



Key Functions Of The Office

- Provide financial assistance to victims of violent crimes to help with expenses for which **they have no other resources**.
 - (NO TAX DOLLARS ARE USED, ALL FUNDING IS COLLECTED FROM VIOLATORS OF LOCAL, STATE AND FEDERAL LAWS)
- Administer Federal Victim Assistance Grants: Sub-Award funding to local communities for victim service programs

Background & Tid-Bits

- 5.25 Case Managers process about 4,500 new applications each year
- They also provide case management for every application approved
 - Approved applications remain open for up to 3 years
 - Approximately \$7,000,000 in benefits are provided annually
- Types of benefits provided: Funeral and Burial, Medical, Dental, Mental Health Counseling, Crime Scene Clean-up, Sexual Assault Forensic Exams, Etc.

The Process In General

(Before SUCCESS)

- Applications are forwarded to the office from local advocates, hospitals, counselors, other service providers and directly from victims.
- The office receptionist enters applications into database which generates a notice to the applicant and generates a GRAMA request to law enforcement requesting a police report of the incident (no firm timeline or deadline set regarding timeliness of application entry). Incoming phone calls are non-stop, potential for entry errors are high and entry process often delayed.
- Advocacy center (call center) begins pushing for hurried claim determination and delivery of benefits. Primarily provides information on process to callers and creates adversarial relationship with case managers.
- Case managers add new application review into balance of; managing existing caseload, attempting to obtain police reports, data entry of new information into database, requesting additional information needed to obtain “full kit”, avoiding phone calls and inquiries about the delay, answering phone calls to explain the delay, re-reviewing/considering new information submitted on denied claims or benefits, etc. Perception with new paperless system was that if case managers did not do these tasks, it created a duplication of effort.

How were we doing?

Decisions Made During Period

04/01/2013 to 04/30/2013

Days	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	91 +	Total
Receipt to Kit Date	61	23	89	36	21	7	6	7	7	5	3	3	5	3	1	0	1	1	1	280
Kit Date to Decision	41	21	19	13	22	25	34	25	26	32	4	3	4	4	1	1	2	1	2	280
Receipt to Decision	9	0	7	10	18	8	20	8	25	78	33	21	10	15	1	3	4	1	9	280
Average Days From	37.5% processed in less than 45 days																			
Receipt to Kit Date																				17.21
Kit Date to Decision																				30.22
Receipt to Decision																				47.44

Selected records include all claims that have a decision made during the selected period except records with no kit date or the kit date is earlier than the received date or the decision date is before either the received date or the kit date.

What We Did To Fix “IT”

1. Gathered the entire team and defined our ultimate goal:
 - A. Get a check in the hand of the victim or provider as soon as humanly possible (Q= % of applications determined in less than 45 days)
2. Acknowledged that case managers are the only staff members that have the statutory authority and responsibility to determine eligibility and authorize benefits
3. Defined “Blue Light”: Case managers are doing ONLY what ONLY they can do.
4. Each case Manager, from their own perspective identified and listed EVERY activity and item that “Interfered” with their “Blue Light”.
5. Categorized “Interferences” as “internal” (those over which we had more control) and “external” (those over which we had less control)
6. Ranked “internal interferences” according to which, if eliminated, would make the fastest and biggest increase in SUSTAINABLE “Blue Light”
7. Brought the entire team back together, explained the process again and re-assigned interfering tasks to other staff members.
8. Established set timeline for application entry (1 to 2 days from receipt, maximum)
- 9. Blew out the Backlog.**
10. Converted advocacy center from one high paid coordinator and a ½ time lower paid advocate to 2 full time moderately paid advocates that share coordination responsibilities while each supporting 3 case managers primarily by helping victims build “Full Kits” for case managers.

The Process In General

(With SUCCESS)

Literally

- Applications are forwarded to the office from local advocates, hospitals, counselors, other service providers and directly from victims
- The office receptionist enters new applications in less than 3 days. Any applications not entered on day 3, are given to the Advocacy Center for immediate entry by an advocate. Phone calls are greatly decreased as are entry errors. Application entry much more timely.
- Advocacy Center not only provides information to callers on the process but spends more or equal time gathering information from callers and helping victims build “Full Kit” information. Supports case managers by feeding them information they need to make determinations and authorize benefits. Updates new information into database. Creates a cooperative team approach to the advocacy environment.
- Case managers review applications with “Full Kit” status, determine eligibility of new applications, authorize benefits and manage existing claims, update information into database only as required, have meaningful conversations with clients

How are we doing?

