

ODHS Workload Models Report

House Bill 2102 (2021)

January 23, 2022

Executive Summary

Since 2009, the Oregon Department of Human Services (ODHS) has been working with internal staff and external consultants to develop workload models that use data on the specific efforts and available time for staff at each classification, along with forecasted caseload estimates to create projections of future staffing needs. While workload models have known areas of concern, by grounding these staffing projections in the required work of our staff, ODHS can calculate the impact of changing work requirements, the impact of legislation and other policy changes on future on staffing levels. Over time, the team, which has largely built these workload models, has created a methodology of working with program staff to understand the expectations essential to each position and then used those expectations, along with survey data on actual activities and forecasted caseloads, to calculate these staffing projections.

While these models have several key strengths and are built on a sound methodology, there are some central questions being raised about their use. Key among these is the assumption that the work of program staff is consistent across all those with the same job classification and that job expectations remain the same across time. One lesson learned from the COVID-19 pandemic is that our workforce needs to be able to adapt to changing circumstances. However, the current workload models require some time to create and measure. This makes it difficult for these models to account for changing work requirements. Secondly, the current workload models do not provide estimates for ODHS administrative functions beyond the immediate support of service delivery. While all large organizations require some level of administration support and direction, this support is not included in the agency's models. Thirdly, the current workload models assume that the work of each program is accomplished fully independently. At a time that the work of the agency is evolving toward an understanding of the whole person and the context in which we live (for example, the Building Well-being Together¹ initiative and the Social Determinates of Health²), we continue to look at the work as if each program acts in isolation.

House Bill 2102 calls on ODHS to develop a staffing model that comprehensively covers the whole of the agency, that is adaptable, and that accounts for customer service obligations, program outcomes and policy goals. The current models are developed for each program area separately, are static across time and are not linked to the outcomes of the work produced. Moving in the direction outlined in the House Bill is in alignment with the direction of the agency, but it will require resources and time to fully accomplish. Initial work with external consultants is creating insights into this future state and the models being produced are open to review. This on-going work will require involvement from all five ODHS programs, and it holds the possibility of creating models that will stay connected to those evolving within of the agency.

¹ E.g., <https://www.oregon.gov/dhs/Building-Wellbeing/Pages/index.aspx>

² E.g., <https://www.oregon.gov/oha/hsd/amh/pages/sdoh.aspx>

Introduction

In 2021, the Oregon Legislature passed HB 2102 which states in Section 1, “*No later than December 31, 2022, the Department of Human Services shall report to the interim committees of the Legislative Assembly related to human services a comprehensive proposal for department staffing that is adaptable to achieve customer service obligations, program outcomes and policy goals.*” The current report is an attempt to offer such a plan.

To put the mandated plan to create an agency-wide staffing strategy in context, it is helpful first to briefly lay out the history of such models within the Oregon Department of Human Services (ODHS), and to provide an overview of this work. The ODHS Office of Reporting, Research, Analytics and Implementation (ORRAI) is currently the steward of the agency workload models. As such ORRAI has been asked to respond to this legislative request. For reference the most recent Workload report is also attached (Appendix A).

Overview and History

Overview

Workload models have been used since 2009 by ODHS to communicate staffing needs for the agency. Workload models are fundamentally different from caseload models. Where caseload models estimate the number of staff needed by work areas from a ratio of staff to customers³, workload models, in contrast, estimate staffing needs based on the amount of time staff have available to complete their duties; the amount of time spent by staff to complete required tasks for each case; and the number of customers served. The workload formulas are intended to reduce the arbitrary and subjective components of the agency’s requests for positions by accounting for the variables that directly contribute to each staff member’s ability to complete work (for example, a required training may be important, and it will reduce the staff time available to work directly with clients). In this way, agency staffing requests are given transparency, in that they are directly related to specific tasks and activities.

There are three fundamental measurements that support a workload model. First, there is a determination of how many “workable” minutes there are for any individual staff member in a year. A full-time staff member is not available 40 hours per week and 52 weeks a year to meet with consumers and a workload model accounts for those things that take staff away from the direct tasks of their position, such as, sick time, holiday leave, continuous improvement activities and training time. A workload model initially establishes an average number of minutes available for each FTE (“minutes available

³ For ease, a recipient of ODHS services is labeled throughout this document as “consumer”. There is no agreed upon term that is used across all ODHS programs, but this seemed to capture the spirit of the various terms, while clearly differentiating those providing and those receiving services.

per FTE”, *Figure 1*, below). Second, the model accounts for time required to complete the job tasks for each position from start to finish. This is accomplished by completing a comprehensive assessment of the work required of each different positions and then asking staff to complete “timing surveys” (McKinsey and Company, 2008). As recently as 2016 ODHS had a team of five individuals in the budget office, who would travel around the state, visit local offices and survey people in different roles and job classes to determine what specific tasks they were doing. These interviews and visits would be used to demonstrate the specific efforts by employees to accomplish their job duties. The interviews and meetings were then brought together and used to construct surveys containing the universe of tasks that people in different roles were carrying out. Also included are the actual policy requirements that workers are operating within and any known future changes, known differences in the way the work is conducted (e.g., urban vs rural, small/large districts, case complexity), and work that may need to be completed but which may not contribute to case counts (for example, screening decisions). The surveys, in turn, were distributed to program staff to ascertain the amount of time that each staff member was spending on these required tasks (“minutes required to do the work” in *Figure 1*). Third, the Office of Forecasting, Research, and Analysis provides a case forecast two times each year, in April and October. The current case numbers are compared with a forecasted number of cases, and, for the building of a projected budget, this specifically can be the forecast number of cases for the next biennium. From these three values a projected staffing need can be determined:

