

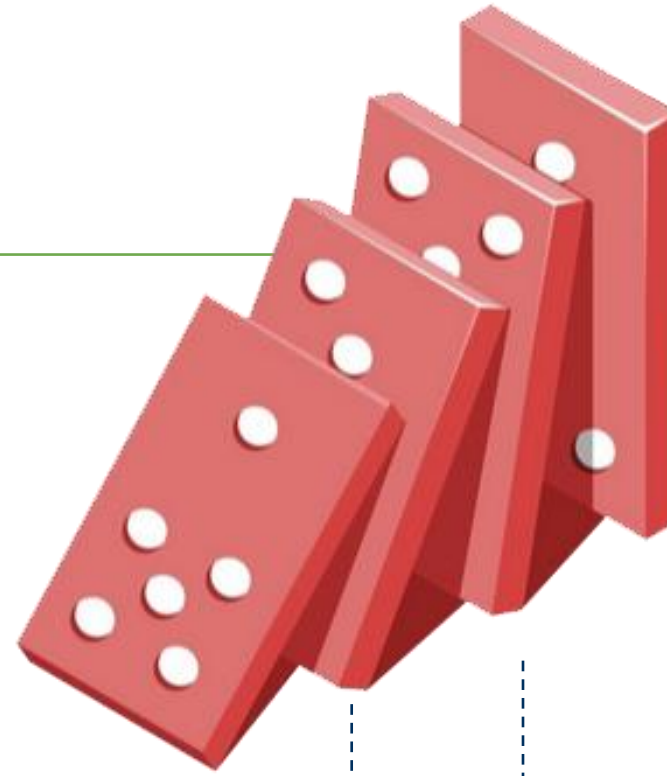
Department-Wide Staffing and Work Updates

Fariborz Pakseresht, Director,
Oregon Department of Human Services

HOUSE INTERIM COMMITTEE ON HUMAN SERVICES,
September 22, 2021

Health & Safety Domino Effect

Estimated Total impact:



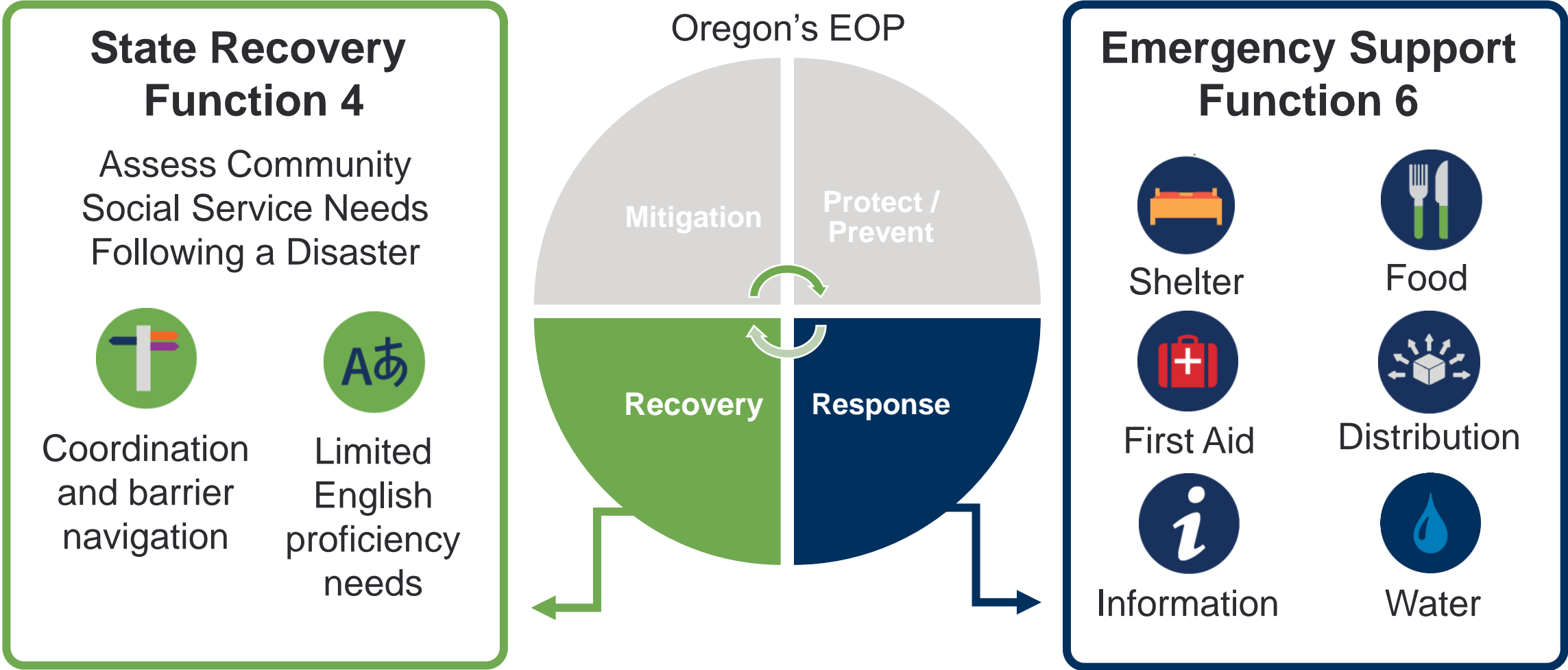
APD, CW and I/DD systems have existing **staff shortages**

Mandates, vaccine hesitancy and outbreaks may result in **significant loss of capacity**

Vulnerable older adults, people with disabilities and children with complex needs **may have nowhere to go**

Impact other systems and crisis response. **Further restricting capacity** in state systems, hospitals, emergency rooms

ODHS' Role in Oregon's Emergency Operations and Recovery Plans



Response and Recovery to 2020 Wildfires



120+ hotels

1,199,197 meals delivered

2021 Emergency Response



Fires and Droughts

- 7 survivors in shelter
- 1,395 meals delivered.
- Water tanks delivered to 159 homes (153 in Klamath County, 6 in Deschutes)
- Delivered water to 29 households in Klamath County and 33 in Deschutes County



COVID-19 Hospital Emergency Response

- 12 people are being sheltered in three counties to support hospital decompression



Upcoming Refugee Resettlement

The ODHS Refugee Program coordinates with Oregon's resettlement agencies to assess and respond to the needs of refugees resettling in Oregon.



