**DOUG KEAST:** Good afternoon, and welcome to WINTAC's discussion on COVID-19, data integrity strategies. To help us all get settled in, I'll introduce you to Al Milioto, today's host.

**AL MILIOTO**: Thank you, Doug. Welcome, everyone. Just wanted to go over a few housekeeping slides to make sure everybody is able to access today's meeting through audio and through your speakers and/or your phone. So listening to the meeting. The audio for today's meeting can be accessed using computer audio or by calling in by phone. If you select computer audio, please make sure your speakers are turned on or headphones are plugged in. If you do not have sound capabilities on your computer, or if you prefer to listen by phone, you can dial in using the phone number on the screen, which is 1-929-205-6099. Today's meeting code is 889 6258 0794.

Captioning, realtime captioning is provided during this meeting. The captions can be found by clicking on the CC button at a bottom of the screen. If you do not see the captions after clicking the button, please let us know via the chat box. You may also view captions in your browser at the following address. Www.streamtext.net/player?event=NDI you can also play with settings. Submitting questions. For Q&A, please use the chat box to send any questions you have during the meeting. And we will direct questions accordingly during the Q&A portion. If you're listening by phone only, you can e-mail your questions directly to me and my e-mail address is amilioto@ndi-inc.org. Please remember to mute yourself when you're finished speaking. Also, please note this meeting is being recorded and the materials are going to be posted on our WINTAC website, which is www.WINTAC.org.

Technical assistance. If you experience any technical difficulties during the meeting, please use the chat box to send me message, I'm identified here as "NDI1000". And you can e-mail me directly, [amilioto@ndi-inc.org](mailto:amilioto@ndi-inc.org). And I'll turn things back over.

DOUG: Thank you, Al. And we're from WINTAC, or the Workforce Innovation Technical Assistance Center. We're funded by the rehabilitation services administration to support state vocational rehabilitation agencies with the implementation of WOIA. I'm Doug Keast, project director for the team from the National Disability Institute that serves on WINTAC along with a great group of folks from the other agencies that also make up WINTAC. Our team with ND it I supports state agencies in the areas of service alignment on the workforce system, WIOA performance, and apprenticeship. To introduce herself, my friend and colleague, Nikki Powis.

**NIKKI POWIS:** Hi, everyone. And welcome to today's webinar. I'm Nikki Powis, also with WINTAC and also with the National Disabilities Institute. Happy to be here and glad everyone could join us today.

Back to you, Doug.

**DOUG:** So, what has brought us here for today's discussion? Well, the coronavirus or COVID-19, has created a situation where vocational rehabilitation agencies, as well as many other service providers must operate remotely. Agencies are developing policies and procedures specifically around providing services remotely in a professional manner while maintaining data integrity and confidentiality. In this webinar, four state vocational rehabilitation programs will share information in a question-and-answer format about how they are addressing this change in service model and maintaining data integrity.

Attendees will have an opportunity to share their approaches and pose additional questions to the panel with the time that they have available, or that we have available.

Next slide, please.

So the objectives for all of us today will be to have some discussion on the following topics. First of all, data integrity, both the collecting and reporting, in a remote service environment.

We'll talk about lessons learned that will inform data integrity policies and procedures moving forward, and our plans for possible additional pandemic waves and future opportunities for remote working.

We would like to draw your attention to the robust set of resources that have been posted at the WINTAC web portal at www.WINTAC.org.

Our colleagues with the other agencies that comprise WINTAC have pulled together a number of resources that we think will be helpful to you and a number of folks from agencies that are on the call today have also contributed resources.

There are actually two links from the main page that will take you to the sets of resources. One of them specific to items and resources and ideas that will support you in operating remotely. The other are resources, general resources that are available to you, your staff, and to individuals you serve that are related to the coronavirus.

And at this point, now I'll turn it over to you, Nikki. Thank you.

**NIKKI:** Thanks a lot, Doug. Appreciate that and yes if you have not visited the WINTAC website recently and had a look at these resources, there's really a wealth of information, so I encourage you to do so.

So Al, if you want to go to our pictures of our panel, there we go. Wonderful.

And I want to thank these amazing ladies for joining us today and being willing to talk about their processes and how their lives have kind of shifted over the last few months and what's been going on with them.

And so Mariah Krueger who is with the Alaska Division of Vocational Rehabilitation. We've also got Alicia Kucharczyk with Connecticut Department of Rehabilitation Services. Allison Flanagan joining us from the Florida Division of Vocational Rehabilitation. Allison is also our bar president. And then also, Dacia as well, Dacia Johnson who is with the Oregon Commission for the Blind, and is also the NCSAB president.

So just so happy to have all of you here and thank you for taking the time and in talking to each of you, you've all got some pretty unique approaches and I'm sure the audience today is going to be able to get some value out of what you have to tell us. And for the rest of you listening, we also want to make this a very interactive discussion, so we are going to ask some questions, have the panel respond, but also hopefully have a little bit of time to respond to questions that you may have, or some ideas and initiatives and great work that you're doing, we would love to hear about, as well.

We really want it to be an interactive dialogue between all of us. So feel free to put some questions or comments in the chat, and then we'll sort of, you know, have you interject along the way or at the end, there will be an opportunity where we're going to open up some of the phone lines, if you raised your hand and let us know that you would like to contribute with some comments or some ideas of your own or share some things that you've been doing.

So with that, I'm going to go to the first question and I'm going to ask Mariah first, if you would want to go to the next slide please, Al, where we can see what the question is.

There we go. I'm going to first go to Mariah and have you tell us, how have you recognized and really addressed some of these data integrity issues as you've moved into that remote service provision? And, you know, so really thinking about what has been your expectation for counselors in that remote setting? What kind of guidance have you given them? Do you have some writing, you know, something in writing? What about confidentiality? How have those kinds of things been happening when we've got kids or other family members present?

And what about things like reviews and error reporting and the integrity around some of that? So big question, lots of stuff there, Mariah. We'll go to you first, and then we'll go to the rest of the panel.

**MARIAH KRUEGER:** Thank you so much Nikki. First thing I'm going to do is apologize if you hear some snoring in the background. I have a bulldog who likes to sleep while I work. So if you hear snoring, it's not me!

I would say that Alaska was probably in a relatively good position to move into remote services, primarily because of the size of our state, and our responsibility for coverage. We provide coverage for the entire state. So we had already been doing services to rural areas in Alaska for many years.

We would have counselors fly into some of these larger rural hubs and they would go in with limited Internet access, so they couldn't get into our MIS system.

We utilized a lot of pen and paper for collecting the data that, of course, then would be put into our system when the individual would return back to the office or would have access to the MIS system with a better Internet connection.

So I think we were a bit lucky in that we already had a lot of experience in doing remote services.

What I will say is that obviously these remote services are done in those communities, and then they return back to their offices. So we didn't have a whole lot of experience necessarily in the home operations aspect, so one of the very first things that we did was we surveyed all of our staff and we don't have a ton of staff, so it was relatively easy to do. We have about 80, and one of the first questions that we asked was, if you were to work at home, can you guarantee personal identifiable information can be protected? And if the person said no, like they didn't have a private area in their house that they could work in, we weren't going to be able to consider that individual for telecommuting.