Decisions Made During Period

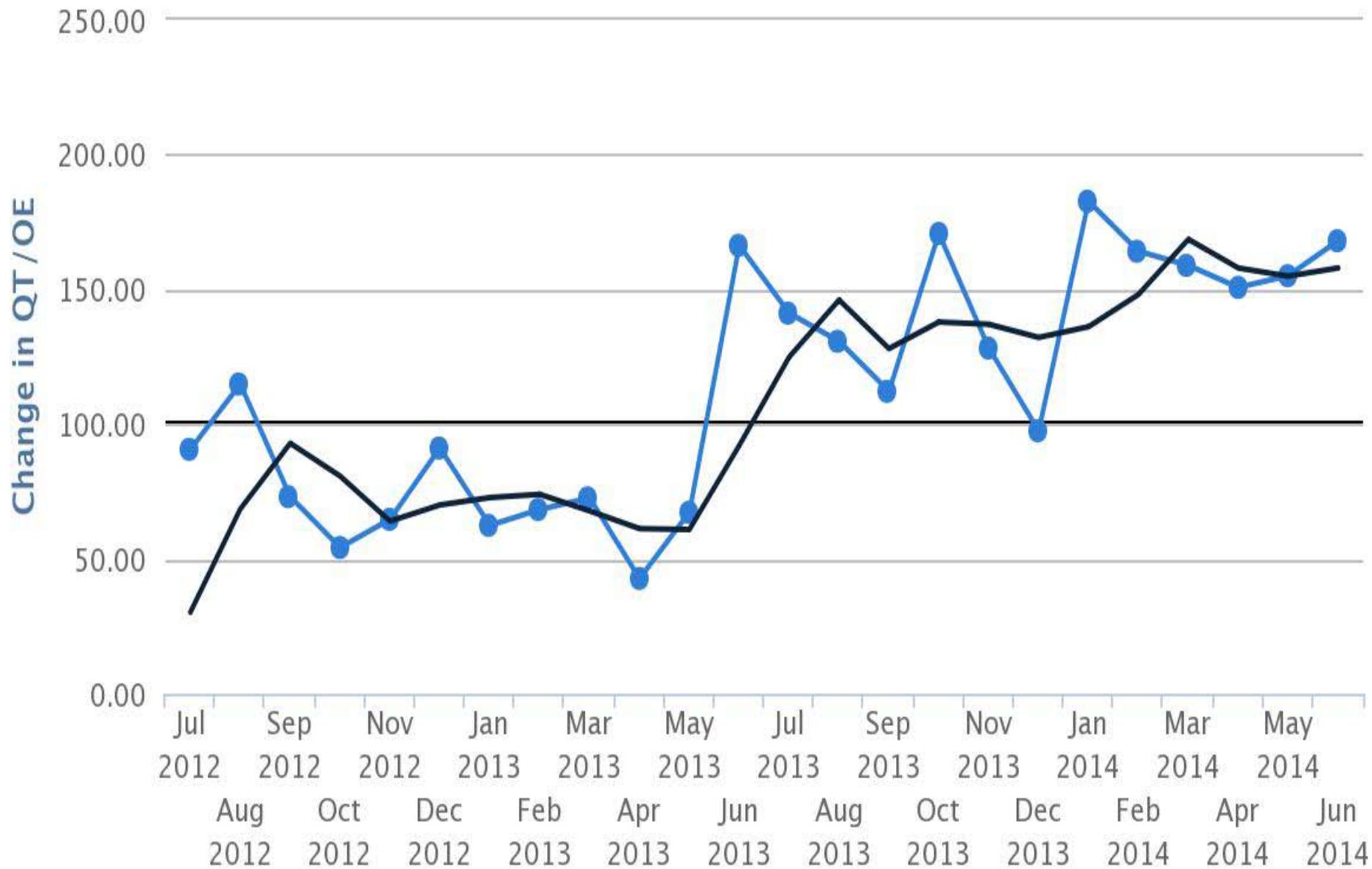
06/01/2014 to 06/30/2014

Days	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	91 +	Total
Receipt to Kit Date	128	115	50	23	13	22	8	18	9	5	3	5	3	2	1	9	1	0	3	416
Kit Date to Decision	148	76	68	42	25	31	21	3	2	0	0	0	0	0	0	0	0	0	0	416
Receipt to Decision	18	63	48	36	50	48	50	30	29	5	12	4	6	1	1	10	1	0	4	416
Average Days From	89.4% Processed in less than 45 days																			
Receipt to Kit Date																				15.43
Kit Date to Decision																				11.50
Receipt to Decision																				26.93

Selected records include all claims that have a decision made during the selected period except records with no kit date or the kit date is earlier than the received date or the decision date is before either the received date or the kit date.