Office Of Developmental Disabilities Services

Lilia Teninty, Director

I/DD System and Facts: Overview

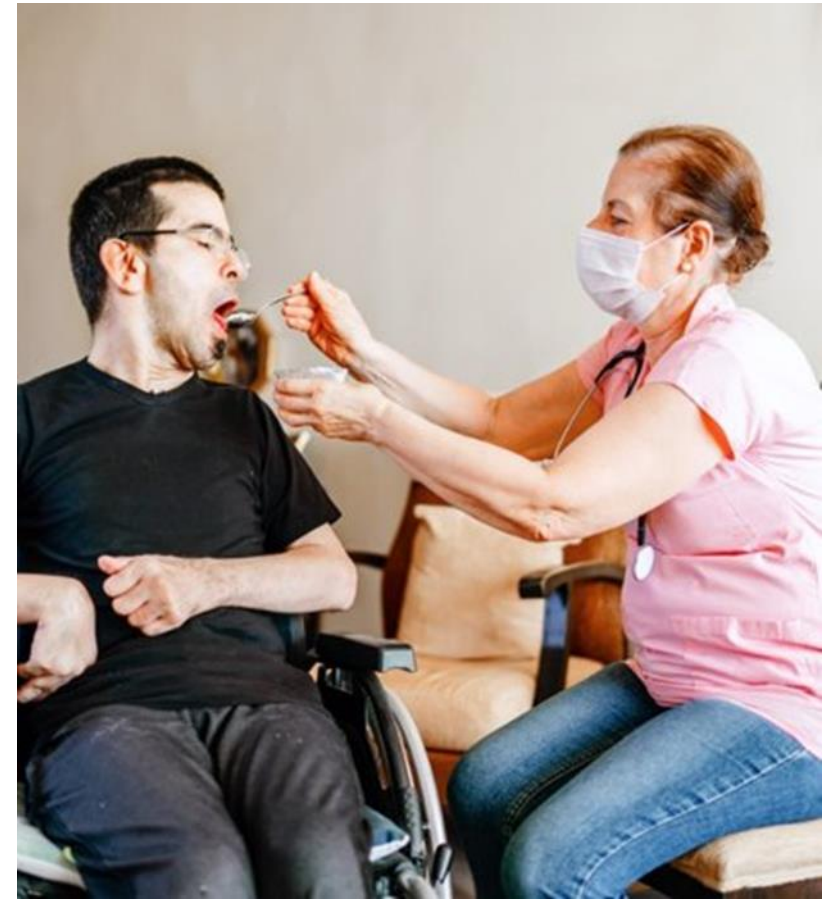
- ODDS serves more than 31,300 people with intellectual and developmental disabilities (I/DD).
 - 9,900 children
 - 21,400 adults
- More than 6,000 of adults live in group homes or I/DD adult foster care homes.
- 155 children live in children's group homes.
- Early studies in the pandemic showed that people with I/DD who get COVID-19 are at higher risk for illness, adverse health outcomes and death.
- **Vaccination rates for people with I/DD (Sept. 15, 2021):**
 - Adult group home vaccination rate – 91%
 - Adult foster homes vaccination rate – 85%
 - Adults in-home – 71%
 - Youth 12-17 (all settings) – 56%

I/DD System and Facts: Overview

Ideally, we want vaccinated staff supporting people with I/DD who are also vaccinated.

OHA Administrative Rule 333-019-1010 includes I/DD 24-hour group homes and I/DD adult foster care homes as health care settings.

Executive Order 21-29 Vaccine Requirement for State Workers includes the Stabilization and Crisis Unit (SACU), which provides critical supports for about 100 people, most with a dual diagnosis of I/DD and mental health challenges.



Direct Support Professionals: Who are they?

Direct Support Professionals (DSPs) provide supports and services to Oregonians with I/DD.

There are over 12,000 DSPs in Oregon.

Wages and turnover

- Average national wage: \$11 per hour.
- Average wage in Oregon: \$14.50 per hour.
- **Average turnover rate in Oregon: 61%.**
 - Oregon is in the top 19% of states with the highest turnover of DSPs.

DSP Workforce (national data)

- 87% are female.
- Median age is 47.
- 60% are people of color.
- 29% are immigrants.

I/DD Workforce Crisis

Before COVID-19, the size of the DSP workforce was consistently smaller than what was needed to support everyone with I/DD in Oregon. **COVID-19 made the situation worse.**

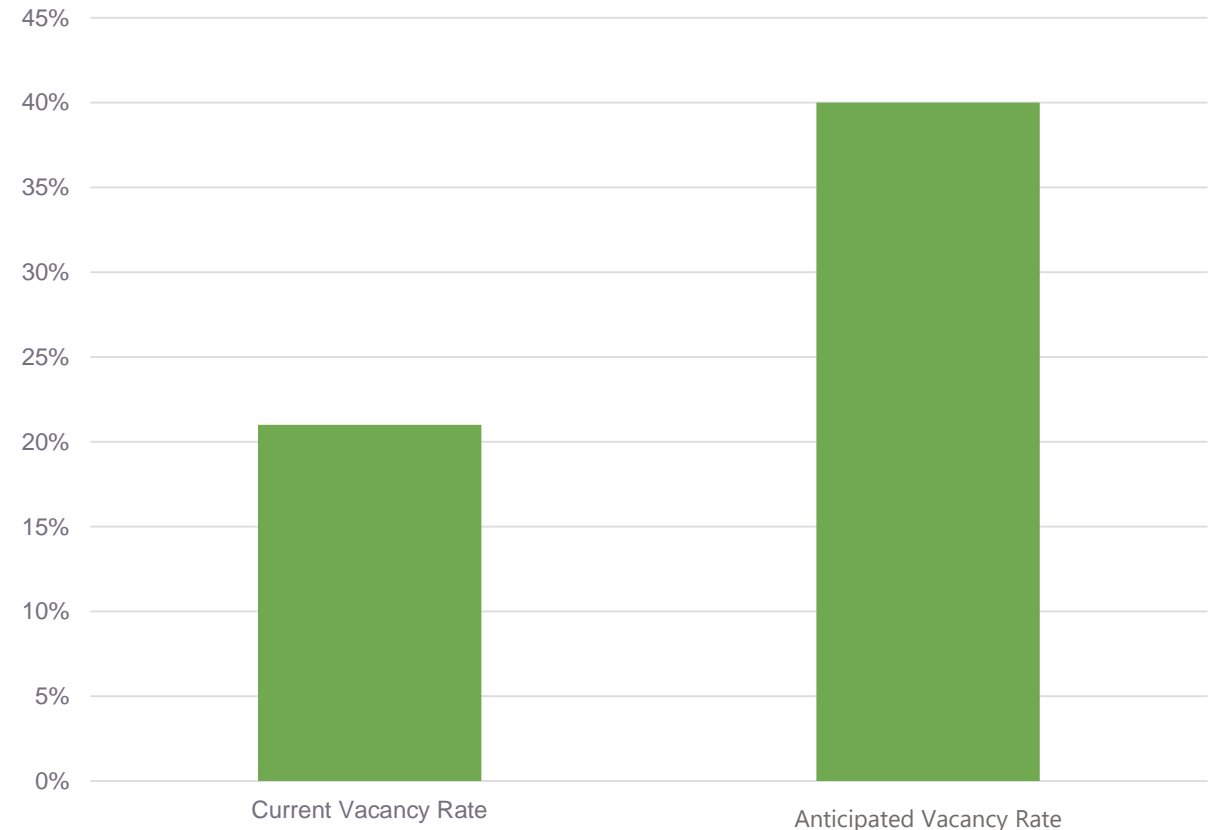
- ODDS tracks daily information on providers that have chosen to surrender their licenses due to staffing issues which forces those living in these homes to move.
- Providers are also choosing to retain their licenses but not serve anyone in their homes.
- **Children's System of Care**
 - Seven group homes are closed due to staff shortages.
 - We expect three more to close by Oct. 31.
 - This will result in the loss of 31 places for children with I/DD.
- When homes close and there isn't capacity in other homes, **adults with I/DD may go to hospital emergency rooms, jails, shelters and other less suitable settings.**

I/DD Workforce Crisis

An ODDS Survey completed in August 2021 showed:

- About two-thirds of DSPs are vaccinated.
- More than half of unvaccinated DSPs surveyed indicate that they will leave the field in response to vaccine requirements.
- We estimate staff vacancy rates of up to 40%.
- One statewide provider estimates a loss of 40 staff in addition to over 200 current vacancies, an estimated overall staff vacancy rate of 58%.