One of the things that we were able to utilize, which has actually probably been a life-saver for us, is Microsoft's Remote Desktop feature.

So our staff who is working from home who might have a personal computer or personal equipment can actually remote in to their actual work desktop which gives them access to their e-mail, it gives them access to everything that they would essentially have on their drive at work.

And so that's actually been a really wonderful feature for us to be able to utilize, because it's also just a one-way view from the personal computer into the work computer, whereas the VPN creates the connection between the state system and that personal computer as well so it it's kind of a two-way view. So utilizing the remote desktop portal is something that's been able to keep us up and running and I credit our IT department with working so fast to get that set up for all of our employees. A lot of our counselors are doing Zoom meetings or Go To meetings or Facetime. We've provided cell phone to our staff so they can connect with clients either via phone or by video.

Our paperwork has not gone by the wayside and probably we utilize quite a bit because we're recognizing that we can't fill things out necessarily on the computer at the same time that we're maybe meeting with somebody. There could connectivity issues or broadband issues.

So we are having a lot of individuals fill out paperwork and go ahead and mail that back to us. We're utilizing essentially the same expectations for counselors that it we've had. We haven't changed a whole lot. We expect them to be doing orientations and taking applications and determining eligibility and writing plans. What we've seen, of course, is a decrease in the number of people who have been interested in going to work right now, kind of that old interrupted status, if you will, which is fine. It's obviously up to the individual what it is they want to be able to do. Our managers are utilizing last activity reports and activity due reports to take a look at what their counselors have coming up to make sure that we're not late on eligibilities or plans and making sure that we're really reaching out to folks.

We also have the texting software that we've had for about four years now, and so we're able to communicate using that software, which is not behind the state firewall. It creates a case note in Aware so as we're communicating via the system, it's creating a case note in Aware and they don't even have to necessarily be in their remote desktop or through VPN.

We're utilizing Microsoft Teams for tasks, making sure that medical records are being scanned. We utilize Zen, too, which is encrypted, so counselors can get and in take a look at medical records to determine eligibility. We use the Tasks to make sure that everything has been scanned and it's connected off by whomever may be in the office that day depending on scheduling.

As far as case reviews, we've kind of put a hold on any case reviews right now, just because we are primarily in paper files. And so we'll probably be looking at doing that perhaps maybe closer to the fall, just giving everybody an opportunity to make sure that the cases have everything that they need. We know that they do electronically, because that's essentially the world that we're in right now, and so I think our reporting is pretty good right now. I think again we're getting the paperwork from the clients, and then we're putting everything into the system. We're making sure that we know when things are due. We're making sure that our counselors are having consistent conversations with their VRAs, everybody's up to date on what needs to be done.

And that's kind of where we're at.

**NIKKI:** Great. Thanks. So a lot of use of technology and you mentioned a lot of different types. I'm sure somebody may want a list of those, so we may want to put that somewhere as well because you mentioned several things. Okay great thank you so much.

And Alicia, let's move along to you, and sort of same question. Do you have other things to add to that that are different, unique? What's your response to that one?

ALICIA KUCHARCZYK: Thanks, Nikki. Hi, everybody.

So Connecticut was in a little bit of a different position. I think we -- we've been doing remote work. Staff have been able to get approved for telework really over the past six to eight months was really when it initiated for us. So this has been a transition and a learning experience here in Connecticut.

Overall, I think it's gone well. Most of our staff, we were lucky in terms of the timing in that we had recently invested in some new technology, in laptops, for most of our staff. All of our VR counselors were equipped with laptops. And upon sort of moving into the remote working from home type setup now, we were pretty much told here in Connecticut that we had to leave the offices that we were working in, really bare-bones skeleton crew in the office, management of the mail and scanning.

So as we all moved to our home setup, we had to expand upon our initial telework guidelines in order to enable more staff to be able to work from home, and get everybody up and running. What we ended up doing was formulating a checklist for working remotely that covered all the technology pieces that were needed to make sure that staff understood kind of what they needed in order to be able to successfully work from home.

So again with the laptops, we had VPN keys. So if we were not able to utilize the -- for some people, I do believe that had desktops, we had the Remote Desktop option. However, most of us have been issued a VPN key, and some of us also have a My Fi device or are able to connect through our home Internet as long as it's password protected and we had a list through our IT group again who really guided us through all of these steps to make sure that when we were accessing our case management system, it was secure.

We also provided headsets to all of our counseling staff to enhance the privacy, so that when they're working from home and interacting with consumers and being able to serve everybody, it's as confidential and private as possible.

The guidance that we're issuing, we're issuing some written guidance along with training that sort of walks through privacy, confidentiality considerations and best practices, especially around communication and really having conversations with consumers around time of day to schedule meetings, what that might look like for each individual's caseload.

So again here in Connecticut, where most of us are working from home and there's going to be -- coming up in the upcoming weeks, we'll be gradually looking at what reopening looks like. So things may change. But many of the consumers that we're working with understand the unique circumstance that we're in and have been great in terms of connecting with us.

We're also utilizing Google Voice for counseling staff if they need to be able to provide that on their cell phones and utilize some methods using star 67 or other features so that they can be a little bit more confidential when they're making calls, because we don't have everybody with a state-issued phone at this point. That is something that we're considering in the future as we look to more of our longer-term planning and what that play look like down the road.

We also utilize the whole Office suite. So -- we have multifactor authentication, which allows us to make that secure connection into our Office desktop and suite that everybody has on their laptops.

So we've been utilizing Teams and we're able to really access all of our network files through the VPN and all of our Outlook and e-mail and Teams meeting, internally, all through the Office platforms that we have.

As far as expectations for counselors, you know, we're -- right now, we're working with everybody. It's definitely been a transition, and I think what we're seeing -- what we've sort of heard the feedback is that in different pockets of the state in different areas, people are handling it differently and that has a lot to do with folks' comfort level with using technology and getting up and running.

We're issuing guidance around -- one of the things that we did was issue some training, additional Teams training, how-to. So we really tried to build staff's comfort level with utilizing all of the various platforms and technologies necessary in order to get their job done. That was really our first phase as we sort of moved into the work from home realm.

So as we sort of get beyond that initial transition period, what we're looking at now is really establishing some expectations, procedures and protocols for staff.

Similarly, we're also going to be asking counselors to continue with the application process, IPEs, authorizations, services. We have a case management system that enables us to do quarterly reporting and really have a review of each case. Eyes on each case as we move through each quarter. And completing case documentation on the contacts that they have with the consumers that they're serving.

We're asking counseling staff to be available during typical work hours for meetings. However, as part of our emergency sort of movement to telework that happened really quickly here, we have also approved flex schedules for staff. So there are some folks that are working outside of kind of normal business hours in order to accommodate and be able to get the work done. We're also managing some of the needs of their families and what's happening in the community.