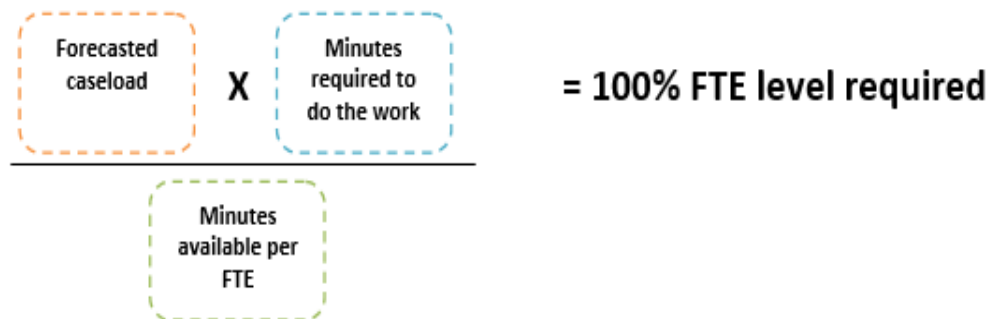


Figure 1

Over time, the workload survey unit staff has been reduced in number and moved to different units. At present, there is only one staff member tasked with workload model development. Because of this limited capacity, some current workload models are based on historic timing models (Self Sufficiency Programs and Vocational Rehabilitation) or the work of contractors external to ODHS for example: current work with Eligibility, see Appendix B). Much of this change can be directly attributed to disruptions in the context of the work and shifting staff priorities during the COVID-19 pandemic. It was acknowledged that staff activities during the public health emergency would likely not reflect standard practice as Oregon emerges from this crisis, but there would also be “lessons learned” that might change the nature of the work moving forward. For example, if staff members were driving to locations to meet with

consumers face-to-face before the pandemic, these meetings might have been curtailed during COVID, and may be fully or partially replaced by virtual meetings as the public health emergency unwinds. This assumption, that COVID represented a disruption in the work, and that following the pandemic work would return to the pre-pandemic (or at least steady) state, is now currently in question.

As mentioned above, workload models are distinct from other methods associated with staffing needs (such as, caseload and allocation models). Workload models, built from Oregon-specific timing studies, are inherently different from caseload models. While workload models start with tasks assigned to workers and build to the number of staff required to complete those tasks; caseload models begin with a desired ratio of consumers to workers. These ratios are based on broader national standards, and comparisons based on caseload ratios assume that the nature of the work is similar. Caseload ratios, such as the ones used in Child Welfare are based on the published work from Child Welfare League of America (CWLA, Collins-Carmargo, Collins, and Wifong, 2018). These ratios are based on a compilation of national research, data capture, (such as, timing studies), and literature reviews are incorporated into caseload standards and recognize that staff are tasked with complex and difficult work each day as they seek to complete their duties. However, many discussions comparing Oregon ODHS programs with other states or between workers in different programs/agencies use caseloads as a basis of comparison. So, while caseload and workload models are different in how they arrive at their estimates of the number of FTE needed by a program or work area, it is important to consider the caseload ratios that result from workload model calculations as this is often the lens through which efforts to serve consumers may be viewed externally (see also limitations of workload models and opportunities, below). It is generally considered that, because of the ability to audit the tasks and time allocations that are used to derive the final estimates, workload modeling provides stronger support than caseload ratio-based staffing request (cf.: Collins-Camargo, Collins, and Wifong, 2018).

Workload models are also different from allocation models. An allocation model looks at the current total number of staff that a program/agency has available and attempts to distribute those staff (across, for example, geography or facilities) based on the number or needs of consumers being served in each area. Allocation models work to distribute staff to match local needs and they are an important aspect of the on-going work of the agency. For example, there may be regional differences in percentages of newer staff members, who may not be able to carry as many cases as veteran staff members; hiring/vacancies; settlement of immigrant communities; the impact of emergency situations; or staff taking protected leave. Factors such as these may call upon programs to adjust the allocation of staff differently across time to serve Oregonians in an equitable manner. Allocation models do not affect the total number of agency staff, but, instead, focus on the distribution of these staff.

History

In 2009, House Bill 2123⁴ required ODHS to develop workload models for all five programs. At the time, there was already a high-level workload model for the Child Welfare program. Child Welfare had contracted with McKinsey to build a workload model in 2008. Before the development of the model by McKinsey, the Child Welfare program used an assumption-based model that tied staffing requests to a set of clearly stated (but untested) assumptions. McKinsey provided a high-level model, but unfortunately, they did not give ODHS the documentation for the assumptions used in the creation of their model (for example, one support staff person was allocated for every five workers, but the basis for this ratio was not made clear). As a result of HB 2123, a workload modeling team was created. This effort has always been conducted from the ODHS Central Office and across time has been positioned in the Budgeting Office, Human Resources and is currently in the Office of Research, Reporting, Analytics, and Implementation.

Following the construction of the workload model for Child Welfare in 2008, a model was created for the Aging and People with Disabilities Program (APD) for the 2011-2013 budget year. By the 2015-2017 budget cycle, models were added for the Office of Developmental Disabilities Services (ODDS) Self-Sufficiency Programs (SSP) and a revised model was made for Child Welfare that was constructed by ODHS staff. In the next biennium (2017-2019) a model for Vocational Rehabilitation was added. During this period of growth in workload models within ODHS there was a team of five employees who were working on a two-year maintenance cycle for these models. Each person specialized on one program area, and they traveled around the state shadowing workers, running focus groups and consulting with a steering committee. Part of the task of this team was to identify (in)efficiencies in management or field work. As these workers moved around the state, they conducted interviews and timing surveys, where individuals were timed as they completed various tasks. The results of these timing surveys were brought to focus groups for validation. From this body of work, Random Moment Surveys (RMS) were developed⁵. The RMS methodology asks workers what they are doing at different time intervals and extracts information similar to the timing studies from these survey responses. RMS was introduced to workload models in the 2019-2021 biennium for the non-state portion of the work conducted for the Intellectual and Developmental Disabilities program. Since then, RMS has been added to models for APD, other parts of ODDS. The RMS results are dependent on the categories that workers are asked about and are, therefore, based on the work that is being done at any one time and the categories of work included in the survey. RMS results do not account for work that is not occurring, the quality of work completed, nor the outcomes

⁴ <https://olis.oregonlegislature.gov/liz/2009R1/Downloads/MeasureDocument/HB2123/Enrolled>

⁵ Random Moments Sampling is a general methodology, which is used for a variety of purposes, and here describes efforts to use this for workload determinations. The general intent of RMS is to determine a percentage of effort expended by a given population on behalf of a variety of specific programs or activities. Estimates of effort are arrived at by sampling the work force's effort using calls, timesheets, or activity logs (Ohio Department of Job and Family Services, 2010). ODHS also uses RMS methods for a variety of purposes.

