



# Oregon

Kate Brown, Governor



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## **Oregon Department of Human Services ORS 409.161 Workload Report**

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House Bill 2123 (2009) requires the Oregon Department of Human Services (ODHS) to provide a workload report to the Legislature every two years. The requirement of a workload report was designed to ensure the Legislature had a consistent way to create a “point-in-time” snapshot of ODHS staffing levels regardless of any policy, practice and/or caseload changes that have occurred throughout the last biennium.

The law requires the bi-annual ODHS workload reports to address:

- Workload increases and decreases over the current biennium;
- Workload efficiencies achieved in the current biennium;
- Increases and/or decreases in direct service delivery staffing needs that exist for the current biennium or that are projected for the next biennium, including a statement of the number of full-time equivalent positions that are vacant on the date the report is prepared or that can be double filled to meet any needs for additional staffing.

The law requires ODHS to report on staffing levels for employees in classified positions that provide: child welfare services (CW); temporary assistance for needy families (TANF); nutritional assistance (the Supplemental Nutrition Assistance Program, or SNAP); services to elderly persons and to persons with disabilities (Aging and People with Disabilities (APD) and Office of Developmental Disabilities Services (ODDS)); and vocational rehabilitation services (VR).

### *Focus on Direct Service Delivery Staff*

Current ODHS workload models focus exclusively on the staffing and supervisory levels needed to directly serve Oregonians. The direct service delivery workload models represent over 75% of the entire ODHS position authority. The staffing required to support the policy development, training and operational functions within the agency are not represented in these models. ODHS is currently seeking to identify a way to create and implement a workload model that is inclusive of these critical support functions. In the meantime, the staffing levels discussed in this report focus exclusively on direct service delivery staff.

There are multiple levers that influence the efficacy of ODHS workload staffing levels: the number of staff, the policies staff are required to implement, and the efficiency of ODHS work-

“Assisting People to Become Independent, Healthy and Safe”

processes. This report focuses on detail around each of those levers specific to each program area.

## Child Welfare Programs

### *Child Welfare Workload Model Background*

Since 2009, there have been a half dozen approaches to analyzing and reporting workloads and caseloads models. The workload models were connected to budget formulation and legislative granted position authority, with workload iterations incorporating timed studies to capture tasks, while others use a combination of these along with best-practice standards in child welfare jurisdictions across the nation. Previously these various models were used in building the budget, thus resulting in various staff number recommendations because each model considers caseload differently based on the factors incorporated into the model.

Child Welfare currently utilizes a workload model to determine staffing level needs associated with program delivery. The workload model was last updated in 2016 and does not capture the changes in program casework delivery and program design used now. ODHS Child Welfare then worked with the ODHS Office of Reporting, Research, Analytics & Implementation (ORRAI) to develop a workload model to determine the staffing needed to meet those standards. For the 2019-21 budget, the program incorporated information from the Child Welfare League of America and the Council on Accreditation (COA) and was supported by Casey Family Programs. This model incorporated critical function positions, such as case aides, paralegals, and supervisors necessary to support the case-carrying workforce.

The 21-23 budget is built on the original workload model which considers the Spring 2021 forecasted caseload for 2021-23, as estimated by the ODHS Office of Forecasting, Research and Analysis (OFRA). ODHS Child Welfare used the best practice version of the model to manage the daily operations and allocate staffing for this biennium.

Over the last three biennia, the Governor and the Legislature have supported Child Welfare and provided additional staff resources to support the ongoing improvement efforts. In this biennium, the focus will be finding alignment between the LAB and workload models, as Child Welfare will need to receive additional staffing to improve the outcomes of children and families. With the continued staffing support, the impacts are expected in the following areas:

- Lower caseloads to improve the timeliness of safety assessments
- Lower caseloads to potentially improve retention of the workforce
- Reduced wait times at Oregon Child Abuse Hotline (ORCAH) response
- Continued efforts to support and onboard staff to target 100% staffing

This staffing proposal only maintains CW current state of work; it does not address the sustainability of the workload and its impact on staff retention and quality of work. To impact our current outcomes, the workload model projections must consider the quality of case-practice due to caseload management and impact of service delivery, as ODHS CW continues to expand serving families in-home.

### *Caseload Efficiencies Achieved*

#### ***Caseload Dashboard***

A dashboard being created for managers to understand the current caseload state. The dashboard pulls data from the OR-Kids case management system to quantify the number of assessments, cases, or providers for each caseworker, to allow managers to better understand their workers' current caseloads and determine the number of new cases they can effectively serve.