So as I mentioned, we are providing a lot of training and we're really trying to help staff get comfortable with working from home and really getting back up and running on day-to-day business.

One of the things that we're doing right now is we're developing a VR remote service guide for our staff, so part of the challenge that we faced is that the guidance has been ever changing, and, you know, we weren't sure how long initially this was going to last for.

We've been home since mid-March now, so we primarily are working from home, getting up and running. We've taken a look at all of our services that we provided traditionally in person, Connecticut's a relatively small state so most of our services are inperson services. We've looked at those services and tried to identify those that could still be provided remotely and we're providing some guidance to our staff in written form around how to do that in a remote fashion. We've also identified some new services that will be coming online and we're looking to partner with additional either software applications or online subscription based type programs that can assist us with providing both pre and adult VR services, trying to bring those to fruition and that's going to be part of some of the new remote services that we're going to be able to provide.

We did issue guidance, because one of the challenges in terms of completing casework for counseling staff is really around the billing protocols, and the signatures that are required.

So we have provided staff with information around how to utilize the PDF format signature best practices related to billing. We've made some changes and we have internal support and controls that are going to make sure that we can follow back up with individuals to make sure that we get the simples that are needed and how to document that accordingly in the case file in order to make sure that the integrity of the case file is still there.

I'm just trying to make sure I get all of the questions.

As far as case reviews go, a lot of what we've -- what we've been doing right now, our case -- our case review process is online. So in theory, that could continue. I think working individually with staff if they were to request a case review for promotional reasons, that would be worked out between their supervisor. We do have tiered staff, so there have been identified within Connecticut level 1, level 2 staff, and there are individuals that are going back into office as I mentioned who, if, you know, a case overview is needed could spend the time in the office performing that, you know, and being able to complete that. But that's, you know -- that's one of the things that I think is a little bit challenging in terms of trying to think about moving the physical cases and what that might look like from place to place because it's usually that we have multiple supervisors involved in.

I think that's everything I've got for that question.

**NIKKI:** I just realized I was still on mute. I'm unmuted now.

Thanks so much, Alicia. And -- guidance that you put together if you're willing to share that, we can post it along with the recording, because I know that you've been working hard on that.

**ALICIA:** Yes.

**NIKKI:** Okay all right. Thanks. Allison, same question. Do you have additional things to add to what's already been said? And how Florida has handled some of this?

**ALLISON FLANAGAN:** Thank you. And I also want to thank NDI and the WINTAC folks for this webinar. It's very much appreciated. Thank you for the invite.

I don't want to have to repeat what you all have heard because a lot of the common things have occurred down in Florida, as well. We're a little bit unique in that -- I will say the first lesson learned in this pandemic is never buy a desktop.

So in Florida, we have a little over 1,000 employees, and we only had about 280 laptops at the beginning of this pandemic. So when you send people home to telework and they don't have the technology available, then you open up all kinds of issues as you can imagine. So we've been frantically ordering them and, you know, pulling things out of surplus to try to get them working, so that was definitely a big challenge.

But as far as data integrity goes, when we went to telework, which like the other states, we had about a 24-hour notice so we didn't have a lot of time to put things in place that we probably normally would have if we had more warning. So it's like hurry up, go home and after we got people home and started getting technology addressed, then we had time to start addressing additional things.

But just some of the parts here in Florida. First thing was around confidentiality. We did not allow anyone to take the hard case files to their homes, so that was a rule we put into place and that was guidance that our general counsel gave us, just to avoid any risk of having a hard case file at someone's home.

So that meant staff had to rely heavily on our case management system, since they didn't have the hard files available to them easily.

In Florida, we have our own case management system, and that's been quite a barrier. It's been -- it was developed in the late '80s, if that will tell you all, it is put together with a lot of duct tape.

So the states that have an off the shelf system, I envy you all great, but we've tried to make the best we can with our case management system.

One of the issues is ours is not -- what's the word, cloud-based, I guess. So you have to be logged on to the VPN, into the network to get into our case management system so that caused bandwidth issues. We had to spend more money to expand our bandwidth, we had to get more VPN.

We're running quite smoothly and nobody's having any issues. I can't remember if it was Alaska or Connecticut, but we also utilize Microsoft Teams. We added the function to where we could do video meetings to external individuals outside of our agency, or outside the Florida Department of Education.

So that allows us to do video meetings with our customers, and our deaf and hard of hearing population, they prefer to use Zoom for their interpreters so we have the ability to select individuals within the agency to use Zoom because Florida government as a whole tries to use the Teams approach. We have multiple systems being used depending on the population.

We've started to rely more heavily on our compliance reports that we have available in our case management system. So we're using these reports to keep our counselors and staff in the field updated on the tasks that are needing done, the timelines that are coming up like for eligibility and IPE.

So those reports are becoming a lot more utilized, especially since these people are at their homes. They're not in a unit office, so those -- normally when a unit supervisor sits down with you and says let's go over your compliance report, that's a little bit hard to do from the remote work so we're using these reports a lot more, and we are actually getting a lot better response.

You all know the 9/11 quarterly report was just due this last Friday and we had a lot less errors this quarter and that actually surprised us because with the chaos of going to telework and the pandemic, just within itself, we anticipated having more errors that we would have to reach out to the staff and correct, but actually it was reduced and what that told us is our staff are making telework, work very well. It's successful and they are doing the work and getting things corrected before headquarters even has to recognize it is a problem.

So as far as the data piece goes, that was a very pleasant surprise out of this pandemic, I guess is the best way to say.

And then one other piece. We're always making sure we're disclosing to our customers about any privacy issues that may occur from doing the virtual meetings. Most of our customers are very understanding and you know, it's a risk they're willing to take, but we still try to offer them a variety of options to meet virtually so if they're not comfortable with the video meetings, they can do a phone call. There's lots of different options that we're trying to do. And then a lot of similarities that Alaska and Connecticut are doing, as far as the electronic signatures, all of that stuff.

We need time to get to the other questions. So I'll pause right there.

**NIKKI:** Great, thanks very much and yeah, that was a great takeaway then. There's fewer errors. That's a wonderful thing.

Okay, Dacia, how about you? What do you have to add to these questions and this piece of the conversation?

**DACIA JOHNSON:** Well, first of all, thank you for the opportunity to talk about the Oregon Commission for the Blind. I believe that we're probably by far the smallest agency on the panel.

We have 66 positions statewide and we have ten caseload-carrying counselors and then, obviously, as a separate blind agency, we have also rehabilitation teachers and other folks that we employ to provide services to Oregonians who are blind. I think some of the pieces that would just enhance the conversation thus far, a lot of the things that you've already heard from Alaska and Connecticut and Florida are similar here.

I do think that it is important for us as we deployed staff, all of our staff pretty much are working remotely at this point.

We do have a very small team, administratively, the leadership team that isn't in high-risk populations and the administrative staff are working out of the office. That has helped us immensely just to keep the flow of the work.

So I do come into the office every day. We are socially distanced around the building. And we can go a long time without seeing each other during the day.