associate with the completed work. For example, if there is a statute or policy change, any change to worker tasks that is not included in the RMS will not be captured. Efforts are made to anticipate such changes, but changes are not always known until the policy or statutory changes are implemented. Feedback loops with the workforce are also used to attempt to ensure that the RMS is comprehensive and current, and it takes time for new worker tasks to be included in the models and measured in the RMS. Since the COVID pandemic started in early 2020, the changes to worker tasks have been frequent and evolving. There have been insufficient staff assigned to keep these models updated, to consider the current work expectations, and even if this could be accomplished, it is unclear whether these changes represent permanent changes to what is expected of workers or whether the changes are temporary. The current RMS process simply samples time spent on various tasks, which have previously been established for each role. When workers were traveling the state and regularly updating these models, issues of quality and feedback concerning unaccomplished/changing tasks could be brought back to focus groups and added to the surveys, but in the current process there is no such feedback loop. Instead, workload models are being updated by ODHS staff with new forecasted caseloads and RMS surveys based on worker tasks that were defined prior to the pandemic.

Concerns About Workload Models

Concerns about workload models seem to fall into two areas: how they are constructed and how they are used. Workload models are constructed to measure the time that workers are using to accomplish a pre-defined set of tasks. As such, they explicitly do not measure alternate tasks that workers may be engaged in, tasks that are not done, the quality of the work completed, nor the outcomes affected by worker efforts. It is not that the agency is not interested in these factors, there are efforts across the agency to monitor, maintain and improve outcomes for Oregonians, but these efforts have not, to date, been included in the workload models. These concerns are not inherent in workload models, and there is nothing preventing the agency from looking at the effects of differential staffing patterns that occur around the state and using this information to look at differential effectiveness. For example, as current models use timings of current workers, an office could be staffed at a higher staff to consumer ratio, and the agency could use administrative data and timing surveys to examine both how staff spent this additional time and whether outcomes were better in this office than others with lower staff to consumer ratios. In addition, there are areas of work that are not clearly driven by mandates and are harder to build a clear set of tasks from which to estimate the amount of required work. Staff supervision, training, and legislative support can fall into these areas (Collins-Camargo, Collins, and Wilfong, 2018). It is also difficult to keep the models updated with the changing federal and state regulations governing the work.

There have also been criticisms of how the workload models are used. Once the workload model is converted to a specific number of staff FTE, it can be the case that

positions are not filled and the legislature is not always able to fund the agency at 100 percent of the requested staffing. The model presented in Figure 1, shows how a workload model is constructed and the implication is that 100 percent of the positions are consistently filled. At the same time, we know that this is not a reasonable assumption from either the workforce or the funding perspective. Some ODHS programs do not have discretion regarding the number of individuals served (mandatory caseloads), and for these programs there still must be a response to staffing shortages. It can be anticipated that reducing either of these two factors will result in decreased worker effectiveness. ODHS has not historically reported on the outcomes experienced at such times and there has been an implicit belief that outcomes for consumers can remain stable even when staffing levels are lower than the workload model might suggest. However, the underlying logic of these models would suggest that lower staffing numbers would result in fewer tasks being completed, and that expectations for measures of performance (such as, the Key Performance Measures) should be set in relation to current staffing levels.

Current State

Each of the five program areas within ODHS are represented by a specific workload model. The models focus on the staffing and supervisory levels needed to directly serve Oregonians. These models are currently intended to be maintained on a two-year cycle that includes updating and re-measurement⁶. The staff required to support policy development, training and operational functions within the programs and agency are explicitly not included in these models. Below is a list of the work areas measured in the five program models.

CHILD WELFARE	SELF SUFFICIENCY	VOCATIONAL REHABILITATION
<ul style="list-style-type: none"> - Screening - Child protective services - Permanency/Ongoing - Foster home certification - Adoptions - Paralegal - Support - Field leadership 	<ul style="list-style-type: none"> - SNAP - TANF - JOBS - ERDC - TA-DVS - Community Resource Coordination - Intensive Case Coordination - Support - Field leadership 	<ul style="list-style-type: none"> - Vocational Counseling - Case support - Office support - Field leadership
AGING AND PEOPLE WITH DISABILITIES	INTELLECTUAL AND DEVELOPMENTAL DISABILITIES	
<ul style="list-style-type: none"> - Benefit eligibility (SNAP/Medical) 	<ul style="list-style-type: none"> - I/DD Eligibility 	

⁶ NOTE: There is an inherent assumption that the worker tasks will remain constant across this two-year period, otherwise the validity of the assumptions within each model fall into question.

<ul style="list-style-type: none"> - LTC case management - Diversion and transition - Adult protective services - Foster home licensing - Support - Field leadership <hr/> <ul style="list-style-type: none"> - Children’s Medical Eligibility - Provider Relations 	<ul style="list-style-type: none"> - Adult case management - Children case management - Adult protective services - Foster home licensing - Support - Field leadership <hr/> <ul style="list-style-type: none"> - Children’s Residential - Children’s Intensive In-home Supports
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Child Welfare – Child Welfare currently has a Caseload Ratio Standard and a corresponding dashboard to monitor caseload data for Child Protective Services, Permanency and Certification SSS1 case-carrying position. These ratios are for the case carrying SSS1s. With the expansion and focus on preserving the family and keeping children out of resource (foster) care, Child Welfare is establishing the work needed to fully support Family Preservation statewide. The evaluation of work and outcomes will be essential to building a revised workload model for this area of work. The current Child Welfare workload models were constructed for the 2021-2023 budget, and they were most recently updated in Fall of 2022 with the addition of the forecasted caseloads.