Current and anticipated vacancy rates in I/DD residential settings after Oct. 18



I/DD Workforce Crisis

The current crisis is requiring ODDS and the I/DD system to take actions to protect people with I/DD that are inconsistent with our vision and our values.

- We want people with I/DD to choose where they live and to be able to live in smaller homes in their communities.
- We want there to be enough DSPs to support individuals as they engage and thrive in their local community.

Every home that closes represents a loss of system capacity and a group of people with I/DD who lose their home and the supports they need to live there.

As we face this unprecedented crisis, we are working to ensure the actions we take are short-term in nature, only in response to the current situation.

ODDS Actions

- Released funding from the ARPA 10% FMAP grants for staff recruitment/retention.
- Initiated staffing contracts to hire DSPs to go into homes during COVID-19 outbreaks and now, to assist with staffing shortages.
- Streamlining licensing and case management requirements for a limited time so case managers can focus on ensuring health and safety.
- Permitting temporary increases in home capacity.
- Encouraging providers to retain licenses for homes rather than surrender them, so people can return to their homes in the future.
- **Holding entries to SACU until staffing in these homes is stabilized.**
- Looking at creative ways to support DSPs with ‘nonwage,’ wraparound services.
- Granting CMEs the ability for short-term approvals for children and adults to receive support in their family homes.

ODDS Actions

ODDS is requiring Case Management Entities to collect the following information statewide:

- Anticipated number of case management staff that have left or may leave soon.
- Anticipated numbers of DSP staff that group and foster homes anticipate losing.
- Anticipated numbers of group and foster homes that may close due to a lack of staff.
- Data on increased capacity requests that may occur due to homes closing.
- Backup plans in case providers lose more staff than they anticipate.

This information will give ODDS a better understanding of how many providers may be closing and an idea of the case management staffing situation.

Secretary of State Audit

In August 2021, the Secretary of State's office completed an audit of the Office of Developmental Disabilities Services, focused specifically on our service delivery to individuals with intellectual and developmental disabilities and strategies to support improvement efforts.

Findings: **“ODDS is proactively identifying challenges and implementing strategies to address the complexity of service delivery created by significant changes to the program over the years. Leadership has a vision, goals, and strategies in place to ensure people who need support and service can easily access and navigate the state's developmental disability system.”**

The audit also highlighted our equity framework that informs policy and budget decisions, our Service Equity Plan, and our increased efforts to provide information in languages other than English.

Two major recommendation areas:

- Complaint process
- Stakeholder outreach

Complaint Process

The audit notes that the ODDS complaint process needs improvement.

Specifically, the report notes:

- People in services should be aware of the complaint process and its purpose and value during the required case management contacts.
- Due to the lack of a case management system, staff use the complaints process to track many kinds of contact received by ODDS.
- Staff should be assigned, either through staff reassignment or a request from the Legislature, dedicated to complaint handling.

ODDS Follow-up

- ODDS will provide additional training related to the clarification of formal and informal complaints, as well as how case management offices respond to complaints.
- ODDS also will request a legislatively approved position to oversee this work during the 2023-2025 legislative session.
- ODDS has funding approval for a statewide case management system and is initiating that planning process.

Stakeholder Outreach

The audit called out the need for ODDS to increase stakeholder outreach and access.

Specifically, it calls for:

- Increasing participation by individuals with I/DD and their families in advisory groups or agency meetings by providing consistent resources to improve accessibility.

ODDS Follow-up

- ODDS is working on these efforts through its Service Equity Plan. ODDS is working to hire an ODDS Service Equity and Inclusion Manager.
- ODDS is exploring ways to make meetings more accessible in how they are structured, paced and facilitated.

Questions?

- **Email us:** DD.DirectorsOffice@dhsosha.state.or.us
- **Sign up for updates:**
https://public.govdelivery.com/accounts/ORDHS/subscriber/new?topic_id=ORDHS_616

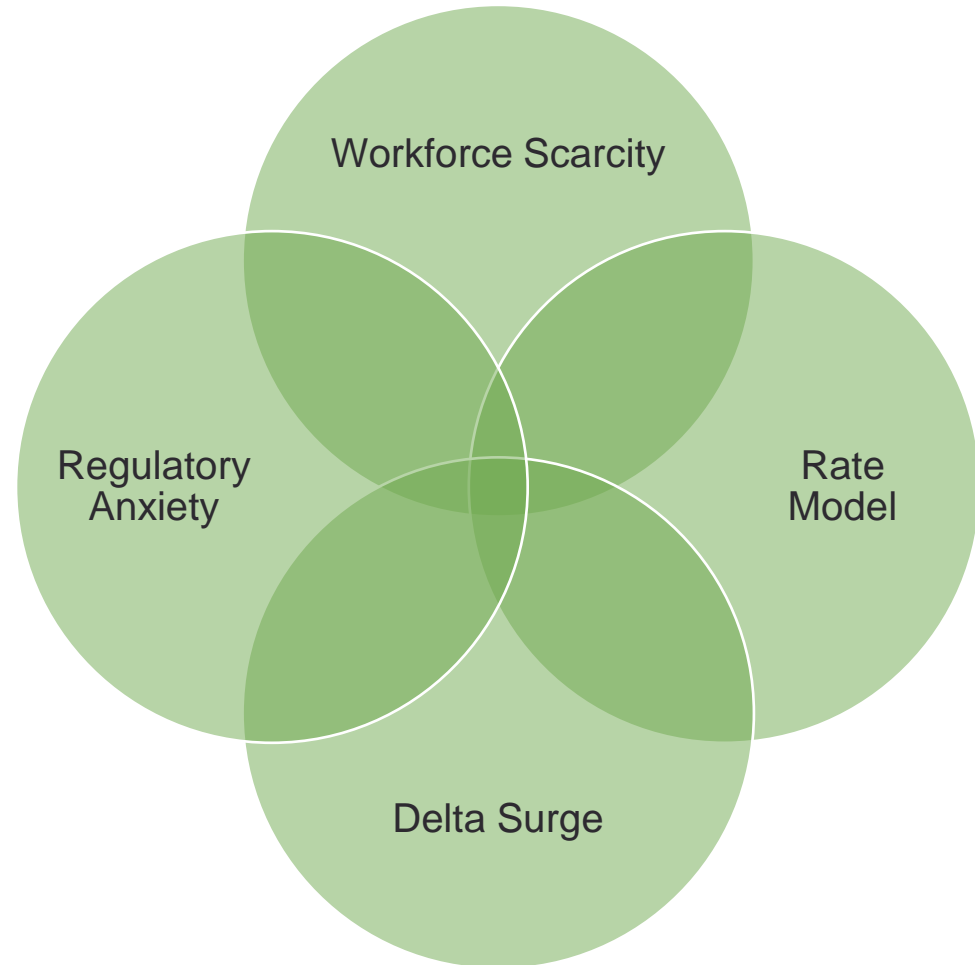


Child Welfare Division

Rebecca Jones Gaston, Director

Current System-wide Challenges

- Staffing instability across people-serving sectors has been thematic since the onset of the pandemic
- “Head in bed” rate model does not support funding for available capacity
- COVID outbreaks & quarantines have risen during the Delta Surge along with pockets of resistance to vaccination requirements
- Providers express anxiety and concern related to regulation