#### *Requirements Increasing or Decreasing Workload Demand*

#### ***Family First Prevention Services Plan***

Also known as Title IV-E, prevention plan for Oregon was approved in April 2021 by the Federal Office of Administration and Children (ACF), Children's Bureau. By allowing cost reimbursement for services outside of foster care, more families will be served in-home. This approach will expand opportunities to support more families in crisis, by offering evidence-based programs for mental health, addiction and recovery, resources for pregnant and parenting teens, and residential treatment.

#### ***Staffing Increase***

Staffing Increase is not the only answer. Child Welfare is being responsive to staffing by creating management tools to inform the current state (e.g. Caseload Dashboard) and redesign workforce training and workforce development programs and tools to build engagement, increase retention, and provide ongoing support for the workforce. With these changes to practice, along with the Family First Prevention Services Plan approval, it will all impact how families will be served, as the work has expanded beyond foster care interventions to services to children and families in-home. As such, ODHS Child Welfare will use Oregon Caseload Standards caseload as a framework for case management goals and continue to work toward alignment with the workload model to continue to be responsive to ODHS Child Welfare's staffing needs in the upcoming biennium.

*Overall Impact of Increases and Decreases in Demand on Staffing Needs*

***CW Workload Spring 2021 Forecast***

<b>CW</b> Position Type:	2019-21 (post LAB)				2021-23 Reshoot			
	Current Position Authority 19-21	Positions Earned Forecast (\$19)	Percent of Earned	Difference Current to Workload Forecast	Current Position Authority 19-21	Positions Earned Forecast (\$21)	Percent of Earned	Difference Current to Workload Forecast
Case Worker	1,620.62	2,232.57	72.59%	(611.95)	1,620.62	1,678.36	96.60%	(57.74)
Active Effort Case Workers	11	-	0.00%		11	14.27	77.10%	(3.27)
Case Support	370.4	637.88	58.07%	(267.48)	370.4	452.99	81.80%	(82.59)
Support Staff	521.81	744.19	70.12%	(222.38)	521.81	564.27	92.50%	(42.46)
FRS/IVE Specialists	44.3	53.39	82.97%	(9.09)	44.3	45.27	97.90%	(0.97)
Legal Support	32	79.73	40.14%	(47.73)	32	60.45	52.90%	(28.45)
Leadership Support	41.3	66.47	62.13%	(25.17)	41.3	50.79	81.30%	(9.49)
MAPS	-	-	0.00%	-	66	141.05	46.80%	(75.05)
Field Management	252	378.74	66.54%	(126.74)	256	284.59	90.00%	(28.59)
<b>Totals</b>	<b>2,893.43</b>	<b>4,192.97</b>	<b>69.01%</b>	<b>(1299.54)</b>	<b>2,963.43</b>	<b>3,292.04</b>	<b>90.00%</b>	<b>(328.61)</b>

## **Self-Sufficiency Programs**

### *Self-Sufficiency Programs Workload Model Background*

The Self-Sufficiency Programs (SSP) currently utilizes a workload model to determine staffing level needs associated with program delivery. The current workload model was last updated with a timing survey completed in the spring of 2016.

In 2019, a Random Moment Sample Survey (RMS) was developed with input from SSP field staff. The survey is designed to capture the time spent on all work activities. The RMS method polls participants on an individual basis at a random time and day intervals over a period of time. It totals the results to determine work effort for the population of staff. This provides a statistically valid means of determining what portion of the selected group of participants time is spent performing different activities. The survey was conducted from the summer of 2019 through the spring of 2020.

However, the Self Sufficiency Workload Model (SWM) was not updated with the timing information from the RMS data as enough survey responses were not collected to represent an appropriate sample size. The current timings in the workload model were used and the spring 2021 forecasted caseload for 2021-23 as estimated by the ODHS Office of Forecasting, Research and Analysis (OFRA).

### *Requirements Increasing or Decreasing Workload Demand*

#### ***Current Economic Environment***

Oregon's unemployment rate had been declining steadily for several years until 2020, when the COVID-19 pandemic caused a sharp increase. The unemployment rate was as high as 13.2% in April 2020. It steadily declined after economies began to reopen, and by December 2020 had leveled off at 6.3%.

