Performance Measures	①	Moderate. Performance measures should be created as a part of the MOA process, both for individual agencies (as they already have defined performance measure) and for the effort as a whole.
Key Risks and Dependencies	①	Moderate. As with any new collaboration involving agencies who have not historically worked closely together there are risks involved. We believe with a clear MOA and formal communication schedule, that those risks can be mitigated.
Feasibility	①	Moderate. This effort is dependent on the partners involved.
Impact on Clients	●	High. The long-term impact on clients can be high if there is one central agency (IDVA) coordinating all veteran employment across the state and ensuring that: <ol style="list-style-type: none"><li>1. Resources are being used and allocated appropriately</li><li>2. Outcomes are being met by the joint and individual projects</li><li>3. Efforts are aligned</li></ol>



**Recommendation 20: Adopt a regional model for management and service delivery.** Best practices research revealed that almost all states divide themselves into multiple regions and employ regional staff to: (1) be the liaison between CVSOs, employment staff, and other partners; (2) provide additional opportunities for veterans to apply for federal and receive benefits; and (3) be the primary sources of support to CVSOs to encourage their full effort. The regional model is by far one of the biggest differences between IDVA and other state veteran agencies nationwide. All the states researched for best practices and numerous others (NC, NE, IA, OR, AL, KY, OK, MI, FL), have a regional model. A regional management structure would allow IDVA to increase federal benefits and closely monitor veteran affairs at the local level while freeing up staff time of Directors to focus on broader agency objectives. The regional staff's responsibilities should include:

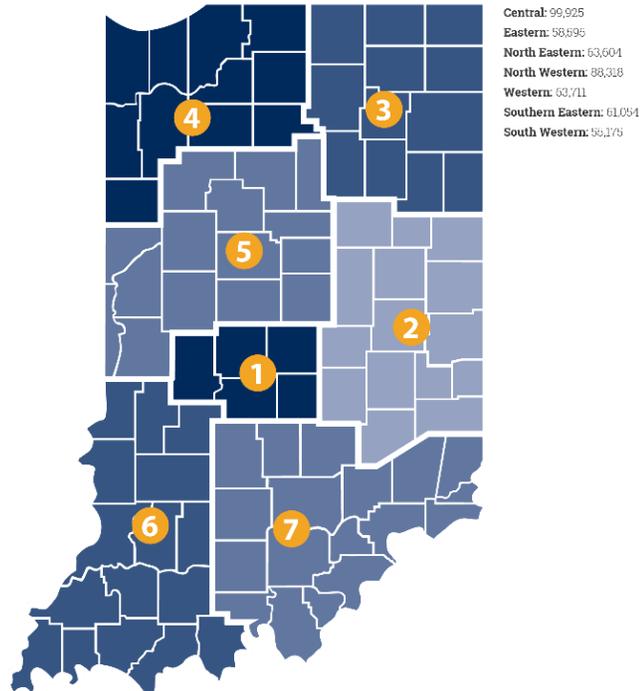
1. Providing day-to-day supervision, mentorship, and support to CVSOs as well as coordination with local county commissioners.
2. Establishing relationships with local veterans' agencies and resources.
3. Working with each of IDVA directors to implement the agency's strategic objectives in their respective regions.
4. Reviewing all federal and state benefits applications from their regions for completeness before they are sent to the state review team.
5. Reviewing federal benefit applications after determination, while still in the appeal window and coordinating follow-up.

In our recommended regional model, one of the Director level positions could oversee all regional staff. We have developed this regional model bearing in mind local partners and budgetary constraints. Specifically, we have considered:

- *Location of Indiana workforce offices*—DWD has 12 regional offices. We believe that IDVA regions should to some level mirror DWD regions to increase the potential for collaboration in veterans' employment.
- *Geographic distribution of veterans and veteran centers*—We took care to ensure that each region had a meaningful number of veterans without any particular region being too big. We also wanted each IDVA region to have some existing veterans' services (as represented) on the map.
- *The National Guard recruiting regions*—IDVA staff and the National Guard developed functional regions (using the army's recruitment plans) for the temporary employment coordinators.