Self-Sufficiency – The Self-Sufficiency Programs (SSP) have workload models for both case management and eligibility. As with Child Welfare, there are areas of effort that are not well captured by these current models. Efforts were made to collect casework RMS data for the 2021-2023 budget building process, however, likely due to COVID-19, the response rates from workers were low (less than 50 percent), and there were numerous gaps between the models themselves and the current work (for example, family coaches were doing eligibility work and these tasks were not included in their surveys as these workers have not historically been asked to complete these tasks, efforts to move toward engagement may not have been included, and work with refugee communities and those affected by domestic violence is changing in scale). The result was that insufficient data was collected and the data that were collected did not capture well what the workers were doing. During the past few years, there has also been a growing amount of effort within SSP to change the work itself, for instance, efforts to expand the role of SSP around supporting refugee communities and survivors of natural disasters. This work is not captured specifically in the current models and is only counted when these tasks overlap with other work. Taken together, the current SSP models likely should be reexamined to account for the changing work, work not included in the original models (such as Oregon Health Plan processing center, APD eligibility, and MAGI⁷), assumptions in the current model such as TANF cases are all assumed to

⁷ MAGI refers to Modified Adjusted Gross Income, a group of Oregonians who were previously deemed ineligible for benefits/services based on income and disability. Subsequent legislative changes have allowed them to qualify, but these additional consumers were not added to the ODHS workload models when computing staffing needs.

consist of 2.76 people per case and given the changing clientele, this may no longer be the accurate. North Highlands has been retained as a contractor to work on developing a model more consistent with the current SSP work (Appendix B). The model developed will also need to be supported with timing surveys, which could be deployed as early as the summer 2023 provided the details of the workload model from North Highlands is approved. Importantly, this current work has explored looking at the efforts of non-state employees, looking at task-based, rather than position-based, workload calculations and including administrative support required.

Vocational Rehabilitation (VR) – VR has a workload model, but this work operates quite differently because it is driven in large part by federal mandates and, although there are no mandated caseloads, serving all applicants is essential to maintaining a system that does not operate under an order of selection. An order of selection would allow VR to serve those with the most significant disabilities first, because of limited funding or resources, and it would limit services for some applicants. VR has not had a recent RMS survey in large part due to the changing nature of the work during the pandemic. The timing assumptions used in the VR program model were established in 2017 with direct task timings and those numbers have been combined with population forecasts to update staffing requests since that time. There is a current plan to update the staff surveys in summer of 2023 and by that time it is believed that staff will have returned to regular operations from the changed practices during the COVID-19 pandemic.

Ageing and People with Disabilities (APD) – As with the other programs, workload modeling efforts were suspended during the public health emergency. An RMS survey has been deployed to capture the current work efforts. However, as with SSP, questions have surfaced as to whether the models on which these surveys were developed truly represent all the required work, such as changes to case management practices instituted in 2013 may have not been incorporated into these modes. The results of this survey will be available and analyzed in time for budget re-alignment discussions in the spring of 2023. These timing surveys were initiated with the assumption that the tasks which comprise the underlying models remain valid, but that assumption will need to also be tested. There is some reason to believe that “Healthy Oregon” and other new work initiated during the summer of 2022, may have changed the types of tasks that APD staff are engaging in. Preliminary results suggest that the set of tasks used to define APD work may no longer represent the work well. If this holds under more complete scrutiny and analysis, there will need to be a broader re-evaluation of the workload model for the 2025-27 biennium, with the survey items, in addition to the timings, being adjusted.

Office of Intellectual and Developmental Disabilities Services (ODDS) – ODDS is also currently conducting an RMS survey for the non-state portions of the workforce. As with APD, the goal of this survey is to update timing numbers for the 2023-25 biennium. Currently, it appears that there are sufficient staff responses to have valid survey results. The workload modeling in ODDS is different from that of the other four ODHS

programs, because the work is conducted by both state employees and non-state workers. These different workforces require that multiple RMS efforts be conducted to determine where effort is being focused on these different work environments. The Community Developmental Disability Programs (CDDPs) and Brokerages are staffed by non-state employees, while the Children's Residential and Children's Intensive In-Home Services (CIIS) programs are staffed by state employees. Because of the smaller size of many of these program types, the surveys need to be conducted over a longer period and at different times of day to capture enough observations to generalize well. While the surveys are currently underway, there are known concerns about the current models. For example, the models for the CIIS programs (that are excluded from the current RMS efforts), based in Salem and Portland, may have overestimated the amount of travel and under-estimated other aspects of work as staff adjust to the post-pandemic environment. These changes in practice will be evaluated through additional survey processes. In addition, there is a desire to extend the models to include all areas of licensing and abuse investigation and it would be beneficial for the models to acknowledge differences in practices across the state.

Opportunities

The current workload models admittedly do not capture the full picture of the work of ODHS. Ideally, there would be established models for each program and type of work and these would be updated regularly. The current moment also affords opportunities to deal with emerging and underlying concerns about these models. As mentioned above, there are a lot of unknowns about the nature of the work as programs emerge from the COVID-19 pandemic. There are practices that people are finding possible with remote connections, which can save time when staff can manage tasks without the need to include travel time to each specific site. There are also underlying concerns about workload models that ODHS could use this occasion to address. For example, one criticism of workload models is that they do not cover the work that is not being done. For instance, if a worker has 10 assigned assessments but completes only four of these, an RMS completed during this time will indicate an amount of time for completing assessments but will not indicate that six assessments remain outstanding. Timing surveys and the model building process focus on the amount of time that staff direct to pre-established tasks and this current process does not include alternate tasks that are completed, tasks that are not done, the quality of the work that is completed, nor the outcomes of the current efforts. These areas are critical in a holistic model, and ODHS has the opportunity to include these factors in workload model development moving forward.

At the time of this report, North Highlands has just released a draft of a contracted workload model for portions of ODHS eligibility work (included in the agency response to the HB 5202 budget note, Appendix B). While this remains in draft form, there are four clear insights that can be incorporated from their report into future workload

modeling by ODHS. First, North Highlands has provided not just needed FTE estimates given the forecast populations, but the calculations which support these estimates have been provided as a required deliverable. This will be important to continue for both internal and contracted workload modeling moving forward, as these calculations open the “black box” of the final estimates and permit scrutiny of the underlying assumptions. Being able to have direct insight into the assumptions that underlie these models will allow for better discussion and understanding of their results. Second, North Highlands moved beyond the immediate supervision of staff in direct contact with the community to include some of the support staff needed to conduct this work. For example, training and Central Office staff are needed for the support and coordination of program efforts but have traditionally not been included in workforce modeling. This process could be extended moving forward to include all ODHS staff and contractors. Third, the estimates obtained from the models were listed alongside comparators from other states that were regionally or operationally comparable. This practice can serve to ground estimates with points of reference external to Oregon-specific practices. Fourth, there are some efforts in this work to look at task-based rather than position-based work expectations. Position-based models assume that workers of the same classification are all completing the same tasks and that there is no variation across time or across the state. We have learned from the COVID-19 pandemic, that the ODHS workforce must be adaptable to changing work demands and task-based models may offer an opportunity to anchor models to the work while allowing for variation in the accomplishment of these duties. Regardless, what happens with the specific workforce FTE estimates produced from this consultation work, these methodological features represent opportunities to be included in future modeling practices.