#### ***Supplemental Nutrition Assistance Program (SNAP)***

After several years of decline, SNAP caseloads have followed the recent economic trend, rising throughout 2020 as families struggled with employment and food security during the pandemic. In December 2020, there were 422,498 households (718,708 persons) that received SNAP benefits, approximately 17% of all Oregonians.

#### ***Temporary Assistance for Needy Families (TANF)***

Similar to the SNAP impact, the number of families on TANF increased at the onset of the pandemic. However, TANF caseloads since have been decreasing. In December 2020, 17,471 families were receiving TANF benefits.

### ***Oregon Health Plan***

There were 1,224,365 individuals eligible for the Oregon Health Plan (OHP) in December 2020. There has been a slow but steady increase in the Medicaid caseload in the past couple years.

### ***Family Engagement***

TANF households are engaged in employment and training and family stabilization programs to meet the mission of helping connect them with careers that move them out of poverty. SSP has developed the Family Coach position, which completes family assessments and develops plans with the family. This increases access to many stabilization and employment preparation services. This model builds on the family's interests and strengths thus fostering more successful outcomes. The family engagement model has increased the one to one engagement time of Family Coaches.

### ***SNAP Employment and Training Expansion***

Over the last 6 years, Oregon has taken advantage of the 50/50 federal match program offered through the United State Department of Agriculture (USDA) Food and Nurtritions Services (FNS) SNAP program. In Oregon this program is called STEP. The STEP program allows multiple employment and training components to be offered by multiple providers throughout the state. These components range from job search to education and skills building training opportunities to apprenticeship opportunities. This expansion provided opportunities that historically haven't been available for SNAP benefit recipients. These opportunities have increased the planning and time needed to engage SNAP families and individuals by our Human Services Specialists 3 (HSS3) positions – Benefit and Eligibility Workers and Family coaches.

### ***Workload Efficiencies Achieved and Future Workload Efficiencies Anticipated***

### ***Oregon Integrated Eligibility Upgrade***

In spring 2021, ODHS and its partners at the Oregon Health Authority (OHA) completed the upgrade of the Oregon Integrated Eligibility System (ONE). Oregonians now can access health and human services benefits through a single application – online, on the phone, or in a local ODHS office. The project replaced the antiquated legacy system with a new computer system that is rules-based and has a modern interface for workers.

Customers can now use one application for multiple services, create an account online and manage their benefits, information and documents all in one place. Workers are cross-trained in multiple benefit programs and can better meet Oregonians' without sending them to another program or office.

Launching the ONE system was a significant milestone. With a \$371.9 million project budget, it is among the largest IT projects successfully completed by the State of Oregon. Extensive training was provided for 4,600 ODHS staff across two major program divisions and business

support services. We also established a statewide Change Network of peers who can provide support and share their expertise.

Now that the system is launched, our focus is to continue stabilizing the system and processes, and supporting staff adoption. We anticipate gaining additional efficiencies as our employees continue to build their knowledge and skills working in the new system.

The pandemic also has changed the way Oregonians interact with the Department, and we are adjusting our customer service practices and processes to better serve Oregonians virtually, and even further reduce the need for them to visit an ODHS office.

### ***Lean Management***

In addition to gaining efficiencies through the ONE implementation, Self-Sufficiency staff from around the state continue to submit Continuous Improvement Action Sheets through our Lean Daily Management System (LDMS). This allows for staff to contribute to development ideas that bring about workload efficiencies.



*Overall Impact of Increases and Decreases in Demand on Staffing Needs*

***SSP Workload Spring 2021 Forecast***

<b>SSP</b> Position Type:	2019-21 (post LAB)				2021-23 Reshoot			
	Current Position Authority 19-21	Positions Earned Forecast (S19)	Percent of Earned	Difference Current to Workload Forecast	Current Position Authority 19-21	Positions Earned Forecast (S21)	Percent of Earned	Difference Current to Workload Forecast
Eligibility Specialist	648.00	634.23	102.17%	13.77	727.00	825.35	88.10%	(98.35)
Case Managers	458	499.34	91.72%	(41.34)	458	437.24	104.70%	20.76
Eligibility Leads	58	57.66	100.59%	0.34	65	75.03	86.60%	(10.03)
Support Staff	433.5	453.43	95.60%	(19.93)	462.5	505.04	91.60%	(42.54)
Community Resource Coordinators	38	45.39	83.72%	(7.39)	38	39.75	95.60%	(1.75)
Engagement Specialists	42	45.39	92.53%	(3.39)	42	39.75	105.70%	2.25
Support Lead	46	41.21	111.62%	4.79	49	45.91	106.70%	3.09
Supervisors	143.63	148.05	97.01%	(4.42)	152.63	164.01	93.10%	(11.38)
Totals	1867.13	1924.7	97.01%	(57.57)	1994.13	2132.08	93.50%	(137.95)

## **Aging and People with Disabilities**

### *APD Workload Model Background*

The Aging and People with Disabilities Program (APD) currently utilizes a workload model to determine staffing level needs associated with program delivery. The current workload model was last updated with a timing survey completed in Spring 2016.