But we are here and that really has helped with the work flow.

The staff that are working out of their offices in their homes, they do have a laptop issued by the agency.

We have deployed mobile communication devices for them, cell phones. The state has a multifactor authentication process that pings the it cell phone with a six-digit code that they're required to enter into their laptop when they enter into the case management system, their e-mail and so on. So we're able to at least keep the integrity of the data.

I do think it's important to talk about informed consent. Allison mentioned that, and just in terms of engaging with folks, to let them know that of the environment conditions that counselors are working in and teachers to say hey, I'm working out of my kitchen table. Are you comfortable having this conversation in this space? Most clients have been very understanding about that.

Some prefer to do e-mail exchanges in lieu of a telephone or a Zoom or whatever platform, and that's perfectly acceptable. I will reinforce that we have so far experienced a reduction in errors. So staff are really focused on making sure that the data integrity is the case.

And I think one of the things that I would add is as we were deploying, we were certainly having the sense of responsibility that we know that Oregonians who are blind, we are their first line of communication when they engage in public services in our state.

And so we reached out to the staff and said, what is a reasonable expectation for you to get back to folks on your caseloads that need assistance? And they unanimously supported same-day communication.

And so we've set up the expectation that if they get a reachout via e-mail or phone or what have you with consumers with a question or a need, that we would get back to them the same day. Obviously, if something comes in late in the day, that we acknowledge them and then get back to the consumer the following day and we've been able to meet that threshold through this time and I'm really proud of our staff that we've been able to do that. It's really a testament to the fact that in this field, we have a dedicated group of rehabilitation professionals who are in this work because they care about consumers and they want to be able to provide the best services possible, and our staff have been able to work under I think across the country really challenging circumstances and to be able to continue to deliver quality services to consumers who experience disability.

So I'm really proud of the way the public VR system has been able to respond under these challenging circumstances that we're all facing in our daily lives.

**NIKKI:** Thanks, Dacia. And yeah, I would agree with you. I think that definitely is a testament to the system nationally, because I know there are other services that are not so responsive, and I'm sure we've all experienced that with all the things we've been trying to do in our lives as we're in this state of, you know, unprecedented times.

Okay. I'm going to move then to the next question and, you know, you've all answered this in some way or other, but perhaps we can sort of expand a little more around some of the actual sort of documentation of things.

But how have you, if you have already or will you as you're moving forward, address the accuracy of information tracked and reported? And certainly, you know, a couple of you have said that your errors are down and you've met your reporting requirements and things like that.

So when we did sort of talk a little bit about the case management system, whether it's fully electronic or paperless or you're still kind of keeping a combination of paper and electronic files.

So maybe if we kind of expand a little bit more around accuracy and integrity of source documentation. What about credentials? We already did talk a little bit about application and eligibility documentation, but, you know, if there's any more we can sort of expand upon within this question and Alicia, I'm going to go to you first this time.

**ALICIA:** Sure, thanks, Nikki. I'll do my best to cover this.

You know, I think looking at accuracy of information tracked and reported, we fall in line with, you know, Alaska, Florida and Oregon in that, you know, I think we haven't seen any major changes in terms of errors that are -- and nothing new or outstanding that's come into play that we haven't already been experiencing in working through general training and monitoring of how we're completing the 911. Because our staff are able to work remotely and they're able to connect with their consumers remotely, you know, it is the expectation that the requirements around the 60 days' eligibility, 90 days to IPE, managing the quarterly -- all of the quarterly documentation and certifications, all of that type of information and action alerts as our system sort of calls them, those are all things, annual reviews, etc., all of those things are required and, you know, should be able to be maintained.

Because our staff are having eyes on each case, I think one of the things that we've recognized is number of intakes, I think the initial data that we got in after March, looking into April and May, we've had a huge downturn in the number of intakes and just overall activity that's gone on. So the numbers clearly showed that on the data. And so I think what we're trying to do is try to provide support to staff and is trying to assist them in establishing that new normal and we're going to be utilizing this time as an opportunity provide additional support, connection, training, technical assistance, related specifically to some of our newer guidelines and requirements related to MSGs.

Specifically today, I was going out with some guidance around training milestones and looking at that related to certain services that we provide here in Connecticut so we're trying to be mindful of the fact that, you know, we're still -- it's still quote business as usual in terms of trying to move people forward, but that there are some substantial delays and we're going to be facing that, as we're up against medical offices, source documentation for eligibility, moving in to plan, trying to connect with our CRPs, some of which have been completely shutdown and others which are still working and trying to provide services in the best way that's also safe. So there's just been so much variety that we've been working with, and I think making sure that staff understand, if you're ought able to obtain the correct documentation, is there a waiver available? We've got waivers identified for several of our processes that, you know, where there's that informed consent, having a consumer and letting them know that, you know, we're not able to meet, we're not able to get the information needed for eligibility and what that might look like moving forward, really taking a team approach is where we need to focus.

We're going to be spending time as I mentioned, I think training and being there for one another, both colleagues and our newer staff.

And this is a time when people have additional found time during the day where they may be able to access trainings and utilize new resources that they maybe have been hoping to check out. And so we're really going to be trying to increase, you know, our staff's level of confidence and some of the new WIOA language and indicators of, you know, achievement in those areas.

Let me just make sure I've got everything here.

We provide ongoing technical training and technical assistance, so as staff have questions, they've continued to be able to connect with those of us that are either in central office or their supervisor, regional director, they're still holding staff meetings, you know, weekly or biweekly with their staff.

Several of our regions are doing like a 1:00 check-in on Tuesdays with their entire staff and just really the communication of updates. Error correction is done primarily by central office, and we try to utilize the information related to errors in order to develop additional training for staff.

So really that's where we're focusing in in trying to make sure that, you know, we're getting accurate information and accurate data and that we're reporting correctly overall.

You know, we do have -- I think part of the challenge that we may face is that we are sort of a blended program where we have a lot of capability with electronic case files with our MIS system, but we do stim receive paper documentation and so I think that's something for the future around the scanning protocols and making sure that we have everything categorically correct is something we would like to do in the future.

It's been a topic of conversation and making sure our filing systems and how we attach information into the case is consistent around the state and so I think that's one of the areas we are going to want to focus on moving into our next program year.

**NIKKI:** Great. Thanks so much, Alicia, and I'm sure you know, we could spend time with Alaska talking more of the SARA system and how that allows for that sort of scanning and uploading through that, but maybe another day on that one.

So Allison, what are your thoughts or comments for this question?

**ALLISON:** Sure. So I mean, to address the accuracy of information, I mean, everybody knows the data is only as good as it's put in.

So part of the responsibility on our side is to make sure our staff understand what needs to be put into the data system, when it needs to be put in and what it is counting towards.

So you mentioned the MSG, because that's a very critical one since that's the first one we will be measured on. And in Florida, we actually are in the middle of our second go-around of MSG training to our staff. It is virtual, live training. So even though it's virtual, it's live. You have two presenters on there that can answer questions immediately. Once we finish the virtual trainings, we will move to subject matter experts in each of our areas that will do a deeper dive into the MSG part, and specifically where they put information in our case management system.

