OVERVIEW: The impact vacancies have on program delivery

The Department of Human Services provides critical services to the citizens of Oregon to ensure children, individuals and families are safe, healthy and independent. These services are delivered across five program areas: Child Welfare, Self Sufficiency, Intellectual/Developmental Disabilities, Vocational Rehabilitation, and Aging and People with Disabilities.

Child Welfare Program Delivery
The Child Welfare program is responsible to ensure that children who are abused or neglected receive services to prevent further abuse and harm. At a high level these services may include screening of referrals to determine severity of situations; Child Protective Service Assessments; In-home safety plans for children and their guardians; Emergency Shelter care and Substitute Care (out of home) services to keep children safe while working on reunification or a permanent plan; a SAFE Home Study and Certification of Foster Parents and Relatives who care for children in the custody of the state; Adoption and Guardianship services to support permanent placements; and teen services such as the Independent Living Program which provides transitional services for children aging out of foster care.

Vacancies in the Child Welfare program impact the safety of children and reunification efforts for Oregon families. When workers are responsible for more children than are reasonable, they are unable to meet needs timely and performance outcomes become impacted. Assessments and foster home certifications are not completed as quickly, which impacts child safety and workers’ ability to place children timely. An insufficiently staffed workforce also leads to performance problems with many key outcome measures. Failure to perform to Federal Standards on performance measures risk federal funding and payment penalties.
**Self Sufficiency Program Delivery**
The Self Sufficiency program is responsible for determining eligibility and providing benefit delivery for individuals and families who are in need of assistance to meet life’s basic needs such as Food Security, Family Stability (housing, utility, and child care); Domestic Violence Safety Planning and support; and Employment supports – which lead to being able to support one’s self.

Vacancies in the Self Sufficiency program impact the ability to provide timely services to individuals and families resulting in experiences of hunger, homelessness or domestic violence. Failure to support Oregonians on TANF in securing employment further impacts caseload accuracy and caseload containment. These all impact the performance measures for service delivery and outcomes for Oregonian individuals and families.

DHS also has an obligation to the Federal Government to maintain both high accuracy rates in SNAP eligibility determinations as well as high participation rates in TANF. Vacancies within Self Sufficiency program have an impact on DHS’ ability to achieve these federal goals which results in potential financial penalties.

**Developmental Disabilities Program Delivery**
The Developmental Disabilities program area serves over 21,000 children and adults with intellectual and developmental disabilities (I/DD) throughout their life span, and the number of eligible individuals requesting services is increasing. The State, Counties, Brokerages, Providers, Families and Self-Advocates are all critical parts of Oregon’s Developmental Disabilities service system that focuses on individuals with I/DD living in the community and having the best quality of life at any age.

With the exception of Stabilization and Crisis Unit (SACU), all developmental disability programs are administered by local Community Developmental Disability Programs (CDDPs) and DD Brokerages.

SACU utilizes a staffing model designed to staff client care houses statewide with the appropriate number and type of staff to adequately care for clients and ensure staff and client safety. The SACU houses operate in a 24 hour, 7 day a week environment. This type of staffing requires a 100% staffing level regardless of vacation time and sick leave. The direct result of not hiring vacancies in this type of operation is mandated overtime, increased safety concerns for staff and clients, and an increase in the number of both OFLA/FMLA and SAIF claims.
It is imperative that SACU staff be able to provide timely and comprehensive services in alignment with program requirements. The difficulty of maintaining staffing levels is compounded by the difficulties in these specific classifications.

**Vocational Rehabilitation Program Delivery**
Vocational Rehabilitation (VR) helps Oregonians with disabilities gain employment through specialized training and new skill development. VR assesses plans, develops and provides vocational rehabilitation services to Oregonians so they can become independent through positive employment outcomes. A total of 214,393 working-age Oregonians experience a disability, but only 34% are employed compared to 72% of working age adults without a disability. According to SSA, in Oregon there are 165,371 tickets to work and 66,148 (40%) have indicated they are interested in returning to work. In FFY14, VR served a total of 15,559 disabled Oregonians. In January 2009, the Vocational Rehabilitation (VR) entered into an Order of Selection (OOS), a tool authorized under federal law to control caseload based on resources available to serve the eligible populations. Under the OOS, VR was required to prioritize individuals for services based on the severity of their disability. With diligent management, VR has been able to serve all individuals on the wait list since the fall of August 2010.

The Order of Selection (OOS) can be imposed if the program does not have enough capacity (both internally and externally) to meet the demand and not enough funding to cover the state match. Unlike other programs, the VR funding is a capped grant. Vacancies impact the ability to meet the demand internally. To meet this demand, there is a need in VR to utilize temporary workers to fill staffing gaps related to long-term OFLS/FMLA needs. Understaffing in VR does have an impact on the agency’s ability to meet their performance measures around employment as required by RSA and the Rehab Act.

**Aging and People with Disabilities Program Delivery**
The Aging and People with Disabilities program area provides services and supports to Oregonians over the age of 65 and to adults with physical disabilities. In 2013, more than 30,800 seniors and people with disabilities received Medicaid long-term care services as a result of the investment from the Legislature and the work of APD and its partners.