**Exhibit 5** shows PCG's proposed regional breakdown for IDVA. As the map shows, no particular region has an overwhelmingly larger number of veterans or veterans' services than any other. We believe that having created these regions with the above factors in mind. Exhibit 5 provides the most effective regional model for IDVA. Please see Appendix I for the breakdown of population and counties per region.



Criteria	Rating	Description
Timeframe	<input type="radio"/>	9-18 months
Cost	<input type="radio"/>	High. Successful implementation would require 7-9 full time staff and require close to a 100 percent budget increase, including travel and supplies.
Performance Measures	<input checked="" type="radio"/>	Successful implementation of this recommendation would significantly increase federal revenue drawdown, increase veterans' employment rates, and also increase collaboration with other veteran partners
Key Risks and Dependencies	<input checked="" type="radio"/>	Moderate. This recommendation is dependent on securing additional funding
Feasibility	<input checked="" type="radio"/>	High. Both IDVA and other state stakeholders are looking to re-orient the organization
Impact on Clients	<input checked="" type="radio"/>	Very high. This model will increase number of personnel assisting veterans and make CVSOs, LVERs and DVOPs more accountable.



**Recommendation 21: Develop an internal IDVA strategy for partnership development that focuses on long-term strategies and meeting the greater needs of the veteran population.** Addressing several findings, including **Finding 16**, we recommend IDVA reimagine the role it plays in veterans affairs from an individual-level service provider to a state-wise coordinator of all veterans organizations and services. IDVA needs to develop a strategy to coordinate and align the more than 300 non-profit, for-profit, Veterans Service Organizations (VSOs), and state Departments (such as DOA and Family and Social Services Administration (FSSA)) that serve veterans, formally or informally across the state. The redefined focus will free up resources so that veterans across the state will reap the benefits of a centralized, coordinating agency.

The plan for these *working* partnerships should be formed in tandem with leadership from the organizations themselves and should include goals, metrics, written agreements (when necessary) including data sharing, include a resource and referral strategy. One way this can be realized is through the current Veterans Affairs Commission. It is worth considering that the focus of this Commission **change to directly being involved in the planning of and coordination of inter-agency veterans' programs**, with little focus on daily operations. While we do not speak directly to it here, from the work of IDVA to create relationships that are focused on understanding and meeting the needs of the veteran population; can emerge research that shows initiatives that address Indiana-specific issues such as the following are needed:

- Women's veteran needs
- Homelessness
- Mental Health and Substance Abuse

Criteria	Rating	Description
Timeframe	<input type="radio"/>	Up to 1 year. This extended timeframe is intended to be long to give IDVA and partners time to assess and develop working relationships as well as research and prioritize IN veteran needs.
Cost	<input checked="" type="radio"/>	Low, initially, but ultimately dependent on initiatives that come from this effort. The only cost is in staff time, which could be significant, but could also be a part of the responsibility of a Director going forward.
Performance Measures	<input checked="" type="radio"/>	Moderate. This effort is easily measured by the goals set forth by the partnerships and the issues they want to address/change. The most challenging component comes when you have a myriad of data sources.
Key Risks and Dependencies	<input type="radio"/>	High. This effort is somewhat entirely dependent on members of the veteran community who wish to partner with IDVA on specific issues.
Feasibility	<input checked="" type="radio"/>	Moderate. Should IDVA be able to find partners and dedicate the staff time and resources, this is entirely feasible.
Impact on Clients	<input checked="" type="radio"/>	High. This has the potential to greatly impact veterans, especially those in high-need or under-served areas who may not presently get the attention and resources they need.



**Recommendation 22: Utilize an integrated case management system.** In **Findings 17, 18 and 20** we observed that IDVA has a limited automation as well as use of technology, a vital missing piece for providing efficient, effective services. As a result, there is a lack of shared/centralized electronic tracking of services because the Department's current business flows are heavily based on the movement of paper. Consequently, the Department has no reliable data it can depend upon to determine process risk points so as to trigger preventative processes or for continuous improvement. An integrated case management system will centralize all IDVA state-wide service provision platforms, reducing unnecessary duplication of veteran information, and lead the Department towards a data-driven decision making process.