Decreases in Some Contracted Provider Capacity

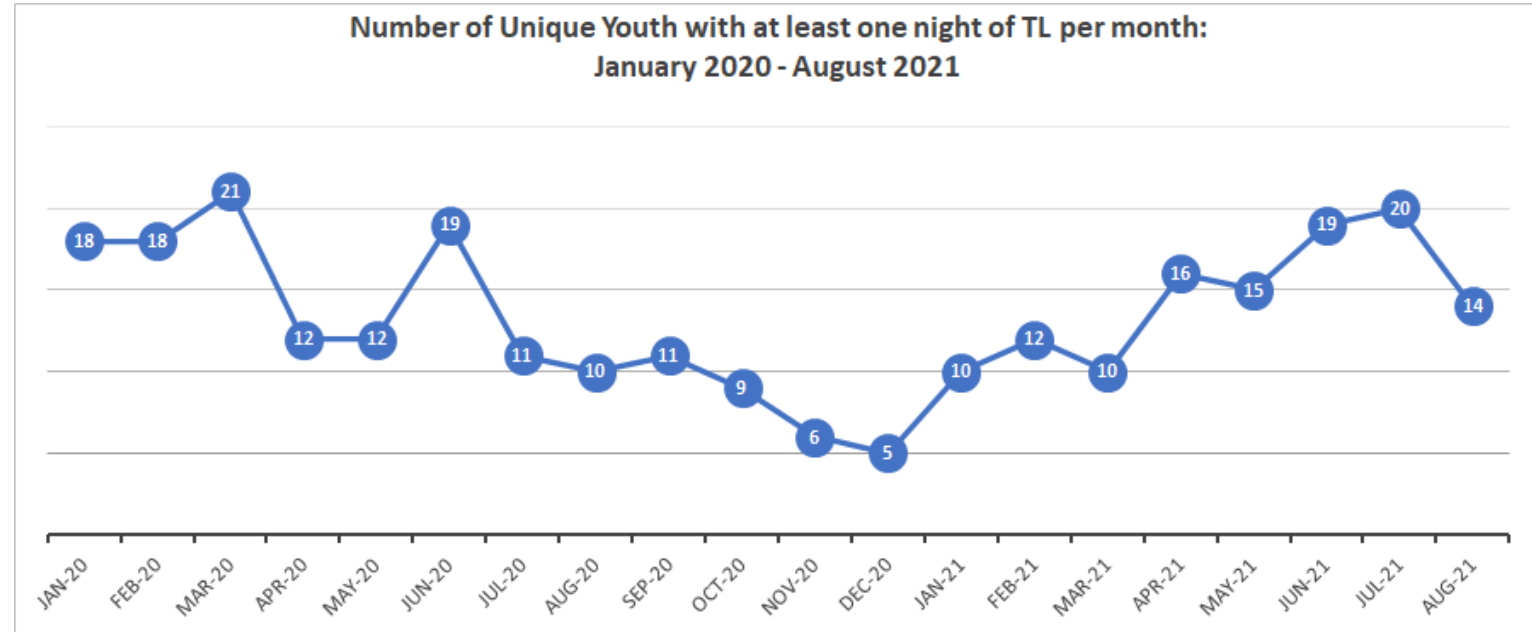
ODHS Child Welfare has lost 17 beds for children with complex needs from July 2021-Sept 2021.

	July 2021	Sept 2021	Total Loss
Community Contracted Programs	128	128	0
Behavioral Rehabilitation Services (BRS) Proctor Foster Care	240	240	0
BRS Residential & Qualified Residential Treatment Program (QRTP)	543	526	17

Contracts are underway to expand by 3 programs with a total of 15 beds in Fall 2021

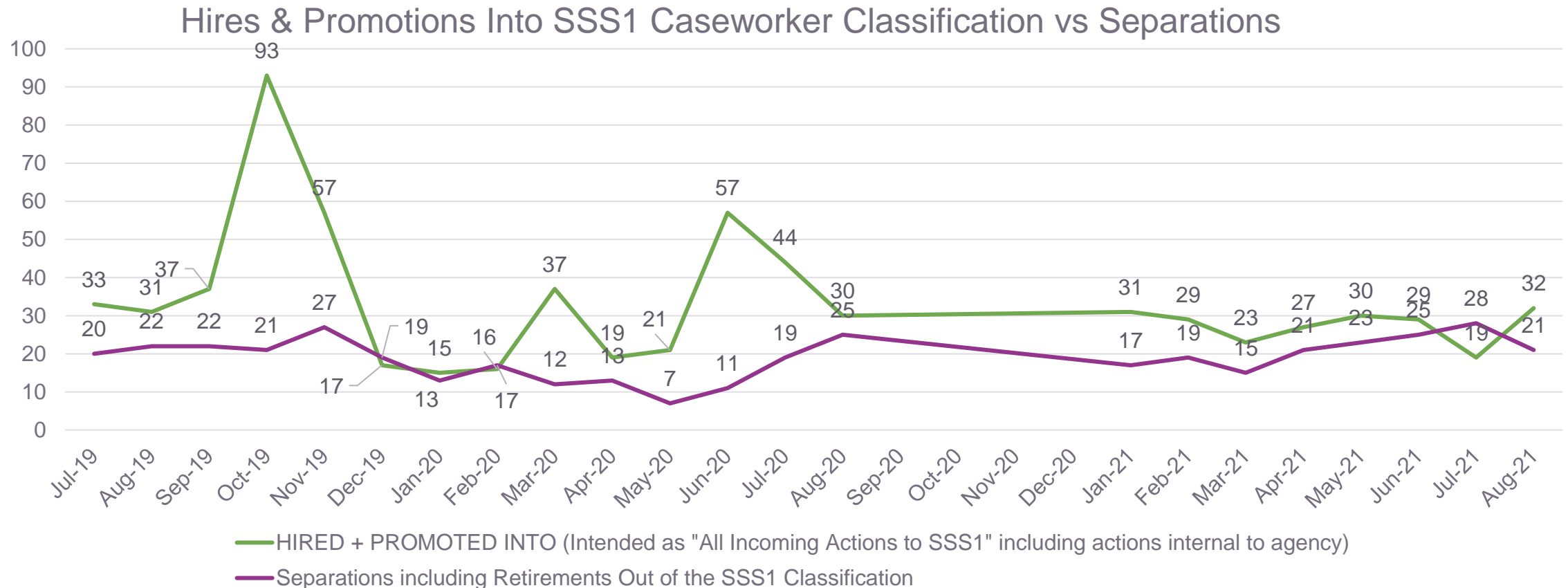
Temporary Lodging Impact

- Children and young adults at high risk of temporary lodging are most likely eligible for higher levels of care where capacity is currently being impacted by COVID-19
- Trend over time has stayed relatively stable
- Despite pressures from the system, children and young adults are still being supported when having a TL episode
- Cross system work and collaboration - a high number of children and young adults staffed do not go on to experience TL
- Continued collaboration with specific local and statewide efforts with ODDS and OHA