In 2019, a Random Moment Sample (RMS) Survey was developed with input from APD field staff. The survey is designed to capture the time spent on all work activities. The RMS method polls participants on an individual basis at a random time/day intervals over a period of time. It totals the results to determine work effort for the population of staff. This provides a statistically valid means of determining what portion of the selected group of participants time is spent performing different activities. The survey was conducted from summer 2019 through spring 2020.

The survey was conducted from summer 2019 through spring 2021. The Aging and People with Disabilities Workload Model was updated with the timing information from the RMS data and the spring 2021 forecasted caseload for 2021-23 as estimated by the ODHS Office of Forecasting, Research and Analysis.

### *Requirements Increasing or Decreasing Workload Demand*

#### ***Complexity of Adult Protective Service Workload***

Adult Protective Services (APS) continues to increase in complexity of work and reporting. Financial exploitation cases and an increasing focus on seniors from scams have created additional workload and reporting complexities that didn't previously exist. Oregon implemented the Centralized Abused Management System (CAM), which allows for more standardization of reporting, the ability for other organizations to see areas of concern, and better understanding of screening actions. With CAM, we now have a statewide view of the workload happening with APS and can see through standardized system reporting the efforts and reports of abuse we are receiving around seniors or people with disabilities.

#### ***Complexities due to emergencies***

Oregon has seen historic disasters in this last biennium, from the pandemic to wildfires, no part of the State has been untouched. Emergencies are a normal part of the State cycle but the increases with wildfire seasons, winter weather, and an increasingly vulnerable population being served in their home has created additional workload for Aging and People with Disabilities/Area Agencies on Aging (APD/AAA) offices to see consumers in their living situation and coordinate/support evacuations. APD/AAA staff are also responsible for ensuring Oregonians are aware of opportunities and information during the pandemic, such as vaccination opportunities throughout Oregon. This outreach and coordination is very manual, when we have fires in communities, staff are pulling lists and reaching out individually. APD/AAA staff begin

evacuation support in areas at level 2 of emergency evacuation, due to the time and complexity required with the population we serve.

### ***Growing client population and complexity of cases***

The complexity of Oregonians being served by APD/AAA offices continues to add to the workload. Oregon Health Plan (OHP) enrollment has increased and with the implementation of the integrated ONE system, Modified Adjusted Gross Income (MAGI) eligible Oregonians can now come into any local office in their community for financial eligibility determinations. This is increasing the traffic in our offices, even during a pandemic, as well as opening more individuals to information around long-term care. We are also seeing increased numbers of individuals with mental health and physical needs, and active behaviors with dementia, which add to the complexity, cost, and time for a case.

### ***Home Care Worker provider time capture***

APD/AAA offices continue to work extensive amounts of paper and manual actions to pay Home Care Workers (HCWs) based on Department of Labor ruling and requirements from the 21<sup>st</sup> Century Cures Act and electronic visit verifications. The amount of time and work to process a voucher has significantly increased over the last several years with multiple pay periods. Implementation of Provider Time Capture over time, hopefully will mitigate some of this.

### ***Workload Efficiencies Achieved***

#### ***Oregon Eligibility System 2021***

The ONE System provides opportunity for Oregonians to apply for medical, cash, or food assistance in any of our APD/AAA or SSP offices statewide. An Oregonian can apply online, over the phone to a customer service center, or in a local office. This is a major change, previously an Oregonian would need to go to multiple offices to apply for these programs, and there were areas Oregon with our old mainframe systems were not able to be compliant with State and Federal laws. The updates to this system allow greater access for Oregonians but is a major change for staff having to learn new programs and to use a new system. It will take time to stabilize and see efficiencies from this system, integration with Asset Verification system happening in 2021 will provide some additional efficiencies in the future.