So to me, there's a lot to help improve that accuracy. Staff have to do what are the definitions, what counts, when do you count it? What evidence do you need to put in the case file to back up the data that you're putting in there? So to me, it's all about getting the information to staff in a way that they understand it and is as easy for them to input as possible.

Since WIOA came out, all the states know we have a lot heavier data reporting requirement and that's resulted in a lot of administrative time for our counselors in the field or the technicians and it's kind of taken aware of their ability to do the vocational guidance and counseling, the piece we hired the counselors for.

So how do you get the data the most simple way possible into our system without impeding the vocational guidance and counseling and the services that need to continue?

So that's going to be an ongoing challenge. But case reviews is another thing that we are continuing as a virtual approach. Of course, this is one of our ways to look at the quality of our casework and to make sure that that information is correct, which also relates over to the data that's being put in the system, and so instead of that local unit supervisor heading up those case reviews, it's more of the virtual team approach, and that takes some of that heavy lifting off that unit supervisor.

And then I know that others have indicated this, but communication I think has been critical during this virtual approach to services and remote services.

We continue to ramp up our communication to staff and our provider network. The provider community, because they also have moved to virtual services. They need to understand what documentation is required, which services can be done virtually and which ones can't. So there's a lot of communication that's had to occur. But a lot of our information comes from those providers working with our customers.

So if they don't report to us the accurate information, then it's not going to make it into our system. So it's really, you know -- it takes a lot of people to make sure that we're collecting the information and providing it into our feds, so team communication is key and then the training is the other key.

**NIKKI:** Thanks, Allison and yeah, absolutely, I agree with that, the communication piece.

Okay. Dacia, how about you for this question? What do you want to add to the conversation here?

**DACIA:** Yeah, I think that in terms of trying not to be repetitive from our other colleagues, with us, with the option of having the core staff administratively to retain the hard-copy files, I think it's been important for us to have really sound business processes in place that we've tried to maintain. As we were starting to deploy staff to work remotely, one of the things that I held firm to is what I want to do is maintain to the extent we can our existing business processes, knowing that eventually, we were going to have to revert back to kind of business as usual, and I didn't want there to be efficiencies lost in both the deployment and then the redeployment back into the office.

So we've done a pretty good job. I feel that staff have done a great job of continuing to the extent we can maintaining our existing business processes.

On the integrity of the source documentation, interestingly enough, one of the advantages of the current shelter in place order in Oregon is that we've actually been able to reach clients and have a better response rate in terms of getting the source documentation that we need and during this emergency.

So we've actually had an easier time reaching out to clients for the MSG credential attainment information.

So it will be interesting to see if that shifts back to some of the traditional challenges that we've faced.

We have been able to see that.

So for us, we have been able to, to the extent we can, I think just maintaining some type of a business continuity, so folks can continue to deploy their predictable procedures that they use, and then having an increase of communication to make sure that everybody has the tools to do their job in the current emergency conditions that we're facing. That's probably it for me.

**NIKKI:** Thanks a lot, Dacia. Appreciate it. I agree that that sort of consistent message for everybody and consistency, so things aren't too desperately different. It sounds like all of you are sort of thoughtful about that.

Mariah, do you have additional things to add to this?

**MARIAH:** I think the only thing that I would add is just kind of what Dacia just said, which is really interesting to us is that we actually -- our no-show rate has dropped significantly. It is so much easier to get a hold of individuals, not just for asking them for MSGs or credential documentation, but for intake and guidance and counseling appointments. People are answering their phones a lot more than I think they ever have in the past. A lot of our data is input by our VRAs, and so they're really the ones who we're relying very heavily on to make sure all the information is getting into our system correctly and as we all know, there's going to be a new R911 coming out in July.

So we're just kind of preparing ourselves for that, and looking at the training that's going to be necessary for our staff. But I think as far as being able to make sure that our data is accurate, we've done a relatively good job because we haven't changed a whole lot. Our system is still accessible, the job expectations have not really changed for our staff.

I will say one of the things that we've looked at for returning to the office, at some point, is we have looked at the possibility of purchasing desktop scanners, printers in order to reduce our areas where we get some congestion which would be around the copier scanner area, so that folks don't have to all stand six feet apart waiting to use the copier. So we're looking at doing that.

And this has also made us really look at going more electronic with as much as we can. The only reason we haven't done that is because we just really haven't had the time, but I know that that's something that we really want to do. I know we'll never be paperless, but I think we can go a lot more electronic than we have been.

**NIKKI:** Thanks a lot, Mariah. Yeah, that's kind of interesting. We've heard, you know accuracy has increased, response rates are higher.

So maybe the future is going to look a little different.

I'm going to take a quick sort of hiatus from the questions and just address some of the chat things really quickly.

I think the answer to this first one is yes, Mariah, but it's direct to you. Did the IT department for Alaska implement the Microsoft Remote Desktop feature for their staff? I believe you said they did, right?

**MARIAH:** Yes. They worked very hard to actually get that into place within a period of about a week, and then they connected -- we created links for every single employee directly to their desktop.

**NIKKI:** Okay. And another question -- and some of this has come up maybe since the question was written, but how are counselors or not able to work with those that have a need for other types of communication, such as deaf/blind or people with cognitive disabilities? And I know Mariah, you responded certainly to the question with the deaf, as you actually have an ASL interpreter to join any meetings or calls. I saw you respond to that.

Does anybody else want to jump in on this, sort of the communication for other needs around cognitive or deaf/blind?

**ALLISON:** This is Allison. I'll jump on this one. So in Florida, we also have staff interpreters but with a state this large, we never have enough staff interpreters, so we do have to utilize vendor interpreters or contract interpreters often.

But the Zoom platform is the preferred one for our deaf and hard of hearing staff so a lot of times they're using Zoom in a video with interpreters on the screen with the customer as well as our staff. And then if the video is not allowable, we always have the relay services as an option.

For individuals with cognitive disabilities, usually, it's best to use a team approach. So often it might be another representative, it might be another community-based service provider that's working with that individual that's part of the meeting. So whether it's a phone call, a teleconference, or even a video, we make sure that whatever the, however, the meeting occurs is the best for that customer, no matter what their preference is.

We try to make sure they understand and they're going to walk away knowing what the next steps are.

**NIKKI:** Great, thanks, Allison. Did anyone else want to add anything to that?

**ALICIA:** This is Alicia. I can add.

One of the things that we're exploring right now, we're getting up and running and trying to set up as a service is a CRP virtually facilitated service around supported education.

We recognize that some of our -- you know, as we explore trainings and options -- whether it be pre-up students or with adults that are looking to engage in some sort of vocational training, that the comfort level in utilizing the technology and the ability to manage that independently may or may not be there, and so one of the things that we're trying to explore is how do we engage in a different way with our community rehab providers in order to be able to support individuals that are performing -- are participating in trainings that are done either fully online.