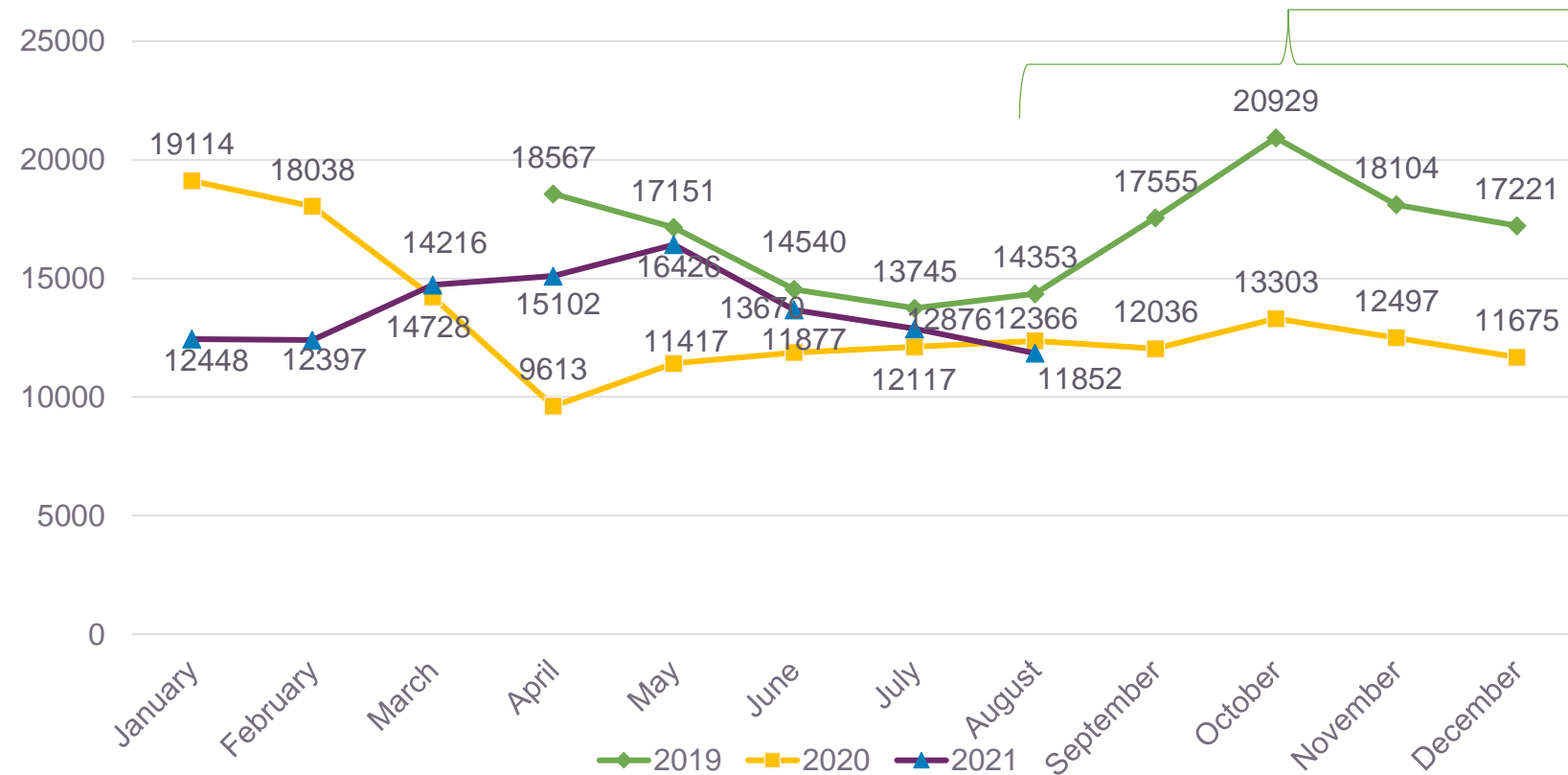
SSS1 Recruitment and Retention

Since January 2021, there were 169 separations and 738 hires/promotions



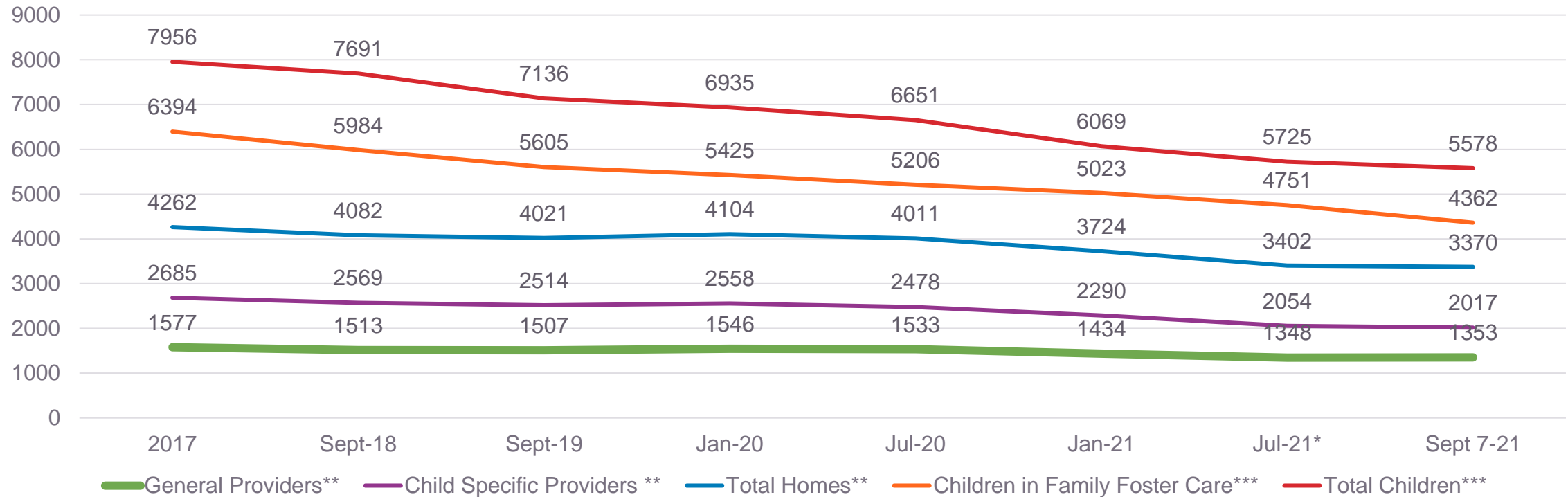
Oregon Child Abuse Hotline (ORCAH)

ORCAH Contacts April 2019 (when ORCAH began statewide screening) through June 2021



Historically ORCAH call volume increases in the Fall which may increase burden on the system, especially as children return to school after in-person absences

Number Of Children In Care and Types of Providers



*data refined to omit expired providers (Jul 2021)

** Data drawn from the FC-1004 Provider Summary Report ORkids

***Data drawn from the CM.02 ROM report

ODHS Child Welfare Supports

- \$16 million in **Workforce Stability Grants** supporting creative recruitment and retention strategies for each Child Welfare contracted provider
- **14-month COVID Emergency Supplemental funding for each provider to mitigate costs related by COVID-19**
- Foster Care Crisis Response & Coordination (FCCRC) is a **crisis response pilot** in Multnomah County partnering with local CCO's and service providers to actualize funding-blind support services to children and Resource Parents
- Behavioral Health **Treatment Foster Care (BH-TFC) pilot is in launch phase**. This initiative is intended to provide whole-child care for children with psychiatric needs within a familial setting

Questions?