ODHS Leadership, in alignment with voices raised from the communities that we serve, has also challenged ODHS staff to think about their work in profoundly different ways. The Equity NorthStar, Social Determinates of Health, and The Building Well-being Together initiatives all call on ODHS staff to think about the communities and individuals not from within the silos of each individual program but more broadly and about the broader context of people’s lives. As such, ODHS programs are being asked to be more responsive to the needs of those whom we serve and thinking more broadly will require staff to change what they do. At this moment there are several pilot projects that ODHS staff are actively engaged in within their communities. Collectively these pilot projects ask staff to do the work differently with the prospect of achieving better outcomes for the people in Oregon. As these changes are evaluated, those found to be effective and adopted by the agency (or locally) will need to be reflected in revised workload models for the agency and the specific tasks in which staff are asked to engage.

Proposal for moving forward

It is suggested that ODHS engage in two processes moving forward. First, there is a need for service continuity and to support current efforts. As such, ODHS should continue to update current workload models with revised estimates of the consumer populations and with updates RMS data. These updated estimates should be closely scrutinized as the established tasks which comprise the RMS may no longer adequately represent the work being asked of ODHS staff in the post-COVID environment. These revised workload models will continue to be specific to individual work areas, but they can also be extended to include insights gained from the consultation with North Highlands, such as clear exposure of the underlying model assumptions, inclusion of support staff needed but not directly engaged in the provision of services and inclusion of logical comparators to ground the model estimates.

Second, ODHS should convene a workgroup representing programs and other interested parties. While this group should be convened by ORRAI, as the holders of the current workload models, Human Resources and Budget may wish to offer joint leadership as one of the questions to be addressed is where this operational function should ultimately reside. This workgroup can be tasked with the following:

1. The workgroup can be asked to complete an inventory of current Workload and Caseload models, detailing what areas of work are and are not being covered (cf. Appendix A containing the 2021 Workload report).
2. This workgroup should determine:
 - a. Whether future workforce modeling should be completed by an intra-agency group or by external contractors, and if internal to ODHS, what the size and reporting structure for this unit should be.
 - b. What program outcomes can be taken from existing sources (e.g., performance metrics, customer feedback, and work quality reports) and connected to workforce output⁸.
 - c. How national caseload standards can be considered alongside the workload analyses.
 - d. What states or jurisdictions share sufficient similarity with Oregon to make legitimate interstate workforce comparisons.
 - e. How to distribute Central Office and support staff (particularly that not accounted for in existing models) across the measurable work areas.
3. This group should establish a methodology to build and measure work effort that is flexible and can account for the changing expectations as promising pilot projects are expanded. These models likely would need to be able to be rapidly deployed, and work expectations may not be stable enough to be addressed in a multi-year process of understand tasks and measurement through and RMS

⁸ Linking workload models to outcomes would be intended to account for objections to current modeling practices concerns work that is not completed, and work quality not being measured.

cycle. Instead, ODHS may want to consider a task-based system that looks at the delivery of work products, such as call volume, assessments completed.

4. Include Program and/or Division standards, if they already exist, such as Child Welfare Caseload Standards Ratio to provide a more robust picture of quality workload.
5. Create a timeline for building models for the entire ODHS agency including standards guiding when a work area becomes sufficiently distinct to warrant a new workload model.
6. Establish a plan for managing the transition. As these new workload models are created, what will be the plan for ensuring that programs maintain sufficient staffing levels to have continuity of services for human services and public safety.
7. Establish a cadence of reporting between ODHS and other areas of government to provide clarity and sufficient updates.

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WORKLOAD REPORT

to the 81st Legislative Assembly

Report Background

In 2009, the 75th Legislative Assembly passed HB 2123 requiring the Oregon Department of Human Services (DHS) 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; and
- 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; temporary assistance for needy families (TANF); nutritional assistance (the Supplemental Nutrition Assistance Program, or SNAP); services to elderly persons and to persons with disabilities; and vocational rehabilitation services.

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-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 uses 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. 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** is 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** 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

CW 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	96.6%	(57.74)
Active Effort Case Workers	11.00	-	0.00%		11.00	14.27	77.1%	(3.27)
Case Support	370.40	637.88	58.07%	(267.48)	370.40	452.99	81.8%	(82.59)
Support Staff	521.81	744.19	70.12%	(222.38)	521.81	564.27	92.5%	(42.46)
FRS/IVE Specialists	44.30	53.39	82.97%	(9.09)	44.30	45.27	97.9%	(0.97)

Legal Support	32.00	79.73	40.14%	(47.73)	32.00	60.45	52.9%	(28.45)
Leadership Support	41.30	66.47	62.13%	(25.17)	41.30	50.79	81.3%	(9.49)
MAPS	-	-	0.00%	-	66.00	141.05	46.8%	(75.05)
Field Management	252.00	378.74	66.54%	(126.74)	256.00	284.59	90.0%	(28.59)
Totals	2,893.43	4,192.97	69.01%	(1,299.54)	2,963.43	3,292.04	90.0%	(328.61)

SELF SUFFICIENCY PROGRAMS

Self Sufficiency 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 Spring 2016.

In 2019 a Random Moment Sample Survey (RMS) was developed with input from Self Sufficiency 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 Self Sufficiency Workload Model was not updated with the timing information from the RMS data. 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.

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 percent in April 2020. It steadily declined after economies began to reopen and by December 2020 had leveled off at 6.3 percent.
- **Supplemental Nutrition Assistance Program:** After several years of decline, SNAP caseloads have followed 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 percent of all Oregonians.
- **Temporary Assistance for Needy Families:** Like SNAP, 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 in December 2020. There has been a slow but steady increase in the Medicaid caseload in the past couple years.
- **Family Engagement:** The 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 allows for access to many stabilization and employment preparation services. This model builds on the family's interests *and strengths thus fostering more successful outcomes. 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 SNAP USDA/FNS. 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 HSS 3 – Benefit and Eligibility Workers and Family coaches.