We're sort of starting up a pilot on that right now and trying to identify ways that the CRPs are help consumers of ours navigate through some of the online and virtual type programming that we're trying to bring forward. So that's another way that we're exploring.

**NIKKI:** Great, I'm scrolling through some of the others. How about the same technologies, what about service coordinators? And I think somebody did mention that they're sort of really talking to their service providers and making sure they understand what you are doing and what sort of way in which things need to come in, but are these same technologies used by service coordinators?

**ALLISON:** This is Allison in Florida. We've done a very intentional outreach to our provider network through weekly communications.

We've done several webinars with them. But many of them, they have the same technology. Some of them are using different technology, but we did a survey to all of our providers about three weeks into the pandemic, because we wanted to find out you know, how many of them are continuing services? How many of them are moving their services to virtual and what does that mean?

We had a response that some were lowering staff, some had to close their doors during the pandemic so we needed to make sure we had a pulse on what was happening with our community providers and making sure that we could communicate virtually together, and also then working with our customers, so you know, really it kind of boils down to sometimes with these small providers is, you know, the funds they have available to purchase new technology and stuff.

So that's been a barrier for some of them. And we've tried to work with them through that as much as we can.

But knowing that that is a limitation for your smaller providers. The bigger ones, they seem to have the technology already in place so that was an easy transition for them. But again, the communication with them is critical, so that VR could step and in assist if needed.

**NIKKI:** Great, great. There was a comment, too, about the use of smart phones and being able to use that as a sort of scanning device and upload to case management systems. Probably Mariah, through the SARA system you're doing that.

Are others using those? I know personally, I use a scanning app on my smart phone and e-mail when needed. But anyone want to speak to that at all?

**ALLISON:** I keep to speaking up, but this is Allison again. So here in Florida, we don't have cell phones for staff. So if someone wanted to use a cell phone, they would have to use their personal cell phone.

And there was a lot of reluctance from staff to use their personal cell phones because once they start using it for work it becomes part of public records so if a public records request came down the road, their whole -- all of their phone communication would be retrieved so you can understand why people are hesitant to do that.

It is an option. There are some that don't hesitate -- a lot of times they'll just take a picture of a document and then e-mail it to themselves at work, so that's even you know, a more simpler way to get a document.

But again, that technology challenge of not having smart phones as a work technology sometimes is a barrier and we certainly don't want to make people use their personal phones for work.

So it's really a personal preference at this point.

**NIKKI:** -- you had said you issued state cell phones?

**ALLISON:** Florida does not.

**NIKKI:** Somebody else said that.

**MARIAH:** In Alaska, we did. We bought bulk phones and sent them out to different regions and allowed them to kind of choose who was going to have those phones. Some staff also as well just as an allowance use their personal phone, as well.

The other thing that we talked a lot about in Alaska are some of those features that you can have like an iPhone actually. You can go into your notes and you can actually scan a document into your notes.

And so that's a little bit easier to send versus a picture because it comes through as a PDF versus an image. And then Nikki, you had mentioned SARA and oftentimes, that's usually how we get a lot of things. Not necessarily how we're sending things to each other. But I almost feel like we've kind of piecemealed a lot of things together as far as what works, what doesn't, what some of our options are for communicating. It's been a really interesting learning curve I think not just for us in admin, but for field staff as well and any time anyone learns a trick or anything like that, we try to get that information out and share that with everybody so people can utilize the features themselves.

**DOUG:** Nikki, this is Doug. I just wanted to jump in here and again thank all of the folks that have been sharing their questions and even appreciate the interaction between folks in the chatbox, as well. I know we've got two questions to go and a half-hour left with our time today. Again, thanks so much for the four folks on the panel. You're doing an awesome job.

I do want to at the same time, those of you on some of these question items, if you have something that you would like to share in the chatbox, too, along the same question, please feel free to do that. This is a great conversation and thank you.

**NIKKI:** Yeah, thanks, Doug. Please keep them coming in chat. We will probably run out of time for the questions, but we will try to get them answered and post responses along with the recording of this webinar, which will be posted on WINTAC.org following the meeting anyway.

Okay I'm going to move to the next question. We've talked a little bit about some of the things that we've already learned so basically, what are your lessons learned that may strengthen procedures, you know, as they go forward? Specifically around case reviews or the reporting or addressing issues, staff support training and supervision, and we've sort of already talked a little bit about this, but if there's anything else that anyone wants to add, Allison I'm going to go to you first.

**ALLISON:**  We've covered a lot of this, but I'm going to hit the high points and I may repeat a little bit. I'm definitely going to repeat this one.

My number one lesson learned and if you all were in my conference room, you would see my whiteboard has lessons learned on top of it and as we've been going through this pandemic my leadership team, we've been adding things to it.

Some of it is a little funny and some of it is very serious. But our number one lesson learned is never buy desktops. And I've already said that, but that has been a definite challenge for us. It will it always be laptops moving forward.

Increasing communication. That's not just with staff, but also your stakeholders and that provider community.

To me, since we've gone to a virtual approach, my meetings have increased -- every day I probably have no less than five to eight teleconferences or webinars, and at first, it was -- you know, you understood it at first, because there was a lot of unknowns, everybody was looking for answers and guidance, but as we've kind of gotten started into this routine of virtual services, those meetings have continued and it's just like -- I'm trying to firing it out. Is it because we're in virtual people are more available to meet and they constantly schedule things?

Or because people are isolated in their homes, is this more of a way of meeting that human contact to make sure what they're doing is correct and needing to talk through things? I'm not sure what it is but obviously, that's a lesson learned that more communication is needed during times like this. Working with national partners has been critical and understanding what the other states are doing. Flexibility has been one of the keys in this, and I think flexibility will also be a key moving forward. Of course, the electronic signatures that we talked about. The encryption services, which, you know, I think Alaska might have mentioned it.

We have to remind our staff also. We utilize the CRC code of ethics. Whether you're a CRC or not, we bind our staff to the code of ethics.

Case management system, having that system that doesn't require you to log on to the network through the VPN is pretty critical during a virtual remote approach.

Internal controls, we didn't have a policy for teleworking, because that was not an allowed option before the pandemic and we now understand that after the pandemic, we're going to allow some type of hybrid telework approach.

So we had to quickly develop a telework policy. We also had to develop an electronic signature policy, virtual services. Obviously, those policies have had to change.

So all of our trainings that may have occurred face to face have had to go virtually and that included onboarding of new staff.

So when you think about a brand-new person coming on board, when they came on board in the last ten weeks while everybody was teleworking, it has definitely been a disadvantage for them joining because they haven't had those instant colleagues to help them through the days. So we've had to purposely really look at okay we have someone new coming, what is their week going to look like until they learn their job?

So that's obviously lessons learned as well throughout this pandemic.

**NIKKI:** Thanks a lot. That is a new look at bringing on new staff and what an onboarding staff looks like. Dacia, how about you?