#### ***Centralized Abused Management System***

Continued utilization around CAM and greater integration with Automated Survey Processing Environment (ASPEN), CALMS, and other systems are providing more data and information for making decisions at a local and statewide level. Managers are able to express and show work in their areas and we are able to for the first time to provide a more accurate picture of the APS work happening in the State and the staffing needed to meet this growing and increasingly targeted population.

### ***Community, Private, and Public Partnerships***

APD started piloting opportunities where we are contracting with hospitals or entities to provide eligibility dedicated at their locations. This helps create additional staffing paid for privately that can focus on areas that need dedicated staff to help ensure that accurate determinations are done timely. It is important to note that these employees are employees of the State, and this partnership doesn't negate the States requirements to determine eligibility following State and Federal regulations. APD continues to look at ways to engage with communities and follow models such as Tribal navigators, understanding that we have an obligation to do work more efficiently but also with a focus on greater equity to the work.

### ***Future Workload Efficiencies Anticipated***

#### ***APD continual improvement efforts***

APD plans to take modularizing and agile approaches to our systems to make regular updates to them. We hope by small focused efforts we can continue to build on areas of success and develop ways to better report out and serve Oregonians.

#### ***Eligibility Transformation***

APD continues to partner with SSP and other parts of ODHS as we evaluate and look for input from Oregonians on how we can better serve people in their community. We hope these actions will create a more equitable approach to work and find ways to help staff as they are going through the change process around doing financial eligibility.

*Overall Impact of Increases and Decreases in Demand on Staffing Needs*

***APD Workload Spring 2021 Forecast***

<b>AAA + APD STATE FIELD POSITION TYPE:</b>	<b>2019-21 (post LAB)</b>				<b>2021-23 Reshoot</b>			
	<b>Current Position Authority 19-21</b>	<b>Positions Earned Forecast (S19)</b>	<b>Percent of Earned</b>	<b>Difference Current to Workload Forecast</b>	<b>Current Position Authority 19-21</b>	<b>Positions Earned Forecast (S21)</b>	<b>Percent of Earned</b>	<b>Difference Current to Workload Forecast</b>
Case Managers	845.25	788.38	107.21%	56.87	845.25	779.67	108.40%	65.58
Paraprofessionals (HSA2)	87.26	77.27	112.93%	9.99	87.26	77.05	113.30%	10.21
PASS / Diversion / Transition	90.99	104.7	86.91%	(13.71)	90.99	104.7	86.90%	(13.71)
Licensors (CS2)	87.13	44.07	197.71%	43.06	87.13	43.15	201.90%	43.98
APS Specialists	344.08	408.16	84.30%	(64.08)	344.08	408.16	84.30%	(64.08)
Eligibility Workers (HSS3)	393.91	451.19	87.31%	(57.28)	393.91	466.92	84.40%	(73.01)
Support Staff (AS1/OS2)	455.29	439.89	103.50%	15.40	455.29	446.48	102.00%	8.81
Field Mgmt/Ldrship Support	196.59	192.8	101.96%	3.79	196.59	193.84	101.40%	2.75
<b>Totals</b>	<b>2,500.51</b>	<b>2,506.46</b>	<b>99.76%</b>	<b>(5.95)</b>	<b>2,500.51</b>	<b>2,519.97</b>	<b>99.20%</b>	<b>(19.46)</b>

## **Office of Developmental Disabilities Services**

### *ODDS Workload Model Background*

In 2019, a Random Moment Sample Survey (RMS) was developed with input from Intellectual/Developmental Disabilities (I/DD) partners. The survey is designed to capture the time spent on all work activities. The RMS method polls participants on an individual basis at a random time/day intervals over a period of time. It totals the results to determine work effort for the population of staff. This provides a statistically valid means of determining what portion of the selected group of participants time is spent performing different activities. The survey was conducted from summer 2019 through spring 2021.

The Office of Developmental Disabilities Services (ODDS) Workload Model was updated with the timing information from the RMS data and the spring 2021 forecasted caseload for 2021-23 as estimated by the ODHS Office of Forecasting, Research and Analysis.

### *Programs Administered by Partners*

With the exception of the Stabilization and Crisis Unit, Children's Residential and Children's Intensive In-Home Supports, all ODDS programs are administered by local Community Developmental Disability Programs (CDDPs) and Developmental Disabilities (DD) Brokerages. Both DD Brokerages and CDDPs are funded through a model based on the ODDS workload model earnings. This system calculates funding for these contractors based on state salaries and other costs. During the 2017 legislative session, the workload model for ODDS contracted Case Management Entities (CMEs) has been reduced to 88% CDDPs and 85% Brokerages of FTEs and funded at 95% of equity. In 2019-21, in addition to the reduction in FTEs, in the Governor's Budget the equity level was also reduced to 93%.