Workload Efficiencies Achieved and Future Workload Efficiencies Anticipated

ONE integrated eligibility upgrade: In spring 2021, ODHS and its partners at the Oregon Health Authority (OHA) completed the upgrade of the ONE Eligibility System. For the first time, all 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

SSP POSITION TYPE:	2019-21 (post LAB)				2021-23 GB			
	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
Eligibility Specialist	648.00	634.23	102.17%	13.77	727.00	825.35	88.1%	(98.35)
Case Managers	458.00	499.34	91.72%	(41.34)	458.00	437.24	104.7%	20.76
Eligibility Leads	58.00	57.66	100.59%	0.34	65.00	75.03	86.6%	(10.03)
Support Staff	433.50	453.43	95.60%	(19.93)	462.50	505.04	91.6%	(42.54)
Community Resource Coordinators	38.00	45.39	83.72%	(7.39)	38.00	39.75	95.6%	(1.75)
Engagement Specialists	42.00	45.39	92.53%	(3.39)	42.00	39.75	105.7%	2.25
Support Lead	46.00	41.21	111.62%	4.79	49.00	45.91	106.7%	3.09
Supervisors	143.63	148.05	97.01%	(4.42)	152.63	164.01	93.1%	(11.38)
Totals	1,867.13	1,924.70	97.01%	(57.57)	1,994.13	2,132.08	93.5%	(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 Survey (RMS) was developed with input from Aging and People with Disabilities 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 increasing focus on seniors from scams have created additional workload and reporting complexities that didn't previously exist. Oregon did implement Centralized Abuse Management (CAM), which allows for more standardization of reporting and 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 APD/AAA offices to see consumers in their living situation, coordinate/support evacuations. AAA/APD staff also ensure Oregonians are aware of opportunities/information during the pandemic, things 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 (Area Agency on Aging) 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, 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 homecare workers based on Department of Labor ruling and requirements from the 21st 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 (ONE) 2021–*** The Oregon Eligibility System (ONE) 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 in Oregon with our old mainframe systems that were not able to be compliant with state and federal laws. The updates to this system allow greater access for Oregonians but it 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 (CAM):*** Continued utilization around CAM and greater integration with 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 can, for the first time, 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 state's 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 and focused efforts we can continue to build on areas of success and develop ways to better report out and serve the people of Oregon.
- **Eligibility Transformation:** APD continues to partner with SSP and other parts of ODHS as we evaluate and look for community input on how we can better serve people in their communities. 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

AAA + APD STATE FIELD 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 Managers	845.25	788.38	107.21%	56.87	845.25	779.67	108.4%	65.58
Paraprofessionals (HSA2)	87.26	77.27	112.93%	9.99	87.26	77.05	113.3%	10.21
PASS / Diversion / Transition	90.99	104.70	86.91%	(13.71)	90.99	104.70	86.9%	(13.71)
Licensors (CS2)	87.13	44.07	197.71%	43.06	87.13	43.15	201.9%	43.98
APS Specialists	344.08	408.16	84.30%	(64.08)	344.08	408.16	84.3%	(64.08)
Eligibility Workers (HSS3)	393.91	451.19	87.31%	(57.28)	393.91	466.92	84.4%	(73.01)
Support Staff (AS1/OS2)	455.29	439.89	103.50%	15.40	455.29	446.48	102.0%	8.81
Field Mgmt/Ldrship Support	196.59	192.80	101.96%	3.79	196.59	193.84	101.4%	2.75
Totals	2,500.51	2,506.46	99.76%	(5.95)	2,500.51	2,519.97	99.2%	(19.46)

DEVELOPMENTAL DISABILITIES SERVICES

ODDS Workload Model Background

In 2019, a Random Moment Sample Survey (RMS) was developed with input from the Office of Developmental Disabilities Services (ODDS) 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 survey was conducted from summer 2019 through spring 2021. The 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 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 I/DD contracted Case Management Entities (CMEs) has been reduced to 88 percent -CDDPs and 85 percent - Brokerages of FTEs and funded at 95 percent 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 percent.

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 (CAM)** – Recent focus by 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 will require assistance by the 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:** On March 17, 2014, the Centers for Medicaid and Medicare Services 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

CDDP POSITION TYPE:	2019-21 (post-LAB)				2021-23 Reshoot			
	Current Funding 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 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%	(53.40)
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)	56.60	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%	(42.60)
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
Totals	1102.18	1,226.84	89.84%	(124.66)	1317.18	1,568.13	84.0%	(250.95)

BROKERAGE POSITION TYPE:	2019-21 (post-LAB)				2021-23 Reshoot			
	Current Funding Authority 17-19	Positions Earned Forecast (\$19)	Percent of Earned	Difference Current to Workload Forecast	Current Position Authority	Positions Earned Forecast (\$21)	Percent of Earned	Difference Current to Workload Forecast
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	7.00	84.50%	(1.09)
Administrator	11.83	14	84.50%	(2.17)	11.83	14.00	84.50%	(2.17)

Supervisor	28.94	34.25	84.50%	(5.31)	28.94	35.84	80.75%	(6.90)
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)	21.70	25.82	84.03%	(4.12)	21.70	28.57	75.94%	(6.87)
Totals	388.16	459.21	84.53%	(71.05)	388.16	479.95	80.88%	(91.79)

VOCATIONAL REHABILITATION SERVICES

Vocational Rehabilitation Services (VR) Workload Model Background

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

No RMS survey 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 (VR) 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 the U.S. 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 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 percent 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 (\$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
VR Counselors	144.79	184.37	78.5%	(39.58)	144.79	168.66	85.8%	(23.87)
Case Assistant/Support	66.25	69.74	93.5%	(4.49)	66.25	65.36	101.4%	0.89
Leadership	12.00	21.18	56.6%	(9.18)	12.00	19.50	61.5%	(7.50)
FIELD TOTAL	223.04	275.29	80.6%	(53.25)	223.04	253.52	88.0%	(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 percent 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.