**DACIA:** Yeah, you know, I do think that we've covered some of the topics in terms of lessons learned and I agreed with Allison in terms of having the flexibility that laptops offer is something that we just fortunately had moved in that direction already, but that would have just made the -- the transition that much more challenging, so we were fortunate in that regard.

Allison talked about having five meetings a day, and we're having regular, intentional communications at the office level, at the team level. And then I do a weekly all-agency call, mostly to field questions and give them high-level updates that are coming through the Governor's office.

And those calls, I don't require them, and again, we have 66 employees and we have on any typical week between 50 and 55 of the employees calling in.

So it just gives you a sense of how folks just really want to feel that connection to the agency and it's probably not the quality of the conversation that I'm offering, but they just really want a connection.

So one of the things we've talked about moving forward is are there things that we should be doing that are more engaging with employees because we're definitely doing an increased mode of communication? I think the same on the consumer side, where we've really directed staff to be in more direct communication with consumers, do more regular -- touch base with folks to make sure that they have the tools they need to get through.

I suspect this may change how we engage with the folks that we're serving moving forward. And so one of the things that we've been hearing about from lots of sources is that we won't ever be the same after going through this transition, and I think at the end of the day, we want to keep the focus on how do we improve the services and outcomes on behalf of our customers with disabilities around the country. That should be our first and foremost.

And for us, the way that we deliver the best services possible is through having high-quality staff who are engaged in the work and committed to delivering those outcomes.

So making sure that we're supporting the team of professionals that do this work as leaders in this public VR space, I think that is our primary charge to make sure they have the tools to do the job and that they feel good with the support they're getting in order to get the best services possible.

**NIKKI:** Thanks, Dacia. Mariah, how about you?

**MARIAH:** So I think for Alaska, one of the things that -- I've been probably been teleworking honestly the longest because I had traveled out of state, come back and everything had kind of imploded and I wasn't even able to go back to my office to get stuff for two weeks.

I had to stay home.

And the thing that I realized early on was that I was not as efficient as I typically am at the office and that was very frustrating for me typically.

I felt like something that would normally take me five minutes was taking me 20 minutes because, like I said, I was kind of piecing things together and I was working off an iMac and working off a Surface pro at the same time because I'm used to having two screens to work off and that was before I had the remote desktop portal link.

So being more task oriented versus time oriented became something I shared with our staff so they weren't necessarily beating themselves up, understanding that you are a little bit more handcuffed in the work that you can do at home versus what you can actually get done at the office.

And a lot of staff really took that to heart and really understood that once they started working from home as well, they were realizing that they were just not as efficient. That does come betrayal I found that did come with time and as I was able to get access to more pieces, an extra mouse, an extra screen, my work laptop.

So I think that was one of the biggest pieces for us is kind of understanding that it's a new environment, and it's going to take a little bit more time for us to even feel like we're back up at that efficiency level.

The other thing is obviously training, training, training. Especially on the ethics of telecounselling, that's one of the things we've been pushing and making sure that our staff is engaged in just because this is a new world for them. It is a new world for our clients, and we need to make sure that we're protecting the individuals that we're serving. And lastly, I would say the ability to have fun a little bit. We're all so far apart from each other, we're all working from home, but when we have our team meetings and we have our weekly -- our staff meetings, a lot of our managers do -- if they're not doing a once a week staff meeting, they're doing it every two or three days.

And they're doing something fun. They're playing bingo with their staff. They're kind of, you know -- sell your shirt that you're wearing, like say something about your shirt and why it's so great and why someone would want to buy the same shirt.

Silly things that engage our folks, lighten the mood a little bit and make people laugh, and I think that that's one of the things that has been really helpful, because it's different being away from our employees, it's different being away from our colleagues, it's different being away from our coworkers and not having them around us. I'm around my children all day.

(Laughs) I can't have a whole lot of work conversations with them.

So I think just trying to be as normal as we can be, as far apart as we are is something that's going to be really important.

**NIKKI:** Thanks, Mariah and I love the fun part, absolutely. Alicia, do you have anything to add from your perspective in Connecticut?

**ALICIA:** So many good things were just stated. I agree with the fun part. We need more of that.

In Connecticut, you know, I think there have been several things that we've taken away and sort of learned.

I agree. You know, the increase in communication just to be able to give staff the assurance of what's going on and we've definitely seen an increase, supervisors are meeting, you know, weekly. We're going to be talking about some of the mentor sort of ideas around establishing somebody that you can go to if you're having a day where you're having a hard time with productivity, who can you call? Do you have a point person that you're working with that you can touch base with and talk that through? Just in order to help everybody sort of, you know, get adjusted and acclimated to this work from home.

We've tried our best in Connecticut not to overwhelm staff too much, sort of take each day, every day as it comes. As much as we've been on paper ready to go as far as teleworking and working from home, we've had some glitches around connectivity and meetings. Inevitably when we're trying to log on a big meeting, something is going on with the technology and the connection and stuff.

I don't know if that's just because everybody is working from home now, so you know, the Internet connections are stressed.

We've seen that. We've had to have patience and flexibility. I think there -- we have staff -- we have shown a lot of anxiety around this, just because, you know, they're used to being super productive and feeling like you know, how am I going to connect with everybody and not really sure where to start or what expectations to place on consumers or not place.

And so really it's just about having that open communication, and sort of that acknowledgment with consumers, with the staff, that, you know, we're all sort of moving through this time together and that we have to take it after one day at a time, because every day the guidance and things are changing. You know, one of the things we talk about, too, are setting healthy boundaries, and I think that's where -- we've tried to look at that as far as from a training perspective and.

We have some staff that have a hard time logging off when they're home, you're able to come back to your desk and being able to get one more thing, one more thing. That's been a lot of our conversation, too, is being able to say I need to set some clear boundaries and utilize a to-do list and, you know, we've got some bullet journal gurus in our organization that can help us sort of manage our tasks, so that when you're done, you're done for the day, you need to be able to move on because for some individuals, that flex work schedule, and being able to work a little bit different hours in order to accommodate the situation, and so it's really trying to be creative, but also the boundaries and be able to take care of oneself as well as we move through this time.

One of the things we also noticed around training. I was training several new staff as well that were coming on board and luckily, we were 75% of the way through the new onboarding prior to the work from home mandate that we were under.

So we did have to transition a lot of our trainings over to that virtual platform pretty quickly. It was all in process. And so as much as we know we feel like we had some success with that, I think some of the lessons we learned were around how we developed content for training, and what we're hoping to do a little bit in the future around training, just because it's hard when you're -- when you're providing the same training, I'm launching another training series tomorrow and there's four or five sessions in order to accommodate everybody's schedules.

And so we're looking now how can we make this a little bit more user friendly and innovate a little bit and can we record and make things available more on demand and making sure for some of the technical stuff that we're trying to provide around supported employment, especially for some of our new staff that we're working with, making sure that we are taking a closer look at how we're providing the training and making sure it's really specific and concise.

Because, you know, it's stuff to hang in there for a long time when you're listening to a training for -- if it's like an all-day training with case examples, etc., modifying that to be sort of a condensed version that's a little bit more manageable has been something that we're working on, too.