### *Requirements Increasing or Decreasing Workload Demand*

#### ***Implementation of the Oregon Needs Assessment (ONA)***

In July 2018, ODDS implemented a new assessment instrument called the Oregon Needs Assessment or ONA. This work is no longer new work and is now incorporated in the workload model for 21-23.

#### ***Implementation of the Centralized Abuse Management***

Recent focus by Centers for Medicaid and Medicare Services (CMS) on strengthening reporting of serious incidents will require additional screening time and more detailed entry into the CAM system. Serious Incidents are reported by the Service Coordinators (SCs) and Personal Agents (PAs). All abuse cases, both screened in and screened out will need to be entered into the CAM system. There will be significant training needed and until such time as the APS staff and SC/PA staff become knowledgeable with this system the process time will increase.

### ***Implementation of the federally required Electronic Visit Verification System (EVV) for providers of in-home services***

Implementation will require assistance by the Case Management Entities (CMEs) to providers when they are unable to access WIFI/data or do not have a smartphone or tablet. CMEs will be required to review request for exceptions of the EVV use and approve or deny based on ODDS policy. Many CMEs will be called upon by the providers for training of the system after the initial training rollout.

### ***HCBS Settings CMS Rule***

In March 17, 2014, the Centers for Medicaid and Medicare Services (CMS) final rule on Home and Community Based Settings became effective. The rule defined Home and Community Based settings for the purposes of federal funding, created person centered planning requirements and created a process for states to come into compliance with the new rule. This work is not new for 21-23 and is incorporated in the workload model.

### ***K-Plan Implementation***

Prior to K-plan implementation, children's in-home services were limited to children who met strict eligibility criteria for Children's Intensive In-Home Services (CIIS), or whose level of support needs rose to meet "crisis" criteria (primarily at immediate risk for out-of-home placement). With implementation of the K-Plan, children now have access to in-home services if the child is Medicaid eligible and meets level-of-care eligibility criteria. Under the K-Plan funding structure and eligibility rules, more children became eligible for in-home support services, significantly increasing the number of people served in the I/DD service system. More adults have also enrolled into services. Increases in caseload had a dramatic impact on CMEs workloads. This is no longer a new issue and is reflected in the 21-23 workload model.

### ***Employment First***

Oregon's Employment First policy was crafted with stakeholders and advocates in 2008. The policy states that community jobs are the first priority in planning employment services for working-age adults and youth who experience intellectual and developmental disabilities. In addition to a state policy, Oregon also has governor's executive orders and a federal legal settlement directing the state to provide services to support people in community jobs and decrease the number of people in sheltered workshops. This is not new work and is reflected in the workload model for 21-23.

### ***Future Workload Efficiencies Anticipated***

ODDS plans to implement new ONA based service groups for provider service rates and in-home hour allocations during the 21-23 biennium. This will require training, tied with new processes that will replace current operational procedures for CDDPs and Brokerages. Throughout this process, ODDS will work to streamline processes and reduce duplication.

*Overall Impact of Increases and Decreases in Demand on Staffing Needs*

*I/DD Workload Spring 2021 Forecast*

<b>CDDP</b>	<b>2019-21 (post-LAB)</b>				<b>2021-23 Reshoot</b>			
<b>POSITION TYPE:</b>	<b>Current Funding Authority 19-21</b>	<b>Positions Earned Forecast (\$19)</b>	<b>Percent of Earned</b>	<b>Difference Current to Workload Forecast</b>	<b>Current Position Authority 19-21</b>	<b>Positions Earned Forecast (\$21)</b>	<b>Percent of Earned</b>	<b>Difference Current to Workload Forecast</b>
Case Manager (adults)	357.61	410.86	87.04%	(53.25)	413.61	474.65	87%	(61.04)
Case Manager (children)	183.04	215.69	84.86%	(32.65)	208.04	261.44	80%	(53.4)
ONA	80.81	87.18	92.69%	(6.37)	97.81	103.43	95%	(5.62)
DRC	23.95	25.82	92.76%	(1.87)	27.95	42.1	66%	(14.15)
Licensing	21.61	26.39	81.89%	(4.78)	30.61	31.59	97%	(0.98)
Certification	8.38	8.63	97.10%	(0.25)	11.38	12.41	92%	(1.03)
Support	114.45	114.07	100.33%	0.38	152.45	160.48	95%	(8.03)
Abuse Investigations	51.6	57.26	90.12%	(5.66)	56.6	98.83	57%	(42.23)
Eligibility	74.14	79.65	93.08%	(5.51)	90.14	98.92	91%	(8.78)
eXPRS	56.82	69.36	81.92%	(12.54)	61.82	104.42	59%	(42.6)
Supervisor	81.03	81.83	99.02%	(0.8)	107.03	118.47	90%	(11.44)
Director	24.58	30	81.93%	(5.42)	24.58	28	88%	(3.42)
AS 1 (PSW)	24.16	20.1	120.20%	4.06	35.16	33.39	105%	1.77
<b>Totals</b>	<b>1102.18</b>	<b>1,226.84</b>	<b>89.84%</b>	<b>(124.66)</b>	<b>1317.18</b>	<b>1,568.13</b>	<b>84.00%</b>	<b>(250.95)</b>