- Email us: **Soren.K.Metzger@dhsosha.state.or.us**
- Sign up for updates:
https://public.govdelivery.com/accounts/ORDHS/subscriber/new?qs_p=ORDHS_2
- Follow Oregon's Child Welfare Division: **@OregonDHSCW**



Office of Aging and People with Disabilities

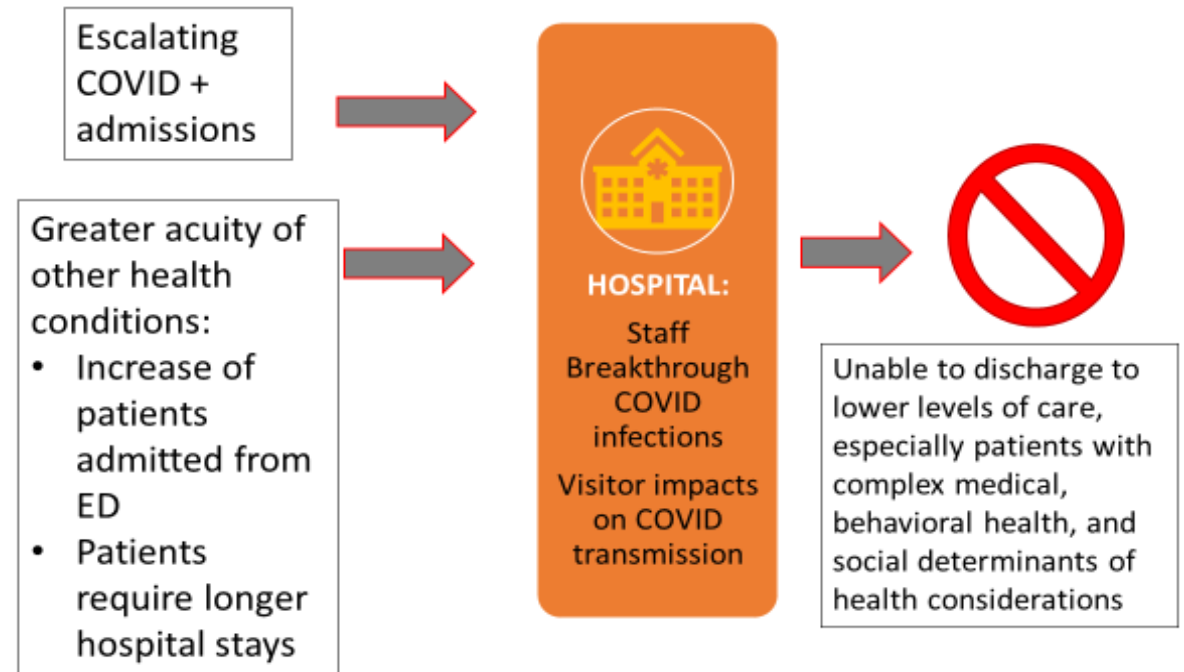
Mike McCormick, Interim Director

Crisis Response To Surge Requires Holistic Approach

Rapid rise in COVID-19 cases, with the Delta variant, exacerbated shortage of care options due to staffing shortages at all provider types.

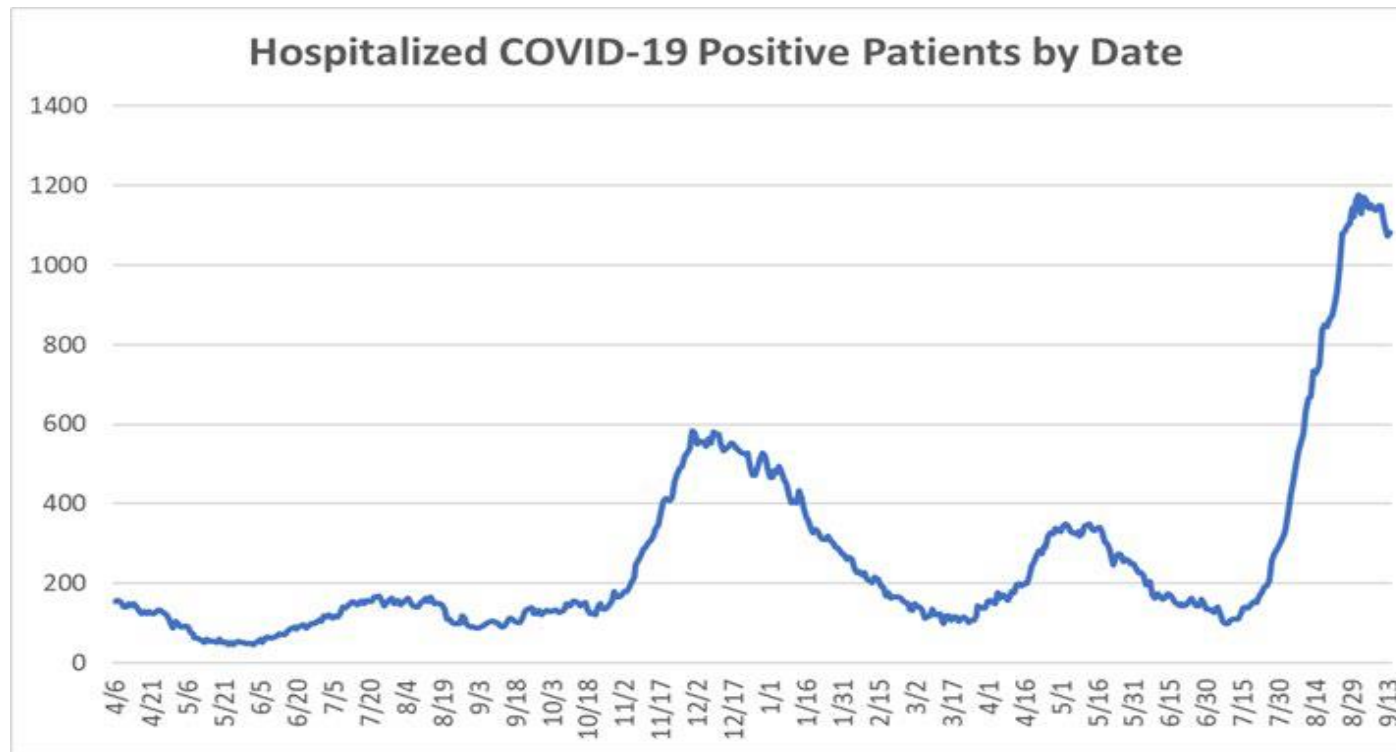
- Hospitals in every region face capacity issues.
- Long-term care facilities face shortage of staffed beds.