We have definitely experienced a lot of innovation creativity. A lot of our staff have really try to tried to make it happen. People are showing up, and I think one of the things that we've seen as a result of this transition is just a little bit more acceptance of the idea and the ability to work from home and how productive people can be and, you know, it's really been in my opinion -- it's really -- one of the things that we were working on was trying to establish some baselines with staff around abilities with technology.

And we had been talking about this for a long time, what are some of the standard benchmarks that we hope staff can do within the state around use of Outlook and Word and Excel and what are some of those benchmarks?

Working from home has helped elevate our ability to work with the technologies that we have at our fingertips and training communication being available, technical assistance, all of that has really helped the learning curve that we've gone through and I think that, you know, overall, it's gone relatively well. So that's all I've got to add.

**NIKKI:** Thanks a lot Alicia. Appreciate that. We are getting really close to time so we're going to move to question 4 and I'm going to say ladies, we've got probably about five to six minutes to answer this last question, but I think we've touched on a lot of it.

So you know, there's a lot of talk about places opening up too soon and there may be a second or third pandemic wave and what there might be in the future and all those kinds of things. What do you project for the future for possible additional waves or just other future opportunities? We've heard people saying there may be some hybrid work from home going forward. So has your perspective on remote work for counselors shifted through the experience? Do you have a framework or some of you have already said you've got protocols and expectations.

Do you see these changes that are going to impact practices as staff return to the office? So just sort of hate to say it in a really short amount of time, but just if each of us can touch for just a minute or two on that? And Dacia, I'm going to go to you first.

**DACIA:** One of the things that I think is important to emphasize is this pandemic really gives us an opportunity to prepare for the jobs for the future and to prepare consumers with disabilities for future jobs. I think this gives us a driving seat to navigate those waters.

So we are able to be in the best position possible. I don't think our workforce will be the same. We're not going to go back to kind of what we were prior to the emergency. Everybody's talking about that.

I do think as our world becomes more dense and there's traffic congestion and all of these things in our space that we need to consider our dependence on fossil fuels.

I was not a fan of telework for direct service staff, and my -- my world has opened to those possibilities and not obviously permanent, but some intermittent work.

And the other thing that I have seen as a positive through this is in Oregon, we have a lot of rural and remote areas of our state where there wasn't a lot of service equity because they couldn't transport to some of the main populous areas where we offer a lot of the services in person so this remote service delivery has given us some strategies to be able to provide more equitable service delivery. And staff have gotten incredibly creative around that.

So I think those are my big takeaways. And at the end of the day, if we can improve service delivery, and provide a good work environment for the staff so we can retain the best staff possible, I think we're going to be in the best position moving forward.

**NIKKI:** Great thanks Dacia. Mariah, how about you?

**MARIAH:** I'm going to agree with Dacia on kind of where I was prior to this as far as staff being able to telework, especially our assistants initially, I thought how is this going to possibly work, but the thing I kind of forgot that VR is famous for -- we are more creative than any other field out there, because we have to figure out how to help people with significant disabilities get jobs, and so I should have known that we would be able to figure out how to get people to work from home, as well.

So it's definitely changed my mindset as far as some of our support staff being able to work from home. I will say that the thing that I think is going to be important moving forward for us is making sure that when we are hiring people that we're definitely asking questions about their knowledge of the use of technology, how comfortable they are with technology because I think this is going to change VR forever. We've always been so set in our ways of it has to be face-to-face counseling, that's how you establish the best rapport, but I think our clients are also getting more comfortable with this as well, again having our no-show rate going down.

I think that they're becoming more comfortable in talking with us over the phone or via video as well and so it's time for us to adapt.

**NIKKI:** Thanks. Alicia?

**ALICIA:** Yes, just to reiterate what's already been said and also, you know, I think, especially for consumers. We have a lot of rural areas in Connecticut where transportation and specifically public transportation has been a big issue. I think what we're looking at is really making sure that the consumers that we're serving have access to the technologies that we're using and so hopefully, we can bring that to some of our consumers as well so they can engage with us, and I think that's something that's exciting between the use of potentially expanding cell phones for staff and making sure that we have some sort of a framework set up for that, should we have to move back home again.

And also making sure we can connect with the consumers that we serve. I think that that moving forward could really reduce some of our biggest transportation issues around just getting to the office and being able to show up for appointments.

So you know, that part of it is very exciting just along with the overall sort of proficiency with technology going up and everything else that, you know, everybody has said.

**NIKKI:** Great. Absolutely. Allison, do you want to wrap it up for us in two minutes or less?

**ALLISON:** I sure will. So pretty much what everybody else has said, the telework will continue after this pandemic I feel like.

One of the things that I don't think we've mentioned, though, is how employment is going to change for our customers. And, you know, when we went through this the last recession in 2008, when the unemployment rate was so high, we saw a lot of employers deciding not to hire their workforce back at the same levels that they were before that recession.

I think we'll see the same thing here. A lot of employers have furloughed and laid off individuals, and a lot of employers have gone to a virtual approach similar to what VR has done. So you know, knowing that VR here in Florida is going to continue the telework or a hybrid telework approach for staff, I think you're going to see that from employers, as well.

So how do we prepare our customers to be ready for a remote, virtual type of position where traditionally they may have been going into an office?

So we're going to see a lot of things changed. There's going to be a lot of it technology involved for future jobs, and I think that's a way we need to respond and be ready for post-pandemic or even a second or third wave comes through, you're going to see more of that telework in the business community. So we need to start helping our customers identify jobs that will prepare them for telework.

**NIKKI:** Really good point to end on, I completely agree. Thanks for that.

Okay so we did have our Q&A piece next, but we really don't have enough time to open up all the phone lines, but we will take all of the questions that we've got in the chat and we will get the panelists to answer them and we will post that along with the recording of this. So don't feel like if you asked a question, it's not going to answered. It will. It will just be in a little bit of a different format. So Al, if you can jump to the last slide, that would be wonderful.

And this is just how you can contact us. We want to make sure that you've got the information. If you've got additional questions, additional comments, please reach out to us. We're here, that's what we're there for.

We included Rachel. She didn't join us as a presenter on this, but Rachel is I'm sure many, many of you know Rachel Anderson, and is our subject matter expert for anything performance measure-wise.

So we've included her, as well.

So please reach out. Thank you all so much. Thank you to the panel, great insight, great lessons, and so much that's come out of this and many things that are still positive in such a critical time, where it could be otherwise.

So really good to sort of think about that and take that away. Thanks to all of you for joining us and again, we will get those responses out that you've put in the chat and thank you so much for being with us today.

**DOUG:** Thank you, Nikki. Awesome job of facilitating the discussion and the panel and thanks again to all of our panel members.

Really appreciate you sharing your experiences and what you're going through. Also appreciate the many people that have posted comments as well as questions.

And until next time, this presentation is at a close. Have a great day.

[Presentation ended at 4:30 p.m. Eastern]