Change in QT/OE

From Jul 2012 to Jun 2014

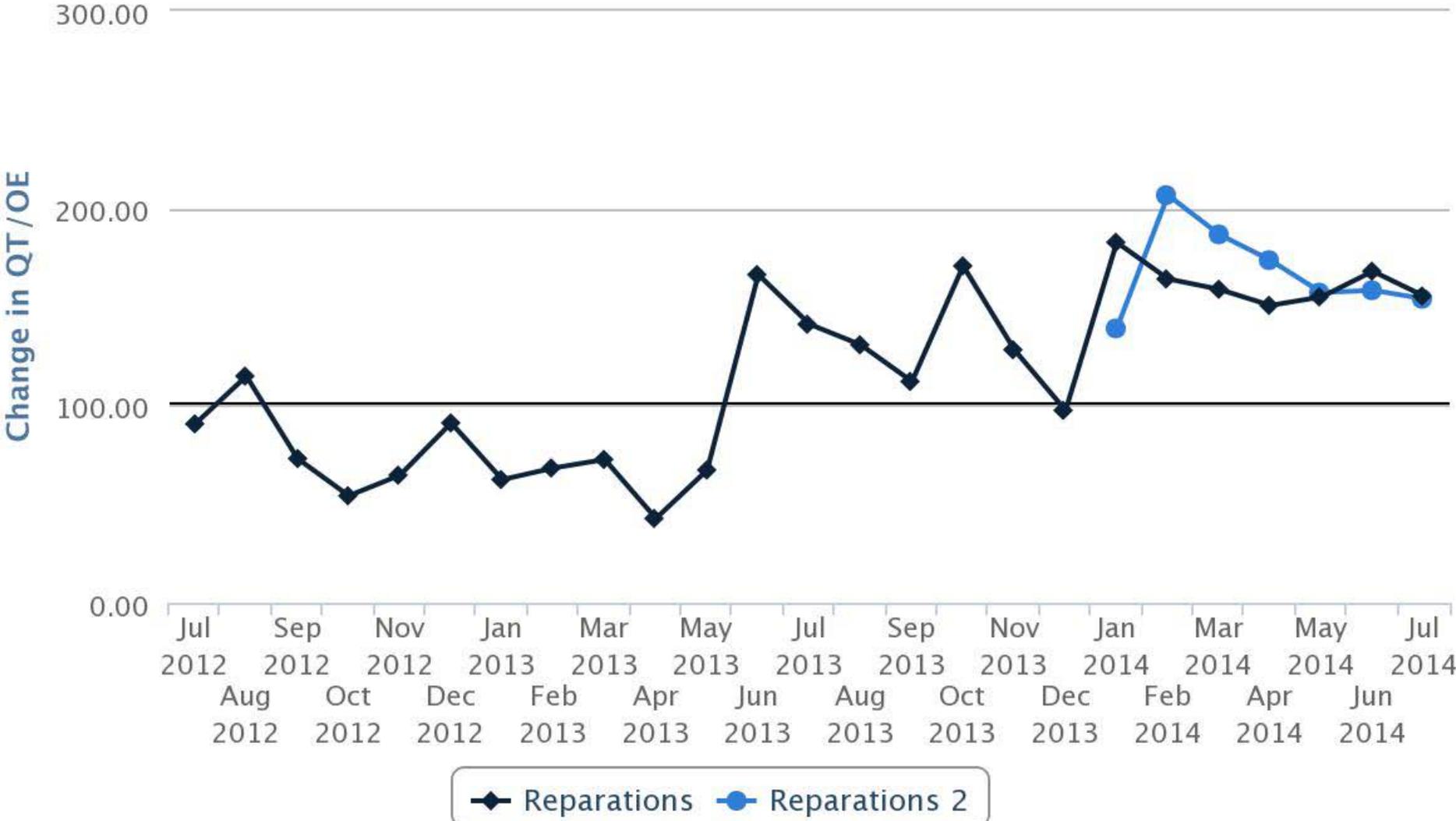


Room For Continuous Improvement

- “Q” Improved from less than 40% of all decisions being made in 45 days or less, to an average in excess of 90%
- Once the improvement stabilized and was sustained, it was time to raise the bar
- January 2014, “Q” is redefined: Q = what % of all decisions are made in 30 days or less
- Q averaged 70% from January through July of 2014 and “T” increased by 11% over baseline in that same time period
 - The sustained (averaged) “Index Change” (QT/OE) for time period January, 2014 through July, 2014 was 167.93 (68%) of FY12 Baseline.

Change in QT/OE

From Jul 2012 to Jul 2014



Lessons Learned

- Involve EVERY member of your team in the process, some of the best insight will come from those that you didn't realize knew or cared about the details.
- Get rid of any backlog you have, you will ALWAYS be stuck behind a backlog.
- MEASURE; Frequently, Accurately, Thoroughly and Meaningfully AND especially for the Purpose of improving your processes.
- Measuring isn't for management only. Engage the team in tracking the measures and outcomes, it drives the success and provides motivation.
- Be excited to make the changes that increase the Quality and Throughput of your product. Right now you're working too hard and probably achieving too little.
- New ideas are your friends; Create them, try them, tweak them, but, never ever be afraid of them. Its your greatest opportunity to find hidden capacity to do more.
- Don't let your team BS you about what's possible! Expect more, Appreciate more and you will Get more.

Q & A