The following chart provides a breakdown of current paper-based business processes identified by PCG that could be more efficiently tracked if transferred to an integrated case management solution:

BUSINESS PROCESS	CURRENT METHOD	AUTOMATED METHOD
<b>ENAGEMENT EVENT TRACKING AND FOLLOW-UP</b>	Hand written sign in sheets and excel spreadsheets per event	Online registration and attendance tracking and online survey-based feedback form
<b>STATE BENEFITS APPLICATION</b>	Paper application and submission	Online application and electronic submission of supporting documents
<b>FAMILY MILITARY RELIEF FUND</b>	Excel spreadsheets	Linked online application process for all state benefits and electronic submission of supporting documents
<b>PAPER STORAGE</b>	Scanning and storage is inconsistent and inefficient	Documents can be scanned and stored in a veteran's "file" in the case management system.

IDVA has already licensed VetraSpec—an online veteran claims management software solution, primarily for federal benefits. In addition to Indiana, 18 other state have also licensed VetraSpec as their federal claims management system of choice. Currently, VetraSpec cannot be used to manage state benefits (applications, adjudication and disbursement) nor for employment, education and behavioral health services provided by the Department. In addition, VetraSpec does not communicate with the federal veterans' benefits management system (VBMS) but is scheduled to go live in the first three months of 2015. Given that VetraSpec in its current form, would not support full integration of all IDVA services, the Department can go about case management in two ways:

**Recommendation 22a: Purchase an integrated case management system (ICM):** IDVA should consider purchasing an additional case management software to handle all other state benefits and services (education, employment and behavioral health) for which VetraSpec is not designed to manage. This case-management system would be used by all IDVA staff and possibly CVSOs. The ICM should have the following capabilities or attributes:

- Online user interface—this will enable IDVA staff regardless of their location in the state to input and process veterans' applications and coordinate service delivery.



- Multi-user interface—the software must support simultaneous usage by at least 50 users at any point. In addition, the CMS should allow for varying levels of privileges and access to the stored information.
- Industry standard security—conform to federal and state regulations and requirements for security and privacy of personal information.
- Store all veteran information and correspondences with any IDVA staff under a **single account** that is accessible to all authorized personnel and HIPAA compliant.
- **Include all state benefit application forms** (tax exemption, fishing, hunting and drivers licenses, tuition waiver, MFRF, and others).
- Interface with VetraSpec, if not real-time then at a minimum through a nightly batch upload. This capability would reduce duplication of data entry and avoid staff having to rely on two entirely uncoordinated benefits management systems.
- Communication features for internal correspondence between IDVA staff and externally with the veteran or family members.
- Have document management and scanning capabilities. For information such as DD214s, applications, verifications, signed forms, resumes, and other pieces of paper that are stored by IDVA, the ICM should have a simple, repository for storing that information under the veteran's case.

Criteria	Rating	Description
Timeframe	●	1 year
Cost	○	High cost—Staff time for procurement process and training. In addition, a new ICM and associated hardware could cost anywhere from \$100,000 to \$500,000. We recommend you err on the less expensive side, for now.
Performance Measures	●	An ICM will eliminate paper-based processes, save time by preventing duplication of processes, provide a mechanism for evaluating the Department's objectives and provide valuable data for continuous improvement.
Key Risks and Dependencies	○	This recommendation is dependent on securing funding. There are high risks associated with training of staff and compatibility of the CMS with VetraSpec—if the system is not compatible, this would mean that Departmental staff would have to use two separate systems for benefits management.
Feasibility	●	Moderate. While there is a need to reduce paper-based processes and centralize all veteran information, the Department can capitalize on and streamline currently available technology. Also, IDVA just received funding for VetraSpec so it will be harder to make the case for an additional case management system
Impact on Clients	●	High. IDVA will easily measure the effectiveness of its programs to the veteran population and adjust service provision promptly.



**Recommendation 22b: Customize VetraSpec for IDVA.** Instead of purchasing an additional case management system, we recommend that IDVA consider working with DataSpec, Inc.—the developer of VetraSpec—to customize the platform to allow for management of all other non-federal benefits and services that IDVA offers to the veteran population. Customization will mean that the Department has a single case and document management system for all federal and state benefits and services. Below are some of the benefits of using VetraSpec as your single system:

- Prevent data duplication.
- Enable IDVA staff to provide services to a veteran in a holistic manner, with a detailed and complete profile of the veteran, without data and system interfaces.
- Allow IDVA to easily supervise and act as a quality assurance for CVSOs.
- Streamline IDVA business processes and allow for timely identification and redress of bottlenecks.