<b>BROKERAGE</b>	<b>2019-21 (post-LAB)</b>				<b>2021-23 Reshoot</b>			
<b>POSITION TYPE:</b>	<b>Current Funding Authority 17-19</b>	<b>Positions Earned Forecast (\$19)</b>	<b>Percent of Earned</b>	<b>Difference Current to Workload Forecast</b>	<b>Current Position Authority</b>	<b>Positions Earned Forecast (\$21)</b>	<b>Percent of Earned</b>	<b>Difference Current to Workload Forecast</b>
Personal Agent (CM)	218.27	258.22	84.53%	(39.95)	218.27	285.69	76.40%	(67.42)
ONA	43.69	51.71	84.50%	(8.02)	43.69	31.34	139.42%	12.35
DRC	5.92	7	84.50%	(1.09)	5.92	7	84.50%	(1.09)
Administrator	11.83	14	84.50%	(2.17)	11.83	14	84.50%	(2.17)
Supervisor	28.94	34.25	84.50%	(5.31)	28.94	35.84	80.75%	(6.9)
eXPRS agent	19.54	22.93	85.22%	(3.39)	19.54	31.22	62.59%	(11.68)
Support	38.27	45.28	84.52%	(7.01)	38.27	46.29	82.68%	(8.02)
AS 1 (PSW)	21.7	25.82	84.03%	(4.12)	21.7	28.57	75.94%	(6.87)
<b>Totals</b>	<b>388.16</b>	<b>459.21</b>	<b>84.53%</b>	<b>(71.05)</b>	<b>388.16</b>	<b>479.95</b>	<b>80.88%</b>	<b>(91.79)</b>

## **Vocational Rehabilitation Services**

### *Vocational Rehabilitation Services Workload Model Background*

In 2017-19 DHS introduced a new Vocational Rehabilitation (VR) workload model which captured an accurate snapshot of the current workload associated with delivering services vocational rehabilitation system.

No Randmon Moment Survey (RMS) was conducted in Vocational Rehabilitation Services program. The current model uses timing activities from the 2017-2019 biennium. The current model takes into account the spring 2021 forecasted caseload for 2021-23 as estimated by the ODHS Office of Forecasting, Research and Analysis.

### *Requirements Increasing or Decreasing Workload Demand*

#### ***COVID-19 Global Pandemic***

Beginning in March of 2020, the spread of the coronavirus had a significant impact on workload demands of the Vocational Rehabilitation program. Initially there was a drop in individuals seeking VR's services because of the risk involved in community-based employment for individuals who experience disabilities with underlying health issues and compromised immune systems. As vaccinations have become more readily available the workload has started to increase. The VR program is anticipating that in the late summer and throughout 2021 there will be a surge of individuals that lost their employment during the pandemic that will apply for VR services to regain employment, increase their hours worked or to advance in their careers. The role of the VR program will be integral to the equitable reemployment and recovery efforts for people with disabilities throughout the state.

#### ***Workforce Innovation and Opportunity Act (WIOA)***

WIOA is the workforce act replacing the previous Workforce Investment Act authorized in 1998. WIOA went into effect in 2015 for a five-year duration (2015-2020). Recently congress and the executive branch have engaged in discussion of reauthorizing this legislation through the American Jobs Act. Until that legislation is passed, WIOA will continue to be the law governing VR. WIOA is designed to improve the structure and delivery system assisting workers in achieving family-sustaining wages in competitive integrated employment. WIOA had many impacts on the delivery structure with VR; however, one of the most impactful changes involved the requirement to move clients through the system – from application into an action plan – within 90 days. Previously, the system allowed for completing this step in 180 days. The reduction of time required significant process restructuring and created a large impact on the workload requirements of a VR counselor as well as the support staff.