Appendix B

HB 5202 Budget Note

Introduction

This report is in response to HB 5202 Budget Note Requesting that ODHS work with agency partners to collect information on the impacts of the Provider Time Capture (PTC) and ONE integrated eligibility systems on workload and staffing.

ODHS engaged with the following partners in preparation of this report: ODHS/OHA Staff, Oregon Home Care Commission, Type A and B Area Agencies on Aging, labor unions, homecare providers, homecare provider partners and advocates, Community Developmental Disabilities Programs and brokerages, Tribal Nations and partners, and numerous community partners that provide application assistance and benefit navigation throughout Oregon¹. These engagements have occurred monthly since the implementation of ONE and PTC.

Workload Climate and Background

The ONE integrated eligibility system and the PTC system were both implemented in 2021 against the backdrop of COVID pandemic which impacted every aspect of ODHS operations. The change management considerations of these projects coupled with the pandemic and natural disasters such as wildfires has been a major stressor for staff. Impacts from the broader labor market shortages and competition for skilled workers has also hindered the agency's ability to recruit staff. Separating the impacts of the pandemic and labor market fluctuations from the impact of PTC and ONE implementation is difficult however the following conclusions can be made:

- Surveyed staff noted that workload increases are related to both ONE and PTC.
- Labor market pressures and competition for talent will likely continue to impact staff recruitment and retention.
- The decision to rollout PTC into multiple phases, coupled with a lack of in person training due to COVID, has increased the workload for ODHS and AAA partner staff.
- Any delays in client eligibility related to the ONE system also impact the service authorizations that enable providers to submit time in PTC. Determining why a provider cannot submit time can require research in multiple systems to determine the problem resolution.
- ODHS has historically high caseloads and inadequate eligibility position authority to consistently meet the critical needs of the people in Oregon.
- Community partners experienced a workload increase related to the implementation of ONE even if they do not perform direct eligibility work.
- ONE implementation and improvements are focused on automation and accessibility, broadening the ways in which Oregonians can successfully interact with the agency.

Provider Time Capture (PTC)

Provider Time Capture was implemented to comply with the 21st Century Cures Act which mandated that states meet Electronic Visit Verification (EVV) requirements for all Medicaid funded personal care services and home health care services. PTC is being implemented in separate phases due to workload prioritization and resource availability considerations and to meet the Centers for Medicare and Medicaid Services requirements for certification of the system.

PTC changed the way Personal Support Workers and Homecare Workers (Providers) claim their time worked. Previously, providers submitted paper vouchers to local offices for payment. Staff would then input the time information from paper vouchers into the state mainframe for payment. For the current phase of PTC, providers now use one of three options to input their time into the PTC system. Staff retrieve this information from the electronic system and then key the time entries into the state mainframe for payment.

PTC Workload Impacts

The PTC project used time studies and surveys to compile The Phase 1 Metrics report which offers detailed insight into workload and system concerns reported by ODHS and AAA partner offices. [Phase 1 Metrics Report](#). Additionally, AAA/ODHS leadership were surveyed about the workload and staff impacts of PTC.

- Primary drivers of workload are due to the current lack of interoperability between the PTC system and the state mainframe.
- Providers with limited user-acceptance and comfortability with the technology of the new system has required an increase in staff time dedicated to helping resolve issues with an increase of 25 percent in staff reporting over 61 minutes per week spent on explaining the time entry process to others.
- Providers with limited English proficiency may need to have interpreter services arranged which requires increased coordination and effort for local office staff.
- There is a significant amount of time needed for the research/review processes staff undergo to validate and fix incorrect time entries submitted by providers.
- There is a 608 percent increase in number of provider underpayment adjustments processed by central office staff each month.
- Nearly 75 percent of surveyed staff report that PTC has increased their workload.
- AAA partners report there is no workload model to determine adequate staffing levels for support staff functions.

PTC Staffing Impacts

- For AAA/ODHS offices the primary staffing impacts related to PTC have been for administrative staff such as Office Specialist 2, Human Services Specialist 1, Human Services Assistant and Case Manager classifications.
- In 2022, APD has had a 33 percent average vacancy rate each month for funded OS2/HSS1 positions.
- 40 percent of surveyed staff report that PTC has negatively impacted their ability to recruit and train new staff.
- 67 percent of surveyed staff reporting a need to hire additional staff to meet the increase in workload related to PTC.
- Please see table below ONE staffing impacts for overview of HSS1 position turnover rates which also impact PTC.

PTC: Current Status and Future State

The PTC project is currently working with the Executive Steering Governance Committee and Project Sponsor to determine the direction and scope of further project phases. Priority will be given to implementation solutions that reduce workload and staffing impacts.

Other priorities and mainframe projects are impacting the availability of current OIS resources needed to support the PTC project. Additionally, labor market constraints have impacted ODHS' ability to recruit staff who can support the work necessary for mainframe development. The PTC project is working with the Office of Information Services leadership to address these challenges.

Subsequent phases of the project will create interfaces between the PTC and electronic payment system which will eliminate the need for staff to manually input timekeeping entries from one system to the other.

After full implementation, staff will still be required to assist with reconciling incorrect time entries submitted by providers.

ONE Integrated Eligibility

The ONE system originated as a place for Oregonians to apply for the Oregon Health Plan, and it was expanded in February 2021 to include other benefit programs. ODHS staff now work within the ONE system to determine eligibility for food, cash and medical benefits. Before the ONE system expansion, people applying for benefits and supports had to fill out multiple types of applications that had different income verification requirements. They might

have needed to call or visit different offices. The implementation of the ONE system eliminated the need for the people of Oregon to connect with multiple offices to receive services. The time savings and streamlined approach experienced by benefit recipients because of ONE system implementation increased the amount of time staff spend with any one applicant or family.

ONE Workload Impacts

ODHS and Type B AAAs perform eligibility determinations for the Oregon Health Plan, Temporary Assistance for Needy Families program, Employment Related Day Care program and the Supplemental Nutrition Assistance Program, among others. In recent years, overall enrollment has increased significantly.