Primary Drivers of Hospital Capacity

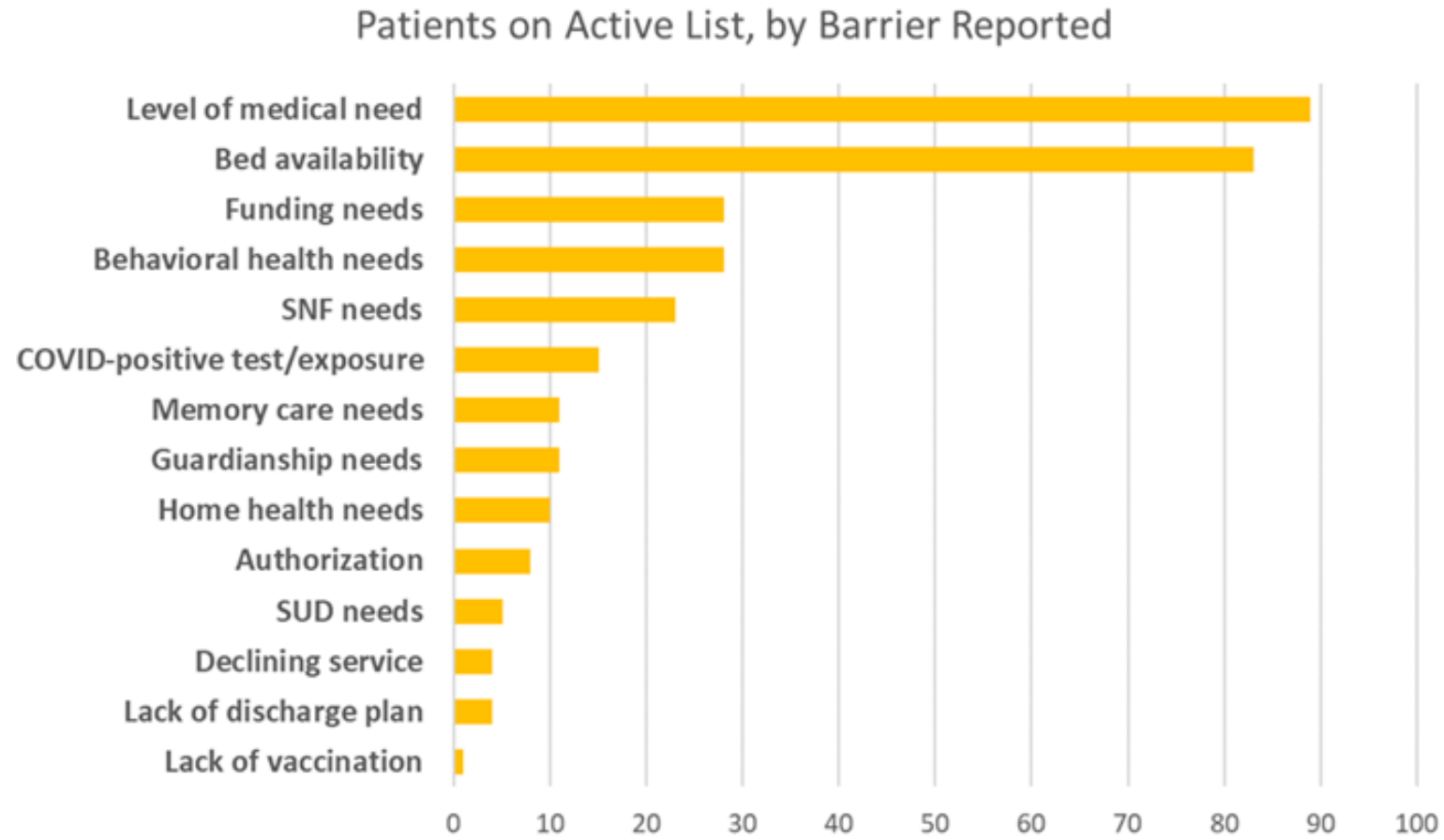


Hospital Capacity Strained With COVID-19 Cases

The number of patients simultaneously awaiting discharge reached 436 per day in August, due to direct-care staff shortages in other care settings.



Hospital Identified Discharge Barriers



APD Response To Crisis

More than 30 APD staff were deployed to create a hospital Discharge Assistance Team.

- APD expertise in care options is crucial to avoid worsening bed-shortage in long-term care.
 - Adopted temporary policy changes to allow for rapid response in helping Oregonians.
 - Worked with OHA and private insurance to streamline prior authorization.
 - Partnered with OHA on behavioral health placements.
- Escalating system-wide issues for resolution:
 - Access to O2.
 - Dialysis chairs.

Discharge Assistance Team Progress

APD assists with placements for hospital patients whether, or not, they receive APD services.

- **59** hospitals offered support with 31 participating.
- **15** hospitals currently receive active APD/DAT support:
 - **9** more hospitals are next up for APD/DAT support this week.
- **356** patients discharged with help from multiple agencies including APD:
 - **76** discharged with APD help in the past week.

CASE STUDY:

Asante Medical Center

Before DAT:

~60

patients awaiting
discharge per day

3 weeks after DAT:

37- 43

patients awaiting
discharge per day

Other APD Support to Increase Care Capacity

- **Set up a dedicated short-term discharge unit at Hearthstone Nursing and Rehabilitative Center in Medford:**
 - Serves non-COVID-19 patients;
 - Contracted capacity = **60 beds**.
- **Expanded COVID-19 Recovery Units to 8 statewide:**
 - Units provide care to individuals recovering from COVID-19, but do not require hospital-level care;
 - Contracted capacity = **257 beds**.

COVID-19 Outbreaks and Staffing Implications

Increase in long-term care outbreaks, with Delta variant, worsens facility staff shortages.

- **Facilities lose large numbers of staff during outbreaks.**
 - Recent example: COVID-19 outbreak affected nearly all staff at a facility, leaving 29 residents without care; state intervention was required.
- **Separate staff needed for COVID-19 positive residents.**

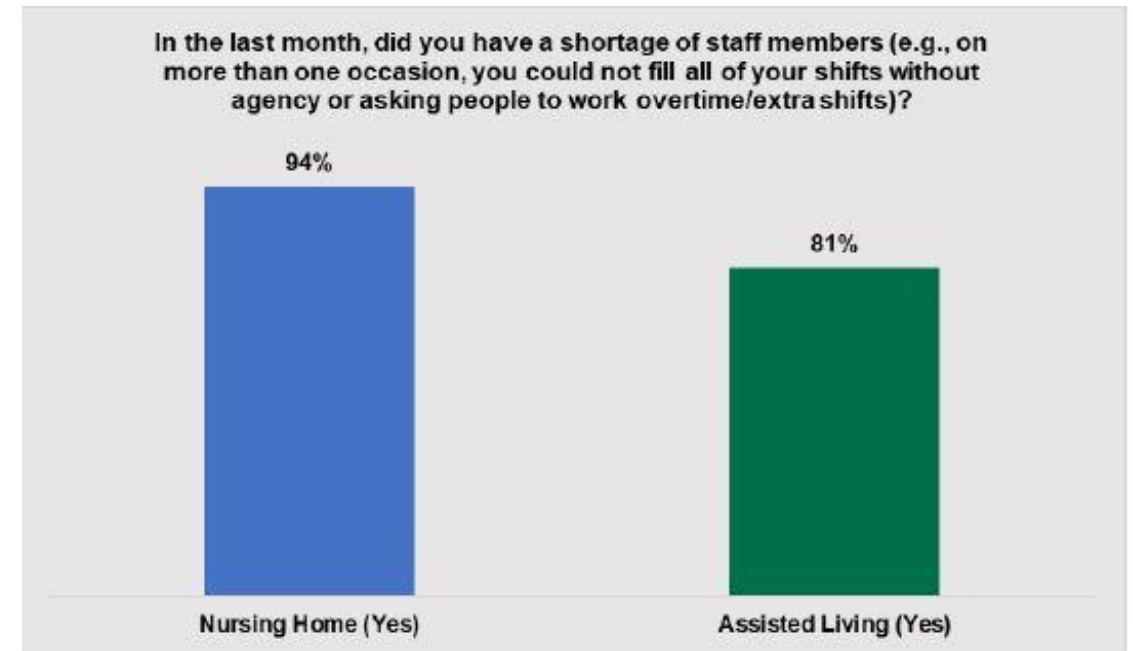
258 of 695

long-term care facilities had Executive Orders in place because of COVID-19 cases on Sept. 17

Facilities Nationwide Struggle to Fill Shifts

Facilities nationwide report current staffing deficits.