***Intellectual/Developmental Disability Employment Services:***

Youth and adults with intellectual and developmental disabilities are grossly underrepresented in the labor force, yet it has been demonstrated with appropriate services and supports they can work competitively in community jobs. The appropriate array of services can prevent youth from taking sub-minimum wage jobs in sheltered workshops and help those in workshops transition to community-based settings. Governor Kitzhaber through his 2013 Executive Order recognized this issue and ordered state agencies to address the issue and set specific performance goals. These orders were further enhanced with an employment-related legal settlement in 2016. In addition, reauthorization of the Rehabilitation Act established new performance expectations for transition age youth. Due to these complexities, this particular population typically takes more time on the part of a VR counselor to reach successful outcomes.

***Future Workload Efficiencies Anticipated***

Because of the global pandemic, VR has developed a virtual service delivery model that can provide 100% of our services in a remote environment. This virtual option is increasing access to the program for individuals that live in rural settings or lack transportation to come to a physical VR office. The program also recognizes that not every individual has the technological capabilities to participate with the program, or they prefer not to participate in this virtual environment so we will maintain in-person options to accommodate those individuals that would prefer to access our services in a physical office. The ability to function in a virtual environment furthers our work towards becoming paperless through Paperless Systems. The ability to acquire and review medical documentation to determine eligibility electronically should increase VR counselor efficiency. VR is reviewing the potential of eliminating its purchase order process (Authorizations for Purchase) in favor of using the electronic benefit cards currently being used by SNAP and other ODHS programs. This would eliminate the process of issuing a purchase order and receiving and reconciling invoices.

*Overall Impact of Increases and Decreases in Demand on Staffing Needs*

***VR Workload Spring 2021 Forecast***

POSITION TYPE:	2019-21 (post-LAB)				2021-23 Reshoot			
	Current Position Authority 19-21	Positions Earned Forecast (S19)	Percent of Earned	Difference Current to Workload Forecast	Current Position Authority 19-21	Positions Earned Forecast (S21)	Percent of Earned	Difference Current to Workload Forecast
VR Counselors	144.79	184.37	78.50%	(39.58)	144.79	168.66	85.80%	(23.87)
Case Assistant/Support	66.25	69.74	93.50%	(4.49)	66.25	65.36	101.40%	0.89
Leadership	12	21.18	56.60%	(9.18)	12	19.5	61.50%	(7.5)
Field Total	223.04	275.29	80.60%	(53.25)	223.04	253.52	88.00%	(30.48)

## ODHS Field Vacancies

The following numbers are based on staffing as of May 2021. These numbers do not include any actions (retirements or hires etc.) that may have taken place at the end of the month.

Total ODHS field delivery areas represented in workload models are budgeted for 7,231.52 FTE. At this position level, ODHS field areas are collectively budgeted at 96% of workload earnings. This is based on the workload models used to calculate the staffing capacity needed to fully complete all work in each area. However, as indicated below, actual staffing capacity is typically different due to natural attrition and the number of positions held vacant for budget balancing purposes.

### *ODHS – May 2021 Vacant Position Report for Field Delivery*

This table shows the net number of budgeted workload model positions that are vacant due to mandated savings and natural attrition in the field delivery areas.

AGENCY AREA	Total Budgeted FTE (19-21)	Current Staff Count	Net Vacant Positions
Child Welfare Field	2,963.43	2,853.00	(110.43)
Self Sufficiency Field	2,130.13	2,086.00	(44.13)
Aging & People with Disabilities Field	1,170.00	1,049.00	(121.00)
Developmental Disabilities - SOCP	744.92	762.00	17.08
Vocational Rehabilitation - Field	223.04	214.00	(9.04)
Field Delivery Total	7,231.52	6,964.00	(267.52)

## Conclusion

These reports are a critical way for the agency and for policy makers to track the fluidity of staffing levels within the Oregon Department of Human Services. As policies are enhanced to improve client service and client outcomes, as caseloads change due to both internal (budget reductions) and external (the economy) controls, and as work-flow processes are improved and streamlined, the Department appreciates the opportunity to update the Legislature on its direct service delivery staffing levels.

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