- Caseloads are now 26 percent higher than they were before the COVID-19 pandemic.
- There has been a 34 percent increase in Oregon Health Plan (OHP) members.
- One in three people in Oregon now receive benefits through the ONE system.
- ODHS and Type B AAA staff were surveyed after the implementation of ONE.
 - In the [July 2021 Pulse Survey](#) staff reported that stabilization measures were “making progress” averaging 3.1 out of 5.
 - In the [October 2021 Pulse Survey](#) staff reported increases in the stabilization measures of ONE Technology and Staff Adoption but decreases in Communications and Change Management and Oregonian Experience.
 - In the [September 2022 Pulse Survey](#) staff reported increases in their confidence using the ONE system across all programs.
- There are consistent reports from agency and community partners regarding the impacts that a lack of staff eligibility specialization has on workload, specifically time spent on complex long-term care cases.
- Type B AAAs and ODHS store-front offices report an increase in office traffic and workload resulting from long call wait times for the ONE Customer Service Center.
- Type B AAAs experience additional technological barriers to accessing the ONE system; they are not on the state of Oregon’s network and must access systems such as ONE and PTC through a secure portal. This extends the time necessary to serve individuals and families.

Community partners and Tribal Nations and partners report these additional impacts to their workload:

- The time community partners spend navigating and troubleshooting ONE on behalf of the people of Oregon who are receiving/applying for benefits is unfunded work.
- Community partners experience additional time and expenditures in supporting those who require a language other than English, have disabilities or are experiencing traumas.
- Community partners report that they encourage families to go through them to prevent errors and therefore even more community partner work.

- Community partners are negatively impacted in their ability to support Oregonians due to these partners also experiencing long call wait times for the ONE Customer Service Center.
- Lack of access to the ONE system impacts the ability of Type A AAAs to gain information necessary to providing Older Americans Act benefits and services.
- Community partners that provide application assistance are only able to support in medical applications. This results in Oregonians having to connect with ODHS to submit the same information to apply for food, cash and childcare benefits. Community partners experience added workload in supporting individuals with this process.

The workload impacts identified above currently experienced with multiple Federal Public Health Emergency protections in place. When the Federal PHE ends, so do those protections. Workload that currently exceeds staff capacity will swell.

ONE Staffing Impacts

Eligibility staffing constraints contribute to delays in accessing needed benefits which in turn can lead to reliance on food banks by hungry families, delays in accessing preventive care, lack of access to childcare and loss of benefit dollars to local economies.

- To manage growth in eligibility workload, ODHS has hired beyond its current position authority for eligibility staff and support positions.
- For ODHS and Type B AAAs, primary staffing impacts related to ONE have been for eligibility staff such as Human Services Specialists 1 (HSS1), Office Specialists 2 (OS2), and Human Services Specialists 3 (HSS3) or Type B AAA equivalent.
 - HSS1 and OS2 staff also provide administrative functions and those in APD/AAA offices were additionally impacted by the implementation of PTC.
- Data demonstrates an increase in ODHS employee turnover and separation during 2021. It also demonstrates a slowing down of that turnover and separation in 2022.²

ODHS Staff Turnover Rates			
	2020	2021	2022 (Q1-Q3)
HSS1	34.2%	48.42%	45.45%
OS2	21.23%	26.75%	23.97%
HSS3	17.31%	19.38%	17.65%

ODHS Staff Turnover Rates: Movement to Another Classification			
	2020	2021	2022 (Q1-Q3)
HSS1	24.9%	21.2%	30.8%
OS2	10.5%	12.1%	12.1%
HSS3	10.1%	8.9%	10.5%

ODHS Staff Turnover Rates: Separation from State Service			
	2020	2021	2022 (Q1-Q3)
HSS1	11.4%	16.0%	12.5%
OS2	9.4%	13.0%	10.7%
HSS3	6.7%	9.1%	6.3%

ONE: Current Status and Future State

ODHS has improved efficiencies in eligibility operations and technology to maximize existing staff resources, however staffing has not kept pace with demand. These increased automations do not reduce or eliminate the need for eligibility staff and the time savings experienced by individuals and families due to the integration of eligibility is workload increase for ODHS/AAA staff. The past, current, and future focus for ONE is on customer service.

These actions have and are being taken to manage workload and increase benefit access and convenience for the people of Oregon:

- The ONE Customer Service Center now offers interpretation services in 16 different languages through dedicated language access 800-numbers. *Implemented Fall 2022.*
- The ONE Customer Service Center now offers a call back option so that instead of waiting on hold for an extended period, callers can select an option for a call back. *Implementation began Fall 2022.*
- The ONE Customer Service Center will offer self-help options for callers before entering the call queue; these options currently require waiting in the call queue to speak with a representative. *To be implemented by the end of 2023.*
- The Oregon ONE Mobile App will allow individuals to manage their benefits from their mobile devices. This increases accessibility for many. *Implementation planned for end of current biennium.*
- Robotic Process Automation will automate the returned mail process provided time savings for workers and improved communications with individuals. *To be implemented by the end of 2023.*
- Benefit notices have been and continue to be updated based on feedback from Oregon's benefit recipients. *Process implemented in 2022.*
- Chat Bot functionality was added to the ONE system. Data demonstrates that Chat Bot answers the questions individuals have 60 percent of the time. *Implemented Fall 2021.*
- Federal approval and ONE system updates allow the use of information verified on an active SNAP, TANF, or ERDC case in renewal of medical benefits resulting in time savings for both staff and Oregonians. *Implemented Summer 2022*
- ODHS has hired a consultant to develop a workload model to forecast eligibility workload and position needs. The workload model is expected to be completed during the time the Legislature will be developing the agency's 2023-25 budget.
- Type A AAAs can now have view access to the ONE system. APD is working with these entities on this effort. *Implemented Fall 2022.*
- ODHS is pursuing the potential option to automate SNAP Periodic Reviews. *Date of implementation TBD.*

- ODHS is in the process of hiring additional positions beyond its eligibility position authority to better support specific workload impacts. *To be implemented in 2023.*
 - Long-term Services and Supports Focused Team will be formed to provide consistency in eligibility determination for specific LTSS complexities.
 - Able-bodied Adults Without Dependents Team will be formed to work with individuals who are required to follow ABAWD SNAP requirements.
 - Community Partner Support Team will provide community partners with a more timely and focused response to support inquiries.
- ONE system access for Community Partner Application Assistors, given approval from Federal partners, will be expanded beyond medical to include applications for food, cash, and childcare benefits. *Implementation planned for Summer 2023.*



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