PCG has worked with IDVA to identify the Department's case management needs. We have also worked with DataSpec regarding the ability of the company to tailor the software to IDVA's needs. DataSpec has already worked with Nebraska and Oregon to customize VetraSpec to meet their needs. However, Indiana would be the first state to customized VetraSpec into an integrated case management system to the extent that we are proposing.

Exhibit 6 below provides an overview of VetraSpec's main input window as it is currently.

The screenshot shows the VetraSpec web application interface. At the top left is the VETASPEC logo. The main navigation bar includes tabs for HOME, SEARCH, ADD, E-MAIL, RESOURCES, DOCUMENTS, REPORTS, FORMS, CALENDAR, and MY TASKS. Below this is a secondary navigation bar with tabs for QUICK OVERVIEW, MORE DETAILS, MILITARY SERVICE, CURRENT RATINGS, PENDING ISSUES, FINANCIAL ASSISTANCE, PAYMENTS, DEPENDENTS, COMMUNICATION, RECORDS, FINANCIALS, PACKAGE THIS CLAIM, and MY VETS. A red banner across the middle of the page reads: "THE POA FOR THIS VETERAN IS NOT ASSIGNED. THIS RECORD IS CONFIDENTIAL". Below the banner, user information is displayed: NAME: Chan, Jack; SSN: 765-84-1819; OFFICE: COUNTY 1; VA CLAIM #: 765-84-1819; POA: No Power of Attorney assigned. The main content area is titled "DETAILS" and "VETERAN DETAILS" and contains a form with the following fields: ADDRESS (5511 Capital Center Dr.), CITY (Indianapolis), COUNTY (Marion), STATE (IN), ZIP (27606), HOME PHONE ((919) 6764576), WORK PHONE ((919) 5762214), CELL: (), EMAIL (mkayemba@pcgus.com), SEX (Male), BIRTH PLACE, EMPLOYER NAME, and EMPLOYER ADDRESS. A note on the left side of the form states "No Photo Uploaded Yet".

The software gives a CVSOs as well as state staff a myriad of input fields and radial buttons to enable him or her file a fully-developed federal benefits claim (in red). We would recommend enhancing this system to add additional functionality to give the Department and its CVSOs a more simplified interface than the current version as well as adding additional programs such as federal and state benefits and services offerings that IDVA offers Indiana's veterans. A CVSO would be able to assist a veteran apply for both federal and state benefits and services using a single account in VetraSpec. In addition documents and information can be scanned and stored (in yellow) allowing various users to scan and store in the veteran's file information as needed by a multitude of programs (DD214s, resumes, signed forms, etc.).



Criteria	Rating	Description
Timeframe	●	Up to 1 year.
Cost	●	Moderate. \$40,000-\$60,000 (best estimate at this point is 200-400 developer hours, at the confirmed rate of \$150/hour)
Performance Measures	●	Easily measured. IDVA can monitor in real time the productivity of all its staff from Directors to CVSOs, include work outputs and veteran-outcomes. LVER and DVOP staff can also use this system.
Key Risks and Dependencies	●	The major risk is the time the developer would take to customize the system. This recommendation is also highly dependent on availability of funding.
Feasibility	●	High. The developer is willing and has shown ability to customize VetraSpec. IDVA is also committed and willing to integrate technology into its service delivery.
Impact on Clients	●	Very high—veterans will be better served by having a one-stop shop that contains all their veterans' benefits and claims. Staff will also be able to holistically serve a veterans knowing a lot more about the client.



**Recommendation 23: Co-locate central office state staff who serve veterans.** Co-location of state staff who provide services to and on behalf of veterans have the opportunity to increase collaboration and communication around veteran needs and issues. Research shows that there is remarkable evidence for the role of physical proximity as a predictor of the impact of collaborations. Collaborating across state agency can only create opportunities to develop relationships, trust, and enhance communications on ways that the state can meet the needs of veterans in a holistic manner. State staff who should be considered are staff who touch veterans, including Indiana Department of Administration (IDOA) staff.