The negative economic circumstances impacting Oregonians is increasing the complexity of client situations, APD caseload has seen an increase in married couple applicants which often require more labor intensive intake processes such as resource assessments, individuals requiring assistance through the Supplemental Nutrition Assistance Program (SNAP) has continued to increase to over 124,000 individuals being served through APD, and individuals needing medical assistance through Medicare Savings Programs and non-MAGI Oregon Health Plan services
continues to increase. Additionally, there is an increase in complexity of Community-based Care placement including clients who are convicted sex offenders or have higher care needs such as Traumatic Brain Injuries, severe behavioral issues, and bariatric needs. Such complex placements require additional staff time in searching for, securing and maintaining placements with limited resources and providers available.

The numbers of Oregonians applying for benefits offered through APD has continued to increase during the same time that new services for Medicaid through the Oregon Health Authority, continued involvement with Coordinated Care Organizations, and outreach from the Oregon Department of Veteran Affairs has provided additional opportunity to coordinate the benefits of our consumers in our communities. This increased workload is an integral part in ensuring compliance with federal regulations while providing services in the communities where individuals live.

Adult Protective Services continues to receive and increasing number of potential abuse reports – increasing 1,000 reports in 2011. However, the larger workload impact is due more to increased complexity and labor intensive investigations and follow-up activity related to the demand for higher standards of evidence and documentation, work with law enforcement and courts related to prosecution, and civil case pursuit of abuse, particularly involving financial exploitation and the restitution of assets.

APD is also responsible for licensing, enrolling, and payment for long-term care community providers (Homecare Workers, Adult Foster Homes). These services cover a myriad of services that provide funds in counties across Oregon, supporting local economies while ensuring Oregon’s most vulnerable populations receive the services they need.

Vacancies within the Aging and People with Disabilities programs provide a significant impact on the ability to provide these critical services to some of Oregon’s most vulnerable populations. Oregon’s senior population is projected to grow from 502,000 to 950,000 by 2030. Currently, only about 4% of Oregon’s senior population uses Medicaid-funded long-term care services. In order to avoid a significant increase in demand on publicly-funded long-term care supports and services as the eligible population grows, it is critical to provide services which prevent or delay entry (as appropriate) into costly long-term care services. Without staff available, these services cannot be provided.

Farther reaching impacts are found in the performance measure and outcomes of all DHS programs. There is a very strong correlation between staff resource availability and the ability to meet state and federal performance standards.
**Increased budget need for overtime and temporary staffing**

The provision of services to Oregonians to keep them safe, healthy and independent remains the core service of DHS. When vacancies remain unfilled, the remaining staff are prone to work overtime to serve as many children, individuals and families as possible. This impacts the general health of the remaining workforce and causes an increase in FMLA/OFLA. The result compounds the impact of low staffing levels as then the remaining staff work even more overtime to provide services. However, for all our service delivery areas, overtime is rigorously monitored in an attempt to stay within the allowed overtime budget. This is accomplished through expectations and an exception to fill vacancies process at the local and central office level throughout the agency.

In addition to increases in personal service spending related to overtime, the entire agency’s program budget is impacted when staff positions are left vacant. An example of this direct impact is increased length of service need. Without adequate staff resources to provide services children may be in foster care longer than they would have otherwise and services are not available to move TANF families to employment resulting in a longer length of stay. The Stabilization and Crisis Unit (SACU) is another example of increased budget need related to vacancies. The increase in vacancies held for mandated legislative savings forces mandated overtime leading to increased OFLA/FMLA and SAIF claims due to increased client and staff safety issues. This negative staffing cycle – triggered by increased vacancies – impacted the SACU budget significantly with over a 7% increase in budgeted overtime. Temporary workers are often utilized by SACU to cover these critical staffing shortages; however, onboarding of temporary workers can also be problematic due to mandatory training requirements.

Regardless of the program, when vacancies remain unfilled and FMLA/OFLA leave increases which results in further strain on the remaining employees. This increases the utilization of temporary employees to fill in not only behind critical vacant positions but also behind serious medical leave. Unfortunately, the limitation of available trained temporary staff means that the numbers of temporary employees does not meet the resource need.

Over the past biennium, DHS has diligently tried to remain within budget allocations and has again rigorously controlled the request and utilization of temporary employees.

**A snapshot of overall vacancies in DHS**

The following numbers are based on staffing as of the end of December 2014. These numbers do
not include any actions (retirements or hires etc.) that may have taken place at the end of the month. December is traditionally a high month for retirements.

Total DHS field delivery areas are budgeted for 5557.9 FTE. At this position level, DHS field areas are collectively budgeted at 80% 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 much lower due to the number of positions held vacant for budget balancing purposes. As of December Child Welfare field is staffed at 85% of model earnings and Aging and People with Disabilities and Self Sufficiency are both actually staffed significantly below workload demand at 79% and 62%, respectively.

**DHS – December 2014 Vacant Position Report for Field Delivery**

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

<table>
<thead>
<tr>
<th>AGENCY AREA</th>
<th>Total Budgeted FTE</th>
<th>Current Staff Count</th>
<th>Net Vacant Positions</th>
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<tr>
<td>Child Welfare Field</td>
<td>2196.4</td>
<td>2181.0</td>
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<tr>
<td>Self Sufficiency Field</td>
<td>1849.0</td>
<td>1728.3</td>
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<td>Aging &amp; People with Disabilities Field</td>
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<td>Developmental Disabilities - SACU</td>
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<td>549.5</td>
<td>49.1</td>
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<tr>
<td>Vocational Rehabilitation - Field</td>
<td>193.9</td>
<td>209.9</td>
<td>(16.0)</td>
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<tr>
<td>Field Delivery Total</td>
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<td>5296.6</td>
<td>261.2</td>
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