- **94%** of nursing homes and **81%** of assisted living communities have recently faced a staff shortage.
- More than **50%** of nursing home and assisted living providers report losing key staff members during the pandemic.



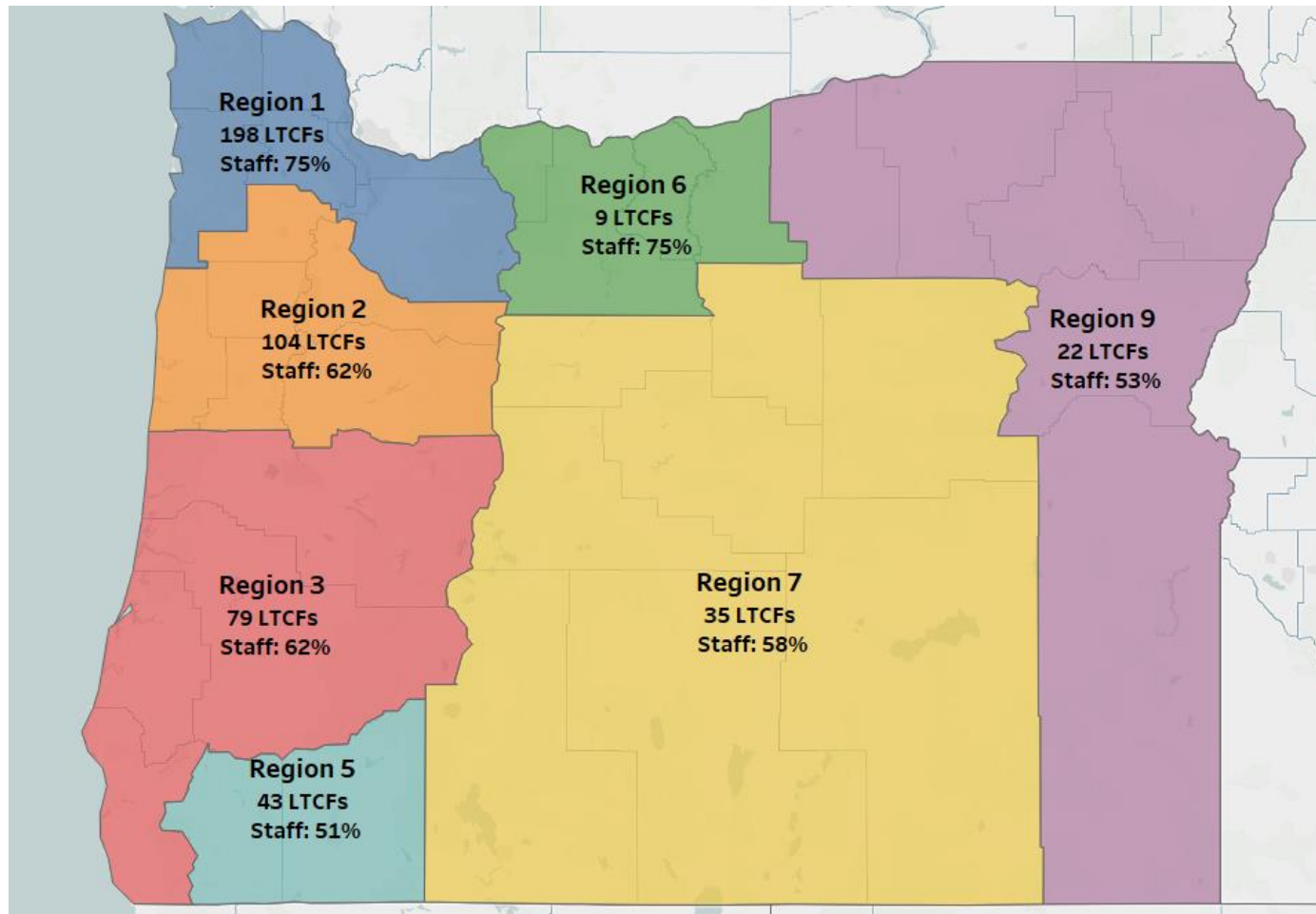
Source: June 2021 survey by the American Health Care Association and National Center for Assisted Living

Workforce Investments for 2021-23 Biennium

In the 2021 Legislative Session, APD received funding to:

- Provide more incentives and supports to retain health care workers including access to health coverage benefits.
- Support training and apprenticeship programs for Certified Nursing Assistants (CNAs).
- Increase rates paid for Oregonians living in long-term care facilities, which in-turn will support the opportunity for higher wages for staff at assisted living, memory care, nursing facilities and in-home care services.
- Add a member to the Quality Metric Council to represent direct care workers and conduct a study of direct care wages in long-term care facilities (SB 703).

Vaccine Rates For Long-term Care Staff



Vaccine rates are lowest among long-term care staff in Southern and Eastern Oregon.

Vaccination Rates Among Facility Staff

A vaccine dashboard for nursing, assisted living and residential care facilities launched in August 2021 to track mandatory reporting.

- **68%** of staff in the 520 facilities currently reporting data are vaccinated as of Sept.15.
- **3,333** staff members need to be vaccinated to achieve state's 80% vaccinated goal.
- Staff who are currently unvaccinated have some degree of hesitancy and some will likely refuse altogether.
- Rates of unvaccinated staff at facilities not yet reporting data are expected to be similar or worse.
- If 40% of the highly-resistant, unvaccinated workforce resigns, this amounts to roughly 1,650 caregivers.

Capacity Loss Estimates

Facility and adult foster home losses are expected as opposition to the vaccine mandate could worsen the labor shortage.

- An estimated **30-150** adult foster homes could close, representing 2-10% of all adult foster home providers;
 - **347** adult foster home staff expected to quit, due to vaccine mandate, according to APD survey representing 192 of state's 1,300+ homes.
 - **~150** Oregonians could require alternative care options or placements.
- Large facilities unable to compete for staff are expected to close or downsize capacity; **~300** estimated residents could be impacted and require new placements.

Risk Summary

Direct-care workforce shortage was challenging pre-COVID-19.

- **Workforce shortage has intensified through the pandemic to the crisis levels currently being experienced.**
- **Workforce crisis is expected to worsen significantly post-vaccination mandate.**
- **Potential effects:**
 - Adult foster home loss of capacity.
 - Reduced care capacity in larger settings.
 - Financial instability in larger long-term care facilities, potentially leading to more loss of capacity.
 - Unnecessary hospital utilization.

Plan for Staff Shortages

- **Surveying** facility administrators and adult foster homes to determine potential scope of care providers who may quit in opposition to vaccine mandate.
- **Expanded state contracted nursing teams** in collaboration with OHA to support facilities as needed in emergencies.
- **Preparing for an increase in needed interagency facility support teams** to provide interventions for facilities with staff shortages.
- Other activities: in development.