Criteria	Rating	Description
Timeframe	●	9-12 months.
Cost	●	Low/Moderate. Most of the cost associated with this is realized in terms of building out office or cubicle space to accommodate additional staff.
Performance Measures	●	Moderate. Collaboration is notoriously difficult to measure. However, we expect that the Department will see substantial improvements in overall service delivery to veterans.
Key Risks and Dependencies	●	Moderate. The only dependencies for this recommendation center on the interest by other Departments in co-locating their staff at IDVA.
Feasibility	●	Moderate. See above.
Impact on Clients	●	Moderate. Research shows that collaboration has an enormous impact not just on overall performance, but on innovation as well as customer satisfaction.



**Recommendation 24: Create and Nurture an Environment of Continuous Quality Improvement (CQI).**

State processes and service delivery models are constantly exposed to changes in the environment. These changes impact the effectiveness of processes and can hamper the state's abilities to serve veterans in the manner in which they desire. If staff are not given the proper tools and training to address changes to their environment, they will continue to develop inefficient and ineffective workarounds so that they can maintain business as usual, increasing the likelihood of issues around focus and strategy and that require outside assistance to fix.

Because of this we recommend IDVA look at building into everyday business a culture of continuous quality improvement (CQI). When making the caliber and quantity of significant changes to process and systems that IDVA will undertake as a part of the results of this assessment, the need for a long-term CQI focus is significantly important for ensuring the Department has the skills and tools to evaluate themselves moving forward. This environment of CQI should include all state staff as well as including CVSOs.

Criteria	Rating	Description
Timeframe	○	Up to 1 year and ongoing
Cost	◐	Moderate. The only cost is in the development of structures and tools to be used as a part of CQI. This can be done internally or through an outside organization.
Performance Measures	◐	Moderate. Performance tied solely to CQI may be difficult to measure; there are, however, measures that can be developed to show the overall health and productivity of the Department.
Key Risks and Dependencies	●	Low. There are few risks and dependencies to this recommendation other than the Department's willingness to embrace and sustain CQI as a part of its culture.
Feasibility	●	High. The feasibility of an effort like this is high, given that it's hard to argue with CQI. What becomes a little more difficult is getting the tools and structure in place to make it a part of the way you do business.
Impact on Clients	●	High. Over the long-term, this can have about as much impact on veterans as anything else you may do. CQI, by its very nature, means the Department is continually evaluating how to be better: better stewards of taxpayer funds, better in their service delivery, and better partners.



## Appendix I: Regional model methodology

Region	Counties	Total Veteran Population
<b>1: Central</b>	Marion, Johnson, Morgan, Hendricks, Putnam	99,925
<b>2: Eastern</b>	Grant, Blackford, Jay, Madison, Delaware, Randolph, Henry, Hancock, Rush, Wayne, Union, Fayette, Shelby, Decatur, Franklin	58,595
<b>3: North Eastern</b>	Elkhart, LaGrange, Steuben, DeKlab, Allen, Whitley, Kosciusko, Wabash, Huntington, Wells, Adams	63,604
<b>4: North Western</b>	Lake, Porter, LaPorte, St. Joseph, Marshall, Starke, Pulaski, Jasper, Newton, Fulton	88,318
<b>5: Western</b>	Benton, White, Cass, Miami, Howard, Tipton, Clinton, Montgomery, Fountain, Warren, Tippecanoe, Carroll, Boone, Hamilton, Parke, Vermillion	63,711
<b>6: Southern Eastern</b>	Brown, Bartholomew, Jennings, Jefferson, Scott, Clark, Floyd, Harrison, Crawford, Orange, Lawrence, Jackson, Washington, Monroe, Ripley, Dearborn, Ohio, Switzerland	61,054
<b>7: South Western</b>	Knox, Daviess, Martin, Dubois, Pike, Gibson, Posey, Vanderburgh, Warrick, Spencer, Perry, Greene, Sullivan, Owen, Clay, Vigo	55,175